THE WINSTON CHURCHILL MEMORIAL TRUST OF AUSTRALIA

Report by Jane Shelling

2010 Churchill Fellow

To assess methods for providing professional information to
community based alcohol and other drug workers

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Signed............................................................................... Dated..................................................
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Introduction

The Alcohol and other Drugs Council of Australia (ADCA) is the peak, national, non-government organisation representing the interests of the Australian alcohol and other drugs sector. ADCA’s largest project is the National Drugs Sector Information Service (NDSIS).

The NDSIS team, which I lead, is committed to supporting those who work to prevent or reduce the harm to individuals, families, communities and the nation caused by alcohol and other drugs (AOD). We do this by: identifying and disseminating the evidence base; facilitating the application of best practice and focusing our collections and services on the knowledge and information needs of AOD professionals, practitioners and researchers.

There is a strong evidence base available to meet the increasingly complex needs of the AOD workforce. However traditional methods of delivering that evidence and even more modern “push technology” methods, have met with limited success in terms of engaging and impacting on an AOD worker’s practice.

The purpose of this Churchill Fellowship was to assess methods for providing professional information to community based AOD workers. Over a 2 month period I travelled to the USA, Canada and England to meet with and interview librarians, policy writers, researchers, academics, and AOD workers from specialist libraries, government departments, non government organisations, and universities. I also attend 2 conferences, the first in Kansas City USA (the Substance Abuse Librarians and Information Specialists Conference), and the second in Manchester England (Evidence Based Library and Information Professionals Conference).

In every contact made I gained insight into individual views on; working in the AOD field, issues related to local AOD workforces and specific information dissemination practices. I raised the following questions at each of the organisations I visited.

- What factors make AOD workers more receptive to receiving professional information?
- What type of information should be disseminated and what form should it take? Is this knowledge translation?
- What specific dissemination methods work best?
- How can dissemination best practice be assured?

This report details the responses to these questions, my conclusions and a number of recommendations many of which I hope to put into practice in the coming months.

All of the professionals I visited were welcoming and helpful to me ensuring my trip was a great success. In particular I thank the librarians from the Substance Abuse Librarians and Information Specialists (SALIS) group who so generously shared their expertise, networks, contacts and organisations with me.

I am very grateful to the Winston Churchill Memorial Trust for supporting this research and I would also like to acknowledge and thank my two referees Mr David Templeman and Mr David McDonald for their support.
Executive Summary - To assess methods for providing professional information to community based alcohol and other drug workers

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My interest in dissemination came about after unsuccessful attempts to engage community alcohol and other drug (AOD) workers in the uptake of professional information. Standard information delivery methods and increasing the accessibility of professional information did not produce discernable improvement in uptake. It has now been clearly demonstrated to me that the act of providing information to community based AOD workers is just one activity in what needs to be a whole ongoing approach to improving the professional development of community based AOD workers.

Highlights
- Attending both the Substance Abuse Librarians and Information Specialists (SALIS) Conference in Kansas City, USA and the Evidence Based Librarians and Information Professionals (EBLIP) conference in Salford England.
- Visiting the huge US institutions, Substance Abuse and Mental Health Services Administration and the National Library of Medicine in Bethesda was impressive both for their range of resources and the magnitude of their information reach.
- Meeting the experts from the Alcohol Centre, Rutgers University, New Jersey.
- Visiting White Squirrel Way (CAMH) in Toronto, Canada’s largest mental health and addiction facility.
- Visiting the Canadian Centre on Substance Abuse (CCSA) Ottawa.
- Visiting the International Centre for Drug Policy at St George’s Hospital, London.

In terms of applicability, direct relevance to the situation in Australia, variety and flexibility of approaches, my visits to Canada’s Centre for Addiction and Mental Health (CAMH) and the Canadian Centre on Substance Abuse (CCSA) proved invaluable.

Recommendations
- Establish an AOD Worker Continuing Professional Development Project to support further education through a planned, staged and evaluated approach and include a range of dissemination activities.
- Actively seek out opportunities to assist AOD workers enrolled in completing a minimum qualification. (Presently in Australia only 2 jurisdictions Victoria and the Australian Capital Territory have introduced a minimum qualification(Pidd et al., 2010)).
- Encourage and recognise “champions”, leaders and managers in the workplace by ensuring material particularly suited to their needs is developed and disseminated.
- Establish a dedicated AOD Continuing Professional Development website/portal as part of a larger plan.
- Investigate wider use of knowledge transfer strategies particularly the breakdown of lengthy research findings.
- Ensure ongoing, varied evaluation techniques are employed and identify one state or territory to use as a pilot site to measure the effectiveness of the new service.
- Investigate and plan partnership and networking opportunities to broadly facilitate dissemination but also to more actively engage in knowledge transfer strategies.

Implementation and Dissemination
With the support of the Alcohol and other Drugs Council of Australia, over the next six months I will formulate an AOD Worker Continuing Professional Development Project Plan which will incorporate all of the recommendations listed. As resources allow I propose to introduce and implement the recommendations including the establishment of a National AOD Worker’s Continuing Professional Development website. This will be the first of its kind in Australia and will gradually come to reflect some of the range of dissemination methods I have seen during my fellowship. Dissemination of the findings of this research will be guided by a networking plan which will help to systematically spread information to relevant groups using a number of methods including: conference presentations, newsletter/journal articles, online information and face to face interaction.
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Evidence Based Library and Information Practice Conference, Manchester England Presentation (28 June 2011) and attendance.
COUNTRIES AND ORGANISATIONS VISITED

United States of America

In the USA I attended the Substance Abuse Librarians and Information Specialists (SALIS) Conference in Kansas City. One of the first presentations was from an Addiction Technology Transfer Center (ATTC) policy officer. The ATTC was established by Substance Abuse and Mental Health Services Administration (SAMHSA) in 1993 and now has 14 regional offices. It aims to raise awareness of evidence based practices, build skills in the workforce, to deliver these new practices and to change practice through use of these new skills. They conduct workforce surveys and regular professional development activities. Learning about the ATTC and their activities was a good introduction for me before I moved on to the Washington DC area to begin my enquiry in earnest.

In the Washington area I visited busy and highly professional representatives from the following federal government organisations who generously shared their experience and insights with me.

- SAMHSA is the major federal government agency that works to improve the quality and availability of substance abuse prevention, alcohol and drug addiction treatment, and mental health services in the USA. SAMHSA also has four centres two of which were of specific interest to me: the Center for Substance Abuse Prevention (CSAP) which seeks to prevent and reduce the abuse of illegal drugs, alcohol, and tobacco and the Center for Substance Abuse Treatment (CSAT) which supports the provision of effective substance abuse treatment and recovery services.

- The National Institute on Drug Abuse (NIDA) is concerned with supporting and conducting drug abuse and addiction research and with ensuring effective dissemination and use of the results of that research to improve prevention and treatment, and to inform policy.

These visits gave me a good national overview for my research but I also wanted the perspective of alcohol and other drug (AOD) workers themselves. This was delivered by a visit to the National Association of Alcoholism and Drug Abuse Counsellors (NAADAC) the USA’s largest association of addiction focused professionals. This visit was very helpful not only in identifying commonalities with Australian and US AOD workers but in introducing me to a comprehensive credentialing and further education programme.

- NAADAC encourages education, advocacy, and knowledge, standards of practice, ethics, professional development and research in their members.

My last visit in this part of the US was to the Outreach and Special Populations Branch of the National Library of Medicine (NLM). Whilst not specifically involved with disseminating information to AOD workers, I was interested in the perspective of a major library well known for its outreach and proactive information delivery.

- The Outreach and Special Populations Branch (OSPB) of the NLM seeks to improve access to quality and accurate health information by underserved and special populations.

I left the Washington area and moved on to New York and Boston where I visited the National Centre on Addiction and Substance Abuse (CASA) to investigate how a librarian in an independent research agency disseminates information and I also spent the day at Rutgers University’s Center for Alcohol Studies (CAS). I was fortunate to interview Robert Pandina the Director of the Center and Gail Gleason Millgram the Director of the Center’s Education and Training Division and I also spent time with the Centres librarian Judit Ward. This visit was particularly helpful in giving a university perspective on information dissemination. At this point I had planned to visit Jean Kinney a well known author in the field of AOD librarianship and founder of Project CORK the largest AOD citation database in the world. Unfortunately this visit did not eventuate but we did manage to get in touch and so I was able to find out more about Project Cork and how to improve our own Drug database.

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1 See further SALIS conference information in the Conferences section
• CASA produces research, recommendations, programs, education and information toward a healthy and drug free society.

• The Center of Alcohol Studies (CAS) leads in alcohol research, education and training, and documentation and publication of alcohol literature. It is dedicated to the acquisition and dissemination of knowledge on psychoactive substance use, with a special emphasis on alcohol use and consequences.

Canada

I continued my investigations in Toronto Canada at the Centre for Addiction and Mental Health (CAMH). I visited the dedicated specialist Library and also the Education Services, Knowledge Exchange and Publication Services areas, where I had access to policy workers, academics, and librarians. I am very grateful to Sheila Lacroix for arranging this access as well as a visit to the CAMH treatment centre at White Squirrel Way. This gave me the opportunity to visit a new innovative treatment service and also talk to Canadian AOD workers. The time spent at CAMH was very rewarding and relevant to my enquiry.

• CAMH which is affiliated with the University of Toronto is Canada’s largest mental health and addiction teaching hospital. It combines clinical care, research, education, policy development and health promotion

Ottawa was the next Canadian visit and here I was able to call on the Canadian Institutes of Health Research (CIHR) their knowledge transfer activities were of particular interest to me; the Canadian Centre on Substance Abuse (CCSA) for a non government perspective; and also Health Canada. CCSA was particularly of interest to me as they are a non-government organisation with aims around partnerships, knowledge exchange and evidence based practice.

• CIHR is the major federal agency responsible for funding health research in Canada. It aims to create health knowledge and transfer it into real life settings.

• CCSA has a legislated mandate to provide national leadership and evidence-informed analysis and advice to mobilize collaborative efforts to reduce alcohol- and other drug-related harms.

• Health Canada Senior Policy Analyst Darcy Stoneadge worked in the Addictions Unit, Mental Health and Addictions Division First Nations and Inuit Health Branch. He also had experience as an AOD worker.

England

In London, England I visited representatives from the Institute of Alcohol Studies (IAS) particularly to look at communication methods, and the Alcohol Division of the National Health Service (NHS) for insights into the way the NHS interacted with AOD agencies. I was able to go to the International Centre for Drug Policy (ICDP) St George’s Hospital, London University both for a hospital/university perspective but also to talk to the librarian Christine Goodair about her experiences with her previous employer Drugscope. The Alcohol Academy who support AOD workers was my final visit in London and provided the important AOD perspective.

• The IAS is concerned with helping to bridge the gap between the scientific evidence on alcohol and the wider public. They want to make all of this evidence accessible to anyone with an interest in alcohol – politicians, reporters, health professionals, students, youth workers and others – and to advocate for effective responses that will reduce the toll of alcohol in society.

• The NHS has huge range of information sources for the alcohol and drug worker within the broader health context and over specific agencies and websites.

• The ICDP - based at St George’s, University of London - has a national and international reputation for its activities. The centre's director is Professor Hamid Ghodse, who is a world leader in international drug policy and addictions. The Centre participates in a number of activities, both national and international, relating to
treatment and prevention of tobacco, alcohol and drugs, including: education and training; research and development; policy development; consultancy and advice.

- The Alcohol Academy promotes excellence in local alcohol harm reduction by working with and supporting local alcohol coordinators and strategic leads. It also aims to develop alcohol policy issues and promote evidence based practice. The Academy provides free seminars, networking, briefings and support for alcohol coordinators, as well as specialised training and development for frontline staff and practitioners.

- Alcohol Concern is the national agency on alcohol misuse campaigning for effective alcohol policy and improved services for people whose lives are affected by alcohol-related problems.

- DrugScope is the UK’s leading independent centre of expertise on drugs and the national membership organisation for the drug field. Our aim is to inform policy development, reduce drug-related harms to individuals, families and communities - and promote health, well-being, recovery, inclusion and integration.

The Librarian at the Ian Smith Drug Reference Library in Manchester was involved in a number of dissemination activities which we discussed in detail.

- The Ian Smith Drug Reference Library is the largest dedicated drug and alcohol resource in England. It is managed by the Substance Misuse Directorate of Greater Manchester West Mental Health NHS Foundation Trust, but is open to anyone interested in drug related issues.

Finally at the end of the England visits I attended the 6th International Evidence Based Librarian and Information Professionals (EBLIP) Conference in Manchester. Ending with this conference allowed me to reflect on all the information I had gathered and concentrate fully on how impact and measurement were going to occur.

Visiting these international agencies and talking to their experts gave me valuable general insights into: the health sectors of each country and more specifically how AOD sectors was structured, how AOD problems and needs in the community are being met, and the AOD workforce from the different perspectives of government, non-government, libraries, universities and hospitals.

Specifically they all contributed to my ability to answer the questions directly related to my research project.

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2 See Conference section for more about EBLIP6 Conference
CONFERENCES

SALIS Conference - Highlights

SALIS members and members of the Addiction Technology Transfer Center Network (ATTC) gathered in sunny Kansas City, Missouri, for the 33rd annual SALIS conference.

The keynote session was President Obama’s health care reform, presented by Executive Director Ronald W. Manderscheid of the National Association of County Behavioral Health & Development Disability Directors (Adj Prof Johns Hopkins). He described the major features of the reform and their relationship to the substance use care field. The reform was contextualized within recent history, beginning with the creation of Social Security by President Franklin D. Roosevelt in 1935. Implications for health care reform, with an emphasis on the demands it will place on human resources and leadership in the future, were described.

Scott Breedlove, from the Missouri Substance Abuse Professional Credentialing Board, gave an enthusiastic presentation entitled, "ROSC (Recovery Oriented Systems of Care): Shifting from Treatment Philosophy to Recovery Philosophy – Understanding Recovery Oriented Systems of Care." He gave a comprehensive overview of the recovery oriented system of care movement with a focus on recovery language, shifting from a treatment approach to a recovery approach with an emphasis on creating entire systems of care that allow communities to work together as a whole in providing services to those with a substance use disorder. Of more relevant interest to my research was his presentation on MATS program: Using public documents to disseminate medication assisted treatment/recovery information. Scott described how two credentialing boards worked together to disseminate fifty hours of medication assisted treatment/recovery training to professionals. Publically available educational material was used in a project that combined continuing professional development with the dissemination of research material.

Associate Research Professor Heather Gotham, of the Mid-America Addiction Technology Transfer Center (ATTC), gave a presentation entitled, “The Innovation Continuum: Steps in Implementing New Ideas and Technologies.” Too frequently, information about innovative treatments, such as evidence-based practices (EBPs), is slow to circulate, and attempts to introduce it into treatment programs often fail. The ATTC Network’s National Office and 14 Regional Centers are charged with developing and strengthening the knowledge, skills and attitudes of the substance abuse treatment workforce by systematically transferring research-based practices into treatment settings. Through a process of reviewing literature and theory, as well as 15 years of experience, the ATTC Network Technology Transfer Workgroup has developed a conceptual model representing the role for technology transfer within the innovation process. The conceptual model was presented along with definitions for seven key terms: development, dissemination, implementation, translation, adoption, technology transfer and diffusion. Increased use of EBPs is seen as essential in this time of mental health / substance abuse treatment parity and health care reform. The ATTC Network Technology Transfer model and definitions help the addiction treatment and recovery services field to understand how EBPs are developed, disseminated and implemented – and how technology transfer can accelerate the use of EBPs to enhance and improve client outcomes. A role for librarians in the dissemination process was discussed.

Associate Director Jan Wrolstad, of the Mid-America ATTC, introduced new resources from the ATTC Network. The ATTC has been developing curricula and other products to advance the addiction treatment field for 18 years. During the last seven years, the NIDA has supplemented funding so that researchers and ATTC educators can work together to develop evidence based research materials immediately following clinical trials.

Other presentations were of interest in a library specific way such as the use of e-books, digitization of collections in the AOD field, streaming video and the use of social media. Other presentations introduced topics outside the box such as: library services for the military in Afghanistan, the NorthEast Two-Spirit Society an interesting and moving introduction of the Two-Spirit culture; and the progression of libraries in Kenya.
Librarians, researchers and academics gathered at the University of Salford in Greater Manchester to attend the EBLIP6 conference with the theme 'Valuing Knowledge and Expertise'. There was a varied programme with workshops, presentations, posters and discussion to help attendees learn to discover and disseminate evidence that may contribute to decision-making in professional practice.

The key note addresses were delivered by academics with varied backgrounds. Professor Tony Warne spoke about the need to recognise the importance of inter-personal relationships when delivering a service. This rang true to me in that whilst an AOD worker might generally have particular characteristics each is still an individual with their own skills and information needs. Professor Peter Brophy spoke about narrative based practice and how the telling of stories lies at the heart of human communication. Other experts I had spoken to previously had explained to me that one effective way of reaching the AOD worker was to write case studies, so this story-telling or narrative-based practice in teaching, was another way to facilitate research into practice. Professor Martin Hall was a keen advocate of open access repositories of publications and resources and certainly delivering information would be a easier without the need to observe copyright restrictions.

There were of course many presentations on evidence based practice in librarianship and the importance of measuring and evaluating in a consistent way. These were all useful to me and enforced the need for continuous evaluation particularly a NHS paper on MAPS (Making Alignment a Priority) which examined ways to make sure what you are doing is directly aligned to the NHS drivers but was transferrable to an Australian setting. There were two presentations that directly relevant to my research.

The first was called Barriers and facilitators to research use: the role of library and information services by Mary Dunne, Health Research Board Ireland. Mary had identified that there was a gap between evidence and practice due to significant barriers to research use among frontline AOD practitioners. Survey results revealed that the main barriers to research use were: individual settings, the language and presentation of research, time constraints, and relevancy to practice. Mary concluded that librarians could play a key role in enabling AOD workers to access research through training, and enhanced information provision but that other practitioner identified issues required a holistic, collaborative approach to promote the effective use of research.

The second paper was called Innovative evidence based practice outside work by Ray Harper. Ray’s paper did not address AOD issues but did look at the issues of practicing continuing professional development without adequate or with limited support. Useful ideas included: maintaining logs of job applications (and levels of success), reflection on job interview experiences and interview feedback, use of a skills “gap analysis”, and compiling a skills audit. Further investigation of these ideas may lead to some new ways to develop continuing professional development for AOD workers.
Main Body – Methods for providing professional information to community based alcohol and other drug worker- USA, Canada and England

What factors make AOD workers more receptive to receiving professional information?

According to most experts interviewed, there are 2 main contributing factors that influence the take up of professional information by AOD workers. The first is the personal motivation and desire by the individual. The second is the support of the working environment.

Individual motivators and incentives were discussed at length but most agency representatives agreed that fundamental to encouraging AOD workers to take up professional information was to have some form of certification or credentialing in place. Equally important was that training be easily available and in a number of different mediums, that there be strong incentives for certification and finally that a planned approach to continuing professional development (CPD) also existed.

These actions created motivation in individuals because gaining a qualification provides:

- Workers the opportunity to achieve improved professional recognition, and formal recognition of their experience and knowledge.
- Increased job mobility opportunities.
- An argument for a pay increase or promotion.
- A standard measure for workers to work toward.
- Workers who examine and question practice and are armed with a better understanding of new research.
- A more informed workforce working from a common knowledge base.
- A bond between AOD workers that had undergone training.
- An increase in professional confidence.
- Self respect and a sense of achievement particularly for those with no other formal qualifications.

There are of course AOD workers with professional qualifications such as psychologists or social workers. These workers may have continuing education activities as part of their membership to a professional organisation but they can also be encouraged to take up common CPD activities with their AOD colleagues.

AOD workers studying or engaged in a continuing professional development activity can positively affect AOD organisations by:

- Encouraging mentoring in the workplace
- Encouraging an increased understanding for different practices and an openness to new ideas
- Providing a career goal for those in recovery wishing to help others in the future.
- Providing higher staff satisfaction and higher retention rates.
- Giving management a formal reason to allow time for workers to study.
- Presenting a useful guide to measure potential new staff against.
- Producing a workforce educated to a base point making it easier to plan further education and encourages the ability to communicate with other related professions.
- Providing a common minimum point making it easier for organisations to plan blended training.
- Using continuing professional development as an opportunity for the dissemination of new research.

In view of the strong reinforcement around credentialing and CPD overseas and the lack of mandatory Australia wide AOD worker qualifications or organised, national CPD in Australia I explored what was on offer in this area overseas.

The USA has a credentialing system for AOD workers, which in turn assists an agency to become credentialed. In other words your agency may not be credentialed if you don’t employ credentialed workers. Further if your agency

3 In this context “blended” mean AOD workers and other professionals such as psychologists, social workers etc
is not credentialed you may not get government funding. This in itself is a strong incentive for an organisation to support individual credentialing and to employ workers who are already credentialed. For workers to stay credentialed regular continuing professional development activities have to be undertaken.

NAADAC is the largest association of addiction focussed professionals in the USA, and it offers various national certifications all of which require renewal with proof of continuing professional development. NAADAC also provides an annual list of approved education providers to guide AOD workers to reputable continuing education providers.

This does not mean that all AOD workers are credentialed in the US. Because of different state legislation, the variety and number of different ideologically based organisations and the high demand for AOD services there remains a significant number of AOD workers without formal credentials. But there are a variety of opportunities for the AOD worker to become certified in some way and advantages for those who take up the opportunity.

The State of New Jersey has compulsory certification for AOD workers and courses are run through the Centre of Alcohol Studies, at the state university, Rutgers. Rutgers staff support all AOD workers being certified but point out that one scheme across the country would be preferable to the present piecemeal arrangement. Courses include distance learning and continuing education options and in addition to credentialing courses, one off professional development seminars. These one day seminars are regularly run, are low cost and participants are awarded a certificate and continuing education units.

At the SALIS conference I learned of a different form of credentialing offered by the Missouri Substance Abuse Professional Credentialing Board. This is a distance learning course offered in the form of a number of self study units developed from SAMHSA public documents (such as TIPS and TAPS\(^4\)). These courses cover a variety of subjects including co-occurring topics, stages of change, clinical supervision and medication assisted treatment. Units were very inexpensive to undertake (from $4) and counted toward continuing education points. This system makes best use of already prepared research, keeps AOD workers up to date with latest practice, assists them to gain credentialing points and ensures that new research is fully understood so that if it is applicable it can be put into practice. It also utilises staff in the education process that are not professional researchers but have some AOD professional expertise.

Whilst accreditation and credentialing is strongly encouraged in Canada not all agencies or workers have that distinction. CAMH runs a formal accredited course called the Certificate of Concurrent Disorders for AOD workers. There is a cost to attend this competency based course, which is aimed at both professionals and nonprofessional staff and takes 18 months to 2 years to complete. Classes take up to 20 participants and there are local, national and international attendees with a waiting list to attend. The classes run are very relevant to everyday practice and include: management of aggressive behaviour, computer skills, health and safety, diversity and health equity, leadership and organisational effectiveness, and staff orientation. CAMH also offers comprehensive mental health and addiction education courses for physicians, nurses, and AOD workers as well as offering school curriculum and community material. The courses of interest to me, those being offered to AOD workers were many and varied and offered in a number of different forms. There were regular classroom courses, and also online education, education events, webinars, and online information. The online education courses covered practical topics such as motivational interviewing. This course for example was offered over 8 weeks with a course book, recommended reading, electronic dialogue, webinars and practice performance coaching.

CAMH offers less structured courses such as the Online Information Series under the heading of Mental Health and Addiction 101. This course is concerned with substance use and mental health problems and provided in the form of free, quick, easy-to-use online tutorials which include links to resources and toolkits containing additional information. The appeal of these courses was their practicality and availability to a varied audience.

The CCSA also support credentialing but have gone one step further and identified core competencies in the substance abuse field. These are specific and measurable skills, knowledge, attitudes and values. Supporting tools,
such as interview and performance management guides as well as application tools, to enable organisations and individuals to quickly adopt and apply the competencies in their work settings have been provided. These competencies are not just for AOD workers but for agency managers and the whole organisation to help improve recruitment practice and readily identify individual skill-sets. CCSA has taken credentialing individuals as one part of a whole process to improve an organisation/agency and eventually to have a wider impact on the sector as a whole. This broader approach ties in with other organisations recommendations around having a “champion” in the workplace to encourage and support the uptake of information. Resources should include help for managers (your future champions) e.g. job descriptions, interview questions, situation responses, performance interviews, and promotion criteria.

CCSA encourages a deliberate planning approach to prepare for the uptake of competencies and the continued improvement of the workforce. To attain these competencies CCSA have developed a website Canadian Network of Substance Abuse and Allied Professionals. Here AOD workers/organisations can access a wide range of resources in order to meet the core competencies. So in effect CCSA have delivered a very comprehensive package combining continuing professional development with knowledge transfer. Here you can create your own learning plan and learn from provided guidelines how to choose appropriate training.

Health Canada partners with the National Native Addictions Partnership Foundation (NNAPF) that fosters Regional Working Group activities to encourage workforce development in Indigenous communities. Workforce development activities by the NNAPF with funding support from Health Canada have acted as a direct incentive to the uptake of training by First Nation workers. This has led to a significant increase in credentialing of this part of the workforce. Health Canada considers two of the key components to workforce development for First Nations People to be education and training and worker certification and are prepared to provide financial incentives to make this a reality.

As in the US and Canada, English experts see some sort of AOD worker competency as essential in the process of disseminating professional information. England is different in that it has one standardised set of competencies for the whole country.

In 2002 DANOS (Drugs and Alcohol National Occupational Standards) were introduced and these standards remain an important part of AOD worker competency. There are varied courses available around meeting DANOS but in some cases large service providers will host in-house education courses across all their staff as part of their employment conditions. The certainty around DANOS means that individual AOD workers know what is expected of them, what they might need to learn and if they are meeting predetermined requirements. Agencies can use DANOS to ensure that they have a competent workforce and that everyone has the knowledge and skills to deliver services to the required quality standards. Education and training providers know what a curriculum should contain and what learning outcomes are required to meet DANOS. Health planners find DANOS helpful when looking for AOD workers that can meet local needs as well as national standards, they can develop the capacity of the substance misuse workforce in their areas, and ensure local services are consistently delivered in line with service level agreements.

The Federation of Drug and Alcohol Professionals in England have a website which clearly lists its 3 goals: professional standards (e.g. a code of practice), workforce development (e.g. events and DANOS-based training) and professional development (with a link to that site).

A relatively new initiative in England is the Substance Misuse Skills Consortium. This independent, sector-led consortium aims to identify what the treatment workforce needs to promote and sustain better outcomes for service users, review and develop initiatives to attract and retain the workforce and equip practitioners and managers with the relevant skills.

The barriers and difficulties that stand in the way of AOD workers taking up professional information are well known and acknowledged. These include: varying educational levels, high workloads, worker shortages, available time, and organisational commitment to particular ideologies and unsupportive workplace environment to name a few. It was agreed that as in Australia, AOD workers were very busy people with insufficient time for reading and keeping up with research in a general way unless it was given some sort of priority within an organisation which led back to motivation but this time on the side of the organisation.
As demonstrated by the organisations visited education for AOD workers is given high priority and standardised credentialing or certification of AOD workers is seen as essential not just to encourage the uptake of new information but also because of the increasing complexity in the addictions field and the increasing demand for skilled AOD workers.

It was acknowledged that one nationwide credential would be most useful, but it is difficult to set up and achieve consensus. One respondent mentioned that the credentialing system encourages a one size fits all approach not in keeping with the ideology of the AOD sector and may even discourage recruitment amongst some groups but to some extent this was addressed by the wide variety of training courses available.

To encourage the professional development of AOD workers the education courses needed to be offered at different levels of education, of various lengths and in a variety of settings. To achieve quality courses and good response from workers partnerships with other organisations such as research or professional organisations is advantageous and also the direct involvement of AOD agencies and the workers themselves.

Most of the courses were very reasonably priced but all deliberately had some form of payment attached. Where there was financial hardship or the need to encourage disadvantaged, minority or rural and remote workers to attend courses adjustments were made and in some cases financial incentives were offered to attend courses.

Getting AOD workers to interact with professional information is about giving them a reason to. You need information if you have to get credentialed or re-certified. You may want information if other people in your organisation are interacting with information. CPD activities can fan the flame of interest in research and professional literature, but it needs to be easy to understand and easy to access.

**What type of information should be disseminated and what form should it take? Is this knowledge translation?**

Investigating the types and form of information to be disseminated led to discussions with interviewees around knowledge translation (otherwise known as research into practice or knowledge transfer but knowledge exchange is also popular as it acknowledges the flow of information backwards and forwards from researcher to recipient). The CIHR are very active in this area and define knowledge translation as a “dynamic and iterative process that includes the synthesis, dissemination, exchange and ethically sound application of knowledge to improve health, provide more effective health services and products and strengthen the healthcare system”(Straus et al., 2009). Knowledge translation is crucial as WHO Director-General Lee Jong-wook said “Health work teaches us with great rigour that action without knowledge is wasted effort, just as knowledge without action is a wasted resource.”(World Health Organization, 2006). Whilst the whole process of knowledge translation is not within the scope of this research, knowledge translation strategies can and should be applied in this context.

The US government agency SAMHSA is the major producer and distributor of AOD educational information to both the public and the professional sector. They have specialist publications across a wide range of topics produced specifically for professionals which they in turn disseminate in a number of ways. Their TIPS (Treatment Improvement Protocols) series cover a comprehensive range of topics and are produced in 3 different forms: as the full protocol, a quick guide (the primary information in a pocket size booklet) and KAP keys (laminated cards containing screening instruments, checklists and summaries). However TIPS are produced for clinicians as well “program administrators” so some of this material may be too high level. This is addressed through SAMHSA’s online Knowledge Application Program which includes: products (like the TIPS and TAPS), a multi-language initiative, workforce development information and a Knowledge Adoption area. The Knowledge Adoption area has online, teaching modules presented in power-point format based on the TIPS series but with full explanations. Professional information is also disseminated on SAMHSA’s behalf through the Addiction Technology Transfer Centre (ATTC).

The ATTC was started by SAMHSA in 1993 and with 14 regional offices, aims to build skills in the workforce, raise awareness of evidence based practices, to deliver these new practices and change practice through use of these new skills. They conduct workforce surveys and conduct regular professional development activities. ATTC have a model of technology transfer which takes in development of an innovation, translation of the essential elements and
packaging for facilitation, dissemination, adoption, implementation, diffusion and technology transfer. This model uses a standardised language, prepares partners for better understanding, promotes implementation of new innovations, increases satisfaction due to understanding and focuses buy in because expectations are realistic. A great example of active cooperation in the US is the Blending Initiative. The Blending Initiative is a process whereby SAMHSA, NIDA and ATTC all cooperate together to give classroom training and backup material to AOD workers in order to adopt and implement evidence based practices. The US presents AOD information in a great number of formats and from a number of sources giving the AOD worker and others a number of opportunities to absorb any information presented.

ATTC presented a new model of technology transfer at the SALIS conference inviting librarians to suggest an action within the model that they could engage with. Many organisations informally use librarians within their dissemination processes but the ATTC were suggesting integrating the librarians role within the process. This type of co-operation and open discussion that occurred at the SALIS conference was productive and will only enhance the dissemination efforts of all parties concerned. Librarians are most often associated with the published, professional literature and it is of course an important type of information to be disseminated. Librarians in a “special library 5” become very familiar with both their particular subject area and their clientele including their information needs. Generally this need will be for published literature and a librarian is able to complete a literature search within given limits and produce hard copies of articles in a minimum of time. The many special librarians that I have met were very knowledgeable about AOD and passionate about delivering best evidence to their clients. But delivering articles to a researcher who is able to quickly discern meaning and value and is not daunted by the length of an item and delivering to a community AOD worker are very different. Published journal articles can be lengthy, full of jargon and take some time to comprehend. One way to deliver the article to the AOD worker (or anyone who is time poor) is to have an article broken down into a summary for easier consumption. This could be done by the original author, a researcher or an AOD librarian.

Research findings that come directly from the research institution are another type of information source. Material may or may not have been published but will be of great interest locally. Again where possible this information can be summarised to a single page in plain language. This was done very successfully in Canada by York University (funded by CIHR). They developed a template of a “researchsnapshot” which had information under just 4 headings, some keywords and a paragraph about the researchers. By using a template both the researcher and the recipient become familiar with the format making it easier to produce and in turn understand. Of course this may not be applicable to all research and possibly multiple “snapshots” would be needed, but it is effective in ensuring the “take home” message is conveyed.

Reports and policy paper are another important but often lengthy document that producers are anxious to convey to the AOD worker. The CCSA develop one page summaries of reports called Report in Short. The key points are listed with of course details of how to obtain the full report for further reading. It is essential that these summaries are developed and released quickly. Consideration should be given to releasing a summary before the full document to engage interest, at the same time as the full document so that the full document is readily available or shortly afterward the main document to follow up or possibly all three methods for maximum impact.

CAMH has a knowledge portal website (CAMH Knowledge Exchange) which has information for different groups of workers. It manages to combine aspects of continuing professional development (CPD) with knowledge translation strategies for example there are: CPD programmes (short courses) as well as formal programmes from universities and colleges; calendar of events; newsletters; links to other resources; a blog; video lectures and feature articles. The Ontario Mental Health and Addictions Knowledge Exchange Network (OMHAKEN) a provincial knowledge exchange network creates linkages to facilitate the creation, translation and dissemination of research. These varied, flexible initiatives give plenty of opportunity for participation.

The CIHR are active in knowledge transfer not just in the AOD field but across health initiatives. The sensible advice given included: involving the people you are translating for, consider all potential stakeholders not just the obvious ones, customise the message for your specific audience, consider potential barriers for end users, and become a

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5 The term “special library” refers to a library that is solely dedicated to a particular, distinct client group or discipline
knowledge transfer advocate. Providing information in “case studies” is introduced in a number of CIHR publications for added relevancy to AOD workers.

Health Canada advocate the use of a range of dissemination practices including the use of the case study to provide clarity to a wider audience, strong partnerships and alliances, bidirectional exchanges between researchers and service providers, and the use of predetermined knowledge exchange strategies.

CCSA also advocate for information that will help with everyday practice including information about ethics in the workplace and guides to working with indigenous workers.

In England whilst there are a great variety of AOD information sources presented in a number of different forms, the quality evidence based information is coming from the NHS and by extension the National Institute of Health and Clinical Excellence (NICE). Much of their product is aimed at clinicians and they can draw on their partner organisations to provide assistance in translating material for front line workers. The NHS National Treatment Agency for Substance Abuse delivers workshops and seminars around England on particular topics but ensures a wider audience by using both face to face workshops which are supported by online material. For example NICE and the National Treatment Agency wanted to promote the recent NICE guidance on the provision of needle and syringe programmes (NSPs). So they jointly put together an event “Delivering Effective Needle and Syringe Programmes – Implementing NICE Guidance” and organised for a series of workshops which took place throughout the country. From the website you can access a promotional flyer and an agenda of the event to promote it across networks. But if you can’t attend the event the website also provides speaker biographies and links to all the power-point presentations.

**What specific dissemination methods work best?**

The general consensus across all experts was that the methods of dissemination should be varied for maximum reach. All agencies use a variety of dissemination methods which include print, electronic (website related, social media, emailing) face to face, networking (networks and partnerships) and mixed methods. Listed here are some examples. The overall message is to develop varied delivery methods and products to suit the constraints of the user.

**Print**

All of the AOD dedicated libraries deliver published articles in both print and electronic formats, the delivery tailored to suit the client. Of course books, reports, DVDs are available to all library clients too.

In the US SAMHSA is the major distributor of AOD information to both the public and the professional sector. It disseminates its large stock (over 1400 publications) of print publications from its website and items can be downloaded or hard copies mailed out to clients generally free of charge or at a low cost.

Professional journals are produced from the following organisations:

- Rutgers Alcohol Centre - the well known *Journal on Studies of Alcohol and Drugs*,
- IAS produces *The Globe*,
- CAMH produces *Cross Currents* and
- NAADAC produces *Addiction Professional*.

In addition all agencies produce some sort of newsletter for their client group. SAMHSA has a newsletter with over 40,000 print subscribers. NAADAC encourages clients to write for the NAADAC News as a way of encouraging knowledge exchange and dissemination.

Text books have been written and produced by some of the organisations visited notably Professor Hamid Ghodse from the International Centre for Drug Policy, a world leader in international drug policy and addictions, has written several editions of Ghodse’s *Drugs and Addictive Behaviour*. 
Prominent organisations use press releases and media events to disseminate information. This activity is sometimes done by an external agency, a media person or directly from the agency themselves. These releases can be useful to advise a large volume of people about a major change or event.

**Electronic**

Every organisation visited has at least one website and were proactive in updating information to ensure currency. Websites were seen as key dissemination points and website design an important activity where clarity, good navigation, attractiveness, quick download and consistency were paramount.

The SAMHSA website is very large and acts as their major information distribution point. They have made use of taxonomy terms for search engine maximisation, and contextual filters to enhance access and navigation. SAMHSA also uses other electronic tools for dissemination including email updates (e-blasts) to subscribed members, and social media channels such as Twitter, Facebook, YouTube, and blogs.

The NLM is a very proactive disseminator of information and makes extensive use of social media. Members of staff in the Outreach Unit were encouraged to make frequent postings to Facebook, Twitter and also to use RSS feeds, blogs and bulk SMS. Social media is not seen as an extra or as particularly “social” but as a serious dissemination tool. There is a high level of expertise amongst the staff and they use a variety of tools such as Hootsuite to update several networks at a time and more effectively manage bulk postings. The NLM recognises the importance of using the right dissemination method with the right audience so they also organise targeted face to face meetings, mail outs, and events by invitation. Web based initiatives include the use of visual information presented on webinars and video conferencing (video more likely to generate first page google ranking), electronic bulletin boards, podcasts and training and events calendars. NLM has created specialized web sites focused on specific population groups intended to serve as portals of information for and about those population groups to ensure wide coverage. This type of dissemination does need to be carefully managed however not only can it be a “time suck” there is also the very real possibility of an inappropriate message being accidently posted for the world to see.

Websites in the US were used to survey users, post ongoing research details, call for research participation, advertise events, display news items, link to other resources, promote other websites, show alliances, and provide information in a variety of formats including html, PDF, Word or PowerPoint slides.

Databases provide another valuable source of AOD information. The database with the largest number of AOD citations in the world is Project Cork. Project Cork produces a bibliographic database, offers current awareness services, produces resource materials, responds to queries, and collaborates in professional education efforts. The CORK database has more than 90,000 records and is searchable online at no charge. The methods used to keep CORK updated and the problems with funding and resourcing were discussed particularly in view of the closing of many similar USA databases. This information will assist in safeguarding the future of ADCA’s own DRUG database.

The Canadian websites are available in both English and French with the language displayed at the entrance to the site. The CAMH website features latest news, access to details of the top searched topics and a list of available information access options from a variety of social networks tools including: Facebook, Youtube and Twitter. Educational resources are displayed in a number of ways including webinars, online courses and video streaming.

CCSA uses their website to disseminate information in a similar way to other organisations but also makes use of online discussion groups (where it regularly posts about new resources), videos of big name speakers on the web, profiles from the field, conference trends, specific information toolkits which include both the essentials and in-depth information, and conference notices.

In England specialist electronic mailing list services are popular. One such service is Effectiveness Bank Alerts which is managed by Drug and Alcohol Findings (a joint initiative of DrugScope, Alcohol Concern and the National Addiction Centre), this service advises users of site updates and new evaluation research, reviews and other documents relevant to improving outcomes from drug or alcohol interventions in the UK. The Alcohol Learning Centre has also found online discussion list popular and it hosts 9 different lists on specific aspects of interest to alcohol professionals.
The Alcohol Learning Centre provides a database called Local Initiatives. There is a focus on identifying and sharing local and regional practice in England in relation to reducing alcohol harm. Details include collection of information on: needs analysis and strategic planning, as well as capturing the policies, decisions and strategic history that enabled the projects to come into existence. Information is also provided on how projects were commissioned, received funding, why alcohol was a priority, outcomes and contact information. This is an excellent way to share information about AOD worker projects.

Lifeline (this is a Manchester drug agency) and FEAD (Film Exchange on Alcohol and Drugs) run an innovative website made up entirely of video clips on AOD education (conference presentations, interviews etc) that are provided at no cost by expert contributors.

**Face to face**
Conferences, seminars and similar events were used by a number of agencies e.g. SAMHSA offers Knowledge Dissemination Conference Grants; NIDA sponsor a number of events and meetings around the US including research mentoring; and NAADAC hosts the National Conference on Addiction Disorders.

CIHR currently provides up to $25,000 for one year for Dissemination Events grants, they also hold Dissemination Event Competitions annually. One of these events funded by CIHR is the Cafe Scientifiques which encourage research accessibility by involving interaction between the public and experts in a given field at a café, a pub or a restaurant.

Several agencies also mentioned champions in the workplace or train the trainer initiatives. By identifying advocates within a workplace, these workers can provide feedback and sometimes training to their colleagues. Making an initial face to face connection could help this process.

The value of personal interaction was mentioned several times particularly when the effort was made to visit rural and remote areas. Compared to electronic means a face to face meeting may not have as great a reach but the impression will be much longer lasting. Face to face contact can be also invaluable when starting new networks.

**Networks and partnerships**
Networks and partnerships were seen as a pivotal method of dissemination. The examples given reflect an inclusive, planned approach to using this strategy. On the surface networking looks deceptively easy but developing a strong network requires planning, monitoring others activities, replacing members that leave, fulfilling networking obligations (or getting others in your organisation to do so) and finding ways to measure outcomes.

The ATTC Network listed with its dissemination methods (products, courses etc) a diverse and full list of key partnerships. They see their partnerships as a real part of their dissemination process and work on these partnerships in a planned and coordinated way to ensure their successful part in the dissemination process.

Similarly CAMH demonstrated a system of dissemination using a network of interested parties carefully chosen for their ability to disseminate information in a cooperative way and help CAMH meet their dissemination goals. A network of stakeholders meets regularly to share information which they in turn disseminate amongst their networks. The original network is carefully constructed so that it includes representatives of particular target groups. These network members undertake to share information amongst their networks. There was also an emphasis on partnerships where related agencies shared the load of helping a particular client group and where research and practitioners worked more closely together.

CIHR advocate that partners and knowledge users should be involved in research including conference presentations, writing articles and also be encouraged to take a lead in disseminating results within their own context and community. This is encouraged with financial assistance.

Health Canada supports knowledge exchange through networks and processes which include a wide cross section of partners (both Indigenous and mainstream), and partners from all areas (researchers, policy, AOD workers). The information exchanged can include peer reviews, videos, websites, brief reports, and be run through regional and national network meetings.
Further to this CAMH and the Ontario Mental Health and Addictions Knowledge Exchange Network (OMHAKEN) have developed a network structure dependent upon the premise that research is connected from the outset with potential users of the findings. This provincial knowledge exchange network creates linkages to facilitate the creation, translation and dissemination of research. It employs a “network of networks” approach and then utilises website, targeted events, working groups, newsletters, reports, forums and a number of other products aimed at expanding the reach of research. This network helps to keep the organisation informed particularly about delivery of services and supports. A web-based network of individuals interested in Aboriginal knowledge transfer has also been developed (Indigenous Health Research Knowledge Transfer Network) out of McMaster University.

The IAS is involved in the Eurocare project: Alcohol Policy Network in the Context of a Larger Europe: Bridging the Gap (BtG) which was funded by the European Commission for the years 2004-2006. The project included partners in 30 European countries as well as the World Health Organization (European Office), the European Youth Forum, and the European Public Health Alliance. This higher level network shares information nationally and then disseminates it downward through more local networks.

DrugScope has formed a partnership with CHILL (Consortium of Independent Health Information Libraries in London) CHILL's goal is to provide the independent health libraries of the London area with opportunities to improve their services through mutual communication and co-operation. This is a good use of the broader network and helps to ensure referrals from other agencies. Involvement in special days/weeks/months (e.g. Women’s Month) can also help to build networks and partnerships. The use of virtual networking/partnering through electronic means (blogs, Facebook etc) helps to broaden the reach of material and shouldn’t be overlooked.

Mixed Methods
Alcohol Concern established a 3 year project called Embrace—which involved alcohol children, families and domestic abuse. The information needed for this project was not pre-created but developed to serve the specific needs of the project. The Embrace project spent three years developing the Embrace Model which interacted with nine adult alcohol services across the country to develop a more family-focused approach to their clients and to take account of domestic violence and abuse throughout their work. This approach was reinforced through workforce training, encouraging networking with other services to have a multi-agency approach, and developing targeted resources of policy, procedures and protocols. Training, consultancy and assistance was offered in developing new policies, procedures and protocols, as well as support with building partnerships with other local agencies and with commissioners and other funders.

How can dissemination best practice be assured through planning, monitoring and measuring?

Information dissemination is a time consuming and costly exercise and the thorough planning, monitoring and measuring of results is essential. Information mainly from the EBLIP6 conference and the Canadian organisation visits led to this list of key dissemination plan inclusions.

- Establish clear goals and objectives emphasising utilisation of information and feasibility.
  What effect is required?
  Specifically who will benefit?
  In what ways will they benefit?
  How will my organisation benefit?

- Research gathered on the AOD worker as the end user should be succintly included.
  Details of any secondary users and how their needs might be different
  Collaborations with user groups

- Ways AOD workers can be actively encouraged whilst undertaking certification or study
  Specify study programs and actions undertaken
  Network with education providers
  Link information to course requirements
• What information content will be gathered and in what form
  Include type and medium of information

• What specific methods of dissemination will be used
  Include dissemination methods

• The planned inclusion of networks, collaborations and partnerships (clear guidelines regarding what each partner will gain and what is expected in return)
  Include methods for building partnerships and networks

• The plan should include both quantitative and qualitative measurement and should clearly indicate the level of success.
  Include a variety of measures at regular intervals throughout the project
  Trial methods to describe (quantitative), improve (survey), and transfer (does this method work on another user group)
  Evaluate from an internal (staff and partners) and external (outside experts) view

• Potential problems
  The plan once devised should be reviewed and revised as needed in response to regular evaluation.
  Consider budget and other resource constraints.
  Include timelines to keep on track with initiatives.

Almost all of the agencies visited used a combination of quantitative and qualitative methods to monitor dissemination activities. This included such things as counting the number of items disseminated by different methods, the number of outreach visits made, and the number of website visits recorded. Another common practice was user satisfaction surveys, focus groups and interviews. Surveying users was most often conducted electronically and in some cases surveys were available continually from a website link e.g. the CAMH Knowledge Exchange website there is a “Tell us what you think” survey link. CCSA have a “rate this page” (1-5 and room for comment), and includes a feedback survey with a prize draw for participation. These types of activities are important and form a good base to measure the number of clients you are reaching and their satisfaction with the services on offer.

CAMH have employed evaluation of impact exercises but not necessarily limited to dissemination alone. One evaluation looked at significant investments made in the Ontario community mental health system and included evaluation at the program level and the system level. The message from this evaluation was clearly that ongoing monitoring and evaluation activities were essential and without them there will be a danger of investments failing and long term benefits being lost.

The CIHR had some suggestions around evaluating knowledge transfer interventions but made the point that the methods would depend on the goal of the dissemination effort and on the purpose of the evaluation, for example to enhance local knowledge or to provide general information on the validity of the intervention. Examples of evaluations were discussed with an emphasis on taking a planned approach with evaluation at each stage of the intervention.

Like the dissemination process evaluating impact is not a single, large, retrospective activity but a continual activity that needs to be an integral part of an overall plan. Evaluation of impact must be factored in throughout the dissemination process not at the end of the project; this will ensure continuing improvement can be achieved.

One method of evaluation is to approach with 2 phases: the acknowledged delivery and the uptake.

The delivery asks: Is the information reaching the AOD worker?
Consider:
  What information is being sent (article, report)
  What format is the information in (summarised or full item),
Who in the organisation is acknowledging delivery (Are they studying? What position is held?)
How the information was delivered (e-mail, printed mail out, website)

Once a group has been identified as having received the information the second phase examines uptake.

The uptake asks: What is uptake?
Consider:
  - Is awareness of some research sufficient or does some sort of action (citing, sharing, implementing) need to occur?
  - What methods can be used to measure uptake? Should different user groups be measured separately?

Examining this range of evaluation methods was very helpful and will definitely for a part of the final overall plan.
CONCLUSIONS

This research began by searching for creative ways to disseminate information to AOD workers but I soon learnt that the dissemination process was only part of the picture. A better start was examining the information needs of the AOD worker. It was determining their motivation and information needs that led me to the much larger issue of addressing continuing professional development for AOD workers.

Australia’s National Drug Strategy 2010-2015 (Ministerial Council on Drug Strategy, 2011) supports the development of a qualified AOD workforce. My conclusions are based on the views of expert librarians, government workers, researchers, academics, clinicians, and AOD workers from the USA, Canada and England who are devoting themselves to the development of their AOD workforces.

A carefully planned approach to developing the AOD workforce is essential. A strategy with clear goals and objectives should include proactive, planned and deliberate networking and partnering with a wide range of stakeholders, organisations and individuals to utilise all existing expertise. Actions from the strategy/plan itself need to be clearly linked to individuals and/or organisations to ensure implementation.

One nation-wide standard of competency for AOD workers is the ideal but this was only actually achieved in England (and even there other standards are being considered). Regardless, across the board it was acknowledged that a recognised professional certification with built in regular continuing professional development acted as a primary motivator to the uptake of professional information. A mandatory, minimum qualification for AOD workers across Australia should be strongly encouraged and where necessary incentives should be offered. For existing AOD workers a flexible approach to recognising prior learning could be employed. The establishment of a CPD path preferably against competencies for those qualified will encourage the take up of further education and career development and may help address retention issues.

Along with incentives for AOD workers to develop professionally a wide range of targeted education and/or continuing professional development activities should be offered. Innovative and varied information delivery methods to engage the worker will both inform and stimulate interest. The special needs of rural, remote and Indigenous workers should be taken into account recognising their particular contribution to the workforce.

The opportunity should be taken to incorporate into CPD easily understood and accessible research including a combination of different types of information (published, ongoing research, reports etc) which can be actively disseminated in an easily absorbed format (summaries, case studies etc) and be relevant to a proven need (e.g. against a competency). This strategy would address CPD for AOD workers, enhance research into practice and provide information for other workforce groups. Whilst the delivery of professional information to AOD workers is a priority the opportunity to improve delivery to other workforce groups as specified under National Drug Strategy (Ministerial Council on Drug Strategy, 2011), should be considered to maximise cost effectiveness.

Networks and partnerships are not easy to establish or maintain (Wilkinson et al., 2002). They require careful planning, a shared desire to reach a predetermined goal, recognition of each other strengths and agreement around areas of responsibility and should not be based around financial considerations. Leading organisations that make a personal connection with proposed network members and then engage in continuous follow up are more likely to build a successful network according to many experts. The involvement of AOD workers in this process as valued and reciprocal partners in knowledge exchange is also advised.

The need to continually measure and monitor activities cannot be over emphasised. By continually evaluating actions and response against predetermined goals some dissemination methods will emerge as more successful than others. Dissemination is not a static activity and only by engaging in continual impact measurement will continual improvement be ensured.
RECOMMENDATIONS

It is important to be realistic about the capability and capacity to implement new initiatives. A staged approach as part of a larger plan could be the most useful way to achieve this.

There is a strong need for a planned approach to continuing professional development training for those workers holding a minimum qualification and for those workers seeking to expand their professional education along a particular path (ABT Associates, 2006).

1. Formulate a dedicated AOD Worker Continuing Professional Development Project. Following the formulation of a plan use ongoing evaluation processes which include AOD workforce consultation. The project should take into account the resources and dissemination methods based on the findings of this research and local stakeholder feedback.

Presently in Australia only 2 jurisdictions (Victoria and the Australian Capital Territory) have introduced a minimum qualification for AOD workers (Pidd et al., 2010).

2. Actively seek out opportunities to assist AOD workers enrolled in completing a minimum qualification and encourage others to enrol.

Acknowledge, encourage and value the role of workplace champions and agency managers within the AOD workforce.

3. Encourage and recognise “champions”, leaders and managers in the workplace by ensuring their views are taken into account and material particularly suited to their needs is developed and disseminated.

A central, national CPD resource backed by the appropriate information resources should be established to house and promote appropriate CPD activities.

4. Establish a national, dedicated CPD website/portal for AOD workers.

Introduce knowledge transfer strategies to deliver a focused message to a specific audience (Canadian Institutes of Health Research, 2008), establish rapport with AOD workers and encouraging the uptake of research findings.

5. As part of the AOD CPD Project ensure evidence-based information (including published literature, reports and research findings) is presented in a form palatable to AOD workers using knowledge transfer strategies.

The CPD Project and associated resources need a range of evaluation methods to measure their impact to ensure effectiveness.

6. Initially identify one state or territory to use as a pilot site to measure the effectiveness of the new service and follow up with other varied evaluation methods.

Better partnerships and networks within the Australian AOD sector are needed with a view to making best use of a range of organisations and their associated strengths.

7. Investigate and formulate a plan to effectively link with partners and network members not only to facilitate dissemination but also to more actively engage in knowledge transfer strategies.
REFERENCES


