



Rural Outreach Diversion Worker Program Evaluation

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Rural Outreach Diversion Worker Program Evaluation

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ACRONYMS AND ABBREVIATIONS

ACSO	Australian Community Support Organisation
ADIS	Alcohol and Drug Information System
AOD	Alcohol and Other Drugs
CCCC	Counselling, Consultancy and Continuing Care
CHS/CHC	Community Health Service/Centre
COAG	Council of Australian Governments
COATS	Community Offenders Advice and Treatment Service
D&A	Drugs and Alcohol
DHS	Department of Human Services
DP&SB	Drugs Policy and Services Branch
DTS	Drug Treatment Services
EFT	Effective Full Time
EOC	Episode of Care
ITP	Individual Treatment Plan
JJ	Juvenile Justice (Victoria)
NDS/NIDS	National Drug Strategy/National Illicit Drug Strategy
RODW	Rural Outreach Diversion Worker
TCA	Treatment Completion Advice
WRAD	Western Region Alcohol and Drug Treatment Service
YSAS	Youth Substance Abuse Service

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EXECUTIVE SUMMARY

The Program

The Rural Outreach Diversion Worker (RODW) program was established in 2002 to “provide a service tailored to rural needs” in those areas of Victoria where offenders do not have access to the Court Referral Evaluation for Drug Intervention and Treatment (CREDIT) program (Turning Point Alcohol and Drug Centre 2002:13). Funding was allocated for 16.5 EFT Rural Outreach Diversion Workers (RODWs) with a primary focus on offenders aged below 25 years, however also available to older offenders assessed as appropriate for an outreach program. To be eligible for the program, offenders must have been apprehended for a non-drug related offence (and therefore not eligible to receive a caution and participate in the Drug Diversion program), yet their drug use is a clear element in their criminality (Department of Human Services 2003:2). The primary role performed by RODW practitioners is to “provide a link between the community, police, courts and the drug treatment service system” (Department of Human Services 2003:2).

The Evaluation

The evaluation incorporates a process evaluation designed to explore the service delivery framework, strategies for the engagement of key stakeholders, reach, and an investigation of the impact of the framework on the referral patterns of key stakeholders involved with young people with illicit drug issues, their perceptions of the appropriateness of the model and its impact on young people that they had referred. The data collection methods employed in the evaluation include: literature search, review of DHS statistical data, episode of care data and COATS data; interviews with stakeholders; and attendance at an RODW forum.

The Literature

It is apparent from a review of the Australian and international literature that the RODW program is unique in its focus on the rural context in the diversion of offenders whose drug use is a factor in their criminality. The need for differing approaches to diversion based on geographical or demographic features of the jurisdiction targeted is not discussed or theorised in the literature. Rather the focus tends to be either on theoretical overviews of overarching approaches such as therapeutic (drug) courts (McCoy 2003), drug diversion (Spooner 2001), harm reduction (Lenton 2003), an examination of the impact on participants (Freeman 2003) or on evaluations of specific interventions. Another distinctive feature of the RODW program is the development of the program in response to an identified gap in the coverage of other diversion initiatives, in this case, a gap in the coverage of the CREDIT program across rural and regional Victoria.

The Program in Operation

The 18 auspice organisations involved in the delivery of the RODW program are specialist drug treatment services and/or community health in hospital or community settings. The majority of RODWs are 1.0 EFT positions occupied by fulltime workers. While most of the positions are located in rural regions, two services are based on the outer rim of the southern and northern metropolitan regions of Melbourne.

The key roles and accountabilities expected of the RODW are to:

- ensure young people with drug issues, which have or may lead them into offending behaviour, are provided with the opportunity to undertake a treatment program provided by an outreach worker linked to a drug treatment agency;
- conduct a drug assessment and develop an Individual Treatment Plan (ITP) in consultation with the client, that includes clearly articulated significant treatment goals;
- receive referrals via COATS, from police, courts, schools, legal personnel and juvenile justice (JJ). The RODW is required to form strong links with local law enforcement agencies, schools, health and welfare agencies and JJ;
- emphasise early intervention to prevent offending behaviour related to substance misuse; and
- report adequately and accurately to the State, Commonwealth, COATS, courts and police.

Program Reach

The program commenced in 2002. There was an increase of 60% between 2002–03 and 2003–04 in the total number of referrals to the program. This is despite there being no referrals recorded for two of the funded agencies for this period.

Total Referrals

Financial year	Total number of referrals
2002--03	196
2003--04	328
Total across the two years	524

Source: COATS Referral Data 2002–04

Program Strengths

The program received considerable support from most of the stakeholders interviewed for the evaluation. It was seen as a timely and effective means of addressing issues of drug use, through treatment, support and information. Those stakeholders who were consulted about the strengths of the RODW program offered a variety of responses. Some of the strengths were weighted differently between stakeholders and may be attributed to different sectors or service needs in specific rural and regional locations. The most common strengths can be categorised across the following six headings:

- specialist AOD knowledge and skills;
- outreach delivery;
- case management;
- flexibility of approach;
- diversion ideology;
- youth specific focus.

Program Challenges

The evaluation uncovered a range of challenges impacting on the delivery and success of the program. Stakeholders and RODWs identified the following areas as challenges or barriers to the program:

- knowledge and understanding of the role
- rural and regional issues
 - o drug use (alcohol inclusion)
 - o service gaps
 - o resources and support
- RODW program administration requirements
 - o COATS process
 - o duplication of data collected
 - o identification of eligible clients.

Results of Evaluation

The RODW program made an entry into the diversionary arena over the period 2002–03 with most programs commencing in the latter half of that year. Whilst some individual programs are clearly struggling, overall the 60% increase in total referrals to the program between 2002–03 and 2003–04, is a strong sign of a growing profile. However most referrals have generally emerged from quite a different referral base to the one aspired to in the program specifications.

In fact the experience for the rollout of the RODW program would appear to be consistent with the observation by Bull (2003) that the “initial take-up rates for diversion initiatives are lower than expected” and that “securing an understanding of, and a commitment to diversion practices from criminal justice stakeholders – the police, corrections and court personnel – is essential”.

The key stakeholder groups that were expected to take advantage of the program were police and courts. In general the police and court referrals that the program has targeted have not been forthcoming to the degree that was anticipated. This has been for a number of reasons including:

- a police culture that is yet to fully embrace diversion practices;
- referral to drug diversion is not seen as a simple process by police and is generally not well known or understood;
- a court system that remains largely uninformed about the RODW program;
- some areas appear to have fewer young offenders that are identified;
- confusion about the target group on the part of both practitioners and referrers due in part to perceptions of changes to the emphasis of the target group over the life of the program to date (eg. until recently the selection criteria for the CREDIT program was narrower than for the RODW program, thus creating the potential for confusion for courts and Diversion Coordinators with regard to appropriate referrals); and
- some RODWs have made only very limited attempts to engage either police or court personnel.

Whilst there have been some genuine progress, there are signs the program is still in a 'fledgling stage', in that only six of the 18 service providers have established themselves quite strongly in their local regions. The other 12 have struggled to varying degrees with securing appropriate referrals and providing support to significant numbers of young people. Indeed, two service providers failed to secure any referrals at all and another gained only one referral in 2003–04. As such, it will require both significant structural support across departments and agencies as well as with driving programs in local areas if a case is to be made for ongoing funding of some services.

Key stakeholders also identified a range of strengths of the program and were keen to see program funding continue. For example, there have been innovative attempts to build partnerships with police including a 'new' model for RODW that was developed through the partnership between Ovens and King Community Health Service (CHS) and Wangaratta Police. RODWs in general have demonstrated a commitment to their work in assisting young people with AOD issues who are also at risk of offending. This has been challenging in the face of a very limited response from potential referrers.

In summary, the program has made up some important ground and there are examples of effective partnerships and increasing service delivery. The next 18 months will be critical ones, during which the recommendations from this evaluation will need to be implemented in order to strengthen stakeholder involvement and the reach of the program.

1. THE PROGRAM

The Rural Outreach Diversion Worker (RODW) program was established in 2002 to “provide a service tailored to rural needs” in those areas of Victoria where offenders do not have access to the Court Referral Evaluation for Drug Intervention and Treatment (CREDIT) program (Turning Point Alcohol and Drug Centre 2002:13). CREDIT is a Magistrates’ Court diversion program, providing for all ages, which refers certain offenders with a drug related problem into drug assessment and treatment as a condition of bail.¹ While CREDIT operates in all metropolitan regions, it is restricted to a limited number of regional centres and “this leaves a large part of rural Victoria without access to a CREDIT program” (Department of Human Services 2003:2).²

In order to address this gap, funding was allocated for 16.5 EFT RODWs with a primary focus on offenders aged below 25 years, however also available to older offenders assessed as appropriate for an outreach program. To be eligible for the program, offenders must have been apprehended for a non-drug related offence (and therefore not eligible to receive a caution and participate in the Drug Diversion program), yet their drug use is a clear element in their criminality (Department of Human Services 2003:2).

The primary role performed by RODW practitioners is to “provide a link between the community, police, courts and the drug treatment service system” (Department of Human Services 2003:2).³

Referral is from the courts, either from the Magistrates or from one of the court-based Criminal Justice Diversion Program (CJDP), legal personnel, JJ, schools or directly from police. The referral must be made via the Community Offenders Advice and Treatment Service (COATS) (Department of Human Services 2003:3) (See Figure 1.1 below). According to the guidelines, clients may be also be referred to the RODW program on an ‘informal’ basis by the police, courts, JJ, legal personnel and schools, in cases where drug use is identified as a factor which may lead to offending behaviour (Turning Point Alcohol and Drug Centre 2002:13). As a result, the RODWs are required to be proactive in their promotion of the role, undertaking liaison and information sessions on a regular basis with organisations and personnel from a number of sectors (Australian Community Support Organisation 2003:29).

¹ CREDIT has a number of features that are similar to drug courts established in the US including:

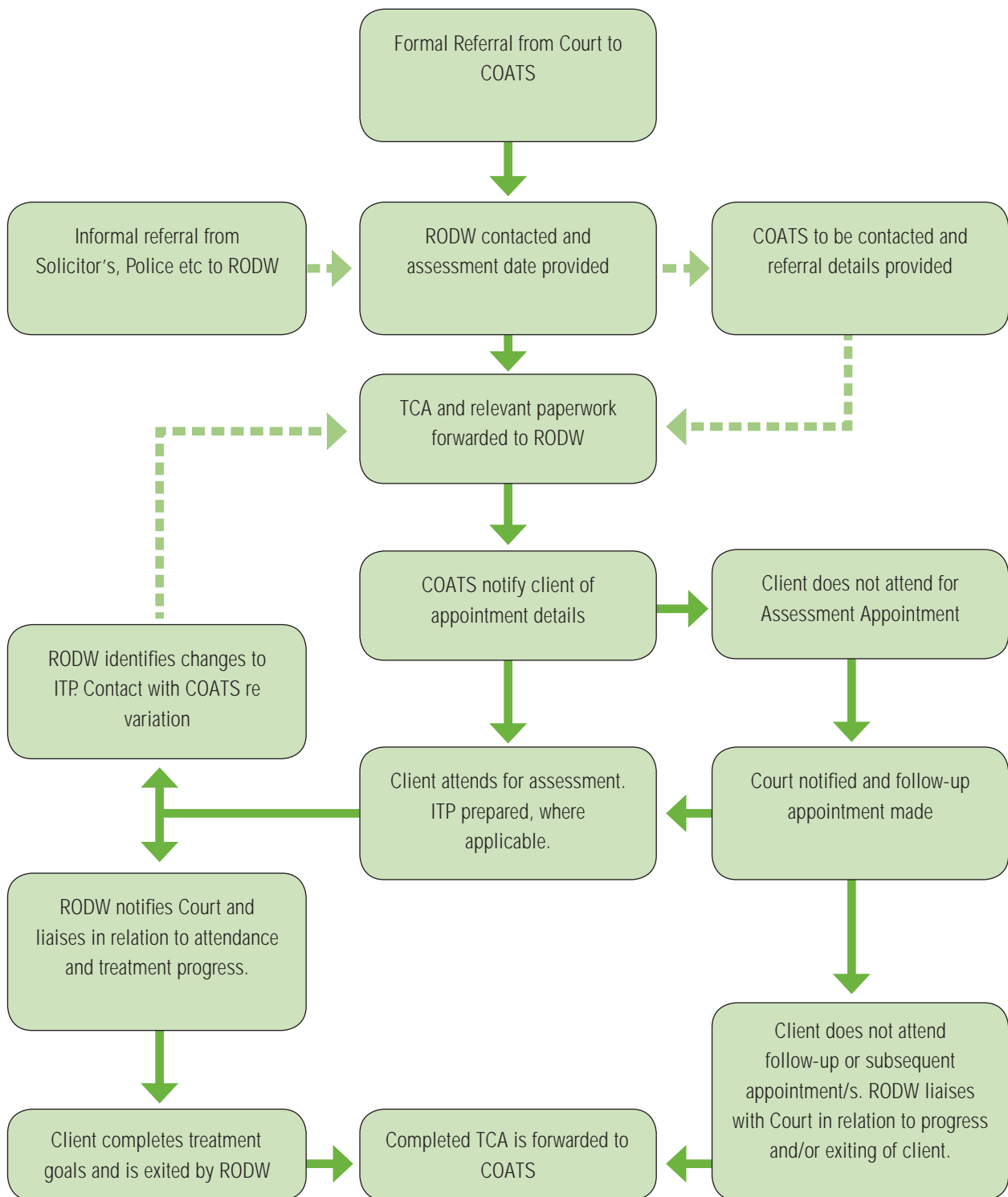
- the focus on interaction and co-operation between a range of government and non-government agencies;
- the focus on treatment; and
- the ongoing contact with, and supervision of, participants.

There is a key difference however. Defendants do not have to plead guilty in order to be admitted to the program (Bull 2003).

² These regional centres are Geelong, Moe, Bendigo, and Ballarat Magistrates’ Courts.

³ RODW program is also available to older offenders assessed as being appropriate for an outreach program.

Figure 1.1 Pathways: Rural Outreach Diversion Worker (RODW) Program



Source: (Department of Human Services 2005).

2. EVALUATION RATIONALE AND METHODOLOGY

2.1 Objectives

According to the project brief, the objectives of the evaluation are to evaluate the RODW program with respect to effectiveness and administration.

Effectiveness

The effectiveness of the RODW program will be measured against:

- the impact of the program on recruiting eligible clients;
- the impact of the program on retaining eligible clients;
- the impact of the program on local police, schools, legal services and courts—their willingness to participate, how the system has worked (or not) for them;
- how well the information regarding this program has been disseminated and what can be done to improve it; and
- the strengths and weaknesses of this type of program as a model for rural communities.

Administration

The administration of the RODW program will be measured against:

- how efficient the current administration process is, including identification of eligible clients, notification to COATS of client eligibility and episode of care (EOC) commencement and completion;
- recommendations for the effective and efficient future administration of the program; and
- recommendations for how the program can continue to work within the available budget allocation to the RODW program.

2.2 Evaluation Framework

The framework for the evaluation sought to incorporate:

- a process evaluation designed to explore the service delivery framework, strategies for the engagement of key stakeholders, and reach;
- an investigation of the impact of the framework on the referral patterns of key stakeholders involved with young people with illicit drug issues, their perceptions of the appropriateness of the model and its impact on young people that they had referred.

2.3 Research Methods

The evaluation employed a range of data collection methods to elicit information from RODW program staff, managers and key stakeholders, including police, court personnel, Corrections Victoria, JJ, Child Protection Service and schools. In addition, other sources of information as outlined below further informed the evaluation.

The data collection methods employed in the evaluation were:

1. Literature search;
2. Review of DHS statistical data;
3. Episode of Care data;
4. COATS data;
5. Interviews; and
6. RODW forum.

Literature Search

The primary goal of the literature review is to provide background material and current research information to support and situate the information collected throughout the program evaluation. The literature review should be read in conjunction with the broader evaluation report.

The literature surveyed in this report includes:

- the DHS specifications regarding the goals and key results areas of the program;
- departmental reports and documents; and
- other relevant academic and human services literature.

The Youth Drug Treatment Service System Review and the Rural Drug Treatment Services Review were completed (although unpublished) while we were in the data analysis phase of the evaluation, well after the literature search was finished. Given the direct relevance of these reviews to this evaluation report, any analysis undertaken for the purpose of this evaluation has attempted, where possible and appropriate, to incorporate a comparison with the findings in those reports. However, it should be noted that the two reports are not included in the literature review.

Review of DHS Statistical Data

DHS provided data from the Alcohol and Drug Information System (ADIS) that had been collected in relation to episodes of care (EOC). ACSO COATS also agreed to assist with data that they collected on referrals to RODWs for assessment and treatment. These data sets are described in detail below.

Episode of Care Data (EOC)

An EOC is described as a completed course of treatment undertaken by a client under the care of an alcohol and drug worker and which achieves significant agreed treatment goals (Department of Human Services 2002).

The definition of EOC indicates that this work is focused on individuals and involves direct work with young people. EOC data is entered by the service provider into a data collection software package and submitted on a quarterly basis to DHS. A guidelines and definitions document is provided to each agency so that data is standardised across the state.

Not all young people seen by RODWs are provided with a response that equates to an EOC. One reason is that often the primary purpose for which the young person is referred is assessment and this, on its own, does not constitute an EOC. A further component of the work of the RODW is information provision. While it might form part of the work undertaken in relation to an EOC, information provision does not equate to an EOC.

Community Offenders Advice and Treatment Service (COATS) Data

Australian Community Support Organisation (ACSO) provides the COATS program. The primary aim of COATS is to assess and provide a treatment plan for referred offenders and to purchase this treatment from community based treatment agencies.

ACSO collect data on both referrals to RODWs and completed treatments. It should be noted that the data collected is limited to a small number of fields and excludes demographic data such as cultural background, living circumstances, offender status and links to employment, training or education.

These two sources of statistical data provided information for the period 1 July 2002 to 30 June 2004. The analysis of this data has concentrated on the statistics provided for the period 2003–2004 as this is the timeframe in which all of the funded program providers were operational. The analysis has included the following aspects:

- number of people referred and provided with treatment;
- information about demographics (including age and gender) of young people referred and treated;
- primary drug type; and
- referral source.

Interviews

Interviews with Rural Outreach Diversion Workers

Every attempt was made to interview all RODWs in person within their local area throughout the state of Victoria. Where this was not possible, telephone or email arrangements were made to ensure that all perspectives and ideas were heard. Only two RODWs (Kerang and Warrnambool) did not participate in the evaluation and one RODW completed an email questionnaire rather than a personal interview. Two Program Managers from Ovens and King CHS and Goulburn Valley CHS, and the Director from WRAD in Warrnambool, were also involved in discussions.

These interviews explored the perception and experience of the worker including:

- components of the role;
- promoting the program;
- engaging key stakeholders;
- recruiting and retaining clients;
- education and training provision;
- administration and program support; and
- strengths and challenges of the program.

Interviews with Stakeholders

It was crucial to the evaluation to understand how well the program is known, accepted and used by the wider community, including local police, court personnel, legal services, schools, health and welfare agencies. To achieve this understanding, stakeholders were requested to be involved in personal interviews (either individual or group) or telephone interviews. Individual RODW programs provided lists of key stakeholders who they thought might usefully participate in the evaluation process. Thirty-six stakeholders were interviewed across the state (see Table 2.1 below).

Table 2.1: Stakeholders Interviewed

Stakeholders	Number of interviews
Police	10
Court related staff (including magistrates, Koori Court Liaison, Registrars, COATS workers, Solicitors & Diversion Coordinators)	7
Juvenile Justice	4
Office of Corrections	3
Child Protection	2
School personnel (including teacher, SWC, social workers & school nurses)	6
Other (including mental health, JPET, Community Health, supported accommodation)	4
Total	36

Stakeholders involved in the personal group interviews were located in Wangaratta, Shepparton, Warrnambool and Horsham. These stakeholders included representatives from the police, corrections, courts, schools, mental health, accommodation and employment services. All others were interviewed by telephone. A number of other stakeholders were contacted for comment on the RODW program, however did not wish to participate or did not return phone calls.

Meeting with COATS Staff

A meeting with COATS staff was held to better understand their data collection procedures and data management systems set up for the RODW program.

RODW Forum

The DHS Drugs Policy and Services Branch (DP&SB) organises a quarterly RODW forum where all RODWs from around the state are invited to participate in information sharing, program updates and program development. This is a unique opportunity for program practitioners and DP&SB staff to come together to share expertise.

The evaluators attended the July 2004 forum, which offered them introductions to many RODWs, a sound overview of the program and current challenges facing the program.

2.4 Limitations of the Data

The collection of data (quantitative and qualitative) to inform the evaluation was limited in the following ways:

- DP&SB indicated that as the major focus for this evaluation was concerned with the engagement of key stakeholders and changes to referral patterns, it would not be necessary to interview current or former clients of the program. This limits the reporting on impacts of the program with respect to the first hand experience of clients.
- EOC data is limited, as indicated previously, to those clients who completed an EOC. Hence the analysis of this data provides some information about only a part of work that RODWs undertake. According to the ADIS data, there has been no data provided for an agency that has been a significant provider;
- COATS is limited in the range of information that is collected and, as a consequence, there is no data available that would provide some insights into the demographics of young people being referred to the RODW program;
- there has been variation in the RODW models that have been implemented across the state. Implementation of different models and varied interpretation of the appropriate 'target group' limits comparisons;
- a few stakeholders who were contacted by phone had little experience of the RODW program and others did not participate; and
- the range of local contexts across which the RODW program has been applied is very diverse and again this imposes some limitations on generalisations that are made about the RODW program as a whole.

Note on use of terms

- staff supervision: The origins of staff supervision are historically rooted in a casework model of social welfare. Kadushin (1985) describes the functions of supervision as traditionally those of administration, education and support. Towle (1963) suggests that, at different times, emphasis on these particular functions has increased or decreased in response to influences both internal and external to the profession Rennie (2002).
- cross or Intersectoral: The terms cross or intersectoral linkages refer to linkages between the Drug Treatment Service system and other systems.
- client/service user: These terms are used interchangeably throughout the evaluation report.
- AOD/A&D: These terms are used interchangeably throughout the evaluation report.
- diversion/drug diversion: The term 'diversion' in this report implies that of drug diversion only.

3. LITERATURE REVIEW

3.1 Overview

The primary goal of this literature review is to provide background material to support and situate the data collected in evaluating the DHS RODW program. This will incorporate a review of the theoretical frameworks that have informed the development of the program as well as a consideration of 'good practice' models of successful service delivery.

It is apparent from a review of the Australian and international literature that the RODW program is unique in its focus on the rural context in the diversion of offenders whose drug use is a factor in their criminality. The need for differing approaches to diversion based on geographical or demographic features of the jurisdiction targeted is not discussed or theorised in the literature. Rather, the focus tends to be either on theoretical overviews of overarching approaches such as therapeutic (drug) courts (McCoy 2003), drug diversion (Spooner 2001), harm reduction (Lenton 2003), an examination of the impact on participants (Freeman 2003) or on evaluations of specific interventions. Examples include reviews of successful court programs such as the Ohio Drug Court (Behavioural Health Accreditation and Accountability Alert 2003), Maricopa County Juvenile Drug Courts (Rodriguez 2004) or programs such as the NSW-based MERIT (Reilly 2002). Another feature of RODW program that has not been highlighted in the literature on drug diversion is the development of the program in response to an identified gap in the coverage of other diversion initiatives, in this case, a gap in the coverage of the CREDIT program across rural and regional Victoria.

The literature review which follows seeks to provide some background to the context in which the RODW program was developed as well as some comparative examples of successful interventions.

3.2 The Youth Offending Context

In examining the literature on youth offending, a number of studies have sought to outline a range of causal factors leading young people to undertake criminal acts. In his discussion of juvenile offending, White (2003) describes a 'young offender profile' as including the following elements:

- the peak age for theft is 16, for robbery 17, for homicide 19;
- young men are far more likely to be charged with a criminal offence than young women, and are more likely to re-offend than young women;
- increasingly, young offender populations now include greater proportions of ethnic minority youth from specific groups, although the bulk of young offenders are from Anglo Australian backgrounds;
- indigenous young people, male and female, are over-represented within the JJ system nationally;
- juveniles officially processed through the criminal justice system tend to come from low socioeconomic backgrounds, with unemployment and poverty being prominent characteristics;
- many young people who appear before children's courts do not live in nuclear two-parent families;
- those young people most entrenched in the JJ system are likely to have a history of drug and alcohol abuse; and
- a disproportionate number of young offenders have intellectual disabilities or mental illness (White 2003:14).

As White (2003) notes:

These social characteristics must be taken into account in causal explanations of offenders (and discussions of 'risk' and 'protective' factors). They must also be accounted for when it comes to the development of general and youth-specific services. (White 2003:14)

3.3 The Policy Context

In Australia, the development of a national, strategic and coordinated approach to the reduction of harm caused by drugs commenced in 1985, and came about through the National Drug Strategy (NDS). This strategy laid the foundations for the theoretical approaches that continue to characterise the Australian approach to drug prevention today. The NDS sought to focus on harm minimisation, drug control, an intersectoral approach, international cooperation, and evaluation and accountability (Department of Human Services 2002:10).

The NDS was succeeded by the National Drug Strategic Framework 1998–2002 and the National Drug Strategy 2004–2009, which sought to outline “a policy framework that provides a coordinated, integrated approach to prevent and reduce the harms caused by drugs in the Australian community” (Department of Health and Ageing 2004).⁴ The key elements underlying the policy approach were:

- harm minimisation, which aims to reduce the adverse health, social and economic consequences of misuse of alcohol and other drugs (AOD), by minimising or limiting the harms and hazards of drug use for both the community and the individual (without seeking to eliminate use);
- drug control, which involves a broad spectrum of control measures ranging from legislative provisions to controls on the access, availability and use of drugs for certain groups or in certain situations;
- intersectoral approach—alcohol and drug problems need to be addressed in an integrated manner across a broad range of sectors;
- international cooperation, which treats drug abuse as an international concern; and

- evaluation and accountability, which involves a commitment to the application of needs-based planning and evaluation activities to ensure the effectiveness and efficiency of strategies to minimise drug-related harm (Department of Human Services 1997:1–2).

In the context of the NDS, the Council of Australian Governments (COAG) in 1999 agreed to invest in a new national strategy to address illicit drug use. Incorporating a whole-of-government approach, the National Illicit Drug Strategy (NIDS) Diversion Initiative sought to make a new investment in prevention, early intervention, education and diversion of drug users into counselling and treatment (Department of Human Services 2002:10).

In Victoria, diversion initiatives around illicit drug use were implemented by the DP&SB of DHS that initially funded the COATS and StepOut programs in 1997. The Magistrates’ Court, JJ and the Children’s Court also developed a number of other programs and piloted them in Victoria at the end of the 1990s; they include the CREDIT, FOCIS and Illicit Drug Diversion programs. These programs subsequently received increased levels of support when NIDS came into effect (Australian Community Support Organisation 2003:5).

The RODW program is currently one of six drug diversion programs in Victoria operating as part of NIDS. The other programs are Victoria Police Cannabis Cautioning Program, Victoria Police Drug Diversion Program, Children’s Court Clinic Drug Program, Deferred Sentence, and CREDIT.

⁴The core objectives of the National Drug Strategy 2004–2009 contribute to reducing drug use and supply, and preventing and minimising harm caused by licit drugs, illicit drugs and other substances:

- prevent the uptake of harmful drug use;
- reduce the supply and use of illicit drugs in the community;
- reduce the risks to the community of criminal drug offences and other drug-related crime, violence and antisocial behaviour;
- reduce risk behaviours associated with drug use;
- reduce drug-related harm for individuals, families and communities;
- reduce the personal and social disruption, loss of life and poor quality of life, loss of productivity and other economic costs associated with harmful drug use;
- increase access to a greater range of high-quality prevention and treatment services;
- increase community understanding of drug-related harm;
- promote evidence-informed practice through research, monitoring drug-use trends, and developing workforce organisation and systems;
- strengthen existing partnerships and build new partnerships to reduce drug-related harm;
- develop and strengthen links with other related strategies; and
- develop mechanisms for the cooperative development, transfer and use of research among interested parties (Dept of Health and Ageing 2004).

Victoria Police Cannabis Cautioning Program

The aim of *Cannabis Cautioning* is to identify people who have committed minor drug offences and prevent their further involvement with the criminal justice system (National Illicit Drug Strategy Division Initiative 2002:5). The Cannabis Cautioning component of drug diversion involves providing a cautioning notice for simple use or possession of cannabis offences to offenders who meet the police criteria.

A voluntary two-hour education session and referral for further information is offered to the person in the form of a *Cautious with Cannabis* brochure, which includes the telephone number of Direct Line telephone counselling and referral service.

Victoria Police Drug Diversion Program

This program acts as an early intervention scheme for low-level or first time users of illicit drugs, other than cannabis, detained for use or possession. The person may be offered a caution on condition that they undertake a clinical assessment and enter any prescribed drug treatment. The offender, who fits the criteria and agrees to a caution, will be provided with a drug assessment appointment within five working days of arrest (National Illicit Drug Strategy Division Initiative 2002:9).

On notification by the drug treatment agency of non-attendance at the compulsory sessions, Victoria Police will issue a summons to the offender who will then be brought to court on the use/possess charge.

CREDIT (Court Referral Education, Drug Intervention and Treatment)

As noted above, the CREDIT program is offered to offenders with substance abuse issues as part of bail proceedings after initial arrest. For those charged with a non-violent offence and who have an identified drug problem, police have the option of referring them for assessment by a drug clinician based at the court. Where appropriate, the alleged offender is diverted into a recommended treatment regime by the magistrate as a condition of bail. This option is only available at Magistrate's Courts where there is a court appointed drug clinician.

Court Diversion – Deferred Sentencing

Deferred sentencing in relation to drug diversion is a sentencing option for the Magistrate in determining disposition for an offender with an identified drug problem (National Illicit Drug Strategy Division Initiative 2002:23). Deferred sentencing targets persons aged between 17 and 25 who have a drug problem and have been found guilty of an offence. Sentencing will be deferred for up to six months with a specific condition to attend drug treatment. Pre-sentence clinical drug assessments will be undertaken and a treatment plan recommended to the court. Offenders will then attend the prescribed drug treatment and a report on progress will be made to the court before sentencing.

3.4 The Service Context

Responding to the NDS in 1993, the Victorian Government established a range of community-based services providing drug withdrawal, counselling and specialist support. Following the report of the Premier's Drug Advisory Council in 1996, the "Turning the Tide" initiative was announced with a significant focus on young people introduced for the first time (Thomson Goodall & Associates 2002).

Drug and alcohol services for young people with drug and alcohol issues are currently provided across nine Human Services regions (Pead 1999). This service system incorporates seven components:

- youth outreach services;
- counselling, consultancy and continuing care;
- adolescent drug withdrawal services;
- peer support;
- alcohol and drug supported accommodation; and
- aboriginal services (Pead 1999).

In their evaluation of youth alcohol and drug outreach services, People Care Australia outlined the key service requirements demanded of services providers.

These include to:

- minimise the harm caused by alcohol and drug use;
- encourage withdrawal and provide post-withdrawal support;
- provide assessment, support and case management on an outreach basis to young people in their own environment;
- operate from a location which is accessible to young people, for example, co-location in an existing youth service;

- provide ongoing support to young people in an accessible 'open door' capacity;
- maximise flexibility in treatment and support services so that young people can maintain their current environment with minimal disruption to themselves or others;
- provide support, information and resources to generalist agencies that work with young people;
- develop inter-service networks and linkages to ensure appropriate and co-ordinated ongoing case co-ordination and referral processes;
- make and follow through supported referral; and
- provide services for carers and families of those affected by drug use (Pead 1999).

Finally, an important development in the sector has been the establishment in 1998 of the Youth Substance Abuse Service (YSAS). Funded as a result of the Premier's Drug Advisory Council, YSAS is the largest alcohol and other drug service in Australia.

The next section of the literature review examines the theory that has informed the development of models of practice, the examination of which is undertaken under the following headings:

- drug diversion;
- harm minimisation;
- connecting crime and drug use;
- rural context;
- intersectoral approaches;
- drug and alcohol outreach.

3.5 Drug Diversion

Diversion schemes aim to divert the arrested drug user from the criminal system to the treatment or health system (Kutin 1998:165).

What is Diversion?

As noted above, drug diversion is a core element of both the NIDS initiative and the RODW program. Diversion is predicated on the "...assumption that arrest and/or court appearances may provide critical opportunities in a person's drug use and offending history to break cycles of destructive behaviour" (National Illicit Drug Strategy Division Initiative 2002:1). If offered by the justice system, and taken up by the offender, these "opportunities" represent a diversion or "re-

routing" of substance abusing and dependent people away from the criminal justice system and its punitive sanctions. This may occur at any stage of the criminal justice process (Bull 2003:10).

The implications of diversion for the drug user include the possibilities of:

- reduction in drug use and high-risk drug-taking behaviour;
- improvements in social functioning; and
- less involvement in crime related to drug use.

As noted in the NIDS literature, "...this, in turn, should lead to a decrease in the burden on the criminal justice system and the impact of crime on the community" (National Illicit Drug Strategy Division Initiative 2002:1).

Drug diversion represents more than simply a reduction in drug use or involvement in criminal behaviour. The strategy is more proactive in that the primary goal of drug diversion is diverting "...drug users away from the criminal justice system and into drug treatment". (National Illicit Drug Strategy Diversion Initiative 2002:1). Diversion may involve all aspects of drug treatment including the provision of education and information, drug withdrawal and rehabilitation programs (National Illicit Drug Strategy Diversion Initiative 2002:1).

As Bull states frankly in her review of international drug diversionary programs:

With significant numbers of drug related crimes and disillusionment with traditional criminal justice approaches to drug using offenders, there has been renewed interest in Australia, and elsewhere in the world, in programs that divert drug dependent offenders from the criminal justice system into education and treatment programs. This trend is based on the view that these types of intervention are more effective than punishment in achieving behavioural change (Bull 2003:18).

Based on the principle of early intervention, drug diversion in the context of the RODW program is a court-based response that provides access to education and/or treatment early in a person's drug-taking cycle. The aim of this process is to increase the motivation of offenders to identify issues and instigate positive change through undergoing access to treatment and rehabilitation options prior to sentencing (Turning Point Alcohol and Drug Centre 2002:1).

Australian Approaches to Drug-Crime Diversion

As demonstrated in the previous discussion, Australian drug diversion schemes operate within a centralised system shaped by government initiatives at the national and state level. As Bull notes in her extensive study of international approaches to drug diversion, despite Australia's "... centralised and co-ordinated approach, diversion is nevertheless, characterised by diversity" (Bull 2003:13).

The Australian Institute of Criminology offers a five-tier typology of drug-crime diversionary programs currently in use across Australia (Australian Institute of Criminology 2004a). Predicated on the point at which the diversionary measure is activated, the typology incorporates the following continuum:

Pre-arrest

Activated when an offence is first detected, but prior to a charge being laid. Measures may include:

- police discretion;
- infringement notice;
- informal warning;
- formal caution; and
- caution plus intervention (that is, warning and record, plus information or referral to an intervention program).

Pre-trial

Activated when a charge is made, but before the matter is heard in court. Measures include:

- treatment as bail condition;
- conferencing; and
- prosecutor discretion (e.g., treatment offered as alternative to proceeding with prosecution).

Pre-sentence

Activated after conviction but before sentencing. Measures include:

- delay of sentence where the offender may be assessed or treated.

Post-conviction/sentence

Activated as a part of sentencing. Measures include:

- suspended sentences of imprisonment requiring compliance with specific conditions (e.g., participation in treatment, abstinence from drugs, avoidance of specific associates);
- drug courts (judicially supervised or enforced treatment programs); and
- non-custodial sentences involving a supervised order, probation or bond requiring participation in treatment as part of a sentence.

Pre-release

Activated prior to release from detention or gaol on parole. Measures include:

- transfer to drug treatment; and
- early release to treatment such that an inmate may be released early from detention into a structured, supervised treatment program (Australian Institute of Criminology 2004a:1).

Comparison between this typology and that outlined in the Protocol between DHS, DOJ and COATS (pg. 15) indicates that the RODW program is a form of drug diversion scheme that may be activated primarily at two points in the typology outlined above: pre-arrest (Type 1) and pre-trial (Type 2). However, there is the possibility for a Magistrate to formally request a drug assessment and treatment from COATS no matter where that request falls within the court criminal process. COATS could then engage the RODW to undertake this task for the court, in which case such a request could sit within the categories pre-sentence (Type 3) or post-conviction/sentence (Type 4).

The International Context

The United Kingdom approach to drug diversion has been described as a "top-down" approach in which development, decision-making, and funding of activities and initiatives is coordinated from within government (Bull 2003). Similar to the RODW program, there are a number of arrest referral schemes (ARSS) in the UK which utilise the point of arrest as an opportunity for proactive intervention. Often coordinated by specialist drug workers, evaluations have found ARSS to be effective in targeting problem drug users. The analysis found:

Reductions in self reported drug use, injecting, the total number of criminal offences committed and expenditure on drugs are reported in the literature. Outcomes for probation based programs and drug treatment and testing orders (DTTOs) were similarly favourable (Bull 2003:11).

The institutional basis for drug diversion strategies is reversed in the United States, where “bottom-up” approaches are more common. Diversion programs for drug dependent offenders centre on a system of drug treatment courts. Pre and post-adjudicative in their focus, the drug court system “...does not simply divert eligible offenders to treatment, but actually becomes part of the treatment process” (Bull 2003:11).

The RODW program borrows elements from the US drug court system in its focus on partnership between criminal justice authorities and service providers. The RODW program is similar to other drug court systems in its focus on offenders who have been arrested for non-drug related offences. As McCoy (2003) notes, many drug courts “are prohibited from handling cases involving the use and sale of drugs... instead, many drug courts adjudicate such criminal charges as theft or assault, which can be traced to the offender’s drug addiction” (McCoy 2003:1528).

The literature on drug courts has generally reported favourable outcomes from this approach to intervention for some participants. For example, a study of the Ohio drug court system in America found that:

... drug court graduates on average were 15% less likely to be re-arrested than a comparison group that did not receive drug court services. The study focused on the effects of frequent court contacts and community-based drug treatment on recidivism rates... 38% of drug court participants reported a new arrest versus 48% of the comparison group. Members of the comparison group were significantly more likely to be arrested multiple times: 49% compared to about 40% for drug court participants (Behavioural Health Accreditation and Accountability Alert 2003:2).

A recent review of the health and well-being outcomes for drug dependent offenders participating in the NSW Drug Court program found:

...evidence of considerable improvements to participants’ well-being within 4 months of being placed on the NSW Drug Court program. Furthermore, for those who remained in treatment, the improvements to health and well-being maintained throughout 12 months of participation on the program. In addition, the finding of a large reduction in mean weekly spending... while on the program, despite no significant change in legal income, is suggestive of a reduction in illicit drug use while on the program (Freeman 2003:413).

In her overview of US Drug Courts, McCoy notes that the primary problem for these courts is the:

...lack of support and funding for social welfare agencies that are institutionally dedicated and professionally trained to address difficult social problems (McCoy 2003:1538).

The funding provided for the RODW program and youth service sector context in Australia itself would appear to mitigate some of the problems foreshadowed by McCoy (2003) in the quote above.

Best Practice and Potential Pitfalls

In summing up her analysis of both the Australian and international literature, Bull states that despite the diversity of programs that aim to divert drug dependent offenders from the criminal justice system into education and treatment programs, reviews and evaluations have produced relatively consistent findings in relation to the strengths and weaknesses of these types of intervention. The evaluations reported that:

...offenders are able to reduce their illicit drug use and offending behaviour while engaged in a program; that programs have other positive effects for both offenders and the community; and that research in this field is hampered by significant methodological challenges (Bull 2003:17).

Table 3.1 (page 21) summaries some of the key themes to emerge from the analysis of drug diversion programs undertaken by Bull (2003).

In relation to best practice, it appears that programs are most likely to succeed if they are focused, defined clearly, well resourced (financial, human), systematic, evaluated and involve follow up. The potential pitfalls associated with diversion programs include lower than expected referral and take-up, maintenance of adequate resourcing, the need

to ensure continuing training regimes for staff, clarity of purpose and, most importantly, ongoing commitment and understanding of key criminal justice stakeholders, including police and the courts.

Table 3.1: Best Practice and Potential Pitfalls

Best Practice	Potential Pitfalls
a commitment to a consistent and clearly defined philosophy	rollout takes longer than expected
clearly defined eligibility criteria	initial take-up rates are lower than expected
timely access to programs for all those who are eligible	offenders must be matched to appropriate interventions
recognition of client rights	those involved in the delivery of diversion programs require ongoing training and support
systematic, consistent and certain compliance monitoring (which includes judicial review)	monitoring and information management systems are difficult to implement and maintain
systematic program monitoring and evaluation	they require the commitment of adequate resources
staff training for all those involved	program objectives and protocols must be clearly laid out and easy to follow
structured and systematic management, effective communication, clear role definition/demarcation	roles and responsibilities of stakeholders must be clearly defined and agreed upon
thorough documentation of policy and practices (i.e., clear protocols)	securing an understanding of, and a commitment to diversion practices from criminal justice stakeholders – the police, corrections and court personnel – is essential (Bull 2003:13--14).
co-ordinated partnerships and collaboration between all agencies involved	
supporting legislative framework	
availability of a broad range of treatment/ intervention options	
social support and follow up for clients once the program has been completed/legal obligations have been fulfilled	
adequate and ongoing funding (Bull 2003:14).	

Reilly et al (2002) points out that a key to the success of the NSW Magistrates' Early Referral into Treatment (MERIT) program (which is similar to the Victorian CREDIT program) was the acceptance and belief in the program by local police, the voluntary nature of the program and the "model of combining case managers to act both as court clinicians for assessments and providing out-patient counselling" (Reilly 2002:395).

In contrast, the evaluation of the NSW Youth Drug Court conducted by the Social Policy Research Centre (2004) reflected upon the reasons for the low take up of the program and identified a number of issues including:

- limited publicity;
- mixed program reputation among young people in detention and in the community;
- poor referral mechanisms in the initial phase;
- requirement to plead guilty;
- a residential criteria (participants to live proximate to program services);
- inappropriate referrals (Social Policy Research Centre 2004).

Benefits of Diversion

Finally, it should be noted that, in her study of Australian and international diversionary schemes, the benefits of diversion for those involved went beyond “cessation” or reduction in drug use and crime (Bull 2003:89). As Bull states:

Other potential benefits for the offender include: an increased awareness of service availability, social improvements in relation to housing, employment and interpersonal relationships and having a positive treatment experience. On a broader level the potential for better understanding and more effective working relationships between professionals involved in the care and supervision of drug dependent offenders is also desirable (Bull 2003:89).

3.6 Harm Minimisation

What is Harm Minimisation?

While *drug diversion* is an active strategy that seeks to re-route, where the opportunity arises, substance dependent and abusing people out of one system (i.e., the judicial system) and into another (e.g., the health and community sectors), the concept of harm minimisation is a philosophical perspective that informs efforts to address the consequences of drug use and abuse. Harm minimisation therefore “attempts to reduce, to as low a level as possible, the harmful consequences that arise from the use of drugs” (Rumbold and Hamilton 1998:136).

Why Harm Minimisation?

The philosophy is underpinned by the view that attempting to reduce the damage caused by drugs is ultimately of greater benefit than trying to prevent drug taking per se (Korf 1999:40). Harm minimisation acknowledges that neither law-enforcement (prohibitionist) policies nor prevention through information and education strategies by themselves have succeeded in slowing or reducing the supply or demand for drugs. The philosophy instead seeks to assess the harm associated with drug use and seeks to explore how this harm could be minimised or reduced (Rumbold and Hamilton 1998:135). As Korf (1999) notes, “harm reduction is primarily targeted at improving public health, rather than at the mere criminalisation of individual drug users” (Korf 1999:40).

This approach accepts that:

- psychoactive substances are and will continue to be a part of our society;
- their eradication is impossible; and
- the continuation of attempts to eradicate them may result in maximising net harms for society (Rumbold and Hamilton 1998:135).

The Government Policy Context

As the guiding principle of Australian approaches to drug use, harm minimisation has formed the basis for each phase of the NDS since its inception in 1985. An interesting feature of the literature produced by government around harm minimisation is the frequency with which caveats are delivered reminding readers that application of the philosophy does not also mean that drug use is condoned.

The key element of the approach promoted by government is the manner in which harm minimisation underpins “policies and programs aimed at reducing drug-related harm” (Department of Health and Ageing 2004:2).

As noted in the NDS framework, the focus of Australia’s harm-minimisation strategy is on both licit and illicit drugs and includes preventing anticipated harm and reducing actual harm. According to the framework, harm minimisation encompasses strategies focusing on:

- supply reduction to disrupt the production and supply of illicit drugs, and the control and regulation of licit substances;
- demand reduction to prevent the uptake of drug use, including abstinence orientated strategies and treatment to reduce drug use; and
- harm reduction to reduce drug-related harm to individuals and communities (Department of Health and Ageing 2004:2).

Importance of Partnership

A key element of the harm minimisation approach is the focus on partnership and coordination. In seeking to improve health, social and economic outcomes, harm minimisation attempts to provide “a framework through which legal, social and health approaches can be brought together in a coordinated and coherent manner” (Rumbold and Hamilton 1998:140). It is at this point of coordination and belief in intersectoral approaches that the concepts of drug diversion and harm minimisation meet. Law enforcement agencies possess great power and resources and are well placed to channel these resources to the advancement of harm minimisation principles and practices (Kutin 1998:170).

The RODW program is an exemplar of both drug diversion and harm minimisation.

3.7 Linking Drug Use and Criminal Activity

A core assumption of the RODW program and drug diversion strategies in general, is the link between drug use and criminal activity. While the literature steers away from making direct causal links between drug use and crime (an untenable position given the complex interaction of factors at play), research has identified a “relationship” between them.

As researchers from the Australian Institute of Criminology (AIC) have noted:

The existence of an association between drug use and involvement in crime is widely accepted. Many studies have repeatedly established a close relationship between drugs and crime (Australian Institute of Criminology 2004b).

The Government Policy Context

In the context of the development of government policy on drug diversion, the 1996 Report of the *Premier’s Drug Advisory Council* was quite influential in its recognition that “significant numbers of people who come into contact with the criminal justice system have histories of problematic drug use” (Australian Community Support Organisation 2003:5).

Based on the research and widely reflected in policy approaches here and overseas, the common view of both government and drug professionals is that, at the very least, drug use ensures that criminal involvement is worse. As noted by the AIC, “...action to reduce drug involvement (either through law enforcement or treatment) will probably reduce offending although it might not reduce the overall number of offenders” (Australian Institute of Criminology 2004b).

3.8 Rural Context

The Rural Context

An element of the RODW program that is relatively unique in comparison to other drug diversion strategies in Australia and overseas is the focus of the strategy on young people in rural areas. For while the particular risks associated with young people living in these areas have been highlighted in a number of reports, there have been very few drug diversion programs developed that have actively sought to respond to the issues specific to rural areas.

The Issues

Some of those issues include:

- problems associated with isolation;
- lack of services available to rural young people with AOD problems;
- different types of AOD issues experienced by rural young people; and
- lower levels of non-AOD high risk activities (e.g., prostitution) among rural young people.

Some of these issues are canvassed in the Morton (1999) report on residential options for young people in out-of-home care:

There was a difference in some of the types of risks that young people were exposed to. Target group young people from metropolitan regions were more likely to have tried heroin and to use heroin regularly. Young people from country regions were generally reported to have lower level of drug use, and to more commonly abuse solvents and alcohol. The majority of target group young people from metropolitan regions were involved with paedophiles or engaged in prostitution, but none of the target group young people from country areas were engaged in these high risk activities. Target group young people from country regions who were placed in statewide services with young people from metropolitan regions thus were particularly at risk for the contagion of these high risk behaviours (Morton 1999).

In the context of the RODW program, the rural focus of activities ensures that some of the issues highlighted in reports such as the one quoted above, are specifically identified and addressed. This is an important and unique aspect of this particular drug diversion program.

3.9 Intersectoral Approaches

Cooperation between Stakeholders

A crucial element of the RODW program is the development of working partnerships between the RODW practitioners and an array of stakeholders including the police, courts, JJ, legal personnel and schools. The primary challenge and a key element in the success or failure of the program is the maintenance of clear communication and ongoing cooperation between stakeholders from a diverse range of sectors and occupations.

As Bull (2003) notes in her analysis of drug diversion strategies,

Drug diversion involves, at its core, cooperation between criminal justice, treatment, education and social/welfare sectors. Turnbull et al (2000) found that the lack of effective inter-agency working was perhaps the single most important factor to address in relation to the delivery of drug treatment and testing orders (DTTOs) (Bull 2003:100).

Assumptions Implicit in Intersectoral Approaches

There are a number of assumptions implicit in the partnerships that form around drug diversion activities and programs. These include:

- the assumption that a drug problem exists in some form;
- that the drug problem is too complex and difficult to be solved by one body or geographical entity;
- that drawing on a range of interest groups will create a more effective and efficient response to the issue (Mellor 1998).

Problems Associated with Intersectoral Approaches

In his discussion of intersectoral approaches, Mellor (1998) identifies a number of possible difficulties or barriers to creating successful ongoing partnerships in drug diversion programs. They include:

1. That many of the approaches face difficulties associated with a lack of adequate conceptualisation of achievable goals and outcomes and an understanding of the means necessary to achieve them;
2. That many approaches fail to account for the reality of conflicting and vested interests when seeking to develop effective goals and strategies. There are always likely to be interests that cannot be controlled or predicted. These factors will often undermine the best-planned goals. Mellor advises therefore that future strategies must be developed which account for these conflicting interests. This may involve scaling down goals or the development of alternative strategies based on possible intervening factors and dynamics;
3. That adequate resourcing increases the effectiveness of intersectoral and community approaches. Resourcing should cover the necessary financial, material and other personnel requirements necessary to meet the goals of the project;
4. Finally, as Mellor notes, collaborative models are relatively new in the alcohol and drug sector and it is not surprising that, according to the literature, various forms of coalitions have encountered difficulties (Mellor 1998).

The difficulties associated with intersectoral approaches as outlined by Mellor are particularly relevant in the context of the RODW program and will be tested accordingly in the following sections of this evaluation.

3.10 Drug and Alcohol Outreach

The Rationale

The concept of drug and alcohol outreach refers to a method of service delivery that aims to proactively provide assistance to clients in their contexts. This method arises from a realisation that service users do not always seek out support and that, in fact, many needy people may not receive any support at all if services do not seek them out.

As Korf (1999) notes,

Outreach activities in the drugs field have often been aimed at so-called 'hard-to-reach' or 'hidden' populations of drug users who are not effectively served by existing drug-care efforts (Korf 1999:14).

Underlying Assumptions

As Korf identifies in his study, there are two underlying assumptions that may be identified when discussing drug and alcohol outreach:

- there are hidden populations of drug users who are not supported effectively by drug services; and
- contacting these 'hard-to-reach' populations might serve some useful purpose (Korf 1999:14).

As Korf notes, the expansion of strategies to address the support needs of drug users means that outreach services are now facing new challenges themselves. These revolve particularly around the issues of coordination and cooperation with prevention, care and cure services and with different public authorities, especially the legal and social welfare systems (Korf 1999:22).

3.11 Conclusion

A survey of the drug and alcohol literature reveals that the RODW program emerges from a policy and philosophical context that borrows from contemporary approaches employed in both the United States (the drug court system) and Europe/Britain (arrest referral schemes, specialist outreach workers). Based on well founded approaches (i.e., drug diversion and harm minimisation) to addressing the fallout associated with abuse of illicit drugs, the RODW program offers a unique rural focus that distinguishes it from other drug diversion strategies.

The evaluation of the RODW program contained in this report will therefore not only inform future drug diversion strategies on a national level, but is of relevance to international efforts to address this important problem.

4. THE PROGRAM IN OPERATION

4.1 Introduction

This section provides a brief descriptive overview of the implementation of the RODW program across rural and regional Victoria from 2002. Despite being in operation for just two years, as discussed, the program is consistent with current academic trends, policies and practices addressing illicit drug use in this country and overseas. DHS has developed a range of programs that build on a platform of harm minimisation and emphasise health rather than exclusively focusing on criminal justice. The RODW program is one of a number of such initiatives.

4.2 Location of Auspice Organisations

The 18 auspice organisations that deliver the RODW program across regional and rural Victoria are listed in Table 4.1 below. The drug treatment system in rural and regional Victoria comprises specific drug treatment services, allied specialist services and associated health and welfare services. The auspice agencies involved in the delivery of the RODW program are specialist drug treatment services and/or community health in hospital or community settings.

The majority of RODWs are 1.0 EFT positions occupied by fulltime workers. There are, however, three '0.5 EFT only' positions, located in Warrnambool at WRAD, Echuca at the Echuca Community Health Centre (CHC) and in Stawell at the Grampians CHC. Three 1.0 EFT RODW positions, located at the Latrobe CHS, Ovens and King CHS, and Youth Projects in Glenroy are shared between two workers. While most of the positions are located in rural regions, two services are based on the outer rim of the Southern and Northern metropolitan regions of Melbourne.

Table 4.1: Auspice Organisations

Area	DHS region	Drug Treatment Agency	Worker EFT
Colac	Barwon South West	Colac CHS	1.0
Warrnambool	Barwon South West	Western Region Alcohol & Drug Service	0.5
Portland	Barwon South West	Glenelg Southern Grampians DTS	1.0
Horsham	Grampians	Palm Lodge Centre	1.0
Stawell	Grampians	Grampians CHC	0.5
Castlemaine/Maryborough	Loddon Mallee	Castlemaine CHC	1.0
Echuca	Loddon Mallee	Echuca CHS	0.5
Kerang	Loddon Mallee	Northern District CHS	1.0
Morwell/Sale	Gippsland	La Trobe CHS	1.0
Bairnsdale/Lakes Entrance	Gippsland	Lakes Entrance CHC	1.0
South Gippsland/San Remo	Gippsland	Bass Coast CHS	1.0
Shepparton	Hume	Goulburn Valley CHS	1.0
Seymour	Hume	Mitchell CHS	1.0
Wangaratta	Hume	Ovens & King CHS	1.0
Wodonga	Hume	Upper Hume CHS	1.0
Portsea/ Rosebud Dromana	Southern Metro	Peninsula Drug & Alcohol Service	1.0
Mildura	Loddon Mallee	Sunraysia Community Health ServiceCHS	1.0
Craigieburn/Broadford/Whittlesea	Northern Metro	Youth Projects	1.0
Total			16.5

4.3 RODW Specifications

As stated in the DHS DP&SB evaluation tender brief (2004), the key roles and accountabilities to be performed by the RODW (including EOC targets per 1.0 EFT of 55 EOC per annum) are as follows:

- ensure that young persons with drug issues, which have or may lead them into offending behaviour, are provided with the opportunity to undertake a treatment program provided by an outreach worker linked to a drug treatment agency;
- conduct a drug assessment and develop an ITP in consultation with the client that includes clearly articulated significant treatment goals;
- the referrals to the program will be made via COATS, from police, courts, schools, legal personnel and JJ. The RODW is required to form strong links with local law enforcement agencies, schools, health and welfare agencies and JJ;
- the emphasis is on early intervention to prevent offending behaviour related to substance misuse; and
- adequate and accurate reporting is required to a number of agencies including the State, Commonwealth, COATS, courts and police.

Key Accountabilities

The key accountabilities of auspice agencies are to:

- ensure that cohesive and effective working relationships are developed between the appropriate agencies;
- develop a rapport with the client to be able to assess the drug treatment needs of the client and develop an ITP;
- facilitate linkages with health, educational, welfare, housing and vocational agencies for the client and ensure that they have access to appropriate information and services; and
- provide written and/or verbal reports where required by appropriate agencies.

4.4 RODW Qualifications

It is mandatory, under the Drug Diversion Initiative, for all assessors (a person employed by a drug treatment agency who will conduct drug assessments of Drug Diversion clients) who participate in the program to be accredited with the Department of Human Services, Drugs Policy and Services Branch.

Accredited assessors must be alcohol and drug clinicians experienced in client assessment, knowledgeable of the drug treatment service system and referral options. They have responsibility for the appropriate identification and treatment matching of clients involved in the Drug Diversion Initiative Programs (Department of Human Services 2004).

The RODW program has a therapeutic base and, therefore, clinicians are required to possess an appropriate tertiary qualification (minimum level of Diploma or be studying toward one) in a health-related discipline, including qualifications in health, behavioural or social sciences. A specific qualification within the field of substance misuse, such as a Graduate Diploma in Addiction Studies, is seen as an advantage. Clinicians must also be accredited AOD assessors so as to perform the necessary functions of drug and alcohol assessment appropriately as well as having drug work experience in a publicly-funded, community-based drug treatment agency.

The auspice agencies all employed staff with qualifications including degrees, diplomas or certificates in youth studies, social work, family therapy, welfare, behavioural sciences, drug and alcohol, nursing, criminal justice, education, recreation and the arts.

Similarly, RODW practitioners described a variety of working experience in human service settings, specifically D&A rehabilitation, counselling and detoxification, community-based corrections, JJ, prison, child protection, family support, youth services, disability, supported accommodation, aged care, and practice nursing.⁵ A few program managers noted the difficulty in recruiting well qualified experienced AOD staff in rural areas.

⁵ It should be noted that not all staff had experience in working with young people, the drug and alcohol treatment system or the criminal justice system. A small number of RODWs were currently undertaking study in Certificate IV in AOD Work.

4.5 Engaging Key Stakeholders

The RODW is required to form strong links with local law enforcement agencies, schools, health and welfare agencies and juvenile justice (RODW program description).

As outlined in the RODW specifications, engaging particular stakeholder groups is an important component of the implementation of the program. Bull (2003) goes further and suggests that securing an understanding and commitment to diversion practices from criminal justice stakeholders is essential for the success of diversion programs.

I did lots of stuff with police in my first 3 months with their training, every week then every fortnight, but to no avail (RODW).

When I first started I was not sure what I should be doing. So I spoke to every police sergeant at every station. I went and visited everyone in the community. I wrote to all the solicitors and saw the magistrate and the Law Society. When I met with police we shared our roles and the procedures around them, so that we both had a common understanding. We talked about legislation around sentencing and their priorities. We shared what we knew about D&A issues for young people. I read through cautioning rules. Eventually we started to get referrals (RODW).

All RODWs have been involved in some level of program promotion or the dissemination of program materials particularly in the first year of program implementation. A variety of approaches have been used to inform and engage a range of stakeholders. Some of the methods or approaches employed to increase awareness and understanding of the RODW program within the local community include:

Materials

- development and distribution of pamphlets and posters;
- development and distribution of RODW kits including referral, consent and authorisation;
- letters of introduction and follow up;
- development and distribution of flow charts re referral procedures;
- youth card with RODW service included; and
- business cards.

Phone Calls

- introductory and follow up calls targeted to specific stakeholders.

In Person

- individual and joint meetings with senior police staff;
- regular attendance at police training sessions;
- regular attendance at court;
- regular attendance at specific community network meetings;
- attendance at court staff meetings;
- publicity in school education sessions;
- individual engagement with specific officers or informants;
- promotion through AOD education programs in schools;
- community talks/forums;
- internal meetings;
- joint case planning meetings; and
- targeting key personnel (e.g. Court Registrar).

Police

As has been indicated earlier, the success of the RODW program as it was initially intended, hinges in part on securing timely and appropriate referrals from police.

Context

It is unclear whether the implementation of the RODW program has involved the same level of coordination, direction and information provision as the Drug Diversion initiative (pilot that was rolled out in 1998). What has been provided to police more generally is a kit containing information about the different Drug Diversion Programs for each police vehicle. The kit sets out the process for referral and where the referral should be directed. Also, training about diversion programs has been provided across all regions and as part of police training.

However, the uptake of RODW as an option by police cannot be addressed simply through information provision as the issue is not just about a lack of knowledge, as the following excerpt indicates.

The change from viewing illicit drug use as a criminal justice issue to perceiving it as a health issue is significant. It represents a major cultural shift that should not be underestimated. This shift is likely to be difficult for some police, particularly because they were responsible for implementing and enforcing the previous regime. Cultural shifts in attitudes and practices take time, and there is a need for supportive environments and training for them to be effective (McLeod & Stewart 1999:17).

Also, police interviewed as part of this evaluation echoed similar concerns about a police culture that doesn't readily embrace diversionary approaches. It is important to acknowledge though that there are a number of notable exceptions to this suggested dominant view among police who were interviewed. Three of the senior sergeants who provided interviews were actively working within their communities to drive and/or support initiatives that seek to engage and assist young people and other members of the community. One was chair of the local drug treatment service (DTS), another had driven the implementation of an alternative cautioning program and was active in supporting young people to become football umpires, whilst the third was involved in the provision of adventure and outdoor activities in conjunction with the local RODW. There were other examples that were also reported.

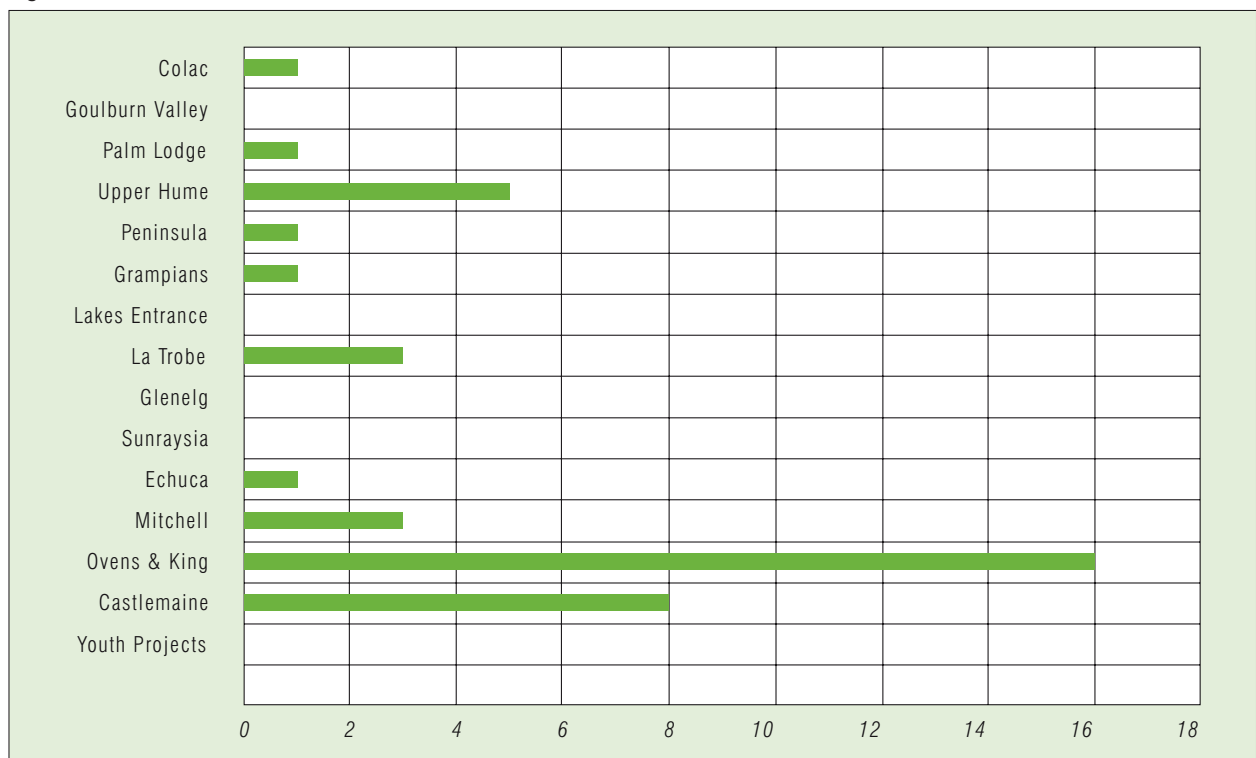
Lack of Referrals

Most RODWs have expressed their disappointment and frustration with the lack of referrals from police, despite the range of strategies they have used to engage this key stakeholder group. Figure 4.1 below bears some testimony to the low number of referrals in general that come from police.

As a consequence, there seems to be a level of despondency for some workers with regard to what else they could possibly do to draw referrals from police and courts. Some RODWs were firmly of the view that pressure from the internal mechanisms within the police force was the best way in which police would begin to change their practices around young people and diversion. Hence, they saw the responsibility for this level of change to be shouldered to a greater extent by the two government departments.

At the same time there were some RODWs who reported having devoted very little time or few strategies for engaging police. The reasons offered by RODWs and police for the low referral numbers include the following (NB in general, police and RODWs have different views on this):

Figure 4.1: Police Referrals to RODW 2003–04



Source: COATS Referral Data 2003–04

Police Culture

- the police culture and DTS culture are very different; some police have had very little contact with AOD services and visa versa, such that diverting clients through these AOD services would require some change to current practices for some police;
- some police seem to be resistant to the whole idea of diversion; they don't necessarily believe in it;
- new police recruits learn about diversion, but they don't use their knowledge because they have to fit in with the others; and
- most of the police are too busy to find out about new programs and new ways of working with young people.

Information and Training

- police don't think that they have young people suited to the program. There is only a short court list and they believe that many are not suitable for diversion;
- some police don't seem to understand the concept and process of diversion and their part in it;
- there are so many community agencies and programs that the police get a bit 'bamboozled' as to which one to use. Referral to a diversion program needs to be simple; and
- many police need specific training on local diversion programs at the station level.

Discretionary Judgements

- some police have their own ways of dealing with young people, that is often based on their experience and relationships in the community or relies on their local knowledge of families and it doesn't always include diversion to treatment programs.

The members of the police force who were interviewed did emphasise that the activation of a diversionary response needs to be as simple as possible for police. The idea of a single phone number for police to ring regarding diversion and where to divert someone was seen as a possible solution; although it is noted that DirectLine is available at the current time to police for the purpose of information and referral.

Those RODWs who have had some success in engaging with local police have not necessarily received referrals from them, but believe that with time and persistence this will change. One of the RODW programs (Ovens & King CHS) is successfully receiving referrals from the police to the program on a regular basis. This success has happened over time through joint commitment of the RODW and the local police sergeant to 'making it happen' for the benefit of young people within the community, as well as changing the model.

The two organisations that have received the most referrals from police on the basis of 2003–04 COATS referral data are Ovens and King CHS and Castlemaine CHC. With respect to Castlemaine, this worker has formed a strong working relationship with a police officer in a single manned station located in a small country town. This officer believes in the concept of diversion and has also found the local RODW to be a very helpful source of information about the local service system as well as being very effective in responding to the needs of the young people who the officer has referred.

The statistics for Ovens and King CHS have resulted not only from persistence on the part of the worker in building a strong relationship between the RODW and two members of the Wangaratta Police Station, but more significantly, the creation of a new model for diversion to the RODW. Consequently, it has been selected as a case study. What is notable about the model that they have developed at the local level is that it is a much simplified version, making it very straightforward to apply and it is also a measure of a strong commitment to working collaboratively by both the RODW and the local police. The challenges that the model raises however are that in amalgamating a number of the models it reduces the range of options available to police, which could lead to the same response being applied regardless of the relative nature of the substance that is involved or the severity of the offence that is committed. In saying this, there is still a belief by police and the RODW that this is a local solution that is working for the local context.

Case Study: Ovens and King CHS

The worker has been based at the service for 18 months at the time of interview. The Senior Police Sergeant was part of a group interview with local key stakeholders that was conducted as part of the evaluation. The developmental process that the RODW entered into has been summarised as a flow chart in Figure 4.2 (page 32) and the Cautioning Program that has been developed is also described in a flow chart in Figure 4.3 (page 33).

What is very apparent is the level of commitment and follow through by both sides of the partnership in the development, introduction and review of the model.

The diversionary program that has been developed in Wangaratta is essentially an amalgam of RODW, Victoria Police Cannabis Cautioning Program and Victoria Police Drug Diversion Program. In reality the model that has been adopted uses a very similar process to that for the Victoria Police Drug Diversion Program.

There are two other significant differences that this model has when compared with DHS specifications:

- young people can be referred to the RODW for alcohol related offences or for offences involving use or possession of small amounts of cannabis; and
- the use of the notion that to receive a caution you need to demonstrate that you are a 'fit and proper person' by attending a session with the RODW.

The police reported that of the 24 young people who had been through the program, none had been picked up again for similar offences.

Figure 4.2: Wangaratta Police – Developmental Process

Wangaratta Police Cautioning Program for AOD Related Offences

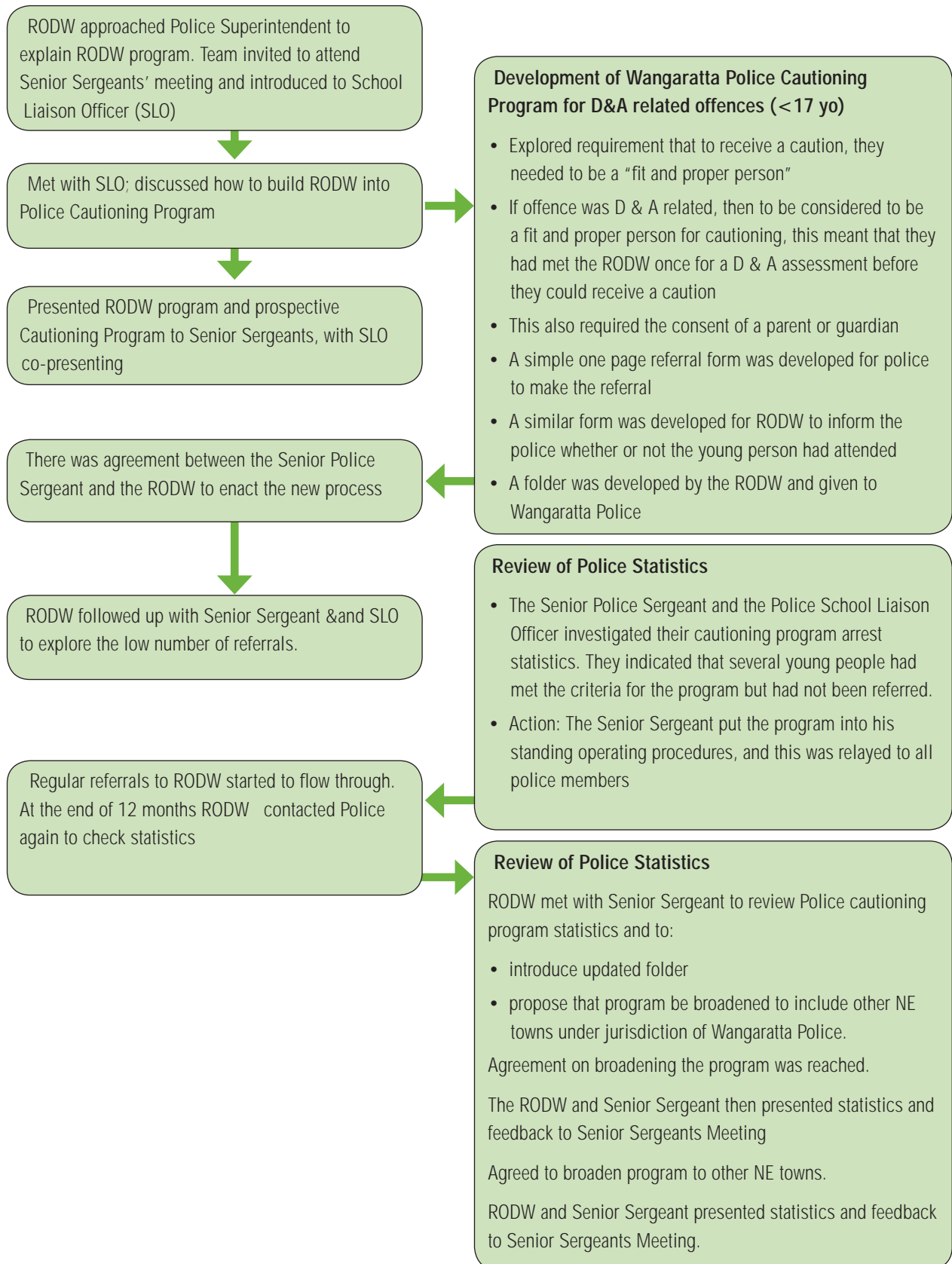
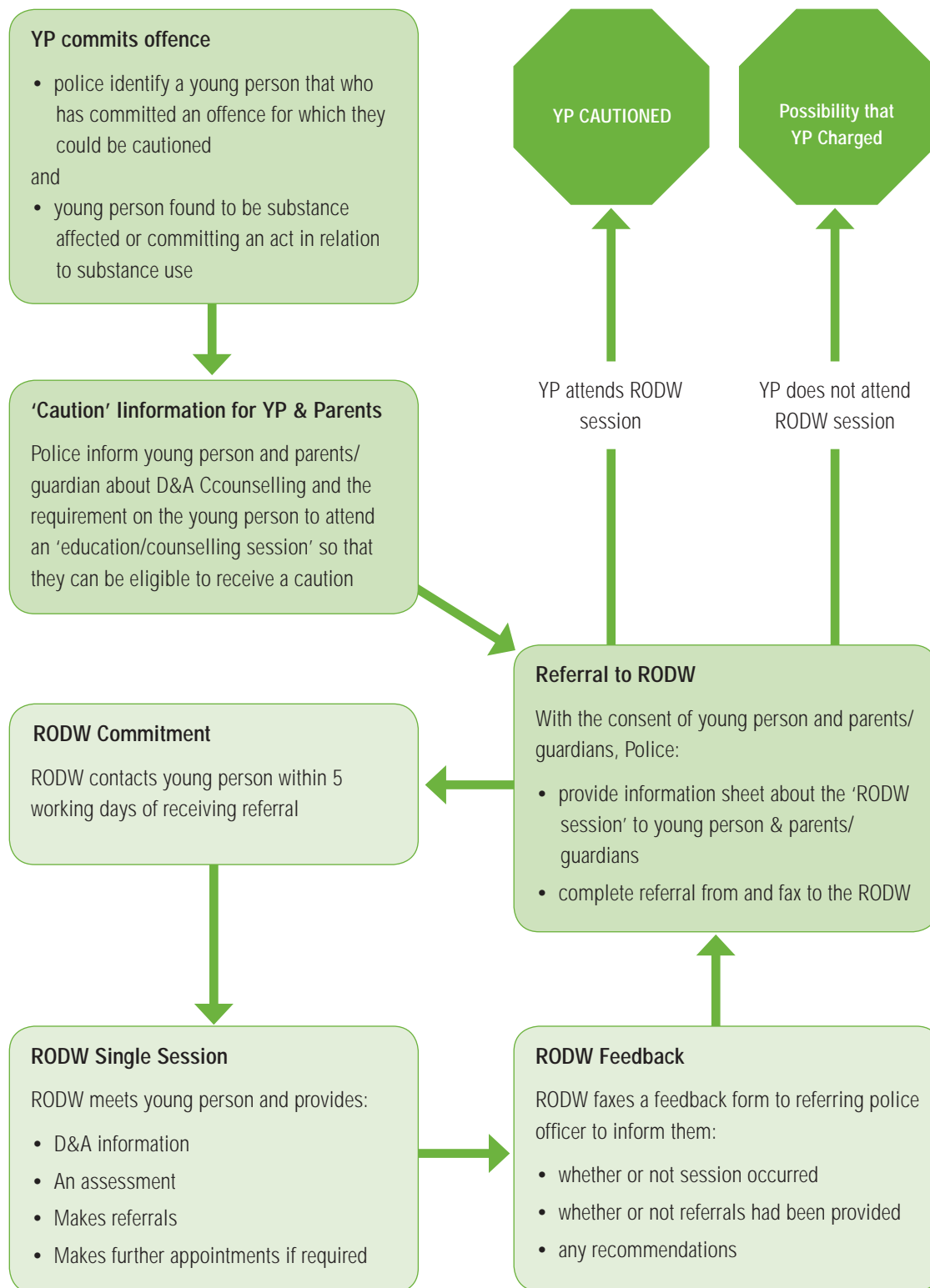


Figure 4.3: Wangaratta Police – AOD Cautioning Process



Courts

Diversion programs and, in this instance, the RODW program, relies on court personnel (as key stakeholders) having a good understanding of the program guidelines and processes. Without this, it is unlikely that formal or informal referrals from court personnel will be forthcoming.

The experience with seeking referrals from court-related personnel has not been dissimilar to that described in the previous section on police.

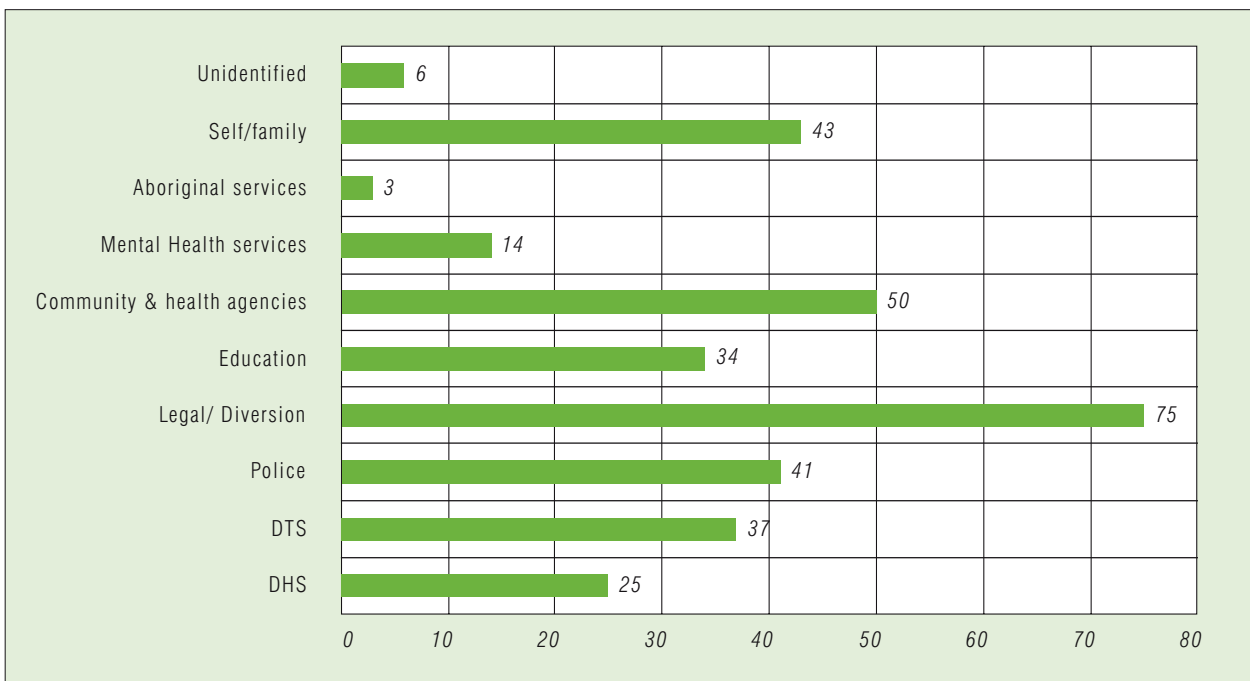
I have tried to engage with the courts, the new magistrate in the area is very tight and doesn't seem very interested in the program (RODW).

Police, solicitors and magistrates don't refer. Solicitors didn't seem to get it initially either (RODW).

In the absence of legal recommendation to the magistrate then a referral to a program like this won't happen. If all the duty solicitors were aware of the program then referrals might be made (Court Registrar).

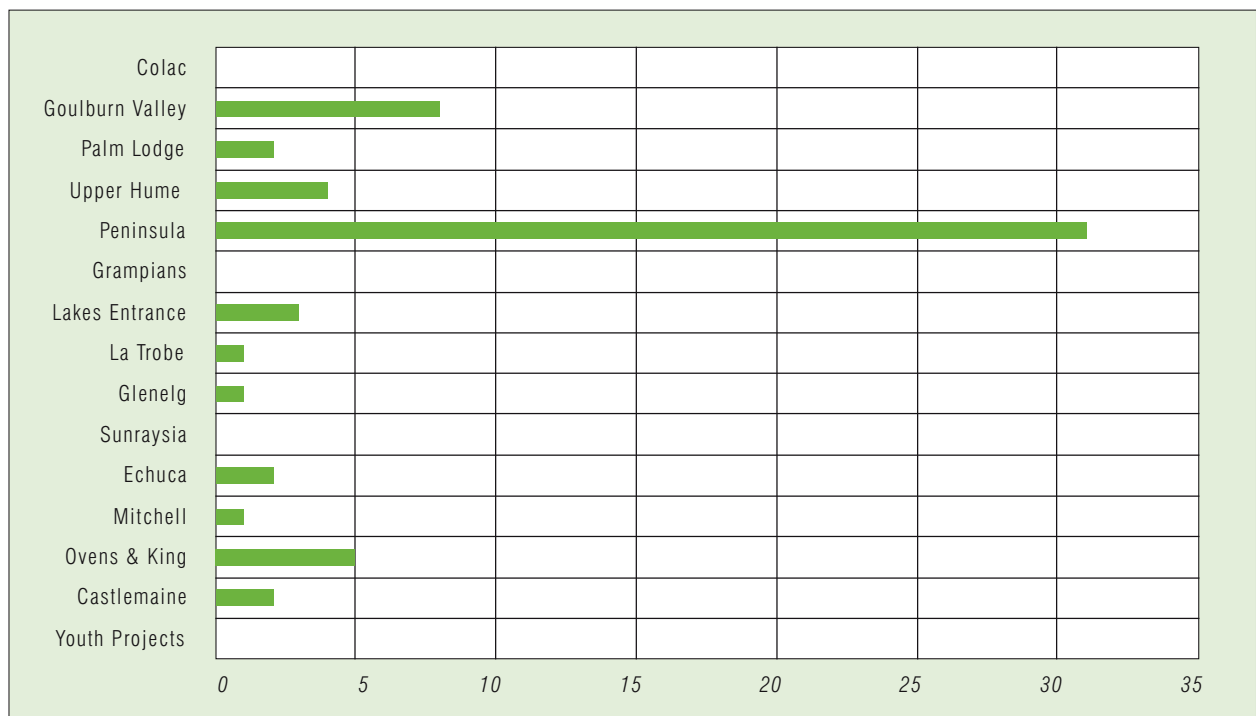
While Figure 4.4 suggests that the strongest referral source for the RODW program is the court sector, the reality is that almost half of these referrals have been directed to one agency only, Peninsula Drug and Alcohol Program. Figure 4.5 depicts referrals from court personnel to individual agencies.

Figure 4.4: Referrals to RODW 2003–04



Source: COATS Referral Data 2003–04

Figure 4.5: Court Referrals to RODW 2003–04



Source: COATS Referral Data 2003–04

It would appear that many RODWs have not spent as much time trying to engage with their local court personnel as with local police. Those who have tried to engage court personnel but have had limited success in generating referrals from the courts to the RODW program suggest that the following factors have hindered this process:

- there is uncertainty by courts over the RODW role and the parameters under which it works. This lack of clarity has led to some confusion;
- the courts in the area seem to like the CREDIT program and so refer to it rather than to RODW program (also until recently the selection criteria for the CREDIT program was narrower than for the RODW program, thus creating the potential for confusion for courts and diversion coordinators with regard to appropriate referrals);
- magistrates and legal practitioners forget that the RODW program is available or are not aware of its existence and function;
- unless someone from the RODW program is standing up in court, referrals won't happen;
- RODWs need to have a good understanding of court processes and the criminal justice system to pitch the program appropriately with court personnel; and

- many courts don't seem to have been given much information about the RODW program. The diversion coordinators in the courts often don't seem to be very effective or know much about the RODW program.

Those RODWs who have more successfully engaged with court personnel and are now receiving regular referrals have generally done so by consistently attending their local courts whenever court is sitting. This has created a credible profile around the program and a personal face to the referral process. It has also led to one of the RODWs now being invited to the regular court personnel staff meetings. One of the RODWs who is successfully receiving referrals from court practitioners, including solicitors, suggests that having a JJ background and a good understanding of court processes has enabled her to engage more easily with the court system. It would also seem that good relationships with Legal Aid networks are central to gaining referrals from solicitors.

Across the state, individual RODWs have had some success in engaging players from other sectors, such as mental health services, schools, JJ, health, welfare and other DTS. This has not always resulted in referrals to the program however.

The RODWs who believed that they had successfully increased levels of engagement and referral from all sectors to the program identified the following practices and/or strategies as being effective (some of which have been previously mentioned):

- make the process of referral to the program as easy as possible;
- everywhere you go talk about the program and the nature of diversion;
- meet regularly with individual legal representatives and keep them updated;
- recognising that 'word of mouth' is very important in police and court circles;
- involvement in court personnel staff meetings;
- regular court attendance;
- continue to be persistent with engagement of court staff and police;
- involvement in public events like Drug Action week;
- time on local TV re promoting harm minimisation strategies;
- increased knowledge of criminal justice system and police procedures;
- continuing to build trust with key workers and agencies;
- being an expert on treatment options;
- attendance at the fortnightly police barbecue and other police activities; and
- talking to the police all the time, especially at staff changeover.

4.6 Other Components of the Role

The previous section looked extensively at the process of building a referral base, however the work begins once the young people arrive at the door of the service provider. This section examines the perception of the different components of the role by RODWs and the way in which the program has been implemented.

Workers in rural areas sometimes find it necessary to make do in the absence of particular services. A recent service-mapping project for Victoria noted that rural workers will be all things to a client who has no one else to call upon for help (Stanislaw, 2002:9).

The outreach aspect associated with the model of the program was identified by most RODWs as critical to the service they deliver to young people in rural or regional Victoria. Many suggested that the program works because this approach allows their program to be easily accessed by young people as appointments can be set up in their homes, cafes or in other appropriate settings. The outreach capacity of the RODW will be discussed in more detail in Section 6.

RODWs across rural and regional Victoria identified six key components of their role as:

- case management (including advocacy and support);
- counselling (generalist and AOD specific);
- Assessment (ITPs that include AOD and other client needs);
- networking (including engaging key stakeholders and attendance at court and network meetings);
- information and referral (provision of RODW and other AOD services, information and advice, referral to other community agencies); and
- education and training (delivery of AOD education sessions, informal and formal, individual and/or group).

The emphasis or mix of these components differed from program to program, however in most cases these components were present in some way. There were three services that clearly stated that formal AOD education or training provision to the community was not part of the RODW role. It should also be noted that for the purposes of this evaluation, information and referral are dealt with separately to case management.

Case Management

About two thirds of RODWs described their role as primarily one of case management of clients. Case management is generally understood as a human services framework for working with people in a coordinated, integrated and comprehensive way. Components of the case management framework generally include needs assessment, case plan, action and implementation, review and exit plan. Participation of RODWs in joint case planning with JJ, corrections, mental health and accommodation services was mentioned on several occasions by workers and key stakeholders.

Many of the RODWs talked about treatment plans as synonymous with case plans and often described work that lay beyond the bounds of the specific drug issue. RODWs described supporting clients through the case management model in numerous ways, by taking them to a variety of appointments or advocating on their behalf with other professionals.

Most RODWs did not have set caseloads (maximum number of clients that are 'active' at any point in time) for their work with clients. However, many mentioned that they were starting to set limits now that referrals were more regular and they were in greater demand. A range of caseloads were suggested by RODWs for a 1.0 EFT position including from 8–30 clients, with the majority thinking that somewhere between 10–15 clients would be the most appropriate. All acknowledged that caseloads would need to be flexible to allow for the intensity or activity involved with some clients and the distances to travel to meet with others.

Counselling

Counselling interventions are highly diverse but all attempt to support the process of lifestyle adjustment, reduce risk behaviour and encourage the development of skills to cope with factors that could trigger drug use. There are a variety of non-residential counselling interventions for alcohol and drug dependency. These include counselling, relapse prevention, aversion therapy, social skills training, stress- management, cognitive-behaviour therapy (CBT) programs, self-help programs and psychotherapy (Ritter et al 2003:33).

About half of the RODWs described counselling or therapeutic interventions as a key part of the role, however they generally described counselling as accounting for only a small fraction of their time as compared to case management. As indicated by Ritter et al (2003), the counselling frameworks and the purpose of the counselling is diverse across the AOD sector and this was also reflected by those RODWs who engaged in counselling interventions. One RODW said that she was an 'unofficial CCCC worker', a male RODW described providing counselling in some instances to women around sexual abuse issues, while another saw herself as a specialist youth AOD counsellor. Some of the workers said that they provided more generalist counselling because there were limited counselling services in their areas that they could refer clients to.

Treatment goals that were set with clients often included attending appointments and reduction in use or using in less harmful ways. Some RODWs also spoke about setting goals with clients in other areas of their life, such as accommodation and attending courses. One RODW with training in family therapy described undertaking work on occasions with young people and their family whilst some others spoke about referring clients for family work.

There were mixed perceptions held by stakeholders with regard to the counselling work undertaken by RODWs. One stakeholder, a JJ team leader, raised his concern about the local RODW undertaking a significant counselling role. It was the team leader's belief that this was not appropriate because the role would be more valuable if it focused on providing outreach case management and, secondly, that the RODW did not have adequate qualifications to undertake 'insight based' counselling work. Another stakeholder, a Dual Diagnosis clinician, held the contrary view in relation to the RODW that he provided secondary consultation support to around her counselling work with some clients who experience mental health concerns. It should be noted that this RODW also had considerable experience in working with 'high risk' adolescents as a Child Protection worker.

When asked about supervision, almost half of the RODWs who were interviewed reported that they did not receive regular supervision. This is an area that requires further investigation by DHS DP&SB, because their accreditation guidelines for organisations that are providers of government funded AOD programs stipulates that there should be supervision of forensic drug treatment program assessors (in this instance, RODWs).

Assessment

The RODW is able to assess individual's substance use using a range of clinical tools, such as the specialist alcohol and drug assessment tool or equivalent, and counselling skills (Department of Human Services 2004).

A significant expectation of the RODW by DP&SB is that they conduct AOD assessments with young people, so it is not surprising that most RODWs include assessment as a key aspect of their role. It is also the starting point for any COATS funded activity. However, many RODWs made mention that assessment can be a smaller task than other aspects of the role. Once an assessment is completed (which might be one or two appointments) and an ITP agreed, then the larger part of the activity begins. For example, workers described

sourcing services and making referrals, court reports, taking clients to appointments and the like. All of the RODWs are required to use one of two common AOD assessment tools. These tools are referred to as the Specialist Assessment Form that can be used in relation to all clients or the Youth Assessment and Intervention tool for young people under 18 years of age. The tools seek information about the client, including substance use, as well as their history in relation to psycho-social, legal, medical and psychiatric aspects of their life.

Networking

A big part is getting courts and police on board. You also need a broad understanding of other services and know workers so you can make good referrals (RODW).

Many of the RODWs spoke about the importance of engaging and forming relationships with a variety of stakeholders from different sectors, especially those they might receive a referral from or want to refer a young person to. Attendance at local network meetings, whether Police Community Consultative Committees, Youth networks or AOD network meetings, increases the awareness and knowledge of the program and provides opportunities for raising specific D&A issues.

About half of the RODWs are now attending court(s) in their local catchment areas on a regular basis. Those services that have embraced this strategy believe that they build a profile with court personnel and police as well as increasing awareness about the role of the RODW program. It is hoped that by using this strategy, these key stakeholders will begin diverting young people from entry into the criminal justice system in preference of D&A treatment and support through the RODW.

As has been noted, many RODWs who have pursued relationships with police and court personnel have described a distinct lack of success at this stage of implementation and hence only small numbers of referrals are being made by these sectors. This issue will be explored further in Section 7. A few RODWs will need to strengthen their networks and relationships with police and court personnel as key stakeholder groups.

Information and Referral

One of the key functions of effective case management is provision of information and making appropriate referrals. Half of the RODWs identified information and referral as a significant aspect of the role. Clients can present with D&A issues alongside a myriad of other personal concerns that require outside assistance. RODWs make referrals to housing services, detoxification units, rehabilitation units, legal services, health and mental health services, financial services and schools, amongst others. These referrals might require follow up or taking a client to a scheduled appointment.

Conversely, some RODWs spoke of the provision of secondary consultation or advice to practitioners in different sectors on how to manage their client's D&A issues within their service(s) or offer information on specific drugs and other D&A issues.

Education and Group Work

Less than half of the RODWs are involved in the provision of formal D&A education and training within their local communities. However, all RODWs are involved in informal D&A education (specifically harm minimisation, relapse prevention and safety issues) with clients as part of the assessment or other aspects of their role. Three RODWs were very clear that formal D&A education provision was not part of the role and ought to be done by generic D&A staff. Others thought that non-targeted or universal D&A education in schools was not always appropriate and under evaluated with regard to the impact on the lives of young people and their drug taking behaviours. Hence the educative role and the capacity of the program to embark in this area may need clarification and some direction from DHS DP&SB.

Some of the RODWs who were involved in education provision in their communities saw it as a way of promoting their programs and engaging different sectors with their work. These workers mentioned that they had run sessions or forums in schools (primary and secondary), in the wider community, (parent groups, football clubs) for community agencies including hospitals and even for specific industries

such as the Aluminium Smelter in Portland. Topics or issues covered in these education sessions included:

- cautious with cannabis;
- the impact of taking drugs on your parents, the school, the law, employment, travel etc;
- harm minimisation and D&A information;
- drink spiking;
- promoting light beer as a real option;
- drugs in sport;
- affects of alcohol and cannabis, and other drugs; and
- "what people request of us".

The RODW based in Stawell at the Grampians CHC has been very involved in the development and implementation of a number of non-AOD specific groups for young people more generally in the community, which have included literacy and numeracy, social skills building, and physical challenge alongside AOD harm minimisation. Some of the groups were run in conjunction with local police. More detail of this model is provided in the following case study.

The police sergeant who had been involved in the program made the observation that the number of young people involved in offending had reduced in his area over the life of this program.

This approach is probably better described as an attempt at prevention and as being more a generic youth focused program rather than a diversionary program. Possibly as a consequence, the number of young people who have been referred to the program in accordance with the specifications is low. However, the RODW in this area is currently trying to develop a 'package' (based on skills development) for magistrates to offer as an option when sentencing juvenile offenders. It is envisaged that the 'package' would include:

- education and training (literacy and numeracy);
- life skills component i.e. cooking, budgeting, driver education;
- wilderness experiences i.e. adventure in the bush well away from usual environments; and
- respite camp (building relationships and trust with one another).

Case Study Grampians Community Health Centre

Special education for some kids is really important. You have to make it fun accessible and interesting (RODW).

The RODW program (0.5EFT) at the Grampians CHC in Stawell has adopted a very different approach to the work that it does with young people. Unlike other RODW programs, the case management of clients is almost secondary to the group work programs that it runs in conjunction with other providers in the community. The RODW in the local area became increasingly aware of the need for 'alternative' education (numeracy and literacy) or social skills development programs for local youth as the quote alludes to:

This is a conservative town and shire. Those kids who get into trouble with the law or with drugs tend to stick around, they aren't transient, they don't leave and yet there is not much for them to do here if they aren't at school or working (RODW).

The RODW's perception was that young people, usually boys, in the local area often got involved in vandalism or petty violence or other stupid behaviour after drinking or using cannabis. The RODW program has tried to respond to some of these behaviours through the development of group work programs where there have not been any. There are a number of different groups now running that try and cater to the variety of kids who present with differing needs. Many of the groups are run in conjunction with the staff at the neighbourhood house. Some of the groups have a recreational focus whilst others have more of a focus on issues of masculinity through social and life skills or making learning literacy fun. A few examples of the groups that are being run by the RODW across a range of ages and needs are as follows:

- Open Forum: using the concept of democracy, we encourage kids to come to Centrelink to get their feedback on different issues. These are kids that Centrelink or RODW might be involved with in other ways. We hold them every term with guest speakers.
- Kids in the middle: (8–14 year olds with ADHD). Is a life skills program that has now been run over the last three years with different kids. Young people are referred from school and it is run out of the neighbourhood house.
- Loose Program: Life skills program that includes driver education and gym. The young people who are currently involved in the group have not been at school for two years. There are four young people involved in this group at present, two boys and two girls who are 13 and 14 years of age.v

5. PROGRAM REACH

5.1 Introduction

As described in the evaluation methodology, data relating to service provision is recorded by COATS (in their Client Management System - CMS) and for those clients to whom an EOC is provided, data is collected through ADIS. These two data sets give some indication about reach, though within the constraints outlined in the evaluation methodology. In the following analysis, unless otherwise stated, all COATS data on referral and treatment and ADIS statistics on EOC are for the period 2003–2004.

5.2 Total Referrals

The program commenced in 2002. There was an increase of 60% between 2002–03 and 2003–04 in the total number of referrals to the program. This is despite there being no referrals recorded for three of the funded agencies for this period.

Table 5.1: Total Referrals

Financial year	Total number of referrals
2002--03	196
2003--04	328
Total across the two years	524

Source: COATS Referral Data 2002–04

The reasons provided for nil or lower than expected RODW numbers in some services included:

- nil referrals from police or courts or other appropriate referral sources;
- some confusion by practitioners about who the client group that they should be targeting was and whether offences relating to alcohol could be included;
- the window from which referrals are to be drawn is unrealistically small, leading to some services to focus on other AOD activity such as CCCC work;
- very few young people who are appropriate for referral appearing on court lists; and
- young people not following through.

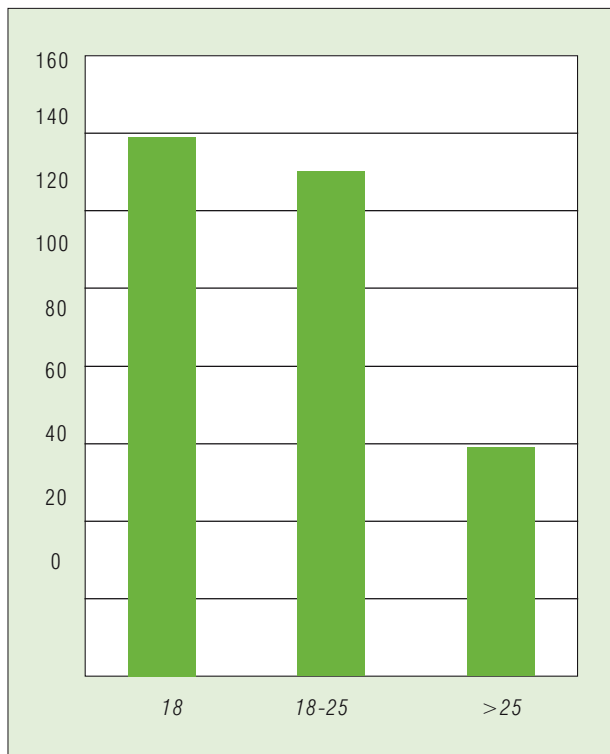
The low rate of client work in the early stages of program implementation is in some way consistent with Bull (2003), who suggests that initial take up rates for diversion programs are often lower than might be expected. Without accurate and up-to-date data of the crime statistics for young offenders in those local areas where the RODW programs are based, it is difficult to assess the number of young people who are eligible for the program and are not having access to it. However, if the RODW program is going to be an effective diversionary initiative, it needs to grow the number of referrals, particularly to those services that have yet to establish the program well. DHS needs to work closely with these organisations to better understand the local context and to explore all possible avenues for building the program presence. It would seem an unsustainable situation for individual programs to continue through the first half of 2004–05 without undertaking any RODW client work.

5.3 Age of Clients

The primary target audience for which the RODW program was set up is offenders under 25 years of age. As is demonstrated in Figure 5.1, 80% (269) of referrals are under 25 years of age.

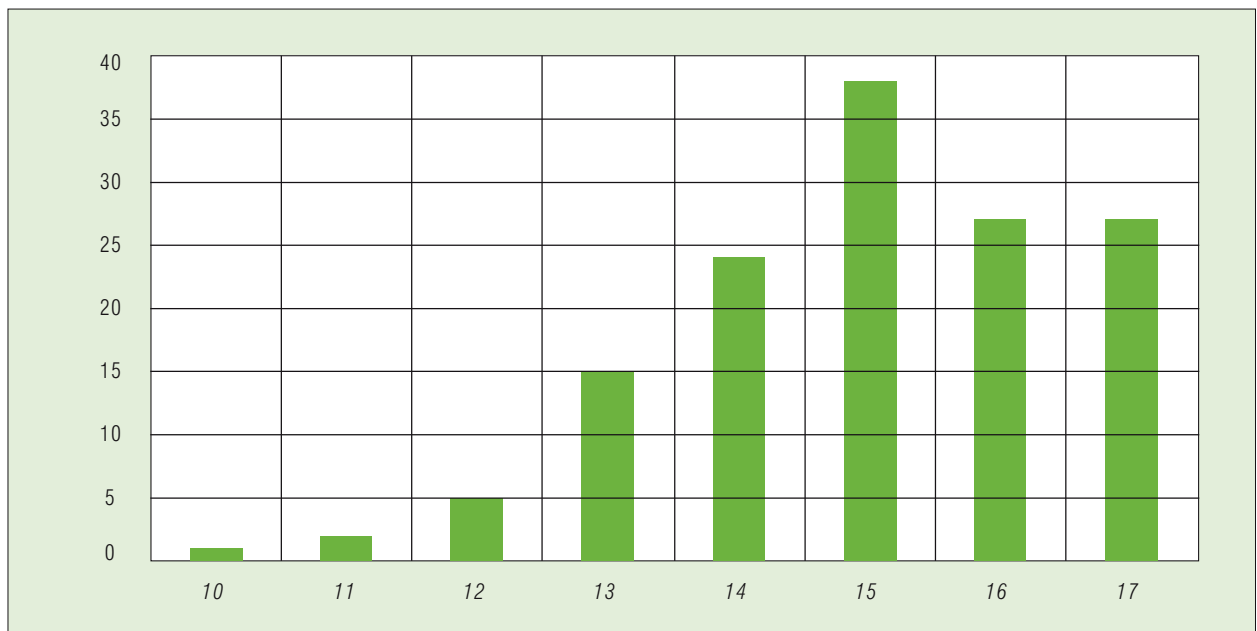
It is also interesting to note that 139, or 42%, of all the clients referred to the RODW program are under 18 years of age, which is in accord with the aim of diversionary programs, that is to intervene early in the offending behaviour of young people or those at risk of offending. Figure 5.2 shows that the youngest person referred to the RODW program was 10 years old and that referrals to the program in this category peaked at 15 years of age.

Figure 5.1 Referrals by Age (2003–2004)



Source: COATS Referral Data 2003–04

Figure 5.2 Range of Ages under 18 Years Referred to RODW



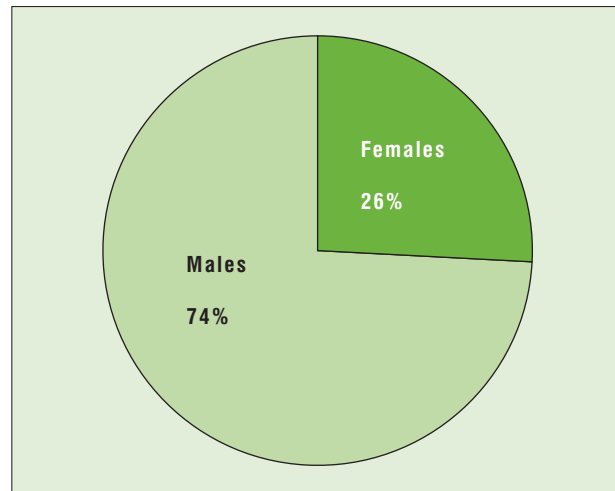
Source: COATS Referral Data 2003–04

5.4 Gender

Figure 5.3 illustrates that 74% of all referrals to the RODW program are males. This is consistent with crime statistics reported by the Australian Institute of Criminology (AIC), which state that:

- in 2000–2001, females contributed about 25% of the juvenile offender population and 20% of the adult offender population;
- there has been an increase in the percentage of female juvenile offenders, from 21% in 1995–1996 to 25% in 2000–2001 (AIC facts and figures 2002: website).

Figure 5.3: Referrals by Gender



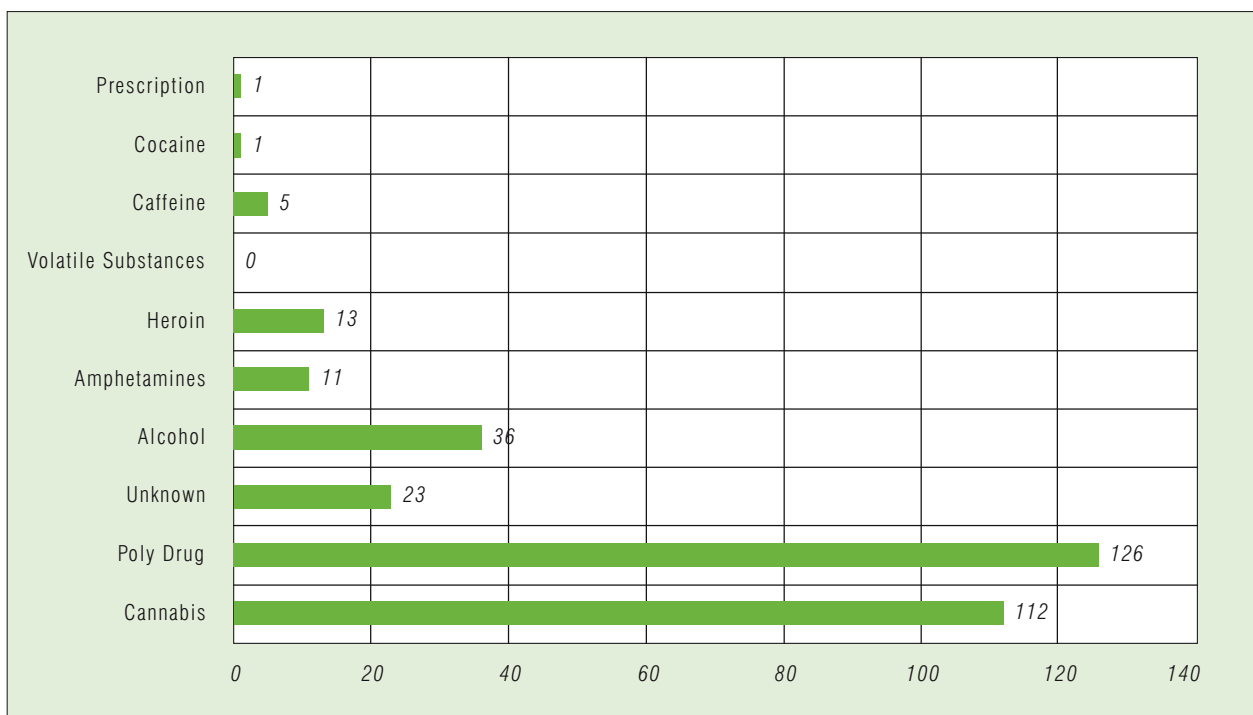
Source: COATS Referral Data 2003–04

It was also noted by one RODW that they do not work with females and instead refer them onto other programs where female workers are employed.

5.5 Drug Use

ADIS data for 01/02 support the SSR key stakeholder perspective that consumers of drug services in rural and regional Victoria are more likely to receive treatment for alcohol or cannabis dependence rather than other drugs (Ritter et al 2004:148).

Figure 5.4 Referral by Drug Use



Source: COATS Referral Data 2003–04

Figure 5.4 demonstrates that poly-drug use (described by RODW staff as generally alcohol and cannabis) is the most predominant drug type in regional and rural Victoria being referred to RODWs for treatment, followed by cannabis. This appears to accord with primary drug use statistics reported for young people in rural and regional areas by Turning Point Alcohol and Drug Centre in their Youth Service System and Rural Pathways Review.

A significant number of RODWs made mention that, as alcohol was not an illicit substance, the parameters of the program did not allow referrals of young people with alcohol only related offences. All RODWs believed that the misuse of alcohol, especially binge drinking, was a serious issue for many young people in rural and regional Victoria and that the RODW program was in a unique position to respond. This view was strongly endorsed by the police officers who were interviewed. Therefore, if a court or the police identify alcohol as contributing to a defendant’s criminal behaviour, they cannot be referred to the RODW program.

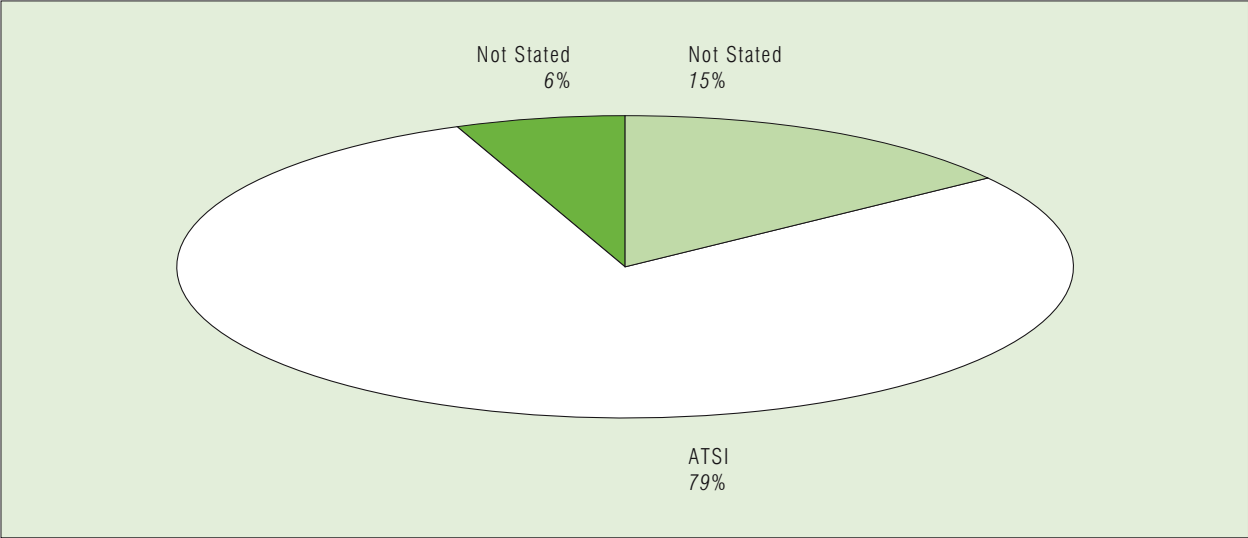
The findings here differ significantly in comparison to the referrals recorded for the urban based NSW Drug Court, which found that heroin was the principal drug for 54% of referrals, followed by amphetamines (15%), cannabis (14%) and alcohol (12%) (Social Policy Research Centre 2004:18).

5.6 ATSI Background

Regional and rural Victoria and, more notably, Gippsland and the Loddon Mallee, have significant Koori populations and it is apparent from the EOC data that has been collected that the RODW program has started to engage with young people from these Indigenous communities. The RODW program does not at this stage employ any Koori workers but has managed in some regions to engage with a variety of Koori services including the Koori Court Clinicians and Liaison Officers. Although referrals from these services are still limited, there has at least been some movement to engage young people of this cultural background.

Figure 5.5 illustrates that 15% of all EOC in the RODW program are people from an Aboriginal or Torres Strait Islander (ATSI) background.

Figure 5.5 EOC by ATSI Background

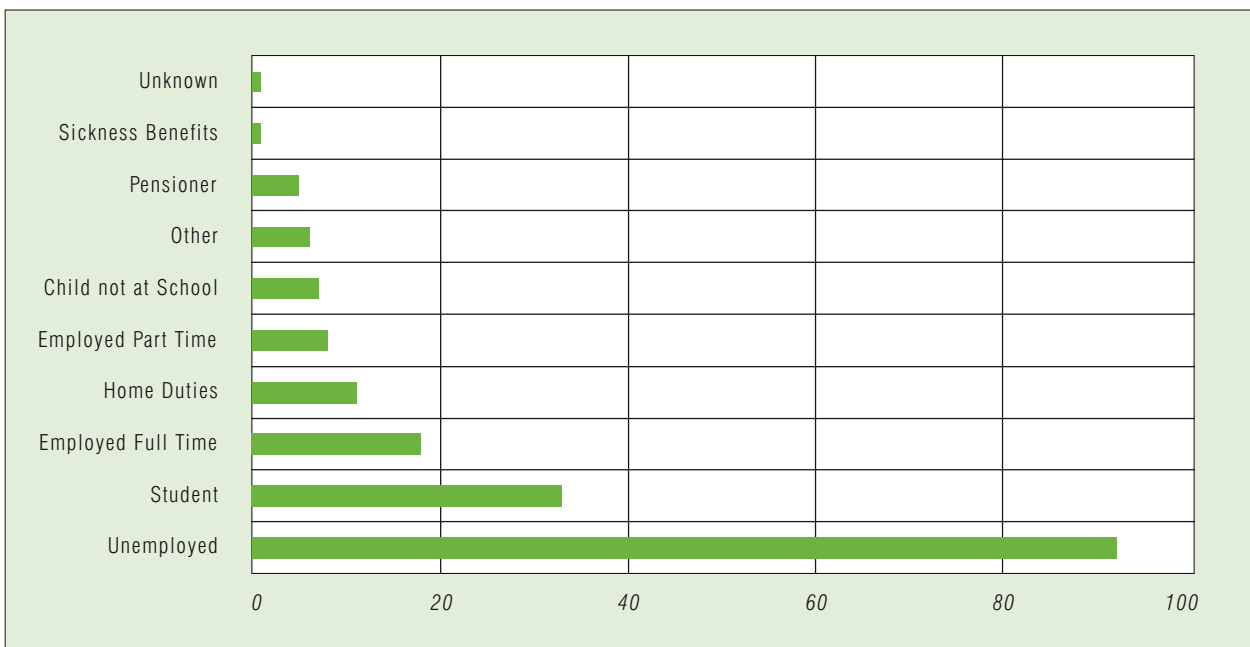


Source: ADIS EOC Data 2003–04

5.7 Employment Status

Though not indicative of the program as a whole, the EOC data does provide some information about the level of connection or disconnection that young people referred to the RODW program experience. As Figure 5.6 clearly demonstrates, the majority (51%) of those receiving treatment through the RODW program are unemployed and only 18% are students. This is not surprising when we consider the difficulties faced by many clients who present with poor education and training attainment and reported low levels of literacy and numeracy.

Figure 5.6 EOC by Employment Status



Source: ADIS EOC Data 2003-04

5.8 Presenting Issues Other Than Drug Use

Many of the clients presenting for drug and alcohol treatment come with a myriad of other issues that require a more generic case managed approach to addressing and/or referring onto other services. ITPs that have been developed between client and practitioner will often address these lifestyle issues as well as the drug misuse. Some of those most commonly mentioned by the RODW staff include:

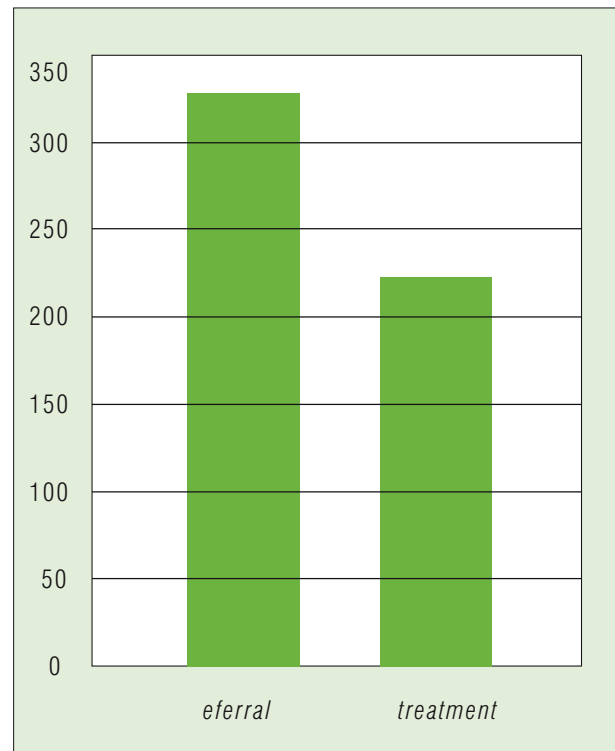
- unemployment;
- accommodation issues ('at risk' of homelessness or homeless);
- family/relationship conflict and family/relationship violence;
- childhood sexual abuse;
- mental health issues (including suicidal ideation);
- lack of education and training;
- poor literacy and numeracy;
- poor social skills and anger management issues;
- legal issues;
- financial issues;
- chaotic lifestyles;
- isolation and limited supports; and
- marginalisation in the community.

These life issues are consistent with those raised by key informants in Turning Point's Youth Service System Review for those young people who experience problematic drug use (Berands et al 2004: 53).

5.9 Treatment

Figure 5.7 shows that of the 328 (150 females and 262 males) referrals to the RODW program, 223 (166 males and 56 females) or 68% underwent treatment. There appeared to be no variation between the ratio of males to females referred and those that went on to treatment.

Figure 5.7 Referral and Treatment



Source: COATS Referral Data 2003-04

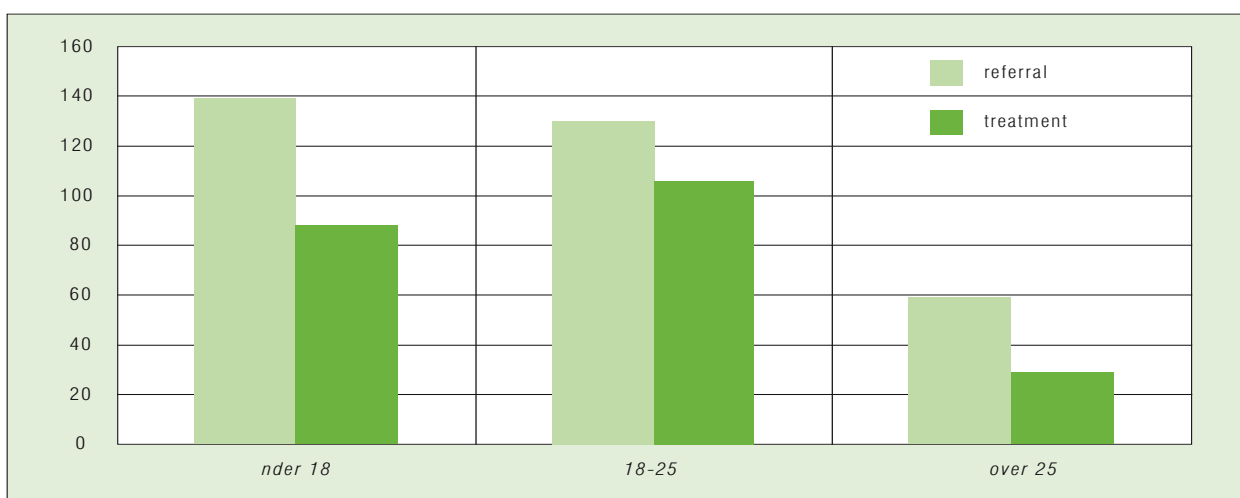
It is necessary to consider the possible reasons why 22% of referrals did not go onto further treatment. The reasons suggested by the RODW practitioners include some of the following:

- that assessment only was required by the client;
- the client moved house and was not contactable;
- the client did not make the initial appointment;
- the client was a voluntary referral to DTS and voluntarily left;
- treatment was not seen as necessary or appropriate by the client; and
- that the person referred was not ready for treatment.

Age

While 68% of all referrals go on to further treatment, it is interesting when looking at Figure 5.8 to observe the marked differences between the different age categories and their referral onto treatment. Only 42% of those aged over 25 years of age compared with 63% of those under 18 years of age and 82 % of those who are 18–25 years of age, go on to undertake treatment. No particular reasons were provided, either by stakeholders or workers, for this difference and so this could prove an interesting area for further inquiry.

Figure 5.8 Age, Referral and Treatment



Source: COATS Referral Data 2003–04

Retention

Given the context of the lives of many clients (including their young age and limited transport options), it is understandable that some do not begin treatment or complete treatment. Some clients might undertake a one-off assessment and nothing else. The majority of RODWs suggest that the key to retaining clients in the program is one of initial engagement, as noted in the following quotes:

There is usually some resistance initially. But when they get used to me and what we are trying to achieve they are okay. There are not many options open to these young kids so most agree and do some work (RODW).

...once they have rapport they will stay and usually complete a treatment plan. Sometimes they might re-present after they have been closed, so as to do some ongoing D&A counselling (RODW).

It takes longer to engage with Koori young people, as you need to engage through the family and the community first. If uncle or grandma engage or approve, then it's usually okay (RODW).

Further, initial engagement for some clients may include 'assertive outreach' and constant follow up with them around appointments and legal requirements. It would seem that once engaged, many clients are pleased to have the support and the opportunities to consider other options for their lives and will often complete their ITPs whether they are mandated or not.

6. STRENGTHS OF THE PROGRAM

6.1 Introduction

The program received considerable support from most of the stakeholders interviewed for the evaluation. It was seen as a timely and effective means of addressing issues of drug use, through treatment, support and information. Those stakeholders who were consulted about the strengths of the RODW program offered a variety of responses. Some of the strengths were weighted differently between stakeholders and may be attributed to different sectors or service needs in specific rural and regional locations. The most common strengths can be categorised across the following six headings:

- specialist AOD knowledge and skills;
- outreach delivery;
- case management;
- flexibility of approach;
- diversion ideology;
- youth specific focus.

It is important to note that the strengths of the program are generally not seen in isolation to each other but rather as a complementary package. For example, the combination of a youth specific D&A service with an outreach mode of service delivery was valued. Also, understandably, some stakeholders found it very difficult to separate the strengths of the particular RODW from the model or program.

6.2 Specialist AOD Knowledge and Skills

Gets a specialty worker into an area that would not have had one (stakeholder).

D&A assessment is very important, as you really need to deal with the young person's D&A issues before you can help them deal with much else (stakeholder).

A key strength for many stakeholders has been the ability to access a worker with specialist AOD skills and knowledge who is able to work with young people. This has allowed for assessments to be conducted quickly once the young person has been referred to the RODW and this information has proved useful to others already involved with the client (including courts, schools and accommodation services). Once a specialist D&A assessment has been made, it is then possible to refer clients to appropriate DTS.

Some RODWs have been offering secondary consultation to housing services, mental health services and employment services on managing young people with AOD issues in their services. Secondary consultation has included the opportunity for services to access a specialist AOD worker who has been able to offer advice, strategies and information to other workers that pertain to specific young people and their substance use. This advice has been offered over the phone or in person, both individually or in groups.

For some stakeholders, including a police constable in a single manned police station in a small rural community, the RODW has been able to provide them with useful advice and important information on appropriate points of referral for particular young people who they have concerns about. Being able to access such a ready source of consultation has been described as increasing efficiency and efficacy.

6.3 Outreach

The central feature of outreach is that it is proactive and not office or appointment based - it involves engaging with young people in whatever context is most appropriate for the client (Berends et al 2004: 73–74).

Stakeholders in rural and regional Victoria clearly value the outreach mode of service delivery provided by the RODW program. Large distances and poor public transport systems in the country make access to services very difficult. Seeing clients within the home environment or in their communities has in many cases increased attendance at appointments. A Corrections Officer made the observation that many clients felt less stigmatised by attending appointments outside of a D&A treatment agency or a community health facility. This made it easier for them to actually keep the appointment and participate in the program.

Other stakeholders and many of the RODWs made it clear that if they did not provide an outreach service young people would probably not use the service. Some of the RODWs have referred to the outreach role as 'assertive' or 'proactive' outreach in that they will actively seek out their clients and meet with them wherever they find them.

School personnel felt that seeing the RODW away from the school in a café or a youth centre was very useful for students as it allowed them to speak more candidly about their AOD issues without fear of the whole school finding out. A Koori Court Liaison Officer held a similar view, where because of the shame associated with AOD and criminal offences, it was seen as useful to be able to see a worker outside of the Indigenous community and in a place of their choosing.

6.4 Case Management

Allows the client to access a more intensive and holistic treatment approach. The client gets more involved, as it is a tailored approach to treatment and they get more time (stakeholder).

In the Turning Point report, Pathways: A Review of the Victorian Drug Treatment Service System, they make the point that drug and alcohol clinicians in rural locations often find it necessary to take on non-specialist activities to allow for their local context and suggest that:

Services that are designed to local conditions would recognise the broadening of the workers role that is dictated by necessity in the rural setting (Ritter et al 2003: 152).

This widening of the AOD role is embraced through the case management function. Both stakeholders and RODWs agreed that case management has allowed for much greater flexibility in what they can provide for young people and the work involved with them. The range of activities that the RODWs are involved in through case management has broadened the specialist AOD framework and met some of the unmet servicing in their rural region.

The case management practice that some RODWs provide includes sharing information about clients, regular follow up, joint case planning and case meetings with a number of stakeholders including JJ, corrections, mental health and child protection. As many RODWs see their clients on a regular basis, they are in a good position to keep other workers from the criminal justice and other service systems up to date about the progress of clients. This in turn assists these workers with the preparation of reports on their clients for the courts.

6.5 Flexible Approach

He knows where to draw the line. He is very persistent. If young people don't keep their appointments the RODW is very creative about catching up with them. He is very flexible and uses a range of different strategies for different kids (stakeholder).

Both outreach and case management allow for a flexible service approach that tries to cater to a range of young people with differing needs. Similarly, it would appear that some RODWs are engaging well with young people who have been both disengaged and uncooperative with many other services. The observation made by some stakeholders from the police and JJ was that the RODW has tried a variety of strategies including group work, education and training, physical activities and behavioural management techniques to optimise their success with young people. Most stakeholders saw that the flexibility offered by the RODW program ensured that young people's needs were responded to quickly and appropriately. A further example of providing flexible responses to young people in remote locations was one young woman for whom email exchanges were used as a means of support and provision of information.

6.6 Diversion Ideology

The idea of diversion makes sense. Young people should not get into the justice system around D&A issues they should be helped. This is a health issue and they should be intervened with early. It should be decriminalised and diverted away from the justice system. This is a philosophy that I believe in (RODW).

A number of stakeholders (including court personnel, police and JJ workers) genuinely supported these diversionary approaches. They saw that the RODW program benefited both young people and the courts by creating more options and possibilities for assisting them. Some of them described the importance of keeping young people out of the criminal justice system and finding other methods for addressing their needs. This was exemplified by three senior police sergeants from different locations who were actively involved in initiatives that were aimed at assisting young people and their local community, with much of this work happening in their own time.

However, this commitment to diversion was not always shared, with some police talking about the significant challenge of changing a strongly entrenched culture of 'locking them up' as the solution. A further challenge to police embracing the diversion ideology, as reported by some police, was the confusion about the different programs and which organisation to refer to for a specific program.

6.7 Youth-Specific Focus

Some workers and stakeholders noted the lack of specific services for young people in their rural regions and so viewed the RODW program's focus on the 12–25 years age group as a particular strength. A number of stakeholders noted the 'youth friendly' approach adopted by their local RODW, where workers were seen to be engaging and responsive to the needs of the young.

They felt that implementing a youth-specific AOD program would ensure that young people's AOD issues would be serviced earlier rather than later and hence that young people would be diverted from the criminal justice system for crimes related to their AOD issues. A few of the stakeholders, including JJ and the police, thought that the RODW model was very appropriate for the servicing of young people more generally.

7. CHALLENGES

7.1 Introduction

Stakeholders and RODWs identified the following areas as challenges or barriers to the program. Just as a few stakeholders were unable to identify any program strengths, a few were unable to identify any problems with the program, as they felt it was providing just what they thought it is required to.

7.2 Knowledge and Understanding of the Role

There is a real lack of awareness about the role and that it is a diversion initiative (Court stakeholder).

I am aware of the concept of diversion and agree with the concept. Police don't generally refer to the (RODW) program. They might if they have a charge. I tend to see young kids earlier as it is prevention and the RODW later when there are problems (Police stakeholder).

Although police and court personnel had a good understanding of the concept of diversion generally, they were not always familiar with the RODW program in their area or their integral role in the diversion of clients to it. A magistrate made the comment that the RODW role needs to be promoted more to legal practitioners to make them more aware of using the RODW program as an option for their clients.

There also seemed to be a lack of clarity by some RODWs as to program objectives, identification of appropriate clients for the program and the protocols that they should be following. In one program the tasks of the RODW seemed to have been rolled into the tasks of another funded D&A position and this appeared to add to confusion about their RODW role. There was a suggestion by a few that the program's parameters kept changing, with little information, training or guidance from DP&SB to keep them up-to-date with these changes. This is in spite of the fact that regular RODW forums have been convened by DP&SB in Melbourne for RODW practitioners to have the opportunity to come together to explore the challenges and concerns that they are facing in the delivery of their program. Nevertheless, this apparent lack of clarity for some is consistent with one of the pitfalls of setting up diversion programs as noted by Bull (2003) in the literature.

School personal have engaged well with the RODW program especially the direct service to students and the D&A education/training aspects. However, in general, most were unaware that the RODW program was a diversion program or what diversion actually meant. Many thought that the worker was a D&A outreach worker or a youth worker.

Juvenile Justice and Office of Corrections stakeholders seemed to be well informed about diversion and most were aware of the RODW program and its function in their regions. However, when corrections staff and RODWs worked together with joint clients, these clients will always have court charges and orders. There were some regional differences as to

whether or not JJ personnel thought it appropriate to make referrals to RODW when the young people they were working with had sentences. It would seem that pre-sentence or pre-arrest diversion of young people into RODW is less common. This needs to be addressed.

Some stakeholders (education and JJ) had been disappointed that their local RODW was not well versed in the school context or the constraints and legal timeframes associated with the JJ system.

7.3 Rural and Regional Issues

In the Turning Point report *Pathways: A Review of the Victorian Drug Treatment Service System*, researchers suggest that there is a general view that AOD service delivery in rural and regional Victoria is different than in Melbourne. They go on to conclude that drug use, the style of service delivery and the resources that are available are all different. With respect to some of these urban and rural differences, a number of challenges have arisen for the RODW program. These challenges have been identified by both RODWs and stakeholders and are presented as follows.

Drug Use (Alcohol Inclusion)

According to ADIS data for 2001–02, consumers of drug services in rural and regional Victoria are more likely to receive treatment for alcohol or cannabis dependence rather than other drugs. Alcohol is the most common drug for which EOC are delivered, followed by cannabis. This supports the RODW referral and EOC statistics and the view by RODWs that alcohol and cannabis use are the most significant drug issue facing young people in their localities. Local police who were interviewed in two of the locations also confirmed that alcohol was the primary substance of concern, followed by cannabis. It is also consistent with the following finding by the NDS:

The 2001 National Drug Strategy Household Survey (NDSHS) found that 82.4% of the population aged 14 years and over consumed alcohol in the previous 12 months. The proportion peaked in the 20–29 years age group and decreased with age (Australian Institute of Health and Welfare 2004).

The Victorian Premier’s Drug Advisory Council’s survey of young people and alcohol consumption in 2003 raised additional concerns in relation to alcohol with regard to behaviours reported by young people in the survey when under the influence of alcohol, as the following table indicates.

This represents a challenge for the RODW program in managing the apparent dichotomy between the program imperative of working with only those young people who are involved in illicit drug use and the identification of alcohol as the major substance abuse issue by local stakeholders. This policy has proved to be a major barrier for police with regard to the referral of young people into the program. Some police and RODWs have responded by working outside the bounds of the program and treating those young people with alcohol issues as indicated in the Wangaratta Cautioning Program example.

Table 7.1 Behaviours under the Influence of Alcohol

	Males (%)	Females (%)	Persons (%)
Verbally abusing someone	31.8	20.7	25.7
Driving a motor vehicle	17.4	9.0	12.8
Creating a public disturbance	16.2	7.4	11.4
Causing damage to property	13.6	4.0	8.3
Physically abusing someone	7.2	2.8	4.8
Stealing something	5.6	2.9	4.1
Base: Drunk alcohol in last 12 months	n=2495	n=3009	n=5504

Source: (Victorian Premier’s Drug Prevention Council 2003).

Service Gaps

Limited services in the local area. Very few detox beds in this rural area. Often young people have to detox outside their local areas. Lots of stuff happens around Melbourne and not here (RODW).

There are limited services in rural and regional areas of Victoria and populations that are very spread creating problems with access to services. The most common service gaps reported by RODWs that constrained their work with clients and made referral onto programs difficult included:

- the lack of public housing dwellings, private rental opportunities and supported housing including emergency;
- high youth unemployment and more limited opportunities for alternative education and training;
- the lack of local detoxification and withdrawal services and long waiting periods for treatment in DTS in other areas;
- very limited, or the lack of public transport options; and
- the lack of recreational options for young people outside of sport.

Other gaps in service delivery noted by a few RODWs that may be more localised are as follows:

- difficulties associated with referral to mental health services for dual diagnosis clients;
- lack of available GPs who will bulk bill;
- a lack of services that are youth specific;
- the lack of Koori specific DTS;
- limited alternate secondary school options for young people; and
- lack of access to pharmacotherapies e.g. Bupremorphine.

Unique Concerns

Some challenges to the RODW program may be unique to rural and regional areas of the state or unique to a particular local context. It is useful to consider these challenges for the development of the RODW program and community programs more generally, at the local and state level. Some of the issues that have been articulated by specific RODWs are as follows:

- the size of the region is so vast that it is almost impossible to consider outreach (given 1 EFT) to all young people in the very remote and isolated areas of the bush;
- the large Koori population in the region requires specialist DTS and increased community capacity building;

- the issue of cannabis use amongst young people is huge in this region as it is easily grown and supplied;
- there is a perception by the local community that drug users are transient and not permanent residents when this is not the case; and
- there are issues of 'small townism' in rural areas where everyone knows each other and each others' problems – this has ramifications for workers and clients.

Resources and Support

Given the limited nature of some services in rural and regional Victoria it is not surprising that in those locations where the RODW has engaged well in the community that stakeholders want more from the program. Both RODWs and stakeholders seemed challenged by the capacity of a one-worker position of (0.5EFT or 1 EFT) to cover the large regional and rural (and at times remote) area that is considered to be their domain. Some described the difficulty with responding to the needs of all young people with AOD issues as well as ensuring that the community capacity building requirements of their job are fulfilled as well.

Some of the resource issues outside of staffing levels that were raised and that impacted on program deliverables were difficulties with gaining:

- access to vehicles for outreach work when they are required;
- regular access to private space when required with clients;
- greater support, direction and understanding of RODW program guidelines from program management; and
- backfilling of RODW positions when workers are on leave.

7.4 RODW Program Administration Requirements

Administrative Requirements

The administration of the system is complex as there are client registration and data collection tasks for DHS, COATS, the auspice body and the Primary Care Partnership (PCP) Service Coordination Tool Templates (SCoTT). The complexity is multiplied by the requirement for different forms to be submitted to COATS at different stages in the process of responding to a referral, through to completion of a treatment episode. The administrative requirements on service providers appear to be more onerous than for other AOD programs

and this appears to be because of the intersection between three sectors of community health, AOD and justice and two separate funding sources, DHS and NIDS.

In trying to evaluate whether or not the administration of the RODW program is working as efficiently as it could be, it is first necessary to understand what the administrative functions of the program are. From the information that we have gathered from DHS staff, COATS staff, RODWs and some of their managers, a list of administrative tasks that are generally performed by the program has been developed and is seen as follows:

- CHC/CHS registration forms (SWITCH and SCoTT);
- RODW Referral Form for COATS;
- COATS Assessment Treatment Completion Advice (TCA);
- ITP;
- COATS Assessment TCA ITP details;
- COATS ITP TCA;
- photocopy and fax/mail forms to COATS;
- AOD Assessment form;
- monthly report for DHS, collected by COATS;
- entry of data into ADIS;
- tracking the number of clients registered by a service against the number acknowledged by COATS for each quarter.

There are also the standard administrative tasks in relation to clients and program promotion, which include:

- case notes;
- court reports;
- referral forms to other services;
- other general paperwork (including promotional mail outs and letters to clients).

Table 7.2: COATS Phases and Rationale

Phase	Action	Form required	Rationale
1.	Complete referral and send to COATS	(RODW Referral Form)	Check appropriateness of referral & for registration
2.	Conduct assessment and send form to COATS	(Assessment TCA)	Assessment of client's needs
3.	Provide recommendations for treatment (if required); send form to COATS	(Assessment TCA, ITP details)	Approve treatment
4.	Provide treatment to client and report on closure	(Treatment ITP TCA)	Accountability for provision of payment

COATS Process

The process is so broken up. Too many steps involved it's easy to loose track of the referrals. It is hard to do admin when you are doing outreach and often not at the base (RODW).

Not too bad now we have established our own procedures and practices, COATS staff very helpful. I am not sure what the problem is, it seems straightforward (RODW).

COATS management argues that while there is a level of complexity as a result of the number of forms and the provision of these forms at different stages of the COATS process, it is unavoidable as it relates to the triggers required for each phase of work and to ensure accountability against payments made for completed client episodes of care. The different phases required by COATS as part of their process and the rationale for these is elaborated on in Table 7.1 (page 51).

COATS requires that assessment be separated from treatment because it might be more appropriate for the person who has received the assessment to be treated by a different agency or program to the one that conducted the assessment. COATS needs to be involved in these decisions at each point. In order to reduce the work involved for service providers, the amount of actual data collected at each stage for COATS is kept to a bare minimum. They have also provided the option for RODWs to collect data in relation to phases 1, 2 and 3 on the referral form and return all of that information in the one fax to make it easier.

It is apparent that there has been confusion about the COATS process and forms for some workers, both around understanding which forms to complete and at what point they should be returned. In response to these concerns, it

would seem that COATS staff have been working very hard to assist agencies in a range of ways including documenting the process, checking on client registrations, re-sending forms and re-explaining the process and telephone support.

Duplication of Data Collected

A number of RODWs thought that there was considerable duplication involved in the completion of forms, especially the registration of clients with the CHS and with COATS.

I think there is some duplication in information supplied to COATS and SWITCH. I don't understand the point of the monthly report. Too many opportunities for COATS staff to go wrong. How many times do I have to prove that I've done what I say I've done? It's messy and open to mistakes (RODW).

The duplication that is most immediately apparent and could happen up to four times is the collection of client details for each auspice (SCoTT, COATS, Specialist AOD assessment tool and ADIS). It is possible that this will be ameliorated in the future with the development of 'messaging standards' so that databases involved in data collection for DHS will be able to transfer data from one database to another electronically and so avoid repeated entry of commonly required information. This could address the issue with ADIS and SCoTT, however it is less clear at this stage with COATS and the assessment tool, although the collection of details using the assessment tool is not mandatory.

Most RODWs agreed that the monthly report required by COATS (on behalf of DHS) was redundant given that much of the information required in these reports was information that had already been provided in the Referrals and TCAs sent in to COATS.

Further, there has been the issue that referral and treatment numbers documented in the monthly reports often don't correlate with the quarterly numbers that have been acknowledged as received by COATS through its database reports back to agencies. COATS has indicated that this might be due in part to them closing off the processing of referrals and TCAs two weeks prior to the end of the quarter so that they can process these forms and be in a position to make payments reasonably quickly after the end of the quarter.

On examination, the monthly report does provide a significant number of fields that overlap with data collected through the COATS forms. There is one section however, for which data is not otherwise collected other than perhaps from verbal reports at the RODW forums and that is the Activity Report. While this

section is possibly less relevant for those agencies that have established themselves with regard to meeting targets and the building of an established referral base, it would seem to be an important tool for working with those agencies that are still struggling to establish an effective RODW program. DP&SB values the data collected through the monthly reports because it believes that it provides them with more immediate information about the program.

Identification of Eligible Clients

As previously mentioned, it was apparent from speaking to workers and stakeholders that there is some confusion over the determination of what constitutes a RODW program client. Some workers ascribed the confusion to what they described as "moving the goalposts", that is, changing the primary target group at different points in the rollout of the program, however DPSB emphasises that the target group has not changed at any stage in the life of the program. For example, one worker is under the perception that their role is primarily targeted at young people that are clients of JJ when, in fact, the program emphasis is on reaching young people at an earlier stage in their offending behaviour.

The actual identification of clients has tended to be by RODWs rather than police, although a number of referrals to one of the service providers have been made by courts. There are some where workers have struggled to identify any eligible clients or receive eligible referrals

EOC Data

The entering of EOC data into ADIS and the nature of the data that was requested was not greatly commented on by service providers, however, one RODW made the following observation, one that is shared by others in the AOD sector, according to the recent EOC Review conducted by DHS (2003).

...some of the work we do is not captured in our reporting. I would like to justify my time in doing other work. Sometimes you do lots of work with a client and then they go to Melbourne (RODW).

Another RODW commented on the target of 55 EOC per 1.0 EFT per annum, suggesting that they felt that the EOC seems realistic:

I probably have 50% COATS clients from OC and 50% RODW and vollies (RODW).

A contrary view however was also expressed as part of the DHS review by some rural services that were concerned that the unit cost for an EOC was insufficient.

8. CONCLUSION

The RODW program made an entry into the diversionary arena in 2002–03. While some individual programs are struggling, overall total referrals to the program increased by 60% between 2002–03 and 2003–04. This is a strong sign of a growing profile for the program. Most referrals have generally emerged, however, from quite a different referral base to the one aspired to in the program specifications.

In fact, the experience for the rollout of the RODW program would appear to be consistent with the observation by Bull (2003) that the “initial take-up rates for diversion initiatives are lower than expected” and that “securing an understanding of, and a commitment to diversion practices from criminal justice stakeholders – the police, corrections and court personnel – is essential”.

The key stakeholder groups that were expected to take advantage of the program were police and courts. In general, the police and court referrals that the program has targeted have not been forthcoming to the degree that was anticipated. This has been for a number of reasons including:

- a police culture that is yet to fully embrace diversion practices;
- referral to diversion is not seen as a simple process by police and is generally not well known or understood;
- a court system that remains largely uninformed about the RODW program;
- some areas appear to have fewer young offenders who are identified;
- confusion about the target group on the part of both practitioners and referrers (eg. until recently the selection criteria for the CREDIT program was narrower than for the RODW program, thus creating the potential for confusion for courts and Diversion Coordinators with regard to appropriate referrals); and
- some RODWs have made only very limited attempts to engage either police or court personnel.

Equally, Bull’s best practice principles provide a useful point of comparison for the RODW program and this has been summarised in Table 8.1 below, which shows that the program is making progress in most areas.

Table 8.1: Assessment of Outcomes

Best Practice Principle	Met	Comment
A commitment to a consistent and clearly defined philosophy	Partially	Only limited police & and court commitment to program at ground level thus far
Clearly defined eligibility criteria	No	Confusion amongst some RODWs and police, court staff. The target group needs to be re-visited and clearly defined
Timely access to programs for all who are eligible	Yes	Although reliant on them being identified and referred by key stakeholders
Recognition of client rights	Yes	Police/courts need to be more aware of the program such that young people are given the options they are entitled to
Systematic, consistent and certain compliance monitoring (which includes judicial review)	N/A	Was not considered applicable for RODW, because the program is primarily a pre-sentencing option, although some workers are assisting JJ & and corrections clients
Systematic program monitoring and evaluation	Yes	A clear monitoring system is in place, however an increased level of assistance and scrutiny is required for those organisations that are well below their targets
Staff training for all those involved	Partly	More formal training. Greater emphasis on diversionary program principles and practice for police/court staff and best practice in diversion for RODW program staff
Structured and systematic management, effective communication, clear role definition/demarcation	Partly	Agency staff require further training and understanding of roles and responsibilities and planning of future activities. Management needs to be more actively involved in formal and informal support to staff and program monitoring.
Co-ordinated partnerships and collaboration between all agencies involved	Partly	Partnerships between police, court and program providers are underdeveloped at this stage. Work needs to be undertaken between departments and down through each of the hierarchies to address the barriers.
Thorough documentation of policy and practices (i.e. clear protocols)	Yes	A formal Pprotocol has been established between departments, however the police generally believe diversion processes need to be clearer and easier to enact.
Supporting legislative framework	Yes	A range of diversion options that are made available through a supportive legislative framework
Availability of a broad range of treatment/ intervention options	Partly	RODW operates in context of other treatment options available in DTS, however some of these are not locally available
Social support and follow up for clients once the program has been completed/ legal obligations have been fulfilled	Yes	Case management framework allows for linkage and referral. Some RODW's have maintained contact with some clients beyond closure. Some restrictions, however, on re-opening clients cases which could be problematic for clients.
Adequate and ongoing funding	Yes	Commitment to 3 three-year funding framework and brokerage funds

The range of key stakeholders interviewed as part of the consultation identified the strengths of the program they had witnessed to date and were, in general, keen to see program funding continue.

While there has been some genuine progress in this time, there are also significant signs of a program that is still very much in a 'fledgling stage'. Only six of the 18 service providers have established themselves strongly in their local regions. The other 12 have struggled to varying degrees with securing appropriate referrals and providing support to significant numbers of young people. Indeed, two service providers failed to secure any referrals at all and another gained only one referral in 2003–04. As such, it will require both significant structural support across departments as well as with driving programs in local areas if a case is to be made for ongoing funding of some services.

There have been some innovative attempts to build partnerships with police, including a 'new' model for the RODW program that was developed through the partnership between Ovens and King CHS and Wangaratta Police. Local police have since actively taken up the model. As an approach, the model has simplified the process of diversion for police with all offences committed by young people that involve drugs (primarily cannabis) and alcohol being referred to the RODW as a standard requirement of the Police Cautioning Program. This particular model does, however, raise the question of whether using the Victorian Police Drug Diversion Program approach for 'lesser' offences will weaken this strategy for addressing the offences that it was originally designed to respond to. Although, in reality, police who were consulted primarily talked about alcohol as the major substance that was abused, followed to a lesser extent by marijuana, with other drugs appearing very infrequently. Hence the model is worthy of further trial and should be introduced to two other areas where there is the potential for actively engaging local police.

The question of alcohol abuse and ineligibility for RODW assistance should be addressed so that alcohol related issues can be responded to by the program.

RODWs in general have demonstrated a commitment to their work in assisting young people with AOD issues who are also at risk of offending. This has been challenging in the face of a very limited response from potential referrers. Case management is generally the major framework that is used, however, the perception of the 'counselling' role by some individual practitioners raises some concerns in cases where

they are undertaking counselling that is not AOD related and, as such, is probably outside of their area of expertise. This then raises the question of how best to respond to issues that have their roots in traumatic events, family experiences and relationship difficulties that impact on people's AOD abuse. It would seem most appropriate that such experiences be referred to appropriately trained counsellors. In the event that such referral options are not available, then regular supervision by an appropriately trained supervisor must be undertaken. Also, the finding by Turning Point in their review of Victorian DTS, that short term interventions might well be as effective as longer term responses in the case of cannabis, is worthy of further investigation.

Other aspects of the RODW role that require a greater focus are developing an increased understanding of legal frameworks and the local legal system, including a greater presence in that system. There are also examples of engaging other referrers who are working with young people with substance abuse issues and at risk of offending, in particular housing programs and JPET.

In summary, the program has made up some important ground and there are examples of effective partnerships and increasing service delivery. The next 18 months will be critical ones during which the recommendations from this evaluation will need to be implemented in order to strengthen stakeholder involvement and the reach of the program.

9. RECOMMENDATIONS

As noted there have been some successes in the rollout of the RODW program across the state since 2002. Notwithstanding these successes there are some areas that need to be addressed by the DP&SB, RODW managers and workers. The recommendations below seek to address those areas of the program that require most development and are within the context of the evaluation brief. The recommendations necessarily target a range of levels across the program including DP&SB, justice and police coordination, police and court staff education, program management, work strategies and practice.

1. Program Guidelines and Parameters

The RODW program is complex in that it is not only a specialist drug treatment initiative but also a diversionary program. As such it sits both within the drug treatment arena and the justice system. It relies on both sectors being very clear about the program objectives, processes and guidelines. There has been some confusion by RODW practitioners and key stakeholders (including police and court personnel) around the eligibility of clients to the program and the parameters of the program since its inception. This confusion may have had some impact on the number of referrals to the program over the last two years and hence limited the access for potential clients.

Recommendation 1.1

Program objectives, guidelines, referral processes and protocols to be better understood by DP&SB staff, RODW managers and practitioners through the development of revised, up-to-date, clear and standardised information.

Recommendation 1.2

Promotional and training materials to be disseminated to other stakeholders including police, courts and COATS are based on this renewed and standardised information.

Recommendation 1.3

The Commonwealth Government broaden the parameters of the NIDS so as to support the RODW program with the inclusion of the option of diverting young people committing offences that are connected with alcohol misuse, to assist in addressing an area of major concern for local police and rural communities.

2. Intersectoral Coordination and Training

... the Victoria Police to develop a comprehensive training strategy. The strategy should familiarise officers with the program, and acknowledge that different ranks have different training needs. The training should also make officers aware of the drug treatment services that are available within the local area (McLeod 1999:20).

Much of the success of the program relies on referrals from both police and courts of suitable young people. Despite this, a number of police and court personnel have not fully engaged with the program nor would it seem that they fully understand their role in the diversion to RODW. It will therefore be important that:

Recommendation 2.1

DP&SB, Victoria Police and the Justice Department continue to regularly liaise to ensure the level of coordination and collaboration that is required for drug diversion programs such as RODW to build effective and sustainable relationships at the ground level.

Recommendation 2.2

DP&SB advocate that the training of police continues to occur at all levels of the police hierarchy and on an ongoing basis, and including new recruits.

Recommendation 2.3

DP&SB to endeavour to work with other stakeholders including magistrates, registrars, solicitors, diversion coordinators and CREDIT clinicians to ensure that they receive appropriate information and training opportunities so as to increase the awareness of the RODW initiative.

Recommendation 2.4

DP&SB to encourage and assist the RODW managers and staff with the development of intersectoral links and the building of relationships with police and court staff in local areas with specific strategies, joint initiatives, materials, forums and cross sector training.

3. Professional Development and Induction Processes

To ensure that RODW practitioners and their managers continue to have a good understanding of the guidelines of the program and the parameters of the program it is considered good practice for DP&SB to develop and implement:

Recommendation 3.1

An induction process for new RODW staff and their managers (if necessary) that incorporates:

- staff training (which could include experienced RODW practitioners agencies being paid for a training role);
- Induction kit of relevant materials, forms, guidelines and protocols;
- formal processes for sharing practice wisdom at the central RODW forums; and
- ‘mentoring’ system where the agencies with experienced practitioners are paid for mentoring new RODW practitioners.

Recommendation 3.2

Professional development opportunities relevant to the needs of RODW staff to ensure that the following are well understood:

- the procedures and processes of the judiciary system;
- diversion ideology, practices and programs statewide and regional;
- police practices, procedures and standing orders around diversion; and
- the practice wisdom of experienced RODW staff and strategies for engaging police and court personnel as key stakeholders.

4. Program Management and Program Planning

The majority of programs have struggled to establish strong referral bases and/or working relationships with police and courts. In order that DP&SB can work more effectively with agencies around these priorities, it is recommended that:

Recommendation 4.1

DP&SB continues convening regular forums for RODW managers and practitioners and that the next available forum should be utilised for presentations by those agencies that have established effective referral relationships with local stakeholders (especially courts and police). These presentations should then be used as a springboard for small group discussions amongst workers to develop a list of possible strategies to be implemented in their local context.

Recommendation 4.2

All services should be required to develop a 12-month work plan that is signed off by the RODW line manager in each organisation outlining strategies for engaging key stakeholders and building referral bases. These should be submitted to DP&SB on an annual basis.

Recommendation 4.3

Individual agencies that are unable to achieve at least 35% of their total annual client outcome target of 55 EOC (or pro rata), during the first six months of 2005–06, meet with DP&SB to review why this is the case and to develop a plan for addressing the identified issues; the implementation of which is then to be closely monitored by DP&SB.

5. Program Administration

There is a level of complexity across the administrative tasks that can contribute to the workload of the RODWs. Accordingly, the following are recommended:

Recommendation 5.1

To overcome the duplication in the collection of client details that exists between ADIS and auspice agency requirements, DP&SB to urgently seek to ensure that the requirement for database software packages to meet specified 'messaging standards' (currently under development) will be applied to ADIS and the Drug Treatment Assessment form (online version).

Recommendation 5.2

Monthly reporting is abandoned for those services that are well established. Instead, introduce six monthly reports that only address progress against the work plan, barriers and successes in engaging key stakeholders. Those services still establishing themselves should continue to report monthly on their progress with the work plan, barriers and successes in engaging key stakeholders. The other information that is currently collected in the monthly reports is an unnecessary duplication and should be deleted from the format. Monthly reports should be emailed or faxed directly to DP&SB as opposed to being sent to COATS.

6. Data Collection and Analysis

There is an assumption that the location of services will address an unmet need for young people with substance abuse issues and at risk of offending. However, it would appear that this might not necessarily be borne out by local crime statistics. There is also an assumption that intervening at this point will make a difference in either a young person's offending and/or their substance use. Accordingly, it is recommended that:

Recommendation 6.1

DP&SB to work with local police and providers in each of two different regions to develop a 'model process' for reviewing local crime statistics in conjunction with AOD data and stakeholder perspectives, through which the setting of 'diversion targets' for both police and the local RODW can be established.

Recommendation 6.2

A longitudinal study of a sample of clients as well as the local crime statistics should be commenced as part of forming a better understanding of the impact of the RODW program.

10. REFERENCES

Australian Community Support Organisation

2003 Forensic Drug and Alcohol Treatment Handbook. Department of Human Services and Forensic Drug Treatment Services.

Australian Institute of Criminology

2004a Australian Approaches to Drug-Crime Diversion. Australian Institute of Criminology.

Australian Institute of Criminology

2004b Does Drug Use Cause Crime? Understanding the Drugs-Crime Link. Australian Institute of Criminology.

Australian Institute of Health and Welfare

2004 A Guide to Australian Alcohol Data. Australian Institute of Health and Welfare.

Behavioural Health Accreditation and Accountability Alert

2003 Ohio Report Demonstrates Positive Outcomes from Drug Courts. Manisses Communication Group, Providence.

Berends, Lynda, Devaney, Madonna, Norman, Jo, Ritter, Alison, Swan, Amy, Clemens, Susan and Gardiner, Paul.

2004 Youth Services System Review. A Review of the Victorian Youth Drug Treatment Service System. Turning Point Drug and Alcohol Centre. Melbourne

Berends, Lynda, Gardiner, Paul, Norman, Jo, Devaney, Madonna, Ritter, Alison and Clemens, Susan.

2004 Rural Pathways: A Review of the Victorian Drug Treatment System in Regional and Rural Victoria. Turning Point Drug and Alcohol Centre. Melbourne Bull, Melissa.

2003 Just Treatment: A Review of International Programs for the Diversion of Drug Related Offenders from the Criminal Justice System. School of Justice Studies, Queensland University of Technology.

Department of Health and Ageing

2004 The National Drug Strategy: Australia's Integrated Framework 2004–2009. Department of Health and Ageing, Canberra.

Department of Human Services

1997 Victoria's Drug Treatment Services: The Framework for Service Delivery. Department of Human Services. Department of Human Services

2002 DHS/DOJ/COATS Protocol for Court Diversion Programs. Department of Human Services, Department of Justice and Community Offenders Advice and Treatment Service.

Department of Human Services

2003 Request for Quotation: Rural Outreach Diversion Worker Program Evaluation. DHS.

Department of Human Services

2004 RODW Program Guidelines. Drugs Policy and Services Branch.

Department of Human Services

2005 Forensic Drug Treatment Operation. Drugs Policy and Services Branch.

Freeman, Karen.

2003 Health and Well-being Outcomes for Drug-Dependent Offenders on the NSW Drug Court Programme. Drug and Alcohol Review 22:pp 409–416.

Korf, Dirk et al

1999 Outreach Work Among Drug Users in Europe: Concepts, Practice and Terminology. European Monitoring Centre for Drugs and Drug Addiction, Luxembourg.

Kutin, Jozica

1998 Law Enforcement and Harm Minimisation. In Drug Use in Australia: A Harm Minimisation Approach, edited by Margaret Hamilton, et al., pp. 159–170. Oxford University Press, Melbourne.

Lenton, Simon

2003 Policy from a Harm Reduction Perspective. *Current Opinion in Psychiatry* 16:pp 271–277.

McCoy, Candace

2003 The Politics of Problem-Solving: An Overview of the Origins and Development of Therapeutic Courts. *American Criminal Law Review* 40:pp 1513–1534.

McLeod, John & Steward, Gaye

1999 Evaluation of the Drug Diversion Pilot Program. McLeod Nelson and Associates.

Mellor, Neil

1998 Intersectoral and Community Approaches to Alcohol and Drug Problems. In *Drug Use in Australia: A Harm Minimisation Approach*, edited by Margaret Hamilton, et al., pp. 200–212. Oxford University Press, Melbourne.

Morton, Jane, Clark, Robin & Pead, John

1999 When Care is Not Enough: A review of intensive therapeutic and residential service options for young people in out-of-home care who manifest severe emotional and behavioural disturbance and have suffered serious abuse or neglect in early childhood. Department of Human Services (DHS).

National Illicit Drug Strategy Division Initiative

2002 Drug Diversion Handbook for Police. Department of Health and Ageing.

Pead, John, Virins, Irene & Morton, Jane

1999 Evaluation of the Youth Alcohol and Drug Outreach Services. Department of Human Services.

Reilly, David, Scantleton, John & Didcott, Peter

2002 Magistrates' Early Referral into Treatment (MERIT): Preliminary findings of a 12-month court diversion trial for drug offenders. *Drug and Alcohol Review* 21:pp 393–396.

Rodriguez, Nancy, Webb, Vincent. J.

2004 Multiple Measures of Juvenile Drug Court Effectiveness: Results of a Quasi-Experimental Design. *Crime & Delinquency* 50:pp 292–314.

Rumbold, Greg & Hamilton, Margaret

1998 Addressing Drug Problems: The Case for Harm Minimisation. In *Drug Use in Australia: A Harm Minimisation Approach*, edited by Margaret Hamilton et al., pp. 130–144. Oxford University Press, Melbourne.

Social Policy Research Centre

2004 Evaluation of the New South Wales Youth Drug Court Pilot Program. University of New South Wales.

Spooner, Catherine, Hall, Wayne & Mattick, Richard. F.

2001 An Overview of Diversion Strategies for Australian Drug-Related Offenders. *Drug and Alcohol Review* 20:pp 281–294.

Thomson, Goodall & Associates

2002 Literature Review To Inform a Department of Human Services Project on Responding to People with High and Complex Needs. Department of Human Services.

Turning Point Alcohol and Drug Centre

2002 Drug Diversion: Handbook for Alcohol and Drug Clinicians. Commonwealth Department of Health and Ageing.

Victorian Premier's Drug Prevention Council

2003 Victorian Youth Alcohol And Drug Survey 2003 - Alcohol Findings. Victorian Government.



Australian Government
Department of Health and Ageing

