



Executive Summary of the Evaluation of the Victorian Government Drug Initiative

Victorian Government

February 2004

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Acronyms

Acronym	Description
ADIS	Alcohol and Drug Information System
AOD	Alcohol and Other Drug
CAT	Crisis Assessment Team
CHAD	Custodial Health and Alcohol and Drug
CLV	Cambodian Laotian and Vietnamese
COAG	Council of Australian Governments
CREDIT	Court Referral Evaluation and Drug Intervention Treatment
CSAS	Crisis Supported Accommodation Services
DACAS	Drug and Alcohol Clinical Advisory Service
DET	Department of Education and Training
DHS	Department of Human Services
DOJ	Department of Justice
DPEC	Drug Policy Expert Committee
DUMA	Drug Use Monitoring in Australia
EOC	Episode of Care
FDH	Family Drug Help
GP	General Practitioner
IDU	Injecting Drug User
ITP	Individual Treatment Plan
KPI	Key Performance Indicator
MORS	Mobile Overdose Response Service
NCETA	National Centre for Education and Training on Addiction
NDARC	National Drug and Alcohol Research Centre
NIDS	National Illicit Drug Strategy
NSP	Needle Syringe Program
PACS	Pharmacotherapy Complaints Resolutions Service
PDPC	Premier's Drug Prevention Council
PT	Pharmacotherapy
SDCC	Social Development Cabinet Committee
SOG	Special Operations Group (of Victoria Police)
VGDI	Victorian Government Drug Initiative

EXECUTIVE SUMMARY

1 Executive Summary

This is the final report on the evaluation of the Victorian Government's Drug Initiative (VGDI). The evaluation terms of reference were to assess:

- the overall effectiveness of the VGDI;
- the broader health and social impact of VGDI;
- the economic impact of VGDI; and
- implications for the future development of Victoria's strategic response to its drug problems.

The evaluation was undertaken by BearingPoint Australia in conjunction with Flinders University. It was guided by a steering committee comprising representatives of Education, Human Services, Justice, and Victoria Police and advised by a reference committee that included program managers, regional coordinators, service delivery agencies and researchers. The evaluation was conducted over six months commencing in June 2003.

The evaluation methodology employed is outlined in section 3. The five key steps were to assess the:

- evidence basis for the program;
- investment mix of the program;
- program's congruency with policy;
- program's success in meeting its objectives; and
- broader social, health and economic impact of the VGDI.

1.1 Context for the Victorian Government Drug Initiative

The Victorian Government Drug Initiative (VGDI) was the Government's response to the Second Stage Report of the Drug Policy Expert Committee (DPEC). DPEC was appointed in November 1999 to provide drug policy advice to State Government, particularly in light of the increasing complexity and prevalence of drug problems including drug related deaths.

DPEC considered a range of issues including:

- options for strengthening drug strategies to address existing shortcomings;
- the implications of changing patterns of demand and supply;
- arrangements to assist the community;
- local government and expert stakeholder involvement;
- leadership;
- accountability and coordination arrangements; and
- the most appropriate range and mix of interventions required to achieve policy goals.

The Victorian Government endorsed or supported in principle, the majority of DPEC's recommendations resulting in the immediate development of the VGDI.

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1.2 Overview of the Victorian Government Drug Initiative

1.2.1 Structure of VGDI

The VGDI forms part of the wider State Government Drug Strategy, representing a significant input of new funding to the drug strategy for a period of three years from November 2000 to November 2003 (see Figure 1).

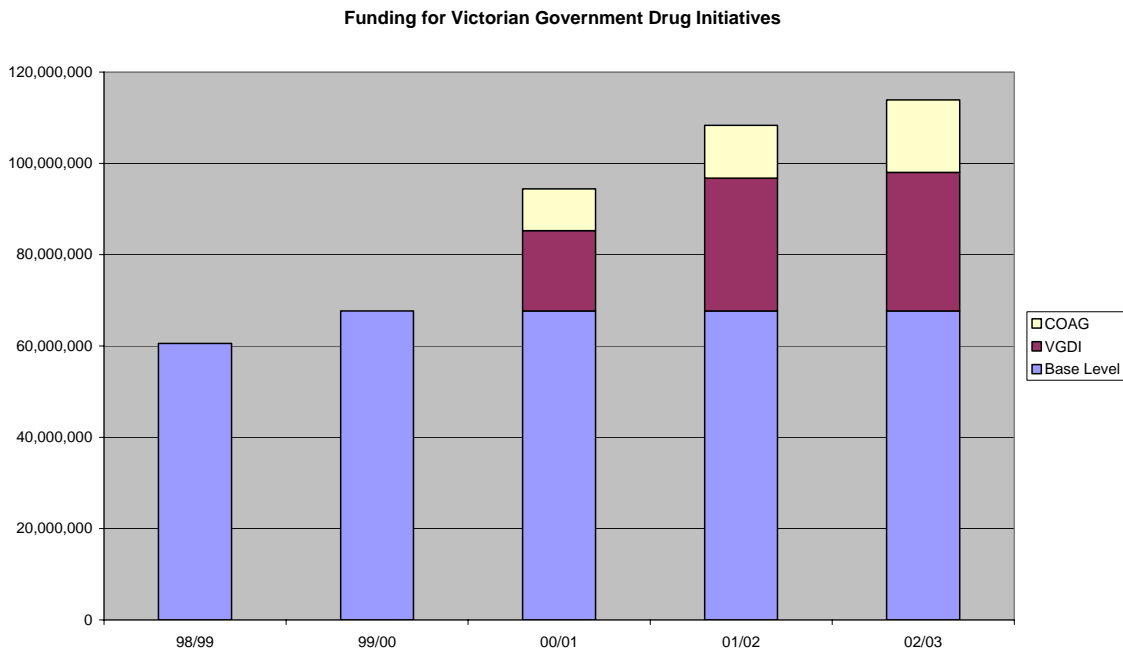


Figure 1: VGDI funding in context of overall Victorian drug strategy

The aim of VGDI is to significantly enhance efforts to save lives and address drug misuse. Government allocated \$77 million of new funding over three years from 2000/01 to 2002/03 with many of the initiatives continuing on into 2003/04. The initiatives include a range of services and projects to enhance and expand the State's drug services system.

VGDI took a whole of community approach and comprised the following major strategies:

- Prevention;
- Treatment, Rehabilitation and Support;
- Savings Lives and Local Drug Strategies;
- Managing Offending Behaviour; and
- Research and development.

The following diagram provides an overview of the core components of each of these strategies. This conceptual view of VGDI was developed by the evaluators in consultation with key stakeholders to provide a program framework for use in the evaluation.

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Victorian Government Drug Initiative				
Aim	An enhancement and innovation program to save lives and reduce drug related harm			
Policy Area	Prevention	Treatment, Rehabilitation & Support	Saving Lives and Local Drug Strategies	Managing Offending Behaviour
Components	<ul style="list-style-type: none"> • Community Strengthening • Drug Education & Support – Targeted Initiatives • Drug Education & Support – Broader Community • Strategic Approach to Prevention 	<ul style="list-style-type: none"> • Services for Young People • Enhancing Drug Treatment Services • Services for Families of Drug Users 	<ul style="list-style-type: none"> • Primary Care Services & Support • Community Strengthening • Management of Public Space • Service Linkages • Enforcement – Specialist training for SOG 	<ul style="list-style-type: none"> • Enforcement – See Saving Lives • Courts - Drug Courts & Youth Diversion • Corrections – Prison Drug Strategy, Expanded Prison Methadone and Bridging the Gap Prisoner Transitional Support
Policy, Research & Development				

Figure 2: Overview of VGDI program

1.2.2 Funding allocation across strategies

Of the \$77 million allocated for VGDI, approximately \$58 million was allocated in the first year of funding and a further \$19 million in the second and third years of the program. The following chart illustrates the distribution of funding across the five Strategy areas.

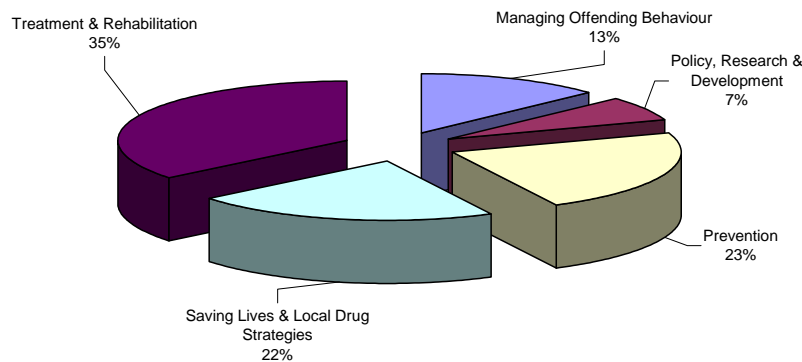


Figure 3: Distribution of VGDI investment across its five strategies

Many projects used additional funds from other sources including their own resources, the Commonwealth Government and in-kind support from other government and non-government organisations. For example, the media provided additional promotion of the Community Education campaign worth approximately \$1 million.

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1.2.3 Features of VGDI

VGDI incorporates a number of important features including:

- investment in a focused and comprehensive prevention strategy;
- expansion of existing treatment services to fill gaps within the existing service system and notably, additional services in rural areas and new services for specific priority groups (e.g. youth);
- new and innovative treatment services to complement existing services;
- integration of alcohol and drug services into the community sector including, local government and community health;
- engagement of the community to enhance its capacity to respond to local drug issues;
- engagement of high-risk drug users in their local environment to reduce risk of serious harmful effects of drugs;
- a focus on vulnerable and at-risk individuals and communities including offenders and homeless persons, and indigenous and culturally diverse groups;
- an emphasis on reintegration of drug users into the community that DPEC had stated was the “missing link” in the drug strategy; and
- expanded investment in research and development that would support decision making such as evaluation, best practice research, and workforce development.

The major focal points of each of the five Strategy areas are as follows:

1. Prevention - a combination of broad based best practice initiatives targeting ‘at risk’ individuals. It focuses on enhancing community capacity to be engaged in, or undertake prevention activities.

Specific projects include:

- community awareness campaign;
- community strengthening through local municipalities;
- initiatives targeting specific at risk groups; and
- establishment of an overarching body to develop a strategic approach to prevention involving research on best practices and evaluation of existing services.

Broad objectives are to:

- enhance the capacity of local communities to respond to drug issues;
- increase targeted communities’ awareness and understanding of drug issues to encourage change in behaviour and reduce harm;
- increase awareness and understanding of drug issues amongst young people and their parents and increase help sought by young people and their families; and
- develop a more informed and strategic approach to drug prevention in Victoria.

2. Treatment, Rehabilitation and Support – a combination of residential and primary care services including:

- extension and enhancement of existing programs;
- new and innovative drug treatment services;
- integrating alcohol and drug services with other community services; and
- creating linkages between services to provide a more integrated and comprehensive service system.

The specific projects focus on the needs of young people, families of drug users and individuals who previously had difficulty entering or engaging with the service system and improving access in rural areas.

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Broad objectives are to:

- increase access to appropriate services and improve links between existing treatment services;
- increase access to appropriate drug treatment programs that meet the particular needs of young people; and
- increase access to support services that meet the needs of parents and families of people with a drug problem.

3. Saving Lives and Local Drug Strategies – emphasises early intervention and harm minimisation amongst injecting drug users through the provision of mobile primary health and overdose response services. It involves the engagement of and support for specific local communities to more effectively address the most severe effects of drug use. Initially established to address the significant increases in heroin deaths, this area was broadened to cover other drug use that has associated high-risk of harm.

Broad objectives are to:

- increase access by drug users to appropriate treatment services that meet the needs of individuals and their families;
- increase the capacity and capability of local communities to respond to drug related issues;
- improve community amenity, safety and capacity to respond to local drug related issues; and
- increase awareness, networks and working relationships amongst primary health, rehabilitation and support services for high-risk drug users.

4. Managing Offending Behaviour – a combination of innovative and enhancement strategies designed to respond to drug related issues in accordance with harm minimisation principles by:

- police in dealing with drug affected individuals;
- courts in diverting and sentencing young drug related offenders; and
- corrections in administering appropriate drug treatment and rehabilitation services to prisoners.

Broad objectives are to:

- enhance the capacity of Special Operations Group to respond to critical incidents involving drug affected people;
- increase the number of offenders diverted into assessment, drug education and treatment programs and reduce the number of recidivist drug offenders appearing before the courts; and
- increase support to individuals to reduce future drug use, to improve rehabilitation prospects and reduce drug related incidents in prisons.

5. Research and development – an essential component of VGDI with particular emphasis on workforce development, agency accreditation, information and knowledge management and legislative reviews.

1.3 Evaluation methodology

The evaluation comprised three levels that are illustrated in the following diagram and summarised in the text that follows:

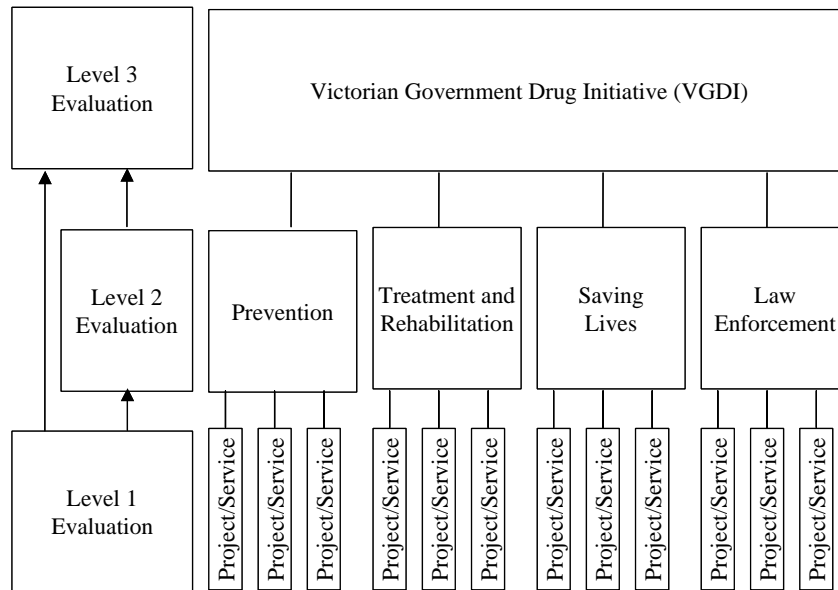


Figure 4: Overview of evaluation design

Level 1: assessed the contribution of individual projects to the objectives of the VGDI across the five major Strategy areas and involved the collection and analysis of project level data including:

- a review of documentation for each of the 76 VGDI projects;
- a purpose-designed survey of the agencies responsible for these projects (125 surveys); and
- examination of independent evaluations of individual projects.

Level 2: Involved stakeholder interviewers, industry forums and an examination of existing databases. These data sources were then synthesised with Level 1 data to assess the extent to which VGDI achieved its objectives across each of the five major Strategy areas.

Level 3: Consisted of an analysis of time series trends to identify evidence of VGDI impacts on key system wide indicators.

The following sections discuss the findings of the evaluation.

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1.4 Evaluation findings

1.4.1 Overview

Effectiveness of VGDI: VGDI is effective in addressing its specific objectives and in making a contribution to the Victorian Government's performance targets for the whole of Government drug strategy. In particular:

- it addresses all identified strategic policy issues;
- funds have been invested in line with DPEC advice;
- VGDI uses strategies that have been proven to work and incorporated a range of developmental and innovative strategies;
- many projects have been implemented in accordance with available evidence - some have been adapted to deal with drugs replacing heroin;
- local strategies have evolved and been adapted to meet changing need;
- services have addressed a range of constraints such as:
 - shortages of skilled staff;
 - slow development of infrastructure;
 - underestimate of effort required to establish and sustain linkages; and
 - unexpected resistance from some referral agencies.
- despite these constraints, most services had been in operation by the end of year 1 and reached planned levels of output by the second year.

There is considerable progress in achieving the specific objectives of each Strategy area:

- increasing access to services relevant to the needs of individuals;
- strengthening and extending collaborative arrangements within and across the various government and non-government service sectors;
- increasing the level of engagement of high-risk drug users;
- increasing the level of engagement of vulnerable groups within the community;
- integrating alcohol and drug services within the broader community services sector;
- enhancing local capacity to respond to local drug issues;
- establishing a prevention focus that complements detection and treatment programs; and
- enhancing decision making capacity through improved knowledge, information management and expertise in drug strategy development.

Available data and the time frame for many of these activities do not allow quantification of the effects nor allow a conclusive assessment of the longer-term impacts on drug use and drug related harm. There are some indicators that suggest that these achievements are having the desired longer-term impact:

- reductions in drug use in prisons as measured by drugs detected in urine samples;
- reductions in waiting times for drug users to access proven therapies;
- increases in number of new people in treatment programs;
- increases in high-risk users participating in targeted risk reduction activities; and
- proportional increases in participation of some vulnerable groups in treatment programs.

Broader benefits of VGDI: there is qualitative evidence of the broader benefits of VGDI particularly health benefits for individuals, social benefits for communities and economic benefits for the service system. Available data however, do not allow conclusive assessment of the extent to which these benefits in total are greater than the investment.

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The following summarises these evaluation findings.

Table 1: Summary assessment of VGDI against evaluation assessment criteria

VGDI Strategy Area	Strength of evidence base	Investment Mix	Policy Congruence	Contribution to VGDI Objectives	Broader Impact
Prevention 23% of funding	√	√√√	√√√	√	√
Saving Lives and Local Strategies: 22% of total funding	√	√√√	√√√	√√	√√
Treatment and Rehabilitation: 35% of total funding	√√	√√√	√√√	√√	√√
Managing Offending Behaviour: 13% of total funding	√√	√√√	√√√	√√	√√
Research Development: 7% of funding	Not applicable	√√√	√√√	Not applicable	Not applicable

X - none

√ - some

√√ - moderate

√√√ - extensive

The remainder of the executive summary presents the evaluation findings against each of the evaluation criteria shown in the table above.

1.4.2 Evidentiary basis for VGDI

One of the strengths of VGDI is the extent to which its core components are grounded in empirically validated strategies. Other aspects of the program contain innovative and developmental strategies. This mix is appropriate and was advocated by DPEC.

Over half the VGDI service delivery initiatives used models based on direct evidence of their efficacy, a quarter were based on informed/expert opinion, and the remainder used evidence that was generalised from a different context.

Prevention initiatives were largely based on available research on best practice; i.e. they reflect sound theory but have yet to be empirically validated.

1.4.3 Impact on overall investment mix

There is almost total alignment between the investment mix adopted by VGDI and Government's policy priorities, namely a significant increase in funding allocated to prevention activities, expansion of treatment, specific investment in 'saving lives', and investment in supporting research and development projects. Nearly all available funds were allocated (99%) and 91% had been expended at June 2003. The extent of expenditure varied from 62% of funding allocated to Research and Develop projects to a slight over expenditure in the Saving Lives Strategy area.

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1.4.4 Congruency with policy

VGDI is largely congruent with policy priorities and the strategic intent of DPEC with a focus on:

- new and innovative services together with an extension of existing services;
- targeting high-risk groups and individuals;
- encouraging linkages between service providers;
- ensuring strategies are consistent with the principle of harm minimisation; and
- working with the community.

Consequently, VGDI achieves the balance in strategy mix that DPEC strongly advocated and that was supported by the Victorian Government. This is demonstrated by a greater focus on primary prevention, engaging the community to identify local solutions, and increasing the capacity of the community to respond to local matters. It also changed the mix of treatment services with an increased focus on community based treatment and support services and achieved a level of integration of alcohol and drug services with the broader community services sector.

1.4.5 Achievement of objectives – process outcomes and impacts

VGDI has made substantial progress in achieving its objectives. It implemented a comprehensive set of initiatives in a relatively short time frame. These achievements have been attained in a difficult and complex environment that impacted on VGDI outcomes. They provide a solid platform for service agencies to enhance performance and for the Victorian Government to achieve its strategic aims.

1.4.5.1 Process outcomes

VGDI implemented a comprehensive and balanced set of strategies in a relatively short time period. The program was rapidly developed with a significant allocation of funds in the first year of operation (\$58m). The efficiency and speed with which VGDI was developed and implemented contributed to the timely commencement of some initiatives and enabled implementation of other services that required long-term infrastructure development.

VGDI involves a large number of non-government organisations and individual communities, many of who had little or no prior relationship with the Department of Human Services (DHS). This was an important outcome in its own right. The two principal Departments responsible for much of program delivery (Justice and Human Services), mobilised a considerably enhanced drug service response necessary to address rapidly changing patterns of drug use as a result of VGDI.

Most projects were implemented in accordance with the evidence underpinning their service models. Some agencies demonstrated appropriate flexibility and altered their focus and service operations because of the significant change in drug usage patterns that resulted from the interruption in heroin supply at the commencement of VGDI. This required service level agreements to be renegotiated with the DHS. In some cases, it required changes in the roles of staff and linkages with other service providers.

Some organisations have experienced:

- difficulties in recruiting appropriately skilled staff;
- delays in establishment of infrastructure that in some cases limited the scope of services;
- underestimation of the effort required to establish and sustain linkages and partnerships that were critical to program operations; and
- unexpected resistance from some referral agencies (both those that acted as referrals to the service and those to whom the project was making client referrals to), this partly came about because of a lack of understanding of the newly established services amongst existing services.

Notwithstanding these difficulties, the majority of services reached operational peaks by the second year of funding.

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1.4.5.2 VGDI Impacts

The following summarises the impacts of VGDI across each of the five Strategy areas followed by a table for each Strategy area.

Prevention Strategy

The Prevention strategy has had a number of important impacts that have the potential to reduce harm as follows:

- **Engagement of 'hard to get to drug users'**: it has been successful in targeting and reaching high-risk drug users through an innovative education campaign that has resulted in a significant increase in the number of such people using a telephone support service with many being referred onto other parts of the drug response system. Further, it has increased the ability of injecting drug users to self manage high-risk drug use incidents.
- **Community strengthening and engagement**: it has enhanced the capacity of targeted communities to respond to specific local issues and to strengthen existing networks with a range of local service and community agencies. Additionally, it has enhanced the capacity of communities to successfully reintegrate former drug users into a nondrug using culture.
- **Decision making capability**: has been enhanced through successful commissioning of a number of important research studies into best practice prevention and through the development of a set of tools that can be used for on-going monitoring and evaluation purposes.

The Prevention strategy has changed the orientation of the drug service response system in Victoria. It has provided a policy and program focus on primary prevention that has engaged the community in the process. In doing so, the drug response system has changed from having a dominant treatment focus (that incorporates preventative elements) to one that recognises the benefits from investment in primary prevention activities.

The Prevention strategy has enhanced the capacity of individuals, communities and organisations to further undertake preventive activities. It has involved over 100 communities and community groups, with over 80,000 individual participants. The ongoing success, sustainability and full realisation of the potential created from this additional prevention capacity, is the current challenge.

Treatment, Rehabilitation and Support Strategy

VGDI has improved access to relevant treatment and support services that contributed to the substantial reduction in waiting times. There has been a 72% reduction in waiting times for all treatment types since 1999-00, with all drug withdrawal services having waiting times under 10 days. This was been achieved through increasing availability of existing service types, establishing new services previously not available, improving referral linkages to treatment agencies and increased engagement of high-risk drug users. The treatment strategy comprises 21 distinct initiatives involving over 125 agencies delivering approximately 5900 courses of treatment to over 4000 individuals.

Specifically, the VGDI has:

- **enhanced access** - it has extended relevant services into **rural areas**, and made existing service types such as pharmacotherapies, available from a larger number of providers;
- **established new service models** - that are more relevant to target groups (youth, homeless and parents);
- **developed innovative models** of service delivery to better meet the needs of clients, for example the Gippsland Rural initiative which brought services together and delivered them through hospital based beds; and
- **it has enhanced service integration** by incorporating alcohol and drug services into other community based services, eg by delivering pharmacotherapy services through General Practitioners and Community Health Centres; and through the funding of projects such as the 'Homeless Persons Support Service' which has brought together three Crisis Support Accommodation Services to deliver services that link drug using homeless people to appropriate treatment services.

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These developments provide the opportunity to further enhance the service system through consolidation of service models, improving linkages between service providers and further integration of the service system.

Saving Lives Strategy

The Saving Lives Strategy addresses its specific objectives by:

- **increasing engagement of ‘hard to reach drug users’** that has resulted in clients being referred to health and specialised alcohol and drug services, social support services and participating in risk reduction education activities;
- **increasing access** to services that has provided clients with critical support whilst waiting for placement within a treatment program and providing clients with greater support during treatment that was critical to treatment retention.
- **improving service linkages** with a range of health, community and other human service agencies that has resulted in expansion of service availability, more appropriate response to managing drug users in public and improved use of existing resources; and
- **increasing engagement of the community** in addressing local drug issues that has provided community groups with information on drug issues that was accessible locally and a pathway to becoming involved in local strategies.

The Savings Lives Strategy is a key component of the overall VGDI strategy. The pre-existing service system had insufficient capacity and specialised capability to respond to high-risk drug use incidents or engage street based drug users and drug users who traditionally did not use mainstream health or alcohol and drug services. Saving Lives initiatives have included approximately 40 communities and municipalities, delivering services to over 11,000 clients. These achievements are important developments as they enable the service system to be more responsive to rapidly changing local drug usage patterns. There is however, opportunity and the need to achieve a better balance between diversity and flexibility of local response with improved efficiency in service delivery.

Managing Offending Behaviour Strategy

The Managing Offending Behaviour strategy has developed a range of initiatives that fill gaps within the pre-existing system and contributed to an improved response to drug related issues amongst the target population at various points throughout the criminal justice system. Initiatives in this category have delivered over 13,000 additional health education, harm minimisation, treatment and post release occasions of service. These projects demonstrate significant achievements in progressing harm minimisation in the Corrections system and enhancing its capacity to meet the alcohol and drug related health needs of the prison population and to improve social determinants which impact upon the health and welfare of releasees.

The principal outcomes are as follows:

- the Children’s Court Clinic **enhances the knowledge and resources** available to Magistrates to make informed decisions on the diversion of youth into treatment and it created the capacity to divert youth into a clinically-based psychological treatment service;
- **enhanced continuity of care for offenders**; commencing with CHAD Nurses in police cells which has increased and improved services to drug-dependent offenders in police cells; expanded opioid substitution therapy programs within prisons; and through ‘Bridging the Gap’, the largest and longest running post-release support program in Australia, considerably enhances post release support services available to released offenders; and
- **enhanced inter-sectoral linkages and collaboration** between Corrections and DHS that provides the opportunity for the development of integrated and coordinated alcohol and drug treatment service for target groups at highest risk of drug related harm and highest need for alcohol and drug treatment.

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The service models continue to evolve. In many cases there is an opportunity to refine the models and services to enhance their effects. Strategies required to achieve this include consolidating linkages with external community service agencies that have a critical role in supporting offenders once released from prison.

Research and Development Strategy

VGDI undertook a number of important research and development initiatives that will provide longer-term value, including:

- **enhancing the skills of the alcohol and drug workforce** through an assessment of their skills and competencies compared to national standards that will enable individual staff to obtain priority training;
- **assisting service agencies** to become accredited through a structured program that allows those agencies to identify areas where they need to meet national standards; and
- **improving the availability of information and knowledge** to support policy development including the development of a demand forecasting model and the development of a strategy to improve data management and dissemination of data to agencies and other interested organisations and individuals such as through the drug information clearing house.

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Strategy Area: Prevention			
<p>Funding and Expenditure: \$17,523,970 (23% of total VGDI funding) of which \$16,206,037 has been expended.</p> <p>Evidentiary basis: literature based, drawing predominantly from informed views and systematic analysis of strategies from other social issue contexts.</p> <p>Policy congruency: Meets key policy requirements as follows; Strategic approach to investment – extensive use of available evidence to inform broad approach and in setting priorities; Emphasis on community engagement in prevention – extensive funding of community development activities; and Targeting at-risk individuals and groups – education campaigns successful in penetrating targeted at-risk youth and community strengthening strategies focused on community risk factors.</p> <p>Process outcomes: All but four of the 17 initiatives were fully developed and implemented with nearly all producing the expected outputs. There has been considerable delay in the remaining four initiatives.</p>			
Component	Expected Impact	Output summary	Impact summary
Community Strengthening	Increased community capability to identify and respond to local drug issues.	Partnerships, action plans and leadership training completed in all targeted communities.	Based on research evidence, all activities have the potential to impact on drug related harm within the targeted communities.
Drug Education and support – targeted initiatives	Raised awareness of drug and alcohol issues, where to get help and reduced harm associated with problematic drug use amongst targeted at-risk groups.	Training and education delivered to targeted audience (IDUs and Alcohol and Other Drug (AOD) workers); and best practice demonstration projects undertaken.	Participants’ ability to respond to overdose incidents enhanced with self-reporting of harm minimisation benefits.
Drug Education and support – Broader community	Raised awareness of drug and alcohol issues, where to get help and increased rates of access to services by broader community with a focus on young adults & their parents.	Calls for assistance increased by half of what was expected and funded. Use of drug information resources exceeded expectation.	Campaign reached target audience resulting in significant increase in targeted at-risk individuals seeking assistance.
Informed and strategic approach to prevention	Increased understanding of effectiveness of current prevention practices and existence of benchmarks and standards for future development.	All but two of the commissioned projects completed their tasks and produced their expected resource outputs with one having been deemed by professional peers as best practice.	The commissioned work was used to inform VGDI investment in prevention initiatives and provided a structured basis for evaluation and monitoring.

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Strategy Area: Treatment, Rehabilitation and Support			
<p>Funding and Expenditure: \$27,376,823 (35% of total VGDI funding) of which \$25,413,423 has been expended. Evidentiary basis: Mix of literature based and informed expert opinion and wisdom in the field. Policy congruency: Meets key policy requirements as follows; Services were enhanced through: increasing access to pharmacotherapy treatments and services that actively sought to increase linkages across the service system (eg Post Withdrawal linkage service, Homeless persons Support Services). Projects actively targeted an increase in a range of services to youth, rural communities, and vulnerable groups such as Homeless drug users and drug users with mental health issues. Introduced and/or enhanced services that targeted the supporting and informing of the families, carers and friends of drug users.</p>			
Component	Expected Impact	Output summary	Impact summary
Enhancing Drug Treatment Services	Increased capacity and access and collaboration between services.	Whilst there were some problems with accessing appropriate data, in most cases it was clear that capacity and access for clients had increased. Improved collaboration and linkages between services and agencies was reported for a number of these projects.	Delays in start up affected some of the services however did not prevent them from achieving satisfactory results such as meeting and exceeding target EOCs and reporting client indicators such as improved quality of life, health, program retention, greater accommodation stability and client satisfaction.
Services for Young People	Increased capacity and access to services for treatment and rehabilitation of youth.	Some services not fully operational in first year. Once operational some services exceeded target EOCs and in the case of the Youth Consultants was also able to provide 675 non-EOC measures (secondary consultations).	Access for young people has improved with a reduction in waiting times for some services such as residential withdrawal. Anecdotal reports of improved physical and mental health, increased stability and reduced drug use problems.
Services for Families of Drug Users	Increased range of support programs and self-help services.	These projects broadened the range of services available to families and reached a number of families through their services. The Family Drug Help line, for example, received 6000 calls over the three years, conducted 100 information sessions, established 39 self help groups and established a help line staffed by volunteers.	Agencies found it difficult to achieve service levels due to parent's reluctance to participate in group work in many cases. For families who participated, or who used the service, anecdotal feedback was very positive with improved quality of life of drug users, reduced anxiety and increased family cohesion reported.

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Strategy Area: Saving Lives			
<p>Funding and Expenditure: \$16,553,429 (22% of total VGDI funding) of which \$16,744,564 has been expended.</p> <p>Evidentiary basis: strategies and support services based on models that have proven efficacious in broader health settings.</p> <p>Policy congruency: Meets key policy requirements as follows;</p> <p>Targeting high-risk individuals – engaged at-risk users who traditionally do not use mainstream services;</p> <p>Targeting at-risk communities – engaged communities identified as having emerging drug problems;</p> <p>Direct ‘intervention’ – established primary care support services to respond to urgent and crisis needs of users to reduce the potential for serious harm;</p> <p>Community engagement – services established locally through community based organisations to achieve local integration.</p> <p>Process outcomes: Nearly 90% of agencies reported having implemented their service/project operations to a satisfactory level and approximately 80% reported having implemented their operational models in accordance with the evidence underpinning their model.</p>			
Component	Expected Impact	Output summary	Impact summary
Primary care services and support	Increased engagement of and support to individuals to reduce risks and to increase participation in treatment programs.	Level of client engagement largely consistent with expectation, although there was a need to broaden client targeting due to change in street injecting patterns.	Engagement of clients in formal treatment (Episodes of care) less than expected due to initial operational delays and due to the need for modification of operations arising from change in drug usage patterns. Qualitative evidence of improved access to appropriate health care services, reduced harm risks, and increase in referrals to relevant alcohol and drug services.
Community Strengthening	Increased capability to identify and respond to local drug issues.	Establishment of partnerships and networks in all targeted communities.	Based on researched evidence, activities have the potential to impact on drug related harm within the targeted communities.
Management of public space	Increased actual and perceived public safety and reduced incidence of public nuisance amongst affected local communities.	Over 500 community education activities undertaken within targeted communities and direct intervention in 550 street drug use incidents.	Mostly anecdotal information on reduced street incidents with an expectation that this increase public safety.
Service linkages	Increased collaboration amongst primary health, treatment and support services for high-risk drug users.	New linkages and partnerships established in all initiatives with health, social and other community service agencies.	Other agencies provided considerable in kind support and enhanced referral mechanisms for clients enabling smoother transition across the service system.

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Strategy Area: Managing Offending Behaviour

Funding and Expenditure: \$9,888,466 (13% of total VGDI funding) of which \$7,793,684 has been expended.

Evidentiary basis: all initiatives were based on evidence of various forms, with those strategies that accounted for the majority of investment, namely diversion and reintegration strategies, based on reasonable level of evidence of program efficacy.

Policy congruency: Meets key policy requirements as follows;

Paradigm shift – The adoption of harm minimisation as an underlying principle in the Prison Drug Strategy and is exemplified by the CHAD nurses initiative and the expansion of the Prison Opioid Substitution Therapy to those identified as being at high-risk;

A focus on reintegration – Bridging the Gap post release service sought to significantly enhance the prospects of reintegration upon release from prison;

Reducing the drug supply – various components of the Strategy aimed to increase the capacity to detect drugs in prison; and

Greater focus on social determinants - Bridging the Gap post release service specifically targeted a series of physical, practical, social and health issues facing individuals upon release from prison. The project recognises the complex nature of problems faced by drug-related offenders and the need for a range of physical, social and health needs to be met in order to support individuals to seek treatment in the community and ultimately reduce recidivism.

Process outcomes: All initiatives were fully operational although not all had met their expected output targets due to change in operational model; expansion of 'downstream' prison capacity; or lower take up rate of diversion options.

Component	Expected Impact	Output summary	Impact summary
Courts	Increase in offender take-up of diversion opportunities.	The delay in project commencement with modification of program delivery to meet the needs of particular target groups and difficulty recruiting appropriately skilled staff has hampered the level of access to the project resulting in a lower than expected take up rate.	While specific data is currently not available, the efficacy of diversion programs has been established in local and overseas literature.
Enforcement	Enhanced capability of Special Operations Group in responding to critical incidents involving drug-affected people.	Construction of training facility enhanced ability of SOG to safely arrest members of the community affected by drugs/alcohol/mental illness.	Enhanced abilities of the SOG assisted in maintaining a safe immediate environment for persons in the community at risk. The training facility has become noted by other Australian Tactical Units seeking the facility plans and model.
Corrections	Increased access to and usage of methadone treatment, post-release and transitional support by prison community. Decreased drug use and drug related incidents in prisons.	39.4% increase in the number of enrolments in prison based drug treatment programs. 354 prisoners engaged in intensive pre & post release service (47% of anticipated, but 88% of revised figures). 223 prisoners provided daily opioid substitution treatment, however, initiative did not reach expected level of output due to infrastructure needs delaying commencement.	Substantial change occurred in critical performance indicators across the various initiatives including: Identified Drug User status decreased by 28.6%; Positive urine tests reduced from 6.3% in 1997/98 to 3.2% in 2001/02; 54% increase in the no. of prisoners receiving methadone and buprenorphine maintenance.

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Strategy Area: Research and Development

Funding and Expenditure: \$5,198,000 (7% of VGDI funding) of which \$3,205,080 has been expended.

Evidentiary basis: not applicable.

Policy congruency: Meets key policy requirements as follows:

Workforce development; and

Enhance knowledge and information as a basis for decision making.

Process outcomes: most projects are at different stages of development with funding carried over into 2003/04.

Impacts: Investment in research and development is a necessary aspect of strategy development. The specific areas of investment are critical aspects of an on-going effective strategy and service provision. Given the developmental state of most initiatives, it is too early to determine actual impact.

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1.4.6 Contribution to Government’s overall drug strategy

VGDI is a core component of the Victorian Government’s ongoing response to the drug problem.

It complements the wider range of policies and strategies in place to address drug issues. It contributes to the overall effort in meeting the performance targets set by Victorian Government for the agencies responsible for the overall drug strategy (Education, Justice, Human Services, Victorian Police) as follows:

Table 2: VGDI contribution to whole of government drug performance targets

Performance Target	Achievement	VGDI Contribution
To provide 800 treatment beds by 2003	805 Rehabilitation and Withdrawal, Alcohol and Drug Supported Accommodation beds were available by July 2003. This has resulted in bed numbers almost doubling since 1999-00 (373 beds).	VGDI funded 114 of the 373 additional beds.
7,000 offenders diverted from the criminal justice system into drug education and treatment over three years	Between November 2000 and September 2003 over 7,600 people have been diverted from the criminal justice system into drug treatment and education. Many of these people are engaging in the drug treatment service system for the first time.	Up to June 2003, the VGDI funded one drug diversion initiative in the Children’s Court. This program diverted 109 juvenile offenders from the criminal justice system into drug education and treatment. The VGDI also significantly expanded treatment services within correctional facilities and expanded services to reintegrate offenders back into the community.
At least 50% of seriously dependent heroin users will be linked to drug treatment a year	52% of an estimated 28,000 seriously dependent heroin users have been linked to treatment.	VGDI funded initiatives provided services to over 770 people who had not been in a treatment program in the prior 12 months and provided services to an additional 1900 users who were already active in a treatment program.
Waiting times for all drug withdrawal and detoxification services cut to less than 10 days	There has been a 72% reduction in waiting times for all treatment types since 1999-00. Waiting times to access withdrawal services are under 10 days.	VGDI increased the availability of treatment services, primary care and residential services in rural and urban areas particularly for vulnerable groups and thus contributed to the reduction in waiting times.
Every Government School will have an effective drug education program	All government schools and 80% of non-government schools have implemented broad drug education curricula and student welfare programs.	VGDI was not designed to provide any additional resources to school education strategies. Some community based strategies did however work with schools as part of their local strategies.

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1.5 Implications for future policy and program development

There are a number of implications that arise from the operational experiences across VGDI initiatives. Changes to such complex social phenomenon require not only sophisticated and comprehensive strategies, such as that utilised in VGDI, they also require maintenance over long periods of time for their full effect and benefit to be achieved.

It is indisputable that the nature of the drug problem will continue to change. In view of this, future services need to be:

- established and funded in a way that enable them to respond and adapt to the changing nature of the drug problem; and
- broader based rather than narrowly prescribed service models that are more adept to having such flexibility.

Overall priorities should be described more in terms of the underlying characteristics of the drug problem rather than just in terms of the prevailing manifestation of the drug problem.

There are aspects of the program that would benefit from further development. In particular, a need has been identified for a clearer articulation of a systems oriented approach to planning and implementation of new investments in drug response services. While such an approach may be an integral aspect of VGDI, it is important to acknowledge that crucial aspects of its design and implementation were not always evident to those involved on the ground. This suggests that the program requires better dissemination and promotion. This would address the clear need for greater explication of the design and operationalisation of the VGDI. Like many complex strategies it comprises more than the sum of its component parts, and the over-arching strategy may only evident to relatively few who are centrally involved.

At a more mechanistic level, there is evidence of the need for improved integration and coordination at local and state-wide levels; and overall consolidation of treatment services. Given the speed with which VGDI was developed and implemented, and the complexity of the strategy, it is to be expected that this next level of development still needs further refinement. However, it is also noted that without the significant advances achieved through VGDI, the need for improved integration and coordination would be less of an imperative.

The specific implications that arise from VGDI are as follows.

1.5.1 Strategy integration

The initiatives funded by VGDI are important components of the overall drug strategy. They are funded and managed as distinct aspects of the drug service response system but are integral to the effectiveness of the system as a whole.

There is now an opportunity to consolidate the resultant services as part of an overarching drug strategy. This will require the following to be addressed:

- the development of an overarching strategy framework and strategy document that incorporates:
 - i. a clear vision for the alcohol and drug service system covering all dimensions (prevention, treatment, saving lives and local drug strategies, managing offending behaviour and research and development);
 - ii. the conceptual framework underpinning the overarching strategy; and
 - iii. broad aims, explicit achievable objectives and clarification on how current strategies set out to achieve these objectives.
- further integration of services both organisationally and with broad based community services;
- an evaluation and reporting framework for the Strategy and tool kits that provide guidance for individual initiatives for on-going self-evaluation and external accountability; and

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- a communication strategy to ensure that all stakeholders have an adequate understanding of the overarching strategy and of its conceptual underpinning and that clarifies the role of new services and relationships with existing services.

1.5.2 Service models and service integration

A number of new treatment service models have evolved that complement existing service models. There is an opportunity to further enhance the service system by consolidating the various models, integrating services and refining the configuration of the service system. This will require the following matters to be considered:

- opportunities to consolidate the range of service models that have emerged based on any overlap between models, their strengths and weaknesses and the conditions under which they are optimal;
- ensuring that service models are sufficiently flexible to be able to adapt to changing drug usage patterns and that service level agreements with funded agencies are sufficiently flexible to accommodate the reality of a dynamic drug problem; and
- merging or integrating services that have a similar focus with complementary roles to ensure that clients have access to a seamless services.

1.5.3 Program development and funding

There are a number of important lessons that arise from the experiences of VGDI that would assist with any future development of a similar scale program. These are:

- the inclusion of strategies that enable agencies participating in related initiatives to work together during planning phases and to share knowledge of their experiences during development and implementation phases;
- having an explicit strategy that would assist funded agencies in their endeavours to build partnerships and collaboration with existing service agencies particularly where there are critical dependencies with those agencies and the new initiatives;
- assessing the impact that new initiatives may have on the demand for services from other agencies; and
- priority be given to projects that are achievable within the set timeframe and where the absence of continuing funding will not undermine the potential benefit from the funding.

1.5.4 Workforce

VGDI has implemented a number of innovative service models, that together with the expansion of existing services have important implications for the future workforce that need to be considered in the development of a workforce strategy. These are:

- the diversity of skills required of alcohol and drug workers given the dynamic nature of the drug use environment;
- the number of staff required to maintain services into the future; and
- flexibility in employment arrangements that enables services to more readily respond to the changing environment.

1.6 Concluding remarks

The VGDI set out to reduce drug related harm by addressing a number of shortcomings across the drug response service system. It approached this by implementing a comprehensive set of strategies that focused on prevention, treatment and support in the community and in the corrections system.

The VGDI represents the first major investment in a comprehensive prevention strategy that takes a whole of community approach engaging over 100 communities in a range of developmental initiatives. It was successful in developing the program in a relatively short period. It was also successful in targeting high-risk users and vulnerable groups within the community and in the corrections system.

The drug response service system has been enhanced as a result of VGDI with reduction in waiting times, greater availability and accessibility of relevant treatment and support services in rural and urban areas, and with greater capability to work with high-risk users to prevent harm.

While there is considerable qualitative evidence of the broader benefits of VGDI including social, health and economic benefits, available data do not enable conclusive assessment of the extent to which these benefits in total are greater than the additional investment.

Lessons that arise from VGDI with implications for future policy and program development include, the opportunity to further improve upon what has been created by VGDI to optimise the value from this investment. This will require VGDI to be integrated into the overall drug strategy so that treatment and support services can be consolidated and it will require the approach to community engagement to be integrated with other Government community development strategies that deal with a common set of social issues.

The VGDI has had to meet the challenges of a dynamic environment that saw significant changes in drug usage patterns in a short period of time. It demonstrates that the service system needs to remain flexible in its structure and service models, and must have the capacity to respond just as rapidly as the drug problem itself changes.