

Evaluation of the Drug Diversion Pilot Program

*A Report prepared for the Drugs and
Health Protection Services Branch,
Public Health Division,
Department of Human Services*

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Executive Summary

In June 1998, Victoria Police developed a proposal to extend the Cannabis Cautioning Program initiated in the previous year. The proposed extension was a similar cautioning program for users of other illicit drugs. A central feature of this Drug Diversion Pilot Program was to ensure people apprehended by the police would be linked with government-funded drug treatment services when they were apprehended. The program was a joint initiative of Victoria Police and the Victorian Department of Human Services.

Police District I began the program in September 1998 and District J joined from 1 December 1998. The pilot concluded officially on 1 May 1999. Sixty people were directed through the Drug Diversion Pilot Program during its eight-month pilot phase.

The average age of the program participants was 23 years. The youngest person was 13 years old and the oldest was 43 years old. Fifty per cent of the participants were 21 years old or younger. Seventy-eight per cent of the program's clients met the requirements of the caution, which was subsequently expiated.

Despite being new, the program has high levels of consistency with current academic trends, policies and practices addressing illicit drug use in this country and overseas. Victoria Police and the Department of Human Services have developed a range of programs that build on the policies of harm minimisation and emphasise health rather than exclusively focusing on criminal justice. The Drug Diversion Pilot Program is one of a number of such initiatives, and it builds on both normal policing functions and the work of existing drug treatment services.

The program received considerable support from all the people and groups involved in the pilot phase. It was seen as a timely and effective means of addressing issues of illicit drug use, health and policing. The program was a practical and strategic response to an often intractable problem.

Most police supported the program strongly. They had a positive attitude to promoting harm minimisation and addressing drug use and addiction as a health issue. The program's approach was seen as a step towards more enlightened policing, and as a practical solution to a difficult social problem. Most police saw the program as being worthwhile because it offered the opportunity for assessment, education and rehabilitation. The police were aware the program was likely to 'capture' only a small proportion of the population using illicit drugs; however, they felt it offered an alternative and useful strategy in their everyday policing. The number of people eligible for the program could be expanded considerably by changing the current criterion—*No other drug-related offence involved or drug prior*—to omit the issue of a 'drug prior' and thus add people with a previous drug offence to the target group.

The general response of drug treatment services to this program was similarly supportive. They saw the program as being a timely and necessary response to the issue of illicit drug use, recognising that the program is a major step in refocusing the issue away from criminal justice towards the health and welfare of drug users. The services welcomed the links with police and perceived the program as a way of redefining this relationship in a way that has benefits for other programs.

Problems with the pilot tended to be administrative, reflecting that it was a new program with new protocols and procedures. Most agencies in the study confused the police's expiation of the caution with the nature of the assessment and treatment the program could provide. For expiation of the caution, the program required clients to attend two sessions: an assessment and *the beginning* of an episode of care. The expiation had to occur at some point, which had to be somewhat arbitrary because clients require different types and lengths of treatment. One treatment session was considered to be an appropriate cut-off point because it meant the client was into the treatment regime.

However, most agencies and workers saw the assessment and episode of care for the client as being identical to the requirements for the expiation of the caution. They felt the program was only a two-session intervention. Some clients required more extensive services, but they were normally referred to other workers within the agency or to another agency entirely. A treatment plan may have been worked out with the client within the parameters of the program, but the treatment was implemented outside the program.

A major strength and feature of the program was timing. An appointment for assessment was made when the caution was given. This appointment was, at the most, five days after the caution. Then the first treatment session was within five days after the assessment. The short time between apprehension and treatment is extraordinary, and the Department of Human Services and the agencies should be congratulated.

The Alcohol and Other Drugs Council of Australia¹ identified principles of best practice for drug diversion programs. Using these as benchmarks against which to judge this program (table 1), the pilot was very effective.

1 Alcohol and Other Drugs Council of Australia 1996, *Best Practice in the Diversion of Alcohol and Other Drug Offenders*, Canberra.

Table 1: The Pilot—Meeting Principles of Best Practice in Drug Diversion Programs

Principle	Met	Comments
Shared philosophical principles of harm reduction within a social view of health	Yes	Senior police could receive further training.
A range of options for different types of offences and levels of drug use	Yes	The current program should be seen in the context of other diversion initiatives. Within the agencies, options exist for different types of treatment.
Coherent legislation across different jurisdictions	Yes	The program fits within existing police cautioning powers.
Planning that includes the major stakeholders	Yes	The planning partnership between Victoria Police, the Department of Human Services and funded agencies has been exemplary.
Clear and ongoing communication among stakeholders	Yes	There has been considerable formal and informal communication among stakeholders.
Information about the program.	Yes	The program could benefit from a more prominent profile among agency staff.
Clear definition of roles within the program	Partly	Agency staff require further training in the procedures of the program.
A client charter that guarantees procedural fairness and the right to choose between the diversion program or the criminal justice system	Partly	There was some evidence that clients were not given the option of participating in the program or that the conditions for participation were outside the stated procedures of the program.
A program that is accessible and available to people regardless of their background, age, gender, geographic location and main substance used	Yes	All drug treatment services across the State could take clients on the program.
Follow-up of those clients who need additional support services	Yes	Follow-up occurred but was normally done outside the program.
Training for those people administering the program	Partly	More formal and extensive training could be implemented.
Sufficient funding for the program on a three-year cycle	Yes	Agencies did not fully use the available funding.
Evaluation of the program to ensure it is meeting its objectives	Yes	A process evaluation was undertaken. It would be useful to undertake a summative evaluation in three or so years once the program has settled.

Any problems with the pilot occurred because the program was new. The people involved in implementing the program were not always familiar with the appropriate processes. Well-targeted training, simplified reporting procedures and increased numbers of participants would address most of these problems.

There would be considerable value in implementing the program across the State. The program is a practical response to addressing the health needs of people using illicit drugs. It meets independent benchmark criteria for best practice diversion programs. It is also flexible enough to accommodate the context in which the person is apprehended by police, and for the drug service agencies to design an appropriate treatment program for each client. The major recommended change to the current program is to expand the participation criteria to include people who already have a previous drug charge or conviction.

The evaluation makes a series of formal recommendations (listed below with their page number in this report). The recommendations concern the possible Statewide expansion of the program.

Recommendation 1 (page 19)

Victoria Police should 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.

Recommendation 2 (page 22)

The criteria should be expanded to include those people who have a 'drug prior'.

Recommendation 3 (page 25)

Victoria Police and the Department of Human Services should maintain a coordination role for the program at least until the program is implemented and settled.

Recommendation 4 (page 28)

The program should develop standardised data collection methods, and establish protocols among agencies to ensure an efficient flow of information about clients.

Recommendation 5 (page 29)

A range of strategies should be developed to ensure agencies understand that they are required to provide an episode of care and that the two-session expiation of the caution is the minimum. The strategies should include the development of a program profile, further written material and training.

Recommendation 6 (page 33)

All clients should be allocated a universal number so they can be tracked through the program.

Recommendation 7 (page 54)

The program is a valuable addition to Victoria's existing responses to illicit drug use, and should be expanded across the State.

Recommendation 8 (page 54)

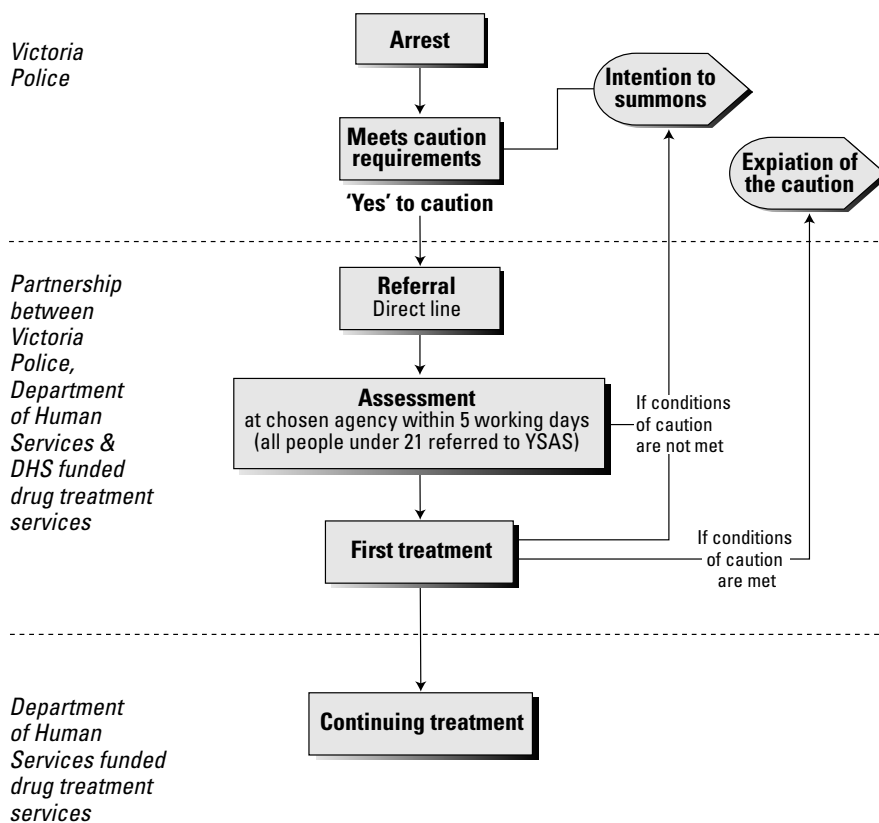
The Statewide implementation should ensure all key stakeholders understand the parameters and intention of the program.

Introduction

In June 1998, Victoria Police developed a proposal to extend the Cannabis Cautioning Program initiated in the previous year. The earlier program had proved successful in its initial stages and is now implemented across the State.

The proposed extension was a similar cautioning program for users of other illicit drugs. It was designed for adult and juvenile offenders. A central feature of the program was to ensure people apprehended by the police would be linked with government-funded drug treatment services. The program was therefore a joint initiative of Victoria Police and the Department of Human Services. The processes of the program are described in figure 1.

Figure 1: Processes of the Drug Diversion Pilot Program



The partnership between Victoria Police, the Department of Human Services and government-funded drug and alcohol agencies is an important feature of the program. It reflects a central shift in community attitudes and policing. Illicit drug use is seen less as a criminal justice issue and more as one of health. The significance of this shift in perception is central to the success of the program, but also highlights some tensions within the pilot phase. The relationship among the various stakeholders (figure 1) is used here as a framework to discuss some issues that emerged during this phase.

The partnership between Victoria Police, the Department of Human Services and government-funded drug and alcohol agencies is an important feature of the program.

The trial program was undertaken in Police District I from September 1998. It was extended in December that year to include District J. The pilot concluded in May 1999. District I stretches from Brunswick to Macedon in Melbourne's north west; District J incorporates the inner western suburbs of Footscray and Sunshine and stretches to Bacchus Marsh.

The specific objectives of the trial program were to:

- Test a system of cautioning for offenders detected for the use and/or possession of illicit drugs (other than cannabis) as defined in the *Drugs, Poisons and Controlled Substances Act 1981*.
- Test the criteria and procedures of the program under actual working conditions.
- Assess the drug referral capacity of the infrastructure within Victoria Police and the Department of Human Services.
- Assess the protocols necessary to ensure drug referrals occur efficiently and effectively.
- Assess the efficiency and effectiveness of the program in terms of training, administration and harm minimisation.
- Make recommendations on the possible Statewide implementation of the program.

A formal evaluation of the pilot program was undertaken between January and August 1999. This is the interim report of the evaluation.

Evaluation Method

The evaluation employed a variety of methods. It was important to place the program within a context, which was defined in three ways. First, the program was examined in relation to published literature from Australia and overseas. The program encountered and addressed many concerns and issues faced by other drug diversion programs.

Second, the program was grounded in the State-level context of the policies of Victoria Police and the Department of Human Services. Some national drug policies also informed the development and implementation of the program.

Third, similar programs within Australia were investigated. These included, for example, the Drug Aid and Assessment Panel which has been operating in South Australia for around 10 years, and the Cannabis Cautioning Program in Victoria.

Further, interviews were undertaken with the key stakeholders in the program. These included members of Victoria Police who were implementing the program within the two districts, Department of Human Services staff, and staff of the drug and alcohol agencies that assessed clients and delivered services. A small number of clients were also interviewed as a way of triangulating the responses of other stakeholders.

The program's interrelated components make it complex. Perceptions and understanding of the program depend on the party involved. Clients, for example, tend to see the operation of the program in ways that are different from, say, the police. The experiences and information needs of the various stakeholders determine the logical structure of the program—that is, how the components fit together. This report has 'mapped' the program in a variety of ways.

A detailed review was undertaken of the 60 clients on the program between September 1998 and May 1999. A profile of the clients was developed in terms of their age, the types of drug they were using, and the frequency and extent of their drug use. There was also an effort to track these people through the program after the expiration of their caution. The number of clients on the program was not huge (for reasons discussed later in the report) so, although aggregations can be made, they need to be viewed with some caution because subgroups are likely to be quite small. However, general trends can be shown. The aggregated data are supplemented by information gathered through interviews.

New programs are difficult enough to implement because procedures and processes need to be learned. An evaluation can be useful at this stage because it can clarify complex issues and bring together previously separate views. However, an evaluation does place the program under scrutiny when people are just getting used to new ways of working. Extra work is often a consequence. All people involved in the evaluation were unstinting in the time and effort they provided. Their responses to requests for information were timely, comprehensive and provided with good grace. Their support of the evaluation is gratefully acknowledged.

The Context of the Drug Diversion Pilot Program

One way to look at the development and initial impact of the program is to place it in a broader context. It is useful to look at the changing public policy context for dealing with illicit drug use at the national and State levels. It is also useful to examine the emergence of drug diversion programs as a means of changing from a criminal justice focus to a focus on health issues. Finally, it is demonstrated here how the program fits within a range of initiatives and approaches developed by Victoria Police.

Overall, despite being new, the program has high levels of coherence and consistency with current academic trends, policies and practices in this country and overseas.

Criminality to a Health Issue: The Changing Public Policy Surrounding the Use of Illicit Drugs

The issue of illicit drug use is a current and major issue for public debate. It continues to receive prominence in public policy and general publicity. There is a widespread perception that blanket prohibition is simplistic and unrealistic; for example, the Premier's Drug Advisory Council in Victoria argued:

Over the past two decades in Australia we have devoted increased resources to drug law enforcement, we have increased the penalties for drug trafficking and we have accepted increasing inroads on our civil liberties as part of the battle to curb the drug trade. All the evidence shows, however, not only that our law enforcement agencies have not succeeded in preventing the supply of illicit drugs to Australian markets, but that it is unrealistic to expect them to do so. If the present policy of prohibition is not working then it is time to give serious consideration to the alternatives, however radical they may seem.²

In the past two decades, Australian governments have developed various strategies, and committed significant resources, to address the burgeoning drug problem within Australia. Fourteen major inquiries into drug use in Australia were conducted between 1978 and 1998. However, these appear to have had little effect on reducing the availability of drugs, the harm caused by drugs, or drug use. Police and drug agencies indicate that illicit drugs such as heroin are more readily available at cheaper prices in Australia than ever before.

The Commonwealth Government instituted the *National Drug Strategic Framework 1998–99 to 2002–03* in November 1998. This framework encapsulates a broad range of strategic responses to the issue of drug supply and use. Its stated mission is to 'improve health, social and economic outcomes by preventing the uptake of harmful drug use and reducing the harmful effects of licit and illicit drugs in Australian

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² Premier's Drug Advisory Council 1996, *Drugs and Our Community—Highlights Summary*, Department of Premier and Cabinet, Melbourne.

The major features of the national strategy were the principle of harm minimisation and the promotion of partnerships.

A logical outcome of the changes in public policy and debate has been the development of programs that divert users of illicit drugs from the criminal justice system to the health system.

society'.³ The framework outlines eight broad policy areas that incorporate principles from which to develop further action plans: increasing the community's understanding of drug-related harm; building partnerships; linking with other strategies; reducing supply; preventing drug use and harm; providing access to treatment, professional education and training; and developing research and data.

The major features of the national strategy are the principle of harm minimisation and the promotion of partnerships. The strategy also encapsulates a three-pronged approach to reduce the supply of, demand for and harm associated with, licit and illicit drugs in the community.

In terms of the broad directions of public policy, there is a strong coherence between the work of the Commonwealth and State governments. The Victorian Government's drug reform strategy, *Turning the Tide*, was established in June 1996 as a result of the Premier's Drug Advisory Council. Through the council 'the Government has sought advice on ways to respond to the supply and demand for illicit drugs including legislative and law enforcement as well as preventative, support and treatment initiatives'.⁴ The goals of *Turning the Tide* are to reduce the demand for illicit drugs in Victoria, and to view illicit drug abuse as a health issue rather than simply one of crime and law enforcement.⁵

As quoted above, two significant outcomes of the investigation are the focus on a harm minimisation approach to drug use, and a recognition that prohibition and law enforcement alone have not been effective in reducing the illicit drug trade in Australia. This does not mean that effective law enforcement is not essential in addressing the illicit drug problem, but that a comprehensive and integrated approach to the drug issue is needed.

It is important to see that the drug diversion program sits within a national and international context in which many governments are looking for alternatives to simple prohibition and criminal justice solutions to illicit drug use.

Diversion Programs

A logical outcome of the changes in public policy and debate has been the development of programs that divert users of illicit drugs *from* the criminal justice system *to* the health system. Diversion programs are neither new nor unique to Australia. For many years, the criminal justice system has been able to divert people to other services if considered to be appropriate. Such programs have also existed for users of illicit drugs.

3 Ministerial Council on Drug Strategy 1998, *National Drug Strategic Framework*, Department of Health and Aged Care, Canberra, p. 19.

4 Premier's Drug Advisory Council 1996, *Drugs and Our Community*, Department of Premier and Cabinet, Melbourne, p. 1.

5 Drugs and Crime Prevention Committee 1997, *Victorian Government's Drug Reform Strategy*, Melbourne, p. xiii.

The questions for diversion programs are: at which level of the system should the program occur? Who should make the decision? To what should people be diverted?

The police have used informal diversion strategies for many years. These include relatively simple procedures such as moving people on, cautioning people about their behaviour, and alerting them to its possible consequences. More formal diversionary strategies also occur. Police in Victoria are able, for example, to divert juvenile offenders into other services where appropriate. Informal and formal diversion programs rely on police discretion, and there has been some concern in the literature that judgments may be inappropriate or inconsistent.⁶ Supervision and training can support police in their discretionary judgments, and these issues will be discussed in terms of the pilot program later in the report.

Two ways of minimising the impact of discretionary judgments is to make the criteria for diversion clear and specific, and to have set protocols that are consistently followed. A common understanding of these criteria and explicit procedures that can be applied, regardless of the circumstances, will minimise inconsistent judgments. As part of the protocols, clear report mechanisms need to be established as a quality assurance measure.⁷

In some circumstances, police do not control discretion regarding diversion. The decision to divert an alleged offender occurs at a different level, which can be outside or within the criminal justice system. In South Australia, for example, all people arrested for an alleged simple possession offence are referred to the Drug Aid and Assessment Panel. This panel decides whether the person should be prosecuted or diverted into counselling or rehabilitation.

A similar approach, but within the criminal justice system, establishes courts specifically for drug issues. These courts are receiving some public prominence because one such a court has been set up on a trial basis in New South Wales. Recent research⁸ from the United States argues that:

- Drug courts are successful in engaging and retaining in program-based treatment services those felony offenders who have substantial substance abuse and criminal histories but little prior treatment engagement.
- Drug courts provide more comprehensive and closer supervision of drug-using offenders than that of other forms of community supervision.
- Drug use and criminal behaviour are substantially reduced while clients are participating in a drug court.

6 See, for example, Polk, K. 1986, 'a theoretical critique of diversion', in R. Snashall (ed.), *Pretrial Diversion for Adult Offenders*, Australian Institute of Criminology, Canberra.

7 Alcohol and Other Drugs Council of Australia 1994, *Alternatives to the Prosecution of Alcohol and Drug Offenders*, National Drug Crime Prevention Fund, Canberra.

8 Belenko, S. 1998, *Research on Drug Courts: A Critical Review*, National Center on Addiction and Substance Abuse at Columbia University, New York.

Two ways of minimising the impact of discretionary judgments is to make the criteria for diversion clear and specific, and to have set protocols that are consistently followed.

- Criminal behaviour is lower after participation, especially for drug court graduates, although few studies have tracked recidivism for more than one year post-program.
- Drug courts generate cost savings, at least in the short term, from reduced prison use, reduced criminality and lower criminal justice costs.
- Drug courts are quite successful in bridging the gap between the court and the treatment/public health systems, and in spurring greater cooperation among the various agencies and personnel within the criminal justice system and the community.

Although there are a variety of approaches to drug diversion, the Alcohol and Other Drugs Council of Australia⁹ identifies the principles of best practice as being:

- Shared philosophical principles of harm reduction within a social view of health.
- A range of options for different types of offences and levels of drug use.
- Coherent legislation across different jurisdictions.
- Planning that includes the major stakeholders such as police, drug and alcohol services, health departments and magistrates.
- Clear and ongoing communication among stakeholders.
- Information about the program.
- Clear definition of roles within the program.
- A client charter that guarantees procedural fairness and the right to choose between the diversion program or the criminal justice system.
- A program that is accessible and available to people regardless of their background, age, gender, geographic location and main substance used.
- Follow-up of those clients who need additional support services.
- Training for those people administering the program.
- Sufficient funding for the program on a three-year cycle.
- Evaluation of the program to ensure it is meeting its objectives.

The report will return later to these 13 principles to summarise the achievements of the pilot program.

Local Responses

Victoria Police and the Department of Human Services have developed a range of programs that build on the policies of harm minimisation and emphasise health rather than exclusively focusing on criminal justice. The Drug Diversion Pilot Program is one of a number of such initiatives, and it builds on both normal policing functions and the work of existing drug treatment services.

Victoria Police and the Department of Human Services have developed a range of programs that build on the policies of harm minimisation and emphasise health rather than exclusively focusing on criminal justice. The Drug Diversion Pilot Program is one of a number of such initiatives, and it builds on both normal policing functions and the work of existing drug treatment services.

⁹ Alcohol and Other Drugs Council of Australia 1996, *Best Practice in the Diversion of Alcohol and Other Drug Offenders*, Canberra.

At first glance, the program may seem a radical response to the issue of use and possession of illicit drugs. However, the evaluation will argue that the program is logically consistent with government policy, and that it is one part of an integrated response.

Victoria Police's strategic plan and program initiatives incorporate recommendations in the drug strategy *Turning the Tide*. 'Victoria Police will ensure that a comprehensive and coordinated strategy on policing in relation to manufacture, supply and use of illicit drugs is documented and implemented across the force.'¹⁰ The Drug Diversion Pilot Program should be seen in the context of the recommendations related to law enforcement:

- 6.1. *Victoria Police should ensure harm minimisation strategies govern operational practice at all levels of the force, and*
- 6.5 *Victoria Police should work collaboratively to enhance the operational integration between police, health and community agencies and education to ensure at each level, effective action based on harm minimisation strategies and priorities.*¹¹

The program also builds on the existing responsibilities and powers of police. The formal process of administering a caution was incorporated into police operating procedures in 1959. At that time, cautioning was applied only to persons under the age of 17 years. Cautions were expanded to shop stealing offences for people aged over 17 years in 1985. The current Victoria Police Cautioning Program was instituted in 1991 and incorporates these previous programs. In the past, cautions were made in a brief conciliatory manner that had an educative focus. Such cautions can be seen as informal in the terms used previously in the report.

The cautioning program aims to provide an alternative to court proceedings that avoids the stigma that may be attached to a court appearance. It also aims to reduce the delay between offence and disposition; provide support, assistance, encouragement and advice to offenders; and optimise communication in an informal atmosphere between cautioning officer and offender.¹²

An evaluation of the program in 1997 found that cautioned offenders re-offended at lower rates than those of non-cautioned offenders. Cautioning has an important community role in crime prevention because it aims to reduce repeat offending. This efficient alternative to court proceedings has important resource benefits for Victoria Police.¹³

¹⁰ Ibid.

¹¹ *Turning the Tide Implementation Strategy*, June 1996

¹² The criteria and guidelines for the Victoria Police Cautioning Program, section 7.8.5, *Victoria Police Manual*.

¹³ Methods and Applied Research Unit 1997, *Evaluation of the Victoria Police Cautioning Program*, Victoria Police, Melbourne.

The program also builds on the existing responsibilities and powers of police.

A cautioning program specifically for the possession and use of cannabis was piloted between July 1997 and January 1998. It is now implemented Statewide. Cautioning is an option for offences contained in sections 73 and 75 of the *Drugs, Poisons and Controlled Substances Act 1981*.

Advice from the police legal adviser for the Cannabis Cautioning Program also supported the implementation of the Drug Diversion Pilot Program. The adviser argued that the program represents ‘a legitimate utilisation of prosecutorial discretion and the checks and balances built into it (including accountability measures) fortify my view that its legality is beyond question’.¹⁴

Other drug diversion initiatives intervene at different stages of the process of the person being apprehended, charged or convicted of possession of illicit drugs. These include:

- The Court Referral and Evaluation for Drug Intervention and Treatment (CREDIT) pilot program. This program is offered as part of bail proceedings (after the initial arrest) to offenders with substance abuse issues. When appropriate, drug treatment is provided as a condition of bail.
- Drug Education for First Offenders (FOCiS). It provides drug education sessions for offenders convicted of possession of a small quantity of illicit drugs (other than cannabis).
- The Community Offenders Advice and Treatment Service (COATS). It provides assessment and treatment planning and services for offenders who receive community-based dispositions or a combined custody and treatment order, or who are on parole.

Other programs that address illicit drug use target offenders in prison or after they have been released.

All these initiatives demonstrate the commitment to developing partnerships between the justice system and those providing education and treatment for illicit drug use. In the case of the Drug Diversion Pilot Program, the Department of Human Services worked with Victoria Police in the development and implementation phases.

As with Victoria Police, the program is grounded in a broad policy framework within the Department of Human Services. The policy incorporates specific strategies for drug services, and a commitment to focusing on the health aspects of drug abuse. *Victoria’s Alcohol and Drug Treatment Services—The Framework for Service Delivery* was launched in April 1997, and its commitment to early intervention has a bearing on the current program. Targeting early stage illicit drug users with appropriate education and treatment may prevent their drug use becoming entrenched.

¹⁴ Advice received from Mr D. Grace, Legal Adviser, 16 June 1997.

Drug services provide assessment, treatment and support for adults and young people who have alcohol and drug use problems. Twelve drug treatment service types are available in the drug treatment continuum of care. These services include home-based, outpatient and residential withdrawal services, counselling, peer support, youth outreach, Koori support, residential rehabilitation, substitute pharmacotherapy and supported accommodation.

The Program

One of the important strengths of the program is the partnership and cooperation between the Department of Human Services, Victoria Police and the community sector. These stakeholders normally have different agendas and often look for quite different outcomes from a program dealing with illicit drug use. The evaluation found an unusual coherence among the various stakeholders in their support for the program. The stakeholders felt the program mostly succeeded in its aim to create a robust, integrated, primary health and community support service system for the target group. They considered that the program was a needed initiative but one that complemented the other programs that are available.

The pilot received considerable support from all the people and groups involved. It was seen as a timely and effective means of addressing issues of illicit drug use, health and effective policing. The program is viewed as one means of turning the policy rhetoric into reality: it is a practical and strategic response to an often intractable problem.

It is useful to separate the various perspectives because particular tensions within the program and concerns can be raised. All stakeholders do not necessarily share all concerns. Similarly, the concerns can often be addressed in reasonably discrete ways.

The Police Perspective

Attitudes to Harm Minimisation and Drug Use as a Health Issue

The change from viewing illicit drug use as a criminal justice to perceiving 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.

It is unlikely in any organisation that attitudes and opinions on policy decisions and implementation will be uniform. There was some indication that the management hierarchy of the police force holds diverse opinions on the role of police in promoting harm minimisation as a practical part of their policing.

Most police showed considerable support for the program. They had a strong and positive attitude to promoting harm minimisation, and to addressing drug use and addiction as a health issue. They perceived such an approach as a step towards more enlightened policing because it offers a practical solution to a difficult social problem. Most police considered the pilot to be worthwhile because it offered the opportunity for assessment, education and rehabilitation. This intervention is seen as a possible means of breaking the cycle of drug use and concomitant criminal activity. The police were aware the program was likely to

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Most police showed considerable support for the program. They had a very strong and positive attitude to promoting harm minimisation, and addressing drug use and addiction as a health issue. This was seen as a step toward more enlightened policing because it offered a practical solution to a difficult social problem.

In contrast, a small number of police felt the program put them at odds with their primary task in policing of illicit drug use. They saw a conflict between responses directed at harm minimisation, and the legitimate desire to address criminal activity in the supply and selling of drugs in the community.

The program was slow to start in terms of the number of people placed on it, and the projections were considerably higher than the actual participants (even at the end of the pilot phase). Two possible reasons were the significant shift in the policing of illicit drug use, and individuals' lack of comfort with implementing the shift.

'capture' only a small proportion of the population using illicit drugs; however, they felt it offers another useful strategy in their everyday policing.

In contrast, a small number of police felt the program put them at odds with their primary task in the policing of illicit drug use. They saw a conflict between responses directed at harm minimisation, and the legitimate desire to address criminal activity in the supply and selling of drugs in the community. These police felt small time addicts and users should not be the primary target of police work, but rather dealers and large-scale traffickers. They considered strategies such as the pilot program as unlikely to have any real success because it is more important to emphasise the reduction of supply.

The two responses were not concrete. Individuals tended to oscillate between them depending on the circumstances. One officer noted:

The only concern I have is the image we are now generating about police work and law enforcement. We give cautions for shoplifting, cannabis and hard drugs. The courts also give cautions about shoplifting, cannabis and hard drugs. Where does it stop? Are we encouraging entrenched behaviour by being too soft in the beginning? I think giving cautions are good but this aspect does worry me.

Police recognised that the focus of placing illicit drug use has, in some respects, changed, and there was some ambivalence about this change in terms of the message to the community. Police are in the position of having to mediate a variety of legislative requirements and community attitudes, which can be seemingly inconsistent or in some cases completely incompatible. One of the police stated:

The attitude of some people is that a caution provides an easy way out and they got away with something. People on the street knew about the program as soon as it came out. They would ask for a caution when they were picked up on use and possession. It bothers me that we might be giving the view that law enforcement has slackened.

This ambivalence can be particularly problematic in this program because individual police have to make discretionary judgments when offering the caution to the person being apprehended. The explicit criteria helped the decision making considerably in the pilot. However, discretionary judgment is a difficulty, particularly among the junior police who would normally implement the program. (The question of the adequacy and application of the criteria is addressed below.)

The program was slow to start in terms of the number of people placed on it, and the projections were considerably higher than the actual participants (even at the end of the pilot phase). Two possible reasons were the significant shift in the policing of illicit drug use, and individuals' lack of comfort with implementing the shift.

Any new program requires training for those people who are charged with its implementation. This is crucial in the Drug Diversion Program because it represents a major cultural change in attitudes and practices, and relies on the discretion of relatively junior officers. In both police districts, training was provided at the beginning of the program. If the program is expanded across the State, a more extensive training strategy will be needed.

Training of police needs to occur at a variety of levels, including the police who are responsible for implementing the program at the street level. Training also needs to be directed at supervisors and higher ranks because often these people set the working culture of a particular station or district. There needs to be a clear sense of the benefits of harm minimisation and the ways in which an individual passes through the program. There would also be some benefit in using the training to reinforce the partnership between the police and drug treatment services. The evaluation found evidence that police are not always familiar with the drug services available and with what these entail in their local area. During the pilot, when this awareness was raised, police made more referrals to the program.

Training in terms of discretionary judgments can be more problematic because experience is a critical factor. The Department of Human Services developed a series of scenarios to assist in implementing the pilot. This approach could also be used for police because it enables them to deal with some case complexities and with ambivalence in their own responses. It would be beneficial to explore the possibility of using some police who were involved in the pilot in the design and/or delivery of training if the program is expanded across the State.

Recommendation 1

Victoria Police should 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.

Criteria Used for Access to the Program

As mentioned above, clear criteria can help to mitigate concerns that may arise in any program relying on discretionary judgments. The criteria in the pilot were explicit, which helped in the consistent implementation of the program. However, two issues arise. The first concerns the range of interpretation and whether it is within the level of tolerance for a new program. The second addresses the adequacy of the criteria.

Training of police needs to occur at a variety of levels.

There was some indication that the criteria were not consistently applied across both districts.

There was some indication that the criteria were not consistently applied across both districts. In one district, for example, a person with a prior drug charge (five years ago) was not directed through the program; if the person had been picked up in the other district they probably would have been deemed eligible. The more liberal interpretation occurred as a result of a greater level of support in higher ranks for the *intention* rather than the strict letter of the program. The age and experience of the constable making the judgment also tended to have an impact on the decision. The more experience the constable had, the more likely they were to use the criteria as guidelines. This particularly occurred when discussion with senior staff was required about offering a caution.

This second view meant that the criteria were used to guide the decision making process where the overall goal was the intent of the program. Some officers lost sight of the program's aim to identify offenders who may benefit from being diverted to receive help and support for their drug use. One solution would be to include a brief line in the criteria to the effect that *'decisions by individual offenders and the circumstances of an arrest should be at the discretion of the supervisory officer in consultation with the arresting officer'*.

Training can address these issues but it needs to occur at different levels of generality. First, the broad concept of harm minimisation and an understanding of patterns of drug use need to be addressed. In addition, the highly practical processes and procedures of the program need to be covered.

Knowledge of the program was an issue for officers who were seconded across districts. There were no ongoing mechanisms for program training, although these officers reported that the guidelines and processes were easy to understand and follow, even with limited knowledge. This is a problem for only the pilot phase; if Statewide implementation occurs, all officers will be trained. However, it is important to consider the need for some form of refresher course or ongoing professional development.

Most of the criteria received considerable support. Each criterion is listed below, with a short discussion of the issues that emerged through the evaluation.

Application to Adults and Children

There was strong support for this aspect of the program. First time offenders or people new to illicit drug use will not necessarily be young. However, young people are given another chance for education and counselling, and this is an extremely positive component of the program. Further, some adults begin taking illicit drugs recreationally, spasmodically and in a way that does not initially present problems in their life. These people will benefit from the information and support the program can provide.

Sufficient Admissible Evidence that the Person Is Using or Possessing a Small Quantity of Illicit Drugs for Personal Use

The quantity of drugs deemed to be a 'small quantity' has not been defined rigidly, given the range of drugs that could be included within the program. Different drugs have different weights. Designating a standard in terms of weight would be impossible. This criterion is an example of how discretion needs to be applied, and how decisions need to be made in context, rather than having a rule that covers all situations and that is independent of any context.

No Other Offence Involved or Detected for Which a Brief of Evidence Is Submitted

There was initially some concern outside the police that a person apprehended on a completely unrelated matter, such as a traffic offence, would be excluded from the program. Separation of offences does not normally occur. The offender goes to court on a summary of charges. Even though the possession of an illicit drug may be seemingly unrelated to the other offences, they need to be presented to the courts as a totality.

This highlights the value of having a range of drug diversion programs within the criminal justice system. If a person is not eligible for the current program, it may be appropriate at some other stage of their movement through the system to address their drug use. This program should be part of an integrated effort to provide drug assessment and treatment.

No Other Drug-related Offence Involved or Drug Prior

This was the most controversial criterion of the program. The concern was that it unnecessarily excludes people who could benefit from the program. The concerns were threefold. First, there was some confusion about whether a 'drug prior' was a conviction for drug-related offences or also an apprehension without conviction. An apprehended person could have received a court caution or a bond but would still appear on the police data system (LEAP).

Second, a prior offence may have been committed some years before the person's current apprehension. A number of people in this situation would have had no contact with the drug treatment system because programs were not available at the time of their earlier offence. It will be argued below that even the shortest contact with the treatment system can have important benefits for the person. There was also a strong feeling among stakeholders that some form of 'statute of limitation' should apply to prior drug offences.

Third, the criterion does not account for the nature of illicit drug use. Heroin use, for example, is a chronic relapse condition for most people even when they intend to abstain.

There was some evidence in the evaluation that discretion was occasionally used to include people in the program when they were known to meet this exclusionary criterion. This was an example of the intention of the program overriding a narrow application of the criteria.

Research was undertaken to predict the number of people who may be included in the program if the criteria are expanded to include those apprehended for use and possession who have prior charges. Table 2 compares the number of people processed in each of the pilot districts for use and/or possession in a four-month period in each of 1998 and 1999.

Table 2: Apprehensions for Use and Possession

	1998	1999
District I	51 arrests	65 arrests
District J	96 arrests	120 arrests

The data show a considerable increase in the number of arrests for use and possession from 1998 to 1999. The reasons may include increased drug activity or increased police focus on drug activity, or the rise may be an aberration. Easing of the criterion on prior convictions could have meant the inclusion of an additional 35 people in District I and 98 people in District J. Such increased participation would have a significant impact on the demand for drug treatment services, particularly if the program is expanded Statewide.

Offender Must Admit Offence and Consent to Caution Which Includes Referral and Attendance at a Drug Service for Assessment and Treatment.

The police officers interviewed reported that offenders were receptive to the cautioning program. Many offenders were relieved that they would not be charged, and that they would be referred to a drug agency for assessment and treatment. There was a belief that first cautions may have sufficient impact to change behaviour. The drug treatment agencies involved in the study support this view. As shown later in the report, many clients of the program were early users; being placed on the cautioning program was the first time their drug use had been problematic for them.

Importantly, the evaluation of the Cannabis Cautioning Program found that first cautions reduced the likelihood of re-offending, but that subsequent cautions had increasingly less impact on the client.

Recommendation 2

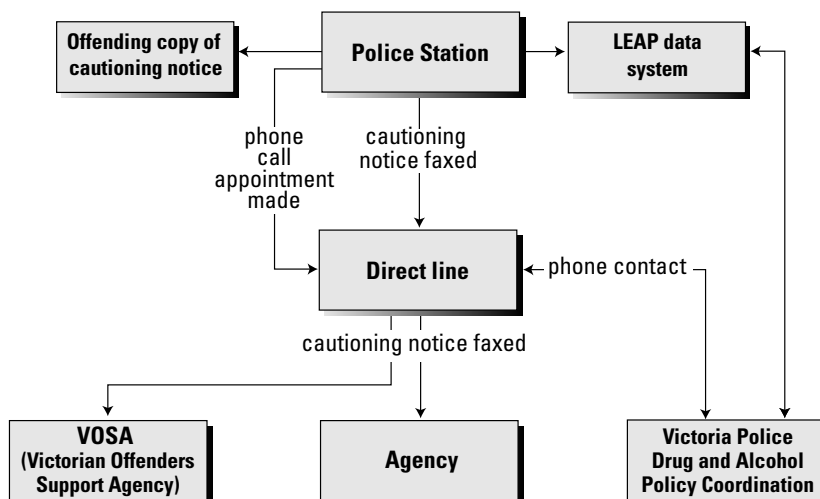
The criteria should be expanded to include those people who have a 'drug prior'.

Administrative Procedures

The administrative aspects of the program are complex. This is inevitable because the apprehended person has allegedly committed an offence. A person must complete a series of procedures before the caution is exiated. The person can fail to meet the requirements at any point. If such failure occurs, the police are still required to proceed with the summons and have the evidence that would need to be presented and accepted in a court.

An administrative system has been devised to meet the intention of the program but also to ensure the case can proceed through the normal judicial processes if the person fails to meet the program requirements.

Figure 2: Information Flow Following Caution



Although the procedures seem complex, they are necessary to ensure the person can be summonsed if they fail to meet the requirements of the program. However, the system has actual and potential blockages.

These relate to the requirement to fax confirmation of appointments to the drug diversion appointment line. Police may have difficulty faxing in the nominated one hour if a senior officer is not available to sign the caution notice. The police guidelines require information to be checked and signed before it leaves the station; in some stations, this means the agency copy of the caution needs to wait for a senior officer's signature before it is faxed.

The process could be expedited if police could issue the caution at the point of apprehension. However, the constraints on issuing on-the-spot cautions include the need to access a telephone for making appointments, the need to confirm the identity of the offender, storage of drugs in the police vehicle, and possible future questions about the type and quantity of drug taken. The police have developed procedures to ensure fairness and probity in dealing with any offenders; the more consistent these procedures are, the more likely they will be followed.

Police did not see the procedures as being particularly onerous. The program fits within existing and familiar processes for cautioning.

The fact that the Drug Diversion Appointment Line is a 24-hour service is critical to the success of the program.

For the police, the immediacy of making an appointment that will take within five days acts as a motivation and positive reinforcement for the program.

Minor hold-ups also occur at the other end of the system where the agency is required to send confirmation of the person's attendance at the assessment and treatment.

Notwithstanding these hurdles, police did not see the procedures as being particularly onerous. The program fits within existing and familiar processes for cautioning. The police reported that administrative time was reduced because a brief of evidence was not required for court and procedures were expedited. The exception is that the caution depends on the person's attendance at a drug treatment service; normal procedures apply if this requirement is not fulfilled.

Administratively, a major cost benefit of the program is the amount of police time saved by issuing a caution rather than charging the person with an offence. Informants reported that issuing a caution took approximately 20–30 minutes, whereas proceeding with a charge takes 90–120 minutes in interviewing the offender and preparing a brief of evidence.

Partnership between Victoria Police and the Community Services Sector

An important feature of the program is the partnership between different arms and levels of government and community agencies. The interface between the responsibilities of Victoria Police and those of the Department of Human Services is the Drug Diversion Appointment Line (DDAL). Turning Point runs this as part of its direct line service.

The fact that the DDAL is a 24-hour service is critical to the success of the program. The police know and appreciate that an appointment for the client can be made at the time of apprehension and that this appointment will occur within five days. The immediacy of the response is excellent from the client's point of view because it capitalises on the shock value of the apprehension, and reinforces the purpose of the program to divert people from the criminal justice system to assessment and treatment. For the police, the immediacy of making an appointment that will take place within five days acts as a motivation and positive reinforcement for the program. Police contrasted the program with a situation where people are placed on a waiting list to see a counsellor or receive some treatment.

There is a direct correlation between the work of the police and the desired outcome. The effect of much police work is delayed or not seen by the officer involved. In the pilot, the work of the police yielded immediate results, from which police derived considerable satisfaction.

In addition, police supported the program because they felt they were making a difference to the lives of people they apprehended. Many police expressed some reservations about the effectiveness of processing people through the criminal justice system for simple use and possession of illicit drugs. They questioned the value of putting people through the courts because they felt it had little impact on these people's drug use. They perceived the Drug Diversion Program as a way of breaking a

pattern of drug use, and felt they were making a positive contribution to this outcome. Police greatly supported the ability to send people away from the police station with a positive, active response after a caution.

There was some evidence during the evaluation that the partnership between the police and drug treatment agencies could be strengthened. Some agencies used the program to make contact with the police and explain the services they provided. These agencies felt that police, if they had a better understanding of the services that were available, would be more likely to see the value of the Drug Diversion Program and thus direct people to the agencies as part of normal policing. Diversion programs already exist, from the informal to those that are mandated; a good knowledge of these existing services could support police at the more informal end of the continuum. One worker reported that the number of referrals for the pilot program increased once she had visited local police stations.

Regardless of these fairly minor concerns, Inspector Steve James considerably assisted the partnership. Throughout the pilot, he took an active interest in the program. His role went beyond the considerable work he undertook in explaining the program and training police. He made contact with agencies and maintained this contact throughout the pilot phase; as a result of this relationship, many queries of the drug agency workers could often be answered.

Drug treatment services staff also played an active role in developing and supporting the project. Both the Department of Human Services and the Victoria Police will need to maintain a coordination role, in some form, if the program is implemented in all police districts.

Recommendation 3

Victoria Police and Department of Human Services should maintain a coordination role for the program, at least until the program is implemented and settled.

The Agency Perspective

The general response of drug treatment services to this program was similarly supportive. They saw the program as being a timely and necessary response to the issue of illicit drug use, recognising that the program is a major step in refocusing the issue away from criminal justice towards the health and welfare of drug users. The services welcomed the links with police and perceived the program as a way of redefining this relationship in a way that has benefits for other programs.

Problems with the pilot tended to be administrative, reflecting that it was a new program with new protocols and procedures. If the program is implemented Statewide, these problems will need to be addressed.

There was some evidence during the evaluation that the partnership between the police and drug treatment agencies could be strengthened.

The general response of drug treatment services to this program has been strongly supportive. They saw the program as being a timely and necessary step in refocusing the issue away from criminal justice towards the health and welfare of drug users.

The program was, in some respects, aimed at and successfully targeted early users. Fifty per cent of people on the program were 21 years old or younger, and 41 per cent had been using for less than one year.

Being apprehended by the police was, in the view of a number of the clients, the most negative part of their drug use.

The workers built a great deal of flexibility into the system. They would follow up clients with telephone calls and reschedule appointments. Different strategies were tried and exhausted before the client was reported as being in breach of the caution.

Early Intervention and Nature of the Sessions

The workers who were interviewed spoke of the value of early intervention in drug use. While this view is generally shared within the sector, agencies felt few programs were specifically targeted at early intervention. A value of the pilot was that it was a practical way of turning the rhetoric of early intervention into a program response. Early intervention is reasonably rare in the area of drugs. Young people (and early users more generally) are often quite naïve about drug use and its associated harms. An assessment and early treatment can be quite effective.

The program partly aimed at, and was successful in targeting, early users. Fifty per cent of the participants were 21 years old or younger, and 41 per cent had been using for less than one year. Agencies reported that many people on the program who were apprehended for possession or use of heroin were smoking rather than injecting the drug. This is often, but not always, a mark of a person's early drug use.

For many people, the early experience of using drugs does not cause them problems. It can be seen as one of the best things in their lives rather than something that causes harm. Being apprehended by the police was, in the view of a number of the clients, the most negative part of their drug use.

These early users tended to be shocked at being picked up by the police. They were scared of the consequences and were grateful they were not charged. These people were perceived as being generally naïve and had limited understanding of the consequences of using an illicit drug. The shock in some circumstances also reflected a general normalisation of illicit drug use in some sections of the community. One person found it difficult, for example, to understand that possessing a number of ecstasy tablets could lead to a charge of trafficking.

Despite the shock felt by many clients, a number failed to comprehend the seriousness of the caution and the need to attend a drug treatment service at least twice. A number of clients failed to attend their appointment, or did not attend the second appointment. The agency workers perceived this behaviour as a function of the clients' youth, naivety and inexperience. The young people were particularly unreliable and would sometimes turn up at a different time or on a different day. The workers built a great deal of flexibility into the system. They would follow up clients with telephone calls and reschedule appointments. Different strategies were tried and exhausted before the client was reported as being in breach of the caution.

The drug treatment services worked to challenge the clients' views about drugs and drug use. The sessions were partly used to help clients see their drug use as being problematic in different aspects of their lives. All the workers took a broad social view of health and saw the client's drug use as linked to such matters as employment, housing and interpersonal relationships. It was felt that a person had to address a range of problems

in their life if they were really going to give up using drugs or even bring about major changes in their drug use.

The strategy used most frequently was to ask the client to tell the story of their drug use. The workers were skilful in encouraging the clients to reconceptualise their drug use as being potentially harmful, and in using the sessions opportunistically to discuss issues such as safe injecting, risk-taking behaviour, legality, hepatitis C and HIV.

The program kept the assessment of the client conceptually distinct from their first treatment. But in practice the initial appointment involved an education function in addition to the assessment; the worker would provide information about the drugs being used and the possible harmful effects. Workers reported that most people had little knowledge of the drugs they were using, although many people understood some simple health promotion messages (such as not sharing needles). Many myths about drug use were prevalent among users. There was a need for basic education, and most sessions took approximately one hour as a result of their educative content.

The assessment session was used to engage the client with the agency and a subsequent episode of care. The intention was to have two compulsory sessions that would be used as leverage to encourage the client to attend voluntarily. This was successful for many clients, and other clients returned to the agency some time after the caution had been expiated. The engagement aspect of the compulsory session was hampered by agencies' confusion about the parameters of the program. This will be addressed more fully later in the report.

In the early stages of the pilot, clients under the age of 21 years were automatically referred to the Youth Substance Abuse Service (YSAS) for assessment. They were then referred to another local agency for their first treatment. This was changed so YSAS was able to keep the clients for an 'episode of care'—an appropriate change given the blurring of assessment and first treatment. The worker was able to build a relationship of trust with, and knowledge of, the client. This was seen to make the treatment more effective. Previously, the client was referred to another agency where they had to re-tell their story; the new worker needed to understand the client, build a new relationship, and then move into treatment. Multiple assessments are not helpful to the clients.

Sharing of information among agencies was not very effective in the pilot. Sometimes the notes from one agency were not transferred to the new agency; the new agency would normally take another case history using its own forms. Sometimes the information was lost in the transfer, going to the new agency but not necessarily to the worker who saw the client. There would be some benefit in standardising the information collected and establishing protocols for agencies to follow. These points will be explored further in the section dealing with administrative procedures.

The program kept the assessment of the client conceptually distinct from their first treatment. But this did not occur in practice.

Sharing of information among agencies was not very effective in the pilot.

Most agencies and workers saw the assessment and episode of care for the client as being identical to the requirements for the expiation of the caution. They felt the program was a two-session intervention.

Recommendation 4

The program should develop standardised data collection methods, and establish protocols among agencies to ensure an efficient flow of information about clients.

The fewer referrals that can happen within the program, the more effective the program will be. A break in a relationship with a worker, and the need to re-tell their story, means the client is unlikely to continue with the treatment or episode of care. Some referrals are inevitable because the assessing agency does not offer the type of treatment the client needs. When this occurred in the pilot, the workers normally tried to maintain treatment continuity; for example, an appointment would be made for the client while they were still with the worker.

The problems of referral and the relationship between assessment and treatment were exacerbated by an important misunderstanding by the agencies (a misunderstanding that will need to be addressed if the program is implemented across the State). Most agencies in the study confused the police's expiation of the caution with the nature of the assessment and treatment the program could provide. For expiation of the caution, the program required clients to attend two sessions: an assessment and the beginning of an episode of care. The expiation had to occur at some point, which had to be somewhat arbitrary because clients require different types and lengths of treatment. One treatment session was considered to be an appropriate cut-off point because it meant the client was into the treatment regime.

However, most agencies and workers saw the assessment and episode of care for the client as being identical to the requirements for the expiation of the caution. They felt the program was only a two-session intervention. Some clients required more extensive services, but they were normally referred to other workers within the agency or to another agency entirely. A treatment plan may have been worked out with the client within the parameters of the program, but the treatment was implemented outside the program.

This confusion was confirmed by the Victorian Offender Support Agency (VOSA) when interviewed as the agency in charge of payments to the agencies. VOSA reported few agencies claimed more than two sessions for a particular client. For the whole program, agencies were quite slow in requesting payments; for example, at the end of April, some claims were still to be made from the previous year. VOSA indicated it would be sending out reminder notices to agencies to reiterate the process. Of the 59 clients registered with VOSA at the time of the interview, payments had been made for 22 clients. Payments to cover either the first or second sessions required by the caution notice had been made for 18 of the total. Only four services had been paid for completed episodes of treatment.

VOSA and the Department of Human Services had consistently explained to agencies that the program would pay for an episode of care. Such an episode would be determined by the short-term goals indicated in the treatment plan, which would be different for each client. For some clients, there was no need to go beyond the two sessions required for the expiation. However, it was expected that quite a number of clients would require more.

One reason for the confusion about the parameters of the program was that it did not have a specific profile within the agencies. The workers who saw the clients often had only a generalised understanding of the program; they applied the same procedures used for ordinary clients to these 'forensic' clients on the program. This issue will be addressed more fully in the section dealing with administrative procedures.

Recommendation 5

A range of strategies should be developed to ensure agencies understand that they are required to provide an episode of care and that the two-session expiation of the caution is the minimum. The strategies should include the development of a program profile, further written material and training.

Agencies were strongly supportive of the program, notwithstanding this confusion. They developed ways of working around the perceived limitations. Fifty-eight per cent of those clients whose caution had been expiated received only two sessions (mainly because the client's drug use, in the worker's view, was not problematic). Some health promotion had been undertaken within the two sessions, the client had been made aware of the variety of available treatment options, and the episode of care had been completed.

Further Treatment

A number of clients required more extensive treatment, and this was organised through a referral to the appropriate service or worker. However, such referral was seen as being outside the program. Under these circumstances, a place had to be found for the new service and the client was sometimes placed on a waiting list. When this occurred, the worker would try to maintain the momentum of the client having to undertake treatment by ensuring further appointments were made as soon as possible. If, for example, the client was booked into home detox and a place was not immediately available, extra counselling sessions were scheduled. Workers would also use their personal contacts to get the client into appropriate treatment programs quickly so the momentum was not lost. These sessions were normally costed against another program.

One reason for the confusion about the parameters of the program was that it did not have a specific profile within the agencies.

A major strength and feature of the program was timing.

Timing

A major strength and feature of the program was timing. An appointment for assessment was made when the caution was given. This appointment was, at the most, five days after the caution. Then the first treatment session was within five days after the assessment. The short time between apprehension and treatment is extraordinary, and the Department of Human Services and the agencies should be congratulated.

The speed capitalised on the shock many clients felt at being apprehended by the police. This helped avoid attrition from the program and encouraged a successful expiation of the caution. The pilot avoided a major problem experienced by similar diversion programs by ensuring apprehension, cautioning, assessment and treatment were linked not only administratively but also in terms of time. Sufficient funding was provided for the pilot phase to ensure waiting times were avoided. Similar programs, such as the Drug Aid and Assessment Panel in South Australia, have a significant waiting time as a result of the backlog of cases; the nexus between the caution and treatment is broken in these cases.

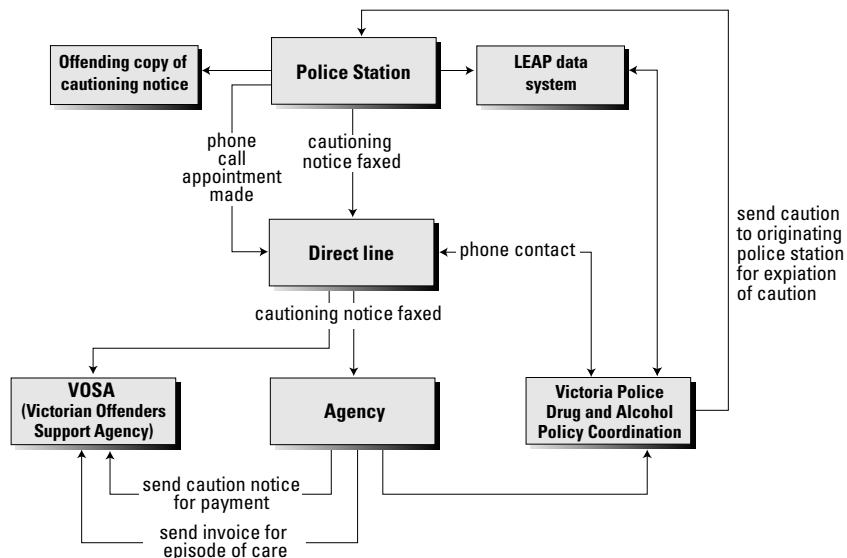
Administration

The administrative procedures of the program are complex. A variety of agencies are involved, and client information is transferred among agencies. The major reasons for this complexity are the legal aspects of the caution, the need to summons the client if they breach this caution, and the desire for a quality assurance mechanism.

In the pilot phase, some aspects of the administrative procedures were somewhat cumbersome and would need to be streamlined if the program were to be implemented in all police districts.

In the pilot phase, some aspects of the administrative procedures were somewhat cumbersome and need to be streamlined if the program is implemented in all police districts. The existing administrative procedure is represented in figure 3.

Figure 3: Information Flow Following Caution



The system has been designed to include feedback loops and checks to ensure individuals do not fall through the system, and to meet both the needs of the criminal justice system and health needs of clients. The intention is to maintain a quality program. Unfortunately, problems emerged in the system during the pilot phase.

- Each client did not have a number that identified them through all processes of the program. When the police allocated a case number, it tended to be used as the universal identifying number through the system. However, the police did not always allocate such a number; the case number was taken from the property bag, but a property bag was not required if no property was seized. Names were not particularly useful because they were often misspelt between the police, Turning Point and the agency.
- In a small number of cases, agencies had no records of the clients who were referred to them or who had attended an assessment or treatment session. Only when the evaluation sought client information from agencies was the absence of records revealed.
- Records about clients who attended an agency were not standardised. If the client was referred on, sometimes information was not sent to the new agency, or it was in a form that was not deemed useful. Consequently, the second agency would effectively undertake another assessment procedure and compile a new case history. Participant records were not kept in a single location, and the participants were sometimes seen as just ordinary clients rather than people on an official caution as part of the Drug Diversion Pilot Program.
- Agencies were not making claims for payments for seeing clients. They were not only delaying their claims, but also costing work within the pilot against general revenue for the agency. This made it difficult to achieve a true sense of how much the program was costing, even during the pilot phase. At April only \$3356 had been paid for treatment. Invoices submitted to VOSA need to indicate that an episode of care was completed for a particular client. VOSA has recognised this problem and is adjusting the invoice form accordingly.
- The role of Turning Point in making the appointment and ensuring the paperwork goes to the appropriate agency, and the role of VOSA in making payments, are not conceptually linked. However, for Statewide implementation, some links will be required to track clients through the system. These could be strengthened to create a data system that can be used in planning, budgeting and service delivery. Some of this information is already available in the documentation received by VOSA.
- There are two separate processes for claiming payments under the program. This caused some confusion among agencies. When a client attended for the required two sessions, an agency forwarded a copy of the completed cautioning notice to VOSA and received payment.

Alternatively, agencies that provided an episode of care made a claim on a separate invoice form.

VOSA received a copy of the caution notice from Turning Point when a referral was made, and another on expiration of the caution or part thereof. A single process would provide clarity for the payment system and reduce the number of processes used.

It is worth looking a little more closely at these problems and seeing how they were manifested in the work of the agencies. New programs need a profile, particularly if they entail a new client group, different working procedures and protocols, and changed methods of payment. A profile for the program ensures workers within agencies are aware of their role and responsibilities, and of the intention of the program. This awareness did not occur in the pilot.

Although the Department of Human Services provided training to agencies, workers implementing the program showed vastly different levels of understanding of the program. This manifested itself in a number of ways. First, as mentioned, most workers saw the expiration of the caution and the episode of care as identical. Second, some agencies did not know that the client could choose the assessment agency, and wanted to vet the client before agreeing to see them. Third, some agencies saw no difference between the clients of the pilot and their other clients, so they did not look for, nor submit, the appropriate paperwork.

Most agencies saw so few clients during the pilot phase that individual workers never learned the appropriate protocols. The agencies did not allocate a particular worker to the program; rather, dealing with clients was spread across any available workers. In the initial stages, set times of availability were submitted to Turning Point and a worker was notionally slated to be on duty for diversion clients. However, the participant numbers did not justify keeping a worker free for this task. Consequently, when a client was referred, the person was allocated to any free worker. Continuity and the development of program expertise became a problem.

There are three possible solutions to this problem. First, a further training and information strategy for workers needs to be designed and implemented. Before the pilot phase began, detailed information on the appropriate process of the program was sent to agencies; unfortunately, this rarely reached the workers who were involved in implementation. Second, the number of clients on the program needs to increase so agencies become more practised in following the procedures. Although it would be unacceptable to change the criteria to widen the net of the program to provide more work for staff, it would be one of the consequences of less exclusionary criteria. Third, a smaller number of agencies could be selected to implement the program, whereby the clients would be concentrated within these. A staged approach could be used, so the number of agencies could be expanded as the program becomes more established. However, the Department of Human Services

Most agencies saw so few clients during the pilot phase that individual workers never learned the appropriate protocols.

has a strong commitment to the principle of localised service delivery, and this would be compromised by agency selection.

The problem of sharing information among agencies could be partly solved by the use of a common assessment form and reporting mechanism. However, if these are introduced for a Statewide implementation of the program, agencies will need training in the use and benefits of a standardised approach. The major problem is really beyond the scope of the existing program and the evaluation. The problem concerns quality assurance and procedures across the sector as a whole. Agencies have developed their own working procedures over a number of years and in a somewhat ad hoc fashion.

The difficulty arises when agencies have to implement a program such as the pilot, in which it is not simply a matter of having adequate internal procedures. The Drug Diversion Program has a responsibility outside the agency and beyond the normal client-worker relationship. The partnership between Victoria Police and the Department of Human Services that characterises this program carries considerable responsibility. Agencies are central in the expiation of the caution: if the client does not attend at least two sessions, agencies must report this failure and the client must proceed through the criminal justice system. A universal identifying number for tracking each client through the program would be of considerable benefit. Turning Point could allocate such a number when the first appointment is made for the client.

Recommendation 6

All clients should be allocated a universal number so they can be tracked through the program.

The Client Perspective

The clients' views provide another perspective on the intention, development and implementation of the program. Six clients were interviewed. Within these interviews there was considerable consistency in terms of issues and responses to the program.

In the initial planning phases, it was envisaged that the evaluation would involve speaking to more clients but this was not possible for a number of reasons. The clients who were early users were extremely shaken by having been apprehended by the police for possessing or using illicit drugs. They were preoccupied with the assessment and treatment aspects of the caution and were reluctant to participate in an interview. After the caution had been expiated, they wanted to put the whole event behind them and get on with their lives, so again they were not interested in participating in the evaluation. The clients were also wary; they perceived the evaluation as being linked to the caution and did not want to provide more details than they had given to the police or the counsellors.

As an overall response to the program, all the clients who were interviewed were extremely positive about the program's intention and implementation.

However, with the cooperation and support of some of the workers involved, the evaluators were able to interview a selection of the clients. Often these interviews were undertaken close to one of the treatment sessions and in the same location. Most of the clients interviewed had been using illicit drugs for a number of years. They were also using a range of drugs or had done so in the past.

This section sometimes includes whole sections of the interview notes, and sometimes direct quotes from clients. There has been an effort to preserve something of the nature and 'texture' of the interviews, so as to illustrate the emphasis that clients gave to their experiences of the program, and the context in which their apprehension and treatment occurred. However, the interviews are personal recollections and reconstructions of events, with all the biases that entails. The issues discussed in this section were expressed as individual concerns but they have been included because they were common themes running through all the interviews. Identifying information about the clients has been changed for reasons of confidentiality.

As an overall response to the program, all the clients who were interviewed were extremely positive about the program's intention and implementation. The following interview (Case 1) shows how one client recalled the experience.

Case 1

Early one morning, Ivan wanted to score some heroin, so he went to the ATM to withdraw some money. Although he thought it might have been a bit too early, he went to park his car and spotted an Asian guy who winked at him. The car was still running. He gave the Asian guy \$50, then the guy took the heroin out of his mouth and handed it to Ivan.

Ivan drove out of the car park, but a block later knew the police were behind him. He stopped at the traffic lights and two of the three guys from the car behind came running up to his car. One man put his arm through the open window and grabbed him. The other policeman climbed into the car through the front passenger door. This officer found the heroin, and the first policeman then let go of Ivan. Ivan said this was the most distressing aspect of the incident for him.

One of the police officers stayed in Ivan's car and they drove about 100 metres down the street with the other police car following. They stopped and the police searched his car. They found syringes and sterile water, which they left. They then handcuffed Ivan and took him to the police station.

Ivan was placed in the interview room. He said he had felt anxious and had thought he was going to have a seizure because his heart was beating so fast. Ivan had been involved in an incident with the police earlier in the year. After the police checked their records, they said that because he had no drug priors coming up they would offer him a caution. He had to make a statement explaining why he had been driving around and what he had been doing.

Ivan gave his statement. They typed it out, printed it, and gave him a copy. The police put the balloon of heroin in a plastic bag, then Ivan signed the top and they sealed it.

The police explained that Ivan was to attend two counselling sessions with a drug treatment agency and they gave him his first appointment date and time. He was told that if he followed through with these appointments, there would be no charges against him.

'I think the program's excellent. It gives people the chance to avoid the stigma of a criminal record and going to court. The shame associated with that—it gives people a chance to help themselves rather than have the court enforce it.'

Ivan had never heard of the diversion program before his caution. He has told a few people about it now. He thinks it is the best thing to have happened to him because he has difficulty in forcing himself to stop using drugs.

**36-year-old male
Using heroin for three years**

The other clients were similarly positive about the program. They used phrases such as 'It is a privilege to be part of it', 'It gives you a second chance' and 'I felt that the police and counsellors were really trying to help'. These comments indicate some broader issues surrounding the program and the ways in which the program addresses the clients' needs. All of the clients interviewed saw their drug use as problematic; they were conscious of the negative impact it was having on their lives. This was expressed in terms of the financial cost of drug use, the overwhelming desire to use drugs to the exclusion of most other activities, and the significant and destructive pressure that drug use was placing on their personal relationships.

Case 2

Jamie thinks the caution program is a good thing. He said it helped a lot because 'You get to see a youth worker. It is important to have someone to help you through bad times'. He says he 'wants to stop using because it's a big hassle'. The message was that it was not fun for him any more. 'I resent the way that heroin comes before everything else in my life, and if I don't use heroin, it's like not eating'.

**16-year-old male
Smoking heroin for three years**

Some clients seemed grateful that they had been apprehended. (This was not always the case in the program as a whole. Workers reported that some clients did not see their drug use as problematic and simply expiated their caution. Workers tried to help these clients change their perception of their drug use.)

The positive responses to the program were in contrast to the negative response clients could have had if they had followed the normal course through the criminal justice system.

Case 3

Anthony describes his heroin use at this present time as dabbling (using, on average, one cap every two days). There may be a period where he will use for four days in a row but then he may take the next three days off. Since leaving treatment he now organises his money more successfully, so he makes sure he meets his obligations and pays his bills before buying his drugs.

On being arrested by the police, 'I felt like just before I was busted I was trying to pull up. Then being busted was like a kick in the guts. For that one-and-a-half hours in the police station I was scared out of my wits and when the police spoke to me [about the caution] it was a huge relief to find that this program was in place'.

Anthony was asked if the program could be improved in any way, and at first he said no. On reflection, he said that it served him better to have had no prior knowledge of the program; in this way, Anthony thought 'when people got arrested for drugs they would think that they may possibly be charged and follow the normal course of the legal system. But when the police introduced the idea of the caution, they may better appreciate that it was a privilege not to be treated like a criminal'. Further he expressed that society, by establishing this program, 'was going some way forward in being better equipped to deal with one aspect of the drug problem'.

**28-year-old male
Using heroin for five years**

The positive responses to the program were in contrast to the negative response clients could have had if they had followed the normal course through the criminal justice system.

Case 4

When asked about the impact of the caution, Rob responded that 'it was a very positive thing' that gave him hope. He also thought it was an example of how 'good things can come out of bad'.

His heroin use has diminished since his arrest. He also said that he has not been drinking as much in the last two weeks, although he is still smoking cannabis daily. So far he has had no further incidents with the police.

He said the diversion program impressed him. When he was picked up he thought that because it was his first offence he would get a fine or something rather than go to prison, but he thinks that the program offers a lot more 'real help'. 'If I [had] spent a night in [prison] and paid a \$50 fine, it would probably have bred resentment.'

**28-year-old male
Using heroin for 18 months**

The clients were also tacitly conscious that drug use had been redefined as a health issue rather than a criminal one. They felt users needed help, not punishment. In most cases, the program provided a consistent message to clients. The police and the counsellors to whom they were

referred expressed the belief that the program could help them and keep them out of trouble. *'I told the police that I was not long out of rehabilitation and that I was intending to go back. The police told me to be careful and wished me luck with it. The sergeant shook my hand.'*

The program avoided the stigma associated with a criminal record. The clients felt they had been given a chance with clear sanctions if this chance was not used appropriately: *'It makes you acknowledge the depth of your situation and your determination to succeed or fail. If I stuff up I will go inside'*.

The clients interviewed had been using illicit drugs for some years. Despite their history of drug use, most of these clients had more contact with the police and the criminal justice system than with drug treatment services. The contact with a treatment service as a requirement of the caution was the first contact for all but two of the clients interviewed.

In addition to the assessment and treatment for the client, this contact was used to make them aware of the range of services that were now available. The information was able to dispel some myths held by clients about the nature of treatment services; for example, one client had erroneous ideas on the ways in which residential detox worked. Appropriate information was provided and the client was grateful to receive it.

One pattern that emerged was that clients would take information but not necessarily act on it at the time of the caution. They would expiate the caution but would seek further treatment at a later time. One young man had been an early participant in the program, and had undertaken only the two sessions to expiate the caution. However, after his involvement in the program, he felt his drug use had become problematic and that many aspects of his life were getting out of control. At this point he returned to the drug treatment service with which he had previously had contact and sought a different type of treatment.

One pattern that emerged was that clients would take information but not necessarily act on it at the time of the caution. They would expiate the caution but would seek further treatment at a later time.

Case 5

The police picked up Dale on his way home from work some time early in the project. He had left the train and walked to his house when a police car stopped him. This occurred just down the street from where he lived with his mother.

At the time the police stopped him Dale said he was not using heroin, although he had a \$100 of heroin in a jacket pocket. He said he was unaware of it: 'I purchased the stuff around Christmas but had forgotten about it'. He indicated that he had scored heroin since Christmas for personal use.

When the heroin was found, three other unmarked police cars were called and arrived in minutes. He was handcuffed. He said the police accused him of being a dealer. To prove he was not a dealer he said the police should search his bedroom at home, which was close by. His mother was home at the time. The police found nothing in the house and

Clients perceived the timeliness of the program as a major issue. They felt it was valuable that they left the police station with an appointment normally for two or three days after their apprehension. The impetus for action, which started with their apprehension, was followed through with the assessment then treatment.

took him to the police station. On his way to the police station, Dale thought he would be charged with possession, use and trafficking. He was held in an interview room.

When the police came back they offered him a caution. They gave him a brief explanation of the diversion program and told him what he had to do. He had not known about the program before this incident. Dale left the police station with his YSAS appointment time.

Dale had had no previous contact with any treatment agency. Some years ago he had been to family counselling with both parents, but he had never had specific drug treatment. His appointment at YSAS was three or four days after he was picked up; he saw no real reason to go because he was not on heroin at the time.

He attended his appointment, and he said he liked the worker he saw. The assessment took 45 minutes and Meryll simply gave him the opportunity to speak about everything that was happening. Dale said 'she made things easy because she just listened to what had happened and asked some questions'. Meryll suggested he go to Western General Hospital for counselling. Although he went to the session, Dale indicated he was convinced at this time that he had stopped using heroin. The caution was expiated after the second session.

A few weeks after expiating the caution, Dale was back to using heroin; his use escalated over the next few months and peaked at \$500 per day. He said 'being picked up by the police really stressed me out. My mum chose to believe the police, and she lost her trust in me'. He indicated that these incidents and other things happening in his life contributed to a rise in his heroin use.

Some three months after the caution, Dale said he rang Western General because he was going downhill. He made an appointment for the next week. He and his mother drove down to the hospital and spoke to the outreach people. They told him to make an appointment for a drug and alcohol assessment later in the week. He followed this through and wanted to do a six-day in-patient detox. He also wanted to take up a hobby to give him other interests. His girlfriend too wanted him to stop using. He said 'using was costing too much, not just money, [but] family and relationships were getting really bad'. He expressed that he thought he was at a point where he needed rehabilitation and he now knew people were there to help. 'This makes it easier for me.'

**18-year-old male
Using heroin for just over 12 months**

There are a number of important points in Case 5. The experience of being apprehended by the police had a huge impact on the client. According to the client, it caused stress that contributed to an increase in his use of heroin. The caution had been expiated; however, he made the decision at a later time to return to the drug treatment service. At that stage, he was clear about the type of service he required and was knowledgeable about the services that were available. The client's initial contact with the treatment service through the cautioning program was a point of access to the service system as a whole.

Clients perceived the timeliness of the program as a major issue. They felt it was valuable that they left the police station with an appointment normally for two or three days after their apprehension. The impetus for action, which started with their apprehension, was followed through with the assessment then treatment.

The clients seldom saw any difference between the assessment and treatment when the treatment involved counselling by the same worker. The seamlessness of the system enabled a person to move quickly and efficiently through apprehension, assessment and treatment, and it was a positive experience for the clients.

The only time the program did not work for the clients was when a participant was referred to a range of people. In this instance, the seamless quality of service delivery seemed to break down. All the other clients interviewed had experienced considerable effort to build a relationship and merge the assessment procedures into the treatment. The clients perceived this seamlessness even though workers had clear aims for each of the sessions. However, in the following instance of a number of referrals to new workers, the client became confused about what was happening and the momentum for treatment was lost.

Case 6

Rob's first appointment was for two days after he was arrested. He was taken into a room and offered coffee. The worker told him about the program, and repeated what the police had said about attending two sessions. She told him his attendance would be reported back to the police. Once that was out of the way she said 'Right! Now what can we do to help you?'

Rob said he wanted help because he knew he was beginning to slip back into drug use and thought 'Now that this has happened it was probably for the best'. The worker noted his drug-using history and a little about how he had generally felt over the last couple of years. She enquired about any episodes of depression. Rob told her about his background and the worker suggested it would be appropriate for him to talk with a psychiatrist at his next appointment.

The worker said 'she can't quit for me, that it was up to me'. However, she did say she wanted to help. Rob was impressed by the worker: 'she made you feel like there was hope'. He said she made him feel positive about himself and his ability.

On Rob's second appointment early the following week, he talked to the worker for a bit, discussed the option of detox (either at home or as an in-patient), and she signed off on the diversion. The worker brought the psychiatrist into the room to meet Rob and then left the room. Rob spent three-quarters of an hour with the psychiatrist and left with an appointment to see another worker, from their drug and alcohol unit, to discuss the possibility of detox. Rob said he presumed he needed to detox before they could talk further about anti-depressant medication.

The following week, when Rob came to see the worker about detox, he had not used for five days. The worker said there was no need for him to

None of the clients interviewed had previously been aware of the program. This was seen as a distinct advantage in terms of their involvement: they felt privileged to be offered a caution and that they were being given a second chance. They had some control over whether they made the most of this chance.

detox because he could do it himself. Rob was given a telephone contact for a community health drug and alcohol service. It was also suggested that Rob could seek out a private psychiatrist, but he was warned this could be expensive.

Rob said 'I am going to make an appointment with an agency next week. I'll see how that goes and if I am not happy I will come back to see the worker, and maybe the psychiatrist here. I was hoping that it would all be done from here. I have been to that place before, a couple of weeks ago, but I didn't follow it up. I was hoping I wouldn't be shuffled around, but after the last meeting, although it was an informal appointment, I felt that I was being shuffled around'.

Rob said that he would like to have another session with the psychiatrist at Western General 'to work out exactly—to get a bit of direction, I suppose. I was really positive, I thought this will really help me, but it fizzled out in the end.'

**28-year-old male
Using heroin for 18 months**

For this client, participating in the program acted as a catalyst for him to give up drug taking of his own accord. However, by the time he saw the third person, he was in need of support yet the support provided was not meeting the need.

None of the clients interviewed had previously been aware of the program. This was seen as a distinct advantage in terms of their involvement: they felt privileged to be offered a caution and that they were being given a second chance. They had some control over whether they made the most of this chance. The clients felt they had a major role to play and were key decision makers. This experience contrasted with the process in the courts where offenders are passive objects in a system over which they have no control.

The irony is that if the program is implemented more widely, the current element of surprise will no longer be present. People who are apprehended by police will expect a caution rather than be surprised and grateful to receive it. It is hard to say whether the program's motivational effect on clients will continue if the caution becomes a common procedure.

Summary of the Program in Action

To summarise the various perspectives of the key stakeholders in the program, it is useful to return to the principles of best practice identified by the Alcohol and Other Drugs Council of Australia.¹⁵ Table 1 (page 3) shows that the program has been successful in terms of meeting these benchmarks. The problems that did exist occurred as a result of the

¹⁵ Alcohol and Other Drugs Council of Australia 1996, *Best Practice in the Diversion of Alcohol and Other Drug Offenders*, Canberra.

program's newness. The people involved in implementing the program were not always familiar with the appropriate processes. A well-targeted training strategy, simplified reporting procedures, and increased numbers of people going through the program would address most of these problems. If the program is implemented Statewide, a strategic planning and staged approach should be used.

Profile and Tracking of Clients

Sixty people were directed through the pilot during its eight-month pilot phase. District I began the program in September 1998 and District J joined from 1 December 1998. The pilot concluded officially on 1 May 1999.

The appointment line registered 64 people through the program. Four people were removed from the data assessment for the following reasons.

- Two were cannabis users incorrectly referred to the program.
- A third was cautioned by officers not authorised to do so. However, he was not removed from the appointment line's referrals when identified because he had failed to meet the caution requirements and had been returned to the criminal justice system.
- The fourth appeared twice in the system. (This was also the only person who received a second caution on the program.)

Table 3: Number of Clients Referred

Police District	1 Sept– 30 Dec 1998	1 Jan– 30 April 1999	Total
District I	4	30	34
District J	4 (1–30 Dec)	22	26
Total	8	54	60

There were few referrals to the program in the first four months. The possible reasons included the fact that new programs and procedures are often implemented sporadically as people adjust to change and build new processes into their every day responses. The program was not promoted as a special response or a blitz on drug users. It was implemented in a relatively low-key fashion and as a minor change to normal police business.

The inclusion of District J in the pilot from December 1998 brought a new awareness of, and refocus on, the program in District I. Increased numbers were directed to the program from January 1999 and an average of 3.5 people were referred each week across the two districts. There seems to have been some momentum built up over time as police became more familiar with the concept and procedures of the program.

In the majority of cases people directed through the pilot attended metropolitan drug treatment agencies. Ten per cent attended drug treatment services in rural areas even though they were arrested in District I or J.

Table 4: Location of Treatment Agency, by District of Apprehension

Location of Drug Treatment Agencies	I District	J District	Total
Metropolitan	50%	40%	90%
Rural	6%	4%	10%

Sixty people were directed through the Drug Diversion Pilot Program during its eight-month pilot phase. District I began the program in September 1998 and District J joined from 1 December 1998. The pilot concluded officially on 1 May 1999.

The following data represent information from sixty people who were referred through the pilot. Full details about drug treatments received and drug use could not be obtained for all people. (The issue of tracking clients was discussed earlier.) Details beyond those available from police and the appointment line could not be obtained for six people; for one of these clients there is no record of their referral to or attendance at an agency. A further five people attended agencies that would not disclose information (for privacy reasons).

The average age of the program participants was 23 years. The youngest person was 13 years old and the oldest was 43 years old. (The frequency distribution is shown in table 5.) Fifty per cent of the participants were 21 years old or younger, and these are analysed as a separate group later in the report.

Table 5: Distribution of Clients, by Age

Age of People	Number	Proportion
Aged 18 years and under	18	30%
Aged 19–21 years	12	20%
Aged over 21 years	30	50%

Males were overwhelmingly more represented in the pilot than females. Females made up only 21 per cent of the total number of people directed through the pilot.

Table 6: Distribution of Clients, by Police District and Gender

Police District	Total Number of People	Male Proportion	Female Proportion
District I	34 (57%)	77%	23%
District J	26 (43%)	81%	19%

In terms of the circumstances of their arrest, over half (64 per cent) of the people directed through the pilot were arrested as a result of a vehicle intercept or following a street check. The program was implemented as an extension of normal police business. These types of checks are central to usual policing activity.

Table 7: Circumstances of Arrest

	Street	Vehicle Intercept	Complaint	Railway Station	Buying	Flats	Search Warrant	Other
Per cent in each situation	33%	31%	5%	7%	4%	5%	9%	6%

The type of drug used also reflects expectations of known activity on the street. The most commonly found drug was heroin.

Table 8: Distribution of Client, by Drug

	Heroin	Ecstasy	Amphetamine	Total
Proportion of people using drug	95%	2%	3%	100%

There was some effort to gauge the length of time the clients had been using drugs and the frequency of their use. Table 9 shows the majority of clients (59 per cent) had been using for less than two years.

Table 9: Length of Time Using Drugs

Time	Proportion
Less than 6 months	25%
More than 6 months and less than one year	15%
More than one year and less than two years	19%
More than two years and less than five years	12%
More than five years	10%
Not known	19%

Fifty per cent of the total were using daily or weekly. Patterns of use are shown in table 10. The agencies reported that people who used drugs on a weekly or monthly basis did not see that their use negatively affected their life or was a problem at this time. For some clients their involvement in the program highlighted the possible dangers; they indicated that this had made them review their drug taking.

Table 10: Frequency of Drug Use

Frequency	Proportion
Using daily	42%
Using weekly	10%
Using monthly	17%
First time user	2%
Not known	30%

Tracking the clients through the program helps indicate its success and how clients and agencies have used it. Seventy-eight per cent of the clients on the pilot met the requirements of the caution, which was subsequently expiated. Twenty-two per cent failed to meet the requirements because they did not turn up for assessment at the agency, or they did not attend the first treatment session.¹⁶

The group who fulfilled the caution requirements can be broken down further to show how clients progressed. Most clients (43 per cent) attended only the two sessions. The two major reasons were: first, agencies did not fully understand the program; and second, the clients did not see their drug use as particularly problematic at the time of apprehension.

¹⁶ This compares favourably with the level of non-attendance in South Australia's Drug Assessment and Aid Panel which has an approximately 30 per cent non-attendance rate.

Table 11: Client Progress through the Program

Progress	Proportion
Failed to expiate caution	22%
Fulfilled requirements of caution (two sessions)—caution expiated	43%
Attended more than two sessions—caution expiated	22%
Placed on waiting list for treatment—caution expiated	13%

The problem of waiting lists arose because some confusion surrounded the parameters and intention of the program. However, this general problem was exacerbated in the early stage of the program when different agencies handled the client assessment and treatment. One client was referred to a second agency which was not informed the person was on the drug diversion program. A small number of clients were described as being on a waiting list when they simply had yet to receive a scheduled service. Each of these issues highlights the importance of good communication and partnerships between drug treatment agencies.

The program engaged 13 different drug treatment agencies. Thirty-five per cent of the cohort for whom information was supplied went on to treatment programs following expiation of their caution.

Table 12: Referral to Treatment following Caution Expiation

Referral to Treatment Programs	One Treatment Type	Multiple Treatment Types
35%	16%	19%

The services to which clients were most referred were counselling, consultation and continuing care (4Cs) and home-based withdrawal. 'Other' services included bereavement counselling and anger management.

Table 13: Type of Treatment for Referred Clients

Drug Treatment Service Type	Proportion of Clients Referred to Drug Treatment Services
Counselling, consultation and continuing care	26%
Home-based withdrawal	26%
Residential withdrawal	11%
Youth outreach	11%
Specialist methadone	5%
Outpatient withdrawal	5%
Other	16%

During the actual course of the pilot program (September 1998 – May 1999), one person received two cautions. Neither the appointment line nor the police immediately identified this person as having already gone through the pilot, which was important given that people can only receive two cautions on the program. On the second occasion, the person did not meet the requirements of the caution because they did not attend the assessment.

Clients Aged 21 Years and Under

One significant aim of the Drug Diversion Pilot Program was to promote early intervention. The notion was to reduce the development of entrenched drug use by providing information and support to early users. The program's association with a legal caution by the police had a significant impact on many young users. Some chose to attend the drug treatment agency with their parents, and agencies endeavoured to work in a family-centred way.

The following tables draw data on those clients aged 21 years and under from the total cohort for closer analysis. However, the results need to be considered with some caution because the numbers are small.

The pilot had some level of success in accessing drug users at an early stage. Fifty per cent of the total number of participants were aged 21 years and under.

Table 13: Distribution of Young Clients, by Police District and Gender

Police District	Number of People Aged 21 years and under	Male Proportion	Female Proportion
District I	14	71 per cent	29 per cent
District J	16	81 per cent	19 per cent

The youngest person directed through the program was 13 years old. The median age for those aged 21 years and under was 18 years.

Table 14: Distribution of Young Clients, by Age and Gender

Age Ranges	Number of Young People	Proportion of Young People	Male Proportion	Female Proportion
13–14 years	1	3%	3%	0%
15–16 years	5	17%	14%	3%
17–18 years	12	40%	33%	7%
19–20 years	12	40%	27%	13%

The drug most commonly used by young clients was heroin. Of the clients aged 21 and under the only other drug for which an arrest was made and a caution issued was ecstasy.

Table 15: Distribution of Young Clients, by Drug Used and Gender

Drug used	Proportion of Young Clients	Male Proportion	Female Proportion
Heroin	97%	77%	20%
Ecstasy	3%	0%	3%

Tables 16 and 17 show the length and frequency of young clients' use of illicit drugs. Fifty per cent of the group had been using for less than one year and nearly all young clients had been using for under two years. Nearly one third had been using for less than six months.

Table 16: Length of Time Using Drugs—Young Clients

Time	Proportion
Less than six months	30%
More than six months and less than one year	20%
More than one year and less than two years	27%
More than two years and less than five years	13%
More than five years	3%
Not known	7%

Patterns of use are shown in table 17. Most of the young clients were regular users: 60 per cent were using on a daily basis and a further 20 per cent were using on a weekly basis. Drug treatment agencies indicated that a young person's drug use often escalates following significant and/or disruptive events in their life. Drug use can escalate quickly.

Table 17: Frequency of Drug Use—Young Clients

Frequency	Proportion
Using daily	60%
Using weekly	20%
Using monthly	10%
First time user	3%
Not known	7%

Three of the cohort of young people failed to meet the requirements of the caution. Twenty-seven proceeded through the program. Here similarities with the total cohort change, because most of the young clients (50 per cent) attended services beyond the expiration of their caution.

Table 18: Young Client Progress through the Program

Progress	Proportion
Failed to expiate caution	10%
Fulfilled requirements of caution (two sessions)—caution expiated	40%
Attended more than two sessions—caution expiated	17%
Placed on waiting list for treatment—caution expiated	23%

The number in this age group placed on waiting lists represents the majority placed on waiting lists overall. In these cases, different agencies undertook the assessment and first treatment. There appears to have been some initial misunderstanding about the expectations of immediate service delivery for drug diversion clients. Combining the assessment and first treatment within the same agency had the effect of solving the waiting list problem.

Seven drug treatment agencies provided services to young clients, compared with 13 for the whole cohort. For fifty per cent of young clients, the episode of care was beyond the two-session expiration of the caution.

Table 19: Referral to Treatment beyond Caution Expiration—Young Clients

Total Number of Young Clients	Treatment beyond Caution Expiration	Received One Type of Treatment	Received Multiple Treatment Types
30	50%	23%	27%

One value of the program was that it developed a relationship between the client and a drug treatment service. This did not necessarily end with the expiration of the caution and that particular episode of care.

Interviews with the agencies revealed that some clients had returned to the agency or had thought about returning at a later date. One young man had returned to the treatment service almost three months after the initial treatment; he had made an appointment to see the worker, and had booked in for a detox program. The impact of the program is likely to continue for some clients after expiration of their caution, even though they attended only the minimum two sessions.

Following Up Clients: Some Preliminary Data

The official pilot phase of the drug diversion program concluded on 1 May 1999.¹⁷ This section of the report indicates what happened to the 60 clients in terms of their contact with the police. A ‘snapshot’ was taken of the clients on 25 August 1999. The police data system (LEAP) was used to establish whether clients were apprehended again as a result of drug-related incidents.

Forty-four clients (73.3 per cent) had not been apprehended by the police for drug-related offences between the time of their caution and the end of August 1999.

Table 20: Drug Offence Recidivism among Pilot Clients

Recidivism Rates for Drug Offences	Total	Clients Aged 21 Years and under	Clients Aged over 21 Years
Number of clients recorded as re-offending since being cautioned	16	12 (40%)	4 (13.3%)
Number of clients with no recorded offences since being cautioned	44	18 (60%)	26 (86.7%)

In the follow-up period (May–August 1999) two of the original 60 clients received a second caution under the program and again were referred to a drug treatment agency. (These were in addition to the one person who had received a second caution during the pilot phase.) Another six clients were apprehended by police for drug-related incidents but were not cautioned because they did not meet the criteria. (One of the six had become part of the CREDIT program.) Three clients had received other

¹⁷ In practice, the program proceeded. Both police districts continued to divert clients from the criminal justice system to drug treatment services while the pilot evaluation was being finalised and before a policy decision as to its future was officially. A further 48 clients were part of the program from 1 May to 25 August 1999.

cautions through either the cannabis or juvenile cautioning programs. (One received a second caution under the juvenile caution program and was subsequently charged.) A further six people from the program were charged with use and possession of heroin in other police districts. These clients may have been eligible for a second caution if they had been apprehended in District I or J.

Table 21: Re-apprehension of Clients

Re-apprehended Clients Who Received a Second Caution under the Program	Re-apprehended Clients Who Did Not Receive a Second Caution under the Program		
	Clients re-apprehended in other police districts	Clients re-apprehended but not eligible for caution	Clients who received a caution under other programs
2 (3.3%)	6 (10%)	5 (8.3%)*	3 (5.0%)

* One of these clients was subsequently placed on the CREDIT program.

In addition to the above data, one client died following a drug overdose; this person had not met the conditions of the caution, and death occurred approximately three months after their referral to a drug treatment service.

Two important issues emerge from the data. Young people were more likely than the adults in the cohort to be re-apprehended for illicit drug use and possession. This finding is similar to recidivism rates for other crimes.¹⁸ The second issue is that a significant number of people were re-apprehended in another police district. It is understandable in the pilot phase of a program to limit its location. However, people are mobile, and if the program is to be more widely applied, it should occur in all police districts. Having different responses for the various districts would be perceived as unfair and unjustifiably discrepant.

It is also interesting to examine the clients in terms of their contact with the police. Twenty-two clients (36.6 per cent) were recorded as having had contact with the police before being cautioned under the program. Contact included such matters as traffic offences, possession of stolen goods and assault. The majority of these people regularly came to the notice of police, normally every couple of months and often more frequently. However, for half of these clients, their pattern of contact with the police changed after the caution; there was no further police record of them for any reason. The program may or may not have been the reason for the change, but this would be worth investigating in the medium term.

¹⁸ Methods and Applied Research Unit 1997, Evaluation of the Victoria Police Cautioning Program, Victoria Police, Melbourne.

Table 22: Change in Client Involvement with Police After Being Cautioned

Involvement with Police	Number of Clients
Involved with police in relation to criminal activity before and after caution	11 (18.3%)
Involved with police in relation to criminal activity only before caution	11 (18.3%)

Statewide Expansion of the Program

There would be considerable value in implementing the program across the State. The program is a practical response to addressing the health needs of people using illicit drugs. It meets independent benchmark criteria for best practice diversion programs. It is also flexible enough to accommodate the context in which the person is apprehended, and for the drug service agencies to design an appropriate treatment program for each client. The major recommended change to the current program is to expand the criteria to include people who already have a previous drug charge or conviction.

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If the program is expanded, a staged and strategic approach to the implementation would be useful. More resources will be needed for the program to deal with the greater number of clients. These resources will be needed at the local level, in terms of the drug treatment service, and at the central level, in terms of expanding the work of Direct Line and the Victorian Offenders Support Agency (VOSA) and the central support from Victoria Police and the Department of Human Services.

New programs—particularly those representing major changes in the culture, protocols and procedures of organisations—need support. The pilot phase was fortunate to have key officers in both government departments who took a keen interest and became involved. Their commitment and work meant, when implementation problems arose, that there was a clear point of contact and an already established relationship. If the program is implemented Statewide, such a contact point will need to be actively maintained.

Implementation is a process, not an event. If the program is expanded, there should be a planned implementation period during which a formal training program for the police and drug treatment services is developed and implemented. There would be some value in exploring ways in which training at the local level could be seen as partly a joint initiative, emphasising the concept of a partnership between police and agency staff. Agency managers and senior police have different requirements in understanding the program than those of people directly involved in its implementation. For Statewide implementation, a slightly different training strategy will need to be developed for these different groups.

Presently, all drug treatment services can take clients on the program. The number of service delivery staff in each agency, combined with the small number of clients, meant staff were fairly unaware of the demands

of the pilot and how participants differed from their normal clients. Training will alleviate this to some extent; however, it would be useful to consider bringing the agencies onto the program in a staged approach.

One way to phase in the program would be a geographically staged approach. This would enable agencies and the police to undertake training and develop networks. In addition, agencies would become more practised within the program because they would see more clients. Having established expertise, they could become a resource for other agencies as they are incorporated into the program. There are clearly other ways of implementing a staged approach, but this approach allows a localised quality which is currently a strength of the program.

Recommendation 7

The program is a valuable addition to Victoria's existing responses to illicit drug use, and should be expanded across the State.

Recommendation 8

The Statewide implementation should be staged to ensure all key stakeholders understand the parameters and intention of the program.

Conclusion

The Drug Diversion Pilot Program was partly implemented as a response to the success of the Cannabis Cautioning Program in Victoria in 1998. The aim was to develop a similar program for other illicit drugs, with the added dimension of mandating an assessment and attendance at a drug treatment service. The pilot was consistent with current State and Commonwealth policies that focus on harm reduction and treat drug use as a health issue rather than exclusively a matter of criminal justice. The pilot was also consistent with existing cautioning procedures used by police, and represented an extension of accepted police practice.

The pilot was part of an integrated system of drug diversion programs being implemented within Victoria. It complemented these other programs and should not be seen as the only response to illicit drug use.

A significant feature of the pilot was the partnership that developed between Victoria Police, the Department of Human Services and government-funded drug treatment agencies. This partnership ensured a coordinated and timely approach to the program. The participants received a drug assessment within five days of being apprehended, and treatment within five days of the assessment; in some cases, the time was considerably shorter. The speed of the treatment response overcame a major barrier that exists in similar diversion programs in other States.

During the pilot phase, 60 people were placed on the program within police districts I and J. Considerably more people could have joined the program if the criteria had not excluded those people with a drug 'prior'.

The program could usefully be expanded across the State. Any concerns that emerged through the pilot could be addressed by an appropriate training package that strengthens the partnerships between the major stakeholders, reinforces the critical features and intentions of the program, and streamlines the administrative procedures. The program has already made a significant contribution to the policing and treatment of illicit drug use, and it could be a valuable addition Statewide.