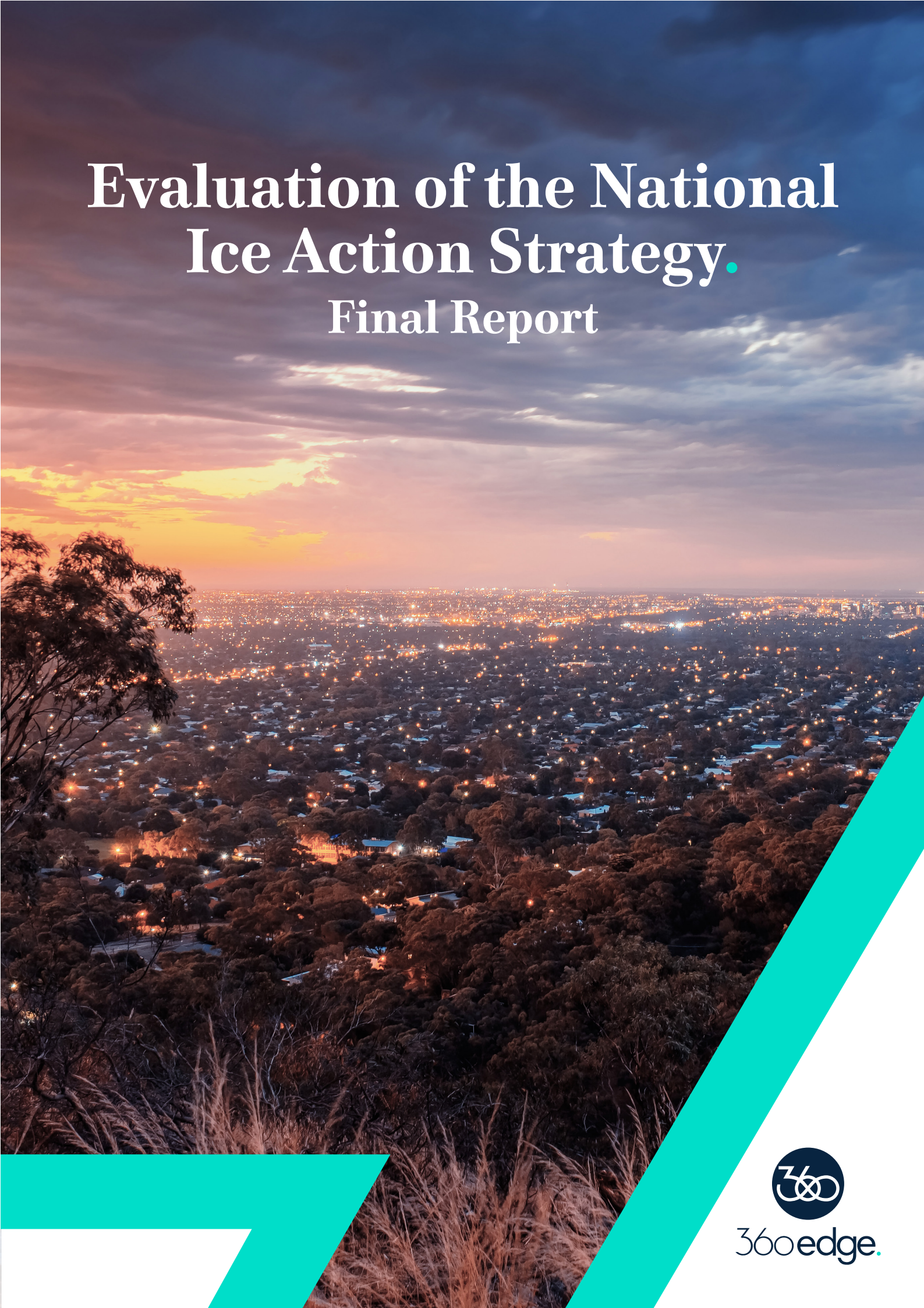
Evaluation of the National Ice Action Strategy.

Final Report



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About 360Edge.

We are a leading Australian health consultancy, specialising in the alcohol and other drug, and allied, sectors. We provide a full suite of advisory services to help organisations accelerate change. We work with leading international organisations, governments and not for profit agencies across Australia and internationally.

Our vision is for a thriving community that provides the best policy and practice responses right across the spectrum of alcohol and other drug use. Our mission is to ensure governments and services have the tools they need to respond effectively and efficiently to people who use alcohol and other drugs to reduce harms.

We are driven to make a positive impact in the world and strongly believe in social justice and human rights, and it drives all of our work. We believe that everyone has the right to the opportunities and privileges that society has to offer. Our values of excellence, transparency and integrity are at the core of everything we do. We live these values within the team and with our clients and collaborators.

Our team of experienced consultants take a 360 approach to viewing situations from multiple perspectives. We collaboratively and holistically work with our clients at every stage, wherever they are in the cycle of change, to achieve their goals.

Contents.

Abbreviations.

ACIC	Australian Criminal Intelligence Commission
AGREE	Appraisal of Guidelines for Research and Evaluation
AIC	Australian Institute of Criminology
ASIC	Aviation Security Identification Card
ASSIST	Alcohol, Smoking and Substance Involvement Screening Test
ASSIST-BI	Alcohol, Smoking and Substance Involvement Screening Test – Brief Intervention
COMMIT	Compliance Management or Incarceration in the Territory
DoH	Department of Health
DUMA	Drug Use Monitoring in Australia
EUDO	End User Declaration Online
LDAT	Local Drug Action Team
MBS	Medicare Benefits Scheme
MSIC	Maritime Security Identification Card
NCETA	National Centre for Education and Training on Addiction
NCCRED	National Centre for Clinical Research on Emerging Drugs
NCIS	National Criminal Intelligence System
NIAS	National Ice Action Strategy
NMDS	Alcohol and Other Drug Treatment Services National Minimum Data Set
PHN	Primary Health Network

Executive summary.

Background

The National Ice Action Strategy (NIAS) was developed in response to the findings of the 2015 National Ice taskforce.

The objectives of the NIAS are to prevent use of methamphetamine (ice) and other drugs, to help those who are using these drugs to stop, and to reduce the harms that drugs cause to people and communities.

The NIAS included 30 activities organised into five priority areas corresponding to the strategy objectives:

Priority area 1: Families and communities have better access to information, support and tools.

Priority area 2: Prevention messages are targeted at high-risk populations and accurate information is more accessible.

Priority area 3: Early intervention and treatment services are better tailored to respond to and meet the needs of the populations they serve.

Priority area 4: Law enforcement efforts are better targeted to disrupt supply.

Priority area 5: Better evidence is available to drive our responses.

The NIAS involved significant investments shared by Commonwealth, state and territory governments.

Evaluating the NIAS

The evaluation of NIAS was commissioned by the Australian Government Department of Health and involved a detailed review of the progress and outcomes of the 30 activities included in the strategy.

The evaluation commenced in January 2020 with the development of an Evaluation Framework. The evaluation itself commenced in June 2020 and was completed in March 2021. An interim report, submitted to the Department of Health in January 2021, included interim findings for selected NIAS activities.

Evaluation findings

This report provides a comprehensive assessment of the NIAS. The assessment includes initiatives designed to achieve demand reduction, supply reduction and harm reduction across a wide range of sectors including government, community, law enforcement, justice and regulation, policy, and research.

Our consideration of the NIAS's supply reduction initiatives (priority area 4) is limited to reporting on progress and key outcomes, and does not include performance evaluations or recommendations.

Our findings are based on a synthesis of multiple data sources for each of the NIAS activities. The evaluation team examined available documentation, analysed a range of data sources, and synthesised this with qualitative information obtained from a series of 55 consultations with key informants involved in each NIAS activity.

Outcomes

As a large, multi-component strategy, the NIAS has, on the whole, been delivered as planned. All 30 planned activities are either in progress, under development (with significant documented progress), or completed. Positive outcomes were seen for 27 out of 30 activities, with the remaining showing a mixture of positive and negative (unintended) outcomes.

Our evaluation was often limited by insufficient consideration paid to monitoring, documentation and outcome reporting during planning and delivery of activities. This deficit meant several activities could not be evaluated and resulted in a poor or moderate 'evaluability' score for most other activities.

A summary of our evaluation of the NIAS activities, with respect to outcomes, implementation status and evaluability, is presented in Table 1.

Table 1: Summary of NIAS Activities: outcomes, implementation status and evaluability

Activity	Outcomes	Implementation	Evaluability
1(a) Local Drug Action Teams (LDAT)	Positive	In progress	Moderate
1(b) Positive Choices resource	Positive	In progress	High
1(c) National Phoneline	Mixed	In progress	High
2(a) Targeted communication	Positive	In progress	High
2(b) Sporting club prevention program	Positive	In progress	Moderate
2(c) Prevention and education in high-risk industries	Mixed	In progress	Poor
3(a,d,f) Increased investment in alcohol and other drug services	Positive	In progress	Poor
3(b) Counselling online	Positive	In progress	Moderate

Activity	Outcomes	Implementation	Evaluability
3(c) National Treatment Framework	Positive	In progress	Moderate
3(e) Expanded ASSIST training	Positive	In progress	Moderate
3(g) Pilot Quality Framework	Positive	In progress	Moderate
3(h) Specialist Medicare provisions	Mixed	In progress	Moderate
3(i) Evidence-based guidelines	Positive	Complete	High
3(j) National comorbidity guidelines	Positive	In progress	High
4(a) International supply disruption	Positive	In progress	Unable to evaluate
4(b) Aviation and Maritime Security Identification Card Schemes	Positive	In development	Unable to evaluate
4(c) Controls on precursor chemicals and equipment	Positive	In progress	Unable to evaluate
4(d) End user declaration online system	Positive	In development	Unable to evaluate
4(e) National Criminal Intelligence System	Positive	Complete	Unable to evaluate
4(f) Dob in a dealer campaign	Positive	Complete	Unable to evaluate
4(g) Unexplained wealth scheme	Positive	Complete	Unable to evaluate
4(h) Regional production and supply disruption	Positive	In progress	Unable to evaluate
4(i) Swift, certain and fair sanctions model	Positive	In progress	Unable to evaluate
4(j) Review of drug diversionary programs	Positive	Complete	Unable to evaluate
5(a) National centre for clinical research excellence in emerging drugs	Positive	In progress	High
5(b) Enhanced evidence base	Positive	In progress	High
5(c) Establish Australian Crime and Justice Research Centre	Positive	In progress	Unable to evaluate
5(d) Enhanced drug use data	Positive	In progress	High

Note: Outcome indicators are defined on page 17

Achievements and benefits

We identified several implementation achievements and positive outcomes associated with the NIAS activities.

Significant increase in sector capacity, capability and resourcing

The NIAS is a significant investment in Australia's ability to respond to the increased harms associated with methamphetamine use in Australia.

Although methamphetamine-related harms provided the impetus and focus for NIAS investments, many benefits of the strategy are generalisable to alcohol and drug use and harms more broadly.

These benefits and positive outcomes include:

- improved community access to high-quality, up-to-date and evidence-based information about drugs (including methamphetamine) and related harms
- improved community capacity to engage in harm-reduction activities and prevent harms for high-risk populations
- improved service provider access to high quality resources, facilitating more effective treatment responses
- improved service system capacity to provide treatment and support
- greater access to treatment and support in regional and remote areas
- improvements in availability of services for specific populations
- improved law enforcement capability to reduce illicit drug supply
- improvements in the quantity and quality of data and research, leading to a better understanding of methamphetamine prevalence and harms, and a stronger evidence base to guide policy, practice and resourcing.

Opportunity for synergies between demand, supply and harm reduction initiatives

As a highly visible national campaign, the NIAS has provided stakeholders across a range of sectors with opportunities to coordinate activities to address methamphetamine use and reduce associated harms.

This coordination was often opportunistic, and included activities involving resource development, service delivery, community engagement, and law enforcement.

For example, we found increased awareness and utilisation of resources and services, better targeting of programs to local needs, and better utilisation of data.

Coordination could have been enhanced by introducing formal collaborations at the outset of the NIAS.

Evaluability limitations

Rapid development and service delivery

The NIAS rollout was focused on delivering a wide scope of activities rapidly. However, it did not make sufficient provisions for integrated, prospective evaluation. There was no initial identification of key performance indicators and expected outcomes for many NIAS activities. Data collection was inconsistent across activities and the quality of data reporting and documentation was limited.

Despite some indications of implementation success, effectiveness, reach and positive outcomes, we were unable to systematically assess these evaluation factors due to the lack of good-quality data. This has limited our ability to assess the relative strengths and weaknesses of each NIAS activity, and draw definitive conclusions about its overall impacts.

Methodological flexibility

Due to evaluability limitations, we adopted a pragmatic approach to assessing implementation success and outcomes of NIAS activities.

We have made 'best estimates' of implementation success and outcomes based on the available quantitative data, documentation and qualitative data provided by stakeholders during the consultation process.

COVID-19

This evaluation was conducted during a significant COVID-19's impact period (March to December 2020). The effects of the pandemic on NIAS activities varied significantly, and largely depended on restrictions on in-person operations. For some activities without any reported impacts, work had been completed pre-COVID-19. Other activities based on digital platforms also reported no significant impact on operations.

For activities that involved in-person operations and direct service provision the impact of the pandemic was significant and unprecedented. Many activities required a range of adaptions to allow continued operations, such as moving operations online and adopting COVID-safe policies and processes.

COVID-19 reduced the availability of key informants for the evaluation's consultation phase. This was particularly evident for activities engaged in adaption, operational transformation, or responding to the direct health impacts of COVID-19. We expanded our recruitment of key informants and offered more flexible scheduling to ensure representation in our consultations.

Recommendations

Ongoing Need

Our evaluation has identified persuasive evidence of an ongoing need for the activities contained in the NIAS. Each activity has a credible contribution to make towards methamphetamine demand reduction, supply reduction, and harm reduction. Most NIAS activities make a significant contribution towards the broader goals of reducing drug and alcohol supply, demand and related harms.

Prioritising monitoring and evaluation

We identified significant variability in internal monitoring and evaluation of the various NIAS activities and programs.

We recommend that future program planning includes a greatly expanded focus on systems for monitoring and evaluation, including processes for dissemination to allow knowledge and capacities to be shared. We recommend that these monitoring, evaluation and reporting requirements are built into activity and program developmental stages, and supported by appropriate additional resources.

Enhanced coordination

Cooperation and coordination between component activities appears to have been under-recognised as a driver of the NIAS appears. We recommend an expansion in central coordination for the remainder of the life of the strategy, for future programs delivered under NIAS, and for similar strategies.

Introduction.

The National Ice Action Strategy

Australian Governments are committed to reducing the harm methamphetamine can cause to communities, families and individuals.

The National Ice Taskforce was established in 2015 to address increasing methamphetamine-related harms in Australia. The National Ice Action Strategy (NIAS) was developed in response to the findings of the taskforce and has a goal of reducing the prevalence of methamphetamine use and related harms across the Australian community.

Several national and state-based initiatives and investments have flowed from the NIAS. These include improved access to information and support, increased investment in prevention, early intervention and treatment, expanded law enforcement efforts to interrupt supply, and enhancements to data collection and research.

The stated objectives of the NIAS are to prevent uptake of methamphetamine and other drugs, to help those who are using to stop, and to reduce the harms that drugs cause to people and communities.

The NIAS included five priority areas, with the following broad aims:

Priority area 1: Families and communities have better access to information, support and tools

Priority area 2: Prevention messages are targeted at high-risk populations and accurate information is more accessible

Priority area 3: Early intervention and treatment services are better tailored to respond to and meet the needs of the populations they serve

Priority area 4: Law enforcement efforts are better targeted to disrupt supply

Priority area 5: Better evidence is available to drive our responses.

The priority areas included 30 separate activities, and involved significant investments shared by Commonwealth, State and Territory governments.

An audit of the NIAS by the Australian National Audit Office was published in September 2019. It found that, although investment and delivery of the proposed actions had been undertaken, insufficient monitoring and evaluation limited the ability to track and report on their success.

Evaluating the NIAS

The Department of Health committed to conducting a systematic evaluation of the NIAS in late 2019.

An Evaluation Reference Group was established to provide oversight and strategic support. The reference group included key stakeholders engaged across all NIAS priority areas. It comprised senior government, peak body, and subject matter expert representation.

The NIAS evaluation had several aims:

1. to be comprehensive in scope, and include all 30 activities across the five NIAS priority areas.
2. to undertake the most thorough assessment possible of the 2015–2019 NIAS investments, including implementation success, barriers and enablers, outcomes, benefits, and impacts.
3. to provide guidance on ongoing monitoring and evaluation activities, and ensure future drug policy and resourcing is informed by accurate information.

The evaluation involved two stages: development and evaluation.

1. Development

The first stage involved the development of an evaluation framework and occurred between January and March 2020.

The evaluation framework was developed by 360Edge, in collaboration with the Department of Health NIAS Evaluation Team and the Evaluation Reference Group.

Program logic model

The evaluation framework included a program logic model (See Appendix 1), which outlined hypothesised cause and effect relationships and specific expected outcomes. Development of the logic model involved:

1. identifying relevant and in-scope NIAS-specific inputs
2. grouping NIAS activities and aligning outputs under the five NIAS priority areas
3. developing relevant medium- to long-term target outcomes for NIAS activities and priority areas, and identifying a principal outcome for the overall strategy
4. identifying assumptions underlying the NIAS and those underlying the causal relationships between NIAS activities and outcomes, and identifying external factors that may influence NIAS outcomes.

Key evaluation questions

This phase also involved the generation of key evaluation questions comprise five domains:

1. What is the ongoing need for the NIAS as a policy intervention?

   This evaluation includes consideration of the prevalence and harms of methamphetamine use and the requirement for targeted responses.

2. What activities have been effectively implemented by NIAS?

   This evaluation measures successful execution and rollout of the NIAS activities.

3. What have been the impacts of the NIAS?

   This evaluation involves the demonstration of the impact and reach of the NIAS and attribution of direct and indirect outcomes.

4. What is the efficiency of the NIAS?

   This evaluation covers the coordination and relative effectiveness of activities.

5. Are there enhancements or improvements to the NIAS activities that could better support the NIAS objectives?

   This evaluation considers the extent to which alternative or improved approaches have been identified and/or adopted.

Sub-questions were developed for each key evaluation question to allow for a more flexible interrogation and analysis, depending on the nature of each activity (See Appendix 2).

Assumptions underpinning the NIAS

During the development phase, as set of assumptions was developed to represent the rationale for selection of the NIAS priority areas, and the specific activities within these priority areas. These assumptions informed the hypothesised cause-and-effect relationships represented in the program logic model. As this was a retrospective evaluation, these assumptions were conceptualised retroactively, based on available documentation of the NIAS planning and strategy, as well as input from the Department of Health Evaluation Team and the Project Reference Group.

The following assumptions underpinning the NIAS were identified:

1. A coordinated, multisystemic approach to managing the impacts of methamphetamine use (including community, health and human services, law enforcement, research, and policy domains) will have significant, beneficial and lasting impacts on reducing the prevalence of methamphetamine use and minimising the related harms to the Australian community.
2. Resources, programs and initiatives need to be targeted broadly (to maximise whole-of-community reach, increase the availability of information and treatment resources, and ensure that regional and remote communities are appropriately serviced). Resources should also be focused to address the needs of specific high-risk groups, contexts and/or behaviours, or to

address high prevalence or high-impact circumstances). These targeting measures should also be balanced to ensure maximum impact across the community.

3. Resources should be directed towards reduction of demand and supply, as well as harm reduction mechanisms. Given the likelihood of interdependencies between the NIAS activities, attention should be paid to how interrelationships between supply and demand reduction mechanisms might affect the outcomes of individual activities and affect the assessment of the NIAS.
4. Community awareness-raising and prevention responses are best achieved by leveraging existing communication channels, groups and networks and enhancing their activities with respect to ice and/or general drug and alcohol awareness, prevention and response.
5. Treatment service system responses are enhanced by a range of strategies aimed at improving service effectiveness including improving workforce capability, increasing overall capacity, and by enhancing mechanisms for inter-service and inter-sector coordination and collaboration.
6. The effectiveness of law enforcement responses can be enhanced by increased national and international cooperation, the adoption of nationally consistent mechanisms to interrupt the manufacture and supply of methamphetamine, and improved systems for intelligence-gathering and sharing.
7. Coordination of action, development of effective policy, and efficient investments are enhanced by high-quality research, improved data collection, high-quality analysis and synthesis of data, and the effective translation of research.

External factors

Attributions of cause and effect included a range of external factors, which improved the evaluation's ability to draw conclusions about the NIAS impacts and outcomes.

Assumptions about external factors included the following:

1. The retrospective nature of the evaluation places limits on its ability to make conclusions as to the impact of the NIAS. Direct causal attribution is limited by the lack of available baseline (pre-NIAS) data across a range of measures for many activities, and the lack of control group or other comparative data.
2. Commonwealth, state and territory-based programs and initiatives to address methamphetamine (and alcohol and other drug) use overlap with similar objectives and outcomes. These programs may have preceded or coincided with NIAS investments, and funding streams for these activities may have been merged to enable service delivery. The

complementary nature of these activities is likely to limit the ability of the NIAS evaluation to make causal attributions of outcomes to NIAS-specific investments.

3. Patterns of drug use (including methamphetamine use), as well as drug use-related harms, can change due to a range of large-scale factors beyond the scope of the NIAS activities and initiatives. These factors include larger societal, cultural or demographic trends influencing drug use behaviours, changes in international drug and/or precursor chemical production or interdiction, developments in substance markets and changes in user preferences) and other large-scale global events.
4. There are likely to be complex interdependencies between the NIAS activities that will affect their individual performance and relative impact. Actions undertaken under certain priority areas may have direct and indirect influences on others – for example, greater community awareness stemming from public health campaigns may have the effect of increasing demand pressures on treatment services. Successful interceptions of precursor chemicals may lead to interruptions in supply and decreased arrests or seizures.

Process guidance

Finally, this phase involved development of process guidance to guide the methodology of the evaluation. This guidance covered evaluability assessments for each activity, accounting for pre-existing activity-specific evaluations, data analysis and reporting, and outcome reporting considerations.

These evaluation questions and process considerations were further refined during a series of consultations with the Department of Health NIAS Evaluation Team and the Project Reference Group.

2. Evaluation

The second stage involved the evaluation itself, which commenced in June 2020 and was completed in March 2021. The evaluation was undertaken by 360Edge in collaboration with the Department of Health NIAS Evaluation Team.

The evaluation involved significant stakeholder engagement, widespread consultations with informants across the 30 NIAS activities, and the collection and analysis of activity documentation and data.

This work has been informed by the evaluation framework's program logic model, key evaluation questions, and methodological considerations.

Evaluation methodology.

Phases of the evaluation.

The evaluation was conducted in four phases:

- project initiation
- stakeholder consultations
- data collection and analysis
- synthesis and reporting.

Figure 1 shows the main evaluation steps.

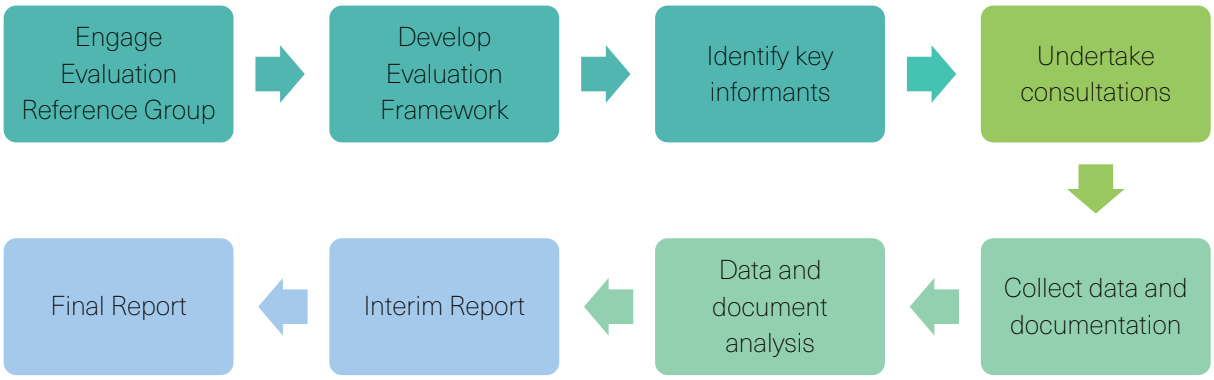


Figure 1: Main evaluation activities

Phase 1: Project initiation

Project plan

A detailed project plan was developed, with input from the Department of Health National Ice Action Strategy (NIAS) Evaluation Team. The project plan provided a detailed methodology for the evaluation, including tasks, timelines, milestones and deliverables, communication and engagement strategies and risk management strategies.

Evaluation reference group

An evaluation reference group was established in collaboration with the Department of Health.

The evaluation reference group was convened for the development of the NIAS evaluation framework. Members provided representation at a senior level across all five NIAS priority areas.

The NIAS evaluation reference group operated within the following terms of reference:

1. Provide strategic advice to the Department of Health and the consultant to facilitate the successful evaluation of the NIAS.
2. Assist with facilitating access to key stakeholders for the purpose of conducting the project's key stakeholder interviews.
3. Assist with facilitating appropriate access to relevant data.
4. Assist the Department of Health and the consultant with identifying project risks that may impede the successful evaluation of the NIAS.

Phase 2: Stakeholder consultations

We undertook extensive stakeholder consultation to obtain qualitative data regarding each NIAS activity.

We worked closely with the Department of Health NIAS Evaluation Team and the evaluation reference group to identify key stakeholders with the most relevant knowledge for each NIAS activity. We then undertook a 'snowball' recruitment method to identify additional key stakeholders for each activity.

Before the consultations, participating stakeholders and key informants were provided with a briefing that described the evaluation process and anticipated data needs of the project relating to their specific activity or priority area.

These briefings encouraged stakeholders to prepare for the evaluation within their own activity or priority area data. This strategy enabled efficient collection of qualitative data during the consultations and was also designed to facilitate access to documentation and data sources held by key informants.

The key evaluation questions established in the NIAS evaluation framework were used to develop specific questions for each consultation. We focused on the domains identified in the evaluation framework: the need for the NIAS, its implementation, impacts, efficiency and potential improvements.

These consultations were also guided by the process considerations identified in the NIAS Evaluation Framework, including the likelihood of available documentation and data, the availability of prior evaluations, and the nature of outcomes and outputs the activity.

Fifty-five consultations were conducted across the 30 NIAS activities via group videoconferencing and teleconferencing. Most consultations were between 1.5 and 2 hours, and were conducted by a team of three consultants. We followed a structured question and discussion format, with some follow-up correspondence with participants to seek additional information, clarify points raised and to obtain relevant documentation and data to support the evaluation.

A list of consultations for each NIAS activity is shown in Table 2.

Table 2. Stakeholder consultations

Priority area	Activity	Number of consultations
1	1(a) Local Drug Action Teams (one per state and territory)	8
	1(b) Positive Choices website	1
	1(c) Counselling Online	1
2	2(a) Targeted communication activities	2
	2(b) Sports (one per state and territory)	8
	2(c) High-risk industries	2
3	3(a,d,f) Primary Health Networks – PHNs (2), peak body (2), service providers (3)	7
	3(b) Counselling online	1
	3(c) National Treatment Framework	1
	3(e) Training development	1
	3(g) Quality Framework	1
	3(h) Medicare	1
	3(i) Evidence based guidelines	1
	3(j) Comorbidity guidelines	1
4	4(a) International supply disruption	1
	4(b) Aviation and maritime security identification card programs	1
	4(c) Precursor controls	1
	4(d) End user declaration system	1
	4(e) National Criminal Intelligence	1
	System infrastructure	1
	4(g) Unexplained wealth tracking	1
	4(h) Remote and regional disruption	2
	4(i) Northern Territory Swift Certain and Fair Sanctions pilot	1
	4(j) National drug diversion review	1
5	5(a) National Centre for Clinical Research on Emerging Drugs	2
	5(b) Pharmacotherapy research	1
	5(c) Justice research and intelligence	1
	5(d) Data and research	5

Phase 3: Data collection and analysis

This phase involved the collection and analysis of documentation and data, and the synthesis of this information with qualitative data obtained via the consultations conducted in phase 2. Preparations for data collection and analysis commenced during phase 2 as key stakeholders were engaged, the nature and extent of data was mapped out and access to data was negotiated for each activity.

Sources of data and documentation included publicly available reporting on NIAS activity development and delivery, as well as documentation and data obtained from key informants engaged via our consultations.

Some methodological flexibility was necessary during this phase due to considerable limitations in the availability and quality of documentation and data relating to NIAS activities. We adapted our methodology to ensure the evaluation can deliver meaningful answers to each of the key evaluation questions outlined in the NIAS Evaluation Framework.

Where quantitative data and comprehensive documentation of activities were not available, we have drawn on qualitative information collected during the evaluation's consultation phase, and indicated where this limited evaluability.

Phase 4: Synthesis and reporting

This phase involved the development of two reports for the Department of Health: an interim report delivered December 2020, and this final evaluation report, delivered in draft form in late March 2021 and finalised in April 2021.

Throughout the evaluation period we also provided the Department with regular briefings on emerging findings and themes, including the impacts of the coronavirus disease 2019 (COVID-19) pandemic on the evaluation and on a range of NIAS funded activities.

Report structure

This final report provides the findings of the evaluation of the NIAS. It contains:

- an executive summary with preliminary key findings based on our assessment of the included NIAS activities
- a background of the NIAS evaluation and methodology
- evaluation findings for each activity describing implementation, outcomes and evaluability. Strengths and limitations, and recommendations for future enhancement are included for the NIAS priority areas 1–3 and 5, as well as consideration of the key evaluation questions.
- the evaluation conclusions and recommendations for improving coordination of the NIAS activities
- appendices including the evaluation program logic, key evaluation questions, definitions and a full account of the informants, documentation and data sources for each NIAS activity examined.

Evaluation findings.

Scope

The following section includes detailed evaluation findings for each of the 30 National Ice Action Strategy (NIAS) activities.

NIAS priority area 4 activities, and one activity from priority area 5 (broadly relating to supply reduction via law enforcement, regulation and justice) were not formally evaluated because they were outside the scope of this evaluation. We have reviewed and represented these activities as accurately as possible in summary form. For some of these activities, our reporting was constrained by the lack of publicly available documentation and data relating to matters of law enforcement and intelligence processes and operations.

Included NIAS Activities

(*Italics* indicates activities not formally evaluated)

1a: Local Drug Action Teams
1b: Positive Choices Website
1c: National Phoneline
2a: Targeted communications
2b: Sporting Club Prevention programs
2c: Prevention and education in high-risk industries
3a, d & f: Investments in treatment via Primary Heath Networks
3b: Counselling Online program
3c: National Treatment Framework
3e: Expanded ASSIST Training
3g: Pilot Quality Framework
3h: New Medicare treatment items
3i: Evidence-based Guidelines
3j: National Comorbidity Guidelines
4a: International supply disruption
4b: Aviation and Maritime Security Identification
4c: Controls on precursor chemicals and equipment
4d: End User Declaration Online System
4e: National Criminal Intelligence System
4f: Dob in a Dealer campaign
4g: Unexplained wealth scheme
4h: Regional production and supply disruption
4i: Swift, Certain and Fair Sanctions Model
4j: Review drug diversion programs
5a: Establishment of the National Centre for Clinical Research Excellence in Emerging Drugs
5b: Enhanced evidence base
5c: Establish Australian Crime and Justice Research Centre
5d: Increased investment in drug use data

For each NIAS activity we have provided a description of the activity, the data sources and consultation inputs we drew on, and the strengths and limitations of our evaluation, commentary on performance, key achievements, strengths and areas for improvement.

Evaluation indicators

We used common evaluation indicators relating to implementation, outcomes, and evaluability. Confidence in outcomes is based on data availability and quality (see Table 3.) The colour coding indicates the range of outcomes, with darker green indicating more positive outcomes, more complete implementation, and better evaluability.

Outcomes	Implementation	Evaluability
Positive	Completed	High
Mixed	In progress	Moderate
Negative	In development	Poor
Unknown	Withdrawn	Unable to evaluate

Table 3: Common evaluation indicators

Definition of indicators

Outcomes

Positive: The available information indicates that this activity has had positive outcomes with respect to its aims.

Mixed: The available information indicates this activity has had a mixture of both positive (expected) and negative (unintended) outcomes.

Negative: The available information indicates this activity has had negative outcomes with respect to its aims.

Unknown: An assessment of the outcomes of this activity was not possible (for example, due to lack of available data, or the activity being in development).

Implementation

Completed: This activity has been undertaken and finalised as per its intended implementation plan.

In progress: This activity is underway, and is either ongoing or has an expected completion point.

In development: This activity is in development but has not commenced expected operations.

Withdrawn: This activity did not commence, or was cancelled before progress was made against its expected outcomes.

Evaluability

High: An evaluation is possible, and can draw on excellent quality data (valid and reliable) and documentation (accurate and comprehensive). Confidence in the results of the evaluation is high.

Moderate: An evaluation is possible, based on limited amounts of good quality (reliable and valid) data and accurate (if limited) documentation. Confidence in the results of the evaluation is moderate.

Poor: An evaluation is possible, but is significantly constrained by poor quality, and limited data and incomplete or inaccurate documentation. Confidence in the results is low.

Unable to evaluate: No evaluation is possible as formal evaluation of the activity is out of the scope of this report.

Detailed activity findings.

Activity 1(a): Local Drug Action Teams.

Initial activity formulation

Establish up to 220 new Local Drug Action Teams across Australia. The teams will bring together community groups to reduce drug-related harms at a local level.

Evaluation summary

Outcomes	Positive
Implementation	In progress
Evaluability	Moderate

The Local Drug Action Team (LDAT) program was established in 2016 as a key initiative of the NIAS. This activity has been implemented as planned, with a total of 224 LDATs established via four grant rounds from 2017 to 2019. The total number of active LDATs as at December 2020 is 238.

This activity is currently underway and ongoing, and has shown positive outcomes.

A range of documentation (including reports previously provided to the Department of Health and two evaluations of the LDAT program), was available for consideration during this evaluation. In addition, nine consultations were undertaken with Alcohol and Drug Foundation staff and representatives from LDATs around Australia.

The LDAT program fosters partnerships in communities across Australia, to address local issues associated with alcohol and other drugs. The program has a strong emphasis on prevention of harm.

The Alcohol and Drug Foundation provides leadership and resources to facilitate evidence-informed primary prevention interventions.

The LDAT program has evolved considerably over the four funding rounds, to improve the capacity and efficacy of LDATs. The evolution of the program has been guided by several formal evaluations and iterative feedback from community partners and the Alcohol and Drug Foundation staff.

Refinements include a more structured application process, development and improvement of resources and supports.

As a result of these changes, LDATs are producing community action plans more efficiently and implementation time has been reduced.

A total of 244 LDATs have been established over the course of the program, providing 335 evidence-based or informed services involving 1350 community organisation partners.

Ninety-six per cent of community action plans are complete or in delivery, and 99% of LDAT grant funds have been allocated.

Half of all LDAT community action plans have been delivered to regional, remote or very remote areas, a quarter have targeted Aboriginal and Torres Strait Islander communities, and 10% have targeted multicultural communities.

Process evaluations of the LDAT programs were previously undertaken (including of the Aboriginal and Torres Strait Islander LDAT Program) and individual LDATs are required to report to the Alcohol and Drug Foundation on activities undertaken. However, an overarching evaluation of the outcomes and impacts of the LDAT program has not been conducted.

Detailed evaluation findings

Description of activity

The LDAT program fosters partnerships in communities across Australia, helping to build knowledge and skills to address local issues associated with alcohol and other drugs, including methamphetamines.

The program emphasises building 'protective factors' in the community – working to prevent alcohol and drug issues becoming problematic or harmful.

LDATs can include a mix of schools, educational institutions, health workers, police, community organisations, businesses and local government who unite to drive a community-led response.

LDATs are supported by the Alcohol and Drug Foundation to develop a Community Action Plan and implement evidence-informed activities to serve local needs. A community action plan highlights the target audience and key issues that a community aims to address, describes actions to be undertaken and shows how these connect to prevent alcohol and other drug-related harms.

A large proportion of LDATs have completed more than one community action plan, with some planning their fourth, fifth or sixth plan.

The Alcohol and Drug Foundation provides guidance and resources at every stage of development, implementation and evaluation of the community action plan.

The online Community Hub is central to the Alcohol and Drug Foundation's support to LDATs. The Hub houses a regularly updated suite of evidence-based information and resources, including guidelines for developing a community action plan, program toolkits and case studies, and media and branding guidelines.

The Alcohol and Drug Foundation also provides the Alcohol and Other Drug Lifecycle Planner which maps out risk and protective factors for each age group and identifies the most applicable Toolkits for each, helping LDATs to create an appropriately tailored program.

The objectives of the LDAT program are:

- to deliver a model which will provide leadership and resources to facilitate evidence informed primary prevention interventions across 220 Australian communities
- to develop a community of practice to build engagement, communication and knowledge
- to provide support, leadership, expertise and skills to ensure effective engagement and program delivery
- to provide funding grants, resources and other program activities that will facilitate community action
- to develop an evaluation framework across all levels of the program to monitor and evaluate changes and identify opportunities for broader delivery of related activities.

Information sources

Data and documents

A considerable volume of data and documentation was available for the evaluation of this activity.

Documents reviewed included multiple progress reports (provided by the Alcohol and Drug Foundation to the Department of Health), highlight reports, the Thread Consultancy LDAT Program Evaluation, the Aboriginal and Torres Strait Islander LDAT Program Evaluation Report, and the LDAT Monitoring and Evaluation Framework.

A full account of data and documents reviewed is provided in Appendix 3.

Consultations

Nine consultations were conducted that directly relate to this activity:

- One with Alcohol and Drug Foundation staff including Eleanor Costello (Manager, New Strategic Programs)
- Eight with representatives from LDTAs around Australia, located in Victoria (n=2), Queensland (n=2), New South Wales (n=1), Northern Territory (n=1), Western Australia (n=1) and South Australia (n=1).

LDATs participating in consultations were in remote regions, inner regional towns, and major cities.

No consultations were undertaken with LDATs located in Tasmania or the Australian Capital Territory as the Alcohol and Drug Foundation was not able to identify LDATs. The Alcohol and Drug Foundation reported their participation was not essential, as LDATs in these jurisdictions are under the same management as LDATs in Victoria and New South Wales, respectively.

Details of attendees at these consultations are in Appendix 3.

Performance summary

The key achievements of the LDAT program across the 2016–2020 period are as follows:

- A total of 240 LDATs have been established across Australia via four grant rounds from 2017 to 2019 (see Figure 2). These LDATs have provided a total of 335 programs, and have involved 1350 community organisation partners.
- Ninety-six per cent of community action plans are complete or in delivery, and 99% of grant funds have been allocated.
- Half of LDAT community action plans have been delivered to regional/remote/very remote areas, a quarter have focused on Aboriginal and Torres Strait Islander communities, and 10% have focused on multicultural communities.
- As of 30 June 2020, 99.97% ($8.367 million) of the $8.57 million total grant funds had been distributed to support the delivery of 335 evidence-informed community action plan activities across Australia.
- The remaining $203,000 of grant funds were delivered at the beginning of July 2020 to support an additional 13 community action plans commencing at the start of the 2020–2021 financial year.
- Over 96% of LDATs have either completed or are currently delivering evidence-informed community action plans (371 in total), with almost half of these activities being delivered in regional, remote or very remote areas.
- Over a quarter of LDATs have a focus on Aboriginal and Torres Strait Islander communities. Most of these LDAT programs are being delivered in regional areas.
- Aboriginal and Torres Strait Islander LDATs experienced challenges related to remoteness and capacity no more than other LDATs. Many Aboriginal and Torres Strait Islander LDATs are delivering more activities than the average LDAT, demonstrating the demand for community-based and locally led solutions to issues experienced within Aboriginal and Torres Strait Islander communities.

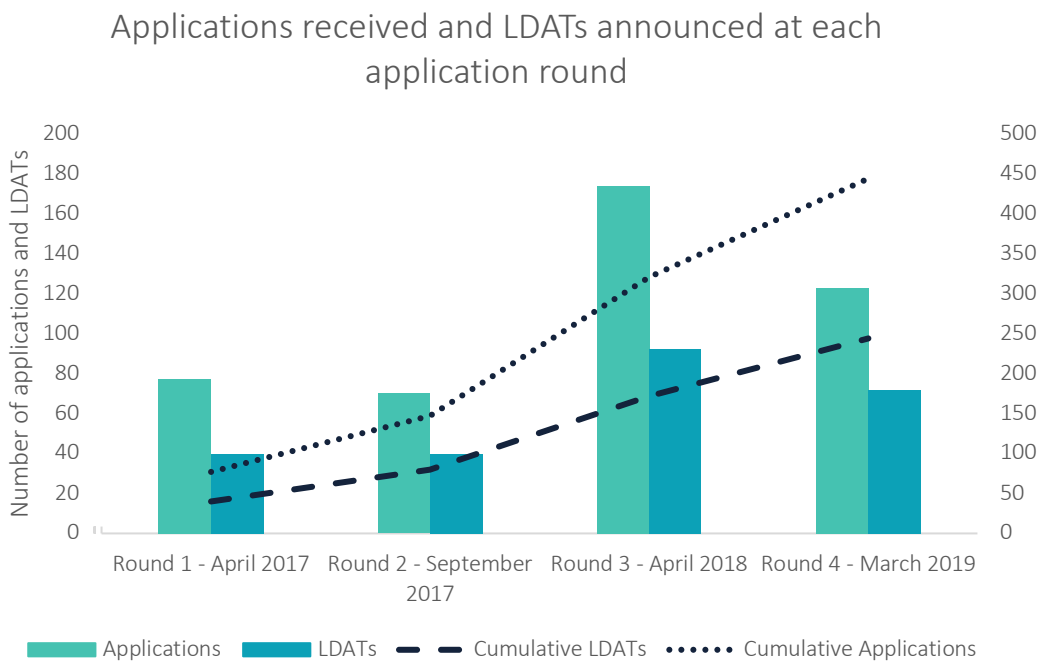


Figure 2: Number of applications and LDATs established per application round and cumulative (Adapted from the LDAT Program Evaluation History Report)

External evaluations

A robust external evaluation of the Alcohol and Drug Foundation LDAT program was conducted in 2019 by The Thread Consultancy, which made the following findings:

- The LDAT program has been successful in sourcing and establishing new LDATs.
- The Alcohol and Drug Foundation has provided support for communities to implement alcohol and other drug prevention strategies, by providing resources and toolkits, and support for staff applying these. Each LDAT has been assigned a dedicated relationship manager.
- Resources are well received and considered accessible by LDATs, who report increased knowledge of evidence-informed approaches to alcohol and other drug prevention. Some LDATs find the resources overwhelming and have identified this as a potential barrier to access.
- LDATs are keen to connect with and learn from each other. Early benefits of the program include increased connections between communities.
- Communities vary from limited capacity to well-developed capacity and strong connections. This variation introduces challenges for the Alcohol and Drug Foundation in providing 'off-the-

shelf' resources and support for Community Action Plans. The Alcohol and Drug Foundation responded to community variability by developing a new Drug Action Team Capacity Assessment Matrix which assesses capacity and competency of LDATs based on five domains: strength of partnerships, capacity of the LDAT, alignment to LDAT Program principles and goals, breadth/comprehensiveness of approach, and engagement with community.

The Alcohol and Drug Foundation is working to strengthen its capacity to support Aboriginal and Torres Strait Islander communities to implement effective community-led activities as part of the LDAT program. These efforts have included commissioning an evaluation based on 14 in-depth interviews, which resulted in the Aboriginal and Torres Strait Islander Local Drug Action Team Program Evaluation report (Kantar 2020). The report's findings were as follows:

- As of August 2020, there were 23 LDATS led by Aboriginal and/or Torres Strait Islander controlled organisations and an additional 45 LDATs with an Aboriginal and/or Torres Strait Islander controlled partner organisation.
- The LDAT program was seen by interview participants to empower Aboriginal and Torres Strait Islander people to improve their lives and provided opportunities to build on existing positive initiatives in local communities.
- It was perceived to have contributed to building connectedness and belonging, strong partnerships, and positive outcomes.
- The application process and community action plans were viewed positively, although the report noted the application process could be improved further by simplifying the language, including clear direction on how to engage partners who are the right fit, and generally making the application shorter and less time consuming.
- Interviewees valued the ongoing, flexible and responsive support provided by relationship managers and their willingness to understand cultural and community needs.
- Other Alcohol and Drug Foundation resources, such as toolkits, website activities and printed material, were found to be culturally appropriate overall, although some interviewees found the content, language and presentation inappropriate for local use. Some LDATs did not use the resources because of issues with online access, or because they were implementing face-to-face activities.
- Principal challenges faced by Aboriginal and Torres Strait Islander LDATs included the impact of Sorry Business, the COVID-19 pandemic, and access to venues and staff in the lead organisations and partners organisation.

- In terms of specific outcomes, interviewees perceived that the program had led to changes in community attitudes and behaviours, including:
    - reductions in alcohol consumption
    - development of more mentors or role models in communities
    - increased leadership and confidence among participants and community members
    - more people 'going to the gym and becoming healthier'
    - participants gaining employment and/or accessing training opportunities
    - stronger relationships between organisations and young people
    - reductions in youth crime.
- Over half of LDATs had been successful in obtaining funding from other organisations, and most of these noted that having the LDAT program in place helped them achieve other funding because it gave other organisations a sense of trust in offering additional support. Furthermore, interviewees felt the experience of developing plans for LDAT had helped build their confidence in completing similar plans, as well as developing and maintaining partnerships.

Notable achievements

The LDAT program has evolved and been refined over the four funding rounds to date. Efficiency has been improved by changes to the application process (now online) and selection process (targeting factors known to be associated with successful LDATs).

The Alcohol and Drug Foundation has continued to develop evidence-based resources and has established the community hub portal.

The Alcohol and Drug Foundation has improved its relationship management model to reduce the administrative burden for community applicants and is developing 'off the shelf' modules for commonly used community action plans. In response to the findings of the earlier 2019 external evaluation, the Alcohol and Drug Foundation is moving towards a more comprehensive monitoring and program evaluation system.

The Alcohol and Drug Foundation is developing a community of practice for LDATs, to enable LDATs to share knowledge and learn from one another, and to provide opportunities for cooperation and collaboration. The community of practice would also allow more efficient delivery of support and resources from the Alcohol and Drug Foundation, as it would prevent duplication of activities.

Strengths and limitations of the evaluation

This evaluation benefited from previous methodologically robust evaluations of the LDAT program, including that of the Aboriginal and Torres Strait Islander LDAT Program and the evaluation undertaken by The Thread Consultancy in 2019.

However, we encountered gaps in outcome data that limited the evaluation. Although LDATs are required to report their activities to the Alcohol and Drug Foundation, collection and analysis of outcomes data was variable.

The Alcohol and Drug Foundation is in the process of addressing this limitation, by developing a flexible evaluation matrix. This evaluation matrix will assess seven core themes: engagement activities, campaigns, events/forums, training/workshops, policy development, liquor licensing interventions, and specialised activities. The matrix will assess these themes against performance indicators, including policy and intervention implementation, program reach, knowledge, and confidence gains.

COVID-19 impact

During the COVID-19 pandemic, most LDATs had to adapt face-to-face activities (including engagement activities, events, forums, workshops, training and other development activities) to online formats, while continuing to provide referral to important support services and linking communities to alcohol and other drug information resources.

Summary and Recommendations

Key Strengths

The LDAT program has:

- gained good reach into regional and remote locations
- developed and/or strengthened relationships between community organisations and services
- successfully targeted specific geographical and population needs.

In addition, the Alcohol and Drug Foundation has provided significant support to participating community organisations.

Areas for improvement

The LDAT program would be improved by:

- streamlining the application process
- providing pre-prepared program content and enhanced evaluation data.

We recognise the efforts made with respect to supporting Aboriginal and Torres Strait Islander LDAT programs, however input from our consultation process suggested that more work is required. Aboriginal and Torres Strait Islander communities are disproportionally impacted by drug and alcohol use and lack of access to services (either due to geography or due to a lack of availability of Aboriginal and Torres Strait Islander specific and/or controlled organisations. Future LDAT planning should consider increasing the proportion of community controlled LDATs and ensure that population coverage and need are considered in planning.

Implementing a comprehensive evaluation framework will enable the outcomes of individual LDATs to be assessed, as well those of the whole LDAT program. We note that the Alcohol and Drug Foundation, in consultation with the Department, has commenced this work.

Continued investment in this program will enable the LDAT program to continue to actively engage communities, and facilitate the delivery of evidence-based prevention programs.

Activity 1(b): Positive Choices resource.

Initial activity formulation

Launch the 'Positive Choices' web portal to deliver up-to-date, accessible, and relevant information on methamphetamine to community organisations, parents, teachers and students.

Evaluation summary

Outcomes	Positive
Implementation	In progress
Evaluability	High

This activity has been implemented as planned. It is currently underway and ongoing, and has shown positive outcomes.

The Positive Choices online portal was developed by researchers at the Matilda Centre at the University of Sydney, in collaboration with the National Drug and Alcohol Research Centre at the University of New South Wales, and the National Drug Research Institute at Curtin University.

Positive Choices aims to improve access to, and implementation of, evidence-based alcohol and drug education resources in Australian schools. It targets three main user groups: teachers, students and parents.

The portal was launched in December 2015 with funding from the Australian Government Department of Health. NIAS-funded activities commenced in 2018.

Methamphetamine-specific resources were developed, including the Cracks in The Ice mobile application and Climate Schools (psychostimulant and cannabis curriculum resources).Positive Choices takes a strength-based approach to facilitating drug and alcohol education with up-to-date, evidence-based information resources.

A key strength of the Positive Choices portal is its use of best-practice methodologies for resource development and dissemination.

The portal was designed in collaboration with stakeholders and incorporates continuous stakeholder collaboration and improvement. The selection of resources for inclusion or development of purpose-designed resources has been informed by a systematic evidence assessment process.

The program's approach has prioritised:

- inclusion of only evidence-based resources that are relevant to the Australian context
- a flexible offering of resources to suit different ways of working and changing technologies
- a strong consultative approach, including co-design with young people and consultations with parents and teachers
- addressing emerging priorities and issues, and gaps in available Australian resources.

These methodological approaches have ensured that the portal resources reflect an evolving evidence base, and that users are effectively engaged.

Multiple robust evaluations of the Positive Choices web portal have provided evidence of successful user engagement, including:

- positive user experiences
- increased confidence in addressing alcohol and drug issues with young people
- increased teacher likelihood to consider the evidence base for resources (compared with teachers who had not accessed the website).

Ongoing updates to content, future proofing the web portal and ongoing promotion are essential to the ongoing utility of this resource.

Detailed evaluation findings

Description of activity

Positive Choices is an online portal designed to improve access to and implementation of evidence-based resources to support alcohol and other drug education in Australian schools.

The portal was launched in December 2015 with resources targeted to teachers, parents and students. Resources were selected for inclusion only if they had an alcohol and other drug prevention focus, were relevant to the Australian context, and were evidence-based.

The website hosts specific resources for Aboriginal and Torres Strait Islander and culturally and linguistically diverse people.

Resources are available for teachers, parents, and students. The portal offers easy navigation to resources for each user group.

The objectives of Positive Choices are:

- to raise awareness about harms associated with illegal drug use
- to provide a national central access point for information, tools and school-based programs on illicit drugs and related harms

- to improve access to effective, evidence-based drug prevention resources and programs, and facilitate their implementation
- to enable parents and teachers to provide their children and students with credible and up-to-date information.

Information sources

Data and documents

A considerable volume of data and documentation was available for the evaluation of this activity.

Documents reviewed include:

- reports outlining digital analytics, activity workplans and budgets, and reach and engagement metrics
- peer-reviewed and in-press literature describing the development and evaluation of the Positive Choices portal and the 'Pure Rush' online educational game, and reporting substance use amongst Indigenous adolescents (Stapinski et al, 2017; Stapinksi et al, 2018; Thornton et al, 2018; Snijder et al, 2020)
- the Positive Choices 2019 Site Evaluation Survey report.

Consultations

One consultation was conducted with the Positive Choice team at the Matilda Centre, University of Sydney.

Details for consultation attendees and for documents and data reviewed are provided in Appendix 3.

Performance summary

Positive Choices has demonstrated excellent outcomes for its stated objectives of developing and facilitating access to flexible, evidence-based alcohol and other drug resources to teachers, parents, and students.

The website has been internally evaluated by the Matilda Centre, using a robust methodology, and evaluation results have been used to guide iterative improvements to the website.

The portal provides access to a large range of resources including videos, games, apps, individual lesson plans, full curriculum packages, and information resources such as booklets and factsheets webinars.

The website provides specific resources for Aboriginal and Torres Strait Islander people and culturally and linguistically diverse people.

Existing resources have been selected for inclusion based on their prevention focus: relevance to the Australian education context (including considerations of target age groups), and whether they are informed by evidence.

The portal, and new resources generated for the portal, were developed using co-design principles involving end-users, with information based on up-to-date literature and evidence.

Development and outcomes

Consultations with teachers across Australia informed the development of Positive Choices. Teachers indicated that a central access point for drug information and resources would be valuable.

The initial beta version of the portal was reviewed by 20 teachers and 10 parents and the feedback was positive. The majority (93%) reported finding the portal useful and 93% would recommend to a friend (Stapinski et al, 2017).

A 2017 evaluation of the portal found that, among teachers using Positive Choices, the majority report using the website at least once per term (34.8% once per term: 30.4% monthly and 8.7% weekly). The majority found the site useful and felt more confident discussing alcohol and other drug use with young people since using the site.

Teachers using Positive Choices were more likely to consider whether resources were evidence-based compared to those not using the website (Stapinski et al, 2017).

An online game, Pure Rush, was developed for online education as part of the Positive Choices project. Consultation with the target age group (12–16 years) informed the game development. The game was designed in consultation with the game design company 2and2 to align with effective drug education. The game focuses on four drug types: cannabis, ecstasy, methamphetamine and hallucinogens.

An evaluation of the game (Stapinski et al, 2018) found that it was well received and feasible for implementation. Demonstrated benefits included improvements in knowledge, but no significant effects on intentions to use drugs were demonstrated.

Out of 25 students aged between 14 and 17 years, the majority found the game enjoyable, age-appropriate, and useful. Of students participating in a controlled trial of Pure Rush, female students had notably improved knowledge, compared with the control group. However, this effect was not observed in males (Stapinski et al, 2018).

There was no evidence of change in intention to use illicit drugs after playing Pure Rush and there was no evidence of improved lesson engagement. The majority of students enjoyed the game (81%) and preferred it to a standalone booklet (88%) (Stapinski et al, 2018).

Improved reach

From 30 June 2016 to 3 August 2020, the Positive Choices portal has received over 2.6 million page views with 1,251,480 site users. The number of monthly site users has consistently grown since 30 June 2016, with 45% of site users located in Australia. Over 4.7 million Facebook impressions and 2.7 million Twitter impressions have been logged and the online webinar series has been viewed 7,325 times. Over 257,000 hardcopy resources have also been distributed to schools and community groups across Australia (Positive Choices Reach and Engagement June 2016 to August 2020).

Utility of the portal

In 2019 an evaluation of the Positive Choices portal was conducted to assess parents' and teachers' views on the design and content of the portal, and measure self-reported change in confidence when discussing alcohol and other drug issues after using the portal. School staff and parents provided positive feedback and indicated a clear preference for evidence-based information (Positive Choices 2019 site evaluation survey report).

Among school staff, 91% of site users reported they were likely or very likely to find the website useful. The aims of the website were clear to participants (92% agreed), it was easy to use (65% agreed) and there was a high level of confidence around using the website (88% agreed).

The majority of school staff reported they were likely to use Positive Choices (81%) and recommend it to their friends and colleagues (90%). After using the Positive Choices portal, 46% of school staff were already implementing evidence-based resources and 48% planned to. The (factsheets were viewed as informative and easy to understand.

Of the participating parents, 85% liked the homepage of the website and 74% liked the Parent Portal section of the website. Only one out of 82 participants had trouble navigating the website and 91% reported they would find a Positive Choices app useful.

Almost all participants viewed the content of the website to be relevant to all parents (95%) and to parents of adolescents (98%).

Of the parents, 95% found the goals of the website clear, 76% said they would use the website in the future, 89% reported ease of use and 90% were confident in using the website.

After using the Positive Choices portal, 85% of 78 participants had already initiated communication about drug use with their children, and 71% planned to access Positive Choices in the future.

Enablers of the effective delivery of the Positive Choices portal include strong collaborative relationships between the development teams within university research centres, and with education stakeholders, including state and territory education departments and Principal's Associations.

The iterative approach to resource deployment has allowed the portal to respond to emerging drug trends, by surveying site users to identify required resources, and by developing content (such as webinars) to respond to these needs.

The use of social media promotion activities has allowed the development team at the Matilda centre to promote the resources and emphasise the portal's strong evidence base.

Barriers to the success of the portal include a limited number of resources for culturally and linguistically diverse people.

Whilst not identified as a barrier to implementation of this activity, the requirement to continually update the resource to reflect current evidence requires ongoing resourcing.

Notable achievements

The Positive Choices website has effectively delivered a range of flexible, evidence-based and up-to-date resources addressing alcohol and drug education for young people.

The portal and its resources have been collaboratively designed, with input from researchers, education stakeholders and end users. The portal and its resources are well received and regularly used by teachers, students and parents. After using the portal, teachers and parents have reported increased confidence in addressing alcohol and drug issues, and an increased preference for evidence-based resources.

The portal's resources continue to be added to and updated over time. Specific resources have been designed for Aboriginal and Torres Strait Islander people and culturally and linguistically diverse people. The portal has been able to respond to emerging needs, including methamphetamine use.

Strengths and limitations of the evaluation

This evaluation has benefited from methodologically robust evaluations undertaken at several stages during the portal's lifecycle, effective monitoring, and good documentation of the portal's web-analytics. These data and documentation have provided good evidence of positive outcomes for site users, a systematic approach to iterative improvement over time, and increasing reach.

COVID-19 impact

No significant impacts of the COVID-19 pandemic on this activity were noted, due to the digital medium.

Summary and recommendations

Key strengths

The key strengths of Positive Choices are:

- robust methodology and a strong commitment to collaborative design
- the high quality of the resources developed
- positive engagement and feedback from portal users
- excellent program utilisation.

Areas for Improvement

We did not identify any significant areas for improvement. The program is operating well and efficiently.

It has robust, ongoing monitoring and evaluation process in place, which should continue for the duration of the program, with pre-defined targets to assess reach and user engagement.

Ongoing re-evaluation of resources should continue to ensure the portal maintains its accuracy and relevance.

Continued investment in this program will ensure that Positive Choices remains up to date and continues to deliver benefits to its users and to the community.

Activity 1(c): National phoneline.

Initial activity formulation

Establish a national phoneline to serve as a single point of contact for individuals and families seeking information, counselling and other support services for methamphetamines and other drugs.

Evaluation summary

Outcomes	Mixed
Implementation	In progress
Evaluability	High

This activity has been implemented as planned. It has been completed, and has shown mixed outcomes.

The National Alcohol and Other Drug Hotline was established to provide a central number for people seeking telephone support for their own or someone else's alcohol or drug use. The national hotline links callers with local alcohol and drug services that have been nominated by individual states and territories.

The advantage of a national phoneline is that people can call from all over Australia, which means that people are still able to access telephone support if they move or travel. The national hotline allows national campaigns and media to identify a single point of contact for people seeking help.

The national hotline was established in 2017 and had no formal launch or promotion. State and territory jurisdictions could promote the national hotline through opportunistic promotions in any campaign or support related activity at their discretion.

Compared with state and territory phonelines for alcohol and other drug issues, the national hotline has had comparatively little promotion and poor uptake – probably because jurisdictions have instead invested resources in establishing and promoting their local services.

A lack of promotion has hindered consumer and service provider awareness of the national hotline. However, an evaluation of the National Drugs Campaign (NIAS priority 2a) found a 13% increase in awareness of the national hotline among young people after exposure to the campaign (Stancombe Research, 2012). Mindframe (an organisation that supports safe media reporting, portrayal and communication about suicide, mental ill-health, and alcohol and other drugs) is also encouraging media agencies to include the national hotline in reports, as a

simplified option to link the public with services that are accessible and relevant for people in every state and territory.

As of April 2020, the national hotline received 20,312 calls in total, with demand consistently increasing from February 2018 to April 2020. Most calls came from New South Wales, followed by Victoria.

Our consultations identified some key activities to assist in the utilisation of the national hotline:

- Increase promotion.
- Support uptake from the jurisdictions.
- Encourage media outlets to include the number in alcohol and other drug-related stories.
- Embed evaluation mechanisms into the service.

Detailed evaluation findings

Description of activity

The National Alcohol and other Drug Hotline was launched on 21 July 2017. The national hotline offers a number that automatically directs individuals to the nominated alcohol and drug information services in their state or territory.

Callers can access information on alcohol and other drug-related topics through pre-recorded messages, or they have the option to speak with a counsellor or other professional to access support relating to their own or somebody else's alcohol or drug use. The linked State and Territory services are available 24/7, except in South Australia, where access to trained professionals is limited to the hours of 8:30 am to 10:00 pm.

The national hotline has been a key priority of the Australian National Advisory Council on Alcohol and Other Drugs. The national hotline was developed in response to the multiple phoneline support options available across Australia for people seeking support, advice and referrals for alcohol and other drug issues. It was established as a mechanism to streamline help-seeking through a central national support line.

The national hotline was not formally launched or initially promoted. Jurisdictions could promote the national hotline opportunistically in any campaign at their discretion.

Information sources

Data and documents

Limited data and documentation was available for this activity. We drew on qualitative findings from consultations as the primary source of information for this evaluation.

Documents reviewed included:

- National Alcohol and other Drug Hotline background and information cumulative call report
- state hotline data (South Australia and Western Australia)
- monthly call volume reports
- promotional material
- an independent evaluation of Phase Seven of the National Drugs Campaign (Stancombe Research, 2018).

Consultations

We conducted two 1.5-hour consultations directly relating to this activity with members of the Australian National Advisory Council on Alcohol and Other Drugs. We approached state phoneline service providers and a national health promotion organisation and invited them to participate, but received no response.

Details for consultation attendees and for documents and data reviewed are provided in Appendix 3.

Performance summary

The National Alcohol and other Drug Hotline has been active since 21 July 2017. While data have been limited, consultations have allowed us to identify central themes, including:

- the importance of the national hotline in establishing a national single point of access for phone support, advice and referral
- a need for additional effort to support greater use of the national hotline, including:
    - increasing promotion (for example, embedding the phoneline in public awareness campaigns on alcohol and other drugs)
    - gaining support for uptake from states and territories
    - encouraging media outlets to include the number in alcohol and other drug-related stories
    - embedding evaluation mechanisms into the service.
- a reported lack of impetus to drive the national hotline, which limits uptake.

A lack of promotion activity has hindered consumer and service provider awareness of the national hotline. Jurisdictions' continued promotion of state- and territory-based alcohol and other drug phonelines, rather than the consolidated national hotline, has been a barrier to implementation. Further promotion of the national hotline is critical and further efforts are required to improve support from jurisdictions.

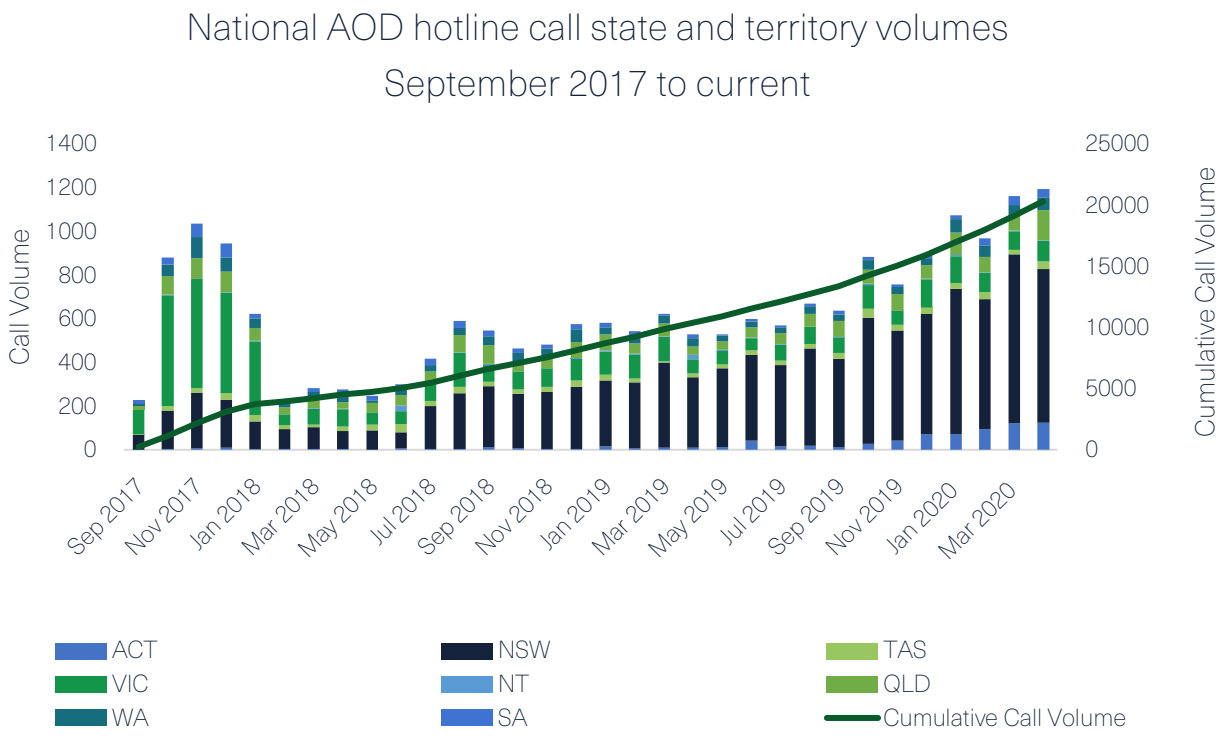
Mindframe is encouraging mass media organisations to include the national hotline reporting on alcohol and other drug use, to provide a simplified option for media to link the public with services that are accessible and relevant for people in every state and territory.

Notable achievements

The national hotline was launched on 21 July 2017. As of April 2020, the hotline had received 20,312 calls in total and demand consistently increased from February 2018 to April 2020 (figure 1). Most calls came from New South Wales, followed by Victoria.

Utilisation uptake has been slower than anticipated, but the hotline is established with the key mechanisms of operation in place.

An evaluation of the NIAS National Drugs Campaign (Stancombe Research, 2012) identified a 13% increase in awareness of the national hotline among young people who had seen the campaign's targeted communications.



Source: *'Cumulative calls AOD Hotline'* dataset provided to consultants

Figure 3. National AOD National AOD Hotline call volume per state and territory and cumulative call volumes

Strengths and limitations of the evaluation

This evaluation benefited from consultation with the stakeholders driving the development of the national hotline, who provided an extensive commentary on barriers and enablers for the activity. Limited statistical data on uptake and hotline usage were available. Data were limited to the numbers of calls, with no additional analytics (for example, user demographics, reason for call or drug of concern).

COVID-19 impact

No significant impacts of the COVID-19 pandemic on this activity were noted, due to the digital medium.

Summary and recommendations

Key strengths

We identified the following key strengths of the National Alcohol and Other Drug Hotline:

- The national hotline provides a single point of access for telephone support, advice and referral. This ensures that people in all states and territories have access to telephone support without having to search for local numbers.
- The national hotline offers information on alcohol and other drug-related topics through pre-recorded messages.
- The national hotline provides people the opportunity to speak with a counsellor or other professional to obtain support surrounding their own or someone else's alcohol or drug use.
- The national hotline has a credible role to play in simplifying the process of help and support seeking and lowering barriers to treatment.

Areas for improvement

Success of the national hotline requires state and territory participating services to increase their promotion of the hotline through more widespread inclusion of the national hotline in alcohol and drug public health and awareness media campaigns and, potentially, by running targeted promotional campaigns.

More detailed evaluation of national hotline outcomes would be enabled by collection of more data, including information on caller location, demographics, area of concern (including drugs of concern), type of information accessed, call duration, and referral outcome to state or territory services. Data on utilisation of the hotline by specific populations (including Aboriginal and Torres Strait islanders) and communities should be collected and used to inform planning/resourcing. Harmonisation of these data with data and/or analyses performed by the linked state and territory services would allow for a more in-depth evaluation of the national hotline. It would also enable both the national hotline and linked services to better identify trends and patterns in user needs, and would support service improvement and future planning.

Activity 2(a): Targeted communication.

Initial activity formulation

Deliver evidence-based targeted communication activities, including through social media and other innovative media.

Evaluation summary

Outcomes	Positive
Implementation	In progress
Evaluability	High

This activity has been implemented as planned. It has been completed, and has shown positive outcomes.

Targeted communication was delivered through the implementation of the National Drugs Campaign phases six and seven, and the Cracks in the Ice online toolkit.

National Drugs Campaign

NIAS funding allowed the National Drugs Campaign to achieve greater impact and reach. The funding allowed for repeated exposure to National Drugs Campaign material, which reinforces key messages.

The National Drugs Campaign has been effective in reducing the risk of young people accepting ice, increasing negative attitudes toward ice, and achieving target behaviour change among young people.

Recent phases of the campaign have diversified messages across populations and drug types, and have provided accessible and easily understood information to encourage audiences to 'stop to think'. The most recent phase of the National Drugs Campaign, scheduled for September 2020, had a focus on increased media visibility, based on the recommendations from phase seven.

The National Drugs Campaign has been effective in prompting open and honest conversations among young people. Delivering impactful information about several drugs to a broad range of audiences is challenging, compared with a specific focus on one drug or one target audience. Phase seven of the National Drugs Campaign, necessitated the development of multiple campaign streams designed to target several audiences.

The National Drugs Campaign is working toward providing information that is evidence based and non-stigmatising. This will ensure that impactful information is delivered, while avoiding 'fearmongering' or deterring messages.

Consistent evaluation and reporting after the completion of each stage has enabled the activity to demonstrate effective reach of dissemination and impact, and will inform strategies for future phases.

Cracks in the Ice

The Cracks in the Ice toolkit is a thorough and evidence-informed resource, aiming to break down stigma as a barrier to those seeking help for methamphetamine use. Demand has been high for both electronic and hardcopy resources.

The toolkit is perceived as useful, clear, evidence-based, and non-stigmatising. Website users report positive experiences. The project has been driven by academics and researchers with extensive experience in the alcohol and other drug field, providing a strong foundation to resource development.

There are strong collaborations with community groups, centres of excellence, media outlets, and Aboriginal and Torres Strait Islander groups. These collaborations promote engagement and boost awareness of the resource. Monitoring and evaluation are extensively built into the project, and this information is used to inform future resource development and campaign approaches.

Responding to the needs of families and carers of those experiencing problematic drug use has been identified as resource gap. This target group is outside the scope of the Cracks in the Ice toolkit. Stakeholders report that this need can be addressed by expanding the Family and Friends Support Program to provide intervention and not only information. Transition to an intervention model would address this need and help to offset current lack of specific service availability for this population.

Detailed evaluation findings

Description of activity

National Drugs Campaign

The National Drugs Campaign was established by the Australian Government in 2001. The aim was to reduce the harms associated with illicit drugs by reducing initiation of use (uptake) among young Australians. The mechanisms included increasing awareness of risk, and encouraging young people to make informed decisions not to use illicit drugs.

Earlier phases of the National Drugs Campaign focused on cannabis, ecstasy, and amphetamines. Methamphetamine (ice) was added to the scope in 2009. The primary focus of the National Drugs

Campaign was shifted toward ice in 2015 following the establishment of the National Ice Taskforce.

Phase seven of the National Drugs Campaign involved a targeted set of communication activities to influence young people aged 14–25, by reinforcing health and social risks, promoting evidence-based information and services, promoting evidence-based parental resources, and promoting different types of support services. This campaign had three streams: the ice stream, party drug stream, and parental stream.

Phase eight of the National Drugs Campaign was scheduled for September of 2020, and included the three campaign streams from phase seven using the same resource materials. Most of the budget was allocated to media (split mainly between the party drugs and parental streams, with a small percentage reserved for highly targeted ice advertising). This media emphasis was based on the recommendations from the review of phase seven results.

Cracks in the Ice

Cracks in the Ice was launched in April 2017. It is an online toolkit providing evidence-based and up-to-date information and resources about the use of crystal methamphetamine for the Australian community. The toolkit was developed to provide information across three key areas: ice itself ('What is ice?'), its physical and mental health effects ('What are the effects of ice?') and where and how the community can access support and/or treatment for issues relating to ice ('Staying safe').

The project is led by a team of researchers at the Matilda Centre for Research in Mental Health and Substance Use at the University of Sydney. The team regularly reviews relevant published literature and available resources to ensure the toolkit's evidence base and resources are accurate and up to date.

Cracks in the Ice includes three sub-projects, which involve:

- developing a culturally appropriate resource to prevent crystal methamphetamine-related harms among Aboriginal and Torres Strait Islander peoples
- developing Family and Friends Support Program, an online intervention and support package for families and friends supporting loved ones using methamphetamine
- developing a tailored, evidence-informed support package for families and friends supporting loved ones using alcohol/other drugs in addition to methamphetamine.

Information sources

Data and documents

A considerable volume of data and documentation was available for the evaluation of this activity.

Documents reviewed included:

- Cracks in the Ice documentation – reports on development and beta-testing, a submission to the New South Wales ice inquiry, an evaluation framework and report, and the Cracks in the Ice Community Toolkit Reach and Impact report (April 2017 to August 2020)
- National Drugs Campaign documentation – evaluations of phases five to seven of the National Drugs Campaign, a 2008 report prepared for the Department of Health and Ageing on patterns of methamphetamine use and related harms in Australia (Blue Moon Research and Planning, 2008), and the National Drugs Campaign Phase eight communication strategy.

Consultations

Two consultations were conducted directly relating to this activity. One included stakeholders involved in the development and implementation of the *Cracks in the Ice* online tool kit. The other consultation included stakeholders involved in the development and implementation of phases six and seven of the National Drugs Campaign.

Details of consultation attendees and the documents and data reviewed are provided in Appendix 3.

Performance summary

National Drugs Campaign

The primary focus of the National Drugs Campaign was shifted toward Ice in 2015, following the establishment of the National Ice Taskforce in response to the growing use of ice in Australia.

Funding allowed for two waves of phase six of the National Drugs Campaign, one from May to June 2015 and one from August to September 2015. The second wave was run in response to the success of the first. These waves were effective in increasing negative attitudes toward ice, educating young people about the risks, and communicating the harms of illicit drug use. Parents who recognised the campaign were significantly more likely to have talked to their children about illicit drugs.

Evaluation of the 2015 second wave revealed that repeated exposure was effective in maintaining awareness of the National Drugs Campaign in parents and increasing negative perceptions of ice amongst young people. The second wave of phase six was effective in reducing the risk of accepting ice among youth, particularly in those at higher risk.

The most recent phase of the National Drugs Campaign, phase seven, had three streams: the ice stream, party drug stream, and parental stream. This phase performed strongly in key indicators like 'ease of understanding', 'believability', 'effectiveness at explaining harm and showing where to get help', 'made me stop and think', and 'taught me something new'. The ice stream exceeded phase six of the campaign on 'believability' and 'effective at making me stop and think'.

Phase seven of the National Drugs Campaign had little impact on altering perceptions toward illicit drugs, although 96% of respondents perceived ice to be 'very dangerous', indicating that awareness and negative perceptions were already high.

Young people who saw the campaign material were more likely to have avoided drugs in the last two months. Around 30% of young people exposed to campaign material took actions as a result of exposure, including talking to others, interacting with the advertisements, seeking more information and help seeking behaviour.

Phase eight of the National Drugs Campaign was planned for delivery in September of 2020. No outcome data were available for this phase at time of evaluation.

Cracks in the Ice

The development process for Cracks in the Ice consisted of five stages: expert advisory input, scoping of resources for assessment for inclusion, end-user consultation, consultation with external collaborators, and beta-testing.

The expert advisory group was established in 2015 and consists of representatives from the National Health and Medical Research Centre's Centre of Research Excellence in Mental Health and Substance Use at the National Drug and Alcohol Research Centre, University of New South Wales, and the National Drug Research Institute, in collaboration with the Australian Department of Health.

Content was developed from existing methamphetamine-related resources but was adapted as necessary for inclusion in the online toolkit. Gilimbaa, an Indigenous creative agency, supplied images to be used on the Indigenous support services page and provided consultation around presenting information in a culturally respectful way.

A hard-copy booklet of the Cracks in the Ice resources was developed to accompany the online toolkit. The 24-page booklet summarises the information available on the website. The resource is downloadable and printable from the homepage of the Cracks in the Ice website homepage.

The Cracks in the Ice mobile app was released January 2018 and provides a condensed version of the online toolkit. The app offers offline resources for those without reliable internet.

In a recent submission, the Matilda Centre of the University of Sydney and the Centre for Brain and Mental Health Research of the University of Newcastle called for the New South Wales Government to provide funding for a targeted Cracks in the Ice awareness campaign to increase awareness among New South Wales residents (Kershaw et al, 2019).

The Cracks in the Ice toolkit received traffic from more than 230,000 unique visitors and has responded to 239 requests for information or assistance in its first two years. More than 108,000 hard copies of the Cracks in the Ice resource were distributed.

Since 2017, Cracks in the Ice has delivered 11 webinars focused on crystal methamphetamine, which have reached a live audience of 2,811. As of 31 June 2020, the webinars were viewed a further 5,929 times, bringing the number of views to a total of 8,740.

Cracks in the Ice developed a range of resources for target groups:

- In 2016, online information and resources were developed for Aboriginal and Torres Strait Islander peoples. This involved a 2-year consultation process with Aboriginal and Torres Strait Islander communities, with a total of 166 participants across 15 focus groups. The culturally appropriate adaption of the Cracks in the Ice toolkit will undergo beta-testing among communities in late 2020, with the aim to launch publicly by mid-2021.
- A Family and Friends Support Program was also developed to provide family and friends with evidence-based information that helps them to support loved ones who use crystal methamphetamine. It also provides a five-step training and accreditation program for health workers to improve their capacity to support family and friends. The support program has had 38,913 pageviews with engagement well above the industry average.

The Cracks in the Ice team conducted an online survey between November 2018 and March 2019 to determine the usefulness of the Cracks in the Ice online toolkit and to inform ongoing improvement and development.

Notable achievements

National Drugs Campaign

The National Drugs Campaign was critical in ensuring that commentary on drug use stayed on the public agenda. The Campaign provides the community with credible advertising, developed through extensive research and advisory mechanisms.

The most recent phase of the campaign scored well against key indicators like believability, understanding and thought-provoking.

Young people who saw the campaign material were more likely to have avoided drugs in the last 2 months. Around 30% of young people exposed to campaign material acted in response to the campaign, including by talking to others, interacting with the advertisements, and seeking more information and help.

Cracks in the Ice

Clinical practice and research is strongly embedded in this activity. Stakeholders report that they are working to reduce stigma and other barriers to help seeking by improving knowledge.

There is high demand for hard copies of the supporting booklet resource. There was some reluctance to develop a hardcopy of the resource. However, the high demand prompted its development.

Evaluation data demonstrate that the toolkit had a greater than expected breadth and reach. The length of time users stayed on the website is longer than the industry average, which indicates that the website provides useful content.

Interest and demand for webinars is high, with the number of would-be participants exceeding host capacity.

Strengths and limitations of the evaluation

Evaluation after the completion of each phase of the National Drugs Campaign has been helpful in assisting our understanding of the impact of each phase and the priorities for future campaign phases.

Cracks in the Ice has rigorous evaluation mechanisms embedded in the project. These have been useful in our evaluation. Four key components of these evaluations include:

1. Systematic monitoring of reach and engagement – monthly reports are prepared.
2. Monitoring and evaluation through detailed activity workplan – two reports annually to the Department of Health.
3. Formal evaluation – online survey evaluation to understand the extent that the toolkit is meeting its aims and to identify gaps for future development.
4. Independent user experience reviews – several recommendations have been made based on user reviews, and web development partners have been engaged to optimise the toolkit.

COVID-19 impact

No significant impacts of the COVID-19 pandemic on this activity were noted, due to the digital medium.

Summary and recommendations

Key strengths

National Drugs Campaign

There were high levels of community concern around methamphetamine and other drug use prior to and during the campaign. There was a common view that the government should provide communication about substance use. There was also strong political will to take action on drug use. This ensured the messaging of the National Drugs Campaign was well received.

The National Drugs Campaign's foundation in research helped to define areas of greater impact. The expert committee advising the Campaign included leading addiction specialists and

academics, along with representatives from the education sector. This committee was key to ensuring depictions and language were accurate; therefore, supporting credibility.

A strong emphasis was placed on concept testing for campaign materials, to ensure representations and portrayals were credible.

Cracks in the Ice

The project is led by academics and researchers in the addiction field with extensive experience and high-level expertise. They are active in research and publication, as well as clinical practice and other public dissemination activities. The project team evaluate resources via user surveys and social media feedback to support the validation of the toolkit and inform strategic direction.

The content, structure, look and feel, and delivery of the portal were driven by extensive consultative processes with a broad range of stakeholders.

Collaboration is a central theme across all aspects of Cracks in the Ice. Stakeholders noted excellent working relationships between community groups, centres of excellence, media outlets, and Aboriginal and Torres Strait Islander groups. Some of these relationships have been instrumental in ensuring broader community access. There are mechanisms for regular collaboration embedded in the project.

The Cracks in the Ice project uses monitoring and evaluation, combined with research expertise, to inform the development and dissemination of new resources. For example, webinars are developed in response to feedback and resources are based on and assessed against systemic reviews and scoping of evidence.

Areas for improvement

National Drugs Campaign

Resources and funding have a clear impact on the reach of the National Drugs Campaign. Levels of spontaneous recall, recognition of media, and impact of messaging increased after NIAS investment. Phase seven had lower levels of awareness in the broader community, compared with phase 6, due to reduced funding: $6 million funding in Phase seven saw $3.2 million allocated to the ice stream, compared with $13 million delivered in Phase six with a sole focus on ice. The Phase seven evaluation recommended an increased budget for media to improve community reach.

We recommend that future drug strategy efforts include campaigns for targeted populations, including Aboriginal and Torres Strait Islander people. Such campaigns have more impact for specific groups than whole-of-population approaches and allow consideration of specific issues, risks and experiences of harm.

The National Drugs Campaign would also benefit from embedding behavioural economics principles into the framework to develop future campaign packages.

Cracks in the Ice

Increased impact would be achieved through transitioning of the Family and Friends Support Program from provision of information to a more supportive intervention framework. This shift would address the relative lack of service availability for this population. The program would benefit from increased resourcing to support increased clinical input and oversight of the intervention framework.

Rigorous evaluation methods are built into the implementation of Cracks in the Ice and should continue to provide feedback to support the strategic direction of the project. Central to this resource's ongoing value is its capacity to continue to monitor reach and engagement, provide annual reporting, and seek user input on website experience and accessibility.

Activity 2(b): Sporting club prevention programs.

Initial activity formulation

Support more than 1,200 community sporting clubs to deliver prevention messages about ice, including sporting clubs in remote Indigenous communities.

Evaluation summary

Outcomes	Positive
Implementation	In progress
Evaluability	Moderate

This activity has been implemented as planned. It is currently underway and ongoing. Overall, it shows positive outcomes for participating clubs and communities.

The program has improved community capacity to develop harm-reduction policies for alcohol and drug use. There were limited impacts on policy implementation, development of community networks, and on linkages between clubs and local services.

Tackling Illegal Drugs, a module of the larger Good Sports program, aims to build the capacity of community sporting clubs and to better prepare them to prevent drug harms by addressing issues concerning illegal drugs.

The programs have been rolled out to more than 1500 sporting clubs (as of September 2020), with 1100 having completed the delivery of programs, and 75% having completed an illegal drug policy.

The Alcohol and Drug Foundation provides clubs with resources to improve their understanding of illegal drugs, and how to prevent or minimise use and associated harms. They provide templates, guidelines, checklists and promotional materials, as well as one-on-one support. Levels of engagement with Alcohol and Drug Foundation resources have varied amongst participating clubs. Policy templates are the most widely used resource.

Program content and club support strategies have evolved over time, in response to the needs of communities and participating clubs.

Training delivery and content resources are due to move online from early 2021, to allow Alcohol and Drug Foundation staff resources to be allocated to advocacy and network development

functions, as well as providing individual support to clubs with difficult and challenging aspects of policy development and behaviour change.

The program has prioritised remote and rural areas and has partnered with Local Drug Action Teams where possible.

Detailed evaluation findings

Description of activity

The Good Sports program was officially launched in Victoria in 2001 and became a national program in 2008.

The program aims to promote a healthier sporting nation by working directly with local sports clubs. It currently helps clubs introduce governance arrangements and policies that promote a healthier culture. It is comprised of five modules: Good Sports Core, Good Sports Tackling Illegal Drugs, Good Sports Junior, Good Sports Healthy Eating, and Good Sports Healthy Minds.

Core, Tackling Illegal Drugs, and Junior are all funded by the Australian Government Department of Health and the NIB Foundation, while the other two modules are funded at a state level. The objectives of the Good Sports program include:

- reducing the occurrence of both chronic and acute harms of alcohol, thereby reducing chronic disease and contributing to healthier communities
- positively influencing the behaviour of players, supporters and members of community sporting clubs, thereby strengthening social cohesion and reinforcing protective factors to decrease harms from alcohol and other drugs
- increasing the viability and impact of sporting clubs by ensuring the program incorporates evidence-based practices delivered to a wide range of clubs, including those in remote areas.

The Tackling Illegal Drugs module of the Good Sports program was developed by the Alcohol and Drug Foundation to increase the capacity of sports clubs to respond to potential drug-related issues, by providing them with information and support. The module was developed following the 2015 National Methamphetamine Taskforce Interim Report, which recommended that primary prevention activity in local communities is a priority target for reducing drug-related harms, particularly those involving methamphetamine.

The objectives of Tackling Illicit Drugs include:

- supporting community sports clubs to develop and implement illegal drug policies
- building the confidence of club leaders and members to prevent and manage illegal drug-related issues in a supportive, structured and consistent manner

- building networks where ideas and experiences can be shared and ongoing support can be obtained
- promoting other ongoing opportunities to build healthier club environments through participation in other aspects of the Good Sports accreditation program.

The Alcohol and Drug Foundation provides several policy templates to facilitate the implementation of effective drug policies and practices. Clubs select the most relevant template and apply it to their club.

During the initial rollout of the Tackling Illegal Drugs program, the Alcohol and Drug Foundation identified priority areas in each state and territory, in collaboration with state sports bodies, local government associations, and other key stakeholders in regional and remote areas. Expressions of interest were also sought from local clubs.

Priorities included:

- delivery to remote communities with a goal of recruiting 60% of participating clubs from rural or remote regions
- developing forums tailored for Indigenous communities
- Partnerships with established LDATs, which have existing relationships with local stakeholders.

Forums and workshops were run across Australia. Invitations to attend were extended to sporting clubs already participating in Good Sports, and to local stakeholders including health providers, police, mental health providers, and youth service providers. The workshops aimed to increase awareness of drug issues and prepare clubs to start developing drug policies. These forums and workshops also provided opportunities for clubs to build local networks and relationships.

Information sources

Data and documents

A range of data and documents were reviewed for the evaluation of this activity. Documents reviewed included:

- three progress reports for the Good Sports and the Tackling Illegal Drugs programs that cover the period July 2017 to December 2018 and two jurisdictional evaluations (for South Australia and Tasmania)
- a national evaluation of Tackling Illegal Drugs (2016–2020) undertaken by the Alcohol and Drug Foundation (Alcohol and Drug Foundation, 2020), which addressed the four objectives of the program and provided recommendations
- an Alcohol and Drug Foundation program highlights report

- a cluster randomised controlled trial of alcohol management interventions in community football clubs (Kingsland et al, 2015)
- a randomised controlled trial protocol for evaluating the effectiveness of a web-based program in sustaining. alcohol management practices at community sports clubs (McFayden et al, 2018), which has informed a study underway exploring online program delivery.

Consultations

A total of eight consultations were conducted that directly relate to this activity:

- one with senior Alcohol and Drug Foundation program, staff
- seven with representatives from community sporting clubs participating in the Good Sports program from around Australia, located in Victoria (n=1), Queensland (n=1), New South Wales (n=1), Western Australia (n=1) and South Australia (n=2).

No consultations were undertaken with community sporting clubs located in the Northern Territory or the Australian Capital Territory. Clubs identified by the Alcohol and Drug Foundation did not respond to multiple approaches by 360Edge consultants.

Details of consultation attendees and the documents and data reviewed are provided in Appendix 3.

Performance summary

We reviewed three progress reports for the Good Sports and the Tackling Illegal Drugs programs that cover the period between July 2017 and December 2018. The program demonstrated growth and prioritised rollout to rural and remote areas. A summary of the program activity results is illustrated in Table 4. The Tackling Illegal Drugs program was also independently evaluated for the period 2016–2020 against its four main objectives: supporting policy development, building prevention confidence, network development, and integration with Good Sports initiatives (Alcohol and Drug Foundation, 2020).

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Table 4: Implementation progress: Good Sports and Tackling Illegal Drugs

Program	July – December 2017	January – June 2018	July – December 2018
Good Sports	7577 clubs accredited at level 1 and 653 more working toward accreditation (as of Dec 2017) 1705 clubs at level 3 and 2878 engaged in level 3 monitoring (as of Dec 2017) 55% (4556) of clubs considered regional and remote (exceeds target) 16 media reports on the program 21% increase in Facebook engagements from first to second quarter 35% increase in website traffic from first to second quarter	8142 clubs accredited, with 640 progressing toward accreditation at level 1 (as of Jun 2018) 834 more clubs joined between July 2017 and June 2018 59% clubs considered regional and remote (exceeds target) 5,231 total accreditations (levels 1, 2 and 3) 27% increase in level 3 monitoring during the financial year 2017–2018 to reach 3,360 43% of clubs completed monitoring online without Alcohol and Drug Foundation staff support 307 clubs engaged with the *Take the Lead* campaign (either expressed interest or progressed if already involved) Up to 29,079 daily impressions on Facebook	599 new clubs recruited (July–December 2018) 9,381 clubs engaged in program (as of 31 Dec 2018) 1,459 accreditations at levels 1–3 and a further 1,661 level 3 monitoring accreditations (July–December 2018); 62% of financial year target achieved within first half 3,731 clubs with level 3 accreditation (as of 31 Dec 2018) 542 new leads generated by Good Sports Acquisition campaign, with 300 accredited Decision taken to remove different levels of accreditation and integrate additional programs into a seamless model New program designed to enable delivery with minimal support from Alcohol and Drug Foundation staff

Program	July – December 2017	January – June 2018	July – December 2018
		Up to 68 daily impressions on Twitter 700 media mentions January–June 2018	
Tackling Illegal Drugs	13 forums and 7 follow-up workshops delivered 82% of forums conducted in regional areas 17 media stories about the program July–December 2017 Post-forum feedback indicates successful	30 forums and workshops held 2017–2018 (80% regional and remote) 400 media mentions January–June 2018 Second Aboriginal and Torres Strait Islander Engagement conducted in Katherine (May 2018) Post-forum feedback indicates successful outcomes	Moved from fixed forum to a flexible club-based format delivered at a club's convenience Includes multiple aspects of Alcohol and Drug Foundation programs now and open to members of community 868 clubs participating (as of 31 Dec 2018) Alcohol and Drug Foundation staff underwent comprehensive training, leading to an 88% increase rate of program completion

Objective 1: supporting clubs to develop and implement an Illegal Drugs Policy

According to the Alcohol and Drug Foundation evaluation of the Tackling Illegal Drugs program (Alcohol and Drug Foundation, 2020), the activity has attracted widespread participation and a high rate of engagement. More than 1500 clubs are engaged in the program in some manner, and 75% of these have completing an Illegal Drugs Policy.

The majority (81%) of program participants agreed their club was likely to develop an Illegal Drugs Policy.

Objective 2: building club confidence to prevent and manage illegal drug-related issues

According to the Alcohol and Drug Foundation evaluation (Alcohol and Drug Foundation, 2020), the content of the Alcohol and Drug Foundation's Illegal Drug forums, workshops and online training was well received by clubs. User satisfaction with program content and frequency of support from the Alcohol and Drug Foundation were both high (92% and 85% respectively).

Eighty-six per cent of clubs reported that the Tackling Illegal Drugs program helped build their confidence to manage future illegal drug issues, and 71% of clubs believed the program helped them to be more supportive of their members. Only a minority of program users (15% of forum attendees and 23% of club representatives who completed the online training) indicated they were unsure about the relevance of the content to their club. Consultation participants expressed increased confidence to address illegal drug use, and acknowledged with appreciation the support provided by the Alcohol and Drug Foundation.

Objective 3: building networks where experiences can be shared, and ongoing support can be obtained

The Alcohol and Drug Foundation evaluation (Alcohol and Drug Foundation, 2020) found that the Tackling Illegal Drugs forums successfully built clubs' awareness of the services available to support their club, and facilitated network development to a moderate degree. Eighty-eight per cent of attendees identified increased service awareness as a positive outcome of their participation. However, engagement between participating clubs and local services was moderate. Only half of the clubs had made a connection with local alcohol and other drug services within 12 months after the forum, and clubs had connected with one service on average. Our consultation findings confirmed these results. Participants reported increased awareness of local services, but only limited strengthening of linkages with them.

Objective 4: building healthier club environments through participation in other aspects of Good Sports

Coordination between participation in Tackling Illegal Drugs and other Good Sports initiatives has been effective.

The majority (91%) of clubs in the Tackling Illegal Drugs program have achieved all the elements of the Good Sports core program and 9% have commenced and are progressing towards completion.

Of the 1066 clubs that were accredited in the Tackling Illegal Drugs program during the funding period, 23% also obtained their accreditation in the Good Sports Junior and 26% achieved accreditation in the Healthy Eating program.

Our review of documentation and our consultations supported these findings. Our findings highlighted the utility of the policy template resources to complete multiple modules of Good Sports, and confirmed the relative lack of engagement with local services.

Barriers to program participation were identified in a 2015 evaluation of the Good Sports program (Kingsland et al, 2015). This evaluation assessed baseline awareness of alcohol and drug problems and found that lack of awareness limited readiness for engagement and change.

Our consultation findings indicated this may not be a significant barrier to engagement with the Tackling Illegal Drugs program. Most clubs indicated that whilst they may not currently have or expect to have issues with illegal drugs within their clubs, they felt that having a policy in place would make them more confident to address these issues.

Limited capacity of volunteer clubs to allocate resources to policy development and follow-up or to ongoing support of programs was an additional barrier to program engagement.

Enablers of program participation included advocacy and promotion by sporting leagues and associations, effective marketing campaigns (run twice per year and highlighting participation benefits), occasional use of vouchers as incentives, and assertive follow-up by the Alcohol and Drug Foundation of clubs who express interest in participation.

Notable achievements

The Good Sports and Tackling Illegal Drugs programs have undergone significant development and redesign to improve access for clubs and enable more efficient program delivery.

The Alcohol and Drug Foundation has developed strategies to motivate Clubs to participate and move through the various modules of the Good Sports program. These include:

- providing example 'case studies' of clubs that have participated with benefits
- introducing annual awards program to provide recognition of high-performing clubs
- the model for rewarding and recognising participating clubs' progress and achievements, which uses an online format based on gamification research, intended to positively engage with a participating club's competitive motivations.

The guidance manual for developing an illegal drug policy has been shortened and revised to become more user friendly and include greater emphasis on the range of benefits and supports provided.

The structure of the Tackling Illegal Drugs program was simplified (from a five-module structure to a single program structure). This change reduced the number of actions participating clubs need to complete.

To achieve accreditation, clubs now need only work through the content relevant to them. Reduced complexity enables Alcohol and Drug Foundation support staff to focus time and resources on each club's behaviour, policy change needs and advocacy.

At the time of evaluation, the Alcohol and Drug Foundation was trialling a digital platform due to go live for widespread access on 1 January 2021. Online delivery maintains program efficiency without a loss of user engagement and offers reduced implementation costs when compared to the existing delivery model.

Strengths and limitations of the evaluation

This evaluation benefited from access to data and documentation relating to the implementation of this program. We also had access to methodologically robust past evaluations of the Good Sports and Tackling Illegal Drugs Programs.

Whilst we were able to collect qualitative data from representatives of participating clubs in most states and territories, obtaining a truly representative sample of participating clubs was beyond the scope of the evaluation.

Overall, definitive evaluation of the outcomes of this program is hampered by the lack of a systematic collection of outcomes data. It was not possible to demonstrate or measure reduction in harms within participating clubs that was attributable to successful implementation of best-practice alcohol and drug policies).

COVID-19 impact

Some impacts of the COVID-19 pandemic were identified during the evaluation by Alcohol and Drug Foundation staff and participating club representatives. These impacts include shifting of training and support by the Alcohol and Drug Foundation from face-to-face to telephone or online delivery.

Summary and recommendations

Key strengths

We identified the following key strengths:

- The program has good visibility and relevance for participating clubs. The Tackling Illegal Drugs program has been able to leverage these attributes to demonstrate high levels of program participation.

- There is a notable emphasis on regional and remote area engagement, with a high rate of alcohol and illegal drugs policy development by participating clubs.
- There is ongoing attention to continuous program improvement.

Areas for improvement

The efficiency of the program's delivery could be increased, and there should be an increased focus on measuring program outcomes.

We note that attention to these areas is already underway, with the move to online delivery of Good Sports. Online delivery has already been demonstrated to improve efficiency whilst maintaining effectiveness. This change will enable more effective monitoring of club requirements and data collection on participation rates and implementation progress.

A systematic outcome monitoring process is required to evaluate program uptake and compliance, and to track relevant behaviour change outcomes.

We note that efforts have been made to collaborate with Aboriginal and Torres Strait Islander communities. The ADF has worked with several communities to develop or adapt programs and resources, and tailor the focus of their support from policy and legal frameworks to a community capacity building approach. We also note that the ADF has planned to apply evaluation learnings from the LDAT program to Good Sports. Further efforts are required to increase the number of Aboriginal and Torres Strait Islander clubs participating in this program.

Continued investment is required to ensure that community sporting clubs have access to this highly visible and relevant primary and secondary alcohol and drug prevention program.

Activity 2(c): Prevention and education in high-risk industries.

Initial activity formulation

Develop strategies to increase prevention and education about methamphetamine in high-risk industries such as mining, construction and transport.

Evaluation summary

Outcomes	Mixed
Implementation	In progress
Evaluability	Poor

Alcohol and drugs present an increased risk of harm in the workplace. Industries like mining, construction, and transport are particularly vulnerable to harms associated with alcohol and drug use.

Interventions to reduce alcohol and drug use in the workplace should emphasise workplace risks and should improve knowledge of alcohol and other drug harms. Organisations should place an emphasis on holistic health and wellbeing in the workplace to create a culture that not only mitigates risk, but also supports a healthy workforce.

Multi-component interventions involving cultural change, education, and policy have the potential to reach a substantial proportion of workers in construction and other comparable industries.

The National Centre for Education and Training on Addiction (NCETA) at Flinders University works with high-risk industries and workplaces to assist in policy development. NCETA staff assess current policies and help workplaces adapt them to achieve change in cultural norms and practices. NCETA previously developed a range of resources and conducted workshops and seminars on the topic within high-risk industries.

In 2019, NCETA staff Professor Ann Roche and Allan Trifonoff met with BHP personnel from Sydney, Adelaide, and Brisbane to present research and highlight successful approaches to addressing workplace alcohol and drug use. BHP was aiming to draw NCETA's extensive research and experience in reviewing BHP policies and practices around alcohol and drug use.

BHP has taken a harm prevention approach that involves testing individuals for drug use regularly and testing wastewater in employee accommodation villages. An Employee Assistance Program allows people with alcohol or drug use to self-identify before testing and to access treatment

without sanction. The BHP Health Team organises internal health programs that aim to increase awareness of alcohol and drug issues.

Minimal documentation was available for overall assessment of this activity, which limited our ability to effectively evaluate outcomes.

Detailed evaluation findings

Description of activity

Alcohol and drug use presents an increased risk of harm in the workplace. Mining, construction and transport represent industries with increased risk of harm. Workers in these industries have increased prevalence of alcohol and drug use, compared with the general population. The reasons for increased use include high rates of psychological distress, difficult working conditions, work stress, and unsupportive work environments. High proportions of idle time, limited supervision, long shifts, and irregular hours are also risk factors. Young (25 years) and middle-aged (45–54 years) workers are at increased risk of alcohol and drug use. Primary drugs of concern are opioids, cannabis, methamphetamine and cocaine.

A recent study of alcohol consumption in construction workers found that lower perception of the workplace risks relating to alcohol was a predictor of drinking to risky levels. However, increased knowledge of alcohol-related harms does not mitigate drinking levels, implying that construction workers ignore or underestimate the health impacts. This suggests that interventions to reduce alcohol and drug use in the workplace should address workplace risks, but should also aim to improve knowledge around alcohol and drug use while providing a working environment with increased emphasis on health.

Many companies develop tight drug testing regimes, which can have several possible effects. Drug testing can:

- encourage people to stop using drugs
- encourage displacement, where people move from using drugs like cannabis (which is less harmful and risky in the workplace but is detectable for longer), to drugs like methamphetamine (which has a shorter biological half-life and is harder to detect)
- reduce workforce availability, where workers face removal from the workforce as a consequence of drug use. This will have a greater impact in rural areas with fewer alternative employment options.
- deter people from applying for work if they are aware of a company's drug testing policies.

An evaluation in construction workers found multi-component interventions involving culture change, education, and policy have potential to reach a substantial proportion of workers in construction and other comparable industries.

Current evidence suggests that interventions to increase awareness of safety and risk associated with alcohol and drugs must be sustained over time.

The gold standard for developing policies for preventing alcohol and drug-related harm in the workplace is tailoring of the policy based on both the following:

- a needs assessment of a specific workplace or industry, including assessment of demographic profile of workforce, physical work environment, hours of operation, and levels of supervision
- a gap analysis of any existing policies.

Policies should be developed in collaboration with full workforce and with work unions and should cover everyone in the workforce, including senior management. Policies should include information about required actions if alcohol is consumed on site or intoxication occurs on site, and indicators to assess whether someone is safe for work. These should provide transparency on the expected outcomes of alcohol and drug use.

NCETA works with high-risk industries and workplaces to assist in policy development. NCETA staff evaluate current policies and adapt them to promote change in cultural norms. NCETA has developed a range of resources and conducted a range of workshops and seminars.

Information sources

Data and documents

Minimal data and documents were available for the evaluation of this activity.

Documents reviewed include:

- a study of young construction workers exploring the relationship between substance use, mental health, and workplace psychosocial factors
- information sheets on methamphetamine and drug use in the workplace developed by NCETA.

Consultations

Two 1.5-hour consultations were conducted with researchers from the NCETA and with stakeholders from BHP.

Details of consultation attendees and the documents and data reviewed are provided in Appendix 3.

Performance summary

Minimal documentation and related data were available for the evaluation of this activity. This prevented full assessment of its implementation and impact.

Our consultations with NCETA confirmed that the organisation is currently engaging with high-risk industries to support the development of harm-reduction policies for alcohol and other drugs. We were not able to access information about the scope of these activities. NCETA has developed a range of resources (including a brief information sheet on methamphetamine and implications for its use in the workplace), and also conducts workshops and seminars.

BHP test individuals for drug use regularly and test wastewater in accommodation villages. BHP's Employee Assistance Program allows people with alcohol or drug problems to self-identify before testing and access treatment without sanction. The BHP Health Team organises internal health programs to increase awareness of alcohol and drug issues. These programs are delivered monthly across the organisation and are part of the overall alcohol and drug policy and safety response.

BHP interviewees reported that the company has benefited from collaboration with police, who often notify BHP of a potential influx of drug supply in regional areas so that BHP can appropriately target testing and prevention.

Notable achievements

Studies have been undertaken to improve the understanding of relationships between workplace stressors and alcohol and drug use. This research, alongside understandings of vulnerable demographics and patterns of alcohol and drug use, informs the development of tailored education and prevention programs in high-risk industries.

NCETA has developed information sheets on methamphetamine and the implications of methamphetamine use in the workplace.

BHP has implemented a suite of policies and procedures to minimise alcohol and drug-related harm in the workplace. It aims to increase knowledge and awareness of alcohol and drug-related issues among employees.

Strengths and limitations of the evaluation

This evaluation benefited from input from key researchers at NCETA involved in research on alcohol and drug use in the workplace, and from input from BHP.

The evaluation was limited by lack of access to appropriate documentation and data to measure the implementation and progress of this activity.

COVID-19 impact

No significant impacts of the COVID-19 pandemic were noted during our evaluation of this activity.

Summary and recommendations

Key strengths

We identified the following key strengths:

- NCETA provided evidence to support a holistic harm-reduction approach to alcohol and drug use in the workplace.
- BHP reformed its alcohol and drug policy, adopting a holistic model of alcohol and drug harm prevention and management.

Areas for improvement

Better tracking of engagement and support provided to high-risk industries would allow better understanding the impact of NCETA's activities in this area.

A follow-up should be conducted after NCETA provides tailored advice on organisational alcohol and drug policy, and procedures to establish how these recommendations are embedded into current practice.

Where NCETA's recommendations are embedded into policies and practice, a, follow-up evaluation should examine their impact. This could include measuring the prevalence of alcohol and drug use (for example by tracking impact on positive detections), worker wellbeing and health, and worker perceptions of risks and harms.

Activity 3(a, d, f): Increased investment in alcohol and other drug treatment services.

Initial activity formulation

This summary includes three separate NIAS activities delivered through the Primary Health Networks (PHNs), with formulations as follows:

3(a). Increase investment in the alcohol and other drug sector, including for Indigenous-specific alcohol and other drug services.

3(d). Increase the links that exist between Primary Health Networks and health care providers and community services to improve continuity of care.

3(f). Enhance the delivery of early intervention and post-treatment care through PHNs.

Evaluation summary

Outcomes	Positive
Implementation	In progress
Evaluability	Poor

This activity has been implemented as planned. It is currently underway and ongoing. Overall, it shows positive outcomes.

NIAS investment in treatment represents a significant investment in the capacity of the alcohol and other drug treatment system. The program has allowed for the remediation of gaps in service provision at local and regional levels.

Stakeholders from PHNs, from the alcohol and other drug peak bodies, and from contracted service providers reported positive outcomes of NIAS treatment investments. Interviewees emphasised perceived benefits more in those PHNs that engaged in coordinated and cooperative scoping and planning with the alcohol and other drug sector.

NIAS investments were broadly recognised as necessary and achieving significant improvement in service capacity in an underfunded area of health care.

Flexible funding allocation allowed for adaptations to the needs of specific geographical areas and populations.

Challenges in initiating the PHN funded services arose due to the short timelines for initial commissioning services, difficulties with recruitment to and/or development of new service capacity (especially in more remote areas), short initial contract durations, and PHNs' unfamiliarity with the alcohol and other drug sector.

These barriers were not uniform across Australia, with some regions experiencing relatively fewer barriers thanks to better availability of existing services, services having greater experience with tender processes within services, individual PHNs having greater knowledge of the sector, and effective collaboration between PHNs and alcohol and other drug peak bodies.

The investment has built up the capability of PHNs to effectively engage, plan, and procure alcohol and other drug services.

The investments have supported mechanisms for improved cross-sector linkages and network development, which result in improved coordination between the alcohol and other drug and other health and social service sectors.

Workforce development investment has been a valued aspect of the PHN role in improving alcohol and other drug treatment capabilities.

Informants questioned the appropriateness of NIAS' focus on investments for methamphetamine treatment interventions during consultations. Single-drug-specific services were not considered to align well with existing alcohol and drug service delivery models, which are typically organised along 'service-type' lines (residential, withdrawal, case management, counselling), rather than by drug of concern.

Evaluability was poor for the programs subsumed under NIAS PHN-mediated treatment investment. The ability to evaluate these activities has been limited by lack of consistent data and documentation across programs and across NIAS funding period.

We were able to assess implementation progress and the relative distribution of funding across treatment types. We were unable to precisely assess the distribution of funding for Aboriginal and Torres Strait Islander specific services.

Unfortunately, we were not able to identify or assess consistent, high-quality outcome data relating to NIAS-funded treatment programs. However, we acknowledge that consistent assessment of treatment outcome and program effectiveness is an endemic challenge across the alcohol and other drug sector, and is not unique to these NIAS funded programs.

Outcome data are available for limited case study evaluations of individual programs, but the generalisability and relevance of these data to the strategy as a whole are limited.

Additional investment in evaluation capacity is required to better monitor and evaluate the outcomes of these activities.

We recommend that an evaluation framework be developed and implemented to assist Primary Health Networks, participating services and the Department of Health with monitoring service utilisation, assessing outcomes and planning. This monitoring and evaluation system should ideally be developed in conjunction with the principal stakeholders with these services: the Department of Health, the PHNs, alcohol and other drug Peak Bodies, and the wider alcohol and drug sector.

It should inform needs assessment, planning and commissioning, be used to identify the most effective treatment approaches, and be used to inform workforce development and capability improvements.

Where possible, these monitoring and evaluation mechanisms should be aligned or harmonised with data collection and reporting systems, to avoid imposing additional data collection, client record management, information technology cost and reporting burdens on the sector.

Detailed evaluation findings

Description of activity

The three activities under priority area 3 represent nationwide investments in alcohol and other drug treatment capacity and capability and were funded through PHNs.

NIAS funded range of treatment types, which can broadly be organised into mainstream and Indigenous-specific services.

Treatment services included case management, counselling, early intervention and aftercare services, as well as more specialised programs (including programs addressing the needs of specific populations). The PHN investments also included workforce, sector and network development.

Information sources

Data and documents

A range of data, documentation and reports were reviewed for these activities. These describe funding allocations across PHNs responsible for alcohol and other drug services under NIAS for the period 2016–2020. They provide details of service providers commissioned by the PHNs and details of funding streams (NIAS Mainstream or NIAS Indigenous), along with specific funding allocations.

We also reviewed:

- combined quarterly reports (covering all PHNs for limited periods), yearly performance reports and quarterly performance reports available for some PHNs and time periods.

- workplans and specific reports on needs assessment and strategic planning, available for some PHNs
- guidance materials provided by the Department of Health to PHNs in commissioning services
- several detailed case study reports for specific programs.

Consultations

Seven consultations were conducted for this activity.

We approached all state and territory PHN organisations seeking senior representation (directors, senior managers, commissioned service coordinators). Two 1.5-hour consultations were conducted with 33 PHN representatives.

PHN representatives not able to attend a scheduled consultation were offered an opportunity to provide written feedback on key evaluation themes.

We invited all state and territory alcohol and other drug peak organisations to participate in consultations. We conducted two 1.5-hour consultations with 12 representatives from nine peak organisations.

We invited service providers engaged in delivering services commissioned via PHNs to participate in consultations. A total of 17 representatives from commissioned service providers attended one of two 1.5-hour consultations. The impact of the COVID-19 pandemic was identified as a significant barrier to participation, as senior organisational representatives were unable to allocate time to the consultations.

We invited service providers and other stakeholders with expertise and knowledge in the Indigenous service sector to participate in a focused consultation. Six stakeholders participated in one 1.5-hour consultation.

Details of consultation attendees and the documents and data reviewed are provided in Appendix 3.

Performance summary

This activity has been implemented as planned, despite initial delays with initiating service delivery in some regions.

A total of 600 additional services have been provided under NIAS funding via the 31 Primary Health Networks.

Initial funding for these services in 2016–2017 totalled $35,625,236. Funding increased over the following years: $57,003,335 in 2017–2018, $60,795,178 in 2018–2019, and $61,942,038 in 2019–2020.

Between 29% and 30% of the funding in each period was allocated to NIAS Indigenous stream. Accordingly, almost one-third (168) of the service providers were funded by NIAS Indigenous

stream. We were not able to identify the exact allocations of this funding (either by treatment type, or determine the proportions of funding that went to Aboriginal and Torres Strait Islander controlled organisations, or Aboriginal Health Services.

The three most common primary treatment types funded by NIAS are workforce development and capacity-building (166), counselling (113), and early intervention including brief intervention (89).

Other primary treatment types receiving funding included case management, care planning and coordination, withdrawal management, post-rehabilitation support and relapse prevention, residential rehabilitation, day-stay rehabilitation, online and telehealth services, and one evaluation project.

PHN capacity

Our consultations indicate that, overall, PHNs improved their ability to assess needs, and to plan and procure alcohol and other drug services. Involvement in these activities has improved their knowledge of alcohol and other treatment and of the sector. PHNs improved their ability to provide linkage functions between the specialist alcohol and other drug sectors, primary health and other community service sectors, and provide workforce development programs.

Experiences of coordination between the PHNs, alcohol and other drug peak bodies and service providers varied between jurisdictions. Identified factors accounting for these differences included PHNs' knowledge of the alcohol and other drug sector, and the quality of relationships between PHNs and the alcohol and other drug sector and with sector peak bodies.

NIAS is broadly recognised as a valuable investment in capacity.

Our consultation findings indicate that NIAS investment in additional resources for alcohol and drug treatment services is widely recognised as achieving a positive and necessary increase in the capacity of the alcohol and other drug sector. Increased capacity was noted across both the mainstream and Indigenous streams. However, demand for alcohol and other drug services in Australia still exceeds supply.

NIAS investments provided an opportunity to identify gaps in existing service systems and prioritise commissioned services to address those gaps (for example, by addressing a lack of local capacity in services like counselling, case management and day rehabilitation).

Funding for innovative services has promoted more targeted interventions. These include brief interventions, services for consumers with complex needs, remote area services, services for LGBTIQ+, people, and services for specific cultural groups.

Positive service delivery outcomes have been achieved by drawing on evidence-based approaches, and through the active engagement of funders (PHNs), service providers, peak

bodies, experts and researchers, through the use of collaborative and co-design methodologies, and by addressing local needs.

Methamphetamine-specific programs are not universally applicable to alcohol and other drug treatment.

Whilst NIAS investment has been welcomed, informants across our consultations articulated the view that funding for alcohol and drug service provision should not be structured around a specific drug type (in this case methamphetamines). A specific focus in service delivery does not meet the need of most service users or reflect how services operate; for example, service users may present with more than one drug of concern, treatment types do not typically align with primary drug of concern, and consumers often require multiple service types across their treatment experience.

Commissioning and implementation of services have varied across Australia. Reported experiences of initial commissioning of services varied widely across the country. Multiple factors accounting for this variability were identified.

The short timelines to submit responses to the initial tenders was identified as a challenge for many services.

PHNs varied in terms of their familiarity with alcohol and other drug treatment, and their understanding of how best to commission these services. Initial commissioning arrangements did not always directly map to existing models of care or service delivery, or definitions of episodes of care and treatment completion within the alcohol and other drug sector.

PHNs varied in their familiarity with the alcohol and drug treatment sector, and in the extent of their existing linkages and relationships with the sector.

PHNs also varied with respect to their degree of engagement with relevant alcohol and other drug peak bodies, and the degree to which prior needs analysis and service planning informed the commissioning of new services. Where effective working relationships already existed between PHNs and peak bodies, and where PHN staff had prior experience in the alcohol and other drug sector, these factors facilitated sector engagement and collaborative planning.

The capacity of alcohol and other drug services to respond to tenders also varied. The administrative burden on services to develop tender responses was considerable, and smaller organisations were at a relative disadvantage due to their comparative lack of capacity.

Planning and coordination of services has been complicated in some regions by the lack of transparency about which services have been funded.

The experience of commissioning services has highlighted a need for a nationally consistent approach that includes more comprehensive guidance for planning, commissioning, service delivery monitoring, and evaluation frameworks. Adequate time and resourcing for service initiation, and contract lengths that allow for sustainable capacity development, are also

recommended. This need for transparency and forward planning is especially pressing for delivery of services for Aboriginal and Torres Strait Islander people

Notable achievements

As a result of NIAS investments, other stakeholders, including alcohol and other drug services, see PHNs as having a more direct stake in the sector. Enhanced roles of PHNs include funding, ability to facilitate formal and informal linkage mechanisms across sectors, the capacity to support workforce development, and a focus on improving awareness of alcohol and other drug issues among GPs.

PHNs effectively supported capacity development within primary care (for example, contributing to improved shared care by providing training for mainstream organisations to work more effectively with Indigenous consumers). The sustainability and generalisability of such initiatives has not been established.

PHNs involved in funding NIAS alcohol and other drug services effectively performed the function of developing and supporting linkages between primary care and the alcohol and other drug sector. Whilst service linkage efforts have been variable across regions, most service providers report effective PHN support for linkage activity (for example, supporting practice forums, providing shared professional development opportunities and network meetings, and coordinating training with service providers and peak bodies).

Strengths and limitations of the evaluation

Monitoring, reporting and evaluation systems were not adequately established at the commencement of the rollout of this funding. This has placed fundamental limitations on the strength of the evaluation of these activities.

The initial rollout of this funding was not tied to a consistent framework for identifying performance indicators. Reporting requirements for NIAS funded services did not harmonise with reporting requirements for other funders, and represented an additional administrative burden for service providers.

COVID-19 impact

Significant impacts of the COVID-19 pandemic were identified during the evaluation. These impacts primarily related to the delivery of NIAS-funded services, but also reduced the ability for stakeholders to engage with the evaluation.

Participation in consultations and ability to identify data and/or documentation for the evaluation was limited by the requirement to prioritise resources to transitioning to COVID-safe or adapted conditions. We were informed of widespread impacts on service delivery as organisations underwent urgent transitions to adapt to the COVID-19 pandemic.

These adaptations were noted by all participating stakeholders (service providers, peak body representatives and Primary Health Network representatives) and were judged to be highly disruptive to service provision.

The adaptations involved:

- managing and resourcing remote workforces (where working from home was in place)
- adapting all possible modes of service provision to telehealth
- reorganising service models to provide additional waitlist support where residential service provision ceased or were limited in capacity
- adapting or improving infection control procedures and policies.

Summary and recommendations

Key strengths

We identified the following key strengths:

- There has been an overall increase in capacity of the alcohol and drug treatment sector, and greater availability of services in regional and remote areas
- Additional services have been delivered to meet local needs, with a service mix reflective of regional requirements
- There have been improved linkages and collaboration between PHNs and the alcohol and drug and other health sectors.

Areas for improvement

Aboriginal and Torres Strait Islander people are disproportionately affected by drug and alcohol (including methamphetamine) harms, and experience significantly higher barriers to accessing services. Additional work is required to improve service system capacity to support Aboriginal and Torres Strait Islanders, and to ensure that Aboriginal and Torres Strait Islander specific services receive targeted resources.

Commissioning of Aboriginal and Torres Strait Islander services should align with preferred treatment pathways, and include community controlled organisations and Aboriginal Health Services. Processes for inclusion of Aboriginal and Torres Strait Islander services in consultation and commissioning should be transparent. Where non Aboriginal and Torres Strait Islander controlled services are commissioned to provide services, they should be able to demonstrate cultural appropriateness and accountability.

There is a significant requirement to improve a range of processes to ensure national consistency across the NIAS funded activities. This includes needs assessment and planning, commissioning of services, as well as monitoring, evaluation and outcome reporting requirements. There is

significant additional burden on smaller services, especially where they receive funding from multiple PHNs.

Addressing this will be a complex undertaking and will require significant government support and cooperation between PHNs and other stakeholders.

Significant systemic barriers to consistent monitoring and evaluation are experienced across the alcohol and other drug treatment sector, and are not unique to the NIAS funded service arrangements.

Agreement on a consistent set of outcome measures that are relevant for primary care, secondary prevention and tertiary treatment services is a complex process. Some services lack the resources or infrastructure to support high-quality data collection and reporting.

Work has started on reviewing, monitoring and evaluation requirements through new contracting arrangements between some PHNs and service providers. Improvements in monitoring and evaluation capacity include service activity, treatment outcomes and consumer experience measures.

The move to improved monitoring and outcome reporting was broadly welcomed across all of our consultations including PHNs, peak bodies and participating services. At present, these efforts are not being planned consistently across the country.

A consistent and workable monitoring and evaluation system is required, coordinated between the Department of Health, the Primary Health Networks, alcohol and other drug peak bodies and the alcohol and other drug sector.

This system should attempt to harmonise with existing outcome measures and reporting systems to minimise administrative burden.

Continued investment in these treatment service activities is critical to maintain the gains in service capacity and capability, and to improve the PHNs' ability to address specific local needs in terms of service mix.

Work to improve treatment reporting and outcomes measurement should continue, including the development of the PHN Assurance Framework, the review of the PHN Quality and Reporting Framework to include more outcome-based indicators, and the commencement of PHN Maturity Assessments.

A further separate piece of work and additional investment is required to develop nationally consistent processes, including monitoring and evaluation, focusing on relevant outcome measures, and with an emphasis on ongoing quality improvement and capability development.

Activity 3(b): Counselling Online program.

Initial activity formulation

Expand the Counselling Online program to provide a national online counselling service for people affected by substance use.

Evaluation summary

This activity has been implemented as planned. It has been completed, and has shown positive outcomes.

Counselling Online provides 24/7 support to people in Australia affected by alcohol or other drug use. The service is run by Turning Point and has operated since 2006.

In 2016, the Counselling Online service was allocated $150,000 in funding to support upgrades to operating systems and to support access through smartphone and mobile devices. This funding enabled limited social media promotion and helped to engage people seeking help outside of government initiatives.

This service upgrade enabled the incorporation of methamphetamine-specific information and resources, which were previously hosted on a separate website.

The Counselling Online service now offers support in the form of:

- self-assessment tools
- an online support community
- self-help
- information articles
- chat-based counselling
- questions by email
- telephone support.

Between 2018 and 2019, the website received 227,396 unique visits, conducted 9,139 live online counselling sessions, and 1080 email interactions.

The website is designed to reduce barriers to treatment access including stigma, time, geographical location, and carer responsibilities. Online delivery has enabled increased access from women and young people as compared to traditional support services.

Absence of a translation function limits the website's ability to support culturally and linguistically diverse populations.

The service is nationally funded, but there is no strategic plan to integrate its online delivery with other national and local services.

Detailed evaluation findings

Description of activity

Turning Point established the Counselling Online service in 2006. They aimed to deliver health information and counselling online.

Counselling Online is free and confidential and provides 24/7 support to people across Australia affected by alcohol or drug use.

The service supports people at all stages of help seeking including those:

- seeking support for the first time
- waiting to access treatment
- currently receiving treatment but require additional support, particularly after hours
- in recovery
- wanting to engage with or provide social and peer support
- looking for support with managing lapse and relapse
- impacted by, or supporting, someone with an alcohol or substance problem.

The website offers support to people through access to self-assessment tools, an online support community, self-help, information articles, chat-based counselling, questions by email, and telephone support.

The website offers online counselling. People can access support by creating an account with a log-in, or via a one-time login. The member login feature allows people to track their activity and encourages follow-up.

Counsellors have professional qualifications and experience in alcohol and drug counselling and treatment.

The website did not undertake significant updates for the first 10 years of operation due to funding limitations.

Promotion was also limited to marketing via social media. Most users found the website through self-directed web searches. The online counselling component was at times linked to specific drug strategies and campaigns.

The Counselling Online project received an additional $150,000 funding in 2016 to support the redesign of the website. This money supported upgrades to operating systems, allowing for site access from smartphones and mobile devices.

Counselling Online also expanded its provision of methamphetamine-related information, by incorporating content from a separate website (www.meth.org.au), which Turning Point had developed but had no ongoing funding to maintain.

The redesigned resource with the expanded methamphetamine-specific content was launched on 28 October 2016. There was limited social media promotion of the new resource.

Community members can provide support to each other through an online forum added in 2019. The forum has clear rules and guidelines, and is moderated.

Information sources

Data and documents

Minimal data and documentation were available to evaluate this activity. We sough qualitative findings from consultations to support the evaluation.

Documents reviewed included:

- the Turning Point Counselling Online Annual Report 2018–2019
- an analytics dashboard containing information about drugs of concern from people accessing the service.

Consultations

We conducted one 1.5-hour consultation directly relating to this activity with stakeholders from Turning Point involved in the oversight and implementation of the Counselling Online service.

Details of consultation attendees and the documents and data reviewed are provided in Appendix 3.

Performance summary

Between 2018 and 2019, the Counselling Online website received 227,396 unique visits, corresponding to 901,902 page views. Whilst traffic to the website increased compared with previous years, a significant portion were non-target users with overseas origins. Counselling Online provided 9,139 live online counselling sessions and 1,080 email interactions. The average duration of online sessions was 18 minutes 40 seconds.

Online sessions occurring outside of business hours accounted for 72% of all online sessions. Clients from rural and/or regional communities comprised 28.7% of those accessing Counselling Online. Women made up 28.7% of clients and 80% of clients were between the ages of 15 and 39 years, with a significant proportion of teenagers (22.4%). Clients identifying as Aboriginal or Torres Strait Islander accounted for 3.8% (321) of online counselling contacts. Alcohol was the drug most

commonly identified in online sessions (45.1%), while methamphetamine was the second highest at 20.1%.

Awareness of Counselling Online and pathways to access the services are not currently supported by a consistent national approach to marketing, promotion and monitoring.

During our consultations, stakeholders identified a need for a national approach to integration of Counselling Online with other national and state-based services (including telephone and in-person services).

An integrated approach would help facilitate earlier access to support, assist with reducing barriers to care (especially for populations under-represented in face-to-face services), and enable a more systematic approach to data collection and knowledge sharing about service system gaps and linkages.

Notable achievements

The Counselling Online service provides an access point for people seeking support or treatment for the first time. The confidential online nature of the service overcomes barriers to treatment-seeking like stigma, shame, privacy concerns, geographical and time constraints, and carer responsibilities.

The proportion of women accessing the service is double that of traditional services. A higher proportion of younger people are also accessing the service.

The service improves access to alcohol and drug counselling for people living in rural and remote areas.

The service is also notable for combining trained alcohol and drug treatment staff with the capacity for moderated peer support.

Strengths and limitations of the evaluation

Data and documents relating to this activity were limited. The evaluation benefited from access to the service's 2018–2019 annual report, which provides an overview of service utilisation, but we were unable to access comprehensive data from previous reports.

The evaluation also received input from stakeholders at Turning Point involved in the oversight and implementation of the Counselling Online service.

COVID-19 impact

No significant negative impacts of the COVID-19 pandemic were noted during our evaluation of this activity.

The service received some additional funding due to COVID-19 to increase impact.

Summary and recommendations

Key strengths

The Counselling Online service benefited from 2016 funding that enabled updating of operating systems. This helped the platform evolve to improve accessibility from smartphones – now the most common method of accessing the internet. Ongoing maintenance is required as technology and user preferences evolve.

Incorporation of the methamphetamine-specific resources into the Counselling Online website has streamlined access to methamphetamine resources. These resources also require ongoing support to remain current and accurate.

Online forums help the community stay connected and enable peer support. Moderation of these functions is resource-intensive and requires support to maintain a safe environment for users.

Areas for improvement

The visibility of Counselling Online, and its role alongside other National and state-based services, would be well served by a more strategic approach to delivering remote, online and telephone-based services. This would assist potential users in understanding which service might be best for them, as well as allow individual services to reduce duplication and focus their offerings for target populations.

The Counselling Online service itself would benefit from further enhancements and improvements. Turning Point has identified a range of potential future enhancements to the resource, which we endorse. These include:

- ongoing review of content and improvements to functions and user experience, driven by both evaluation results and user input
- further resourcing to improve specific functions such as improving the responsiveness of counselling functions, introducing translation functions for culturally and linguistically diverse users, introducing additional follow-up capacity, and introducing 24-hour forum moderation
- increased promotion and marketing to improve brand recognition and increase uptake
- engagement in search engine optimisation to improve the resources' visibility in search ranking.

Counselling Online would also benefit from the introduction of an evaluation and reporting capacity. Key analytics relating to service provision and users (including drug of concern, demographics, and the type and amount of service provided) should be combined with user feedback to monitor outcomes and impact and drive future enhancements.

Such an evaluation capacity would also allow Counselling Online to better understand the needs of its users, focus on unique value offerings, and integrate with other national and state-based services.

Activity 3(c): National treatment framework.

Initial activity formulation

Establish a new national treatment framework that clarifies government roles and improves planning across the sector, so that communities have the types of services they need.

Evaluation summary

Outcomes	Positive
Implementation	In progress
Evaluability	High

The activity has been implemented as planned. The National Framework for Alcohol, Tobacco and Other Drug Treatment 2019–29 (national treatment framework) was delivered to the Department of Health and published in December 2019 (Australian Government Department of Health, 2019a). Implementation and dissemination of the framework is currently underway.

The national treatment framework was developed to complement the National Drug Strategy 2017–26, to enable strategic planning of the Australian treatment service system. It provides context for national and state treatment processes, programs and policies.

The aim of the national treatment framework is to ensure that all Australians seeking alcohol and other drug treatment can access high-quality treatment appropriate to their needs, when and where they need it. The framework will provide a common reference point for knowledge and recommendations for alcohol and other drug treatment funders, treatment providers and practitioners, and people who use substances and their families, friends, and significant others.

A best-practice approach was used to develop the national treatment framework. The authors reviewed international alcohol and drug frameworks and analogous frameworks from other sectors to identify examples that could be adapted to the Australian alcohol and other drug sector. The development process was iterative. The authors developed several discussion documents for consideration by collaborators, ran a national forum, and conducted focus groups. Decision making and rationales for document changes were transparent and were enablers in obtaining a majority view or consensus on research and policy inputs.

Some key strengths that supported the success of the national treatment framework were:

- a feasibility project conducted before the development process commenced, which engaged key stakeholders
- the authors' considerable content expertise, established network of sector relationships and high reputation
- methodology that allowed for significant stakeholder contribution
- collaboration between the authors and the National Treatment Framework Working Group
- the alcohol and other drug sector's desire for a national treatment framework.

The national treatment framework was published in December 2019 (Australian Government Department of Health, 2019a). A separate report was provided to the Department of Health outlining 12 priority actions for implementing the framework.

Dissemination and implementation of the report is the responsibility of the Department of Health, and this is currently underway.

Detailed evaluation findings

Description of activity

Treatment for alcohol and drug use is delivered in a variety of settings and at different levels, including dedicated alcohol and other drug services, and general healthcare settings. The National Framework for Alcohol, Tobacco, and other Drug treatment 2019–29 aims to ensure all Australians seeking alcohol and other drug treatment can access high quality treatment appropriate to their needs, when and where they need it.

The national treatment framework is intended to serve as a common reference point for knowledge and recommendations for alcohol and other drug treatment funders, treatment providers, and people who use substances and their families, friends, and significant others. An outline of the framework is shown in Table 5: Outline of the National Framework for Alcohol, Tobacco and other Drug Treatment 2019–29.

Development of the project involved:

- a feasibility project prior to commencement
- authorship from leaders in the area
- scanning of international and other sector frameworks
- discussion document preparation for collaborator input
- national forums
- focus groups
- transparent decision making

- working collaboratively with the National Treatment Framework working group.

The national framework was published in December 2019 and is ready for implementation and dissemination.

The authors of the national framework provided a report to the Department of Health with 12 priority recommendations for the implementation and dissemination of the report, which covered production of a client-facing version of the framework, an audit of clinical practice, improved clarity of roles, a workforce framework update, updates on treatment principles, data and measurement improvements, development of a prevention framework, implementation, and accountability for the national treatment framework.

The authors are now establishing mechanisms to measure outcomes of the framework principles for application at service and funding levels, such as communication about funding arrangements and transparency about funding).

Table 5: Outline of the National Framework for Alcohol, Tobacco and other Drug Treatment 2019-29.

Framework domain	Principles/recommendations
Alcohol and other drug treatment	Person-centred Equitable and accessible Evidence-informed Culturally responsive Holistic and co-ordinated Non-judgemental, non-stigmatising and non-discriminatory
Planning, purchasing and resourcing treatment	Careful planning across funders, including within government and non-government organisations Efficient, effective and transparent purchasing that can be designed for continuity and treatment system capacity Adequate funding for alcohol and other drug treatment to meet the needs of Australians
Principles for monitoring, evaluation and research	Public accountability Meaningful engagement in data monitoring, evaluation and research

Framework domain	Principles/recommendations
	Ethical and best data practices observed Monitoring, evaluation and research is resourced
Partnerships	Achieving the principles in the framework requires partnership between: the federal government state/territory governments treatment providers professional associations non-government organisation peak bodies consumer groups peak bodies representing Aboriginal and Torres Strait Islander peoples, youth and other population groups national research centres professional organisations representing other systems of care.

Information sources

Data and documents

A small number of documents were identified as relevant to the evaluation of this activity. We referred to the published *National Framework for Alcohol, Tobacco and other Drug Treatment 2019–2029* (Australian Government Department of Health, 2019a), and associated documentation.

Consultations

One 1.5-hour consultation was conducted with the two principal authors of the National Treatment framework.

Details of consultation attendees and the documents and data reviewed are provided in Appendix 3.

Performance summary

The activity has been completed successfully. The framework was produced in accordance with best-practices in collaborative and consultative development. The Framework has been published (Australian Government Department of Health, 2019) and is currently at the stage of implementation and dissemination.

Notable achievements

The *National Framework for Alcohol, Tobacco and other Drug Treatment 2019–2029* (Australian Government Department of Health, 2019) was published in December 2019.

The framework passed through the National Treatment Framework Working Group unobstructed. The National Drug Strategy and Ministerial Drug and Alcohol Forum signed off on the Framework without any objections or alteration.

Strengths and limitations of the evaluation

Evaluation of this activity primarily focused on the development of framework itself. Dissemination and implementation are currently underway and are unable to be evaluated at time of reporting. Evaluation mechanisms for the national treatment framework outputs are also currently under development.

COVID-19 impact

No significant impacts of the COVID-19 pandemic were noted during our evaluation of this activity.

Summary and recommendations

Key strengths

We identified the following key strengths:

- The national treatment framework draws on an established evidence base for delivery of high-quality services.
- The development of the framework followed best practice approaches for consultative and collaborative design. Stakeholder input was consistently sought throughout the development of the Framework and was embedded in the final report. The framework met an identified need within the Australian alcohol and other drug sector.
- The project was adequately and appropriately funded.

Areas for improvement

We did not identify any areas for improvement relating to the national treatment framework or its development.

We endorse implementation and dissemination of the national treatment framework by the Department of Health, with consideration of the recommendations provided by the framework authors.

Activity 3(e): Expanded ASSIST training.

Initial activity formulation

Support expanded training to promote the use of the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) and ASSIST Brief Intervention (ASSIST-BI) tools nationally to provide screening and brief interventions for methamphetamine and other drug problems.

Evaluation summary

Outcomes	Positive
Implementation	In progress
Evaluability	Moderate

This activity has been implemented as planned, and is currently underway.

The program involved resource development, training and other dissemination activities to promote the use ASSIST. ASSIST is an evidence-based tool to screen for alcohol and drug problems, identify risks, undertake brief interventions and provide referrals. The ASSIST also has utility as an outcome measure.

A range of resources was developed and disseminated as part of the program. These including training in the use of the tool, a mobile application, and adaptations of resources for specific populations and settings.

The program aims to improve the capacity of a range of health and community service sectors to use ASSIST tools and resources.

The initiative has undergone a shift in emphasis over time, from developing individual worker capabilities to a more systemic integration approach to embedding ASSIST across a range of service settings. The impact of the COVID-19 pandemic has necessitated a transition to online provision of training.

The program has high evaluability. Two external evaluations conducted in 2018 and 2019 have highlighted knowledge gains, positive workforce capability development impacts, successful integration of the ASSIST measures, beneficial partnerships and increasing uptake of online resources.

The ASSIST resources would benefit from continued investments in practice integration, particularly via embedding them in Primary Health Network systems, in professional training programs and across a wider range of service settings.

Detailed evaluation findings

Description of activity

ASSIST and ASSIST-BI are brief screening tools for the assessment of alcohol and other drug use. The tools allow for the identification of potential risks, exploration of motivation for change, and referral to targeted interventions for high-risk groups.

The ASSIST suite of screening and brief intervention tools were developed by Drug and Alcohol Services South Australia and the World Health Organization collaborating centre, based at the University of Adelaide. This Centre has been operational since 2003 and engages in a range of collaborative research and development and dissemination activities relating to the ASSIST suite.

The ASSIST portal is an online resource that provides access to digital (web and mobile application) versions of the ASSIST suite, information resources, professional training, and communication tools to connect with other professionals.

Information sources

Data and documents

Documents reviewed included:

- an ASSIST activity report prepared for the Department of Health (covering July 2018 to December 2019 and providing cumulative activity records for the program)
- two separate ASSIST evaluations in 2018 and 2019 (Farrell & Allsop, 2018; Allsop & Farrell, 2019), both conducted by Professor Michael Farrell (National Drug and Alcohol Research Centre) and Professor Steve Allsop (National Drug Research Institute).

Consultations

We conducted one 1.5-hour consultation with three key stakeholders involved in the development and implementation of this activity.

Details of attendees at this consultation and the documents reviewed are provided in Appendix 3.

Performance summary

The University of Adelaide was provided with an additional $1.7 million to expand ASSIST-BI. NIAS funding covered the period from 2016–17 to 2019–2020.

This expansion included developing a manualised version of the ASSIST for amphetamine-type stimulants (ASSIST on Ice), with accompanying training materials. The funding also supported expansion of the ASSIST portal (launched in February 2017), funded the provision of training (face to face, online and train-the-trainer programs), as well as a range of dissemination activities designed to support the integration of the ASSIST suite into practice.

The accomplishments of the ASSIST program (as of December 2019) are detailed in Table 6.

External evaluations

Two evaluations of the ASSIST program have been conducted. The ASSIST 2018 evaluation conducted by Professor Michael Farrell (National Drug and Alcohol Research Centre) and Professor Steve Allsop (National Drug Research Institute) concluded that the centre was making good progress toward their key aims and that their strategic plan was feasible and included measurable key performance indicators (Farrell & Allsop, 2018; Allsop & Farrell, 2019).

The 2018 evaluation (Farrell & Allsop, 2018) made several recommendations, emphasising the need to focus on sustainable adoption and implementation of the ASSIST-BI tool across Australia, and the need to embed tools and resources in practice guidelines in health, social and welfare services as well as relevant peak, professional, and clinical practice quality assurance domains.

The 2019 evaluation by the same authors (Allsop & Farrell, 2019) reported evidence the recommendations from the previous evaluation had been addressed.

Activities outlined included promotion of the ASSIST tool through social media, development of podcasts in collaboration with a radio station, inclusion of information in professional journals and newsletters, enhanced collaboration with PHNs, inclusion in the 2019 National Drug Strategy Household Survey, the completion of resources for corrective services contexts, and the trialling of specific resources for Indigenous people and communities.

Table 6: ASSIST-BI progress as of December 2019 (adapted from ASSIST Activity report 8 – Dec 2019)

Domain	Progress
Workforce development	500 hard copies of *ASSIST with Substance* resource distributed with 761 e-copy downloads. Workshops held in Hobart, Launceston, ACT, Wollongong, and other NSW regions for nurses, school nurses, youth workers, drug court staff, mental health staff, Government and NGO staff. ASSIST workshop held at 6th Asia Pacific Behavioural and Addiction Medicine Conference 760 registered users of ASSIST eLearning modules (~25 new users per month) 6051 page views by 2342 users of the ASSIST portal (although glitch in analytics so may be underestimated) In 2019 there were 3489 views on LinkedIn and 3429 on Facebook of ASSIST Q&A episodes. Ongoing technical support is provided to guide research and enable ASSIST implementation.
Expanding the evidence base	A research protocol was developed to assess the following: What is the current practice of assessing information about alcohol, tobacco, cannabis and amphetamine use in antenatal clinics? Can ASSIST-Lite and brief advice be effectively introduced and maintained? Is there a difference in rate of ATOD use after routine screening? How do rates of ATOD use detected using ASSIST-Lite compare to current practice? Will the antenatal clinic maintain practice of routine screening using ASSIST-Lite?

	ASSIST-Lite in the Emergency Department was presented at National Nurses Forum in Hobart. Over 100 copies distributed and there were 587 downloads of the eResource. ASSIST on Ice remains the most popular of the ASSIST training resources. Over 800 hard copies have been distributed, 1032 downloads and 1009 downloads of Thai version.
Targeted intervention for at risk groups	Development of specific training resource for Mental Health Services has commenced and will be developed with Mental Health professionals – due for completion 2020. ASSIST with Corrections resource launched October 2019 with copies sent to each Correctional jurisdictions of Australia and NZ. Tasmania using resource throughout corrections. Electronic version downloaded 101 times. The ASSIST team are developing a spoken Pitjantjatjara version of the ASSIST Checkup App, drawing on expertise from the Indigenous community. Project was still ongoing as of December 2019.
Evaluation	Evaluation was conducted throughout 2019 by Professor Steve Allsop and Professor Michael Farrell (final report submitted in Dec 2019).

Barriers and enablers to ASSIST

Several systemic barriers and enablers affecting the ASSIST program were identified during consultations.

Significant stigma associated with methamphetamines has been a barrier to screening and brief interventions in some health settings. This program has addressed stigma by emphasising the role many health settings can play in managing low severity presentations by providing low threshold interventions and referrals.

Low expectations of methamphetamine treatment success amongst practitioners has also acted as a disincentive to screening and intervention.

A similar barrier was the lack of consensus about methamphetamine-related drug harms and risks within the alcohol and other drug field.

The ASSIST team has provided education and training, providing information about evidence-based responses and embedding ASSIST screening tools in a variety of practice settings to mitigate the effect of poor outcome expectations.

Difficulties with demarcating the presenting features of an acute mental health crisis (psychosis) and methamphetamine intoxication has also been a barrier to effective responses.

This barrier has been somewhat addressed by improved education, and an improvement in the mental health capacity of the alcohol and other drug sector.

There is a range of practical barriers to embedding new tools in existing health record and IT systems.

Similarly, there are difficulties integrating specialist alcohol and drug training (including ASSIST) into professional training programs. The ASSIST program's increasing emphasis towards systems integration rather than individual practitioner behaviour change has been a response to these barriers.

Lack of linkages between primary health and specialist alcohol and drug treatment is a longstanding issue. ASSIST addresses this by familiarising primary health practitioners with stepped care interventions for alcohol and drug risk behaviours.

Partnerships and collaborations have significantly enabled the work of the ASSIST program.

A range of organisations have directly supported ASSIST's implementation. Primary Health Networks have advocated for the inclusion of ASSIST into medical record software systems like Medical Director, and facilitated targeted training for specific network area needs).

The National Drug and Alcohol Research Centre and the Australian National Advisory Council on Alcohol and Other Drugs have provided independent advice and support to the ASSIST program, including developed resources that complement the program.

ASSIST has been embedded in several training programs and professional guidelines. The Royal Australian College of General Practitioners has collaborated to provide resources for their GP Training, and ASSIST has been included in the National Alcohol guidelines and International Society of Addiction Medicine resources.

ASSIST has been integrated into specialist service settings including accident and emergency, Defence health, obstetric care, and child protection).

Individual practitioner engagement with ASSIST (especially the mobile application and web tools) has also facilitated dissemination across workforces, and practitioners have led advocacy for the instrument to be adopted by services.

NIAS investment enabled increased resource provision and was a significant enabler for ASSIST. This allowed the program to meet increasing demand for methamphetamine specific and general screening and brief intervention resources.

Notable achievements

ASSIST has developed specific, evidence-based resources to improve the capacity of a range of health professionals in a range of contexts to respond effectively to methamphetamine use.

The program has a commitment to annual resource reviews, updates to program content and user interface improvements for the online portal.

The program has adapted its dissemination of resources and training over time to address practitioner and service system needs. This has included reducing stigma and developing greater awareness, addressing issues relating to treatment and referral, and tailoring training to specific sector and geographical needs.

The program has developed specific resources for Aboriginal and Torres Strait Islander services, and a translation of ASSIST is underway for remote and regional service settings.

The activity was able to leverage other NIAS activities. The program's delivery of training has made use of the wastewater monitoring data and Emergency Department presentations to provide targeted information for local areas about the drugs/issues of concern for that region specifically.

Strengths and limitations of the evaluation

This evaluation had access to limited documentation and data relating to the ASSIST program. However, the available data and documentation was high quality, and provided evidence for the extensive evaluation of ASSIST and iterative improvements of the resources over time.

COVID-19 impact

Some impacts of the COVID-19 pandemic were reported by ASSIST program team members during the evaluation.

These impacts included transitioning all face-to-face training and organisational support activities to phone and/or videoconferencing.

Summary and recommendations

Key strengths

We identified the following key strengths:

- The ASSIST program has demonstrated high quality and evidence-based resources development.
- The resources are highly accessible and include a range of digital tools.
- There has been an emphasis on effective dissemination and implementation.
- There has been high quality program monitoring, evaluation and continual improvement. The ASSIST program has mechanisms in place to track utilisation of its online tools and training, dissemination of resources, provision of training, and monitor the impact of other collaboration and integration efforts.
- The program has an annual revision process in place to ensure that resources are up-to-date. These mechanisms are sufficient and should remain in place.

Areas for improvement

The ASSIST portal includes a range of resources for multiple user groups and applications. Although the diversity of resources is a strength, improvements could be made to the user interface, to streamline selection of the most appropriate resource.

Continued investment is required to ensure that the ASSIST resources remain up to date and maintain optimal usability, and that efforts continue to train workforces and embed ASSIST in systems and practice frameworks.

Activity 3(g): Pilot Quality Framework.

Initial activity formulation

Implement a pilot quality framework to provide consistent and appropriate treatment in accordance with best practice.

Evaluation summary

Outcomes	Positive
Implementation	In progress
Evaluability	Moderate

Multiple types of treatment services and delivery models exist in Australia for the care of people with alcohol and other drug problems. Previously, there was no framework to ensure consistent quality of treatment and that treatment services undertake to continuous quality improvement.

Federal and state governments and peak bodies in the alcohol and other drug sector worked together to develop the National Quality Framework for Drug and Alcohol Treatment Services. The national quality framework provides a nationally consistent quality benchmark for providers of alcohol and other drug services.

Development of the national quality framework was commenced by Turning Point prior to the initiation of the NIAS, although funding attached to the strategy supported the completion of this project.

The primary aims of this activity with respect to the development of the national quality framework have been met.

The national quality framework was endorsed by the Ministerial Drug and Alcohol Forum on 28 November 2019 (Australian Government Department of Health, 2019b). This marked the beginning of a 3-year transition period, during which service providers would be encouraged to seek accreditation under the framework.

Evaluation of this activity primarily drew on consultations with key stakeholders involved in the development process of the national quality framework.

There are no current monitoring systems in place to determine service provider accreditation uptake. This lack of uptake monitoring capacity hindered our ability to assess the implementation

of the national quality framework. The evaluation is therefore limited to a review of the development of the national quality framework.

Implementation of the national quality framework is currently underway. The key activities for the established working group include:

1. developing a national directory to communicate service provider compliance to people seeking treatment for alcohol and drug use
2. determining how compliance with the national quality framework will be regulated.

Both these activities can be supported through effective monitoring mechanisms.

Detailed evaluation findings

Description of activity

Alcohol and other drug treatment is provided by both government and non-government service providers in Australia.

Historically, no consistent approach has been taken to ensure the quality of treatment services and enable continuous quality improvement.

Federal and state governments and peak bodies in the alcohol and other drug sector worked together to develop National Quality Framework for Drug and Alcohol Treatment Services (Australian Government Department of Health, 2019b), which provides a nationally consistent quality benchmark for providers of alcohol and other drug services. The national quality framework includes a strong emphasis on clinical governance requirements.

The national quality framework aims to achieve positive health outcomes by improving quality and safety of alcohol and other drug treatment. It is guided by nine principles:

1. organisational governance
2. clinical governance
3. planning and engagement
4. collaboration and partnerships
5. workforce development and clinical practice
6. information systems
7. compliance
8. continuous improvement
9. health and safety.

Providers wishing to comply with the requirements of the national quality framework have multiple options for accreditation. The Standards and Performance Pathways Non-Government Organisation service offers self-assessments for several of these accreditation standards, including:

- Alcohol and Other Drug Human Service Standard: Western Australian Network of Alcohol and Drug Agencies
- Australian Service Excellence Standards
- Human Services Quality Framework Queensland
- ISO9001 Quality management systems
- National safety and Quality Health Service
- Quality Improvement Council Health and Community Service Standards.

State and territory governments and the Australian Government are responsible for the governance and oversight of the national quality framework.

The national quality framework was endorsed by the Ministerial Drug and Alcohol Forum for the use in Alcohol and Drug Treatment services on 28 November 2019. There is a transition period of 3 years from 28 November 2019 to 28 November 2022.

Development of the framework

Development of the national quality framework began before NIAS funding. Turning Point undertook a range of consultations and mapping activities to develop a national snapshot of alcohol and other drug treatment quality frameworks to identify gaps and key components for the alcohol and other drug service sector.

NIAS funding provided renewed momentum for the project, as did the Victorian Government Ministerial Council's advocacy for a quality framework.

Turning Point reviewed the previous mapping work and sought additional consultation.

The Queensland Network of Alcohol and other Drug Agencies assisted in the development of the project by providing technical expertise around the application of real-world standards, and by providing the perspective of organisations to which the framework would apply.

Consideration was given to existing accreditation and regulation systems in place for alcohol and drug services funded through the commonwealth, states and territories. Draft standards developed by Turning Point were intended to evolve and be overlaid with these existing standards. Consideration was also given to how principles of the national framework could be communicated to the wider community.

A working group was established, and the Queensland Network of Alcohol and other Drug Agencies worked with the National Centre for Education and Training on Addictions (NCETA) to map the service standards to the principals outlined in the national framework.

Information sources

Data and documents

Limited data and documentation were available for this evaluation. We referred mainly to National Quality Framework for Drug and Alcohol Treatment Services (Australian Government Department of Health, 2019b), alongside documents describing the dissemination of the resource.

Consultations

One 1.5-hour consultation was conducted with key stakeholders involved in the development of the framework.

Details of consultation attendees and the documents and data reviewed are provided in Appendix 3.

Performance summary

The developmental component of the national quality framework has been completed. It was endorsed by the Ministerial Drug and Alcohol Forum and the 3-year transition period began on 28 November 2019.

Implementation of the national quality framework is underway. Implementation and monitoring of compliance is somewhat complex. It is expected that most publicly funded providers will already meet accreditation standards. Accreditation and monitoring of private providers, volunteer organisations and other special interest groups is likely to present a greater challenge. Follow-up actions for organisations that have not met accreditation standards by the end of the transition period have not been determined.

Notable achievements

- Whilst the groundwork for the national quality framework was in place before NIAS, the strategy funding provided the momentum to complete the development process.
- The development process included consultation with experts (including NCETA staff) and sector representation (via the Queensland Network of Alcohol and other Drug Agencies).
- The national quality framework was endorsed by the Ministerial Drug and Alcohol Forum in November 2019.

Strengths and limitations of the evaluation

Limited documentation was identified that was relevant to our evaluation of framework development. We assessed *National Quality Framework for Drug and Alcohol Treatment Services* (Australian Government Department of Health, 2019b) and associated documentation provided by the authors.

The absence of a national monitoring system and directory of accredited service providers was a barrier to assessing implementation of the framework.

COVID-19 impact

No significant impacts of the COVID-19 pandemic were noted during our evaluation of this activity.

Summary and recommendations

Key strengths

The national quality framework was developed through consultative processes driven by experts from the alcohol and other drug sector, and leaders from Turning Point, the Queensland Network of Alcohol and other Drug Agencies, and NCETA.

The Australian Government Department of Health provided significant support for the development and approval of the framework. The Department of Health led the engagement of all eight state and territory jurisdictions, and facilitated their endorsement of the national quality framework.

Areas for improvement

The establishment of an accreditation and monitoring system is needed to monitor the success and impact of the national quality framework on the overall governance of the alcohol and drug sector, and to monitor the establishment and enforcement of service delivery standards. This system should be appropriately resourced. Like the framework itself, the design and implementation of the monitoring system should be governed by a collaboration between experts in alcohol and other drug treatment, treatment sector representation and government.

This system should:

- describe the number and geographical location of alcohol and drug services meeting accreditation requirements
- identify services that do not meet accreditation requirements
- clearly communicate compliance and non-compliance to people seeking treatment for alcohol and drug use.

The system should also provide support to services undertaking assessment and accreditation, and determine how non-compliance will be regulated.

Alongside the implementation of the framework, we recommend that consideration be given to regular evaluation of the impact of the national framework. This evaluation should include tracking the overall rate of compliance, the distribution of partial or full compliance, the impact of the national framework on quality of care and consumer outcomes, the effectiveness of compliance monitoring and assurance, and the impact of community information provision, as well as the administrative burden and service delivery implications for services in maintaining compliance.

Activity 3(h): Specialist Medicare provisions.

Initial activity formulation

Add new items to the Medicare Benefits Schedule to increase the availability of care through addiction medicine specialists.

Evaluation summary

Outcomes	Mixed
Implementation	In progress
Evaluability	Moderate

This activity has been implemented as planned, and is currently underway.

The new Medicare Benefits Scheme (MBS) items were introduced in November 2016 and included provision for 15 new specialist items provided by addiction medicine specialists.

Uptake and use of these new MBS items has been lower than expected.

Barriers to the use of these new items were identified during the evaluation. These include the relatively low remuneration for consultation activities under the new items, compared with other general practice and psychiatry consultation fee structures. There is also a misalignment of the fee structure with the typical clinical practice in addiction medicine.

Evaluability of this activity was judged as moderate, based on limited availability of data, and limited access to relevant informants.

Evaluation of the specific impact of the new Medicare items on methamphetamine treatment capacity is also limited by data constraints.

People who use methamphetamine often present to addiction medicine specialists with multiple alcohol and drug treatment needs. It is relatively rare for methamphetamine to be identified as the only drug of concern. As such, the available data for the new MBS items likely underrepresents methamphetamine-related interventions.

The evaluation did identify several mechanisms for improving the alignment of addiction medicine specialist Medicare item structures with clinical practice.

Detailed evaluation findings

Description of activity

In 2012, the Australian Chapter of Addiction Medicine submitted an application to the Medical Services Advisory Committee to increase fees for addiction medicine specialists. The previous Group A3 'specialist' item fee structure did not provide 'specialist' level remuneration.

The application outlined that the introduction of specialist services on the MBS would be more cost effective than alternative service models (consultations via psychiatrists) for patients presenting with substance use treatment needs.

The application proposed 15 new items: two items for consultations (assessment and patient review), two items for complex care and management planning, eight items for case conferencing, two items for telemedicine, and one item for group therapy.

The Medical Services Advisory Committee supported the 15 new items (in Group A31) in August 2013 and the items commenced in November 2016.

Information sources

Data and documents

Few documents and limited data were available regarding this activity.

Documents reviewed include the Public Summary Document – Report to the Medical Services Advisory Committee Executive on utilisation of MBS items for Addiction Medicine (Medical Services Advisory Committee, 2019), and an analysis of the proposed MBS items for Addiction Medicine by Aspex Consulting (Aspex Consulting, 2013).

Consultations

A qualitative consultation was undertaken with the President of the Australian Chapter of Addiction Medicine and a member of Australian National Advisory Council on Alcohol and Drugs.

Details of attendees at the consultation and of the documents and data reviewed are provided in Appendix 3.

Performance summary

The new MBS items commenced in November 2016. There has been some use of these items, but the rate of transition has been slower than originally expected.

The Medical Services Advisory Committee public summary document outlines the initial expectations and actual utilisation of the MBS items.

Initial estimates predicted that 2,500 patients per year would benefit from the new (group A31) MBS items with an estimated cost of $10.2 million over four years. It was predicted that there would be an overall transition of services to Group A31.

There was an increase in service utilisation for group A31 items, indicating a shift by some specialists to bill under the new items.

However, analysis of Groups A1, A2, A3, A4, A8 and A15 suggests that the expected rate of transition to these items between 1 July 2017 and 30 June 2019 was lower than predicted. Amounts paid in the 2017–2018 period were $1.22 million, and $1.89 million in 2018–2019.

Nationally, from the period of 2017–2018 to 2018–2019, there was a 34.7% growth in the number of all addiction medicine services in group 31 and a 42.5% increase in benefits paid over this period.

This national trend was not universal, with a drop in services offered reported for Western Australia and Tasmania. The highest growth was reported in New South Wales/Australian Capital Territory and Victoria. The utilisation of addiction medicine services was highest in major Australian cities compared with remote and very remote locations.

In the public summary document reviewed, the Medical Services Advisory Committee executive recommended no further action based on findings.

Barriers to utilisation

We were unable to identify definitive explanations for the lower-than-expected utilisation of the new items. Several factors were identified during our consultation, though these may not be fully representative:

- The new items did not reflect the complexity, duration or content of work addiction medicine specialists are engaged in. As such these items are seen as unsustainable for clinical practice in addiction medicine.
- Remuneration for services provided under the items was set at a rate lower than that for general practice consultations. To access these new items, practitioners would in effect be accepting a reduction in pay for their work.

As addiction medicine specialists are typically also general practitioners, psychiatrists or other medical practitioners, they were able to access non-addiction medicine specialist items which better reflect the complexity of services provided, and which remunerate this work at a higher rate.

Enablers of utilisation

The evaluation did not identify any specific enablers of these items.

Potential enablers for increased utilisation include further changes to the items, including:

- time-based rather than activity-based consultations, and a removal of items that are not relevant to private practice (better reflecting the complexity of addiction medicine services)
- establishment of new items that reflect the complexity of urgent/acute and unplanned consultations

We understand that Australian Chapter of Addiction Medicine and members of Australian National Advisory Council on Alcohol and Other Drugs are pursuing further changes to these items to better reflect clinical practice and improve remuneration for addiction medicine specialist services.

Strengths and limitations of the evaluation

This evaluation has had access to limited data and documentation relating to this activity. We initially identified a larger participant pool for the consultations (both addiction medicine specialists and Department of Health representatives), but these informants either declined or did not respond to invitations to participate.

COVID-19 impact

No impacts of the COVID-19 pandemic were identified during our evaluation of this activity.

Summary and recommendations

Key strengths

We were unable to identify significant key strengths relating to the current operationalisation of these Medicare items.

Areas for improvement

Our evaluation identified a need for Medicare items that better recognise Addiction Medicine Specialist services. Qualitative input from our consultations suggested that reformulating these items to better reflect and remunerate Addiction Medicine Specialist services may be required to improve the rate of utilisation.

A further separate, in-depth review of these items is required. This review should assess rates of utilisation, assess barriers to use, benchmark the item's fitness for purpose against established clinical practice, and if necessary, make expert-informed recommendations about potential revisions.

Activity 3(i): Evidence-based guidelines.

Initial activity formulation

Renew and disseminate a national suite of evidence-based guidelines to assist frontline workers to respond to methamphetamine in their workplace.

Evaluation summary

Outcomes	Positive
Implementation	Complete
Evaluability	High

This activity has been implemented as planned. It is ongoing, and has been shown positive outcomes.

High-quality and targeted clinical guidelines are essential to ensuring that safe, effective, evidence-based and/or evidence-informed services are delivered.

Several guidelines are currently available to assist frontline workers with methamphetamine treatment. However, guidelines can vary in quality and degree of alignment with the relevant evidence base.

The National Centre for Clinical Research on Emerging Drugs (NCCRED) undertook a review of existing Australian guidelines that addressed methamphetamine use.

The review identified 27 guidelines and identified no significant gaps in guidelines to address treatment settings or population groups. The review assessed the guidelines against a modified version of the Appraisal of Guidelines for Research and Evaluation (AGREE) instrument and found that only 15 of the guidelines met the required 70% threshold for quality assessment.

The review highlighted a need for effective filtering and dissemination of high-quality and evidence-based resources to frontline workers.

Peak bodies are well positioned to disseminate appropriate guidelines to frontline workers. They promote guidelines through their websites, newsletters and other communication channels. The review and the AGREE instrument are intended serve as an effective tool for evaluating the quality and evidence-base of resources suitable for dissemination and can be utilised by peak bodies.

Input from peak bodies identified that future guideline development needs to respond to treatment settings and intervention types, rather than focusing on specific drug type. Treatment should ensure that complex needs of people seeking help are addressed.

Our evaluation included consideration of the guideline review report, assessment of two key guidelines documents (the Turning Point guidelines and the S-Check evaluation), and consultation with stakeholders from peak bodies involved in the dissemination of guidelines.

The key strengths of this activity were:

- the finalisation and release of the guideline review of existing methamphetamine treatment guidelines, which also provides a benchmark for future guideline development
- identification of 15 existing guidelines that passed the 70% threshold using the AGREE framework for quality assessment
- completion of a gap analysis that identified no significant or urgent gaps in guidelines for treatment settings or population groups
- confirmation that peak bodies are appropriate organisations to disseminate high-quality and evidence-based resources to frontline workers
- inclusion of peak bodies in identifying requirements of the sector for future guidelines.

Detailed evaluation findings

Description of activity

Clinical guidelines to support frontline workers in treating patients with methamphetamine must be appropriate, evidence-based, and easy to access.

There are several existing guidelines for the treatment of methamphetamine use. However, however, it can be challenging and time-consuming for frontline workers to determine which guidelines are applicable, evidence-based, and appropriate for their client group. This presents a barrier to implementation. Inconsistencies in guideline implementation prevents equitable access to treatment.

The National Centre for Education and Training on Addiction (NCETA), Flinders University was commissioned by NCCRED (itself established as part of NIAS) to undertake a review of Australian methamphetamine-related clinical guidelines.

Development and outcomes

Development of the NCCRED report consisted of an internet search for Australian methamphetamine clinical guidelines.

Guidelines were included in the review if they met the criteria:

- produced in Australia after 2000
- specifically addressing methamphetamine use
- produced for health and welfare professional groups (for example, medical officers, nurses, pharmacists, Indigenous alcohol and other drug workers) in full or in part
- publicly available.

Guidelines were mapped against treatment setting and population group. Guidelines were then assessed against the AGREE framework to assess quality.

This review mapped 27 existing guidelines and produced a matrix to identify which guidelines covered methamphetamine treatment in specific treatment settings and population groups (Table 7).

Table 7: Summary of guideline covered (extracted from Roche et al, 2019)

Treatment setting	Population group addressed							
	Generic	Young people	Rural & remote	Aboriginal	LGBTIQ[a]	Families & children	Perinatal	Others[b]
Alcohol and other drug (AOD) Specialist[1]	Yes	No	Yes	No	No	No	Yes	No
Hospital[2]	Yes	Yes	Yes	No	No	No	Yes	No
Primary and community care[3]	Yes	No	Yes	Yes	No	Yes	Yes	No
Telephone/online	No	No	No	No	No	No	No	No
Corrections	Yes	No	No	No	No	No	Yes	No
Not defined	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

[a] Lesbian, gay, bi-sexual, trans-gender, intersex, queer; [b] for example, culturally and linguistically diverse (CALD), mental health, coerced.

[1] AOD Specialist: outreach services, at-home withdrawal service, residential rehabilitation and other/not specified; [2] Hospital: emergency department, general ward, perinatal, mental health (inpatient), AOD withdrawal (inpatient) and other/not specified; [3] Primary and community care: general practice, mental health and other/not specified. Not all population groups were addressed in all primary and community care settings.

The review found that, aside from telephone and online treatment settings, there are no urgent gaps in current treatment guidelines that require immediate attention.

The review also assessed the guidelines against a modified version of the AGREE instrument (Brouwers et al, 2010). Only 15 out of 27 assessed guidelines achieved the recommended 70% threshold of the AGREE instrument. The reviewers found that there was not a strong evidence base to support the development of most guidelines. Some guidelines also used stigmatising and inappropriate language.

The review recommended that the AGREE framework be used as a benchmark for future guideline development to ensure they are high quality and evidence based.

Peak bodies are well positioned within the sector to disseminate guidelines to frontline workers. Guidelines and resources are promoted via peak body websites and newsletters, and are available on request. Peak bodies consult with member organisations to identify which guidelines and resources are useful, they assess resource credibility and feasibility of implementation. Peak bodies engage in some translation of existing guidelines to support uptake in specific service contexts.

There are currently eight state-based alcohol and drug peak bodies in Australia conducting these dissemination activities quasi-independently. The findings of the NCCRED review will support consistency in guideline dissemination and treatment delivery between peak bodies. NCCRED's review also recommended that future guidelines be available to front line workers in both desktop and bookshelf forms to improve availability and implementation.

As part of our evaluation, we assessed several key methamphetamine guidelines.

Turning Point's methamphetamine treatment guidelines

Turning Point released the second edition of its Methamphetamine treatment guidelines in 2019 (Grigg et al, 2018). These guidelines were released prior to the NCCRED review and scored 70% when assessed against the AGREE instrument.

The guidelines provide recommendations for the management of methamphetamine use disorder, including the management of acute and complex presentations. The guidelines cover behavioural disturbances, comorbid mental health symptoms, cognitive impairment, polydrug use and injecting methamphetamine use as well as recommendations for reducing harm, working with specific populations, and supporting families/carers. The guidelines also provide recommendations for care after the initial treatment period.

St. Vincent's S-Check tool

The St. Vincent's Hospital Stimulant Treatment Program received funding from the Commonwealth Department of Health and Ageing to develop a program that supports and

improves client access to stimulant treatment. The team developed the Stimulant Check-Up Clinic (S-Check).

S-Check offers an opportunity for early intervention and appropriate referral into treatment if required. It was designed as a low-intensity tool that could be implemented in primary health, social, and specialised drug settings with the aim to provide stimulant-specific brief intervention for individuals naïve to treatment.

The tool consists of four sessions, addressing engagement, harm reduction, psychoeducation, and planned support, with referral options forming part of session 4. The tool also has an assertive follow-up model to help sustain client engagement and motivation in treatment. This involves contacting clients following missed sessions. Ongoing monitoring and evaluation is conducted.

Overall perceptions of the toolkit are positive. Most describe the toolkit as friendly, supportive and non-judgemental. There is good retention with 58.6% of clients retained at session 4. The focus on users of stimulants and the breadth of assessment achieved are seen as beneficial. S-Check facilitates effective harm reduction and clients prefer the brief low-intensity approach. The aftercare component was considered integral to the program.

Information sources

Data and documents

A considerable volume of data and documentation was available for the evaluation of this activity.

Documents reviewed include:

- the NCETA/NCCRED review of Australian clinical guidelines for methamphetamine use disorder (Roche et al, 2019)
- Turning Point's Methamphetamine treatment guidelines (Grigg et al, 2018)
- A report of St. Vincent's S-Check Clinic: model of care (National Centre for Clinical Research on Emerging Drugs, 2019)
- National Drug and Alcohol Research Centre fact sheets containing information about methamphetamine and associated harms (National Drug and Alcohol Research Centre, 2019.

Consultations

One 1.5-hour consultation was conducted with the key stakeholders from peak bodies and networks in the alcohol and other drug sector involved in the dissemination of the guidelines.

Details of consultation attendees and the documents and data reviewed are provided in Appendix 3.

Performance summary

The NCCRED review of existing guidelines has now been finalised. The review involved a mapping exercise to produce a matrix of existing services and the population groups they covered. This matrix found that there were no urgent gaps requiring immediate action. The review also identified 15 out of 27 resources scoring 70% against the AGREE assessment tool to support their evidence-base and development.

Turning Point's Methamphetamine treatment guidelines were updated and published in 2019. They scored 70% against the AGREE framework and provide recommendations for treating patients with complex presentations.

The St. Vincent's S-Check tool was developed and reviewed for early intervention and referral. The tool showed good retention and is well regarded.

Dissemination activities are underway by peak bodies. Guidelines and resources are disseminated to frontline workers through websites, newsletters and other communication channels.

Notable achievements

The NCCRED report of guidelines was finalised.

The second edition of the Turning Point Methamphetamine treatment guidelines (Grigg et al, 2018) was published.

Peak alcohol and other drug bodies continue to disseminate resources.

Strengths and limitations of the evaluation

The evaluation benefited from access to the NCETA/NCCRED review of current guidelines for treatment of methamphetamine use, from reviewing Turning Point's methamphetamine treatment guidelines, and the S-Check tool evaluation.

Consultation with stakeholders illuminated the process undertaken to develop the guideline review, and the requirements for guideline dissemination across the sector.

Our evaluation of the dissemination of methamphetamine treatment guidelines was limited by lack of available data. Nevertheless, guideline dissemination depends greatly on the activities of peak bodies, who are well connected to service providers and can respond to their needs. Dissemination of clinical resources is supported by peak body core and predates NIAS funding in this area.

COVID-19 impact

No significant impacts of the COVID-19 pandemic were noted during our evaluation of this activity.

Summary and recommendations

Key strengths

The resource development component of this activity is complete and has delivered a significant resource for dissemination of appropriate and evidence-based resources.

The AGREE framework and the NCETA/NCCRED review of existing guidelines for methamphetamine treatment are useful tools for enabling consistency across the country in identifying high-quality resources for dissemination to key workers.

Areas for improvement

Several recommendations for future guideline development were identified through our document review and consultation process:

- Guidelines should be developed with the AGREE framework in mind to ensure they are of high-quality.
- Guidelines should be developed to specifically address treatment setting and intervention type to ensure the multiple and complex needs of people seeking help are met. This type of guideline development would complement the development of guidelines focusing on drugs of concern. Specific examples of required contexts for future guidelines are: medical settings, psychological interventions, social work settings, Aboriginal and Torres Strait Islander services and guidelines for diverse populations.
- Guidelines should be developed in a variety of formats (brief and more comprehensive versions).

Any future revision of the NCETA/NCCRED review should consider whether recommendations for guideline development have been taken into account. Consultation with peak bodies may offer an effective consultative process to ensure that future guideline development best meets contemporary sector needs.

Activity 3(j): National Comorbidity Guidelines.

Initial activity formulation

Renew and disseminate National Comorbidity Guidelines for alcohol and other drug treatment services to assist with managing co-occurring alcohol, other drug and mental health conditions.

Evaluation summary

Outcomes	Positive
Implementation	In progress
Evaluability	High

The activity has been implemented as planned. It is currently ongoing, and has shown positive outcomes.

The first edition of the guidelines for the management of co-occurring alcohol and other drug and mental health conditions in alcohol and other drug treatment settings (national comorbidity guidelines) was published in 2009 (Wilson, 2009), and successfully addressed the resource gap to support alcohol and other drug workers in supporting patients with comorbid mental health and alcohol and drug problems.

The success of the guidelines prompted the Australian Government Department of Health to fund the Comorbidity Project in 2014, which saw the guidelines revised and updated with current best practice. The second edition of the national comorbidity guidelines (Marel et al, 2016) was released in 2016, and funding was provided to provide a web portal and online training to accompany the Guidelines.

The Comorbidity Project is now planned for expansion into the Comorbidity Program, which will consist of a second revision and update with current best practice, continued website maintenance, and continued distribution of hardcopy resources.

The Guidelines and associated training program has been disseminated to Australian alcohol and other drug workers across multiple workforce development pathways. Demand for the resource has been consistently high and the resources have also been sought out by international alcohol and other drug workers.

An evaluation component was embedded into the online training and findings are positive. Participants reported increased knowledge and skills around treating comorbidity, increased confidence, and good implementation into clinical practice.

Detailed evaluation findings

Description of activity

Alcohol and other drug workers often feel overwhelmed when treating people with co-occurring mental health problems. Adequate knowledge and resources to address comorbidity are essential for ensuring those with co-occurring mental health and alcohol and other drug use have access to appropriate treatment.

The National Comorbidity Guidelines were funded by the Australian Government Department of Health and Ageing in 2007 and were published in 2009. The guidelines were primarily designed for alcohol and other drug workers to assist in supporting people with co-occurring mental health problems.

The National Comorbidity Guidelines were highly successful, which prompted the Australian Government Department of Health to fund the Comorbidity Project. This was rolled out in three phases.

Phase 1

In 2014, the National Drug and Alcohol Research Centre was funded to update and revise the guidelines to bring them up to date with the most current evidence. The guidelines were developed in collaboration with field experts and were based on the best available evidence. They provide alcohol and other drug workers with a range of evidence-based options for identifying, managing and treating mental health symptoms within a holistic care approach. The second edition of the guidelines were launched in September 2016.

Phase 2

The Department of Health provided further funding in 2016 to assist with the national dissemination of the national comorbidity guidelines through the development of an accompanying website and online training program. The website and online training program went live in November 2017 and officially launched in February 2018. The training program offers users downloadable resources and links, online videos, as well as a customised 'build your own guidelines' module where clinicians can customise guidance materials to suit specific clinical needs.

Phase 3

Phase 3 consists of expansion of the Comorbidity Project to ensure ongoing training of alcohol and other drug workers across all stages of workforce development in Australia. This involved continued maintenance of the website and the online training, continued distribution of the Guidelines hardcopies, development of face-to-face training workshops, and the development and implementation of a communications and promotions strategy.

Information sources

Data and documents

A moderate amount of data and documentation were available for the evaluation of this activity.

Documents reviewed include the national comorbidity guidelines, a proposal to expand the Comorbidity Project into the Comorbidity Program, and presentations to support the guidelines.

Consultations

One 1.5-hour consultation was conducted with the National Drug and Alcohol Research Centre researchers involved in the Comorbidity Project.

Details of consultation attendees and the documents and data reviewed are provided in Appendix 3.

Performance summary

The availability of the guidelines and accompanying training program has been communicated and promoted to Australian alcohol and other drug workers via multiple workforce development pathways.

Following the launch of the website and program in 2018:

- the Comorbidity Guidelines site has received over 584,200 unique website visits
- 2,454 people have registered and started the online training program
- 439 people have completed the full training program.

Since phase 3 was funded (July 2018 to September 2019):

- hardcopy orders have more than tripled (average 149 per month)
- online training registrations have increased by almost 50%
- full program completions have increased by 15%
- the national comorbidity guidelines were made a recommended text in more than 13 Vocational Education and Training institutions across New South Wales, Victoria and Western Australia, and are currently under consideration for incorporation into Technical and Further

Education NSW core curricula as part of a review of alcohol and other drug and mental health core subjects.

More than 13,230 copies of the Guidelines have been distributed Australia-wide, including 5,709 hard copies and 7,314 electronic copies. Demand for copies remains high, with 3,692 copies ordered or downloaded directly via the Guidelines website.

An evaluation of the online training program was embedded into the program from November 2017 to September 2020, with program registrants invited to participate when they first registered for the training. Findings were positive, with 94% of participants reporting the training as useful or very useful, 95% reporting an increase in skills, 94% reporting greater confidence in responding to comorbidity, 59% reporting improved client outcomes, and 89% using what they had learned in clinical practice.

Notable achievements

The national comorbidity guidelines were updated as planned and have been disseminated.

The guidelines have received a positive response among alcohol and other drug workers and generalist clinicians.

The resource has also been well received internationally, largely due to the availability of the resources and training online.

The guidelines have been made a recommended text in more than 13 Vocational Education and Training institutions across New South Wales, Victoria and Western Australia, and are currently being considered for incorporation into Technical And Further Education NSW core curricula as part of a review of alcohol and other drug and mental health core subjects.

Strengths and limitations of the evaluation

This evaluation has benefited from the comprehensive documentation of the guideline development process, access to online resources and evaluation materials. Our consultation with the researchers and developers assisted in understanding the impact of the resource.

COVID-19 impact

No significant impacts of the COVID-19 pandemic were noted during our evaluation of this activity.

Summary and recommendations

Key strengths

The national comorbidity guidelines provide clinicians and frontline workers with a critical and unique resource to assist in supporting people with co-occurring alcohol and other drug use and mental health issues.

The Guidelines are up to date – the second edition was released in 2016 and the proposed Comorbidity Program will see the guidelines revised and updated again to reflect current evidence.

The online portal and training for dissemination of the guidelines has increased access and easy implementation of the resource. These resources and training are monitored and evaluated for impact.

The acceptability and quality of the guidelines is evidence by its adoption as a recommended text in 13 Vocational Education and Training institutions and are under consideration for implementation in Technical And Further Education NSW.

Areas for improvement

We did not identify any significant areas for improvement. The program is operating well and efficiently.

It has robust, ongoing monitoring and evaluation processes in place alongside the online training.

Ongoing support for maintenance of these resources, regular review of alignment with best-practice, and ongoing monitoring of dissemination should continue to ensure the national comorbidity guidelines maintain their effectiveness as a resource.

NIAS priority area 4 activities: evaluation scope.

The activities for NIAS priority area 4 (broadly relating to supply reduction via law enforcement, regulation and justice) have not been formally evaluated.

A formal evaluation of these activities in terms of performance and provision of recommendations was considered outside the scope of this evaluation. We have indicated evaluability as not applicable for these activities.

We have reviewed documents and consulted with key informants in order to represent these activities as part of the NIAS as accurately as possible.

For some of these activities, our reporting is constrained by the lack of publicly available documentation and data relating to law enforcement and intelligence processes and operations.

Activity 4(a): International supply disruption.

Initial activity formulation

Strengthen international cooperation through developing a new international supply disruption strategy.

Activity summary

Outcomes	Positive
Implementation	In progress
Evaluability	Unable to evaluate

The activity has been developed, implemented in full and is ongoing.

The International Engagement Methamphetamine Disruption Strategy was launched in September 2017. Its purpose was to enhance relationships and co-operation between domestic and international partners, with a primary aim of disrupting the supply and demand of methamphetamine and its precursors in Australia.

This activity has encouraged international cooperation that has led to major supplier arrests and seizures. The most notable of these was Operation Hoth in 2019, the largest ever domestic seizure of illicit substances in the United States and the largest seizure bound for Australia, including 1.7 tonnes of methamphetamine. Australian Federal Police played a key role in Operation Hoth which involved investigation, intelligence sharing, specialist support, coordination and partnerships across domestic and international law enforcement agencies.

International cooperation and collaborative policing efforts with Myanmar law enforcement agencies, strengthened by the International Engagement Methamphetamine Disruption Strategy, has stopped 2.8 tonnes of methamphetamine from reaching Australia.

Overall, in 2018–2019 the Australian Federal Police recorded 53 disruptions related to drug trafficking.

Findings

Description of activity

On 19 September 2017, the Commonwealth Law Enforcement International Engagement Methamphetamine Disruption Strategy (international methamphetamine strategy) was launched.

The Australian Federal Police was given the lead to set up a multi-agency working group for the strategy that included the Australian Federal Police, the Australian Criminal Intelligence Commission, the Australian Border Force, and the Australian Transaction Reports and Analysis Centre, among other groups.

A stocktaking process identified many existing international engagement strategies, which were organised into the four components of this activity:

1. better understanding the international methamphetamine environment
2. enhanced law enforcement and border security cooperation
3. targeted capacity building and capability development
4. maximising advocacy and political engagement with international partners.

The working group developed the strategy to provide alignment across the participating Commonwealth organisations. The strategy does not attempt to influence any specific policy or operational matters within individual agencies.

The working group continues to operate and facilitates forums and briefings on a range of topics relating to international patterns and trends, the nature of drug markers, and investigative methods and strategies.

Only a very limited amount of information on the International Engagement Methamphetamine Disruption Strategy's priorities and approach is publicly available.

Information sources

Data and documents

Limited data and documentation were available. We referred to the publicly available Australian Federal Police Annual Report 2018–2019 and The Commonwealth Law Enforcement International Engagement Methamphetamine Disruption Strategy. These represent a brief translation of the strategy.

Consultations

One 1.5-hour consultation was conducted with three members of the Australian Federal Police.

Implementation summary

The activity has been developed and implemented in full, with ongoing success reported by key informants.

Four key benefits of the strategy were identified:

- engagement and participation and high-level multilateral forums
- engagement of existing initiatives
- new initiatives
- capacity building.

High-level multilateral forums

These forums allow relationships to be built with key international partners. Participation in these forums also means Australia can act as a leader. Examples of leadership include pursuit of issues of national and shared regional interests via action on resolutions, support for improved international standards (drug testing standards, and precursor regulations), and provision of capacity development to overseas partners (capacity to identify, target and disrupt trafficking).

Enhancement of existing initiatives

Activities to identify and respond to shifts in methamphetamine and precursor production across national borders (for example, as a result of successful disruption activities) has been facilitated by information sharing between organisations.

Taskforce Blaze, which was commenced in 2015, is a significant example of this. Taskforce Blaze was enhanced by the International Engagement Methamphetamine Disruption Strategy through the capacity to share redacted information with a range of agencies that would otherwise not be privy to specific operational information.

New initiatives

A new taskforce approach was developed for operations in the Pacific region based on the example of Operation Blaze. The Australian Federal Police also established a new posting in Mexico City in October 2016 to specifically target illicit drugs in South America.

Capacity building

This strategy has led to increased overseas capacity. In certain regions this has led to expansion of this capacity beyond representational roles and has enabled additional operational and intelligence functions to occur. It has also encouraged the capacity building of international partners in knowledge, skills and capability to support their own as well as joint operations to disrupt drug manufacture and distribution.

Notable achievements

This strategy has led to sustainable improvements in capability and capacity in Australia's supply disruption work. This has included closer working relationships with international partners, between coordination of existing international engagement activities, improved information sharing between commonwealth organisations, and improvements in our forensic capacity through drug signatures work to identify the origins of seized illicit drugs.

The strategy's success has been driven by several factors:

- willingness of multiple agencies across law enforcement, finance, criminal intelligence to share information, and translate information for non-specialist participants in forums
- the ability to combine information or analysis from different domains (for example, financial analysis, clinical trends, wastewater analysis, etc.)
- the role of a multi-agency working group in developing the strategy
- the continued operation of the working group to run forums and briefings on declassified topics that facilitate coordination and deconfliction without compromising operational matters, intelligence or international relations concerns.

COVID-19 impact

No significant impacts of the COVID-19 pandemic were noted on the operation of this activity. Indirect and anecdotal evidence suggested COVID-19 has had effects on supply and access to a range of illicit drugs, including methamphetamines, as a result of reductions in international travel and international goods supply chains.

Activity 4(b): Aviation and maritime security identification card schemes.

Initial activity formulation

Strengthen the eligibility criteria of the Aviation Security Identification Card (ASIC) and Maritime Security Identification Card (MSIC) schemes to target serious and organised crime.

Activity summary

Outcomes	Positive
Implementation	In development
Evaluability	Unable to evaluate

The activity is in progress.

The proposed changes to the ASIC and MSIC schemes involves amendments to the eligibility criteria to consider serious criminal offences, and the introduction of a criminal intelligence assessment. The criminal intelligence capability would be undertaken by the Australian Criminal Intelligence Commission (ACIC), and would allow ACIC to use its criminal intelligence holdings to identify where an applicant for an ASIC or MSIC (or an existing card holder) may commit, or assist another to commit a serious or organised crime.

The Transport Security Amendment (Serious Crime) Bill 2020 enables these changes to the ASIC an MSIC schemes, and as of July 2021 has passed both Houses of Parliament.

Findings

Description of activity

Anyone who requires regular access to secure areas of Australia's airports, seaports or offshore facilities, and who performs a security sensitive role is required to hold a valid ASIC or MSIC.

Applicants are currently required to undergo an AusCheck coordinated background identity checks that includes a national security assessment by the Australian Security Intelligence Organisation (ASIO), a criminal history check by the ACIC to enable AusCheck to determine if an applicant has an unfavourable criminal history (such as an adverse criminal record) and, if required, an immigration check by the Department of Home Affairs (Home Affairs) to assess the applicant's right to work.

There have been a number of parliamentary committee discussions about serious crime reforms and the ASIC and MISC schemes that predate the NIAS.

The Ice Taskforce and Joint Parliamentary Committee on Methamphetamine made recommendations to strengthen ASIC and MSIC schemes to address serious crime and introduce criminal intelligence functions. regulations. The strengthening of the eligibility criteria for these schemes to target serious criminal offences was a NIAS recommendation.

In 2011, extensive stakeholder consultation across the aviation, maritime and offshore oil and gas sectors was undertaken to inform the development of the Bill and the proposed ASIC and MSIC eligibility criteria. Passage of the Bill[1] is required to allow regulations to be made to introduce the new ASIC and MSIC eligibility criteria and establish the ACIC as the body conducting criminal intelligence assessments.

The drafting of the changes to the legislation was based on several hearings and discussions over the last 9 years and involved significant industry consultation. If passes, the Bill will facilitate the amending of regulations that permit the modified eligibility requirements.

Information sources

Data and documents

Limited data and documentation were available. We referred to the publicly available Home Affairs documents on the ASIC and MSIC cards and the Parliament of Australia website for updates on the Transport Security Amendment (Serious Crime) Bill 2020.

Consultations

A 1.5-hour consultation was conducted with two staff members from Home Affairs who are engaged with the activity.

Implementation summary

The Bill was introduced into Parliament on 23 October 2019. The 2020 version of the Bill substantially replicates the Transport Security Amendment (Serious or Organised) Crime Bill 2016 (2016 Bill), which was introduced in the previous Parliament by the then Minister for Infrastructure and Transport. The 2016 Bill did not pass prior to the dissolution of Parliament in April 2019.

Various other amendments to the ASIC and MSIC schemes have been made in the last two years, although these changes primarily relate to improvements in identity verification measures and a new card design to address counterfeiting.

[1] Current status is available at: www.aph.gov.au/Parliamentary_Business/Bills_Legislation/Bills_Search_Results/Result?bId=r6440

The Bill as introduced in Parliament in 2019, was intended to facilitate the introduction of new eligibility criteria for the background checks under the ASIC and MSIC schemes that target serious criminal offences. The new criteria consists of three tiers that includes offence categories covering criminal association offences and offences relating to the illegal importation of goods and interfering with goods under customs control. The criteria will cover Commonwealth, State and Territory offences.

Currently each scheme has separate eligibility criteria. The Bill will harmonise the eligibility requirements and exclusions for both schemes.

Following its introduction, the Bill was referred to the Legal and Constitutional Affairs Legislation Committee (the Committee) for inquiry and report. The Committee handed down its report on 25 March 2020 and recommended that the Serious Crime Bill be amended to incorporate a criminal intelligence assessment in the background check process for the ASIC and MSIC schemes. The Committee also recommended that subject to the first recommendation being implemented, that the Senate pass the Bill. . In support of this recommendation, on 7 October 2020 the Bill was amended to incorporate criminal intelligence assessments and it passed the House of Representatives.

Subsequently, during the debate in the Senate in February 2021, the Bill was referred to the Rural and Regional Affairs and Transport Legislation Committee (RRAT Committee) and a public hearing was held on 2 March 2021. The RRAT Committee recommended that the Senate pass the Bill.

Potential impact of the reforms.

It is expected that the changes proposed in the Bill will improve the capability to remove people with known or potential involvement in serious and organised crime from the maritime and aviation supply chain, with a flow on effect of disrupting the activity of drug and precursor importation and trafficking.

There have been some concerns raised by industry about the potential impact the reforms will have on their respective workforce. Home Affairs estimates that roughly 250 cardholders will become ineligible to hold a card under the new eligibility criteria, which could have a significant impact on drug and precursor importation and trafficking. This represents a very small proportion of the 120,000 ASIC and 100,000 MSIC holders approximately issued as of February 2021. Existing cardholders and applicants found ineligible to hold an ASIC or MSIC under the new eligibility criteria will continue to have access to review and appeals mechanisms.

Based on intelligence from December 2019, the ACIC has identified approximately 227 ASIC or MSIC holders which are currently recorded on the ACIC's national criminal intelligence target lists. The individuals recorded in the ACIC's criminal intelligence holdings have been identified as posing a significant threat to the security of Australia's borders.

Under the reforms, the ACIC will check current card holders and any applicants against its criminal intelligence holdings to identify any links to, or involvement with, serious and organised crime groups. If a match is made, the ACIC will undertake a careful evaluation to determine if intelligence held by the agency suggests the ASIC/MSIC holder or applicant may commit a serious and organised crime or assist another to commit a serious and organised crime. If the level of risk meets this threshold, the ACIC may issue an adverse criminal intelligence assessment which would prevent an individual from being issued an ASIC or MSIC.

Individuals who receive an adverse criminal intelligence assessment will be able to apply for merits review to the Security Division of the Administrative Appeals Tribunal.

Key enablers

Several independent reviews have noted that serious and organised crime groups are exploiting secure aviation and maritime zones for criminal purposes, highlighting the importance of the Bill and the necessity to strengthen the ASIC and MSIC schemes. Notably, the 2011 Parliamentary Joint Committee on Law Enforcement, *Inquiry into the adequacy of aviation and maritime security measures to combat serious and organised crime*, reported that because the schemes were never originally designed to harden the transport environment against serious or organised crime, organised crime groups have exploited weaknesses and inconsistencies in the application of the regimes. These concerns were echoed by the *2015 Final Report of the National Ice Taskforce*, which recommended that the Government should continue to protect the aviation and maritime environments by strengthening the ASIC and MSIC schemes against organised crime.

COVID-19 impact

It is likely that the COVID-19 pandemic has contributed to some of the delays in passing the relevant Bill through parliament.

Activity 4(c): Controls on precursor chemicals and equipment.

Initial activity formulation

Achieve greater national consistency of controls on precursor chemicals and equipment used to manufacture methamphetamine.

Activity summary

Outcomes	Positive
Implementation	In progress
Evaluability	Unable to evaluate

The activity has been developed, implemented, and is ongoing.

The activity involves harmonisation or synchronisation of controls within federal and Australian state and territory legislation on precursor chemicals and equipment that can be used in the manufacture of illicit drugs including methamphetamine.

The overarching purpose and intended outcome of these measures is to significantly decrease community harm by preventing manufacture of illicit drugs.

As a direct result of this activity, twelve chemicals have been included in the Criminal Code Regulations (2019), and a further five chemicals are earmarked for inclusion.

The activity has been progressed by a Precursor Working Group with representatives from both commonwealth and state and territory law enforcement agencies and justice departments, as well as representatives from industry.

The work of identifying and regulating chemicals, reagents and processes is ongoing. Whilst considerable progress has been made, illicit drug manufacturers adapt by employing new chemicals and new manufacturing processes.

Findings

Description of activity

On 21 October 2016 the Law, Crime and Community Safety Council agreed to introduce new measures to improve the national consistency of controls on precursor chemicals and equipment.

Inconsistencies across Australian jurisdictions were found to present opportunities for the diversion of chemicals and equipment towards the production of illicit drugs.

The lack of a central system to report sales of chemicals and equipment, and a lack of information sharing between law enforcement agencies were considered additional vulnerabilities in addressing the diversion of chemicals and equipment.

Information sources

Data and documents

Limited data and documentation were available. For this review we referred to the Precursor Chemicals and Equipment Decision Regulation Impact Statement 2016, and the Council of Australian Governments Decision Regulation Impact Statement 2017.

Consultations

One 1.5-hour consultation was conducted with Director of Border Force Powers and Firearms Policy Section, Home Affairs and with two representatives from the ACIC. These informants also reviewed the consultation notes for accuracy.

Implementation summary

Harmonisation of controls was initially progressed via the precursor advisory group (law enforcement) and an industry working group. There was a hiatus in the operation of these groups around 2015.

In February 2020, these two groups were combined into a single Precursor Working Group with representatives from both commonwealth and state and territory law enforcement agencies and justice departments, as well as representatives from industry.

Representation and information-sharing between law enforcement and industry confers significant benefits. It allows for industry input on legitimate chemical use and allows law enforcement to provide feedback to industry around illicit drug markets and manufacture, which can improve surveillance and the identification of the diversion of precursors.

This group is primarily an information-sharing coordination body, but does have a significant advisory role. The group meets three times per year and also considers the End User Declaration Online (EUDO) system (NIAS activity 4d), state and territory harmonisation, and a range of other precursor and equipment matters. It is expected to continue this work for the foreseeable future. Ongoing regulation review is also likely to be ongoing, as illicit drug manufacturers adapt, employ new chemicals and new manufacturing processes.

Regarding direct implementation, seventeen high risk chemicals were initially identified to be controlled at the Commonwealth level, creating greater consistency with state and territory regulations. As twelve of these chemicals were deemed to have relatively few legitimate uses and

as a result would have comparatively fewer barriers to inclusion, these were brought under Commonwealth control in August 2020.

The remaining five precursors are earmarked for inclusion. These precursors are more complex to regulate due to their greater degree of legitimate use.

The fact that multiple government departments with oversight of chemical precursors within the Department of Home Affairs and the Department of Health adds complexity to the coordination of legislative reform.

This overlap is due to different government departments having overlapping areas of interest in the precursor space. For example, licit pharmacological purposes for precursors involves the Department of Health, whilst illicit purposes fall under Home Affairs. Regulatory overlap is particularly complicated in the precursor space as there are often many legitimate end uses for these chemicals across a range of industries.

Notable achievements

As a result of this activity there has been a generalised improvement in knowledge, skill, and awareness around drug manufacture across and between overlapping sectors (law enforcement, justice, industry, health). An example of this is in the training provided to law enforcement with respect to precursor identification, tracking and disruption, as this is directly informed by the expertise and emerging evidence from the Precursor Working Group.

The majority of the most significant chemicals and processes are now covered as part of the harmonised regulation both internally within states and territories and at the border.

Specific evaluation of the impacts of improved measures for precursor controls (for example, calculations of return on investment, calculations of prevention of harm, and reductions in domestic manufacture) have not been carried out, nor are these planned.

Key enablers

Australia has numerous world-leading experts in the precursor and equipment control field, with links to international drug control bodies, and this expertise directly contributed to the considerations of the Precursor Working Group.

The working group has representatives from both law enforcement and industry which has significant information sharing benefits

COVID-19 impact

No significant impacts of the COVID-19 pandemic were noted during our evaluation of this activity.

Activity 4(d): End User Declaration Online System.

Initial activity formulation

Develop and implement a national electronic End User Declaration.

Activity summary

Outcomes	Positive
Implementation	In development
Evaluability	Unable to evaluate

Development of the End User Declaration Online (EUDO) system predates NIAS. It was not directly funded under NIAS, but was identified as a pre-existing initiative that was included in the law enforcement/supply reduction activities.

There have been delays in the development of the EUDO system.

The activity is closely linked to the preceding activity (4c), and involves a system for digitising the system for monitoring access to possession and sale of chemicals and equipment involved in the manufacture of illicit drugs including methamphetamine.

The requirement to link the EUDO system to other law enforcement databases, namely the National Criminal Intelligence System (NCIS, currently under development) has delayed its introduction. However, this linkage is critical to allow effective and efficient identification of suspicious purchases.

Given this dependency, it is not possible to predict delivery timelines for the EUDO.

Findings

Description of activity

All states and territories in Australia have controls in place to restrict the possession and sale of precursor chemicals and equipment. However, these controls are not harmonised across jurisdictions, which creates a range of vulnerabilities within the supply chain that organised crime groups are able to exploit.

Under these controls, buyers must complete an end-user declaration when ordering controlled chemicals and equipment, stating that they will not be used in the manufacture of illicit drugs. These declarations are currently paper-based.

In October 2016, the Law, Crime and Community Safety Council agreed to introduce new measures to improve the national consistency of controls on precursor chemicals and equipment.

The proposed EUDO system is designed to bring these declarations online and will be able to alert police to potentially suspicious sales of precursor chemicals and/or equipment in 'real time'.

There are three main components of the EUDO program:

1. development of nationally consistent minimum precursor controls and harmonised schedules of precursor chemicals and equipment. This includes legislative change in each jurisdiction.
2. development of an online, national electronic end user declaration system, which provides law enforcement agencies with real-time information about precursor sales
3. strengthening information-sharing and cooperation between border and law enforcement agencies about importations of high-risk precursor chemicals.

EUDO is expected to make significant contributions to the aims of the NIAS: reduction in the prevalence of use of methamphetamine and reduction in the harms associated with use. It aims to interrupt drug manufacture before distribution, and hence prevent harms to the community.

Information sources

Data and documents

A range of data and documents were considered in the review of this activity. These included the Regulation Impact Statement, as well as reviewing details about the EUDO from the Council of Australian Governments website and from the Australian Criminal Intelligence Commission (ACIC) Annual Reports (2016–17, 2017–2018 and 2018–2019).

We also viewed the ACIC Corporate plan 2018–2022 and a relevant tender lodged via AusTender in May 2019 relating to the development of a technical solution for the EUDO.

Consultations

One 1.5-hour consultation was conducted with three members of ACIC who are involved with the EUDO activity.

Implementation summary

The ACIC has the responsibility for developing the operational and technical capability for the EUDO. The Department of Home Affairs supports the rollout of the EUDO by coordinating with the states and territories in relation to policy and legislative support.

The process for developing the EUDO has been highly consultative and collaborative. Meetings have been convened with representatives from Justice Departments across the Commonwealth, States, Territories, with representatives from all Australian police Jurisdictions and with representatives from relevant industries.

The initial timeline for EUDO specified completion of the procurement for the technical solution in the period 2018–19, with the system being implemented and maintained in the period 2019–22.

This initial development timeline was based on a standalone EUDO system that was not integrated with other criminal intelligence systems. There is currently no technical solution available for EUDO. Should the EUDO capability be developed there is the option for EUDO data to be captured and shared through the NCIS platform to approved agencies as opposed to a less beneficial standalone system. The NCIS program is not currently funded to complete this work and capabilities such as EUDO will need further Government consideration and funding.

NCIS must be completed before the EUDO technical solution can be scoped and developed.

It is anticipated that the NCIS rollout will commence in 2021, with all states and territories coming online by the end of 2022. Given these inter-dependencies, together with a need for funding and prioritisation, it is not possible to predict exact dates for the delivery of the EUDO. The addition of EUDO functionality to the NCIS platform would not occur before the integration of states and territories.

The planned interoperability between NCIS and EUDO is expected to significantly increase the investigative utility of EUDO.

Once implemented, the main expected benefits include improvements in the monitoring of all precursor chemical and equipment transactions, allowing more effective and efficient disruption of illicit drug manufacture.

EUDO will be evaluated using qualitative and quantitative measures of uptake, jurisdictional implementation, as well as specific investigative outcomes (for example, number of successful law enforcement activities triggered by EUDO). The ACIC would monitor all programs via a regular dashboard assessment, and all programs are evaluated using a benefits realisation approach.

Notable achievements

The planned EUDO approach interrupts drug manufacture before distribution, which should lead to a significant reduction in harms for the community.

An indirect outcome has been strengthened partnerships engagements between justice agencies, law enforcement and industry via this process. This will be of assistance for other law enforcement and drug policy responses.

Key enablers

There is a collective will across jurisdictions to support the program, from ministers and within law enforcement and industry.

COVID-19 impact

No significant impacts of the COVID-19 pandemic were noted during our review of this activity.

Activity 4(e): National Criminal Intelligence System (pilot).

Initial activity formulation

Develop a pilot infrastructure platform to inform the design and development of a national criminal intelligence system.

Activity summary

Outcomes	Positive
Implementation	Complete
Evaluability	Unable to evaluate

The National Criminal Intelligence System (NCIS) pilot program was completed in June 2017. An evaluation report was published in the same year. This activity is considered complete and will inform ongoing work to develop the full NCIS.

The pilot program demonstrated both the feasibility and business value of a national criminal intelligence and information capability that transcends agency and jurisdictional boundaries.

The pilot program demonstrated increasing value during its operation with partner agencies becoming more willing to share their data once they realised the significant efficiency gains in searching multiple datasets simultaneously in a single system.The pilot program achieved progress against nine key program outcomes.

The program has influenced future approaches to criminal intelligence and information data collection, identified existing data sharing vulnerabilities and helped to identify challenges in implementing the NCIS.

Guided by the learnings of the pilot program, progress has been made on the development of a whole of government NCIS capability.

Findings

Description of activity

In 2012 the Commonwealth Parliamentary Joint Committee on Law Enforcement Inquiry into the Gathering and Use of Criminal Intelligence identified a need for a more collective approach to coordinated information sharing. The Joint Committee led to the establishment of a National Committee, made up of senior police (commissioners and assistant commissioners), which

helped to establish a key principle of 'need to share' as opposed to 'need to know' with respect to criminal intelligence data.

On 30 June 2015, the Australian Government announced funding of $9.8 million over two years to pilot a National Criminal Intelligence System. This program was conceived to investigate the potential to improve cross border information flow, and to identify barriers and enablers to this exchange. It was not intended as a test of the technological feasibility of a NCIS system.

The design and use of the pilot was informed by a Core Consultative Group representing partner organisations at practitioner level. This group grew to comprise more than 400 members, providing input and feedback on capabilities of the pilot program. This included dedicated business analysts that engaged with potential users and captured case studies to examine the outcomes of the pilot.

The design of the program was informed by international models. The US Department of Homeland Security was able to provide guidance about information sharing approaches, and some NCIS project staff were seconded to the US to examine their system. The United States approach was found to be applicable to the Australian federated environment for laws, regulations and agencies

Strict data/information sharing boundaries between agencies and jurisdictions made the development of a shared information and intelligence system complex. The pilot program was developed in a way to minimise the impact of these regulatory issues by temporarily granting ACIC membership to participating stakeholders.

The pilot program used an 'artificial' data-sharing environment based on static copies of existing data sources. Users of the system were limited in their ability to make use of information or intelligence generated by the pilot program. These boundaries allowed members of the NCIS Core Consultative Group to access, use and test the pilot system without contravening their home jurisdiction's privacy regulations.

The NCIS pilot program had nine key program outcomes:

1. improved understanding of crime and criminality
2. enhanced situational awareness
3. improved access to timely and relevant information and intelligence
4. improved awareness of links, entities, associations and patterns
5. improved target monitoring
6. improved information sharing interactions between partner agencies
7. improved request for information process with deconfliction
8. improved search and discovery functions
9. reduced need for manual information exchange.

Information sources

Data and documents

Our examination of this activity included a review of four key documents. These were the NCIS Pilot Program Report, NCIS Tranche 1 Program Benefits Handbook, NCIS Business Architecture Blueprint for Tranche 1, and the NCIS Concept of Operations document.

Consultations

One 1.5-hour consultation was conducted with the program manager of the NCIS pilot, the author of the pilot program report, and two staff members from the Department of Home Affairs.

Implementation summary

The pilot program attracted more than 11,000 searches across more than 600 million available records. During the operation of the pilot program, additional data sources and resources were committed by partner agencies, indicating a high level of confidence in the operational value of the pilot.

The program proved significant efficiency gains by searching multiple datasets simultaneously in a single system. This efficiency is demonstrated in a case example comparison between searching on the existing system compared to the new pilot system:

- Existing systems: An average of 4.1 searches and 9.7 minutes to find an entity of interest using multiple existing systems.
- Pilot system – An average of 2.2 searches and 3.4 minutes to find an entity of interest using the pilot system.

A total of 48 Core Consultative Group members reported 57 case studies of operational impact through their use of the pilot system. More than three-quarters of the Core Consultative Group members stated that the pilot system positively impacted their ability to perform their jobs.

Progress was seen against all nine of the pilot program outcomes, though no outcomes were completely achieved. These outcomes were evaluated in the pilot evaluation report with a quadrant style indicator in terms of extent of value observed and all but one outcome was determined to be in the second quadrant (approximately 50–75% achieved).

Our consultation revealed several benefits to participating agencies during the pilot. These included:

- better informed risk assessments, which enhanced officer safety
- improved efficiency in discovering information and intelligence
- deconfliction

- greater collaboration across agencies
- improved access to and awareness of existing and new criminal intelligence and information
- better understanding of criminality and associations for persons of interest
- new lines of inquiry for investigators.

Following on from the pilot program, the Government has invested in the development of the NCIS platform and it is anticipated that the rollout will commence in 2021.

Notable achievements

The pilot program demonstrated significant efficiency gains by allowing users to search multiple datasets simultaneously in a single system. These findings led to partner agencies becoming more willing to share their data based on demonstrated benefits.

The consultative methodology of the pilot allowed for meaningful ownership of the NCIS and its use to owners of data and potential users of a NCIS system.

Key enablers

Shared governance was identified as an enabler. All partner organisations were engaged in governance and the Core Consultative Group was used as a shared decision making and accountability forum. This model effectively engaged members and facilitated access to data.

Use of an 'artificial' NCIS environment which was 'quarantined' from existing data systems and police or intelligence operations facilitated participation and confidence. This approach allowed access to data sources and an ability to manage caution about participation and use of data from partner organisations.

There is potential for future coordination with other NIAS activities including Aviation and Maritime Security Identification Criteria (4b), the End User Declaration System (4e) and supply disruption strategies.

COVID-19 impact

The pilot program was completed in 2017, and was therefore unaffected by the COVID-19 pandemic.

Activity 4(f): Dob in a Dealer campaign.

Initial activity formulation

Run a national Dob in a Dealer campaign to encourage the public to report information on drug manufacture and distribution in their community

Activity summary

Outcomes	Positive
Implementation	Complete
Evaluability	Unable to evaluate

The activity has been implemented in full.

The overarching goal of Dob in a Dealer campaigns is to increase Information Reports from the Australian public regarding persons, suspected of supplying or dealing in drugs.

For the 2018–2019 campaign, this goal was met with a 65% increase in drug-related Information Reports to Crime Stoppers jurisdictions.

The specific objectives of the campaign were:

1. to fight against the impact of drug dealing
2. to provide national coordination for the delivery of the campaign
3. to extend reach to minority groups
4. to increase Information Reports
5. to increase awareness of Crime Stoppers.

There is evidence of progress against each of these objectives.

Findings

Description of activity

The Crime Stoppers Australia Dob in a Dealer campaign is a national initiative that calls on members of the public to anonymously report information to Crime Stoppers to disrupt the manufacturing, dealing and trafficking of illicit drugs.

An original pilot Dob in a Dealer program was conducted in 2015 in regional and rural Victoria and resulted in a 150% increase in illicit drug and crystal methamphetamine reports made to the program.

This led to the first national campaign which was run between February 2016 and March 2017 to specifically target persons dealing and trafficking in amphetamines, particularly crystal methamphetamine.

This program was considered a success and a second national campaign was conducted from September 2018 to April 2019. This second national Dob in a Dealer campaign was designed to leverage the pilot results by widening the focus on illicit drugs to include irresponsible dealing of prescription drugs and any other drugs determined to be relevant to local areas according to intelligence sources such as National Wastewater Drug Monitoring reports.

Information sources

Data and documents

The data and documents available for this review included the Dob in a Dealer 2018–2019 Campaign Final Report, Dob in a Dealer Campaign Case Study, Crime Stoppers Australia National Research Results 2020, and Crime Stoppers Impact Report Highlights 2019.

Consultations

One 1.5-hour consultation was conducted with two members of the Crime Stoppers Australia board, the National Communications Committee Chair of Crime Stoppers Australia, and a Detective Sargent from the Victoria Police.

Implementation summary

The 2016–2017 national Dob in a Dealer Campaign achieved an average increase of 95% in drug-related information reports to Crime Stoppers, and a 143% increase in amphetamine-specific reports.

The second national program was run over 26 weeks from September 2018 to March 2019. There were several program achievements that were able to be directly linked to the campaign.

In total, the campaign saw 47,277 drug-related Information Reports received across all jurisdictions.

There were 81 Local Area Campaigns delivered during this time period, well exceeding the target of 48. This covered all Crime Stoppers jurisdictions and included 22 metropolitan, 45 regional, and 14 remote areas. There were 2,293 drug-related Information Reports resulting from these localised collaborations. This was an aggregated average increase of 65% in Information Reports during the national and local campaigns.

During the term of the campaign 110 new organisations were engaged to actively support the program. This included at least six new relationships with culturally and linguistically diverse groups, as well as local community associations. There were 94 associations and groups documented as having shared Dob in a Dealer content via their social media pages, website or online portals, and shared in their community space.

The campaign received 1,886 mainstream media features with an estimated audience of 93,395,339.

There were 236 posts made on Crime Stoppers jurisdictions social media accounts with an audience reach of 1,939,072 people, 254,689 impressions made, and 101,099 points of engagement.

Campaign materials were produced in a range of languages in an attempt to reach the many culturally and linguistically diverse segments of the Australian community.

Notable achievements

The 2018–2019 campaign co-ordinated its activities with the wastewater program also funded by NIAS (Activity 5e). this coordination has allowed the Dob in a Dealer program to specifically target both geographic regions and drug type.

Key enablers

Crime Stoppers is a well-recognised and trusted initiative in Australia, with the Crime Stoppers Australia National Research results showing that 3 in 4 respondents knew they could make a report to Crime Stoppers, and 71% of Australians surveyed trusting Crime Stoppers.

The potential impact of these campaigns is supported by rapid turnaround , with the information from Crime Stoppers Australia being provided to the police within 24 hours

Electronic distribution and promotion via social media and online dissemination methods has been a significant enabler of efficiency and reach. Marketing partnerships and support including pro bono provision of advertising space also supported impact and reach.

COVID-19 impact

The second campaign was completed by 2019, and was therefore unaffected by the COVID-19 pandemic.

Activity 4(g): Unexplained wealth scheme.

Initial activity formulation

Develop a national cooperative scheme to target the unexplained wealth of people involved in serious and organised crime.

Activity summary

Outcomes	Positive
Implementation	Completed
Evaluability	Unable to evaluate

The activity has been developed, implemented in full, and is ongoing.

The National Cooperative Scheme on Unexplained Wealth (the Scheme) facilitates the seizure of assets resulting from serious and organised crime, and improves the coordination of information sharing between law enforcement jurisdictions.

The scheme has been in place since September 2018, and has been adopted by the Commonwealth, the Australian Capital Territory, New South Wales, and the Northern Territory. Other jurisdictions are currently acting as observers. A comprehensive review of the scheme will be undertaken in 2022, but there are positive initial indications of the scheme's effectiveness.

Findings

Description of activity

The Scheme came into force on 10 December 2018 with the commencement of the Unexplained Wealth Legislation Amendment Act 2018. The scheme was informed by the 2012 Commonwealth Parliamentary Joint committee on Law Enforcement inquiry and the 2014 Palmer and Moroney Independent Report of the Panel on Unexplained Wealth.

The National Cooperative Scheme essentially serves to enhance the effectiveness of existing asset seizure laws by allowing the Australian federal police to use single unexplained wealth orders to target organised criminal activity rather than using a number of orders across jurisdictions. The scheme also facilitates information gathering, and cooperation and coordination of activity between the states and territories.

This scheme is a complex, multi-component program that includes:

- expanded commonwealth unexplained wealth orders
- increased intelligence gathering
- the use of lawfully intercepted intelligence for unexplained wealth matters
- mechanisms for the equitable sharing of proceeds of assets seized.

While the United Kingdom and Italy have some similar provisions, the National Cooperative Scheme is unprecedented and world leading.

Information sources

Data and documents

We do not have any aggregate data summaries, reports or evaluations pertaining to this activity. Qualitative input from the consultations has been identified as sufficient to adequately describe the intent and expected outcomes of the scheme. This qualitative input is based on oversight of the scheme by the Department of Home Affairs, as well as preliminary/case-based information received by Home Affairs from participating jurisdictions.

Consultations

One 1.5-hour consultation was conducted with three staff members from Home Affairs, including a specialist in asset confiscation law under the proceeds of crime act.

Details for attendees at these consultations are in Appendix 3.

Implementation summary

The scheme has been in place since September 2018, and has been adopted by the Australian Capital Territory, New South Wales, and the Northern Territory. Other jurisdictions are observing the processes and outcomes of the scheme and are expected to join in the future based on the effectiveness of the scheme.

The National Cooperative Scheme has been introduced based on a recognition that asset confiscation laws have been demonstrated to be highly successful and powerful mechanisms for disrupting criminal activity. Research has used economic modelling to demonstrate the disruptive impact of proceeds of crime seizure on subsequent criminal activity. Denying access to profits has a disproportionately large effect on subsequent drug-related offending. For every $1 denied to a criminal organisation there is a disruption of further drug trafficking activity worth $11.90.

Preliminary feedback about the scheme's performance is positive. This includes a range of case studies illustrating the impact on litigation, intelligence sharing, and the distribution of seized assets.

Lawfully intercepted information

New South Wales has reported finding lawfully intercepted information helpful to identify sources of wealth and where criminally obtained funds have been spent. While it is difficult to quantify precisely how often intercepted information has been used, this jurisdiction reports that it has been 'significantly helpful', particularly when used in settlement negotiations. The Northern Territory is yet to use this type of information in unexplained wealth cases, and the Australian Capital Territory unexplained wealth scheme only recently came into force with the commencement of the Confiscation of Criminal Assets (Unexplained Wealth) Amendment Act 2020 (ACT).

Expanded Commonwealth orders

Expanded Commonwealth orders were introduced 2012, and modified 2014, but no cases have been finalised, and therefore these orders have not yet been used at a Commonwealth level. The Australian Federal Police has several matters underway that are being tested before the courts. These test cases are expected to provide a precedent for further use of the commonwealth orders.

Information gathering provisions

Information-gathering powers have not been used. Since the Scheme has come into force an appropriate case has not yet come up.

Allocation of asset confiscation

Funds gained from confiscated assets have also been used to finance NIAS programs, notably the "dob in a dealer" hotline program and wastewater testing program.

An independent review of the National Cooperative Scheme will occur in 2022. Participating jurisdictions are engaged with identifying and gathering relevant data for this review. It is possible that outcome data will be limited due to the pace of litigation, as the Commonwealth's initial unexplained wealth cases are still in the process of litigation. Variations in asset forfeiture law or processes for pursuing asset forfeiture cases across jurisdictions mean that harmonisation of data may be required to achieve uniform utilisation and/or outcome data.

The development of a body of relevant caselaw with respect to unexplained wealth is developing, and is expected to continue to facilitate the use of the scheme particularly as the outcome of further cases become known.

Key enablers

Unexplained wealth schemes are new across Australia. Many jurisdictions were testing these schemes when the National Cooperative Scheme was introduced. There is broad acceptance

that these schemes are helpful, but the lack of a proven litigation track record for success has limited each jurisdiction's confidence in joining immediately.

The recruitment and training of specialist litigators has been used to expedite matters through the courts, and this body of skilled specialists is growing. Over the initial period of negotiations for the scheme, the level of specialist knowledge grew until there was a critical mass of expertise, including legal, investigative, forensic accounting specialist knowledge.

Australian criminal asset confiscation has been highly successful, due to the strength of our confiscation laws and the use of dedicated teams to investigate and litigate asset confiscation matters. At a Commonwealth level, the Australian Federal Police-led Criminal Assets Confiscation Taskforce is responsible for investigating asset confiscation cases, and is made up of the Australian Federal Police, Australian Taxation Office, Australian Criminal Intelligence Commission, Australian Transaction Reports and Analysis Centre and the Australian Border Force. Commonwealth criminal asset confiscation cases are also litigated by a dedicated Criminal Assets Litigation team within the Australian Federal Police.

Notable achievements

The scheme's facilitation of information-sharing has been a significant, positive unintended outcome. The scheme requires participating jurisdictions to regularly meet for formal information sharing and coordination, and a side benefit of these meetings has been improved general information sharing and better cross jurisdictional awareness of activities, strategies and capabilities.

This has improved participating jurisdiction's ability to coordinate asset seizure activity, deconflict, and make use of single orders to target criminals. It has also meant that investigative capabilities and techniques are shared more openly, as are beneficial litigation strategies and arguments.

There have been significant capability improvements via the development and/or enhancement of investigative and legal skill and specialisation in these matters, as well as recruitment of people with particular expertise in asset forfeiture.

The changed arrangements for the distribution of forfeited assets (from an approach requiring ministerial sign-off on matters of asset distribution to an approach where participating law enforcement jurisdictions enter into agreements about the sharing of proceeds) has also had several positive impacts on capability. These improvements include better coordination around sharing proceeds, and the incentivisation of referrals and cooperation with respect to orders.

COVID-19 impact

No significant impacts of the COVID-19 pandemic were noted during our evaluation of this activity.

Activity 4(h): Disrupt regional production and supply.

Initial activity formulation

Work through existing structures to disrupt the production and supply of methamphetamine in regional and remote areas.

Activity summary

Outcomes	Positive
Implementation	In progress
Evaluability	Unable to evaluate

The activity has been developed, implemented and is ongoing.

The main purpose is to reduce the impact and harms associated with methamphetamine use, by successfully preventing the importation, production and supply of drugs and precursors.

Both the Australian Federal Police and Australian Criminal Intelligence Commission (ACIC) have several programs and schemes underway that relate to this activity.

Findings

Description of activity

The Australian Federal Police and ACIC both play a key role in the execution of this activity.

The Australian Federal Police's role is to prevent importation and manufacture operations at the border so that methamphetamine and its precursors cannot reach remote and regional areas. The Australian Federal Police provides a strong preventative mechanism to stop methamphetamine use and associated problems in remote and regional areas.

The Australian Federal Police has a broad Australia-wide and international role and does not focus its efforts with respect to methodology or location.

Disruption of the production and supply of methamphetamine in regional and remote areas is a high priority focus for the ACIC.

Information sources

Data and documents

There is no consolidated public report or aggregation of the activities of ACIC or the Australian Federal Police with respect to remote, rural and regional production and supply disruption activities. Qualitative input from the consultations has been identified as sufficient to adequately describe the intent and expected outcomes of the scheme.

Consultations

Two 1.5-hour consultations were conducted for this activity. One consultation was conducted with two members of ACIC, and the other with six members of the Australian Federal Police. This helped to ensure adequate representation from the parties involved in this activity.

Details for attendees at these consultations are in Appendix 3.

Implementation summary

The Australian Federal Police and ACIC both play key roles in the execution of this activity. State and Territory police forces also play significant roles

Australian Federal Police

The Australian Federal Police works at multiple levels to reduce the impact of methamphetamine in Australia, including:

- working with international partners to disrupt methamphetamine production and is supply to Australia at the source
- interrupting supply at transhipment points en route to Australia
- working with state-based partners to disrupt internal distribution
- coordinating intelligence and operational initiatives between other law enforcement partners
- coordinating specific focused activities with state law enforcement partners that address specific drug importation, distribution or trafficking patterns.

Australian Criminal Intelligence Commission

Disruption of the production and supply of methamphetamine in regional and remote areas is a high priority focus for ACIC.

Remote, rural and regional disruption activity has integrated significantly with the operation of the National Wastewater Drug Monitoring Program (NIAS activity 5d). The wastewater program is uniquely able to provide near real time, geographically specific data on prevalence of use, and it is also able to provide feedback about the effects of changes to strategy and policy, or local resource investments, or targeted law enforcement activities.

ACIC can generate high-quality data with respect to remote, regional and rural drug trends. The highly specific wastewater data provides local law enforcement and other stakeholders information on local problems, trends and needs relating to methamphetamine and other drugs, which can support local commanders with respect to resource allocation and decision making about prioritising strategy.

ACIC has been able to support the development of response strategies in collaboration with law enforcement and other stakeholders in local areas. ACIC support includes:

- providing methodologies for investigating local dynamics in drug markets and supply networks
- illuminating the precise nature of criminal enterprises
- using an understanding of the local context and resource constraints to support the development of applicable models.

This work has allowed the ACIC to increase resourcing for drug supply disruption in regional/remote and rural areas in response to identified needs. ACIC has been able to advocate with law enforcement command structures at state levels to support area commanders in their local responses.

ACIC has been able to identify the divergent criminal activity patterns in remote, rural and regional production and supply networks. Traditional drug production and supply 'models' often fail to apply outside metropolitan areas. There is a need to examine individual patterns and responses to these 'entrepreneurial or opportunistic' criminal groups. Similarly, usual 'extrapolative models', where proven methods or strategies are applied to different areas or jurisdictions, do not apply to remote, rural and regional disruption.

ACIC facilitates information-sharing and cooperation between agencies that do not traditionally engage with each other, including law enforcement, health, policy and justice.

This information-sharing function has local benefits (specific to the needs of a particular region) and national benefits (improved cooperation between agencies, improved national consistency and improved capacity for monitoring trends).

During our consultations, several specific initiatives that involved the disruption of production and supply of methamphetamine in regional and remote areas were identified.

The National Anti-Gang Squad is a separately funded initiative that began in 2016. A major focus of this program is outlaw motorcycle gangs. Outlaw motorcycle gangs are heavily involved in methamphetamine importation, trafficking and money laundering. The National Anti-Gang Squad's role is to detect, deter and disrupt the activities of outlaw motorcycle gangs and better assist Australian law enforcement and regional and international partners to create a hostile environment for outlaw motorcycle gangs in Australia and offshore.

Operation Vitreus is a high-level working group of commonwealth and state law enforcement and intelligence leaders with a focus on high-risk and emerging drugs, including methamphetamine interdiction. This operation is one of many groups that sit under the Serious and Organised Crime Committee framework. This and similar groups have a broader national strategic framework and focus on identifying current national initiatives, deconflicting operations and activities, and leveraging training capabilities, like sharing training in technical capabilities or skills across jurisdictions.

The Joint Agency Ice Strike Team commenced as a pilot program in January 2020 combatting methamphetamine and precursor importation and distribution into South Australia. It covers metropolitan and regional South Australia, and aims to deter and disrupt organised crime groups, disrupt importation of methamphetamine, importation of precursors, and domestic production of methamphetamine. It also conducts investigations into international points of supply and encourages collaboration and interagency intelligence sharing.

The Joint Agency Ice Strike Team has had some significant impacts including over 30 arrests, over 80 kg of methamphetamine seized, 3 clandestine labs shut down, over 27 kg of other illicit drugs seized, large amounts of cash, cigarettes, litres of precursors seized. The team has acted on over 92 border detections and made several referrals to other jurisdictions (including overseas partners). It has also provided intelligence reports with details about criminal methodologies and potential leads to other jurisdictions.

Over the past year of operation, the Joint Agency Ice Strike Team did not focus operational activity in regional areas. This was for several reasons: wastewater testing indicated lower rates of consumption in regional areas versus metropolitan areas, and the Joint Agency Ice Strike Team did not identify any significant border detections destined for regional or rural areas. The team focused on metropolitan detections and seizures which, if successful, appear to have the most significant disruptive impact on regional and rural activity.

Mount Gambier is a regional centre that was a focus of concern for the Joint Agency Ice Strike Team. It did not make any significant detections or seizures in relation to large amounts of methamphetamine. The team will likely change its strategy for Mount Gambier and other rural areas to a 'bottom-up' approach, looking for evidence of border seizures of parcels involving very small amounts of methamphetamine and passing that information onto local police to inform local profiling.

All parties have committed to continuing the structure of the Joint Agency Ice Strike Team going forward.

Key enablers

The international relationships and partnerships the Australian Federal Police and ACIC have enable them to receive and provide intelligence about specific matters. They can provide training

and capacity development to these international partners to improve their ability to prevent export of drugs and precursors into Australia.

The ability of the ACIC to develop working relationships at smaller local levels with law enforcement, health services, certain industries with critical roles in regional and remote areas, and with academia, has also served as an enabler to improving the quality of the evidence base, as well as collaboratively identifying and evaluating local solutions to problems.

Operational effectiveness within Australia is improved by strong working relationships between the Australian Federal Police and ACIC and a range of commonwealth, state and territory, and international law enforcement and intelligence organisations.

Data sharing, and coordination with research has improved the quality of analysis of rural, remote and regional drug markets and dynamics. This has allowed traditional academic research to compliment other Law enforcement data and analysis capabilities.

The Australian Federal Police and ACIC are able to prioritise efforts to identify the most impactful areas of work. Disruption of supply is ongoing and high-volume work and all agencies benefit from carefully managing resourcing.

COVID-19 impact

It was noted that the COVID-19 pandemic had impacts on importation of methamphetamine by outlaw motorcycle gangs via changes to shipping, flights, and shifts in global trade routes.

It also appeared to have affected the price and availability of methamphetamine in Victoria. This intelligence has come from the ICARUS taskforce, a high-volume drug crime team, which has noted reductions in domestic production and international supply, as well as limited availability of experienced 'cooks'. Price appears to have increased approximately threefold. Victoria has also seen a change in importation towards higher frequency, smaller amounts delivered internationally via parcel post, rather than bulk importation.

Activity 4(i): Swift, Certain and Fair sanctions model.

Initial activity formulation

The Northern Territory to pilot the Swift, Certain and Fair Sanctions model and share the results with other jurisdictions.

Activity Summary

Outcomes	Positive
Implementation	In progress
Evaluability	Unable to evaluate

The activity has been implemented and is ongoing.

The Compliance Management or Incarceration in the Territory (COMMIT) program is a therapeutic jurisprudence program designed to reduce recidivism and promote engagement with supervision and rehabilitation. It has been implemented successfully and has thus far indicated positive results. A critical incident led to the delay of a planned, formal evaluation, but data is being gathered for future evaluations.

Findings

Description of activity

The COMMIT program was established in 2016 by the Supreme and Local Courts of the Northern Territory. It arose from the desire of the Northern Territory Correctional Services to look at implementing new strategies to address behaviour change in recidivist offenders.

COMMIT is a high-intensity supervision program aimed at reducing both incarceration and recidivism rates by keeping high risk offenders in the community under strict supervision where they can engage with rehabilitative services and pro-social activities. It is a collaborative approach to offender management and behaviour change that involves the Courts, Parole Board, Northern Territory Correctional Services, the police and legal agencies. The program is based on the 'swift, certain and fair' model of justice inspired by Hawaii's Opportunity Probation with Enforcement (HOPE) program.

The program aims to achieve behavioural change by sending a consistent message to participants about personal responsibility and accountability and includes a consistently applied and timely mechanism for dealing with noncompliance.

Information sources

Data and documents

We had access to eight of the COMMIT documents including the COMMIT program mid-point Review and COMMIT evaluation framework, with the most recent document being the COMMIT Parole Simplified Logic Model document (2020).

Consultations

One 1.5-hour consultation was conducted with nine parties related to the activity including the program manager of COMMIT and several Community Corrections staff.

Details for attendees at these consultations are in Appendix 3.

Implementation summary

An internal assessment of the COMMIT sentencing program (the mid-point Review) was conducted to evaluate the first six months of the 12-month trial. This reflects data from 21 June 2017.

Fifty-five COMMIT dispositions were handed down by the courts. Thirty-eight were in the Supreme Court, and 17 in the Darwin local court.

Most COMMIT probationers were largely compliant with their orders, committing only one or two violations. Of the 54 participants, 32 had only 0–2 breaches. The majority of probationers who breached their conditions were honest about their violations and attended court as directed without the need to be arrested. It should be noted that some of these participants had only been part of the program for a matter of days or weeks, while others had been in the program for months.

Of the 28 probationers placed on a COMMIT sentence within the first 6 months of the trial, two probationers were sentenced for reoffending that occurred within 6 months or less of supervision. One of the probationers had their sentence fully restored, while the other probationer remained on COMMIT.

There review suggested the trial incurred significant saving in costs, with 55 probationers who could have otherwise been incarcerated remaining under supervision in the community.

Outside of the mid-point review, case study examples indicate significant improvements in engagement, better drug and alcohol treatment outcomes, and potential for improvements in family functioning, occupational functioning, and successful completion of parole orders.

It was noted in the consultations that the program led to an increased workload for both Community Corrections and legal services. Breaches require input from legal services in the form of legal representation, and due to resource constraints, representation was not provided to all breach matters due to a lack of capacity. If offenders were arguing against a breach, supreme court judges would allow the matters to be held until legal representation could be organised. This suggests some of the legal aid resourcing implications of the 'swift' aspect of the program.

Other positive outcomes noted in the consultations include:

- a more transparent understanding of parole order structure and expectations amongst participants
- better engagement with alcohol and other drug treatment services and community corrections workers
- relapses and violations being recognised earlier, with swift consequence, which allows for a more rapid response to lapses
- prevention of a return to offending
- reengagement with alcohol and other drugs and community corrections officers.

A formative process evaluation of the COMMIT trial was planned to assess the standard and degree to which the model had been adhered to and applied by all parties with respect to the implementation of the COMMIT sentencing and parole programs. This evaluation would have included a preliminary review of the effects on key program processes. The evaluation was to form the basis of a Budget Cabinet Submission in relation to additional and/or ongoing resources deemed necessary to continue to implement the program across all stakeholder areas. The objectives were:

1. to provide an independent assessment of the fidelity, effectiveness and efficiency in which the COMMIT and COMMIT Parole programs have been implemented
2. to assess the allocation and sufficiency of direct and indirect resources allocated to key program activities and the extent to which they may be influencing program results.
3. to generate a set of clear, strategic, forward-looking and actionable recommendations to strengthen the fidelity and delivery of the COMMIT program.

This evaluation was intended to occur in 2019–2019 but did not take place. This was due to a critical incident (a shooting) that occurred in 2019 which impacted the parole system and put the evaluation on hold. COVID-19 has introduced further delays in restarting the evaluation.

COMMIT outcome data are still being collected including reductions in recidivism, drug use data, and days in custody. Number of breaches and reasons for breaches and fidelity to the model are also being tracked. The system is not well set up to track some data, like non-attendance at appointments, and this hinders measurement of engagement via appointment attendance.

Geographical barriers to swift detention creates additional challenges, especially where police need to take responsibility for brief incarceration sanctions.

Key enablers

The specific funding to alcohol and other drug services was identified as a critical enabler of the trial, allowing assurance of capacity and the ability to reserve treatment space to allow people to re-enter treatment swiftly. This funding covers direct treatment of offenders, as well as education services, and family inclusive services like the Family Circles program.

The clarity of the matrix system, and support and communication with stakeholders, have also been enablers to the program.

Notable achievements

The program has led to better coordination of therapeutic and therapeutic jurisprudence responses, and better correctional orientation to a harm minimisation and treatment focused response to clients with alcohol and other drug use.

COVID-19 impact

The COVID-19 pandemic has further delayed the formative process evaluation of the COMMIT program, and may lead to the funds for this evaluation being redirected elsewhere.

Activity 4(j): Review of drug diversionary programs.

Initial activity formulation

Conduct a national review of drug diversionary programs to inform best practice approaches and options for improving and expanding existing arrangements.

Activity summary

Outcomes	Positive
Implementation	Complete
Evaluability	Unable to evaluate

The activity has been developed and implemented in full.

The national review of drug diversionary programs has been conducted and was published in the National Drug and Alcohol Research Centre's Drug Policy Modelling Program Monograph Series in 2019 (Hughes, et al, 2019).

Findings

Description of activity

Drug diversion programs in Australia have been supported since the 1980s. They were significantly expanded following the 1999 introduction of the Illicit Drug Diversion Initiative, a national agreement to divert offenders into drug education and treatment.

There has been no comprehensive audit of enforcement of Australian drug laws and the extent to which people have been diverted from traditional criminal justice responses.

This activity involved a national review of drug diversionary programs to inform best practice approaches and options for improving and expanding existing arrangements.

The specific aims of the review were:

1. to outline current Australian laws and approaches taken to illicit drug use and possession in each jurisdiction
2. to assess the scale of criminal justice responses to use/possession in Australia over the period 2010–2011 to 2014–2015, including the number of people detected, prosecuted and/or sentenced for use/possession, the number of people diverted away from criminal

justice proceedings, and the populations that are most and least likely to receive a drug diversion by state/territory and demographic factors

3. to identify barriers and facilitators to the diversion of use/possess offenders in Australia (for example, legal barriers, program design, and resourcing).

This work was funded via the Australian National Advisory Council on Alcohol and Other Drugs.

Information sources

Data and documents

The key document reviewed in our evaluation of this activity was the published review Criminal justice responses relating to personal use and possession of illicit drugs: The reach of Australian drug diversion programs and barriers and facilitators to expansion (Hughes, et al, 2019).

Consultations

One 1.5-hour consultation was conducted with the lead author of the Drug Policy Modelling Program review.

Details of this consultation are in Appendix 3.

Implementation summary

The review has been conducted and was published (Hughes, et al, 2019).

This work is expected to facilitate state and territory review of policies for drug diversion. In each jurisdiction, the review recommendations are intended to be applied to law enforcement, health and other policies relating to illicit drug justice responses.

An example of such an application is the change in South Australian legislation to tighten the limits of the state's drug diversion program, to prevent people with very high numbers of detections from accessing diversion. This change will present a research opportunity to identify whether changes in eligibility have significant impacts on drug diversion.

The review has been disseminated by the lead author through multiple forums including the criminology conference in Western Australia, the Ice Enquiry forum in New South Wales, and festival safety enquiries. Responses to the review in these forums have reportedly been positive and supportive. Dissemination of the review findings through festival safety enquiries prompted New South Wales to introduce a drug diversion trial for drugs other than cannabis in festival settings.

During the consultation, several potential enablers and barriers to diversion practice reform were elicited.

The review was conducted consultatively, including a range of stakeholders. This approach represents best practice in evaluating matters of policy. It enhanced the quality and credibility of the research and will assist with future implementation.

International expert consensus is highly supportive of expanding diversion, and Australia has a significant role as a leader in matters of justice reform and public policy. International esteem may act as an enabler for further reform.

Responsibility for issues of police practice, legislation, health policy and resources for treatment rests largely with state and territory jurisdictions. Funding may act as a limitation on expansion of existing diversion regimes. Additional support from the Australian Government could mitigate this barrier and enable the implementation of the report's recommendations.

As increasing access to diversion effectively represents an alternative to removing the criminal sanctions for illicit drug use, diversion may not be politically palatable.

Notable achievements

The published review has already led to some changes in legislation across both South Australia and New South Wales.

COVID-19 impact

No significant impacts of the COVID-19 pandemic were noted during our evaluation of this activity.

Activity 5(a): Establish National Centre for Clinical Research Excellence in Emerging Drugs.

Evaluation summary

Outcomes	Positive
Implementation	In progress
Evaluability	High

This activity has been implemented as planned, and is currently underway.

The National Centre for Clinical Research Excellence in Emerging Drugs (NCCRED) was established in 2017 with funds allocated from NIAS.

The establishment of NCCRED was intended to address the limitations of the alcohol and drug sector in delivering innovative and effective responses to emerging issues such as methamphetamine use. The objectives of the centre were capacity building in clinical research and integration of new evidence into practice.

NCCRED's makeup is unique in combining leading alcohol and other drug researchers and established practitioners. The structure of the centre prioritises research with strong clinical applicability and facilitates evidence translation. The requirement to recruit appropriate staff to realise this model led to delays in the centre's establishment.

NCCRED has undertaken several research activities specific to NIAS, including a research priority study to guide investment, funding four methamphetamine pharmacotherapy research projects, and sponsoring the National Centre for Education and Training on Addiction (NCETA) to undertake an audit of available methamphetamine treatment guidelines.

More broadly, the centre has attracted over $6.3 million in competitive funding (as principle or co-investigators). The centre has awarded $1.8 million over 21 seed and capacity grant programs since October 2018, has commenced a program of clinical research fellowships, and supported the development of amphetamine specific treatment resources.

NCCRED is well placed to deliver innovative, effective and evidence-based treatments for emerging drugs of concern, including methamphetamines.

The novel, complex and collaborative nature of the centre's work, coupled with the COVID-19 pandemic, has impacted some of NCCRED's projects (notably where recruitment into clinical trials was impacted).

Detailed evaluation findings

Description of activity

NCCRED was designed as a national organisation to support clinical treatment and build clinical research capacity within the Australian alcohol and other drug services sector.

The Centre's mandate was to pursue a clinical research and translation agenda that emphasised effective treatment responses for emerging drugs of concern, including methamphetamines.

NCCRED was to take a collaborative approach to capacity building, generation of new research evidence, and rapid translations of these findings into best practice.

NCCRED would facilitate and develop a national clinical research and practice, in order to be responsive to the complex health challenges associated with changing patterns of substance use and harm.

NCCRED has three main strategic goals:

1. Collaborate: Engage with key stakeholders to build adaptive clinical networks that allow for a rapid, flexible and collaborative response to emerging substances that have prevalent, persistent and harmful health and community impacts.
2. Generate: Through collaborative clinical research, seed funding, scholarships and mentorships, to develop effective interventions directed towards identified research priorities.
3. Translate: By means of strong clinical networks, implement and disseminate these evidence-based interventions/methodologies to develop and equip the health and medical research workforce to address prevalent, persistent and harmful health and community impacts of emerging drugs.

Information sources

Data and documents

This evaluation was able to access a range of documents that provided a good overview of the nature of NCCRED, its establishing principles, operating model, and performance since inception.

Six NCCRED-authored documents were reviewed, including the NCCRED final report, work plan, clinical research strategy and progress and performance reports for the Department of Health.

Consultations

Two consultations were conducted for the purposes of evaluating this activity:

- one with key NCCRED stakeholders (the Director and a board/consortium member)
- one with an NCCRED Research Fellow.

Details of consultation attendees and the documents and data reviewed are provided in Appendix 3.

Performance summary

Assessment of the overall performance of NCCRED, its research output and impact is limited by the relatively brief period of operation of the centre.

This evaluation has been able to establish significant progress against four areas of operation:

1. undertaking research and resource development
2. provision of seed funding, capacity building and clinical research fellowships
3. training and workforce development
4. other research dissemination activities.

Undertaking research and resource development

NCCRED conducted a research priority setting study in 2019 to determine clinical research priorities for the management or treatment of issues related to methamphetamine or emerging drugs of concern in Australia. The findings have guided the establishment of NCCRED's programs and have been incorporated into the updated 2020–2022 research strategy.

In the reporting period of 2019–2020, NCCRED staff were named investigators on $6.3 million in competitive research funding, building the scope and capacity of national clinical research networks.

NCCRED funded National Centre for Education and Training on Addiction (NCETA) to conduct an audit of existing methamphetamine treatment guidelines. This clinical resource has been developed to enhance the uptake and guide the application of available guidelines according to treatment setting and population, and provide a gap analysis to direct future efforts.

NCCRED partnered with the AIDS Council of New South Wales (ACON), Thorne Harbour Health, and the Western Australia AIDS Council to design, fund and roll out the first comprehensive two-phased study into the practices and settings around the use and overdose of gamma hydroxybutyrate ('GHB') among LGBTIQ+ sexually and gender-diverse communities.

NCCRED supported seven surveillance, early detection and response projects, through seed and capacity building grants. These projects led to the development of the Prompt Response Network to detect and respond to new and emerging drugs of concern.

Seed funding, capacity building and clinical research fellowships

Since October 2018, the total amount of Clinical Research Funding awarded by NCCRED is $1,873,810.83 across a total of 21 research projects and clinical research fellows.

Despite delays to many of the projects due to the COVID-19 pandemic, there have been some significant achievements from the funded projects. The clinical research projects that have progressed have had some clinical, therapeutic, and policy impacts.

NCCRED delivered funding through three arms:

Seed funding grants: Three rounds of competitive seed funding occurred during October 2018 to April 2019: $1,400,000 was made available and $1,214,811 was distributed to successful applicants. The fourth round of seed funding grants closes in April 2021, with $200,000 available.

Capacity building grants: There was one round of capacity building grants in September 2018. Non-renewable grants of $5,000 to $100,000 were available, and totalled to $304,000 in funding. These grants specifically supported building capacity for clinical trials in methamphetamine dependence/use disorder to address additional research questions, build research capacity, and produce translational results. Results for these grants are not yet available.

Clinical research fellowships/scholarships: NCCRED has developed a Clinical Research Scholarship Program to build the scope and capacity of clinical research on emerging drugs across the drug and alcohol sector.

Clinical Research Scholarship Program is open to clinicians at all levels, anywhere in Australia. It was established in 2019 and the first three fellows commenced in February 2020. NCCRED contributed to the scholars' salary of 0.5 FTE for the 1-year scholarship term.

The candidates are partnered with a senior clinician-researcher at their participating clinical site and, after undertaking a 1-week FTE program, they spend the following year developing and conducting a research project, writing a first-author manuscript based on the project's results, and presenting at the NCCRED National Symposium.

The participating institution and mentor are reimbursed $5000 for their contributions. All participating fellows have an assigned supervisor and project, but there is no further data regarding progress or outcomes, partially due to delays due to the COVID-19 pandemic. These interruptions have involved delays enrolling clinical trial participants and reduced interaction between research fellows and NCCRED staff.

Our consultation with one Research Fellow indicated that the Fellowship has provided the following benefits:

- an opportunity to explore ways of combining research with clinical career, how to manage in the context of clinical work

- dedicated time to conduct research which was not possible without the fellowship
- improved understanding of research methods, and recognition of the importance of clinical research
- the opportunity for new researchers to experience autonomy in research; to develop an idea and maintain ownership
- valuable mentor relationships and networking opportunities.

The 2020–2022 NCCRED Clinical Research Fellowships program will be re-branded as the NCCRED Clinical Research Scholars program, and will target nursing, allied health and Aboriginal and/or Torres Strait Islander candidates.

Future research projects will be identified in the scholarship application and have a structured seed funding budget attached (essentially merging the Scholarship and Seed Funding programs in order to ensure that these programs are suitably funded).

Training and workforce development

A structured Research Training Program has been developed for the NCCRED Clinical Research Fellows and provided by the University of New South Wales and St Vincent's Health. This program has been developed to enhance the clinical research skills and capacity of the Fellows.

NCCRED partnered with the National Centre for Education and Training on Addiction (NCETA), Flinders University, to undertake a Clinical Research Workforce Development Strategy for the Alcohol and other Drug sector.

NCCRED Conducted three sessions of International Guidelines for Good Clinical Practice and training in clinical research capacity-building for 40 clinicians and researchers.

In partnership with Insight, the centre for alcohol and other drug training and workforce development in Queensland, NCCRED delivered a webinar on effective supports and treatments for people impacted by methamphetamine use (Hudson, 2019), which had reached an audience of 425 people at the time of evaluation.

Other dissemination

NCCRED has undertaken and published a systematic review of pharmacotherapy for methamphetamine dependence, developed and published a database for treatment outcome measures for clinical research into methamphetamine treatment.

As collaborators, NCCRED has co-authored the S-Check model of care for early intervention for methamphetamine use, and contributed to a rapid review of literature for methamphetamine and GHB withdrawal (as part of an update to New South Wales clinical guidelines on alcohol and other drug withdrawal).

NCCRED hosted the first annual NCCRED symposium (as part of the Australian Professional Society of Alcohol and other Drugs Conference (attracting 71 attendees and 11 presentations, provided monthly newsletters to 1101 subscribers.

NCCRED also hosted Adaptive Practices, an 11-part webinar series focusing on clinical and community responses to the COVID-19 pandemic across the alcohol and other drug sector (National Centre for Clinical Research on Emerging Drugs, 2020).

NCCED has also developed and disseminated consumer guidance notes for responding to overdose with potent opioids (fentanyl and carfentanil). Further dissemination work planned, but delayed by the COVID-19 pandemic, includes a Prompt Response Network to provide a sector specific and consumer public health information.

Barriers, enablers and notable achievements

Establishment of NCCRED took longer than originally planned, due to complexities of ensuring appropriate membership, leadership and structure.

Despite this, its research and dissemination efforts are commendable, particularly given the impact of the COVID-19 pandemic during most of 2020. This evaluation was advised that the support of the alcohol and drug sector as well as the funding body (the Department of Health) were critical enablers to the centre's success.

NCCRED has established an Indigenous working group to ensure that Aboriginal and Torres Strait Islander communities are meaningfully engaged. This includes a specific and tailored scholarship stream and specific grants. NCCRED currently funds research investigating novel interventions for methamphetamine use in Aboriginal and Torres Strait Islander communities.

Of particular note for this evaluation, NCCRED has facilitated several other NIAS activities. These include the project undertaken by NCETA to renew and disseminate evidence-based guidelines to assist frontline works to respond to methamphetamine use. NCETA also invested in research into pharmacotherapies for methamphetamine dependence.

Strengths and limitations of the evaluation

Evaluability of this activity has been identified as high based on the availability of good quality data and documentation.

This evaluation has had access to substantial and detailed information on the activities conducted by NCCED. This includes number and type of activities and, where appropriate (for example, in training or funding) number of people involved.

COVID-19 impact

Significant impacts related to the COVID-19 pandemic were reported during the consultations for this evaluation.

These impacts relate to limitations on collaborative activities relating to the undertaking of research and provision of research mentorship and support.

Enrolment of participants in clinical research trials was also significantly impacted by the COVID-19 pandemic, introducing significant delays into the timelines for research projects, and complicating.

NCCRED has responded to the clinical implications of the COVID-19 pandemic by developing a webinar series to guide adaptive clinical and community responses for the alcohol and other drug sector.

Summary and recommendations

Key strengths

We identified the following key strengths:

- NCCRED has demonstrated commitment to a research agenda that focuses on clinical translation.
- It has made some investment in capacity development within the alcohol and drug sector though grants and research fellowships.
- NCCRED has a clear research agenda and robust transparency mechanisms for its activities, including numbers of publications, research impacts on policy, grants provided, and resources developed.

Areas for improvement

There were significant delays in implementing NCCRED activities once the program had been funded, so the program has been effectively in operation for only 18 months.

As a result, the evidence of impact to date is relatively limited and it was difficult to make firm recommendations. Continued monitoring is required to understand the program's impact before a decision about future investment is made.

To assist in this process, it is essential that NCCRED develops an overarching evaluation and reporting plan for their activities that enables ongoing monitoring of impact as the Centre further develops. In particular, NCCRED should consider how universities and other established research organisations operationalise, demonstrate and report on impact to develop their own reporting.

Activity 5(b): Enhanced Evidence base.

Initial activity formulation

Invest in research into medication for methamphetamine addiction and also into methamphetamine use in Indigenous communities.

Evaluation summary

Outcomes	Positive
Implementation	In progress
Evaluability	High

This Activity has commenced, with several research projects funded and underway.

Funding for these priority areas was included with the funding for the National Centre for Clinical Research on Emerging Drugs (NCCRED), and as such the NCCRED has supported projects investigating the use of pharmacotherapies (medication) for the treatment of dependence disorder, including one specific to the Indigenous/Aboriginal and Torres Strait Islander population.

The evaluation of this activity replies upon NCCRED-authored reports and one of the consultations with NCCRED stakeholders.

Five projects have been awarded funding by the NCCRED to meet the aims of this Activity.

Central themes identified through this evaluation include the following:

- NCCRED Clinical Research Program has supported (via funding and in-kind support) several medication projects and one project specific to Aboriginal and Torres Strait Islander peoples.
- The COVID-19 pandemic has impeded the progress of the projects.
- The NCCRED Clinical Research Program will continue over 3 years as the research projects are completed and results are translated into clinical practice.

Detailed evaluation findings

Description of activity

The NCCRED was established to support clinical treatment and build clinical research capacity within the Australian alcohol and other drugs services sector. The centre has an explicit focus on methamphetamine and other emerging drugs of concern.

The NCCRED established its research Funding Program in September 2018 as a key component of the Centre's overall Clinical Research Strategy.

There are three arms of the NCCRED Funding Program: seed funding grants, capacity building grants, and clinical research fellowships/scholarships. The grants and fellowships are available nationally and successful candidates are awarded by an independent selection process overseen by the Working Group, according to the established research priorities of the Centre.

The details of these grants and fellowships are discussed and evaluated in detail in Activity 5a.

These grants and fellowships have facilitated further research into medication for methamphetamine addiction and also into methamphetamine use in Indigenous communities.

Information sources

Data and documents

Four NCCRED-authored documents were available relating to this activity. These were the NCCRED Seed Funding, Capacity Building and Fellowship Program Report 2018-2020, NCCRED Final Report, NCCRED Activity Work Plan July 2020 – June 2021, and the NCCRED Clinical Research Strategy July 2020 – June 2022.

Consultations

One 1.5-hour consultation was conducted with key NCCRED stakeholders (the Director and a board/consortium member) in combination with the consultation for Activity 5(a).

Details for consultation attendees and for documents and data reviewed are provided in Appendix 3.

Performance summary

Four projects and a fellowship have been awarded funding by NCCRED to meet the aims of this Activity.

Ketamine treatment study

Dr G Bedi and colleagues were granted seed funding in Round 2 (August 2019) for their project: An open-label pilot study of sub-anaesthetic ketamine for methamphetamine abuse in young people.

Initiation of this study was delayed due to communication delays between the University of Melbourne and the University of New South Wales, resulting in contracts not being finalised and funding received until April 2020. A 6-month extension was granted due to the impact of COVID-19 on the study timelines. Data collection is anticipated to start in November 2020, with completion due for December 2021.

Dr Edward Mullen was awarded a Clinical Research Fellowship in February 2019 to be supervised by Dr Bedi as part of this project.

Evaluation of clinician-led tool

Associate Professor J Ward and colleagues were awarded seed funding in Round 2 (August 2019) and in-kind support for their project: *Acceptability and feasibility of "We Can Do This" as a clinician-led tool for use in primary health care and residential rehabilitation settings.*

Recruitment of participants to this study has commenced in six Indigenous rehabilitation centres in Victoria, New South Wales and South Australia. As of November 2020, 19 participants were enrolled in the study. Training has been provided to clinicians via Zoom on the use of the web application. The clinicians are using the web-application in both group and individual counselling, and also offer it to clients to use independently.

COVID-19 caused a significant delay to the initiation of this research. Ethics approval for this process evaluation was granted in South Australia, New South Wales, Queensland and the Northern Territory in late 2019. Engagement of staff and commencement of recruitment of participants coincided with the onset of COVID-19, meaning that partner services were appropriately re-directing attention to responding to the pandemic. Covid-19 also caused delays to ethics approval in Victoria, which was granted in early June 2020.

Recruitment and engagement under COVID-19 conditions has remained challenging. The researchers anticipate completing data collection by the end of 2020, and the process of co-design of the clinicians' manual is underway and anticipated to be completed in early 2021.

Methamphetamine withdrawal treatment study

Dr S Arunogiri and colleagues were granted seed funding in Round 3 (October 2019) for: An open label pilot study of intranasal oxytocin for methamphetamine withdrawal in women.

Initiation of this study was delayed by 6 months due to the contract review process between the University of New South Wales and Eastern Health. Final approval was received in June 2020. Further delays have related to unanticipated COVID-19 effects. The project involves a pilot study of an investigational product (intranasal oxytocin). The pharmaceutical supplier who originally provided a quote for this study has now indicated that, due to COVID-19 pandemic-related disruption to supply, will no longer be able to fulfil the quote. Despite extensive exploration of

alternative options for sourcing the product, the researchers have been unable to identify a viable supply.

Further to this, the Victorian residential detox service setting is an extremely challenging environment in which to commence a clinical research study; the COVID-19 pandemic has not only halted recruitment for most clinical research in 2020, but also impacted on detox service provision, with extensive waitlists and reduced ward bed capacity to enable social distancing.

Given these circumstances, the researchers have proposed two key amendments to the study, including:

- replacing to the investigational intervention with micro-ionized progesterone
- conducting the study in an outpatient setting.

The researchers anticipate being able to initiate the revised study by the end of 2020 and commence recruitment in the first quarter of 2021. Ideally this will allow for the recruitment of up to 20 participants, with complete data collection by the third quarter of 2021 and completion by the end of 2021.

Lisdexamfetamine treatment study

A Capacity Building Grant (and in-kind support) was provided to Professor P Haber and colleagues for: The LiMA@RPAH study: a randomised double-blind placebo-controlled study of lisdexamfetamine for the treatment of methamphetamine dependence.

This project was also delayed due to COVID-19, with recruitment on hold between April-September 2020. As of September 2020, the investigators have pre-screened 55 patients, screened 22 and enrolled 14 patients onto study. Six patients have completed study treatment, and one patient completed research but withdrew from treatment. Of those who withdrew from the study, four occurred in week one, including one patient who withdrew due to a severe adverse event. This study is planning to enrol 10 more participants by March 2021.

A paper on this project was presented at the Australian Professional Society on Alcohol and other Drugs conference in 2019 (Little et al, 2020).

Notable achievements

NCCRED undertook an extensive systematic review of the literature examining pharmacotherapies for methamphetamine dependence/use disorder. This comprehensive review included 23 pharmacotherapies examined in 45 studies reported in peer-reviewed publications. As part of this review, clinical research treatment outcomes were examined. Data were collected on how each trial measured clinical research outcomes and this was compiled and included in the peer-reviewed publication.

In the 2020–2021 period, NCCRED will translate these data into a more accessible resource for clinician researchers to access via the NCCRED website.

Despite significant delays due to contract finalisation between organisations and various study interruptions due to COVID-19, the four projects and related fellowship have been able to make progress against each of their respective goals.

Strengths and limitations of the evaluation

The impact of the NCCRED Clinical Research Program will continue to roll out over the next three years as the research projects come to completion and results are translated into clinical practice.

COVID-19 impact

The studies have had significant interruptions in 2020 due to physical distancing restrictions and other scale-back of research services to free-up clinical capacity, implemented in response to the COVID-19 pandemic. These restrictions meant that a large portion of projects could not recruit or meet their research milestones, and have been granted delays of 6 months by NCCRED.

Summary and recommendations

Key strengths

Key strengths include:

- the systematic literature review on pharmacotherapies for methamphetamine dependence and use
- research now underway on specific the application of novel treatments
- the commendable resilience of the program in adapting to COVID-19.

Areas for improvement

This activity is progressing well, despite the significant impacts of COVID-19, we are unable to identify areas for improvement during our evaluation.

Activity 5(c): Establish Australian Crime and Justice Research Centre.

Initial activity formulation

Create a new Australian crime and justice research centre to provide a coordinated national law enforcement and justice research and intelligence picture on illicit drug markets like ice.

Activity summary

Outcomes	Positive
Implementation	In progress
Evaluability	Unable to evaluate

This activity did not progress as originally anticipated. The proposed new Australian Crime and Justice Research Centre was not developed due to a parallel reorganisation of the Australian Institute of Criminology (AIC) governance structures.

However, the AIC has continued work in line with the goals of the NIAS and this activity. Our assessment is that, despite the change in expected scope of this activity, substantive progress has been made against the initial activity formulation.

Detailed findings

Description of activity

This NIAS activity, as originally conceived, involved the establishment of a body to coordinate national law enforcement and justice research: the Australian Crime and Justice Research Centre. This centre was not established, due to a parallel reorganisation of governance structures, and the establishment of a closer relationship between the Australian Institute of Criminology (Australia's national research and knowledge centre on crime and justice) and the Australian Criminal Intelligence Commission (ACIC).

AIC remains an independent entity within the ACIC. The AIC director has overall control over the research agenda, and he is also an ACIC director. In 2015 the AIC staff were transferred to the ACIC, but are seconded to work for the AIC. All corporate services are shared with ACIC, and there is a memorandum of understanding signed every year.

The ACIC–AIC merger legislation has been considered by two senate enquiries, and the merger was approved by both, but the relevant legislation has not been passed.

With respect to illicit drug markets, and methamphetamine in particular, the AIC focuses on research and analysis relating to supply reduction. The AIC undertakes research to establish the precise nature of drug markets, patterns of drug involvement and harms as they intersect with criminal behaviour and the criminal justice system.

AIC evaluates the impacts of policy and legislative responses to illicit drug markets and provide independent, impartial evidence to a range of state, territory and commonwealth stakeholders.

Contributions of the institute to the NIAS goals involves supporting effective, coordinated law enforcement and accurate research and intelligence on illicit drug markets. All of AIC's published reports and research are peer reviewed, and 95% of AIC publications are in the public domain. The AIC website provides a searchable portal for accessing this research.

Information sources

Data and documents

Several reports and bulletins were available relating to the Drug Use Monitoring in Australia (DUMA) program. This provided insight into how the AIC was using and applying the DUMA data in research.

Consultations

One consultation was conducted for the purposes of evaluating this activity with two members of the Australian Institute of Criminology.

Details of consultation attendees and the documents and data reviewed are provided in Appendix 3.

Implementation summary

In 2017 AIC changed its operating model for planning and undertaking research, moving away from a consultancy model in which specific funding drove specific research programs. The new model recognised that AIC's core funding supports its program of research and facilitates active involvement with the Commonwealth to provide it with the dividends of this research. This shift has increased AIC's readiness to support the Commonwealth with insights about the current state of a range of crime and law enforcement issues.

AIC's work to reduce the supply of illicit drugs focuses on two main areas: drug use monitoring and research.

Drug Use Monitoring in Australia project (DUMA)

This is the nation's longest-running ongoing survey of police detainees across the country. DUMA comprises two core components: a self-report survey on drug use, criminal justice history and demographic information, and a program of voluntary urinalysis, which provides an objective measure for corroborating reported recent drug use.

DUMA has been important in identifying both long term trends and subtle patterns in drug markets due to the proximity of police detainees to these drug markets. This has included identifying purchasing patterns and specific correlated factors with illicit drug involvement. For example, harms associated with methamphetamine use for police detainees, domestic and family violence interaction with methamphetamine using detainees, and the impact of COVID-19 on methamphetamine markets in Western Australia.

DUMA's long-term trend tracking are a key example of the direct application of the AIC's work.

More information on the DUMA program is available in Activity 5(e).

Serious and Organised Crime Research Laboratory

The Serious and Organised Crime Research Laboratory is funded under the Proceeds of Crime Act 2002 (Cth) (POCA) until June 2022. This research initiative focuses on illicit drug markets and the impacts of interventions on these markets. For example, how effective law enforcement operations like seizures are in terms of availability, price and other measures.

The expected audience of the AIC's research output ranges from organisations and policy makers at state, territory and Commonwealth levels, to members of the drug policy and criminological research community, and the general public. While the lab has a wider focus on drug markets than just methamphetamine, it also conducts focused work on specific subpopulations of organised crime, including the involvement of outlaw motorcycle gangs in methamphetamine trafficking and distribution.

Barriers, enablers and notable achievements

Establishment of the Serious and Organised Crime Research Laboratory is a notable achievement.

Evaluation and monitoring has not traditionally been built into the practice of law enforcement or the introduction of legislative and policy changes. The inability to measure effects has presented significant challenges to researchers seeking to understand the nature of the problem or to identify the impact of changes and investments.

AIC faces resource limitations, which places constraints around their ability to conduct research and engage in supportive policy discussions.

The colocation of the AIC and ACIC has allowed for an increase in soft outcomes over the last five years including greatly increased collegial interactions with ACIC, the Australian Transaction Reports and Analysis Centre, Australian Federal Police, The Department of Home Affairs, Department of the Prime Minister and Cabinet, the Attorney General's Department and the Office of National Intelligence. This has assisted with an increased awareness of the work the AIC does and likely in facilitating data access and level of involvement with decision-making bodies.

Strengths and limitations of the evaluation

This evaluation relied heavily on qualitative data from the consultation.

The consultations revealed that examples of the impact of AIC's work tend to be generalised and difficult to understand. AIC does not directly measure impact with respect to specific drug market activity like methamphetamine.

COVID-19 impact

The COVID-19 pandemic has impacted the instigation of a seminar series for dissemination.

It has also allowed an opportunity to showcase AIC's flexibility and ability to contribute through Statistical Bulletin no. 29, which examined the constrictions on the methamphetamine supply in Perth due to COVID-19.

Summary and recommendations

Key strengths

We identified the following key strengths:

- AIC aims to give decision makers access to high quality evidence about the nature of problems and effectiveness of different policy solutions which allows perceived impartiality and independence.
- There is growing demand for the type of work AIC does.

Areas for improvement

AIC's output is in the form of publications. However, could improve its effectiveness by ensuring that the findings of its research work are more widely disseminated. This could be achieved through a more effective use of social media, research dissemination seminars and conferences. This would assist translation and application of findings, by ensuring that relevant research, policy and service stakeholders are informed about their work.

Activity 5(d): Enhanced drug use data.

Initial activity formulation

Increase the quality and quantity of drug use data in Australia by:

- Increasing the frequency and quality of population prevalence data.
- Enhancing national treatment data.
- Continuing the Drug Use Monitoring in Australia program.
- Continuing wastewater testing.
- Expanding the Ambulance Project.

Evaluation summary

Outcomes	Positive
Implementation	In progress
Evaluability	High

This activity encompasses five programs of research, which are summarised individually in this section. Data and documentation were reviewed, and a consultation undertaken for each individual program of research.

Each of the programs of research are underway, and are involved in continuous improvement. These programs do not represent new NIAS initiatives. Some have had extensions to their operations funded, others have been included in NIAS without specific funding attached.

These programs have been identified as having positive outcomes for NIAS.

The overarching aim of this activity has been achieved. Australia has world-class and, in some cases, world-leading drug use data.

These data collections provide a wealth of information about alcohol and other drug use and related harms. The variation in different target populations and sampling methodology has provided improved coverage and enhanced opportunities for analysis and research translation.

A significant strength of Australian alcohol and drug data analysis is our ability to combine data sources. By combining multiple data sources (National Drug Strategy Household Survey, wastewater, treatment data, death data etc) and triangulating data, more powerful analyses of emerging trends, harms, and policy and service priority areas are possible.

Consistency in data collection approaches and compatibility of data between different sources and programs is an ongoing challenge. However, collaboration and coordination between project teams can overcome these consistency issues.

For example, in relation to deaths and hospital data, the Australian Institute of Health and Welfare worked with National Drug and Alcohol Research Centre and the Australian Bureau of Statistics to use consistent coding where possible, to be able to monitor deaths from different drugs.

Each of the programs of research have evolved over time, reflecting changing and emerging issues of concern, as well as responding to key methodological challenges and embracing new technologies. Ongoing investment is required to enable further refinements and enable the best optimisation, leveraging, and use of data.

Detailed evaluation findings: Increase the frequency and quality of population prevalence data

Description of activity

Activity 5(d)(i): Increase the frequency and quality of population prevalence data

The National Drug Strategy Household Survey commenced in 1998 and has been undertaken every 3 years (most recently in 2019). The survey collects information on alcohol and tobacco consumption, and illicit drug use among the general population in Australia. It also surveys people's attitudes and perceptions relating to tobacco, alcohol and other drug use.

Evaluation scope

The National Drug Strategy Household Survey was not specifically funded by NIAS. It was identified as a pre-existing initiative to be included in NIAS, specifically under Priority area 5, as it plays a significant role in Australia's overall alcohol and drug data collection and research activities.

The NIAS evaluation is interested in understanding the National Drug Strategy Household Survey within the context of its contributions to NIAS goals (reduced prevalence and reduced harms associated with methamphetamine). A detailed evaluation or audit of the survey is not within scope of the evaluation.

Information sources

Data and documents

A range of documents were available for this activity, providing an ability to assess the methodology used to collect and report on National Drug Strategy Household Survey data, as well as the quality of the reported data.

Documents reviewed include the 2019 National Drug Strategy Household Survey Report (Australian Institute of Health and Welfare, 2020c) and accompanying technical information, the Alcohol, Tobacco, and Other Drugs in Australia Web Report September 2020 (Australian Institute of Health and Welfare, 2020a), and the National Ice Action Strategy Rollout (Auditor-General Report, 2019).

Consultations

One half-hour consultation was conducted with staff from the Australian Institute and Health and Welfare that directly related to activity 5d(i).

Details of consultation attendees and the documents and data reviewed are provided in Appendix 3.

Performance summary

The National Drug Strategy Household survey is undertaken every 3 years. This frequency is deemed to be appropriate to track trends and patterns in drug use, as it is rare for there to be significant changes in these trends year on year.

The Australian Institute of Health and Welfare are contracted to undertake the survey.

Ongoing quality improvement

Several improvements have been made to the methodology and data collection tools in recent iterations, with more planned for the future, including:

- increasing the representation of Indigenous people and those from culturally and linguistically diverse backgrounds
- improving reporting of LGBTIQ+ status
- adaptations to the survey questions (including the inclusion of questions from the ASSIST-BI brief intervention and screening tool)
- the inclusion of questions about emerging issues/concerns to the community (for example, pill testing, legalisation of cannabis).

The 2019 National Drug Strategy Household Survey also included a re-analysis of 2001–2007 data, which identified some discrepancies, all of which were included in the 2019 National Drug Strategy Household Survey report. This is an example of increasing the quality of population prevalence data.

Increasing the quality of the data also facilitates better triangulation of data to provide a more comprehensive picture of the related trends. The Alcohol, Tobacco and Other Drugs report is an example of data synthesis from several agencies including (but not limited to) the AIHW with the National Drug Strategy Household Survey, AIC with DUMA, and ACIC with the National Wastewater Drug Monitoring Program.

Increasing the sample size of the survey, improving the survey's reach (via new modes and methodologies) and improving representativeness are priorities for future surveys. As an example, the upcoming National Drug Strategy Household Survey report will describe a case study of eight Northern Territory remote Aboriginal and Torres Strait Islander communities to address under-representation of remote Aboriginal and Torres Strait Islander communities. At present, the numbers of Aboriginal and Torres Strait Islander people included in the survey (approximately 400 within the larger sample of 24,000 participants) is insufficient. This underrepresentation disadvantages Aboriginal and Torres Strait Islander people. We note that alternative ways of improving data here would be to include alcohol and drug measures within the Aboriginal and Torres Strait Islander Social Health Survey.

Updates and changes to survey questions made each iteration are done so with maintaining maximum backwards comparability in mind to preserve trend data. All changes to the 2019 questionnaire were tested through cognitive interviews to help ensure quality.

Our consultation identified barriers and enablers to the progress and impact of the National Drug Strategy Household Survey.

Most of the barriers relate the overall representativeness of the survey results. The nature of the survey includes discussion of highly sensitive topics, and potential participants can opt out. The sampling methodology means that highly marginalised people are excluded from collection.

As the National Drug Strategy Household Survey is funded by government with the explicit purpose to inform policy, this can help to reassure potential participants and engage them.

Detailed evaluation findings: Enhancing national treatment data

Description of activity

Activity 5d(ii): Enhancing national treatment data

The Alcohol and Other Drug Treatment Services National Minimum Data Set (NMDS) collects information about publicly funded alcohol and other drug services and their clients (including various demographic characteristics and principal and additional drugs of concern).

Information sources

Data and documents

A range of documents were available for this activity, including the Alcohol and other Drug Treatment Services in Australia: 2018–2019 report (Australian Institute of Health and Welfare, 2020b) and associated Quality Statement, and the Alcohol, Tobacco, and Other Drugs in Australia Web Report September 2020 (Australian Institute of Health and Welfare, 2020a).

Consultations

One 1.5-hour consultation was conducted with staff from the Australian Institute and Health and Welfare that directly related to activity 5d(ii).

Details of consultation attendees and the documents and data reviewed are provided in Appendix 3.

Performance summary

Specific enhancements have been made to the NMDS that relate to monitoring methamphetamine prevalence and treatment provision, via the development of new fields/variables (led by AIHW in conjunction with the NMDS Working Group). These enhancements have involved changes to the NMDS system to better differentiate between methamphetamine and amphetamine in the NMDS and associated reporting.

Alcohol and drug treatment services and agencies have been supported to make the necessary changes to information technology systems. Workforce training has been provided as required.

Differentiated methamphetamine/amphetamine data were reported for the first time for all jurisdictions in the 2018–2019 report. Data for Western Australia were included in the 2017–2018 state summary.

Further enhancements to the NMDS are currently in progress, planned or proposed for:

- improved measurement of client outcomes and waiting times
- improved measurement severity of dependence
- tracking patterns of use and how these relate to patterns of treatment engagement
- additional client information fields such as family type, mental health, other health conditions
- the capacity to use NMDS in data linkage projects
- allowing reporting at the local level within context of privacy and other requirements
- addressing the lack of private alcohol and other drug treatment data, which is not collected and represents a gap in understanding alcohol and other drug treatment needs and utilisation. Consideration is being given to whether there are other routine data collections (for example, Medicare data set) that could provide an indication of the use of these services.

In 2018–2019, 95% (1,283) of in-scope agencies submitted data to the NMDS, an overall increase from 2017–2018 of 1%.

The quality statement associated with the 2018–2019 report identified that this increase is due to some jurisdiction changes in systems that split the reporting structure from organisation/agency level to service outlet level (an agency can have more than one service outlet), changes in reporting requirements and the creation of newly funded services.

Several barriers and enablers to the NMDS were elicited during our consultation.

The main barriers relate to the practicalities of ensuring consistent data recording and reporting across a distributed network of service providers.

The NMDS depends on data from administrative data sets and systems that are primarily intended to support health record and client management. These systems are not always easily (or cheaply) adaptable to NMDS needs.

The NMDS' reliance on a distributed network of data systems also leads to significant challenges in implementing changes across this network.

Rapid responses and adaptations to emerging alcohol and drug use trends and issues (such as adding new data fields) is challenging for the system.

Similarly, changes to the structure of the sector can also impact the quality of NMDS data (for example, the 2014–2015 reporting periods), sector reforms and jurisdictional changes affected the number of reporting agencies providing data, which led to an under-estimate of the number of completed treatment episodes for that period.

The quality of the NMDS is primarily enabled by the buy-in of participating service providers, and improvements in workforce capability.

Detailed evaluation findings: Continuing the Drug Use Monitoring in Australia program

Description of activity

Activity 5d(iii): Continuing the Drug Use Monitoring in Australia program

Established in 1999, the Drug Use Monitoring in Australia (DUMA) program is funded by the Australian Government and is the nation's longest-running ongoing survey of police detainees across the country.

DUMA comprises two core components: a self-report survey on drug use, criminal justice history and demographic information; and a program of voluntary urinalysis, which provides an objective measure for corroborating reported recent drug use.

Since police detainees are more likely than the general population to have been in recent contact with the illicit drug market, understanding their drug use and offending habits is valuable in the formulation of policy and programs.

Evaluation scope

The DUMA program was not specifically funded by NIAS. It was identified as a pre-existing initiative to be included in NIAS, specifically under Priority area 5, as it plays a significant role in Australia's overall alcohol and drug data collection and research activities.

A detailed evaluation or audit of the DUMA program is not in scope. The Intention of this assessment is to ensure that NIAS evaluation includes an accurate representation of DUMA and the contribution it makes to monitoring the prevalence of methamphetamine use.

Information sources

Data and documents

Several reports and bulletins were reviewed, which allowed us to describe the DUMA program and provided insight into how DUMA data is being used and applied in research.

Documents reviewed included the Australian Institute of Criminology submission to the Special Commission of Inquiry into the Drug 'Ice' (Australian Institute of Criminology, 2019), The Australian Institute of Criminology Statistical Report 18 on drug use monitoring among police detainees (Voce & Sullivan, 2019), and numerous other statistical bulletins, statistical reports, and Trends and Issues papers.

Consultations

One 1.5-hour consultation was conducted with informants from the Australian Institute of Criminology that directly related to activity 5d(iii).

Details of consultation attendees and the documents and data reviewed are provided in Appendix 3.

Performance summary

Established in 1999, the Drug Use Monitoring in Australia (DUMA) program has continued to operate with data being collected quarterly via an interviewer-administered questionnaire and/or urinalysis.

In 2019, 2,330 detainees participated in the program from five sites – Adelaide, Brisbane, Perth, and Bankstown and Surry Hills in Sydney. Involvement of testing sites largely at the direction of state and territory police and is based on the feasibility of housing the testing site at a location, whether there are sufficient throughput of detainees through the site, and program funding.

The number of detainees testing positive for methamphetamine has increased in all cities (Adelaide, Brisbane, Perth, Sydney) since 2009.

Ice was most common form last used. In the 2019 report, 51% tested positive to methamphetamine in 2019, about the same as 2018 (52%), which was higher than cannabis. Methamphetamine was observed to be the most readily available and easily obtained drug

DUMA participants are an important 'sentinel population' providing insights about trends in drug use and criminal activity which can be missed by other data collection methodologies.

DUMA participants are considered to have strong connections to drug markets and drug-related crime, so provide a source of information about emerging drugs, patterns of use and harms.

DUMA provides a uniquely validated measure of drug use. As the program involves collection of and analysis of urine samples, its data is believed to be more objective than self-report only data. The duration of the DUMA program since 1999 means it provides an excellent data series over a long period of time.

DUMA can measure harm in terms of crimes committed as a results of drug use, and provides estimate of the financial costs of drug-related crime.

DUMA is well positioned to collect information on emerging issues of policy relevance. DUMA data collecting and reporting is relatively rapid and responsive. As an example, DUMA data informed a recent paper examining the impact of the COVID-19 pandemic on the prevalence of methamphetamine and N-Methyl-D-aspartate (NMDA) use.

DUMA can also respond to local data and reporting needs, as reporting priorities are developed in consultation with Commonwealth, state and territory agencies and state-based steering committees attached to each site. An example of this was an addendum in reporting for Queensland Police service, which explored social supply of methamphetamines.

DUMA data can be triangulated with other data to provide more accurate reporting and synthesis of the research. An example of this is the Australian Institute of Criminology *Australian methamphetamine user outcomes. Statistical Bulletin 03* (Australian Institute of Criminology, 2017).

This report examined whether people who use methamphetamine experienced worse outcomes compared with people who use other drugs and people who do not use drugs, and whether these outcomes were observed across different methamphetamine user groups.

It combined data from the National Drug Strategy Household Survey, DUMA, Alcohol and Other Drug Treatment National Minimum Dataset and National Prisoner Health Data Collection.

Barriers and enablers to the work of the DUMA were elicited during our consultations.

The principal barrier with DUMA relates to the challenge of integrating research activities into police/detention environments.

Recently apprehended detainees present unique challenges when conducting research interviews (for example, they often exhibit tiredness and dysregulated behaviour).

These barriers are managed by ensuring data collectors/interviewers are highly skilled, and maintain effective working relationships with law enforcement stakeholders (emphasising the benefits of DUMA data to law enforcement operations).

Detainee willingness to participate with the DUMA program is also a significant enabler (80% of eligible detainees agree to participate in the survey component of data collection, and 70–80% of those surveyed consent to provide samples for urinalysis).

Detailed evaluation findings: Continuing wastewater testing

Description of activity

Activity 5d(iv): Continuing wastewater testing

The National Wastewater Drug Monitoring Program provides leading-edge, coordinated national research and intelligence on illicit drugs, and licit drugs prone to misuse.

Wastewater analysis is widely applied internationally as a tool to measure and interpret drug use within national populations.

The National Wastewater Drug Monitoring Program has significant advantages in terms of providing an absolute measure (as opposed to an estimate), of population level drug consumption. Wastewater testing is not subject to usual survey/self-report methodological limitations.

The program provides coverage for roughly 50% of the Australian population, and its relatively frequent sampling intervals and allows for rapid identification of emerging drug use trends.

Evaluation scope

The National Wastewater Drug Monitoring Program was not specifically funded by NIAS. It was identified as a pre-existing initiative to be included in NIAS, specifically under Priority area 5, as it plays a significant role in Australia's overall alcohol and drug data collection and research activities.

The NIAS evaluation is interested in understanding and accurately reflecting the effects of wastewater monitoring within the context of its contributions to NIAS goals (reduced prevalence and reduced harms associated with methamphetamine). A detailed evaluation or audit of the National Wastewater Drug Monitoring Program is not within the scope of this evaluation.

Information sources

Data and documents

Several reports and bulletins were reviewed that allowed the evaluation to describe the wastewater testing program. These included the Australian Criminal Intelligence Commission

(ACIC) National Wastewater Drug Monitoring Program reports 10, 11 and 12 (Australian Criminal Intelligence Commission, 2020a, 2020b, 2021), and the report Methylamphetamine supply reduction: Measures of effectiveness (Australian Criminal Intelligence Commission, 2019).

Consultations

One 1.5-hour consultation was conducted with informants from the Australian Criminal Intelligence Commission and the University of South Australia.

Details of consultation attendees and the documents and data reviewed are provided in Appendix 3.

Performance summary

This project is ongoing. It was originally a localised program in South Australia, but was funded for 3 years following a 2015 recommendation by the Australian Criminal Intelligence Commission to expand the program nationally. The program is funded via the ACIC through to early 2024.

The National Wastewater Drug Monitoring Program produces three reports per year. The sampling frequency is 2 monthly for metropolitan areas and 4 monthly for regional areas. The most recent ACIC National Wastewater Drug Monitoring Program report indicates that the program covers 56% of the population.

The program is able to detect changes in drug use behaviour for specific geographical areas, over relatively short periods of time and provide rapid information about these trends. The program is also able to monitor and report on changes over longer periods of time (for example, longitudinal data is available for South Australia back to 2012).

Wastewater testing represents the only existing method for assessment actual drug use quantities to accurately estimate actual demand.

This program has been able to measure a consistent, albeit not constant, increase in the consumption of methylamphetamine since the program commenced in August 2016.

Comparisons with the 30 other countries who collect comparable data allows an estimate of Australia's international position with respect to methamphetamine consumption. Australia currently Australia ranks third.

Wastewater monitoring data can be combined with other public and non-publicly available data sources to provide granular insight into drug use not otherwise available, and allow analyses that would not be possible with a single data source.

This combination, layering and triangulation of data sources also allows for analysis that overcomes shortcomings in any one data source. An example of this is combination of wastewater data with data on drug seizures, which can be used to determine the impact of supply reduction initiatives.

Measures like wastewater testing also allow for estimates of the value of illicit drug markets. The information obtained from wastewater testing is particularly valuable as it allows for geographically specific assessment of drug markets.

There is evidence of the program's flexibility and ongoing evolution with a growing list of partners in public and private sectors, and academic institutions. These partnerships allow for comparative data analysis and the use of data to answer specific questions concerning the size of illicit markets, the characteristics of particular locations that exhibit high levels of use of some drugs, and the nature and extent of drug-related harms suffered by the community.

An example of this partnership approach was demonstrated in 2020 when the ACIC funded a project which successfully detected the SARS-CoV-2 virus in wastewater for the first time in Australia.

Daily analysis has been conducted at several key sites during 2020 that will allow the ACIC to report on the impact the COVID-19 pandemic has had on illicit drug markets.

Several barriers and enablers were identified for the wastewater testing program. Practical barriers include the logistics of the sample collection process.

Sampling location selection is influenced by several factors including long-term feasibility, site-specific logistical requirements site owners' willingness to assist with operating the sampling equipment.

The program is enabled by ongoing funding (until 2024), by its long-term collaborations (including the ACIC, the University of South Australia and the University of Queensland), and by the large range of audiences for wastewater data and reports.

New technology and sampling methods continue to be developed and enable enhancements to the wastewater program. These developments allow for the inclusion of new/emerging drugs of concern. They also permit inclusion of additional sampling sites, resulting in a greater geographical coverage. These new methods are currently undergoing validation.

This evaluation has noted several synergies between the wastewater data and other NIAS activities. A range of activities have been able to target their initiatives based on wastewater measures of drug use prevalence. This has occurred for various supply reduction and law enforcement activities, for the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) training, for Crime Stoppers' public campaigns and for other public health initiatives.

Detailed evaluation findings: Expanding the Ambulance Project

Description of activity

Activity 5d(v): Expanding the Ambulance Project

The National Ambulance Surveillance System is an ongoing, dynamic surveillance system for monitoring and mapping acute harms related to alcohol and other drug consumption across Australia.

The National Ambulance Surveillance System draws on data relating to ambulance attendances, and includes more than 140 output variables per attendance, including data on substances, and clinical data demographic data as well as temporal and geospatial data.

Australia's National Ambulance Surveillance System is recognised as an internationally unique population-level surveillance system for acute harms arising from alcohol and drug consumption.

Information sources

Data and documents

There were three documents available to review for this activity, all published in 2020. These reports cover the following topics:

- acute harms related to alcohol and other drug use (Lubman et al, 2020a)
- self-harm and mental health problems (Lubman et al, 2020b)
- alcohol and other drug use and mental health issues in victims/aggressors in violence-related ambulance attendances (Scott et al, 2020).

The articles describe use of the National Ambulance Surveillance System to monitor acute alcohol, illicit and pharmaceutical drug-related harms, as well as self-harm and mental health-related morbidity.

Consultations

One 1.5-hour consultation was conducted with program researchers from Turning Point for this activity.

Details of consultation attendees and the documents and data reviewed are provided in Appendix 3.

Performance summary

Originally established in 1998 with funding from the Victorian Department of Health and Human Services, the project initially identified and classified alcohol and other drug -related ambulance attendances in metropolitan Melbourne.

In 2011 the system was expanded to include regional Victoria, and again in 2012 to achieve national coverage with the inclusion of New South Wales, Queensland, Tasmania, the Australian Capital Territory and Northern Territory. Western Australia joined the system in 2018, and South Australia is in negotiations to join the system once it migrates to an electronic clinical information system.

NSASS captures data relating to ambulance attendances for 82.5% of Australia's population. On average, the National Ambulance Surveillance System captures data for approximately 3,000-3,500 ambulance attendances per year.

The National Ambulance Surveillance System is based on collection and analysis of more than 140 data points per ambulance attendance. These include variables related to co-occurring substance use, self-harm behaviour, mental health symptoms and self-reported medical and psychiatric history, as well as demographics, temporal and geospatial characteristics, and clinical outcomes.

The National Ambulance Surveillance System dataset includes an output variable specific to methamphetamine and crystal methamphetamine.

National Ambulance Surveillance System data are reported on at a national level, to state jurisdictions and for local government areas. These reports are not currently publicly accessible, but methods to improve access to these data are being explored. There is typically a 6-month time lag between data collection and reporting due to the coding and analysis processes.

National Ambulance Surveillance System data for psychosis-related ambulance attendances have been used to assess mental health harms associated with methamphetamine. The spatial and temporal data provided by the National Ambulance Surveillance System in relation to self-harm and mental health-related harms have been used to guide public policy with respect to methamphetamine psychosis.

More broadly, National Ambulance Surveillance System data have been used to inform and evaluate policy approaches and potential points of intervention, as well as guiding workforce development needs and clinical practice development at local and national levels.

National Ambulance Surveillance System data have been triangulated with wastewater program data to assist with understanding patterns of treatment service utilisation. Opportunities to integrate National Ambulance Surveillance System data into data sets that are used to assess patterns of alcohol and drug use-related harm within specific communities and local government areas are also being considered. However, this application is out of scope for the current funding allocation.

Barriers to this activity include the complexity of combining data from across participating states. Attendance data from each state must be extracted from different data management systems, de-identified, recoded and then analysed.

Concerns about inter-jurisdictional comparisons have required careful communication and engagement of stakeholders and emphasis on the importance of the data for public health research and policy.

Limitations in funding place some constraints on the type of analysis possible with National Ambulance Surveillance System data. The wealth of data available via the National Ambulance Surveillance System has great untapped potential for national level and local area monitoring and planning purposes.

Summary and recommendations

Key strengths

We identified the following key strengths:

- These data sources are widely regarded as world leading. Collectively, they provide opportunities for both broad population-based monitoring, and targeted insights into drug use trends and associated harms.
- The wide variety of data sources enable monitoring of different aspects of alcohol and other drug use in Australia.
- The individual program's data collection methods are of high quality.

Areas for improvement

We note there is significant unmet potential across these drug use data activities:

- There are opportunities for improving the analytical capacity of many individual activities (for example, by increasing the reach of data collection or the provision for data coding and analysis).
- There is also unmet potential and significant opportunity in data sharing and triangulation to identify and monitor trends in drug use and harms, for geographically targeting harm reduction, supply reduction and demand reduction initiatives and assessing their impact. There is reporting of some data through the Australian Institute of Health and Welfare series *Alcohol, tobacco and other drugs in Australia*, but little meaningful synthesis of various data sets and their implications.
- There is opportunity for a cross-governmental coordinating function, with joint oversight by areas of government impacted by these data, such as health, law enforcement and education to enhance the utility of the data. For example, health and wastewater datasets could be integrated to enhance and inform policy decisions.

These datasets are world-leading and, in many cases, internationally unique, and require at least continued funding to ensure effective input into policy and funding decisions. Expanding funding and scope of these datasets would add to their utility.

Conclusions.

Summary outcomes.

The National Ice Action Strategy (NIAS) has been successful. All 30 activities included in the strategy have been completed, are underway or ongoing.

Only two complex activities were still in development at the time of our evaluation. This delay was mainly due to the complexity of these activities, which involve interjurisdictional coordination, regulatory and/or legislative change. Nevertheless, both these activities show significant progress.

Of 30 activities, 27 were found to have had positive outcomes, with the remaining three showing a mixture of positive and negative outcomes. For these activities, the negative outcomes were unintended and unforeseen.

The identified benefits associated with individual NIAS activities during this evaluation correspond with the expected medium-term outcomes identified in the evaluation framework's Program Logic Model. Whilst the program logic model was developed retrospectively, we interpret this concordance as evidence that, overall, NIAS has had substantial beneficial impacts, and has likely contributed significantly to reduction in harms associated with methamphetamine use.

There has been an overall decrease in self-reported methamphetamine use from its peak in 2001 to 2019. Crystal methamphetamine (ice) became the main form used in 2013, and has remained relatively stable as a proportion of overall use through to 2019 (AIHW 2020a, 2020c).

Assessment of reduction in prevalence associated with the strategy is not feasible, due to the overlap between the NIAS and other harm, supply and demand reduction initiatives, and difficulties with controlling external factors.

Achievements and benefits.

Overcoming complexity

The NIAS represents a complex, multicomponent program of works. It is unprecedented in Australia, both for its breadth (spanning demand, supply and harm reduction), and for its focus on the harms resulting from a single drug of concern.

The NIAS has involved activities and programs from a wide range of actors, including specialist and generalist health sectors, clinicians, researchers, policy makers, law enforcement and regulation agencies, and government and non-government organisations.

The NIAS has also been relatively unprecedented in terms of its rapid conceptualisation and rollout, involving development of new initiatives, and expansion or inclusion of existing initiatives.

Methamphetamine harm reduction has acted as a consistent organising principle across these initiatives.

Significant increase in capacity, capability and resourcing

The NIAS is a significant investment in Australia's ability to respond to the increased harms associated with methamphetamine use in Australia.

The benefits of the strategy are generalisable. Many activities can be shown to impact a wide range of issues and harms associated with alcohol and drug use.

These increased capacities, capabilities and resources represent significant positive outcomes from the NIAS. These benefits were mapped in the evaluation's program logic model, and have been confirmed by the evaluation.

The positive outcomes include:

- improved community access to high-quality, up to date and evidence-based information about drugs (including methamphetamines) and drug-related harms
- improved community capacity to engage in harm reduction activities, and prevent harms (including for high-risk populations)
- improved service provider access to high quality resources, facilitating provision of more effective treatment and support responses
- improved service system capacity to provide a range of treatments and supports, and to coordinate specialist alcohol and drug and other health services
- greater access to treatment and support for regional and remote populations, and improvements in availability of services for specific populations
- improved law enforcement capabilities to reduce the supply of illicit drug
- improvements in the quantity and quality of data and research, leading to a better understanding of prevalence and harms, and a stronger evidence base to guide policy, practice, and resourcing.

Opportunity for synergies between demand, supply, and harm reduction initiatives

As a highly visible national campaign, the NIAS has provided stakeholders across sectors with opportunities to coordinate activities to address methamphetamine use and reduce associated harms.

This coordination was both opportunistic and strategic, and included activities involving resource development, service delivery, community engagement, and law enforcement.

Coordination was most significant in information and data sharing capabilities. For example, we found increased awareness of, and utilisation of. resources and services, better targeting of programs to local needs, and better utilisation of data.

Coordination could have been enhanced by introducing formal collaborations at the outset of the NIAS.

Key outcome drivers.

We have identified four key drivers underlying these benefits: resourcing, visibility, synergy and generalisability.

Resourcing

Additional resources have allowed significant investment and growth in programs that span harm reduction, demand reduction and supply reduction. The NIAS has provided additional funding for new programs, resources and services, and allowed existing programs to scale up or increase the scope of their work.

We identified several key examples of effective resourcing:

- Local Drug Action Team (LDAT) providers were able to design and deliver new programs, expand existing programs and expand community networks and based on NIAS funding.
- New alcohol and other drug treatment services were established under the Primary Health Network (PHN) funding provisions and Medicare provisions. Existing services were able to expand programs and/or add new programs. In some instances, this included both specific methamphetamine resources (for example, the Counselling Online upgrades).
  New resources for providing effective responses have been generated, including new and expanded information resources (for example, Positive Choices and Cracks in the Ice modules), targeted prevention and harm reduction measures (for example, LDATs and Tackling Illegal Drugs), workforce and sector development (for example, Alcohol, Smoking and Substance Involvement Screening Test [ASSIST], development and dissemination of treatment guidelines and frameworks).
- New research has been undertaken and Australia's research capabilities have been expanded to improve the understanding of methamphetamine use and treatment and disseminate these understandings to clinicians and services (for example, the National Centre for Clinical Research on Emerging Drugs [NCCRED] and the Australian Institute of Criminology [AIC]).
- Additional resources have been allocated to improved law enforcement regulation frameworks and systems allowing improved monitoring, intelligence gathering and information sharing. Coordinated efforts have been undertaken across a range of national, state and territory bodies to disrupt drug importation, manufacture and distribution more effectively (for example, controls on precursors, and the National Criminal Intelligence System [NCIS] pilot).

Visibility

The NIAS programs, resources and new services had comparatively high visibility across the community and amongst invested stakeholders from a range of sectors and fields.

This visibility of activities was due to their association with an 'ice response brand', their relatively recent introduction or development, or their innovative nature. For some existing programs, the visibility of their contributions to reducing methamphetamine prevalence or harms was increased by their inclusion in NIAS.

The high visibility of constituent activities served to strengthen the 'call to action' nature of the NIAS and leverage the urgency and salience of concern around methamphetamine use and harms.

This visibility and potential for coordinated action across NIAS priority areas and activities could have been extended by a centralised coordination function for the scheme (this is discussed in the recommendations section).

Synergy

The visibility of the NIAS programs meant stakeholders across a variety of sectors and systems were able to align and coordinate activities based on awareness of how other groups, organisations and sectors were responding to methamphetamine use and harms.

This effect was evidenced within the harm and demand reduction spheres of NIAS via cross promotion and leveraging availability of new resources (for example, training programs like ASSIST, and guidelines for frontline workers). During our consultations, many informants demonstrated high levels awareness of other NIAS funded services, resources, and programs, and reported having leveraged these resources or accounted for issues of duplication, overlap and synergy in their own work.

Within the supply reduction sphere, we were able to identify significant expansions or improvements in cooperation and information sharing between various law enforcement, security and regulation functions. Again, during our consultations, key informants demonstrated a high level of awareness of and ability to draw on the capabilities of parallel NIAS activities.

Generalisability

NIAS originated from the increased prevalence of, and public focus on methamphetamine use, and increased awareness and concern relating to the harms associated with methamphetamine use.

Whilst the strategy's programs were highly specific to methamphetamines, the benefits and impacts of NIAS are in most cases widely generalisable to a range of alcohol and drug harms.

Improved capabilities for prevention, greater community awareness, increased service availability and capacity, improved supply reduction measures, and increases in the quality and volume of research all offer benefits for Australia's overall alcohol and drug harm minimisation capabilities.

Evaluability.

Evaluability relates to the ability to draw conclusions about outcomes based on the availability and quality of documentation and data.

Overall evaluability for activities included in NIAS was found to be low to moderate.

Rapid development and service delivery

NIAS represented a concerted effort to respond to an emerging set of concerns. The rapidity of its conceptualisation and rollout meant that mechanisms for prospective monitoring and evaluation were not 'designed in' at conception.

We found that insufficient attention was paid to defining the scope of NIAS activities, documenting implementation plans, and identifying outputs and expected outcomes.

For many activities, there was also a lack of a structured approach to identifying data sources, to data collection, and limitations in the quality of data analysis and reporting.

These monitoring and evaluation limitations applied to new activities as well as activities that were underway pre-NIAS and were retrospectively included in the strategy. For most activities, these mechanisms were not included as key deliverables. For some activities, these mechanisms incurred significant administrative burden, and were not adequately resourced.

As a result, high quality data relating to implementation, outcomes, impact and efficiency was not consistently available for this evaluation.

This has limited the confidence of our assessment of strengths and weaknesses of many NIAS activities and our ability to draw definitive conclusions about the NIAS' overall implementation success, outcomes and performance, impacts and efficiency. It has also limited our ability to make direct causal attributions about outcomes relating to the NIAS.

Our consultations revealed that most stakeholders involved with NIAS activities operating with evaluability limitations are well aware of these deficits.

In most cases they have either improved or are working towards improved evaluation capacity. As an example, the treatment investment activities included under priority area 3 were found to have poor evaluability. Efforts involving commissioning bodies, service provision stakeholders and peak bodies are underway to improve outcome monitoring and reporting. Whilst these efforts are not universal, they are commendable.

Several activities included in this report demonstrated good evaluability compared to the general trend across the NIAS. These activities tended to generate better quality documentation and evaluable data. This was either due to the nature of the activity (for example, priority area 5 research activities) or because the activity prioritised monitoring and evaluation during its design and delivery (for example, Positive Choices, Cracks in the Ice).

These activities serve as positive examples for future program development. We make further recommendations about addressing evaluability in the following section.

Recommendations.

Ongoing need.

A key aspect of the evaluation framework was to establish whether there was an ongoing need for National Ice Action Strategy (NIAS) as a standalone response.

Each of the NIAS activities has a credible contribution to make to demand, supply and harm reduction with respect to methamphetamine use.

Most of the NIAS activities have made a significant contribution in capability and capacity to address drug demand, supply and harm reduction more generally.

The evaluation suggests that there is merit in continuing NIAS as a system of coordinated responses to methamphetamine-related harms.

Prioritising monitoring and evaluation.

There was significant variability in self-monitoring and evaluation of NIAS activities and programs.

Properly integrated evaluation has ongoing beneficial effects for program design and delivery. Integrated evaluation encourages programs to critically evaluate effectiveness, reach and efficiency, ensure programs target the right needs and the right populations, and that benefits are maximised. Accessible reporting of evaluation results helps to disseminate effective programs, resources and strategies, as well as identify inefficient and ineffective approaches.

Monitoring, evaluation and reporting functions should be routinely included and funded in commissioning of programs. Program providers should not have to make resource allocation choices between program delivery and evaluation. Where these trade-offs occur, the long-term viability of programs, and the ability to develop our understanding of what works and where programs can be improved suffers.

Future program planning should include a greatly expanded focus on systems for monitoring and evaluation. This includes an overarching framework for proactive evaluation, specific data collection requirements for programs and consistent reporting frameworks so that programs can adapt and improve.

These monitoring, evaluation and reporting frameworks need to be built at the beginning of funding and (where required) supported by additional resources. Clear mechanisms to use evaluation results to drive continuous improvement should also be built in.

As much as possible, monitoring and evaluation activities should make use of existing data sources, data analysis and reporting mechanisms. Efforts should be made to harmonise these processes to increase efficiency. This is especially the case for clinical practice activities, where a range of parallel activity monitoring and reporting systems already exist.

Enhanced coordination.

An under-recognised driver of the NIAS is the high profile of the strategy's programs and opportunistic cooperation and coordination between activities.

If opportunities for coordination, collaboration and integration of the NIAS activities had been identified earlier, it is likely that the strategy would have had greater impact.

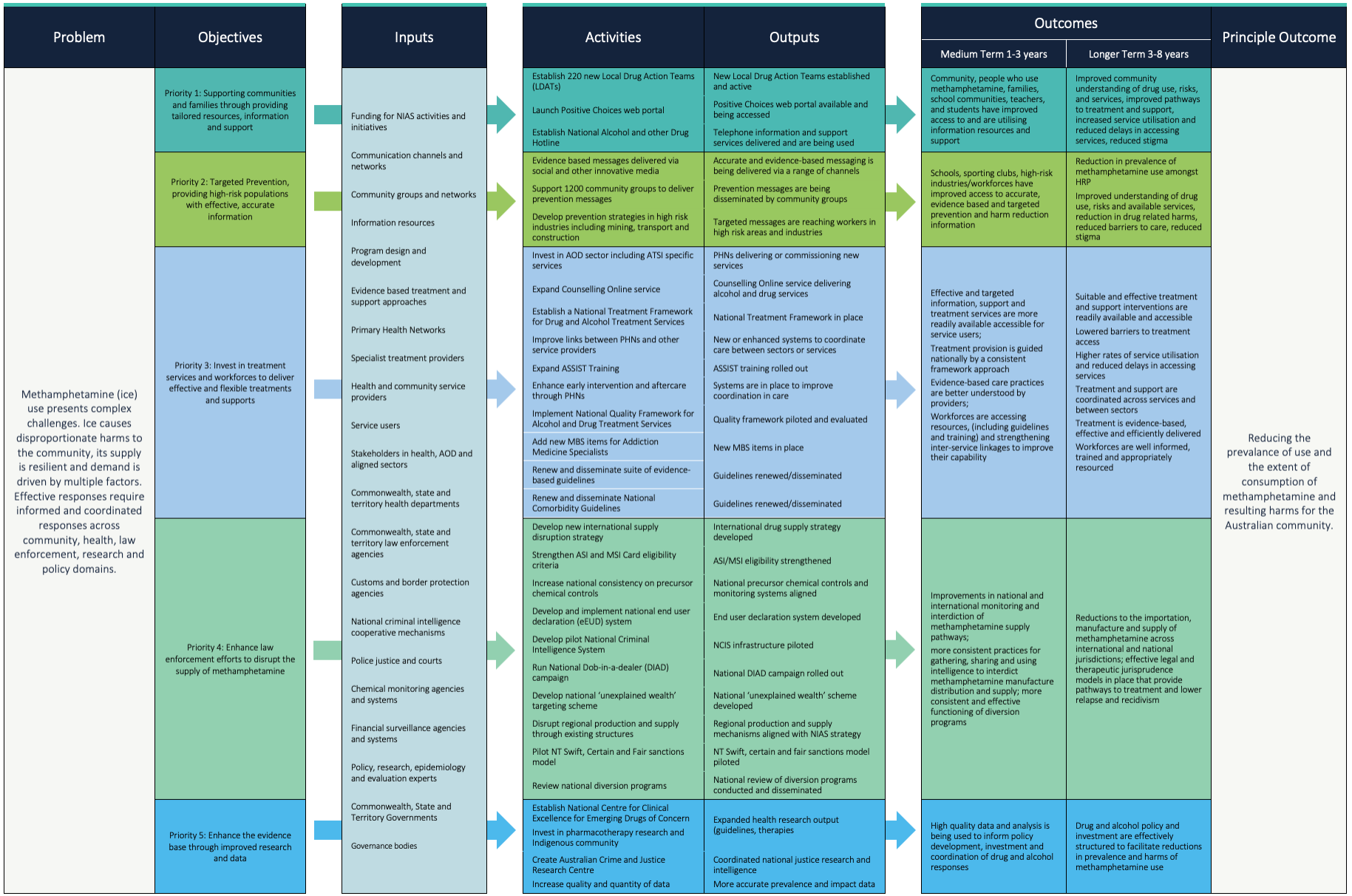
We recommend improved central coordination for the remainder of the life of the strategy. This should be similarly applied to any NIAS successor, or comparable national funding for alcohol and drug demand, supply, and harm reduction.

Coordination should occur with areas of shared priority or focus (like treatment and support services), as well as between traditionally separate spheres (like public health, law enforcement and regulation).

Greater coordination of visibility and promotion of activities and programs, information and resource sharing, and identification of opportunities for integrated action would improve capacity and efficiency and help to prevent duplication of efforts.

A central coordinating body should be responsible across activities and also have overall responsibility for the development of effective monitoring and evaluation systems that make use of common or harmonised data collection and reporting approaches.

Appendix 1: Program logic model.



Appendix 2: Key evaluation questions.

Key evaluation questions (and potential sub questions)
1. What is the ongoing need for NIAS as a policy intervention? I. To what extent do indicators of prevalence of use and extent of consumption of ice and specific harms associated with ice use require specific policy responses? II. To what extent does ice require targeted actions and strategies? III. Is there an evidence base and demonstrable need for ice specific policy, actions and strategies?
2. What has been effectively implemented by NIAS and its action items? I. To what extent have planned activities for each domain been implemented? II. How have NIAS action items performed in terms of their expected service delivery levels? III. To what extent have governance and oversight systems supported transparency and accountability for NIAS action items?
3. What have been the impacts of NIAS and its action items? I. To what extent have individual NIAS actions demonstrated their direct impact or reach? II. What indirect outcomes can be attributed to NIAS action items? III. To what extent have NIAS actions led to sustainable changes in capability or capacity? IV. What evidence is available to support the ongoing measurement and monitoring of the above impacts?
4. What is the efficiency of NIAS and its action items? I. How has the implementation of NIAS actions progressed according to initial plans or timeframes? II. How have NIAS actions been linked and coordinated to best manage individual outcomes and the Principal NIAS outcome? III. How well have individual NIAS programs established and demonstrated their cost-effectiveness? IV. Which action items have had greater or lesser impact (both in terms of their specific outputs or outcomes, and in terms of contribution to the Principal NIAS Outcome)?

Key evaluation questions (and potential sub questions)
V. Are there options to enhance the current allocations of funding under NIAS?
5. Are there enhancements or improvements to NIAS activities that could better support achievement of the objectives of NIAS? I. Have evaluations of individual NIAS programs or activities identified preferred alternative approaches in their findings? II. Have programs or activities been improved over their lifecycles? How have these improvements affected outcomes?

Appendix 3: Consultations, documentation and data sources.

Activity 1(a): Local Drug Action Teams.

Consultations

Key informants
Eleanor Costello Manager, New Strategic Programs, Alcohol and Drug Foundation
Ellen Panaretos (Relationship Manager, LDAT Program, Alcohol and Drug Foundation)
Belinda Buck (Population Health Coordinator, Central Highlands Rural Health) – Hepburn LDAT
Brian Dun (Coordinator of Mental Health and Well-being, Central Highlands Rural Health) – Hepburn LDAT
Tina Guido (General Manager, Indian Care Inc.) and Gagan Sohi (LDAT project worker, Indian Care Inc.) – LDAT West (Indian Care)/Western Alcohol Action Team
Tricia Cross (Bundaberg YMCA) – Thursdays @ the Y LDAT
Jenny Monk (Queensland Blue Light Association Incorporated) – Queensland Bluelight LDAT
Dianne Woods (Illawarra Shoalhaven Local Health District) - CALD Illawarra LDAT
Liz Muenchow (Basketball Kimberly representative) – Basketball Kimberly LDAT
Julie Fyfe (City of Salisbury Health Promotion) - North Adelaide LDAT
Sally Weir (Palmerston Youth Programs, Northern Territory Government) – Palmerston LDAT

Documentation and data sources

Data available	Description
LDAT Department of Health Progress Report 2 (July 2017)	Progress report outlining the outcomes of the first LDAT application round. First application round was held in December 2016 with 225 applications initiated through the online system, and 77 submissions received. The first 40 LDATs were announced on 4th April 2017 with a total funding pool of $887,626.
LDAT Department of Health Progress Report 3 (February 2018)	Report is based on progress of actions documented in Year 2 LDAT Work Plan which is a 9-month plan from Oct 2017 to 30 June 2018. Key areas of focus were: Targeted engagement to attract and convert communities from priority regions to successfully apply to join the LDAT program Support and provide to LDATs to deliver evidence-based interventions in their communities Development of tools and resources to guide the practice of LDATs
LDAT Department of Health progress Report 4 (August 2018)	Reports on the progress of actions documented in the Year 2 LDAT workplan from October 2017 to June 2018. Key areas of focus for year 2 were: Targeted engagement to attract and convert communities from priority regions to successfully apply to join the LDAT program Support and provide to LDATs to deliver evidence-based interventions in their communities Development of tools and resources to guide the practice of LDATs Stakeholder engagement planning and action Development of capability and processes to support the high number of Indigenous led LDATs within the program

Data available	Description
LDAT logic model	Logic model that outlines actions, short-term outcomes and justification. It also provides short-, medium-, and long-term measures of success
LDAT Program Evaluation Summary (June 2020)	Outlines the highlights/ key achievements of the LDAT program from 2016–2020, key learnings from the program, high level recommendations, and key priorities for 2020–2022
LDAT 2020-22 Overview (May 2020)	Summarises how key findings from the 2016-2020 period will be integrated into activities between 2020 to 2022.
National Local Drug Action Teams (LDATs): Monitoring and Evaluation Framework (November 2016)	Outlines the methodology used for assessing the LDAT program. Activity performance indicators outlined are: Number of Australian Communities engaged in the activity Number of Funding Grant rounds undertaken Number of funding agreements offered Number of community action plans developed
Hepburn LDAT community action plan Final Report (December 2019)	The report gives a summary of the outcomes from the Hepburn LDAT, where students from Daylesford College took part in The Cook, The Chef and Us program which aims to encourage students to complete year 12 at secondary school, remain engaged in other learning/education or find meaningful employment.
LDAT program eval info – history	Outlines the history of each of the LDAT application round: April 2017, Sep 2017, April 2018, and March 2018. Figure 2 above shows a trend for an increase in application number and number of LDATs.
LDAT highlights report (December 2020)	Summarises highlights of the LDAT program up to December 2020. Key points: 238 LDATs across Australia 371 Community Action Plans currently being delivered or completed 1350 Partner organisations

Data available	Description
	1700 Total organisations 4590+ media stories $9.1 million in grant funding allocated 82 program resources
LDAT highlights report (September 2019)	Summarises the highlights of the LDAT program up to September 2019. Key points: 244 LDATs across Australia 4244 Media stories 1350+ Partner organisations 1700 total organisations including 80 police, 100 LGAs and 60 schools 42 Community Action Plans completed 251 Community Action Plans currently being delivered or completed $6.2 million in grant funding allocated 56 program resources
LDATs highlights report (2018)	Summarises highlights of the LDAT program up to 2018. Key points: 172 LDATs across Australia 3500 media stories 1100 + partner organisations 41 LDATs involved in the online forum 320 applications from communities $2.7 million in grant funding distributed 80% of LDATs focusing on preventing misuse of ice 1 in 10 LDATs are undertaking activities in CALD communities
LDAT Program Evaluation – Final Report	Evaluation of LDAT program led by The Thread Consulting

Data available	Description
(December 2019)	The Evaluation was conducted in accordance with the LDAT Evaluation Framework developed in late 2018. The Evaluation was conducted between June and November 2019, using data primarily gathered from Round 4 of the LDAT program.
Department of Health funder presentation (November 2020)	Outlined key LDAT program insights and program updates – most of the info gathered in evals or reported in the highlights document
DAT Risk Matrix (November 2020)	The LDAT evaluation recommended using a DAT Risk Matrix to triage DAT support, the Matrix is designed to identify capacity and competency of DATs based on five Critical Success Factors: Strength of Partnerships Capacity of the DAT Alignment to DAT Program principles and goals Breadth/comprehensiveness of approach Engagement with community The purpose of the tool is to help identify which activities are best suited to the DATs identified needs and to enable triaging of RM support based on identified needs.
DAT Evaluation considerations (September 2020)	Outlines an evaluation plan for DATs. Suggesting proposed indicators of success DAT activities can be grouped into common themes outlined as: engagement activities campaigns events/forums training/workshops policy development liquor licensing interventions specialised activities.

Data available	Description
Assessment criteria for LDAT R4 Acquisition	Outlines the criteria required for LDATs to be accepted under *local need, community involvement, evidence of the applicant organisation's experience or expertise, capacity to deliver quality outcomes, and financial viability, and priority area focus.*
LDAT Highlights report (2020)	Provides snapshots of success stories from LDATs around Australia. Key points: 335 community action plans being delivered or completed 1350 partner organisations 1700 total organisations 4400+ media stories $8.57 million grant funding allocated 76 program resources 240 LDATs 177 community action plans complete
Aboriginal and Torres Strait Islander Local Drug Action Team Program Evaluation Interviews – Research Report (August 2020)	The Alcohol and Drug Foundation commissioned Kantar and Gilimbaa to undertake qualitative research to assist in the evaluation of the LDAT program.
Development of an evidence-based model for a community of practice within LDATs (February 2020)	Objective two of the LDAT program states 'Develop a community of practice to build engagement, communication and knowledge.' The aim of this project was to review the evidence and provide advice on potential improvements to delivery of the community of practice (CoP) within LDATs. Most LDATs feel they would benefit from the sharing of information that an enhanced CoP would facilitate. The document outlines a proposed operating model for the LDAT CoP which is based on the seven principles of effective CoPs.

Data available	Description
Evaluation for The Cook, the Chef and Us (2019)	CCU is a youth mental wellbeing initiative coordinated and delivered by Hepburn Health Service to Daylesford College students. The goal of the program was to enable students to increase engagement in education using hands on learning within local community settings to improve their mental wellbeing and reduce harm caused from alcohol and other drugs.

Activity 1(b): Positive Choices.

Consultations

Key informants
Professor Maree Teesson (Matilda Centre Director)
Dr Lexine Stapinski (Matilda Centre)
Kate Ross (Matilda Centre)
Associate Professor Cath Chapman (Matilda Centre)
Dr Smriti Nepal (Matilda Centre)
Felicity Duong (Matilda Centre)

Documentation and data sources

Data available	Description
Positive choices Digital report (December 2019)	Digital analytics with data showing site utilisation (45,820 users and 74,468 page views). This is broken down into new/returning visitors and by region. Identifies sources of website traffic. Social media (Twitter and Facebook) impressions and engagements. More impressions coming from Twitter (12,126 impressions, 1834 followers) than Facebook (4,922 impressions, 2494 likes) Breaks down website and social media engagement into months. Website usage peaks in August/September 2018 with a 2019 peak in November. Social media impressions peak in April – June 2019.
Positive choices detailed activity work plan and budget 2015–2020.	Outlines the key activities and budgets between 2018 and 2020. Activities include: Key activities and budgets (2018–2020) outlined: Maintenance, futureproofing, expansion and additional promotion of the Positive Choices web-portal Development of culturally appropriate prevention resources on Positive Choices to prevent alcohol and drug-related harms among Aboriginal and Torres Strait Islander people.

Data available	Description
	Implementation and evaluation of Climate Schools Plus: An integrated online intervention for students and parents to prevent alcohol and cannabis use and related harms among adolescents which will include enhancements, launch and promotion.
Progress report 4 – Positive choices activity work plan with status updates (January 2018 to June 2018)	Provides an update on each of the three project objectives as well as performance indicators. Updates include: Six activities have been completed. Seven activities remain ongoing but have made progress. Updates: One activity has been completed and four activities are currently ongoing. Updates: Two activities are ongoing and four are complete.
Positive choices reach and engagement (30 June 2016 to 3 August 2020)	Summaries the aims of the positive choices project, outlining related publications, reports for government, educational resources, book chapters, webinars, collaborations, unintended outcomes, reach and impact.
Strong and deadly futures: Co-development of a computerised drug and alcohol prevention program for Aboriginal and Torres Strait Islander and non-indigenous adolescents (Snijder et al [draft])	Paper describes the co-development of *Strong & deadly Futures*, school-based wellbeing and alcohol and other drug prevention program developed in partnership with an Indigenous Creative Design Agency, and four schools in NSW and QLD.
Empowering young people to make Positive Choices: Evidence-based resources for the prevention of alcohol and other drug use in Australian schools (Stapinski et al, 2017)	Describes the development and evaluation of *Positive Choices*. The study indicates the *Positive Choices* portal is a valuable, free and easily accessible online database for students, parents and teachers seeking up-to-date information and evidence-based drug education resources.
Climate schools plus: An online, combined student and parent, universal drug	This paper describes the development of the parent component of CSP including a literature review and results of a large scoping survey of parents of Australian high school students (n = 242). This paper also includes results

Data available	Description
prevention program. (Thornton et al, 2018)	of beta-testing of the developed program with relevant experts (n = 10), and parents of Australian high school students (n = 15). The CSP parent component consists of 1) a webinar which introduces shared rule ranking, 2) online modules and 3) summaries of student lessons.
Preventing Substance Use Among Indigenous Adolescents in the USA, Canada, Australia and New Zealand: A Systematic Review of the Literature (Snijder et al, 2020)	The systematic review assessed the current evidence base of substance use prevention programs for Indigenous adolescents in the USA, Canada, Australia and New Zealand.
Development and evaluation of 'Pure Rush': An online serious game for drug education (Stapinksi et al, 2018)	Pure Rush is an innovative online drug education game that is well received by students and feasible to implement in schools. This paper describes the development and evaluation of the game. Students enjoyed playing Pure Rush, found the game age-appropriate and the information useful to them. Both the Pure Rush and the active control were associated with significant knowledge increase from pre to post-test. Among females, multi-level mixed-effects regression showed knowledge gain was greater in the Pure Rush condition compared to control (β = 2.36, 95% confidence interval 0.36–4.38).
Positive choices site evaluation survey report (2019)	The evaluation was carried out among school staff and parents. Participants were asked for feedback on the design and content of the portal and participants were also asked about their confidence level in talking to young people about the effects of drugs. The survey also contained questions to assess behaviour change intentions after using *Positive Choices*.

Activity 1(c): National phoneline.

Consultations

Key informants
Kay Hull – Australian National Advisory Council on Alcohol and Other Drugs
John Rogerson – Australian National Advisory Council on Alcohol and Other Drugs
Josephine Baxter – Australian National Advisory Council on Alcohol and Other Drugs
Professor Steve Allsop – Curtin University

Documentation and data sources

Data available	Description
National AOD Hotline Background and Information	Provides background information on the National AOD Hotline
Australian Government Infographic – 'Contact the National Alcohol and Other Drug Hotline for free and confidential advice about drugs'	A graphic promoting the National Alcohol and Other Drug Hotline – contains the phone number 1800 250 015
Master copy of cumulative calls	Compiles information regarding hotline call volumes from each state and territory from September 2017 to April 2020
AOD Hotline Data – South Australia	Weekly call volume for South Australia from September 2017 to January 2020
AOD Hotline Data – Western Australia	Weekly call volume for Western Australia from July 2019 to December 2019
Monthly AOD Hotline Data for periods of: April 2018 May 2018 January 2019 February 2019 August 2019 January 2020 February 2020 April 2020	These spreadsheets report call volume for their respective months, broken down into each week and reported by specific regions within the state (e.g. Sydney, Newcastle, Wollongong).

Activity 2(a): Targeted communication.

Consultations

Key informants
Dr Steph Kershaw – University of Sydney
Associate Professor Cath Chapman – The Matilda Centre, University of Sydney
Felicity Duong – University of Sydney
Kate Ross – University of Sydney
Professor Maree Teesson – The Matilda Centre, University of Sydney
Professor Frances Kay-Lambkin – University of Newcastle

Documentation and data sources

Data available	Description
National Drugs Campaign Phase 8 Communication Strategy	Outlines the communication strategy for the National Drugs Campaign. Covers some of the 2017 Campaign results. Breaks down budget for targeting ice ($1 million), party drugs ($3 million), parents ($3 million), and search advertising ($820,000)
Evaluation of Phase Seven of the National Drugs Campaign. Research Report – May 2018	Findings of an independent evaluation of Phase Seven of the National Drugs Campaign from September 2017 to January 2018.
Patterns of use and harms associated with specific populations of methamphetamine users in Australia – Exploratory Research	Describes qualitative research of target audiences (LGBT+, regular rave/party goers, indigenous people, people in rural and regional areas, high risk industry workers, young people aged 16-24, and university students) to inform development of targeted interventions, resources, and support.
National Drugs Campaign 2015 – Evaluation research – August 2015	An independent evaluation of the impact of the 2015 National Drugs Campaign activity from 10th May 2015 to late June 2015.

Data available	Description
National Drugs Campaign 2015 – Second Evaluation Research – March 2016	An independent evaluation of the second wave of the 2015 National Drugs Campaign from August 2015 to September 2015.
Final report. Quantitative research report: Department of Health and Ageing Phase 5 (2011–2012) of the National Drugs Campaign	Independent report to evaluate phase 5 (2011-2012) of the National Drugs Campaign between December 2011 and May 2012.
Cracks in the Ice Online Community Toolkit Reach and Impact 3rd April 2017 to 3rd August 2020	Summarises publications, presentations, webinars, collaborations, unintended outcomes, and reach and impact of the Cracks in the Ice project
Evaluation of the Cracks in the Ice Online Toolkit 2020	The evaluation report outlines the results from an online evaluation survey, conducted between November 2018 and March 2019 to determine the usefulness of Cracks in the Ice online toolkit and to inform future development.
Cracks in the Ice Smartphone App. Overview of the co-development process and beta-testing feedback	Provides an overview of the Cracks in the Ice development process.
App Development process and beta-testing report	Provides an overview of the Cracks in the Ice app development process and beta-testing.
Submission to the NSW Special Commission of Inquiry into the Drug 'Ice' – a joint submission by the Matilda Centre and PRC for Brain and Mental Health at the University of Newcastle	Submission to the NSW Special Commission of Inquiry into the drug 'Ice' responding to three areas identified in the Inquiry's Terms of Reference: The nature, prevalence, and impact of crystal methamphetamine (ice) and other illicit amphetamine type stimulants The adequacy of existing measures to target ice and illicit ATS in NSW Options to strengthen NSW's response to ice and illicit ATS, including law enforcement, education, treatment, and rehabilitation responses.
Cracks in the Ice – Logic Evaluation Framework	Outlines framework for Cracks in the Ice evaluation.

Activity 2(b): Sporting club prevention programs.

Consultations

Key informants
Mark Harris (Manager of Good Sports, Alcohol and Drug Foundation) and Dr Skye McPhie (Senior Research and Evaluation Office, Alcohol and Drug Foundation)
Adam Kauschke (Secretary, Enfield Tennis Club, SA)
Bill Gransbury (Welfare Officer, Angaston Football Club Inc., SA)
Andrew Grealy (President, Heatherdale Cricket Club, VIC)
Kylie Burford (President. Spiders Boxing Club, QLD)
Graeme Fitzgerald (President, South Newcastle Junior Rugby League Football Club, NSW)
Cam Golding (President, DOSA Football Club, TAS)
Dwayne Augustin (Club Captain, Manning Tennis Club, WA)

Documentation and data sources

Data available	Description
Good Sports and Tackling Illegal Drugs Progress Report – Executive summary 2017	Provides information on the progress of Good Sports and Tackling Illegal Drugs as of 31 December 2017
Tackling risky alcohol consumption in sport: a cluster randomised controlled trial of an alcohol management intervention with community football clubs Kingsland et al, 2015	Purpose of this study was to examine the effectiveness of an alcohol management intervention in reducing risk alcohol consumption and the risk of alcohol-related harm among community football club members. Kingsland and colleagues carried out a cluster randomised controlled trial of an alcohol management intervention with non-elite community football clubs and their members in NSW. 88 clubs participated with two groups: intervention and control. There was a significant reduction in risk alcohol consumption at the club (19 vs 24%), risk of alcohol-related harm (38 vs 45%), alcohol consumption risk (47 vs 55%), and possible alcohol

Data available	Description
	dependence (1 vs 4%) among those in the intervention group compared to control, respectively. The authors conclude that enhancing club-based alcohol management interventions could make a substantial contribution to reducing the burden of alcohol misuse in communities.
Randomised controlled trial of a web-based program in sustaining best practice alcohol management practices at community sports clubs: a study protocol McFadyen et al, 2018	Primary aim of this study is to assess the effectiveness of a web-based program in sustaining the implementation of alcohol management practices by community football clubs Secondary aim is to assess the effectiveness of a web-based program in sustaining the implementation of alcohol management practices by community football clubs Repeat randomised controlled trial design was used and conducted in regional and metropolitan areas within two states of Australia. Football clubs accredited under the 'Good Sports' program and implementing at least 10 of the 13 core alcohol management practices were recruited and randomised to a web-based or minimal contact program. Outcomes assessed were the number of programs implementing greater than 10 of the 13 required alcohol management practices and the mean number of those practices being implemented at a 3-year period. Secondary outcomes include: proportion of club members who report risky drinking at their club, the Alcohol Use Disorder Identification Test (AUDIT) and mean AUDIT score of club members. Outcome data will be collected via observation at the club during a 1-day visit to a home game, conducted by trained research assistants at baseline and at follow up.
Evaluation of Alternative Delivery Models of the Good Sports Program Final report September 2019	The study evaluated the feasibility and acceptability of a revised version of the Good Sports program delivered with two different levels of support in comparison with the current 'Business as usual' model. These compared: Intervention component implementation

Data available	Description
	Program cost Sporting clubs' engagement with the program Sporting clubs' readiness to change Perceived usability of the programs.
Good Sports and Tackling Illegal Drugs January to June 2018	Reports on the progress of the Good Sports and Tackling Illegal Drugs programs between January and June 2018.
Good Sports and Tackling Illegal Drugs Report 1 July to 31 December 2018	Reports on the progress of the Good Sports and Tackling Illegal Drugs programs between July and December 2018.
Final Evaluation Report – Tackling Illegal Drugs Program – South Australia 24 Jan 2018 to 30 June 2019	Describes the key achievements and learnings from the Tackling Illegal Drugs module in South Australia between January 2018 and June 2019.
Tasmanian Good Sports Enhanced Community Clubs Program Evaluation report July 2020	Describes the key progress of the Good Sports program and the Tackling Illegal drugs module within Tasmania. Prepared for the Tasmanian government.
Alcohol and Drug Foundation Good Sports highlight report 2019	Infographic summarising the key achievements of the Good Sports program. Provides a timeline of program establishment.
Tackling Illegal Drugs National Evaluation Report 2016-2020 Oct 2020	Provides an overview of the achievement of the four objectives of the Tackling Illegal Drugs program along with its key lessons and recommendations, based on data collected from community sporting clubs involved in the program between 1 July 2016 and 30 June 2020.

Activity 2(c): Prevention and education in high-risk industries.

Consultations

Key informants
Professor Ann Roche – National Centre for Education and Training on Addiction, Flinders University
Allan Trifonoff – National Centre for Education and Training on Addiction, Flinders University
Todd Hews, Principal A&I Security and Emergency Management - BHP

Documentation and data sources

Data available	Description
Conference abstract: *Alcohol and Drug Use Among Construction Workers: Which Drugs and Which Workers?* Dr Janine Chapman, Professor Ann Roche, Associate Professor Ken Pidd, Ms Brooke Ledner, and Mr Jim Finnane	Abstract from the Australian Public Health Conference September 2019. The abstract describes the baseline findings from a longitudinal controlled trial to evaluate a workplace alcohol and drug harm reduction program in the construction industry, delivered as part of a wider 'fit-for-work' approach.
Construction workers' alcohol use, knowledge, perceptions of risk and workplace norms Ann M. Roche, Janine Chapman, Vinita Duraisingam, Brooke Phillips, Jim Finnane, and Ken Pidd	This paper investigates the patterns, prevalence and predictors of risky drinking among construction workers. The work highlights the importance of implementing strategies to increase awareness of risks to workplace safety; and the adoption of norms that inhibit the social acceptability of risky drinking behaviour in the wider workplace.
Young Construction workers: substance use, mental health, and workplace psychosocial factors Ken Pidd, Vinita Duraisingam, Ann Roche, and Allan Trifonoff	Study examining the relationship between alcohol and drug use, psychological wellbeing, and the workplace psychosocial environment among young apprentices in the construction industry.

Drug and Alcohol Research Connections article: *Advising the mining industry on workplace wellness programs.* Available from:www.connections.edu.au/news/advising-mining-industry-workplace-wellness-programs	Article describing a meeting between NCETA's Anne Roche and Allan Trifonoff and personnel from BHP.

Activity 3(a, d, f): Treatment investments.

Consultations

Key informants
Primary Health Network Consultations (2)
Gai Lemon (Brisbane North PHN)
Michelle Roberts (South Western Sydney PHN)
Natalie Thomas (South Western Sydney PHN)
Phoebe Watts (Gold Coast PHN)
Joanne Telenta (South Eastern NSW PHN)
Abhijeet Ghosh (South Eastern NSW PHN)
Mustafa Elkhishin (Central QLD, Wide Bay, Sunshine Coast PHN)
Brad Pearce (North Western Melbourne PHN)
Emily Box (North Western Melbourne Primary Health Network)
Joyleene Abrey (PHN Tasmania)
Amanda Davies (Northern Territory PHN)
Kay Holland (Northern Territory PHN)
Jen Newbould Brisbane South PHN)
Chris Keys (Central & Eastern Sydney PHN)
Mariam Faraj (Central & Eastern Sydney PHN)
Kate Williams (Central & Eastern Sydney PHN)
Belinda May (Darling Downs and West Moreton Primary Health Network Limited)
Jennifer Inglis (Darling Downs and West Moreton Primary Health Network Limited)
Olga Christine (Nepean Blue Mountains PHN)
Anita McRae (Murrumbidgee PHN)
Narelle Mills (Murrumbidgee PHN)
Kath Carleton (Capital Health Network (ACT PHN)
Louise Ryan (Capital Health Network (ACT PHN)
Stacy Leavens (Capital Health Network (ACT PHN)
Larissa Seymour (Eastern Melbourne PHN)
Emma Newton (Eastern Melbourne PHN)
Stacey Thomas (Eastern Melbourne PHN)
Aneill Kamath (West VIC PHN)
Tanja McLeish (Hunter New England & Central Coast PHN)
Marijka Brennan (Western NSW PHN)
Jelly Magirazi (Western Sydney PHN)
Natalie Haugh (West VIC PHN)
Jay Balana (Western Sydney PHN)

Key informants
Peak Body Consultations (2) Sam Biondo (Victorian Alcohol and Drug Association) Sean Popovich (Queensland Network of Alcohol and other Drug Agencies) Larry Pierce (NADA – The Network of Alcohol and other Drug Agencies) Alison Lai (Alcohol, Tobacco and Other Drugs Council, Tasmania) Jill Rundle (Western Australian Network of Alcohol and other Drug Agencies)) Kay Hull (Australian National Advisory Council on Alcohol and Other Drugs) Jennifer Duncan (Australian Alcohol and Other Drugs Council) Peter Burnhiem (Association of Alcohol and Other Drug Agencies NT) Richard Michell (Association of Alcohol and Other Drug Agencies NT) Devin Bowles (Alcohol Tobacco and Other Drug Association ACT) Amanda Bode (Alcohol Tobacco and Other Drug Association ACT) Michael White (The South Australia Network of Drug and Alcohol Services)
Service Provider Consultations (3) Bronwyn Hendy (Directions Health Service) Damian Collins (Youth Family Community Connections) Sean Hynes (QuIHN) Megan Green (Katherine West Health Board) Adrian Carson (Institute for Urban Indigenous Health) Cherie Eustace Anglicare) Carlene Hutton (Anglicare) Sharon Sarah (Bridges Health & Community Care) Leshay Maidment (Bridges Health and Community Care) Carmel Bridges (Health and Community Care) Nat Scott (Bridges Health and Community Care) Stephanie Stevens (Directions health service) Daniel Ip (Merri Health) Julie Hando (ORANA HAVEN ABORIGINAL CORPORATION) Xin Di (Merri Health) Paul Hardy (Community Restorative Centre) Vanessa Latham (Royal Flying Doctor Service) Peter Burnheim (Association of Alcohol and Other Drug Agencies NT) James Smith (Menzies School of Health Research Carole Taylor (DASA Alice Springs) Kay Hull (Australian National Advisory Council on Alcohol and Other Drugs) Scott Wilson (Aboriginal Drug & Alcohol Council) Sarah Clifford (Menzies School of Health Research)

Documentation and data sources

Data available	Description
Drug and Alcohol Program funding provided in 2019-20 for treatment services	Provides information on program funding for each PHN between 2019-2020. Outlines funding from multiple sources including NIAS.
Combined NIAS Quarterly report from April to June 2019	Provides details of funding for 516 service providers across all states and territories. Provides information as to whether contracts were complete/active or terminated at this time point. Lists all service providers and their details along with projects/services delivered.
Drug and Alcohol Treatment Guidance for Primary Health Networks: Commission of Alcohol and Other Drug Treatment Services	Guidance book for PHN use – not for distribution or citation. This document was developed by the Department of Health with expert collaboration. Provides guidance to PHNs to assist with the commissioning process – in particular, to understand the activities which are in scope of funding and how to translate evidence into a practical approach for service delivery.
AOD quarterly report – Tasmania PHN Q1 2019-20	Reporting of NIAS funding for alcohol and other drug activities through three service providers/organisations: Anglicare Tasmania (Funding of $729,289 per annum 2018–2020) Youth, Family and Community Connections (Funding of $160,990 per annum 2018–2020) South East Tasmania Aboriginal Corporation (SETAC) (Funding of $333,7842 per annum 2018–2020) Two of the services are funded through NIAS mainstream and one is funded through NIAS Indigenous. All services have funded projects aimed at case management, care planning and coordination as primary treatment and Early intervention as secondary treatment. Contracts with all three organisations were due to end on 30/06/20.

Data available	Description
February 2018 Northern Sydney PHN – 12 Month assessment	PHN 12-month performance report for Northern Sydney PHN. Contains compliance check, performance assessments, total number of commissioned service providers, and Indigenous mental health program outcomes.
Revised Adelaide PHN – 12 Month Performance Report 2017-18	Outlines alcohol and other drug treatment services funding for this PHN A total of $1,635,235,46 was expended from the Operation and Flexible funding for Drug and Treatment Services. A total of $485,715 was expended from Flexible funding for Drug and Alcohol Treatment Services for Aboriginal and Torres Strait Islander People.
Western Victoria PHN – 2017-18 – 12 Month Performance Report assessment	Includes compliance check, performance assessment, total number of Commissioned Service Providers by PHN (Nationally), and Indigenous mental health outcomes across all PHNs.
AOD quarterly report – Western Victoria PHN July to September 2019	Reports on both NIAS and alcohol and other drug Core funding for PHNs in Western Victoria between July and September 2019. NIAS Mainstream Funding supports 11 service providers and NIAS Indigenous specific funding supports 7 providers.
AOD Quarterly report ACT PHN July to September 2019	Reports on NIAS and alcohol and other drug Core funding of service providers within the ACT. NIAS funding supports activities 1 and 3. NIAS Mainstream funding supports four service providers and NIAS Indigenous-specific funding supports one service provider.
NIAS Report – South East NSW PHN September 2018	Outlines 10 activities funded under NSW PHN. Five funded by NIAS Mainstream and five by NIAS Indigenous funding. Provides list of service provider names and funding provided 2016–2019.
North Western Melbourne PHN – NIAS Quarterly Report July – Sep 2018	Outlines 15 activities under the North Western Melbourne PHN. Nine of which are supported by NIAS Mainstream Funding and six by NIAS Indigenous Funding.

Data available	Description
	Provides list of service providers commissioned.
Northern Queensland PHN – NIAS quarterly report July – September 2019	Outlines 16 activities in Northern Queensland. Eight are supported by NIAS Mainstream Funding and Eight are supported by NIAS Indigenous Funding. Provides details of service providers and funding 2016–2019.
Drug and Alcohol Treatment Activity Work Plan 2019-2020 – Brisbane North PHN	Summary of seven activities planned between 2019-2022 of which three are funded by NIAS mainstream and Indigenous funding.
Drug and Alcohol Treatment Activity Work Plan 2019-2022: Murrumbidgee PHN	Details the six activities outlined for between 2019-2022. Four of which are funded by NIAS Mainstream funding and the other two by NIAS Indigenous Funding.
Drug and Alcohol Treatment Activity Work Plan 2019-2022: Country WA PHN	Described five funded activities in country WA – two under NIAS mainstream and two under NIAS Aboriginal and Torres Strait Islander people funding, one does not receive NIAS funding.
East Melbourne Needs Assessment Report – November 2018, and Eastern Melbourne PHN Compliance check	A needs assessment report that identifies the East Melbourne PHN's priorities. The Needs assessment contains stakeholder perspectives and priorities. The compliance check document confirms that a needs assessment was carried out and identifies needs, key issues and evidence relating to health and service.
Gold Coast PHN 12 Month Performance Report	Provides a list of 102 service providers in GC along with the funding provided to each between 2016-2019. There is also a list of 16 decommissioned services. NIAS funding is not specifically identified in this report.
Youth, Family and Community Connections Case Study	Describes a case study of a man with a desire to turn his life around and reconnect with his family. He was referred to the YFCC by his lawyer and made significant gains during his involvement with the program.
AOD transition program evaluation – January 2016	This pre-NIAS evaluation provides details about the alcohol and other drug transition program, established in 2012 by Community Restorative Centre to fill gaps in services for those exiting prison with complex needs. This

Data available	Description
	program has received NIAS funding subsequent to this evaluation.
CRC's Central and Eastern Sydney AOD Transition program evaluation April 2019	In the final quarter of the 2016–17 financial year, the *Central and Eastern Sydney Primary Health Network* (CESPHN) awarded funding to CRC to provide outreach alcohol and other drug rehab support to clients in their catchment area. – This evaluation focuses on outcomes for clients in the CESPHN catchment area.

Activity 3(b): Counselling Online program.

Consultations

Key informants
Professor Dan Lubman – Turning Point and Monash University
Rick Loos – Turning Point and Monash University

Documentation and data sources

Data available	Description
Counselling Online Annual Report 2018–19 Turning Point	Document summarises the Turning Point Counselling Online website use between July 2018 and June 2019. It provides information about service utilisation and client profiles including: episodes of care and time, duration, and location of contact gender, sexual orientation, age, ethnicity/cultural identify, country of birth and preferred language of client client's knowledge of service, relationship to drug user, main drug of concern and treatment seeking profile self-help modules and self-assessment.
D20-1469010 Dashboard v2.0	This is a 2-page Word doc with graphs for: Matilda Centre Comorbidity Project – site users, sessions, page views Jan–Apr 19 vs Jan–Apr 20 Matilda Centre Cracks in the Ice – website users and page views Jan–Jun 19 vs Jan–Apr 20 Matilda Centre Positive Choices Website – site users and page views Jan–Jun 19 vs Jan–Apr 20 Family Drug Support Hotline – caller gender demographics Jan–Mar 2019 vs Jan–Mar 2020 ADF Drug Information Database – website visits Jan–Mar 2019 vs Jan–Mar 2020 Total number of calls to National AOD hotline Jan-Mar 2019 vs Jan-Mar 2020

Data available	Description
	Turning Point Counselling Online – drug of concern Jan–Jun 2019 vs Jan–Apr 2020 Turning Point DirectLine – drug of concern Jan–Jun 2019 vs Jan–Apr 2020

Activity 3(c): National Treatment Framework.

Consultations

Key informants
Professor Alison Ritter (University of New South Wales)
Dr Katinka Van De Ven (University of New England and Visiting Fellow of the University of New South Wales)

Documentation and data sources

Data available	Description
National Framework for Alcohol, Tobacco and other Drug Treatment 2019–2029 [Published December 2019].	Published in December 2019, the Framework aims to serve as a common reference point for knowledge and recommendations for AOD treatment funders, treatment providers, and people who use substances and their families, friends, and significant others. As a strategic framework, this document provides: The framework for understanding the Australian treatment service system (section 3) Principles for effective treatment (section 4) Principles for effective treatment planning, purchasing and resourcing (section 5) Principles for effective monitoring, evaluation and research (section 6); and the Partnerships that are required for a successful alcohol and other drug treatment service system (section 7).

Activity 3(e): Expanded ASSIST training.

Consultations

Key informants
Professor Michael Farrell, Director National Drug and Alcohol Research Centre
Jennifer Harland, Senior Project Officer - ASSIST Program University of Adelaide
Robert Ali, Associate Professor, University of Adelaide

Documentation and data sources

Data available	Description
Second evaluation of the ASSIST-Brief Intervention Project (May 2018)	Describes the second evaluation of the Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST)-Brief Intervention project. Evaluation conducted by Professor Michael Farrell (National Drug and Alcohol Research Centre) and Professor Steve Allsop (National Drug Research Institute). The evaluation of the project aimed to ascertain if the Drug and Alcohol Services South Australia and the World Health Organization collaborating centre's efforts to coordinate, enable, enhance and maintain the implementation of ASSIST-Brief Intervention activities are continuing to have an impact on its uptake and implementation.
Third evaluation of the ASSIST-Brief Intervention Project (2019)	The third evaluation aimed was conducted by Professor Michael Farrell (National Drug and Alcohol Research Centre) and Professor Steve Allsop (National Drug Research Institute) and aimed to determine the impact on the uptake, implementation and use of the ASSIST-BI against five project aims demonstrated in: workforce development expanding the evidence base improve access for at-risk populations governance and evaluation.

Data available	Description
Coordination of development, training and implementation of the ASSIST and linked Brief Intervention (BI) for Substance Misuse Progress Report 8 (July – December 2019)	ASSIST program shares the aim of National Drug Strategy 2017–2026 to contribute to ensuring safe, healthy and resilient Australian communities through minimising alcohol, tobacco and other drug-related health, social and economic harms among individuals, families and communities. Specific aim for 2018–2019: Increase the implementation and utilisation of the ASSIST across Australia by enhancing resources and broadening ASSIST activities. The report looks at four key deliverables: Workforce development Expanding the evidence base Targeted intervention for at risk groups Evaluation

Activity 3(g): Pilot Quality Framework.

Consultations

Key informants
Professor Dan Lubman, Turning Point
Rebecca Lang, Queensland Network of Alcohol and other Drug Agencies

Documentation and data sources

Data available	Description
National Quality Framework for Drug and Alcohol Treatment Services	The National Quality Framework provides a national agreement on a quality benchmark for the delivery of alcohol and other drug treatment services.
NADA Factsheet: Supporting quality alcohol and other drug treatment	Factsheet supporting NADA members to understand the key documents that should be considered as part of the provision of quality alcohol and other drug treatment. The factsheet refers members to the National Quality Framework for Drug and Alcohol Treatment services.
Connections: Drug and Alcohol Research article *National Quality Framework for Drug and Alcohol Treatment Services now available*	Provides an overview of the National Quality Framework.
NGO Services Online Blog: *Spotlight on the National Quality Framework for AOD providers*	Provides an overview of the National Quality Framework, outlining the nine key principles and advising services on how to comply with the framework.

Activity 3(h): New Medicare Benefits Schedule items.

Consultations

Key informants
Nick Lintzeris, Addiction Medicine specialist, The University of Sydney
Robert Ali, Public health physician and specialist in addiction medicine, The University of Adelaide

Documents and Data Sources

Data available	Description
Public Summary Document – Report to the Medical Services Advisory Committee (MSAC) Executive on utilisation of MBS items for Addiction Medicine January 2020	Offers a summary of the official report. The purpose of the report was to inform MSAC about the real-world impacts on utilisation of MBS items for addiction medicine. Utilisation data for addiction medicine items was considered and the MSAC executive recommended no further action. It was predicted that 2,500 patients per year would use the 15 new MBS items (group A31) at a cost of $10.2 million over 4 years. Actual use was lower but service utilisation increased, indicating that AM specialists are billing the addiction medicine services. Nationally, the overall growth in services and benefits for all addiction medicine items increased from 2017–2018 to 2018–2019 and the utilisation of addiction medicine services was highest in major Australian cities compared to remote and very remote locations.
Analysis of proposed MBS items for Addiction Medicine – Consultant Report March 2013	Describes the need for new addiction medicine items to support increased fees for specialists within the field. Provides an analysis of these items and outlines the advantages in cost that the services would provide over alternatives.

Activity 3(i): Evidence-based guidelines.

Consultations

Key informants
Peter Burnheim – AADANT
Katie Flynn – ADDANT
Larry Pierce – NADA
Robert Stirling – NADA
Dr Suzie Hudson – NADA
Michael White – SANDAS
Professor Ann Roche – NCETA, Flinders University
Allan Trifonoff – NCETA, Flinders University
Rebecca Lang – Queensland Network of Alcohol and other Drug Agencies
Jennifer Duncan - AADC

Documentation and data sources

Data available	Description
NCCRED report: *A Review of Australian Clinical Guidelines for Methamphetamine Use Disorder*	The National Centre for Clinical Research on Emerging Drugs (NCCRED) commissioned the National Centre for Education and Training on Addiction (NCETA), Flinders University to undertake a review of Australian methamphetamine-related clinical guidelines.
St. Vincent's S-Check Clinic Model of Care	St. Vincent's Hospital (Sydney) developed the S-Check tool for early intervention and referral for people who use stimulants. The tool was evaluated and outcomes were reported.
'Ice' and the workplace	Communication piece providing information about the risks of ice in the workplace.
Methamphetamine: Effects and responses	Communication piece providing information about the harms of methamphetamine and recommended treatments, early interventions and prevention mechanisms.

Data available	Description
Methamphetamine use in Australia	Communication piece outlining what methamphetamine is, what forms of methamphetamine exist in Australia, and methamphetamine-associated harms.
Ice in general practice – article from Addiction Medicine	Article outlining ice in general practice. Covers stigma, clinical presentations and clinical pathways of intervention.
Methamphetamine fact sheet from UNSW and National Drug and Alcohol Research Centre	Provides facts around methamphetamine and associated risks.
Turning Point – Methamphetamine Treatment Guidelines 2nd Edition (2019)	The updated guidelines provide recommendations based on current evidence of best practice for the management of methamphetamine use disorder.
Treatment approaches for users of methamphetamine: A practical guide for frontline workers	Developed as a guideline for frontline workers, not just specialised workers, to bridge the gap in available resources.
Providing a model of health care service to stimulant users in Sydney (Brener, 2018)	A mixed methods evaluation of St Vincent's S-Check Clinic. Participants rated each session favourably, with median scores of above 90 out of 100.

Activity 3(j): National Comorbidity Guidelines.

Consultations

Key informants
Dr Christina Marel – University of Sydney
Professor Maree Teeson – The Matilda Centre, University of Sydney
Professor Katherine Mills – The Matilda Centre, University of Sydney

Documentation and data sources

Data available	Description
Comorbidity Program Proposal for Funding September 2019	Proposal to expand the current Comorbidity Project into the Comorbidity Programme, which will review and update the current Comorbidity Guidelines, continue maintenance on the website and training portal, and continue distribution of hardcopies of the Guidelines
Comorbidity Guidelines presentation Dr Christina Marel September 2020	Presentation outlining the need for the Comorbidity Guidelines. Contains analytics of the number of hardcopies and electronic copies of the guidelines that have been distributed as well as the number of website visitors
National Comorbidity Guidelines presentation Jack Wilson	Provides background to the Comorbidity Guidelines and outlines the revision process and provides an overview to the guidelines.

Activity 4(a): International supply disruption.

Consultations

Key informants
Alisha Warner, Coordinator, Strategy and Policy, Office of the Commissioner, Australian Federal Police
Warwick Fry, International Command Australian Federal Police
Jen Evans, Coordinator Strategy in Crime Command portfolio, Australian Federal Police

Activity 4(b): Aviation and maritime security ID.

Consultations

Key informants
Jason Dickie, Director of Identity Card Policy Section, Maritime Training and Card Security Branch
Caitlin Arnold, Assistant Director Law Enforcement Powers Section, Law Enforcement Policy Branch

Activity 4(c): Controls of precursor chemicals and equipment.

Consultations

Key informants
Clare Buxton, Director Border Force Powers and Firearms Policy Section: Home Affairs
Shane Neilson, Head of Determination, High Risk and Emerging Drugs and Firearms, ACIC
Amber Migus, Manager of Drug Intelligence at ACIC

Activity 4(d): End user declaration online system.

Consultations

Key informants
Jeremy Johnson, Chief of staff, ACIC
Shane Neilson, Head of Determination, High Risk and Emerging Drugs and Firearms, ACIC
Amber Migus, Manager of Drug Intelligence at ACIC

Activity 4(e): National criminal intelligence system.

Consultations

Key informants
Claire Buxton, Director Firearms and Illicit Drugs Section: Department of Home Affairs.
Tracey Pearce, Director Criminal Intelligence, Policy Branch, Home Affairs.
Peter Brown, Pilot NCIS Program Manager, ACIC
Tim Voegeli – Consultant, author of the pilot program report

Activity 4(f): Dob in a Dealer campaign.

Consultations

Key informants
Diana Forrester, Board Chair, Crime Stoppers Australia
Greg Beale, Board Director, Crime Stoppers Australia (QLD)
Adam Thompson, Committee Chair, Crime Stoppers Australia
Detective Sgt Peter Brigham, Victoria Police

Activity 4(g): Unexplained wealth scheme.

Consultations

Key informants
William Morris, Assistant Director, Economic Crime Disruption Section, Law Enforcement Policy Division: Department of Home Affairs
Claire Buxton, Director Firearms and Illicit Drugs Section: Department of Home Affairs
Alannah Thomas: Department of Home Affairs

Activity 4(h): Disrupt regional production and supply.

Consultations

Key informants
Craig Bellis, National Coordinator Drug Strategy AFP
Hannah Andrevski, Strategy and Policy team, AFP
Bec Goddard, Acting Superintendent Crime B, Southern Command (Vic)
Gail McClure, AFP, acting Commander, Central Command for AFP SA
Jason McArthur, Superintendent National Anti-Gang Squad AFP
Jen Evans, Coordinator Policy and Strategy, Crime Command AFP
Shane Neilson, Head of Determination, High-Risk and Emerging Firearms and Drugs: ACIC
Amber Migus, Manager, Drug Intelligence: ACIC

Activity 4(i): Swift, Certain and Fair sanctions model.

Consultations

Key informants
Tracy Luke, Assistant Commissioner Community Corrections
Laura Sewell, COMMIT Program Manager
Chrissy McConnel, NT Legal Aid – former Managing Practitioner Crime
Krystie McQuade, Community Corrections Team Leader
Danielle Gardner, Probation and Parole Officer
Danny Lloyd, DASA Methamphetamine Outreach Program
Rebecca Everitt, Crown prosecutor
Sheryl Thomson, Business Manager, Foundation of Rehabilitation with Aboriginal Alcohol Related Difficulties (FORWAARD)
Jenna Dennison, Secretary to the Parole Board

Activity 4(j): Review of drug diversionary programs.

Consultations

Key informants
Associate Professor Caitlin Hughes, Matthew Flinders Fellow, Centre for Crime Policy and Law, Flinders University

Activity 5(a): Establish National Centre for Clinical Excellence on Emerging Drugs.

Consultations

Key informants
Professor Nadine Ezard, Director of National Centre for Clinical Research on Emerging Drugs
Professor Michael Farrell, Consortium member of National Centre for Clinical Research on Emerging Drugs Board
Dr Adam Rubenis, Psychologist, Special Clinical Services at Turning Point, and an NCCRED Research Fellow

Documents and Data Sources

Data available	Description
NCCRED Seed Funding, Capacity Building and Fellowship Program Report 2018-2020	Overall report for NCCRED. NCCRED conducted a research priority setting study in 2019 to determine clinician research priorities for the management or treatment of issues related to methamphetamine or emerging drugs of concern in Australia to guide the work of NCCRED. The research priority settings identified have guided the establishment of NCCRED's programs and have been incorporated into the updated 2020-22 research strategy. $1,400,000 has been made available in Seed Funding grants between the three rounds from October 2018 to April 2019. $1,214,811 was distributed to successful applicants. A breakdown of this distribution including number of applicants, demographics of applicants, and locations of successful applicants is available on Page 23. $304,000 was made distributed in capacity building grants. Since October 2018, the total amount of Clinical Research Funding awarded by NCCRED is $1,873,810.83 across a total of 21 research projects and clinical research fellows

Data available	Description
	Page 27 onwards describes the impacts of the projects so far Appendix 3 contains the clinical research progress reports which contains specifics for research outputs, media engagements, and policy changes as a result of each of the projects
NCCRED Final Report 06 March 2017 – 15 September 2020	This report was written to be provided to the Australian Department of Health as a final report on the NCCRED activities as per their agreement. This report outlines the progress NCCRED has made for the period of 6th March 2017 (upon contract execution) to 15 September 2020. This report builds on the annual reports submitted in September 2018; September 2019; and September 2020. It provides an overview of NCCRED's history, key achievements, performance measures
NCCRED Performance Report 1 July 2019 to 30 June 2020,	Outlines all of the key activities undertaken by NCCRED (included in summary). There is a summary of completed contractual activities.
NCCRED Activity Work Plan July 2020 to June 2021	Outlines both the activities to date, and the future activity plan for NCREDD to June 2021.
NCCRED Clinical Research Strategy July 2020 to June 2022	Gives a broad summary on NCCRED's achievements and identifies what it hopes to achieve in the next two years. Includes an activity flowchart which includes timeline for key activities.
'A Review of Australian Clinical Guidelines for Methamphetamine Use Disorder' and 'Methamphetamine Clinical Guidelines Matrix' Communications Brief and dissemination strategy	Gives a brief overview of the results from the review of Australian Clinical Guidelines for Methamphetamine Use Disorder.

Activity 5(b): Enhanced evidence base.

Consultations

Key informants
Professor Nadine Ezard, Director of National Centre for Clinical Research on Emerging Drugs
Professor Michael Farrell, Consortium member of National Centre for Clinical Research on Emerging Drugs Board

Documents and Data Sources

Data available	Description
NCCRED Seed Funding, Capacity Building and Fellowship Program Report 2018–2020	Overall report for NCCRED. NCCRED conducted a research priority setting study in 2019 to determine clinician research priorities for the management or treatment of issues related to methamphetamine or emerging drugs of concern in Australia to guide the work of NCCRED. The research priority settings identified have guided the establishment of NCCRED's programs and have been incorporated into the updated 2020–2022 research strategy. Appendix 3 contains the clinical research progress reports which contains specifics for research outputs, media engagements, and policy changes as a result of each of the projects.
NCCRED Final Report 06 March 2017 to 15 September 2020	This report was written to be provided to the Australian Department of Health as a final report on the NCCRED activities as per their agreement. This report outlines the progress NCCRED has made for the period of 6th March 2017 (upon contract execution) to 15 September 2020. This report builds on the annual reports submitted in September 2018; September 2019; and September 2020. It provides an overview of NCCRED's history, key achievements, performance measures.
NCCRED Activity Work Plan July 2020 to June 2021	Outlines both the activities to date, and the future activity plan for NCREDD to June 2021.

Data available	Description
NCCRED Clinical Research Strategy July 2020 to June 2022	Broad summary on NCCRED's achievements and identifies what it hopes to achieve in the next two years. Includes activity flowchart with timeline for key activities.

Activity 5(c): Establish Australian Crime and Justice Research Centre.

Consultations

Key informants
Rick Brown, Deputy Director, Australian Institute of Criminology
Anthony Morgan, Research Manager, Serious and Organised Crime Research Lab, AIC

Documents and Data Sources

Data available	Description
Australian Institute of Criminology (2019). Submission to The Special Commission of Inquiry into the Drug 'Ice'.	This unofficial submission comprises a summary of recent findings from the AIC's Drug Use Monitoring in Australia (DUMA) program on methamphetamine use among police detainees in New South Wales. The submission provides additional material to the Inquiry's Issue Paper 4: Data and Funding. The data for DUMA is collected quarterly using a self-report survey on detainee: Alcohol and drug use Drug market indicators Alcohol and drug attribution Criminal justice contact Sociodemographic characteristics Urine samples are also collected twice a year from consenting detainees.
Voce A & Sullivan T (2019). Drug use monitoring in Australia: Drug use among police detainees, 2018. Statistical Report no. 18. Canberra: Australian Institute of Criminology.	2018 Report on the DUMA program Provides information on where the data was collected from, aggregated data on the detainee's self-reported results on socio-demographics, criminal justice history and drug use, and detainee's urinalysis results.

Data available	Description
Goldsmid, S et al, (2017). Australian methamphetamine user outcomes. Statistical Bulletin no. 3. Canberra: Australian Institute of Criminology.	Data from four datasets were examined: National Drug Strategy Household Survey DUMA Alcohol and Other Drug Treatment National Minimum Dataset National Prisoner Health Data Collection It is an example of the synthesis of different datasets to allow for more accurate reporting, in this case to examine whether people who use methamphetamine compared with people who use other drugs and people who do not use drugs, experienced worse outcomes and whether these outcomes were observed across different methamphetamine groups.
Voce A & Sullivan T (2020). Is there fentanyl contamination in the Australian illicit drug market? Statistical Bulletin no. 21. Canberra: Australian Institute of Criminology.	A special fentanyl addendum was added to the DUMA surveys in July and August of 2019 and the results are discussed in this bulletin. The results provide an early warning of possible unintended fentanyl use in Australia and emphasise the importance of prevention methods.
Doherty L & Sullivan T (2020). How and where police detainees obtain methamphetamine. Statistical Bulletin no. 23. Canberra: Australian Institute of Criminology.	A special addendum was added to the October and November 2018 and February 2019 DUMA survey asking participants who used methamphetamine how they had obtained it. The results are discussed in this bulletin.
Voce A et al, (2020). COVID-19 pandemic constricts methamphetamine supply in Perth. Statistical Bulletin no. 29. Canberra: Australian Institute of Criminology.	A COVID-19 special addendum which asked about the pricing, quality and availability of methamphetamine in Perth was added to the quarter two 2020 survey. It was able to determine that the people who reported using methamphetamine in the past month fell by 19 percentage points from quarter 1 2020 to quarter 2 2020 most likely related to the effects of COVID-19. This report warns that a shortage of

Data available	Description
	methamphetamine may lead people to reduce their tolerance and increase the risk of overdose.
Doherty L & Sullivan T (2020). Drug use monitoring in Australia: Drug use among police detainees, 2019. Statistical Report no. 30. Canberra: Australian Institute of Criminology.	2019 report on the DUMA program. 2,330 detainees participated in the program. Basic information on how the questionnaire and urinalysis are performed is provided. The appendices offer more detailed results/data in table form.
Goldsmid S & Willis M (2016). Methamphetamine use and acquisitive crime: Evidence of a relationship. Trends & issues in crime and criminal justice no. 516. Canberra: Australian Institute of Criminology.	Data is from DUMA participants in 2013 in Perth, Adelaide, Brisbane and Sydney. Self-report survey items are clearly defined. Outlines limitations. Determine that recent use of methamphetamine is an effective indicator of an increased risk of engaging in acquisitive crime.
Morgan A & Gannoni A (2020). Methamphetamine dependence and domestic violence among police detainees. Trends & issues in crime and criminal justice no. 588. Canberra: Australian Institute of Criminology.	A domestic violence addendum was added alongside the core DUMA questionnaire in the fourth quarter of 2012. Analysis and limitations were outlined. The results give weight to the importance of integrated responses that address the co-occurrence of substance use disorders and domestic violence, and the underlying risk factors for both harmful behaviours.

Activity 5(d) Enhanced drug use data.

Note: this section contains separate sections for each of the five constituent activities included in the umbrella enhanced drug use data category.

Activity 5d(i): Increase the frequency and quality of population prevalence data

Consultations

Key informants
Kristy Raithel, Acting Head of the Tobacco, Alcohol and Other Drugs Unit, Australian Institute of Health and Welfare.
Dr Gabrielle Phillip, Head of the Housing and Specialised Services Group, Australian Institute of Health and Welfare

Documents and data sources

Data available	Description
Australian Institute of Health and Welfare (2020). National Drug Strategy Household Survey 2019. Drug Statistics series no. 32. PHE 270. Canberra AIHW.	A full report of the 2019 National Drug Strategy Household survey. Contains an overview of the methods and results.
Australian Institute of Health and Welfare (2020). 2019 NDSHS technical information	Contains a more detailed account of the technical information associated with the 2019 National Drug Strategy Household Survey. This includes updates made to the survey questions and how they are tested, as well as re-analysis of previous data. It gives a good indication of the quality of the methodology.
Australian Institute of Health and Welfare (2020). Alcohol, tobacco & other drugs in Australia. Cat. no. PHE 221. Canberra: AIHW.	This report is a good example of data synthesis from several agencies including (but not limited to) the AIHW with the NDSHS, AIC with DUMA, and ACIC with the National Wastewater Drug Monitoring Program. Note it doesn't include the National Ambulance Surveillance System.

Activity 5d(ii): Enhancing national treatment data

Consultations

Key informants
Kristy Raithel, Acting Head of the Tobacco, Alcohol and Other Drugs Unit, Australian Institute of Health and Welfare
Dr Gabrielle Phillips, Head of the Housing and Specialised Services Group, Australian Institute of Health and Welfare

Document and data sources

Data available	Description
Australian Institute of Health and Welfare (2020). Alcohol and other drug treatment services in Australia: 2018–19. Drug treatment series no. 34. Cat. no. HSE 243. Canberra: AIHW.	The report presents national information for 2018-19 about publicly funded alcohol and other drug treatment service agencies (including government and non-government organisations), the people they treated, and the treatment they provided. Data collected by treatment agencies are forwarded to the relevant state and territory health departments, who then extract required data according the specifications in the AODTSNMDS. Data are submitted to the AIHW annually for national collation and reporting. In 2018–2019, 1,283 publicly funded alcohol and other drug treatment services provided just under 220,000 treatment episodes to an estimated 137,000 clients. Amphetamines were the second most common drug that led clients to seek treatment for their own drug use. The report provided identifies accompanying documents that outline scope, coverage and data quality, state and territory summaries, and supplementary data tables. These offer reasonable transparency on any issues of data quality including interpretability, relevance, accuracy and coherence.
Australian Institute of Health and Welfare (2020). Alcohol and other drug treatment	Provides more in-depth information on the Alcohol and other drug treatment services in Australia 2018–2019 report. This includes transparency on why the fact that there was an overall increase from 2017-19 of 1 percentage point in the

Data available	Description
services NMDS, 2018-19; Quality statement.	proportion of in-scope agencies that reported to the collection due to some jurisdiction changes in systems that split the reporting structure from organisation/agency level to service outlet (an agency can have more than one service outlet), reporting requirements and newly funded services.
Australian Institute of Health and Welfare (2020). Alcohol, tobacco & other drugs in Australia. Cat. no. PHE 221. Canberra: AIHW.	This report is a good example of data synthesis from several agencies including (but not limited to) the AIHW with the NDSHS, AIC with DUMA, and ACIC with the National Wastewater Drug Monitoring Program. Note it does not include the National Ambulance Surveillance System.

Activity 5d(iii): Continuing the Drug Use Monitoring in Australia program

Consultations

Key informants
Dr Samantha Bricknell, Research Manager, Australian Institute of Criminology
Tom Sullivan, DUMA Program Manager, Australian Institute of Criminology

Documents and data sources

Data available	Description
Australian Institute of Criminology (2019). Submission to The Special Commission of Inquiry into the Drug 'Ice'.	This unofficial submission comprises a summary of recent findings from the AIC's Drug Use Monitoring in Australia (DUMA) program on methamphetamine use among police detainees in New South Wales. The submission provides additional material to the Inquiry's Issue Paper 4: Data and Funding. The data for DUMA is collected quarterly using a self-report survey on detainee: Alcohol and drug use Drug market indicators Alcohol and drug attribution Criminal justice contact Sociodemographic characteristics Urine samples are also collected twice a year from consenting detainees.
Voce A & Sullivan T, (2019). Drug use monitoring in Australia: Drug use among police detainees, 2018. Statistical Report no. 18. Canberra: Australian Institute of Criminology.	2018 Report on the DUMA program. Provides information on where the data was collected from, aggregated data on the detainee's self-reported results on socio-demographics, criminal justice history and drug use, and detainee's urinalysis results

Data available	Description
Goldsmid, S et al (2017). Australian methamphetamine user outcomes. Statistical Bulletin no. 3. Canberra: Australian Institute of Criminology.	Data from four datasets were examined: National Drug Strategy Household Survey DUMA Alcohol and Other Drug Treatment National Minimum Dataset National Prisoner Health Data Collection It is an example of the synthesis of different datasets to allow for more accurate reporting, in this case to examine whether people who use methamphetamine compared with people who use other drugs and people who don't use drugs, experienced worse outcomes and whether these outcomes were observed across different methamphetamine groups.
Voce A & Sullivan T (2020). Is there fentanyl contamination in the Australian illicit drug market? Statistical Bulletin no. 21. Canberra: Australian Institute of Criminology.	A special fentanyl addendum was added to the DUMA surveys in July and August of 2019 and the results are discussed in this bulletin. The results provide an early warning of possible unintended fentanyl use in Australia and emphasise the importance of prevention methods.
Doherty L & Sullivan T (2020). How and where police detainees obtain methamphetamine. Statistical Bulletin no. 23. Canberra: Australian Institute of Criminology.	A special addendum was added to the October and November 2018 and February 2019 DUMA survey asking participants who used methamphetamine how they had obtained it. The results are discussed in this bulletin.
Voce A et al (2020). COVID-19 pandemic constricts methamphetamine supply in Perth. Statistical Bulletin no. 29. Canberra: Australian Institute of Criminology.	A COVID-19 special addendum which asked about the pricing, quality and availability of methamphetamine in Perth was added to the quarter two 2020 survey. It was able to determine that the people who reported using methamphetamine in the past month fell by 19 percentage points from quarter 1 2020 to quarter 2 2020 most likely related to the effects of COVID-19. This report warns that a shortage of methamphetamine may lead people to reduce their tolerance and increase the risk of overdose.

Data available	Description
Doherty L & Sullivan T (2020). Drug use monitoring in Australia: Drug use among police detainees, 2019. Statistical Report no. 30. Canberra: Australian Institute of Criminology.	2019 report on the DUMA program. 2,330 detainees participated in the program. Basic information on how the questionnaire and urinalysis are performed is provided. The appendices offer more detailed results/data in table form.
Goldsmid S & Willis M (2016). Methamphetamine use and acquisitive crime: Evidence of a relationship. Trends & issues in crime and criminal justice no. 516. Canberra: Australian Institute of Criminology.	Data is from DUMA participants in 2013 in Perth, Adelaide, Brisbane and Sydney. Self-report survey items are clearly defined. Outlines limitations. Determine that recent use of methamphetamine is an effective indicator of an increased risk of engaging in acquisitive crime.
Morgan A & Gannoni A (2020). Methamphetamine dependence and domestic violence among police detainees. Trends & issues in crime and criminal justice no. 588. Canberra: Australian Institute of Criminology.	A domestic violence addendum was added alongside the core DUMA questionnaire in the fourth quarter of 2012. Analysis and limitations were outlined. The results give weight to the importance of integrated responses that address the co-occurrence of substance use disorders and domestic violence, and the underlying risk factors for both harmful behaviours.

Activity 5d(iv): Continuing wastewater testing

Consultations

Key informants
Shane Neilson, Head of Determination, High Risk and Emerging Drugs and Firearms, Australian Criminal Intelligence Commission
Amber Migus, Manager, Drugs Intelligence, Australian Criminal Intelligence Commission
Jason White, Emeritus Professor, Clinical and Health Sciences, University of South Australia

Documents and data sources

Data available	Description
ACIC (2019) Methylamphetamine supply reduction: Measures of effectiveness. Commonwealth of Australia	This assessment is the first time the Australian Criminal Intelligence Commission (ACIC) has overlaid consumption data derived from the National Wastewater Drug Monitoring Program with other illicit drug indicator data to understand the relationship between supply and demand within the Australian methylamphetamine market. It overlays national seizure data for amphetamines with methylamphetamine consumption data measured through the National Wastewater Drug Monitoring Program. It is evidence of coordination between different priority areas to allow for more accurate reporting and data synthesis. It has also raised issues for consideration relating to methamphetamine seizures that inform future work and may lead to research translation.
ACIC (2021) National Wastewater Drug Monitoring Program – Report 12	The 12th publicly available report on the National Wastewater Drug Monitoring program. It includes data for August (capital city and regional sites) and October 3030 (capital city sites). It covers 56% of the population. Methylamphetamine is the most consumed illicit drug, though both regional and capital city consumption decreased between April and August 2020.
ACIC (2020) National Wastewater Drug Monitoring Program – Report 11	The 11th publicly available report on the National Wastewater Drug Monitoring program. It includes data for April (capital city

Data available	Description
	and regional sites) and June 2020 (capital city sites). Covers 56% of the population. Regional methylamphetamine use has seen increases in consumption during the COVID-19 period.
ACIC (2020) National Wastewater Drug Monitoring Program – Report 10	The 10th publicly available report on the National Wastewater Drug Monitoring program. Includes data for October and December 2019 and February 2020. Covers 43% of the population. Of the 30 countries with comparable data, Australia ranks third for methylamphetamine. The trend over the life of the program shows a rise in methylamphetamine use in almost every part of the country.

Activity 5d(v): Expanding the Ambulance Project

Consultations

Key informants
Chris Killick-Moran, Unit Head, Suicide & Self-harm Monitoring Unit, Australian Institute of Health and Welfare
Dr Debbie Scott, Strategic Lead, National Addiction and Mental Health Surveillance Unit Research, Turning Point; Senior Research Fellow, Monash University
Dr Rowen Ogeil, Reporting and Stakeholder Team Leader, National Addiction and Mental Health Surveillance Unit, Turning Point; Research Fellow, Eastern Health Clinical School, Monash University

Documents and data sources

Data available	Description
Lubman DI, Matthews S, Heilbronn C, Killian JJ, Ogeil RP, Lloyd B, et al (2020) The National Ambulance Surveillance System: A novel method for monitoring acute alcohol, illicit and pharmaceutical drug-related harms using coded Australian ambulance clinical records. PLoS ONE 15(1): e0228316.	This paper describes the National Ambulance Surveillance System, a unique Australian system for monitoring and mapping acute harms related to alcohol and other drug consumption. This includes the analysis process including coder training and validation and analysis to ensure the quality of the data. The data includes more than 140 output variables per attendance, including individual substances, demographics, temporal, geospatial, and clinical data. This includes an output variable specific to methamphetamine and crystal methamphetamine. This document provides examples of the clinical utility for this data, including identifying mental health harms such as methamphetamine in psychosis-related ambulance attendances
Lubman DI, Heilbronn C, Ogeil RP, Killian JJ, Matthews S, Smith K, et al (2020) National Ambulance Surveillance System: A novel	This paper describes the mental health and self-harm modules within the National Ambulance Surveillance System, a unique Australian system for monitoring and mapping mental health and self-harm.

Data available	Description
method using coded Australian ambulance clinical records to monitor self-harm and mental health-related morbidity. PLoS ONE 15(7): e0236344.	The National Ambulance Surveillance System provides almost 90 output variables related to self-harm (i.e. type of behaviour, self-injurious intent, and method) and mental health (e.g. mental health symptoms) in the 24 hours preceding each attendance, as well as demographics, temporal and geospatial characteristics, clinical outcomes, co-occurring substance use, and self-reported medical and psychiatric history. This includes an output variable specific to methamphetamine and crystal methamphetamine.
Scott et al (2020). The feasibility and utility of using coded ambulance records for a violence surveillance system: A novel pilot study. Trends & issues in crime and criminal justice, No. 595 April 2020, Australian Institute of Criminology.	The primary aim of this study was to explore the feasibility of using coded ambulance data for violence surveillance. These findings demonstrate the utility of ambulance data for surveillance of interpersonal violence. The introduction mentions past research into methamphetamine and violence, as well as the Ice Action Plan, but none of the data is methamphetamine specific.

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