



SIGGINS MILLER

**Evaluation and Monitoring of the
National Drug Strategy 2004-2009**

Final Report

Appendices

Siggins Miller, April 2009

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Appendix A: Project Working Group for the Evaluation and Monitoring of the National Drug Strategy 2004-2009

Members

Mr Keith Evans, IGCD Member, Executive Director, Drug and Alcohol Services South Australia

Professor Margaret Hamilton, Co-Deputy Chair of ANCD, Chair, Multiple and Complex Needs Panel, Victoria Health, Previously: Director, Turning Point Alcohol and Drug Centre (Victoria), Research Team member, Drug Policy Modelling Program, UNSW

Mr Craig Harris, IGCD Executive, Assistant Secretary of National Law Enforcement Policy Branch, Australian Government Attorney General's Department, Member, Law Enforcement Reference Group, Cannabis Strategy - NDARC

Ms Virginia Hart, IGCD Executive, Assistant Secretary of the Drug Strategy Branch, Australian Government Department of Health and Ageing

Commissioner Jack Johnston, IGCD Executive, Commissioner, Tasmania Police, Former: Member, ANCD

Dr Kevin Lambkin, IGCD Executive, Director Alcohol, Tobacco & Other Drugs Unit, Queensland Health

Mr Gino Vumbaca, Executive Officer of the ANCD Secretariat

Terms of reference for the Project Working Group

The role of the Project Reference Group for the evaluation and monitoring project of the *National Drug Strategy: 2004-2009* is to:

1. Provide advice and support to the evaluation team regarding management of risks and challenges to the evaluation
2. Provide advice and input on the development of program logic and other evaluation tools and methodologies
3. Provide advice on stakeholder mapping and analysis
4. Facilitate the acquisition of information and access to stakeholders
5. Provide feedback on key consultation instruments and processes and draft documents.

Appendix B: List of informants

- Mr Moses Abbatangelo, Acting Operations Manager, Alcohol & Drug Council of Australia (ADCA), Director and Reference Group Chair, Indigenous and Torres Strait Islander Reference Group for ADCA
- Professor Robert Ali, Director Clinical Policy & Research, Drug & Alcohol Services SA, Member ANCD Executive, Member Performance and Image Enhancing Drugs Working Party, Chair Asia Pacific Drug Issues Committee of ANCD, Technical Advisor Methamphetamine Campaign (Cwlth), Advisor on South Australia Drug Issues DASAR
- Professor Steve Allsop, Director NDRI, Member IGCD, Member National Preventative Health Taskforce (IGCD), Chair, Wholesale Alcohol Sales Data Working Group (IGCD), Member National Expert Advisory Committee for School Drug Education and Illicit Drugs, Chair, Capital City Lord Mayor Drug and Alcohol Advisory Group
- Honourable Terry Aulich, Executive Direction, Australian Council of State School Organisations
- Ms Kathryn Barnsley, Tobacco Control Adviser, The Cancer Council Australia, Tobacco Control Adviser, Tasmanian Cancer Council, Member Tobacco Issues Committee, Member of the former National Expert Advisory Committee on Tobacco
- Ms Nicky Bath, AIDS Council of New South Wales, Former Policy Officer, AIVL
- Ms Carol Bennett, Senior Program Manager, Beyond Blue
- Ms Cathy Beswick, Chief Executive Officer, Asthma Foundation
- Mr Sam Biondo, Executive Officer, VAADA
- Mr Andrew Blair, President Australian Secondary Principals Association, *ex officio* Member ANCD
- Ms Danielle Boone, Senior Advisor, Queensland School Drug Education Strategy, Health & Wellbeing, Department of Education, Training & the Arts, Queensland
- Professor Ron Borland, Co-Director, Centre for Tobacco Control, DHS Victoria
- Mr Martin Brickelson, Detective Inspector, Queensland Drugs Squad, Queensland Police Service
- Ms Marina Brkic, Senior Advisor Tobacco, Department of Health & Human Services, TAS, Member Tobacco Advertising and Sales over the Internet Working Group (IGCD)
- Ms Myra Browne, Director of Policy Strategy & Information, Drug & Alcohol Office, WA
- Ms Helen Butler, Senior Lecturer, School of Education, Faculty of Education, Australian Catholic University
- Associate Professor Tony Butler, Chairman, National Prison Health Information Group - Technical Expert Committee, NDRI
- Ms Helen Cahill, Deputy Director, Australian Youth Research Centre, University of Melbourne
- Ms Pauline Carlile, Acting Program Officer (NGOTGP), Health Strategies Branch, DoHA, NT
- Ms Mary Carmody, Senior Education Adviser, Behaviour Education Team, Catholic Education, SA
- Dr Tom Carroll, Director, Social Marketing & Research Consultant, Carroll Communications, Member Drug Offensive Campaign, NSW Health
- Professor Simon Chapman, School of Public Health, University of Sydney, Member National Preventative Health Taskforce
- Dr Tanya Chikritzhs, Senior Research Fellow & Project Leader, Alcohol Policy, NDRI
- Ms Nicola Clark, Acting Manager, Health Protection Service, Environmental Health, ACT Health, Member Tobacco Advertising and Sales over the Internet Working Group (IGCD)
- Mr David Clements, Executive Officer, Alcohol Tobacco & Other Drugs Council of Tasmania
- Mr Kieran Connolly, Program Leader, Training and Information Resources, Turning Point
- Mr Mark Cooper-Stanbury, Director, Population Health Cluster, Australian Institute of Health & Welfare (AIHW)
- Mr Simon Cotterell, Assistant Secretary, Drug Strategy Branch, DoHA

Mr David Crosbie, Chief Executive Officer, Mental Health Council Australia (Member ANCD), Member National Preventative Health Taskforce (IGCD)

Ms Joan Cruse, Acting Program Manager (NGOTGP), Health Strategies Branch, DoHA, NT

Ms Sharon Daniells, Executive Officer, Primary Health Section, DoHA, WA

Ms Carol Daws, CEO Cyrenian House WA, Treasurer, WANADA, Boarder Member Australian Therapeutic Communities Association, Member Dual Diagnosis Committee (WA)

Professor Louisa Degenhardt, NDARC, University of NSW, Member Technical Advisory Group NDSHS, Member Expert Advisory Committee for Comorbidity

Ms Helene Delany, Manager Alcohol & Other Drugs Unit, Policy Division, ACT Health, Member Tobacco Advertising and Sales over the Internet Working Group (IGCD)

Dr Paul Dietze, Associate Professor, Research Fellow, Monash Institute of Health Services Research

Mr Eric Dillon, Executive Director, Drug & Alcohol Office WA, Member Illicit Drug Diversion Initiative Evaluation Reference Group (IGCD)

Ms Margaret Donnon, Chief Executive Officer, Plastics and Chemicals Industries Association (PACIA), Member Scheduling Working Party, Member Precursor Working Group

Acting Inspector Tom Ebinger, Victoria Police

Ms Lesley Edwards, Executive Officer, South Australian Network of Drug & Alcohol Services (SANDAS)

Ms Sylvia Engels, Program Manager, Alcohol & Drugs Services, Department of Health & Human Services, TAS, Member IGCD, Member State Interagency Working Groups: Illicit Drugs Diversion Initiative, Amphetamine-Type Stimulants, Community Partnerships Initiative, IDRS/EDRS

Mr Keith Evans, Executive Director, Drug & Alcohol Services South Australia, former chair IGCD, former Member ANCD, Board Member NDARC, Member National Competition Policy Working Group (IGCD), Member Fetal Alcohol Spectrum Disorder Working Party (IGCD)

Mr Bruno Faletti, Manager, School Drug Education & Road Aware, Department of Education & Training, WA

Professor Jenny Fleming, Tasmanian Institute of Law Enforcement Studies, University of Tasmania, Board Member ADCA

Ms Meni Frawley, Contract Manager (NGOTGP), Health Strategies Branch, DoHA Victoria, Member IDDI State Reference Group

Ms Katie Fowden, Director of Media & Corporate Communications, Police, Fire & Emergency Services Department, NT

Ms Nicca Grant, Policy Advisor, Plastics and Chemicals Industries Association (PACIA), Member Scheduling Working Party, Member Precursor Working Group

Professor Dennis Gray, Deputy Director, NDRI, Member NIDAC (ANCD), Member National Indigenous Australian Alcohol Committee member

Dr Stefan Gruenert, Chief Executive Officer, Research & Program Evaluation Odyssey House, VIC, Member Executive Committee of the Australian Psychological Society's Interest Group on Substance Use, Member TADNET – family alcohol and drugs, Australian Delegate, United Nations Office of Drugs and Crime (UNODC)

Mr Christian Hall, Project Officer (NGOTGP), Rural & Population Health, DoHA, SA

Professor Margaret Hamilton AO, Chair Multiple & Complex Needs Panel, DHS Victoria, Member ANCD, Member National Preventative Health Taskforce, Member National Competition Policy Working Group (IGCD), Member Performance and Image Enhancing Drugs Working Party (IGCD), Member Evaluation and Monitoring of the National Drug Strategy 2004-2009 Working Group (IGCD), Member Illicit Drug Diversion Initiative Evaluation Reference Group (IGCD)

Superintendent Frank Hansen, Manager Drug & Alcohol Coordination, State Crime Command, NSW Police, Chair IGCD, Member ANCD, Member NIDAC (ANCD), Member NDLERF, Member National Drug Strategy Data Analysis Reference Group (IGCD)

Mr Craig Harris, Assistant Secretary, National Law Enforcement Policy Branch, Australian Government Attorney-General's Department, Member IGCD, Member NDLERF, Member Evaluation and Monitoring of the National Drug Strategy 2004-2009 Working Group (IGCD), Member Illicit Drug Diversion Initiative Evaluation Reference Group (IGCD)

Ms Virginia Hart, Assistant Secretary, Drug Strategy Branch, DoHA, Member IGCD, Member Illicit Drug Diversion Initiative Evaluation Reference Group (IGCD)

Mr Bill Healy, Chief Executive Officer, Australian Hotels Association

Mr Rod Henness, Detective Inspector, Drug Squad NSW State Crime Command, NSW Police

Mr Paul Henson, Senior Project Officer (NGOTGP), DoHA ACT

Ms Kerry Howard, Acting Director, Indigenous Programs & Psychostimulants Section, Drug Strategy Branch, DoHA

Mr Roger Hughes, Assistant Director, Diversion & Treatment Section, Drug Strategy Branch, DoHA

Mr James Hunter, Manager, Services & Development North, Drug & Alcohol Office, Health Department, WA

Ms Rikki Ismail, Senior Project Officer (NGOTGP), Primary Health Section, DoHA WA

Ms Michelle Jansen, Project Officer (NGOTGP) Population Health Section, Health Services Development Branch, DoHA NSW

Inspector Andrew Jay, Corporate Strategy & Performance, Victoria Police

Ms Anne Jones, Chief Executive Officer, Action of Smoking & Health (ASH), Member Cancer Council Australia's Tobacco Issues Committee, Member National Heart Foundation's Tobacco Issues Committee

Mr Peter Jones, Director, Policy Group, Australian Federal Police (Member IGCD), Member National Competition Policy Working Group (IGCD), Former representative of AFP National, NDLERF Board

Ms Kerry Kaye-Boss, Senior Development Officer, South Australian Network of Drug & Alcohol Services (SANDAS)

Mr Gary Kirby, Director, Prevention and Workforce Development, Drug & Alcohol Office WA, Member National Competition Policy Working Group (IGCD), Chair Wholesale Alcohol Sales Data Working Group (IGCD)

Mr Brian Lacey, Immediate Past President, Australian Catholic Primary Principals Association

Dr Kevin Lambkin, Director Alcohol Tobacco and Other Drugs Branch, Qld Health, Member IGCD, Member Tobacco Expert Advisory Group, Member Amphetamine Intervention Expert Advisory Group, Member Evaluation and Monitoring of the National Drug Strategy 2004-2009 Working Group (IGCD), Member Fetal Alcohol Spectrum Disorder Working Party (IGCD), Member Illicit Drug Diversion Initiative Evaluation Reference Group (IGCD)

Ms Melissa Langhorne, Director Environmental Health, ACT Health

Ms Belinda Law, Project Officer (NGOTGP), Population Health Section, Health Services Development Branch, DoHA NSW

Dr Nicole Lee, Senior Researcher Turning Point, Member ADCA Board, Member ATS Reference Group

Mr Jonathon Liberman, Director of Law & Regulation, Centre for Tobacco Control, DHS Victoria

Ms Kylie Lindorff, Policy Manager Quit, Cancer Council Victoria

Mr Michael Lockwood, Manager, Brisbane City Council, Qld

Ms Vanessa Long, Director, Sector Development NADA, Member NSW Drug and Alcohol Workforce Development Council

Ms Annie Madden, Executive Officer AIVL, former-Member ANCD, Member Drug Policy Modelling Program Advisory Committee, Member Cannabis Strategy Expert Reference Group, Member IDDI Expert Reference Group, Member National Comorbidity Reference Group, Member Joint Working Group IGCD and BBVs/STIs sub-committees

Ms Margarida Maia, Regional Manager, Southern Office, Drug & Alcohol Services South Australia

Ms Katherine Mann, Senior Policy Officer Drug & Alcohol Coordination, Queensland Police Service

Dr Maria Marriner, Manager Health Promoting schools, Student Services Division, Department of Employment, Education & Training, NT Government, former Member National Advisory Committee on School Drug Education (IGCD), Chair National School Drug Education Committee (NT)

Ms Penny Marshall, Director Tobacco & Drug Prevention Section, DoHA, Member Tobacco Advertising and Sales over the Internet Working Group (IGCD)

Professor Lorraine Mazerolle, School of Criminology & Criminal Justice Griffith University; Deputy Director Key Centre for Ethics, Law, Governance & Justice

Mr Michael McFadden, Coordinator of Performance Evaluation, Australian Federal Police

Mr David McGrath, Director Mental Health & Drug & Alcohol Office, NSW Department of Health, Deputy Chair IGCD, Member Illicit Drug Diversion Initiative Evaluation Reference Group (IGCD), Member National Drug Strategy Data Analysis Reference Group (IGCD)

Ms Julia McLauchlan, Program Officer, National Committee Alcohol & Other Drugs, Brisbane City Council Qld

Ms Tanya Merinda, Program Manager, NADA

Assoc Professor Richard Midford, Project Leader, NDRI

Mr Chris Milton, Director, Drug Strategy Branch, DoHA

Ms Jude Monro, Chief Executive Officer, Brisbane City Council, QLD

Mr Geoff Munro, Director Community Alcohol Action Network, Australian Drug Foundation

Ms Esme Murphy, Manager Children & Youth Team, Tasmania State Office, DEEWR

Ms Peta Nelson, Acting Manager (NGOTGP), Health Programs, DoHA ACT

Ms Robyn Nicholson, Assistant Director, Student Wellbeing Section, DEEWR

Mr Wesley Noffs, Chief Executive Officer Ted Noffs Foundation, former Member ANCD, Member NSW Drug and Alcohol Workforce Development Council, Member Advisory Board of Cannabis Prevention and Information Centre (NDARC), Member Editorial Committee *Of Substance* (ANCD), Member NADA

Ms Coralie Ober, Research Fellow, Queensland Alcohol & Drug Research & Education Centre (QADREC), Deputy Co-Chair, NIDAC (ANCD)

Mr Brett O'Connor, Acting Principal, Health & Wellbeing, Student Services, Department of Education, Training & the Arts, Qld

Professor Ian Olver, Chief Executive Officer, Cancer Council of Australia

Ms Jane Padgett, Senior Project Officer (NGOTGP), Primary Health Section, DoHA, WA

Mr Tim Pfitzner, Acting State Coordinator, Drug & Alcohol Policy, South Australia Police, Member Secondary Supply of Alcohol Working Group (IGCD), Member Wholesale Alcohol Sales Data Working Group (IGCD), Member National Inhalant Abuse Coordination Group (IGCD)

Mr Larry Pierce, Chief Executive Officer NADA, Member Expert Advisory Group for Illicit Drugs

Dr Ken Pidd, Deputy Director NCETA, Board Member ADCA, Chairperson Workplace Industrial Health and Safety Reference Group

Mr James Pitt, Chief Executive Officer Odyssey House McArthur Foundation NSW, Board Member ADCA, Chair Treatment and Rehabilitation Group, ADCA, Member Mental Health and AOD Quality Reference Group (NSW Health), Board Member NADA (NSW)

Ms Yvette Pollard, Policy & Research Officer, Beyond Blue

Mr Garth Pople, Executive Director We Help Ourselves (WHOS), Member ANCD, President, Australasian Therapeutic Communities Association (ATCA), Board Member Network of Alcohol and other Drug Agencies (NSW), Board Member International Council of Alcohol and Addictions

Mr Paul Purdy, Program Manager (NGOTGP), Primary Health Section, DoHA WA

Ms Karen Price, Manager Operations & Development, NDARC, Member National Drug Strategy Data Analysis Reference Group (IGCD), former Member Evaluation and Monitoring of the National Drug Strategy 2004-2009 Working Group (IGCD)

Ms Robyn Ramsden, Senior Project Officer, Drug Education, Targeted Initiatives Unit, Department of Education & Early Childhood Development, Victoria

Dr Adrian Reynolds, Clinical Director Alcohol & Drug Service, Statewide Specialist Services, Tasmania

Professor Alison Ritter, Director Drug Policy Modelling Program (DPMP), NDARC, Member Editorial Board *Of Substance* (ANCD magazine)

Professor Ann Roche, Director NCETA, Member Performance and Image Enhancing Drugs Working Party (IGCD)

Professor Robin Room, Acting Director Turning Point, Member National Preventative Health Taskforce, Member ADCA

Ms Jenene Rosser, Senior Education Officer, Independent Schools Queensland

Ms Della Rowley, Manager Tobacco Control Unit, Drug & Alcohol Services South Australia, Member Tobacco Advertising and Sales over the Internet Working Group (IGCD)

Adjunct Associate Professor Louise Rowling, Health Promotion Youth Project, University of Sydney

Ms Jill Rundle, Chief Executive Officer WANADA, Member CPI Funding Panel

Mr John Ryan, Chief Executive Officer Anex, Member Treatment Reference Group, National Amphetamine Strategy

Mr Murrie Ryan, Inspector, Drug & Alcohol Coordination Unit, Queensland Police Service

Mr Kos Sclavos, National President, Pharmacy Guild of Australia

Ms Barbara Scully, Manger (NGOTGP), Population Health Section, Health Services Development Branch, DoHA NSW

Mr Chris Shipway, Associate Director Drug and Alcohol, Clinical Policy, NSW Department of Health

Mr Shaun Singleton, Project Officer (Project STOP), Pharmacy Guild of Australia

Ms Dione Sloane, Assistant Director Tobacco & Drug Prevention Section, Drug Strategy Branch, DoHA

Ms Joanne Smith, Manager Strategic Policy & Partnerships – Centre for Health Advancement, NSW Department of Health

Ms Tamara Speed, Treatment & Policy Manager, Australian Injecting and Illicit Drug Users League (AIVL), Member NPI ERG

Dr Catherine Spooner, Senior Research Fellow, Centre for Social Policy Research, University of New South Wales

Ms Linda Stevens, Assistant Director Program & Policy, DEEWR

Ms Amber Summerill, Acting Unit Head, Drug Surveys & Services Unit, AIHW

Mr Chris Tanti, Chief Executive Director, Headspace

Ms Irene Tomaszewski, Acting Director Drugs Policy & Services Branch, Department of Human Services Victoria, Member Secondary Supply of Alcohol Working Group (IGCD)

Mr Tony Trimmingham, Founder Family Drug Support Australia, former Member ANCD

Mr Angus Tulley, Executive Officer, Catholic Secondary Principals Australia

Mr John Valastro, National Manager Border Targeting, Law Enforcement Strategy & Security Branch, Australian Customs Commission, former Member IGCD

Mr Gino Vumbaca, Executive Director ANCD, Member National Drug Strategy Data Analysis Reference Group (IGCD), Member Evaluation and Monitoring of the National Drug Strategy 2004-2009 Working Group (IGCD), Member Illicit Drug Diversion Initiative Evaluation Reference Group (IGCD)

Ms Sharyn Walsh, Assistant Director Tobacco & Drug Prevention Section, Drug Strategy Branch, DoHA

Ms Deborah Ward, Manager (NGOTGP), Population Health Section, Health Services Development Branch, DoHA NSW

Ms Patricia Ward, Manager, Illicit Drugs, Drug & Alcohol Coordination, NSW Police, Member Illicit Drug Diversion Initiative Evaluation Reference Group (IGCD)

Professor Ian Webster, Chair Alcohol Education & Rehabilitation Foundation (AERF), President ADCA

Associate Professor Ted Wilkes, Chair NIDAC (ANCD), Member National Preventative Health Taskforce, Aboriginal Research Program NDRI, Member ANCD, Member Advisory Group in Information Collection, ABS / AIHW, Member Capacity Building Grant for the Development of Indigenous Scholarships

Mr Brian Wilkins, Detective Inspector Queensland Police Service, member National Precursor Working Group, Member National Clandestine Laboratory Database User Advisory Group (IGCD)

Mr Paul Willingham, Detective Inspector, National Criminal Intelligence, Australian Crime Commission, former Member National Clandestine Laboratory Database User Advisory Group (IGCD), Member Performance and Image Enhancing Drugs Working Party (IGCD)

Mr Nick Winton, Project Officer Project STOP, Illicit Drugs Section, Australian Government Attorney-General's Department

Dr Alex Wodak, Director, Alcohol & Drug Service, St Vincent's Hospital, Sydney NSW

Dr Dennis Young, National Executive Director Drug Arm Australasia; President and Chair, Queensland Network of Alcohol and Drug Agencies (QNADA), Member ANCD, Member Drug Education Committee (Queensland Education Department), Member Reference Committee for the Queensland Illicit Drug Diversion Initiative (QIDDI)

Ms Gabrielle Young, Assistant Director Tobacco & Drug Prevention Section, Drug Strategy Branch, DoHA

Appendix C: Informant interview general protocol



Evaluation and Monitoring of the National Drug Strategy: 2004-2009

Informant Interview Protocols

Project background

Siggins Miller has been engaged by the Department of Health and Ageing to undertake a two-year project to evaluate and monitor the *National Drug Strategy 2004-2009* (NDS). This project examines the NDS from the perspectives of health, law enforcement, and education sectors across government and non-government organisations, and research bodies. The goal is to evaluate comprehensively the effectiveness and efficiency of the NDS, identify future needs and opportunities for improvement, as well as monitor it during the period 2006-2009. The evaluation will form recommendations to enhance later iterations of the NDS.

It has four Components:

1. Evaluate the NDS as a policy framework that informs stakeholders in the development of their own drug-related policies and programs
2. Evaluate the outcomes of programs under the NDS, including cost shared funding model projects (CSFM projects)
3. Evaluate the roles and workings of the advisory structures that inform the development and implementation of the NDS
4. Monitor the performance of the NDS with regard to actual and potential drug issues and drug trends in Australia

Siggins Miller

Siggins Miller is an Australian company committed to working collaboratively to deliver high quality outcomes for clients and stakeholders by providing policy and program research, evaluation and management consultancy services to clients in the health, social and related sectors. We were a key contributor to the Ministerial Council on Drugs Strategy development of the *National Drug Strategy: Aboriginal and Torres Strait Islander Complementary Action Plan 2003-2009*.

Members of this project team are Dr Mel Miller, Professor Ian Siggins, Professor Robert Bush, Professor Wayne Hall, Mr David McDonald, Ms Geraldine Cleary, Dr Sally Lai, Dr Crissa Sumner and Ms Bonnie Ho.

A key part of this project is informant interviews. Informant interviews are used in conjunction with information collated from relevant documentation and other existing data sources to inform each Component of the project.

Thank you for agreeing to contribute to the NDS Evaluation by participating in a semi-structured interview about the NDS based on your knowledge and experiences. Please find attached the interviewer's protocol for your information. It is provided to assist the interviewer to enter into a conversation with you regarding issues of interest to you and this evaluation. Please feel free to comment in as much or as little depth as your experience allows.

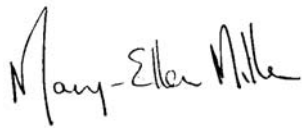
As a stakeholder of the NDS, we would like to invite you to contribute to this evaluation by participating in a semi-structured interview about relevant components of the NDS based on your knowledge and experiences. Please feel free to comment in as much or as little depth as your experience allows.

Your participation in this consultation process is entirely voluntary and you may withdraw your participation at any time, for any reason. All the information that you provide will be used solely for the purpose of this project and will remain confidential and anonymous.

If you have any questions or concerns about your participation in this consultation process, please feel free to contact Siggins Miller on 07 3374 2801 or mail@sigginsmiller.com.au.

We value your input and time and look forward to working with you on this important project.

Warm regards,

A handwritten signature in black ink that reads "Mary-Elle Miller". The signature is written in a cursive style with a large initial 'M'.

Siggins Miller

General Protocol for NDS Components 1 - 4

Part A: General Information

1. Name:
2. Position:
3. Organisation:
4. Roles/committees/working groups in relation to the NDS (ensure all roles and functions are listed):
5. Professional background:

PART B: The NDS Policy Framework

Please discuss the role of the NDS in informing drug policies and strategies across levels of government and sectors by considering the following (prompt for specific examples around options):

1. The objectives and priorities of the NDS and uptake of NDS objectives and priorities by the Commonwealth, State, Territory and local governments
2. How the NDS has informed
 - Resource allocation decisions
 - Processes for developing, implementing and evaluating drug strategies and policies
3. The role of the NDS in facilitating consistency or coherence in drug policies and strategies across jurisdictional and sectors (eg similarities and differences across jurisdictions and sectors)
4. The impact of drug strategies, policies or initiatives that occurred outside the NDS framework
5. The impact of contextual factors (eg at the system, organisation, personnel and community levels) (prompt specifically around committee structures)
6. What improvements might be made?
7. The extent to which the NDS is a top down or bottom up strategic influencing process and the implications of this.

PART C: NDS Program Outcomes

For the purposes of this evaluation the programs of the NDS include:

- The National Illicit Drug Diversion Initiative,
- Community Partnerships Initiative
- The Amphetamine-type Stimulants Grant (under National Illicit Drug Strategy – Commonwealth grants to NGOs commencing December 2007),
- The Non Government Organisation Treatment Grants Program
- The National Alcohol Harm Reduction Strategy,

- The National Drug Strategy Campaigns (Alcohol Tobacco Illicit Drugs),
- National Cannabis Control and Prevention Centre,
- National Comorbidity Initiative,
- The Cost Shared Funding Model projects (new and ongoing),
- The four national research centres: National Drug and Alcohol Research Centre (NDARC), National Drug Research Institute (NDRI), National Centre for Education and Training on Addiction (NCETA), National Drug Law Enforcement Research Fund (NDLERF)

Which of these can you comment on?

Taking those you feel you can comment on, please discuss the programs of the NDS by considering the following:

1. To what extent in your state/territory was it implemented? If not, why?
2. What determines any significant variation in implementation between and/or within States and Territories?
3. Impact of the NDS program of effort on drug-related outcomes in Australia

Prompts: Factors associated with successful program outcomes/things that made a difference

- Do you think the program can be demonstrated to be evidence-based or effective?
- Did the program achieve penetration within its implementation timeframe?
- Was an evaluation conducted? If so, did the evaluation approach include an understanding of local issues that you think would have an impact on the achievements of the NDS?
- Have the evaluations informed the development of public policy more broadly or initiatives in your area of responsibility?
- Do you have any evidence that these programs are preventing the uptake of harmful drug use and reducing the harmful effects of licit and illicit drugs?

Prompts: If so, what evidence do you have that they have achieved:

- Improved public amenity
 - Reduced drug use and drug-related fear
 - Reduced supply of drugs
 - Prevention of harms caused by licit and illicit drugs and other substance-mortality and morbidity
 - Minimisation of the harms caused by licit and illicit drugs and other substances
4. Impact of other related contextual factors (at the system, organisation, personnel and community level) on the outcomes of NDS programs

Prompt: Non-program factors

- Other ways national programs/initiatives are developed and implemented outside the NDS processes eg “COAG Mental Health” funding, National Hepatitis C Strategy: 2005-2008

Prompt: Program factors

- Buy in, participation and support from jurisdiction

PART D: The NDS Advisory Structures

Please discuss the role of the NDS Advisory Structures by considering the following:

1. Processes for formulating advice on the development and implementation of drug policies/strategies/initiatives/programs?
 - Strengths and limitations of the advisory structures
2. Use of evidence in formulating advice by the advisory structures
 - a. Type of data sources or evidence used
 - b. Factors affecting the use of evidence
3. Role of the advisory structures in facilitating the uptake of the Strategy and its implementation by stakeholders?
4. Impact of advice provided through the advisory structures on NDS decision making
5. Issues that have been progressed without the standard NDS advisory structure processes
 - Experience and impact of alternative structures and processes used to develop and implement the NDS eg Comorbidity and Diversion Initiatives
6. Impact of contextual factors (at the system, organisation, personnel and community level) on the capacity of the advisory structures to inform the development and implementation of the NDS

PART E: Monitoring Drug-related Issues and Trends, and the Performance of the NDS

Please discuss the capacity to monitor drug-related issues and trends, and the performance of the NDS by considering the following:

1. Data collections for monitoring drug-related issues and trends in Australia
 - Strengths and limitations (e.g., usefulness, accessibility, timeliness)
 - Additional data collections or indicators needed
2. Adequacy of resources for monitoring and reporting of drug-related issues and trends
3. Impact of contextual factors (at the system, organisation, personnel and community level) on the capacity to monitor drug issues and trends in Australia
4. Monitoring and measuring NDS outcomes
 - Adequacy of current investment in monitoring and evaluating NDS activities
 - Usefulness and timeliness of NDS monitoring and evaluation reports
 - Actions or activities needed to more adequately measure the outcomes of the NDS (e.g., commissioning of additional data collections)

PART F: General Comments

Do you have any other comments in relation to the NDS?

What specific improvements would you suggest in terms of objectives and targets and advisory structures and implementation processes?

Appendix D: Informant interview protocols – set 1 case studies

Protocol for Set 1 Case Studies Components 1 - 4

General Information

Name:

Position:

Organisation:

Roles/committees/working groups in relation to the NDS (record all roles and functions):

Professional background:

Component 1 Case Study: The National Alcohol Strategy

Alcohol has substantial impacts on the Australian economy. A wide range of social and health harm is associated with excessive alcohol consumption. The *National Alcohol Strategy: 2006-2009* (the Strategy) is therefore of particular interest and importance as a core strategy under the NDS. This case study examines the extent to which this Strategy provides coherence in alcohol-related strategies and policies across jurisdictions (Commonwealth, State, Territory and local government) for the health, law enforcement and education sectors. It will be a single case study design and its main data sources will be alcohol related strategy and policy documents and informant interviews.

Discussion topics

(Prompt for specific examples and commonwealth, state, local government level and in the private and non-government sectors following general comments so that an evidence base is developed to justify options):

1. The Strategy's coverage of health, law enforcement and education sectors
2. Capacity of the Strategy to inform –
 - Resource allocation
 - Processes for developing, implementing and evaluating alcohol strategies and policies at the State, Territory and local government levels
3. Mechanisms for disseminating the Strategy at jurisdictional levels
4. Uptake of the Strategy at jurisdictional levels (prompt for areas of uptake in policy, programs law enactment across health education and law enforcement – attempt to see if these changes relate to the strategy or to other events)
5. Similarities and differences in alcohol strategies and policies across –
 - Jurisdictions
 - Health, law enforcement and education sectors
6. Activities and events that have happened outside the strategies' influence
7. Impact of contextual factors (at the system, organisation, personnel and community level) on the Strategy's capacity to provide coherence in alcohol policies and strategies across jurisdictions and sectors
8. The overall impact and value of national strategies like this and how they might be made more effective.

Component 2 Case Study: Project Stop

Project STOP is a centralised pharmacy database system which enables real-time reporting of unusual pseudoephedrine sales. It also allows pharmacists to request the identification of purchasers and law enforcement agencies to access the information to identify and track suspicious sales.

It aims to reduce the supply of pseudoephedrine-based medications which can be used for the illegal manufacture of methamphetamines such as speed or “ice”. Project STOP was established as part of the National Strategy to Prevent the Diversion of Precursor Chemicals into Illicit Drug Manufacture (National Precursor Strategy). It is funded by the Australian Government through the Attorney-General’s Department and implemented by the National Pharmacy Guild of Australia. It is therefore of interest and importance as a program of the NDS.

As a case study, Project STOP will illustrate how partnerships – including with the chemicals industries, community pharmacies and law enforcement – have been fostered and in particular, how they have operated to reduce the supply of precursor chemicals (in this case pseudoephedrine) into illicit drug manufacture. This case study will also examine the synergy between the NDS and the National Precursor Strategy to see how they combine to create partnerships and achieve tightened controls on precursor chemicals. It will be a single case study design using documents and informant interviews as its main data sources.

Discussion topics

1. Development and implementation Project STOP?
 - Nature of Project Stop partnership processes including differences across jurisdictions
 - Mechanisms for establishing and fostering Project Stop partnerships overtime?
2. Impact of contextual factors (at the system, organisation, personnel and community level) on the capacity of Project STOP to deliver effective partnerships?
3. Outcomes achieved as a result of Project Stop
4. Contribution of Project STOP partnerships to the Project STOP outcomes?
 - Program delivery
 - Knowledge transfer
 - Infrastructure
 - Provision of new regulations
 - Other
5. Impact of factors, other than Project STOP partnerships, which have contributed to achieving the Project STOP outcomes?
6. Unintended outcomes of Project Stop
7. Evidence informed development and implementation of Project STOP:
 - Evidence regarding collaborative partnerships
 - Detecting labs and levels and patterns of arrests and amphetamine use
 - Supply reduction strategies
 - Adverse health outcomes related to amphetamine use
8. Congruence of NDS and the National Precursor Strategy and National Illicit Drug Strategy
 - Allocation of resources to Project Stop and other programs designed to reduce the supply of precursor chemicals into illicit drug manufacture, under the NDS and the National Precursor Strategy.
 - Activities or programs to reduce the supply of pseudoephedrine into illicit drug manufacture, which have occurred outside the NDS or the National Precursor Strategy
 - To what extent have other programs enhanced or diminished the aims or outcomes of Project STOP?

The *National Psychostimulants Initiative* (the Initiative) aims to address the health and social problems associated with increased availability and use of psychostimulants. The Initiative focuses on identifying treatment options for drug users, developing and delivering workforce training, developing guidelines to manage aggressive behaviour associated with amphetamine use, and developing and distributing national information and resources including information about the risks of using drugs, and the choices that young people have in resisting use of these drugs. In 2005-06, the Australian Government provided funding to address emerging trends in illicit drug use, including a further \$10.7 million to enhance the National Psychostimulants Initiative.

The Expert Reference Group on Psychostimulants is responsible for providing advice to the Australian Government Department of Health and Ageing on the implementation of the National Psychostimulants Initiative. Currently the Initiative focuses on dissemination of guidance and training resources to strengthen the capacity of workers to more effectively address the needs of people using psychostimulants.

This case study examines the functions processes and outcomes of this Expert Reference Group on Psychostimulants (ERG). This ERG provides an interesting and informative case study on the role of the advisory structures in policy formulation and the use made of evidence and expert advice in that process. A single case study design will be employed with documents and informant interviews as the main data sources.

Discussion topics

1. Process by which psychostimulants was included in the agendas of the NDS advisory structures, and the formation of the ERG
2. Process by which the ERG formulated advice on the development and implementation of this Initiative
 - Was it informed by research evidence?
 - What data sources or evidence were used and how useful were they?
 - What expert advice was provided, how was it sought and how was it used?
 - To what extent was the Initiative developed and implemented in accordance with the advice provided?
3. The impact of the ERG on the uptake of this Initiative across jurisdictions (including government and non-government, private and not-for-profit sectors)?
4. The extent to which the advisory structures and the ERG have been able to proactively address the aims of the Initiative (ie to address the health problems associated with the increased availability and use of psychostimulants)?
5. The extent to which the ERG has been able to respond to challenges and overcome barriers associated with implementing this Initiative?
6. Impact of contextual factors (at the system, organisation, personnel and community level) on the capacity of the advisory structures and the ERG to support the development and implementation of this Initiative?

Component 4: Impacts of an NDS Data Collection: The case of the IDRS/EDRS

The case study for Component 4 uses the IDRS/EDRS to examine the impact of National Drug Strategy (NDS) data information systems on monitoring emerging drug issues and trends and as an evidence base for drug policies in Australia. The IDRS/EDRS represents an important data collection under the NDS as it functions as an early warning system for monitoring illicit drug trends.

This case study will examine the contribution of an NDS data collection, the IDRS/EDRS, in (a) monitoring emerging drug issues and trends and (b) informing policy activity. In particular, by drawing on examples of actions that have been data-driven and also cases where data did not translate into action, this case study will demonstrate the capacity of these systems to prompt action. It will also comment on enhancements and potential areas of vulnerability of the data information systems during the life of the NDS.

Discussion topics:

1. The IDRS/EDRS data collection
 - Role in monitoring emerging drug issues and trends
 - Strengths and limitations in terms of meeting established criteria of excellence for monitoring emerging drug issues and trends
2. IDRS/EDRS findings
 - Methods of dissemination
 - Use of findings
 - Impact on NDS policy activity
3. Impact of contextual factors on the perception and use of IDRS/EDRS findings
4. IDRS/EDRS policy communities
 - Key members and their impact
5. Leanings from the IDRS/EDRS

Appendix E: Informant interview protocols – set 2 case studies

Protocol for Set 2 case studies Components 1 - 3

General Information

1. Name:
2. Position:
3. Organisation:
4. Roles/committees/working groups in relation to the National School Drug Education Strategy (record all roles and functions):
5. Professional background:

Component 1 Case Study: The National School Drug Education Strategy (May 1999)

Drug use and abuse have significant adverse impacts on health, social as well as educational outcomes for young people. As part of a larger program of effort to tackle drug issues through education initiatives, there is wide recognition that schools have an important role in educating young people about drug-related harm. The *National School Drug Education Strategy: May 1999* (the Strategy) aimed to strengthen educational programs and supportive environments for youths by addressing drug issues in the school context. Its goal of ‘no illicit drugs in schools’ was endorsed by the Ministerial Council on Education, Employment, Training and Youth Affairs (MCEETYA) in December 1997. Initiatives under the Strategy are intended to enhance the resilience of school students to prevent drug experimentation and use, as well as provide appropriate referrals and interventions. A total of \$47.5 million has been provided from 1999-2000 to 2007-2009 for school drug education through the Strategy. This case study examines how the Strategy influences the ways in which drug issues are addressed in schools and how the provision of national policy leadership, along with financial and other resources through the Strategy, influence and promote national consistency and enhance the capacity of schools to address drug issues.

Discussion topics

1. Overview of the Strategy
 - Strengths and benefits
 - Limitations
2. Content of the Strategy
 - Balance between prevention (demand reduction), harm reduction and law enforcement strategies
 - Balance in focus between illicit and licit drugs
3. Mechanisms or processes to develop and disseminate the Strategy at the State and Territory levels and across the government, independent and Catholic school systems
 - Effectiveness of these mechanisms or processes
4. Role of the Strategy in informing resource allocation and processes for the development, implementation and evaluation of school drug education strategies and policies at the State and Territory levels and across school systems
 - Factors that influence the capacity of the Strategy to inform jurisdictional drug education strategies and policies
5. Similarities and differences in school drug education strategies and policies across the States and Territories and school systems

6. Capacity of the Strategy to address the needs of school communities (including schools, teachers, students, parents, local communities) in different environments (eg rural areas, Indigenous communities, cultural groups, across age groups)
7. Factors that influence the capacity of the Strategy to meet these needs
8. The extent to which the Strategy is evidence-based, and how this has been achieved.
9. Capacity of the funds and other resources made available under the Strategy to advance its aims
10. Balance in the distribution of funding for different types of initiatives
11. Impact of contextual factors (at the system, organisation, personnel and community level) on the Strategy's capacity to provide national consistency in school drug education policies and strategies

Component 2 Case Study: Non-Government Organisation Treatment Grants Program

The NGOTGP was implemented nationally under the *National Illicit Drug Strategy* (NIDS) and has been operating since 1997. Since the program's inception in 1997 and until the end of the 2007-08 financial year, the Commonwealth Government has provided approximately \$148 million in allocated funding to the NGOTGP. In the life of the current NDS 2004 – 2009, the Commonwealth Government has provided more than \$65 million over four years (2002-03 to 2005-06) through two funding rounds. The first funding round was for ongoing services and the second round was for new services, resulting in 2005-06 in 177 NGOs receiving funding to provide a range of treatment services. The NGOTGP currently provides funding to 169 NGOs to operate a range of alcohol and drug treatment services. The funding for the new services was extended to 2007-08. The current round of NGO contracts is due to expire on 30 June 2008. In addition to these ongoing funding commitments, the 2007-2008 federal Budget allocated additional funding of \$79.5 million over the four years (2008-09 to 2012-13) to expand the NGOTGP to better support families and youth. In June 2008 the Minister approved NGOTGP funding of \$134.4 million over the next 3 years (2008-09 to 2011-12) to 197 organisations. Funding agreements commenced in mid June 2008.

Funding provided through the NGOTGP aims to strengthen the capacity of NGOs to achieve improved service outcomes and increase the number of treatment places available. Treatment options available under the NGOTGP include counselling, outreach support, peer support, home detoxification, medicated and non-medicated detoxification, therapeutic communities and in/out patient rehabilitation. Particular emphasis is placed on filling geographic and target group gaps such as women, youth, and families with children, comorbidity, psychostimulant users and Aboriginal and Torres Strait Islanders.

This case study will highlight issues associated with Commonwealth Government funding to treatment services and analyse any changes arising from this funding in terms of improved access to quality treatment and its contribution to the intended long-term outcome of reduced drug use and related harms.

Discussion topics

1. Overview of the NGOTGP funding
 - Strengths and benefits
 - Limitations
2. Use of evidence to inform the Commonwealth's NGOTGP funding allocations and processes (eg application and assessment processes, criteria for assessment performance and accountability)
3. NGOTGP funding allocation processes
 - The different processes for funding allocation

- How different processes for allocating NGOTGP funding supported the achievement of the NGOTGP's intended outcomes
4. Use of evidence and knowledge of constraints and opportunities at the local level to inform the implementation of the NGOTGP (to maximise the effectiveness and efficiency of the investment)
 5. Adequacy of NGOTGP funding to support implementation of treatment programs and achieve the intended outcomes
 - Prompt re amount of funding, timeliness, timeframe (eg 3 years) and security of funding
 - Prompt re scope of funding sufficient to address needs – types of services and target groups covered funding criteria
 6. Information sources available to quantify improved access to treatment
 7. How the performance of the NGOTGP monitored
 8. Evidence covering the extent and nature of improved access to treatment
 9. Other factors (at the system, organisation, personnel and community level) that influence the capacity of the NGOTGP to increase the number of treatment places available and improve access to quality treatment

Component 2 Case Study: Tobacco Legislation

Under the *National Tobacco Strategy 2004-2009* (the Strategy), jurisdictions committed to further use of regulation to reduce the use of, exposure to, and harm associated with tobacco in collaboration with non-government agencies to reduce the harms caused by tobacco smoking in Australia. To achieve this outcome, each Australian jurisdiction undertook to develop or update an action plan that included efforts to further use regulation to minimise commercial conduct that results in ill-informed, non-voluntary and unnecessarily harmful and costly use of (and exposure to) tobacco products by:

- Eliminating remaining forms of tobacco promotion
- Reducing the visibility of tobacco products and their accessibility to young people
- Recommending measures to make tobacco products less affordable
- Eliminating remaining exposure to environmental tobacco smoke among workers in many blue collar workplaces and address remaining exposure among clients and staff in publicly-funded (residential) mental health, health care and correctional facilities
- Developing a system which provides accurate and timely advice to consumers about the health risks of smoking
- Developing a regulatory system for tobacco products (and products designed to replace tobacco products)

In this case study, the influence of the Strategy on legislation relating to the package labelling of tobacco products and the restrictions on smoking in various environments will be examined. Differences in the implementation of these laws across jurisdictions will also be assessed to inform the extent to which there is consistency of effort across the States and Territories.

Discussion topics

1. Extent and nature of the development and implementation of tobacco legislation across jurisdictions
2. Influence of the NDS and the National Tobacco Strategy on the development and implementation of tobacco legislation in each jurisdiction
3. Congruence between jurisdictional tobacco legislation and the NDS/National Tobacco Strategy

4. Similarities and differences in tobacco legislation within and/or between States and Territories, and factors influencing variations in tobacco legislation within and/or between States and Territories
5. Role of evidence in informing the national program of tobacco legislation covering packaging and restrictions on smoking environments
6. Contributions of the tobacco legislation in achieving outcomes identified in the NDS and the National Tobacco Strategy
7. Activities or programs (outside the NDS Framework or the National Tobacco Strategy) that have enhanced or diminished the achievement of the aims of the tobacco legislation
8. Other factors (at the system, organisation, personnel and community level) that might have influenced the capacity of the national program of tobacco legislation to deliver the intended outcomes

Component 3 Case Study: AOD Workforce Issues: the advisory role of the National Drug Research Centres of Excellence

The development of the alcohol and other drug (AOD) workforce, organisations and systems was identified as one of the eight priorities as specific areas for future action within the National Drug Strategy 2004-2009. The National Drug Research Centres of Excellence – National Drug and Alcohol Research Centre (NDARC), National Drug Research Institute (NDRI) and National Centre for Education and Training on Addiction (NCETA) – are funded by DoHA to provide research into drug-related issues, including issues relating to the AOD workforce. This case study addresses the NDS priority of workforce planning and development. Specifically, it will analyse the contribution of the national research centres in providing advice on AOD workforce issues.

Discussion topics:

1. Emergence of AOD workforce issues on the agenda of the NDS advisory bodies
2. Processes through which the advice of national research centres was sought by the NDS advisory bodies
3. Processes undertaken by the national research centres to formulate advice on, and contribute to, AOD workforce development and planning
4. Nature of expert advice provided by the research centres
5. Extent to which the national research centres provided expert advice on workforce development to inform the NDS advisory bodies
6. Usefulness of expert advice on AOD workforce provided by the research centres
7. Extent to which expert advice was incorporated into the advice provided by the advisory structures in decision-making processes regarding AOD workforce development
8. Processes undertaken by the national research centres to promote their advice through the NDS advisory structures
9. Capacity of the research centres to act proactively to address the AOD workforce development as a priority of the NDS
 - Identify activities developed outside, as well as within advisory structures
10. Other factors (at the system, organisation, personnel and community level) that influence the capacity of the research centres to support the planning and development of the AOD workforce

Appendix F: Status of recommendations from the previous evaluation

Map of actioned recommendations from the Evaluation of the National Drug Strategic Framework 1998-99 – 2003-04 final report

Theme from the report	Recommendations from the evaluation	Implemented?			Comments
		Yes	Partly	No	
Impact of the NDSF	That the NDSF be continued for the next four years. That greater focus be placed on demand reduction.	✓ ✓			
Emerging trends: supply reduction	That there be a continued focus on the enhancement of the capacity of the law enforcement and intelligence sector to address variable mechanisms and sources of the supply of drugs. That the National Supply Reduction Strategy for Illicit Drugs (NSRSID) be formally included as a component of the NDSF.	✓		✓	
Emerging trends: harm reduction	That a national workforce development taskforce be established with a commensurate budget to both fund key strategic initiatives and advance sector training, professional identity and workforce development. That processes be adopted that integrate and disseminate current research and best practice findings into work practices.		✓	✓	A national workforce development taskforce has not been established but in its 2008 workshop, IGCD used <i>The National AOD Workforce Development Strategy: Scoping Paper</i> (prepared by NDARC) to inform development of a new Strategy. Evaluation of the NDRCE found a high level of program uptake of the products of the NDRCEs. The evaluation of the 2004 – 2009 phase of the NDS included a citation search which found that in the period 2004 - 2008 NDACRC published over 580 research documents NDRI 290, and NCETA 100, but dissemination still occurs in an unplanned manner, in the absence of a national drug research strategy.
Emerging trends: demand reduction	That the major focus of effort for the next phase of the NDSF be on prevention and demand reduction. That the concept of life transitions informs the prevention and demand reduction approach. That further public health education emphasis be placed on alcohol and tobacco as the major drug problems affecting many Australians.	✓	✓ ✓		Drug law enforcement continues to attract a higher proportion of resources than demand reduction. The treatment aspects of demand reduction have expanded, but only limited attention has been given to preventing drug use. The life transitions concept has not been systematically adopted as the core of prevention and demand reduction initiatives and it is not clear it should be. Partially implemented through NSDES. Funding of a new Tobacco campaign and the National Binge Drinking Initiative. Appointment of the National Preventative Health Taskforce.
Emerging trends: harm minimisation	That harm minimisation remain the core philosophy of the NDSF. That the focus and emphasis be on the three pillars rather than on the term harm minimisation.	✓ ✓			This recommendation confusingly links terminology and NDS implementation. The focus has remained on implementing the three pillars regardless of debates about terminology.

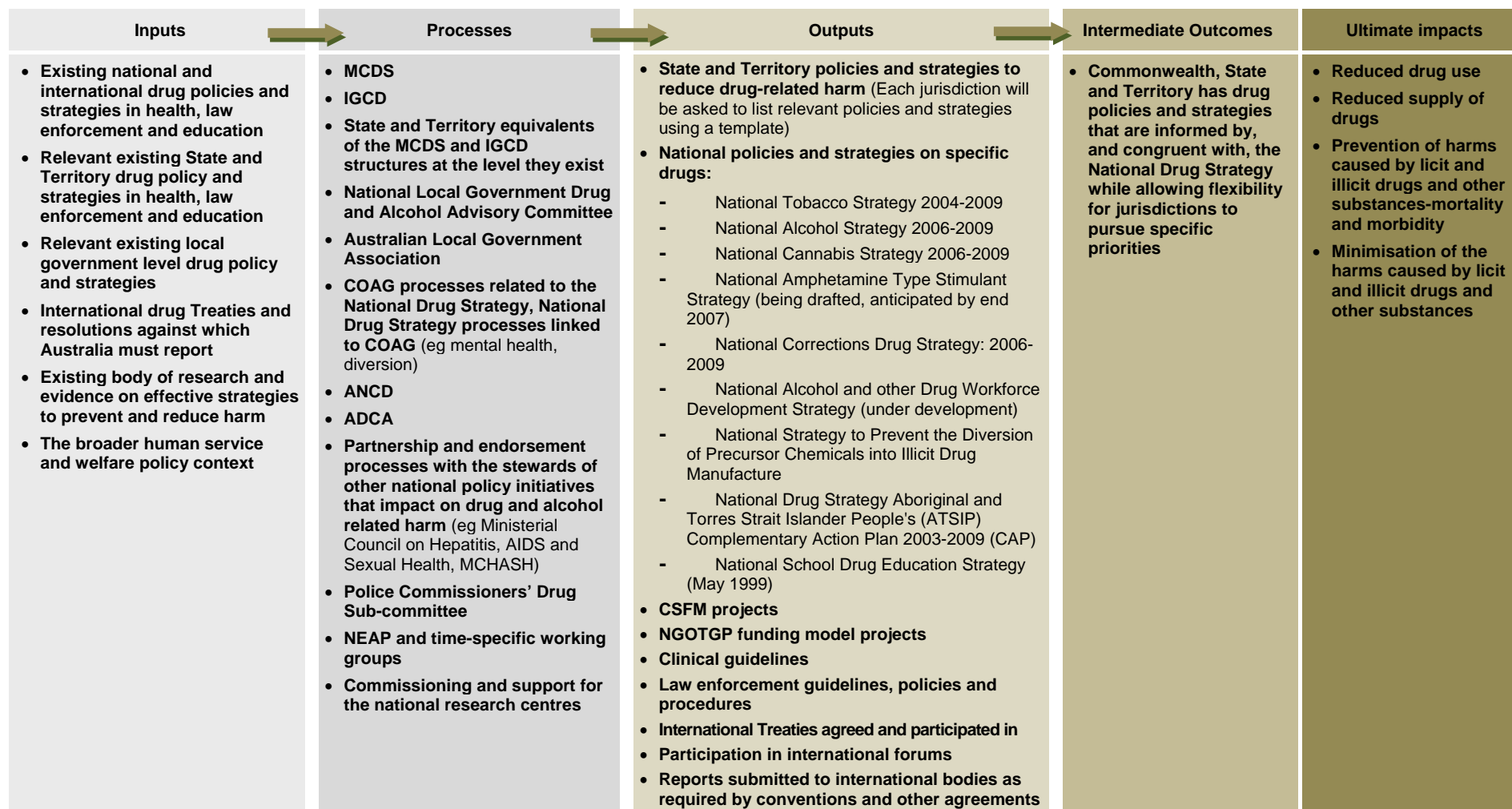
Theme from the report	Recommendations from the evaluation	Implemented?			Comments
		Yes	Partly	No	
	That a comprehensive communication strategy be developed to explain and promote Australia's philosophy to the community with specifically targeted approaches to key stakeholders.			✓	
Indicators	That the capacity and a process for meta-analysis and evaluation be established either through a stand-alone unit and/or a consultancy for the life of the next phase of the NDSF. That NDSF moves to an outcomes focus for all aspects of its work. That research and evaluation contribute to the development of an evolving evidence base.	✓	✓	✓	Evaluation of the 2004 – 2009 phase of the NDS is in train using a consultancy process Dissemination of research is well developed but dissemination of evaluation is limited. The absence of a national drug research strategy is problematic.
Gaps and deficiencies in data collection	That collaboration be developed between the research centres be strengthened. That an increased research focus on prevention and demand reduction be developed. That the research agenda include processes to include a wider range of participants through action research and participatory evaluation.	✓ ✓	 ✓		Ongoing with the commitment to implement the recommendations of the NDRCE to strengthen the collaboration between the centre We have seen a continuation of prioritising research into prevention and demand reduction. Little research into supply reduction is conducted in Australia apart from that undertaken by NDLERF Evaluation of the NDRCEs found that while there was some evidence of engagement with communities and service providers more work was needed
Action plan development processes	That the current model of national expert advisory committees be replaced with a range of consultative processes including expert panels, working groups, think tanks and consultative mechanisms to inform the work of the IGCD and the ANCD. That a broader range of expertise be engaged in the NDSF through flexible and time limited working groups. That clear terms of reference, leadership, membership and timeframe based on forward planning agendas be developed for each committee. That the membership of the committees and working groups include NGO representatives. That the process for appointment be transparent.	✓ ✓ ✓	 ✓ ✓		The former National Expert Advisory Committees were replaced with the NEAP and IGCD working groups and taskforces. Our analysis indicates that only some working groups worked to a clear TORs and work plans. Representatives of NGOs (eg ANCD), research centres and industry bodies were present in some working groups, but a majority of working groups chiefly comprised government stakeholders.

Theme from the report	Recommendations from the evaluation	Implemented?			Comments
		Yes	Partly	No	
Appropriateness of governance and management structures	<p>That leadership is provided to improve the public profile of the NDSF and maintain the partnerships between health and law enforcement.</p> <p>That education is included as a full partner in the strategy with a major role to play in prevention and early intervention.</p> <p>That local government is increasingly engaged.</p> <p>That law enforcement at the jurisdictional level review its involvement in the NDSF and ensure that there is consistency and continuity of representation and seniority to guarantee effective representation and decision making.</p>	<p>✓</p>	<p>✓</p> <p>✓</p> <p>✓</p>		<p>Our analysis indicates that IGCD has contributed significantly to the NDS during the period 2004-2008, although IGCD has been criticised for its limited leadership and lack of engagement by members. ANCD has continued to take the leadership role in raising a profile in the media and community.</p> <p>Local government representatives on working groups.</p>
ANCD – IGCD partnerships	<p>That a commitment to partnership be developed between ANCD and IGCD which would ensure consistency of vision, principles, activities, and advice.</p> <p>That a structural mechanism be inserted into the governance and management arrangements to effectively coordinate the activities of the ANCD and IGCD.</p>		<p>✓</p>	<p>✓</p>	<p>IGCD and ANCD have made efforts to work collaboratively (eg through regular IGCD-ANCD executive meetings, regular IGCD-ANCD updates) but their relationship continues to be limited.</p>
Working with other strategies	<p>That NDSF recognises the linkages between strategies and the need to address prevention in an integrated way with an emphasis on community capacity building.</p> <p>That increased emphasis is placed on the actual and potential partnerships with other national (and State/Territory) strategies which would strengthen the ability of the NDSF in its prevention and demand reduction efforts.</p>	<p>✓</p> <p>✓</p>			<p>Eg continued funding to the Community Partnerships Initiative and provided new funding to the National Binge Drinking Initiative and to re-invigorate the tobacco campaign</p> <p>Eg efforts have been made to involve stakeholders from OATSIH and FaCASHIA in NGOTGP funding round processes</p>

Appendix G: Agreed program logic models and outcome matrices for each component of the NDS

Program Logic Model Component 1: Evaluate the National Drug Strategy as a policy framework that informs stakeholders in the development of their own drug-related policies and programs

Objective: To establish whether or not the National Drug Strategy as a policy framework has informed the development of drug-related policies by stakeholders at each level of government, in each relevant sector (health, law enforcement, education) in the public, private and not for profit arenas

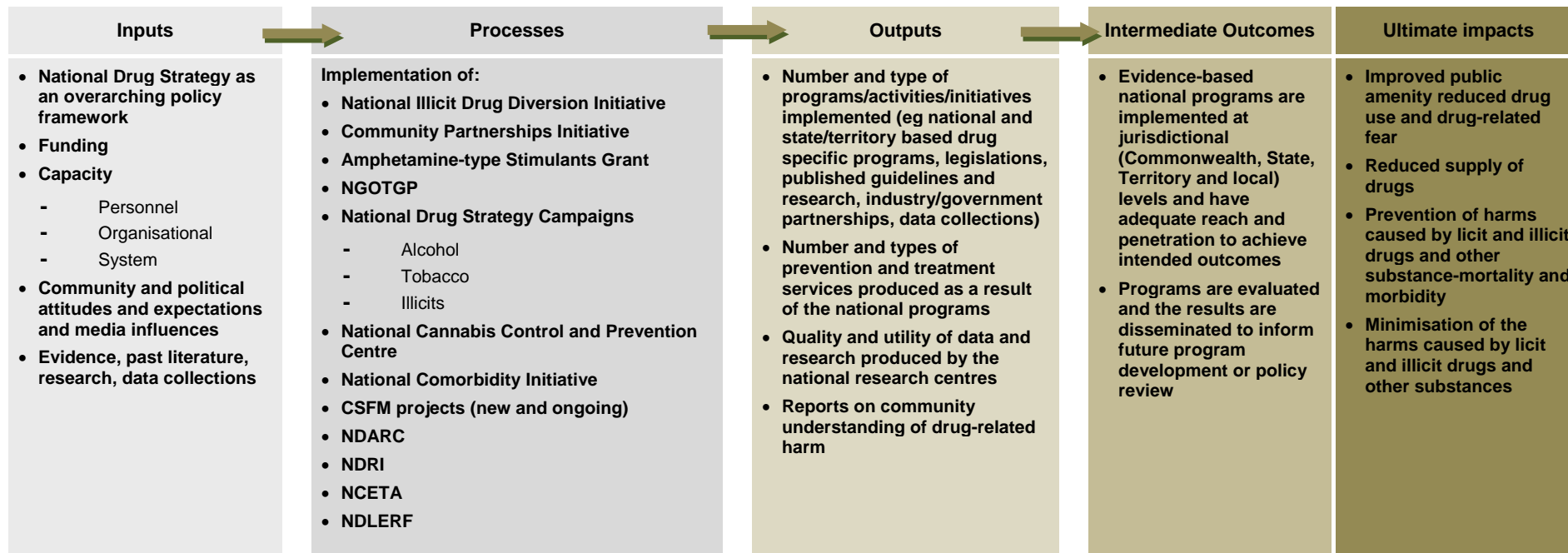


Component 1: Outcome Matrix

Intended outcome	Success criteria	Program factors affecting success	Non-program factors affecting success	Performance indicators (and data sources)
<p>Each Commonwealth, State and Territory has drug policies and strategies that are informed, by and congruent with, the National Drug Strategy while allowing flexibility for jurisdictions to pursue specific priorities</p>	<ul style="list-style-type: none"> Commonwealth, State and Territory government strategies and actions are aligned with the objectives of the National Drug Strategy A national program of effort that reflects the objectives under the National Drug Strategy Each jurisdiction (Commonwealth, State and Territory, Local) has strategies and policies that can be mapped against the objectives of the National Drug Strategy Cooperation among sectors (government and non-government) – law enforcement, health and others – in achieving the objectives of the National Drug Strategy The results of efforts to monitor and track drug use and emerging trends influence the review and development of policy at each of level of Commonwealth, State and Territory government and in health, law enforcement and education in the government and non-government sectors. The National Drug Strategy's content and processes align with the agreed principles of good practice public policy 	<ul style="list-style-type: none"> The broad nature of the statements of intent of the National Drug Strategy Buy-in and participation in MCDS processes Buy-in, participation and support from jurisdictions of IGCD and its members The nature of the MCDS and the IGCD governance structures and their links into other major government governance structures (eg Council Of Australian Government, Ministerial Council on Hepatitis, AIDS and Sexual Health (MCHASH)) Opportunities exist for NGOs and community groups (eg ANCD, ADCA, Australian Injecting and Illicit Drug Users' League) to shape and influence policy direction and strategy development and that their advice is sought and considered The availability of research, evaluation and evidence to guide policy development and implementation Activities across the law enforcement, health and education sectors work in concert to achieve the objectives of the National Drug Strategy Sufficient investment in the development and/or maintenance of workforce capacity in relation to policy development and policy relevant research Decision-makers and decision-making processes take into account research evidence and data in policy development 	<ul style="list-style-type: none"> Community lobby groups who do not support the objectives of the National Drug Strategy Impact of other related policies and strategies (eg National Hepatitis C Strategy: 2005-2008, National Mental Health Plan: 2003-2008, HIV/AIDS Strategy: 2006-2009, the draft National Corrections Drug Strategy: 2006-2009, non-drug law enforcement, education, housing) 'Static' such as media influence and public perception Influence of international policy positions on the Australian Government's positions under International treaties and conventions such as the: <ul style="list-style-type: none"> The Single Convention on Narcotic Drugs, 1954 as amended by the 1972 protocol. The Convention on Psychotropic Substances 1971 The Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances 1988 	<ul style="list-style-type: none"> Key informant interviews Case studies – National Alcohol Strategy: 2006-2009 Meta-evaluation of the previous evaluations of National Drug Strategy and sub-components Analysis of documentation of policies and strategies developed by Commonwealth, State and Territory government as well as key bodies Literature review of benchmarks of good public policy

Program Logic Model Component 2: Evaluation of the outcomes of programs under the National Drug Strategy, including cost shared funding model (CSFM) projects

Overarching Objective: To evaluate the nature of the National Drug Strategy programs and the extent to which they contribute to the achievement improved health, social and economic outcomes by preventing the uptake of harmful drug use and reducing the harmful effects of licit and illicit drugs in Australian Society



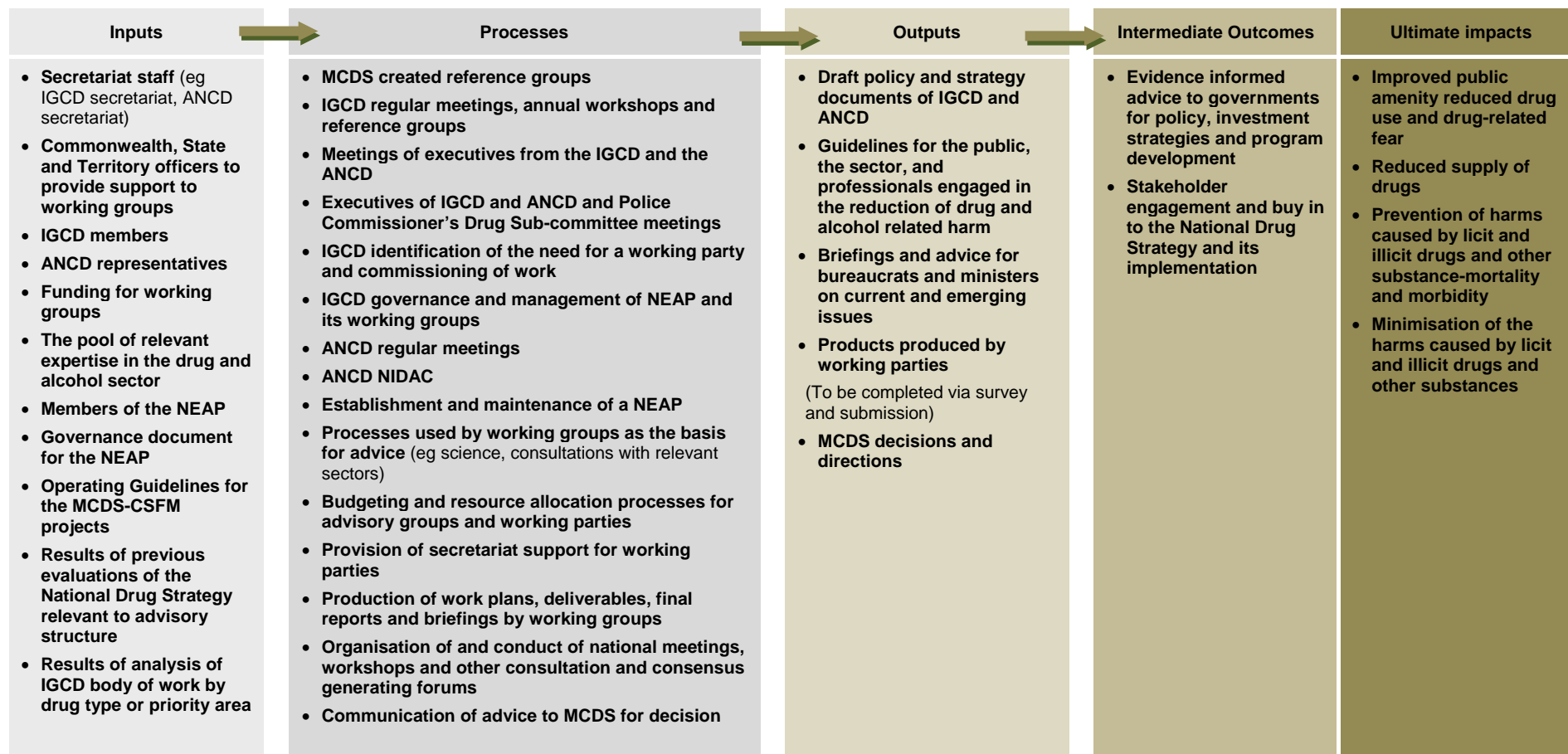
Component 2: Outcome Matrix

Intended Outcome	Success Criteria	Program Factors Affecting Success	Non-Program Factors Affecting Success	Performance Indicators (and Data Sources)
<p>1. Evidence-based national programs are implemented at jurisdictional (Commonwealth, State, Territory and local) levels and have adequate reach and penetration to achieve intended outcomes</p>	<ul style="list-style-type: none"> • Programs are developed collaboratively in line with evidence and knowledge of constraints and opportunities at the local level • Programs are implemented as planned • Evaluations demonstrate that programs are successfully implemented with adequate reach and penetration to maximise the chance of achieving the intended outcomes • Adequate resources (human and financial) are available to support the development, implementation and evaluation of programs/activities/initiatives • Sufficient capacity (eg leadership, political environment, governance, workforce, service providers, community engagement) to support the implementation and evaluation of programs at local levels 	<ul style="list-style-type: none"> • Evidence informed buy-in and participation in MCDS processes • Evidence informed buy-in, participation and support from jurisdictions of IGCD and its members • Sufficient funding available to develop implement and evaluate programs at local levels • Sufficient evidence-base is available to guide the program development implementation and evaluation • Sufficient program management capacity 	<ul style="list-style-type: none"> • Community lobby groups who do not support the objectives of the National Drug Strategy and/or a particular program • Impact of other related policies and strategies (eg National Hepatitis C Strategy: 2005-2008, National Mental Health Plan: 2003-2008, HIV/AIDS Strategy: 2006-2009, the draft National Corrections Drug Strategy: 2006-2009, "COAG Mental Health" funding, non-drug law enforcement, education, housing) • 'Static' such as media influence and public perception 	<ul style="list-style-type: none"> • Key informant interviews • Case studies • Meta-evaluation of NDS programs that have been funded for evaluation by DoHA • Analysis of relevant program documents developed by government as well as key bodies

Intended Outcome	Success Criteria	Program Factors Affecting Success	Non-Program Factors Affecting Success	Performance Indicators (and Data Sources)
<p>2. Programs are evaluated and the results are disseminated to inform future program development or policy review</p>	<ul style="list-style-type: none"> • Evaluations demonstrate that programs contribute to achievement of National Drug Strategy objectives • Evaluations demonstrate that jurisdictional programs are in line with the intention of the national programs • Evaluations address the extent to which program implementation at the local level is aligned with the objectives of National Drug Strategy and the evidence for, and intentions of, the national programs • Evaluations elucidate the impact of local implementation issues/variations within and across jurisdictions on the capacity across jurisdictions to implement the program and achieve the intended outcomes • The results of evaluations are policy relevant • The results of evaluations are readily accessible and widely disseminated • Public policy/initiatives are informed by the results of the evaluation of the programs 	<ul style="list-style-type: none"> • Evaluations are built in from beginning of the program • Evaluations are formative (action research process) as well as summative (content) • Evaluations have adequate timeframes • Quality and adequate funding of evaluation studies <ul style="list-style-type: none"> - Adequacy of evaluation timeframes - Timeliness of commissioning - Timeliness of reporting - The match between evaluation product availability and key decision making points • Evaluation includes communication strategy/dissemination plan which identifies stakeholders, analyses their roles and responsibilities, and targets information/products accordingly • Political or bureaucratic resistance to evaluation and dissemination • Buy-in and participation in MCDS processes • Buy-in, participation and support from jurisdictions of IGCD and its members 	<ul style="list-style-type: none"> • Availability of skilled evaluation workforce • Impact of government procurement processes on the quality of and access to skilled evaluators 	<ul style="list-style-type: none"> • Key informant interviews • Case studies • Meta-evaluation of National Drug Strategy programs that have been funded for evaluation by DoHA • Analysis of relevant program documents developed government as well as key bodies

Program Logic Model Component 3: Roles and workings of the advisory structure that inform the development and implementation of the Strategy

Objective: To inform the development and implementation of the Strategy through the IGCD, ANCD and working groups



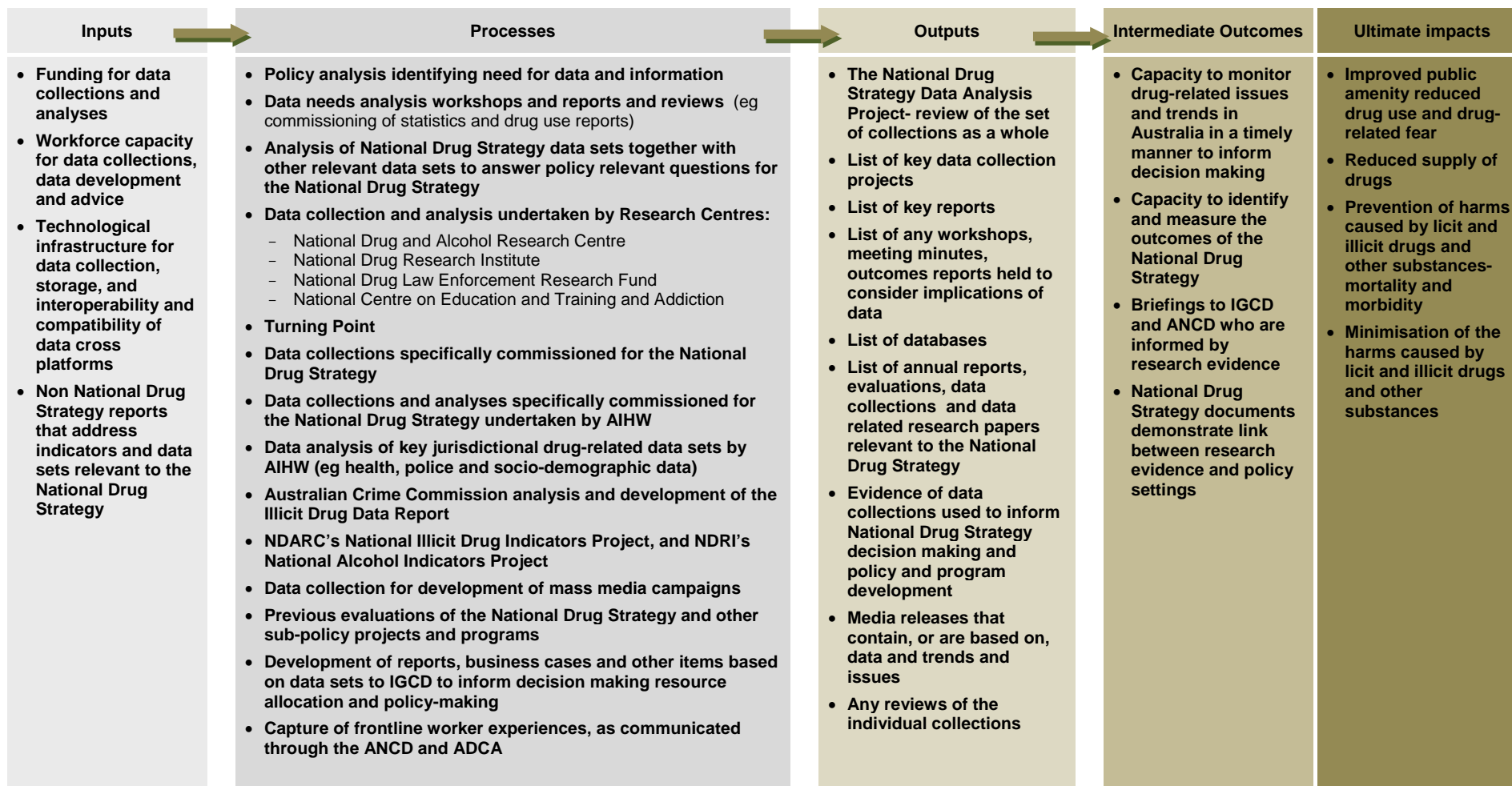
Component 3: Outcome Matrices

Intended outcome	Success criteria	Program factors affecting success	Non-program factors affecting success	Performance indicators (and data sources)
<p>1. Evidence informed advice to governments for policy, investment strategies and program development</p>	<ul style="list-style-type: none"> • Experts agree that the implementation of the National Drug Strategy is informed by evidence • Members of the IGCD and ANCD agree that they have available to them the best possible evidence and advice for decision-making • Government acceptance and utilisation of advice offered by IGCD, ANCD and their working parties • Advice is provided in a timely manner to inform responses to emerging issues • Advice is provided within timeframes and budget • Working groups work to clearly identified terms of reference with key deliverables and timeframes 	<ul style="list-style-type: none"> • Governance of the working parties • Quality of agenda and priority setting mechanisms • Resourcing of the working parties and collection of advice • Bi-partisan nature of the national drug strategy • Continued engagement and commitment to the MCDS of both law enforcement and health sectors • Role of the sectors other than health and law enforcement on MCDS 	<ul style="list-style-type: none"> • Political constraints-differing political perspectives of key stakeholders • Community attitudes and values • Media pressure • Special interest groups • Complexity of the determinants of drug-related harm • The availability of good evidence in many policy relevant areas • Industry stakeholders influence • Influence of international community on local policy decision making • Rapid onset of unpredictable harms in the community 	<ul style="list-style-type: none"> • Key informant interviews • MCDS, IGCD, ANCD and working parties agendas and documentation • Case study to identify the process of evidence informed deliberations • Annual reports of IGCD to MCDS • Annual report of ANCD • Products of working groups

Intended outcome	Success criteria	Program factors affecting success	Non-program factors affecting success	Performance indicators (and data sources)
<p>2. Stakeholder engagement and buy in to the National Drug Strategy and its implementation</p>	<ul style="list-style-type: none"> • Advisory structure members believe that advice is heard and taken into account during the decision-making process • Members of IGCD and ANCD believe that their parts of the advisory structure add value to the decision-making processes of the National Drug Strategy • Members of the IGCD and ANCD can identify instances where their advice to the MCDS has resulted in key policy or program initiatives • Members of the IGCD and ANCD and members of the expert working groups believe that the current mechanisms for accessing advice are the best possible 	<ul style="list-style-type: none"> • Funding adequate for purpose • Capacity to make a difference • Relevance and significance of the agenda or work program of the advisory structure or group to the achievement of the goals under the National Drug Strategy • Quality of working relationships between members • Appropriate Terms of Reference and work plans for groups. • Processes to manage the emergence of competing views between parts of the advisory structure 	<ul style="list-style-type: none"> • Individuals' commitment to the preservation of the integrity and quality of the National Drug Strategy • Pressure of other work and commitments at the jurisdictional level • Differing perceptions of the relative merit of the contribution of the sectors involved in the National Drug Strategy to the achievement of the objectives • Provision of advice from other advisory bodies to government • Provision of advice to government by special interest groups 	<ul style="list-style-type: none"> • Informant interviews

Program Logic Model Component 4: Evaluating the National Drug Strategy’s performance in facilitating and guiding the monitoring of drug issues/trends and the National Drug Strategy’s outcomes

Overarching Objective: to facilitate the monitoring of drug issues and trends in Australia and monitor the National Drug Strategy’s outcomes



Component 4: Outcome Matrices

Intended outcome	Success criteria	Program factors affecting success	Non-program factors affecting success	Performance indicators (and data sources)
1. Capacity to monitor drug-related issues and trends in Australia in a timely manner to inform decision making	<p>Data collections in place to monitor drug-related issues and trends</p> <p>Findings are timely and regularly reviewed</p> <p>Research evidence packaged in a manner accessible to decision-makers</p> <p>Frontline workers' experiences are captured and communicated</p>	<p>Strategic guidance for monitoring and reporting</p> <p>Sufficient range of indicators</p> <p>Consensus on headline indicators and data definitions</p> <p>Adequately resourced monitoring and reporting systems</p> <p>A culture of evidence-informed decision making</p>	<p>Research infrastructure and capacity generally</p>	<p>Timely presentation of policy relevant monitoring data</p> <p>Responsiveness of policy makers to evidence regarding emerging issues and trends</p> <p>Responsiveness of the non governmental organisations and the community to evidence regarding emerging issues and trends</p>

Intended outcome	Success criteria	Program factors affecting success	Non-program factors affecting success	Performance indicators (and data sources)
2. Capacity to identify and measure the outcomes of the National Drug Strategy	<p>Investment in monitoring and evaluation</p> <p>Sufficient scope of data collection tools to report upon the progress and outcomes of the National Drug Strategy</p> <p>Presentation of monitoring and evaluation reports in a timely manner</p>	<p>Clear specification of the scope and objectives of the National Drug Strategy</p> <p>Strategic guidance for monitoring and reporting</p> <p>Appropriate investment in monitoring and evaluation processes</p>	<p>Challenges to identifying causal pathways in large complex social interventions</p>	<p>Monitoring and evaluation report presented in a timely manner and found useful by decision-makers</p>

Intended outcome	Success criteria	Program factors affecting success	Non-program factors affecting success	Performance indicators (and data sources)
3. Briefings to the IGCD and the ANCD are informed by research evidence	Sufficient research evidence to inform the breadth of policy consideration undertaken by the advisory bodies Research evidence is used in a valid way through the policy process	Investment in the development and dissemination of research evidence Access to research evidence Capacity of policy analysts to use evidence in a strategic and balanced manner Capacity of policy analysts to convert findings into specific recommendations and contexts Capacity to generalise findings nationally	Capacity for complex policy analysis generally	Extent to which Briefings are adequately informed by sound research findings and data

Intended outcome	Success criteria	Program factors affecting success	Non-program factors affecting success	Performance indicators (and data sources)
4. National Drug Strategy documents demonstrate link between research evidence and policy settings	Clear demonstration of the program logic underlying strategy	Culture of evidence-informed policy processes	Challenges in policy activity of applying research findings to strategy development owing to the qualifications frequently accompanying such findings	Strategy documents clearly demonstrate the link between information sources and the policy settings

Appendix H: Program logic models proposed for NDS services in component 2

NGOTGP: Overarching objective: To strengthen the capacity of NGOs to achieve improved service outcomes and to increase the number of treatment places available for illicit drug users

Inputs	Processes	Outputs	Intermediate Outcomes	Ultimate impacts
<ul style="list-style-type: none"> Minister of Health and Ageing National Drug Strategy National Illicit Drug Strategy National Framework on Indigenous Family Violence and Child Protection National Action Plan for Mental Health (2006-2011) Australian Government - \$258m allocated since inception in 1997 (three major funding rounds: 1998-2003; 2003-08; 2008-11) Australian Government - one off commitment of \$850,000 in infrastructure grants (2006) Government health, law enforcement and education contributions Expertise/knowledge held by State Reference Group and National Expert Group members, (including representatives from IGCD, DoHA, ANCD, OATSIH, FaCSHIA) Expertise/knowledge held by AOD NGO peak bodies Existing and new State and Territory Government, NGO and private sector AOD planning and service delivery contributions Existing health and human service providers Existing AOD NGO facilities and infrastructure 	<ul style="list-style-type: none"> Implementation of funding models and mechanisms Assess applications for funding and selection of NGOs State Reference Group and National Expert Group application assessment processes Final approval through Minister for Health and Ageing Contract service providers (eg funding agreements and negotiate service-specific key performance indicators and reporting requirements) Implement funded projects Establish and maintain working partnerships between funded NGOs and their respective State/Territory Project Officers and between Central Office Project Officers and State/Territory Project Officers Design, develop data collection mechanisms Train and support agencies on appropriate data collection methods (eg regular service reporting and AOTDS-NMDS) Recruit staff with appropriate skills and qualifications in AOD treatment Develop and conduct professional development and training 	<ul style="list-style-type: none"> Number and type of additional treatment places available for illicit drug users Number and type of organisations funded Number and type of service enhancement projects funded (eg infrastructure upgrades, staff recruitment, resource development) Number, type, location of service provided Number and type of collaborative partnerships established and maintained with other AODTS providers Number and type of referral to and from the funded NGO Number and type of interactions between stakeholder groups between: <ul style="list-style-type: none"> Service providers Service providers and State/Territory Project Officers Central Office Project Officers and State/Territory Project Officers Number and type of staff recruited with appropriate AOD skills and qualifications Number of agencies with appropriate data collection methods developed Number of agencies provided 	<ul style="list-style-type: none"> Increased access to appropriate and evidence-based treatment and support services for illicit drug users and their families Enhanced capacity within the NGO sector to provide treatment services to illicit drug users and their families Improved treatment outcomes 	<ul style="list-style-type: none"> Improved public amenity Reduced drug use and drug related fear Prevention of harms caused by illicit drugs and other substance-mortality and morbidity Minimisation of the harms caused by illicit drugs and other substances

<ul style="list-style-type: none"> • Existing AOD NGO staff skills and expertise • Relevant evidence, policy and planning frameworks and service delivery models • Literature on best practice and innovative approaches to providing drug treatment services • Research Centres outputs (eg best practice treatment guidelines) • Resource allocation model and mechanisms • Consumer and community advocacy groups 	<ul style="list-style-type: none"> • Enhance referral and collaboration between funded NGOs, other AOD treatment services, and support services across sectors eg family support, child protection, employment, housing, education, corrections, youth and Indigenous specific services • Collect, monitor and evaluate client outcomes following treatment 	<p>with training on data collection</p> <ul style="list-style-type: none"> • Number and type of professional support provided to staff (eg debriefing and supervision) • Number and type of professional development and training activities provided to staff • Number, type and level of treatment evaluation performed • Number of interagency referrals • Number and type of data collected • Number and type of evaluations conducted and results disseminated • Number of networking and collaboration activities between agencies (eg joint referral pathways, joint arrangements for staff supervision and development, shared-care, co-location and in-reach arrangements) 		
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Community Partnerships Initiative (CPI): Overarching objective: facilitate macro behaviour change by supporting establishment of community-driven programs



National Comorbidity Initiative: Overarching objective: Improve service coordination and treatment outcomes for people with coexisting mental health and substance use disorders

Inputs	Processes	Outputs	Intermediate Outcomes	Ultimate impacts
<ul style="list-style-type: none"> • Federal Budget 2003-2004 – \$14 million over four years from 2004 • DoHA • IGCD and ANCD • National Research Centre products • Comorbidity Expert Reference Group (established in 2006) – including representatives of primary care AOD and mental health services • Government, NGO and private mental health and AOD service providers 	<ul style="list-style-type: none"> • Develop and disseminate good practice resources on the management of comorbidity • Develop and disseminate education resources on comorbidity • Refine data systems and collection methods in the mental health and alcohol and other drug sectors • Enhance linkages between mental health and alcohol and other drug sectors • Develop and conduct professional development and training on comorbidity 	<ul style="list-style-type: none"> • Number and type of professional development and training activities on managing comorbidity conducted • Developed enhanced data systems and collection methods in the mental health and alcohol and other drug sectors • Number of clients with comorbid conditions treated • Number of Indigenous clients with comorbid conditions treated • Number and type of health staff with drug and alcohol and mental health training • Number of Indigenous workers with drug and alcohol and mental health training • Number of referrals for people with comorbid conditions 	<ul style="list-style-type: none"> • Improved management of comorbidity • Increased awareness comorbidity and good practice in the management of comorbidity among of clinicians and health workers • Increased support to general practitioners and other health workers to improve treatment outcomes for comorbid clients • Improved consumer access to resources and information on comorbidity • Improved data systems and collection methods within MH and AOD sectors 	<ul style="list-style-type: none"> • Improved public amenity reduced drug use and drug related fear • Prevention of harms caused by licit and illicit drugs and other substance-mortality and morbidity • Minimisation of the harms caused by licit and illicit drugs and other substances

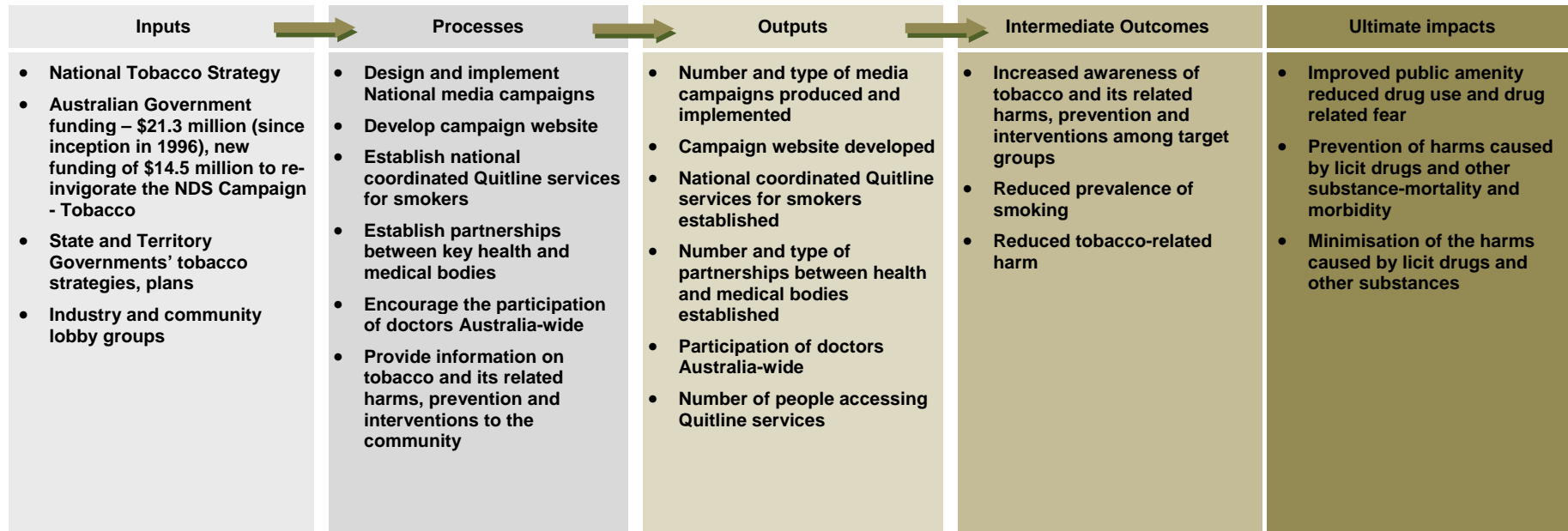
Amphetamine-Type Stimulants Grants Program (2007): Overarching objective: Improve treatment options for ATS users

Inputs	Processes	Outputs	Intermediate Outcomes	Ultimate impacts
<ul style="list-style-type: none"> • National Illicit Drug Strategy • National ATS Strategy • Federal Budget 2007-2008 - \$22.9 million • DoHA • IGCD, ANCD and National Research Centre products • NGOs • NGO peak bodies • State and Territory health departments and agencies • Law enforcement departments and agencies 	<ul style="list-style-type: none"> • Assess grant applications and provide funding to approved projects • Develop and disseminate education resources on ATS dependence • Develop professional development and training programs on ATS treatment • Recruit staff or contract service of staff with expertise in ATS dependency 	<ul style="list-style-type: none"> • Number, type and location of projects funded eg infrastructure, education resources, staff with expertise in ATS dependency • Number and type of treatment and support services for ATS users • Number and type of Information and educational resources developed and disseminated • Number of health staff with expertise in ATS dependence treatment • Number, type and location of ATS users treated 	<ul style="list-style-type: none"> • Increased treatment and support services for ATS users • Increased ATS dependence treatment expertise 	<ul style="list-style-type: none"> • Improved public amenity reduced drug use and drug related fear • Reduced supply of drugs • Prevention of harms caused by licit and illicit drugs and other substance-mortality and morbidity • Minimisation of the harms caused by licit and illicit drugs and other substances

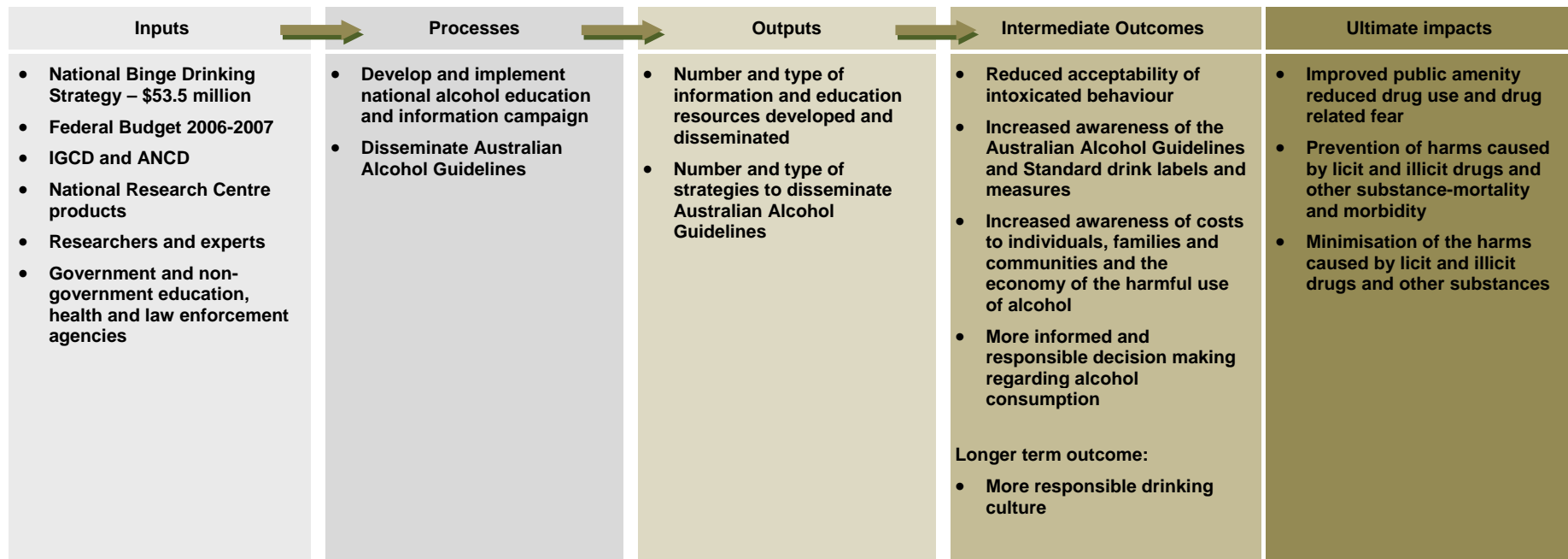
National Cannabis Prevention and Information Centre (2007): Overarching objective: Reduce the use of cannabis in Australia by preventing the uptake and harms associated with its use in the Australian Community

Inputs	Processes	Outputs	Intermediate Outcomes	Ultimate impacts
<ul style="list-style-type: none"> National Illicit Drug Strategy National Cannabis Strategy Federal Budget 2006-2007 – \$14 million over four years NDARC (lead agency), NDRI, ORYGEN Youth Health, Australian Institute of Criminology, NCETA, Ted Noffs Foundation, Lifeline Australia NCPIC Advisory Committee (representatives from NCPIC, DoHA, DEST, IGCD, ANCD, UQ, Curtin Uni, Vic Police, NSW Police, DHS Vic, Drug and Alcohol Services SA) Other relevant national and international organisations and agencies 	<ul style="list-style-type: none"> Identify national priorities for improving community understanding of the risks associated with cannabis use and for preventing and responding to the use of cannabis and associated problems Provide the community with access to evidence-based information on cannabis and related harms Provide the community with access to evidence-based information to prevent uptake and continuation of cannabis use Develop and undertake community activities to promote awareness of cannabis and its related harms, prevention and interventions Disseminate information on evidence-based (effective) interventions for cannabis-related problems and models for delivering these interventions to service providers Provide training on the delivery of brief interventions for cannabis 	<ul style="list-style-type: none"> National priorities identified Number and type of resources on cannabis provided to the community (eg free National Cannabis Information and Helpline) Number and type of activities undertaken to promote community awareness of cannabis Number and type of resources on cannabis interventions provided to service providers (eg regular E-Zines and a Bulletin Series on the latest cannabis research by NCPIC and its partners, as well as latest findings internationally; development of the NCPIC website) Number and type of training conducted on the delivery of brief interventions for cannabis (eg National free training on the delivery of motivational and brief interventions for cannabis-related problems among adolescents and adults) 	<ul style="list-style-type: none"> Enhanced community access to evidence-based information on cannabis and its related harms, prevention and interventions Enhanced service provider access to evidence-based interventions to respond to people with cannabis-related problems Increased capacity to provide evidence-based interventions for cannabis-related problems <p>Longer-term outcomes:</p> <ul style="list-style-type: none"> Reduced use of cannabis in Australia Improved treatment outcomes for people with cannabis-related problems Increased community understanding of the risks and harms associated with cannabis use Prevention of the use of cannabis Enhanced responses to the use of cannabis and associated problems 	<ul style="list-style-type: none"> Improved public amenity reduced drug use and drug related fear Reduced supply of drugs Prevention of harms caused by licit and illicit drugs and other substance-mortality and morbidity Minimisation of the harms caused by licit and illicit drugs and other substances

National Drug Strategy Campaign – Tobacco: Overarching objective: Reduce the prevalence of smoking among Australians



National Safe Use of Alcohol Campaign: Overarching objective: Reduce alcohol-related harm



National Drug Law Enforcement Research Fund (NDLERF): Overarching objective: Promote quality evidence-based practice in drug law enforcement

