

**The effectiveness of the
Illicit Drug Diversion Initiative
in rural and remote Australia**

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The effectiveness of the Illicit Drug Diversion Initiative in rural and remote Australia

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Abbreviations

ADD	All Drug Diversion (WA)
AIHW	Australian Institute of Health and Welfare
ANCD	Australian National Council on Drugs
ASGC	Australian Standard Geographical Classification
CCS	Cannabis Cautioning Scheme (NSW)
CIN	Cannabis Infringement Notice (WA)
COAG	Council of Australian Governments
CREDIT NT	Court Referral and Evaluation for Drug Intervention and Treatment (NT)
DoHA	Australian Government Department of Health and Ageing
IDCDP	Illicit Drugs Court Diversion Program (Qld)
IDDI	Illicit Drug Diversion Initiative
IDDI NMDS	Illicit Drug Diversion Initiative National Minimum Data Set
IDP	Indigenous Diversion Program (WA)
IGCD	Intergovernmental Council on Drugs
KADW	Koori Alcohol and Drug Diversion Workers (Vic)
MCDS	Ministerial Council on Drug Strategy
MERIT	Magistrates Early Referral Into Treatment (NSW)
PDDI	Police Drug Diversion Initiative (SA)
PDP	Police Diversion Program (Qld)
POP	Pre-sentence Opportunity Program (WA)
QIDDI	Queensland Illicit Drug Diversion Initiative
RODW	Rural Outreach Diversion Workers (Vic)
STIR	Supervised Treatment Intervention Program (WA)
YORR	Young Offenders' Residential Rehabilitation (NSW)
YORRC	Young Offenders' Rural and Regional Counselling (NSW)
YPOP	Young Persons Opportunity Program (WA)

Executive summary

Project objectives

The Australian Institute of Health and Welfare (AIHW) was commissioned by the Australian Government Department of Health and Ageing (DoHA) to evaluate the effectiveness of the Council of Australian Governments' (COAG) Illicit Drug Diversion Initiative (IDDI) in rural and remote areas of Australia. This report presents the project findings.

It was agreed at the outset of the project that effectiveness would be evaluated in relation to the following objectives, namely that drug diversion will result in:

1. people being given early incentives to address their drug use problem, in many cases before incurring a criminal record
2. an increase in the number of illicit drug users diverted into drug education, assessment and treatment
3. a reduction in the number of people being incarcerated for use or possession of small quantities of illicit drugs.

The first two objectives were the initial stated aims of the IDDI, while the third objective was modified by the Australian Government Department of Health and Ageing to reflect the emergence of court-based models of drug diversion under the IDDI.

Project method

The project method included quantitative and qualitative streams, conducted between September 2006 and June 2007. While the IDDI commenced in 1999–2000, this study focused on the period 2002–03 to 2005–06 as the implementation stages of the initiative had previously been evaluated (HOI et al. 2002).

Quantitative data were requested from 22 IDDI programs operating in rural and remote areas of Australia. Data managers were asked to supply aggregate information that is routinely provided under the IDDI performance reporting arrangements, broken down according to whether the offender lived in rural and remote or other areas of the jurisdiction.

Early tasks in the qualitative stream included a literature review, developing detailed descriptions of all IDDI programs operating in rural and remote Australia, and developing agreed definitions and indicators. The latter part of the project involved extensive field work, including interviews with IDDI State/Territory Reference Group members in capital cities (61 people from health, justice, police and non-government sectors) and with 150 people involved in delivering IDDI programs in 16 rural and remote locations across Australia (magistrates, police, and drug and alcohol service providers).

Due to the large number and diversity of IDDI programs operating in rural and remote Australia, cross-program and cross-jurisdiction comparisons are not a feature of this report. Individual IDDI-funded programs are not evaluated. The project takes a 'strengths and weaknesses' approach, exploring existing program models and identifying factors that appear to act as barriers or facilitators to their effectiveness in rural and remote areas. While

investigation focused on the factors that were likely to have a substantial influence on the effectiveness of IDDI programs in rural and remote settings, many of the findings may have relevance to the IDDI across Australia. The report highlights only those issues that were raised by several people and across locations, and which were considered by the study team to have national significance.

Study limitations include that:

- input was not sought directly from offenders
- input was not sought from stakeholders other than those directly involved in IDDI programs
- there are limitations on the data currently available under the IDDI National Minimum Data Set (NMDS).

Key findings

IDDI programs in rural and remote Australia

Since its announcement in 1999, the IDDI has contributed to the development or expansion of over 22 programs in rural and remote Australia. This relatively young initiative is a large and complex response to drug use – spanning the health, police and justice sectors, and involving state/territory and Australian governments and the government and non-government drug and alcohol service delivery networks. The initial IDDI framework focused on police diversion but was adapted early in the life of the Initiative to include court diversion. Police diversion generally involves issuing a caution in conjunction with referral (voluntary or compulsory) to an education session, assessment and/or a brief intervention or treatment. Court diversion generally involves a more intensive intervention, with a target group that has more complex drug and alcohol, criminal and other issues. Accounting for nearly one-quarter of all diversions in rural and remote Australia in 2005–06, court diversion has emerged as a major component of the IDDI in practice.

Diversion numbers in rural and remote Australia

IDDI police diversion programs

In 2005–06, there were 24,804 diversions under IDDI-funded police diversion programs, of which 6,041 (24%) were classified as occurring in rural and remote Australia. The proportion of all police diversion participants living in rural and remote locations (24%) is well above the proportion of people in the general population living in these locations (13%).

Overall numbers of people diverted under police diversion programs in rural and remote Australia generally increased between 2002–03 and 2005–06, consistent with an overall increase in police diversion numbers in Australia as a whole. However, there is wide variation across individual IDDI police diversion programs both in terms of the proportion of diversions conducted in rural and remote areas and changes over time in the numbers of diversions in rural and remote areas.

The proportion of offenders complying with their diversion requirements varied widely. For programs with available data, completion rates ranged from 56% to 95%. Completion rates were generally similar for rural and remote areas and the rest of the state/territory.

IDDI court diversion programs

In 2005–06, there were 7,872 diversions under IDDI court diversion programs, of which 2,001 (25%) were classified as being in rural and remote Australia.

Overall numbers of people diverted under court diversion programs in rural and remote Australia generally increased between 2002–03 and 2005–06, in line with an overall increase in court diversion numbers in Australia overall. This increase is also consistent with the deliberate staged rollout of court-based IDDI programs in most states and territories. This trend over time varied widely across individual IDDI court diversion programs.

In 2005–06, offenders referred to court diversion programs in rural and remote areas were equally or more likely to be accepted into the diversion program than those in other areas of the state/territory. In the majority of programs for which data are available, the completion rate for court diversion programs was higher in rural and remote areas than in other areas of the jurisdiction.

The effectiveness of the IDDI in rural and remote Australia

While some information is available about the inputs and outputs of the IDDI, there is limited information about the outcomes of the Initiative. However, through this study, considerable qualitative information was gathered about the effectiveness of the processes of various IDDI program models. Based on the assumption that good program processes are a firm foundation for good program outcomes, Box S1 summarises the program elements considered by the study team to be the most effective in rural and remote Australia.

Box S1: Which IDDI processes or characteristics are most effective in rural and remote Australia?

Based on the qualitative information gathered during the study, the most effective processes or characteristics in IDDI-funded programs in rural and remote Australia were observed in court diversion programs which:

- *targeted young people*
- *allowed drug diversion for alcohol as the primary drug of concern*
- *were supported philosophically and practically by magistrates and drug and alcohol service providers*
- *had well-established communication mechanisms between magistrates, drug and alcohol service providers and other relevant stakeholders at the local level*
- *involved a considerable period of treatment (for example, three months)*
- *included high-quality case management to assist in addressing clients' broader social and health issues*
- *had access to an appropriate range of treatment options*
- *were able to support clients with barriers to treatment, most notably transport barriers*

- *provided feedback to magistrates and drug and alcohol service providers (for example, quantitative data about client numbers and compliance levels and information from relevant follow-up studies of drug diversion participants)*
- *had a relatively stable and experienced workforce*
- *gave key stakeholders a perception that funding was secure.*

Consistent with previous Australian studies of drug diversion, the qualitative evidence gathered during this project suggests that Indigenous people are particularly disadvantaged in terms of accessing and completing diversion programs. The exclusion under the IDDI framework of offenders who have alcohol as a primary drug of concern or who have any history of violent offences is widely viewed as having a disproportionately negative impact on Indigenous communities. A number of recently-implemented Indigenous-specific court diversion programs have largely addressed these and a range of other identified barriers to Indigenous participation. However, the availability of suitable treatment options for Indigenous offenders, particularly in remote and very remote areas, remains a major obstacle.

In terms of the three overall objectives of the IDDI, it was only possible to evaluate the second objective—increased numbers of diversions over time—using the established reporting mechanisms for the Initiative. Throughout this study, quantitative and qualitative evidence was sought to inform the remaining two IDDI objectives. However, on the basis of this evidence, it is not clear whether these objectives are being achieved in rural and remote Australia.

Based on the evidence gathered throughout the project, it is considered that the effectiveness of the IDDI would be better understood through:

- the availability of improved national data about IDDI programs and alignment of this data with the overall objectives of the Initiative
- further targeted studies to investigate longer-term outcomes for people entering diversion programs.

1 Introduction

1.1 Project objectives

In September 2006, the Australian Government Department of Health and Ageing (DoHA) commissioned the Australian Institute of Health and Welfare (AIHW) to undertake an evaluation to assess the effectiveness of the Council of Australian Governments' (COAG) Illicit Drug Diversion Initiative (IDDI) in rural and remote areas of Australia. This report presents the project findings.

It was agreed at the outset of the project that effectiveness would be evaluated in relation to the following objectives, namely that drug diversion will result in:

- people being given early incentives to address their drug use problem, in many cases before incurring a criminal record
- an increase in the number of illicit drug users diverted into drug education, assessment and treatment
- a reduction in the number of people being incarcerated for use or possession of small quantities of illicit drugs.

The first two objectives were the initial stated aims of the IDDI (as stated in the Ministerial Council on Drug Strategy Communiqué 10 June 1999), while the third objective was modified by the Australian Government Department of Health and Ageing to reflect the emergence of court-based models of drug diversion under the IDDI.

The purpose of this project is not to evaluate the individual diversion initiatives in each state and territory, but rather to report on the extent to which IDDI programs have been effective in rural and remote areas of Australia. This project focuses on the effectiveness of the IDDI in rural and remote areas, in recognition of the particular complexities in delivering an appropriate range of diversion and treatment services in these locations, and the relative lack of information about the effectiveness of IDDI programs in rural and remote Australia. The evaluation focuses on the time period since 2002, when a previous review was undertaken (HOI et al. 2002).

The AIHW project, together with the other two evaluation projects commissioned by the Department of Health and Ageing – an economic analysis of the IDDI and a project exploring recidivism of offenders diverted under IDDI police diversion programs – will contribute to an overall evaluation of the IDDI in 2007–08.

1.2 Background and context

At the April 1999 Council of Australian Governments (COAG) meeting, Australian, state and territory governments 'agreed to make a new investment in combating drugs by combining strong national action against drug traffickers with early intervention strategies to prevent a new generation of drug users emerging in Australia' (MCDS 1999). To meet the early intervention and prevention goals of this agreement, COAG asked the Ministerial Council on

Drug Strategy (MCDS) to develop a nationally consistent approach to diversion. A national framework for the COAG IDDI was subsequently developed by a number of working groups which were chaired by members of the Intergovernmental Committee on Drugs (IGCD) and included representatives of the IGCD and the Australian National Council on Drugs (ANCD) (MCDS 1999).

A brief summary of the IDDI framework and target group, as initially stated by the MCDS, is provided in Box 1.1. While the initial documentation on the Initiative focused on police diversion, the IDDI subsequently evolved to include a significant court diversion component. In practice, the initially stated primary target group for drug diversion also evolved. This project takes into account these changes in the IDDI over time.

Box 1.1: Summary of the Diversion Framework

The national diversion framework is summarised as follows:

- *'Offenders diverted by police to assessment will be referred to appropriate drug education and/or diverse range of clinically acceptable drug treatment services*
 - in some jurisdictions police will divert certain offenders directly to drug education to expiate their offence*
- *Offenders diverted directly to education will be required to participate fully in the education program, as defined by the jurisdiction*
 - offenders diverted to assessment will be required to undertake the drug assessment and to participate in the prescribed program of education or treatment*
 - assessment, education and treatment services will provide timely advice to police of expiation or failure to comply*
- *Offenders who satisfy expiation will have no criminal conviction for the offence recorded against them. Offenders who fail to satisfy expiation requirements will be directed to the criminal justice process.*
 - offenders who expiate the offence will also be supported following the treatment episode, with planned follow up and referral to appropriate community services.'*

At the national level, the primary target group for IDDI are individuals who

- *have little or no past contact with the criminal justice system for drug offences, and*
- *are apprehended for use or possession of small quantities of any illicit drug.*

Persistent or violent offenders are not considered eligible for diversion.

Source: MCDS 1999.

The IDDI spans health, policing and justice sectors in each jurisdiction and is funded at both the Australian Government and state/territory levels. The Initiative has been implemented in each jurisdiction to reflect the considerable variation in policies and approaches to diversion for drug offences. These differences in diversion approaches reflect historical policies and practices in each of the sectors involved (for example, health, police, courts, corrections) as well as the variation across jurisdictions in terms of, for example, population dispersion, drug use patterns, drug user profiles and treatment use and availability.

The initial implementation strategy for the COAG IDDI assumed that implementation would be staged within states and territories and that extensive coverage would be achieved across all jurisdictions within four years. The implementation plan included the establishment of a state reference group in each jurisdiction, with representation by the Australian Government

Department of Health and Ageing, state and territory health departments (or other appropriate agency), state and territory police and an appropriate representative of the ANCD (or the non-government sector). Representation by justice departments was subsequently included on these reference groups, with the emergence of court diversion models.

The funding arrangements for the COAG IDDI are as follows:

- The Australian Government provides funding to expand early intervention treatment and rehabilitation places linked to police and court diversion.
- The states, territories and the Australian Government share funding for assessment services.
- The states and territories provide the law enforcement basis for diverting offenders into treatment programs and maintain existing health and education efforts (MCDS 1999).

The Australian Government has committed funding of nearly \$330 million over the period 1999–2000 to 2007–08 – \$111.5 million for Phase 1 (1999–2000 to 2002–03) and \$215.9 million for Phase 2 (2003–04 to 2007–08) – to be directed toward assessment, treatment, education and capacity building and training (DoHA 2007). The contribution towards assessment, treatment and education costs was provided to ensure that voluntary treatment clients were not displaced by diverted clients. It was anticipated that Australian Government funding would be used until the course of treatment recommended by the assessor was completed, after which it was assumed that clients may continue to receive further treatment as voluntary clients (funded according to the usual state/territory funding arrangements for alcohol and other drug treatment services).

From the outset, there was a clear intention that the programs implemented under the IDDI would be designed to meet the needs of young offenders, Indigenous offenders and offenders from culturally and linguistically diverse backgrounds. Wherever possible, it was considered desirable that family involvement should be encouraged and that offenders should be offered assessment, education or treatment services close to their home, even if they were apprehended in another location or jurisdiction (MCDS 1999).

There are three key stages of the diversion framework:

- apprehension by the police or consideration by the court for diversion
- compulsory assessment – to gain a sufficient understanding of the offender’s needs and circumstances to develop a plan for action including, where appropriate, a treatment plan
- drug education or treatment services – including appropriate drug education and/or a range of clinically acceptable drug treatment services including counselling, withdrawal, residential rehabilitation and pharmacotherapies.

In practice, not all diversion programs include a compulsory assessment or treatment stage (for example, cannabis cautioning or cannabis infringement notice programs).

Service provider participation in the IDDI is arranged by states and territories, generally through a preferred provider approach. Jurisdictions are responsible for ensuring that assessors and treatment providers meet relevant minimum qualification and experience standards and deliver services in keeping with best practice. As approval of preferred

providers is a joint responsibility of state/territory governments and the Australian Government, final approval of all state/territory government-recommended preferred providers is subsequently obtained from the Australian Government. Preferred providers can be from the government or non-government sector and must agree to work within the national framework.

Under the second phase of IDDI funding from the Australian Government (2004–05 to 2007–08), states and territories submitted proposals that saw an expansion of court-based programs and projects targeting specific groups such as Indigenous peoples and people living in rural and remote Australia. A condition was also incorporated into agreements between the Australian Government and some states and territories about increasing the level of participation by non-government organisations in the delivery of IDDI-funded programs.

The IDDI framework emphasises the importance of monitoring and evaluation of the initiative. Early in the IDDI implementation phase all states and territories agreed to provide data to the Australian Government according to the IDDI National Minimum Data Set. Specific pieces of evaluation work have been commissioned throughout the Initiative, both at state/territory and national levels (see Chapter 3).

1.3 Report outline

The report is structured as follows:

- Chapter 2 outlines the project methodology and defines key terms such as ‘effectiveness’ and ‘rural and remote’ in the context of this study.
- Chapter 3 provides an overview of relevant drug diversion literature and contextual information about the characteristics of rural and remote areas, to delineate the key issues for exploration in the remainder of the report.
- Chapter 4 describes the IDDI programs currently operating in rural and remote Australia.
- Chapter 5 focuses on the inputs that have been put in place in rural and remote Australia through the IDDI.
- Chapter 6 presents available data about the current activities of IDDI-funded programs in rural and remote Australia – focusing on IDDI outputs.
- Chapter 7 presents information about outcomes of IDDI-funded programs in rural and remote Australia.
- Chapter 8 presents findings from the field work component of the study and draws out the key factors that appear to be enhancing or inhibiting effective program operation in rural and remote settings.
- Chapter 9 draws the findings from the multiple project strands together and presents key findings and issues for consideration.

2 Project method

2.1 Evaluation type

Evaluations are generally characterised as:

- process evaluations – which focus on the program’s quality, the way the program is run and whether the target group was reached
- impact evaluations – which measure the short-term effects of the program and whether the objectives are being met
- outcome evaluations – which assess whether a program has been effective in the long term and whether its overall goals were met.

This project is predominantly an impact evaluation in that it focuses on the effects of IDDI programs in rural and remote Australia in terms of the overall IDDI objectives outlined in Chapter 1. To achieve the study aims, however, the evaluation methodology includes exploration of the strengths and weaknesses of various programs, both in terms of their processes and the perceived outcomes.

2.2 Project methodology

The project methodology involved the following broad strategies:

1. working with the IDDI National Evaluation Reference Group and State/Territory IDDI Reference Groups to develop a set of agreed effectiveness indicators for the IDDI in rural and remote areas
2. working with key experts in each jurisdiction to understand and describe models and processes for IDDI programs operating in rural and remote areas
3. locating and reporting on available quantitative information to provide evidence of the effectiveness of the IDDI in rural and remote areas
4. obtaining and reporting on qualitative evidence of the effectiveness of the IDDI in rural and remote areas
5. writing a report which synthesises the above information to evaluate the effectiveness of the IDDI in rural and remote areas.

These strategies were progressed via the following five project components:

1. project management and advisory arrangements
2. information gathering and indicator development
3. consultation and field work
4. data and analysis
5. synthesis and report writing.

The project was iterative in nature, with each of the components informing the others throughout the course of the project. For example, early work with jurisdictions to clarify the

nature and operation of IDDI programs informed the development of effectiveness indicators and the understanding of available data sources, which, in turn, informed the analysis plan. Further detail about each of the project components follows.

Project management and advisory arrangements

Project management in the early stages of the study involved:

- developing a detailed project plan (in discussion with the Australian Government Department of Health and Ageing (DoHA) and the National IDDI Evaluation Reference Group)
- identifying key experts in each jurisdiction (for example, police, courts, health departments, state/territory DoHA officers, service providers)
- contacting all State/Territory IDDI Reference Groups to arrange meetings.

Project management for the remainder of the project involved ongoing liaison with DoHA and the National IDDI Evaluation Reference Group to ensure that the project was proceeding according to requirements.

Information was obtained throughout the project from State/Territory IDDI Reference Group members.

Expert advice was also sought at key points in the project from Dr Don Weatherburn, Director of the NSW Bureau of Crime Statistics and Research (BOCSAR), and Andrew Phillips, the AIHW's rural and remote specialist, and members of the AIHW Executive. AIHW staff members also met with members of the Australian Institute of Criminology's project team, examining recidivism of people diverted the under IDDI police diversion programs, to exchange information and ensure the projects were complementary.

Information gathering and indicator development

This component involved obtaining all relevant information in relation to IDDI programs in Australia and developing an agreed set of indicators. Key tasks included:

- obtaining information about diversion programs, policies and relevant legislation from jurisdiction websites and relevant publications
- creating a program summary for each IDDI program operating in rural and remote areas of Australia, describing, for example, eligibility criteria for offenders, the processes involved and treatment offered (see Appendix 2)
- developing an agreed set of key effectiveness indicators to provide a framework for collecting and analysing quantitative and qualitative information (see Section 2.3)
- developing an agreed definition for 'rural and remote' Australia in the context of this study (see Section 2.4)
- undertaking a literature and information review to inform the development of effectiveness indicators and the field work materials – this task included reviewing state/territory funding proposals to and agreements with the Australian Government under the IDDI, quarterly reports from states/territories to the Australian Government

which detail the activity of IDDI programs, IDDI program information on websites and a review of the broader literature on drug diversion (see Chapter 3).

This information was added to and refined through ongoing consultation and field work.

Consultation and field work

The consultation and field work tasks included:

- discussing the proposed methodology, effectiveness indicators and consultation approach with the National IDDI Evaluation Reference Group and making initial contact with each of the State/Territory IDDI Reference Groups
- designing consultation materials for State/Territory IDDI Reference Groups in each jurisdiction. These materials included information about the project and sought advice from the reference groups about:
 - IDDI programs operating in rural and remote areas of their jurisdiction – confirming the accuracy of program descriptions, confirming whether they operate in rural and remote locations, and confirming mechanisms for obtaining further information and data about these programs
 - the appropriateness of proposed effectiveness indicators and the likely feasibility of obtaining data to inform the indicators
 - the acceptability of the proposed field work component, including the ‘case story’ approach to obtaining information about effectiveness from a client/offender perspective.

Project teams members attended State/Territory IDDI Reference Group meetings in all jurisdictions (except Victoria and Tasmania, where early consultation was conducted in writing, and the ACT, which was out-of-scope due to its remoteness classification) to discuss these consultation materials.

- conducting semi-structured interviews with key State/Territory IDDI Reference Group members in every capital city to gather their perspectives on the effectiveness of IDDI in rural and remote locations in their jurisdiction – interviews were generally conducted with the relevant police, justice, juvenile justice (if separate) and health department personnel (at the state/territory and Australian Government level), as well as non-government reference group representatives, where appropriate (a total of 29 interviews, gathering the views of 61 people)
- planning field work with key stakeholders involved in the delivery of IDDI programs in two to three rural/remote locations in each jurisdiction (except for the Australian Capital Territory) – this involved:
 - discussions with State/Territory IDDI Reference Groups about the representativeness of proposed field work locations (in terms of outer regional, remote and very remote locations, coastal and inland locations, and a varied mix of IDDI programs covering courts, police and service providers across the jurisdiction)
 - developing field work materials
 - obtaining AIHW Ethics Committee approval for the protocol by which information would be collected, stored, reported and ultimately destroyed in a way that protected the privacy and confidentiality of all key experts and their organisations

(see Appendix 1 for field work materials, including the consent form which explains ethical arrangements)

- conducting field work in 16 locations, involving interviews with, for example, magistrates, court personnel, police and service providers, in each jurisdiction to obtain their views on the effectiveness of the IDDI in their local area – the study team conducted field work in the locations specified in Table 2.1. In-person interviews were not considered feasible in either of the very remote locations (Anangu Pitjantjatjara Yankunytjatjara (APY) Lands and Groote Eylandt) so telephone interviews were conducted in these areas. In the APY Lands, in-person interviews were planned but abandoned due to changeover of police and treatment staff during the study period. Groote Eylandt was included as part of the study even though there are no current service providers, to gather information about possible innovative ways in which IDDI programs might be delivered in a very remote context. In total, 56 interviews were conducted and information obtained from 101 people
- sending, as per the protocol endorsed by the AIHW Ethics Committee, all interview participants information about the project and the purpose of the interview, prior to the meeting. This information included the themes and types of questions that project members planned to explore with them during their site visit. Interviewees were also sent a consent form for signature prior to interview. This form provided further details about the ethical practices for handling the information provided by participants including, for example, that no comments would be directly attributed to them or the organisation they represent, and that interview notes would be destroyed at the completion of the project. All interviews were documented by AIHW staff and these summaries sent to participants for comment or correction
- during all stages of field work (at the capital city and local levels), inviting interviewees to provide case stories describing typical successful and unsuccessful diversion experiences by offenders in rural and remote areas. Case studies were also drawn from existing studies, where relevant.

Table 2.1: Rural/remote IDDI field work locations

State/territory	Location	Remoteness category
New South Wales	Broken Hill	Outer regional
	Wellington	Outer regional
	Coffs Harbour	Outer regional
Victoria	Bairnsdale	Outer regional
	Mildura	Remote
Queensland	Mt Isa	Remote
	Cairns	Outer regional
South Australia	Berri	Outer regional
	Anangu Pitjantjatjara Yankunytjatjara (APY) Lands (telephone interviews)	Very remote
Western Australia	Albany	Outer regional
	Kalgoorlie	Remote
	Broome	Very remote
Tasmania	Smithton	Outer regional
	Ulverstone	Outer regional
Northern Territory	Alice Springs	Remote
	Groote Eylandt (telephone interview)	Very remote

Data and analysis

The data and analysis component involved identifying, obtaining and analysing relevant data sources that informed the effectiveness indicators and, thereby, the project objectives. Tasks included:

- identifying key data sources for analysis
- planning the data analysis approach, including refining the definition of key terms and indicators to align desired indicators and available data
- developing a detailed analysis plan
- requesting data (for example, from health departments, courts, police) either directly from contact officers or following a relevant research and/or ethics committee request
- analysing and presenting data (Chapters 5 and 6).

Synthesis and report writing

A report outline was developed in the early stages of the project and agreed with the Australian Government Department of Health and Ageing and the National IDDI Evaluation Reference Group. Information from all of the project components has been synthesised and presented in this report.

2.3 Defining effectiveness

As noted in Chapter 1, it was agreed at the outset of the project that effectiveness would be evaluated in relation to the following objectives, namely that drug diversion will result in:

- people being given early incentives to address their drug use problem, in many cases before incurring a criminal record
- an increase in the number of illicit drug users diverted into drug education, assessment and treatment
- a reduction in the number of people being incarcerated for use or possession of small quantities of illicit drugs.

In early consultation with the National IDDI Evaluation Reference Group, it was recognised that, due to the large number of IDDI programs currently operating in rural and remote Australia and the great diversity in the way they operate, cross-jurisdiction comparisons would be difficult. The project therefore takes a ‘strengths and weaknesses’ approach, exploring the range of models operating across the country and identifying factors that appear to enhance or inhibit their effectiveness in rural and remote areas. While individual IDDI-funded programs are described, they are not individually evaluated.

It was also recognised that, while the project team would explore the effectiveness of programs generally, it would focus investigation on those factors that were likely to have a substantial influence on the effectiveness of IDDI programs in rural and remote settings.

Based on the information and literature review, and early discussions with the National IDDI Evaluation Reference Group, the study team developed a proposed set of effectiveness indicators – that is, looked at the stated objectives of the IDDI and identified ways in which these objectives could be described and potentially measured. Standard definitions of key performance concepts were used (Box 2.1).

Box 2.1: Defining key performance concepts

Inputs – The resources (including land, labour and capital) used by a service area in providing the service.

Outputs – The service delivered by a service area; for example, a closed treatment episode (completed episode of care) is an output of mainstream alcohol and other drug treatment services.

Outcomes – The impact of the service on the status of individuals or a group, and the success of the service area in achieving its objectives. A service provider can influence an outcome but external factors can also apply. For example, a desirable outcome for a hospital would be to improve the health status of an individual receiving a hospital service.

Effectiveness – Reflects how well the outputs of a service achieve the stated objectives of that service. Program effectiveness reflects how well the outcomes of a service achieve the stated objectives of that service.

Process – Refers to the way in which a service is produced or delivered (that is, how inputs are transformed into outputs).

Source: SCRGSP 2007.

The proposed effectiveness indicators were discussed with all State/Territory IDDI Reference Groups and the National IDDI Evaluation Reference Group to determine their validity and the likelihood that they could be measured. Following this consultation, it was agreed that the study team would search for quantitative and qualitative information to inform the following indicators – relating to inputs, outputs and outcomes.

Inputs

The study team searched for quantitative evidence of diversion inputs in rural and remote areas as indicated by:

- police (number of rural and remote locations in which IDDI police diversion programs are implemented) (as at June 2006)
- courts (number of rural and remote locations in which IDDI court diversion programs are implemented) (as at June 2006)
- service providers (number of rural and remote locations in which service providers are funded under the IDDI) (as at June 2006).

The input information collected during the project is presented in Chapter 5.

Outputs

The study team searched for quantitative evidence of diversion outputs in rural and remote areas as indicated by:

- number of people assessed for diversion under an IDDI program in rural and remote Australia (2002–03 to 2005–06)
- number of people accepted for diversion under an IDDI program in rural and remote Australia (2002–03 to 2005–06)
- number of people completing the requirements of their IDDI program diversion in rural and remote Australia (2002–03 to 2005–06)
- profile of people diverted (age, sex, Indigenous status) in rural and remote Australia (2005–06).

The output information collected during the project is presented in Chapter 6.

Outcomes

The study team searched for quantitative and qualitative information about:

- outcomes for people diverted through IDDI programs in rural and remote Australia
- changes in community capacity to recognise and address drug-related issues in rural and remote Australia.

The study team initially planned to explore the following indicators in rural and remote areas compared with other areas:

- recidivism

- client treatment outcomes (for example, knowledge of risks of drug use, reduced drug use, reduced criminal behaviour, improved social and health functioning)
- drug offences and charges (use and possession) and drug-related offences and charges (for example, burglary to support costs of drug use or while under the influence of drugs)
- sentencing (for example, reduction in number and length of sentences associated with drug-related offences in rural and remote Australia).

However, given the lack of data to inform these proposed indicators, it was agreed that the project would focus on collecting and reporting case stories detailing broad outcomes for clients and gather available published material about outcomes in the other proposed areas. For further information about recidivism of offenders diverted under IDDI police diversion programs, refer to the Australian Institute of Criminology evaluation on this topic (AIC forthcoming).

Information collected in relation to the outcome indicators is presented in Chapter 7.

2.4 Defining rural and remote

There are a number of different ways to classify geographical areas according to their remoteness. The three major remoteness classifications currently used in Australia are:

- the RRMA (Rural, Remote and Metropolitan Areas) classification
- the ARIA (Accessibility/Remoteness Index of Australia) classification
- the ASGC (Australian Standard Geographical Classification) of remoteness areas.

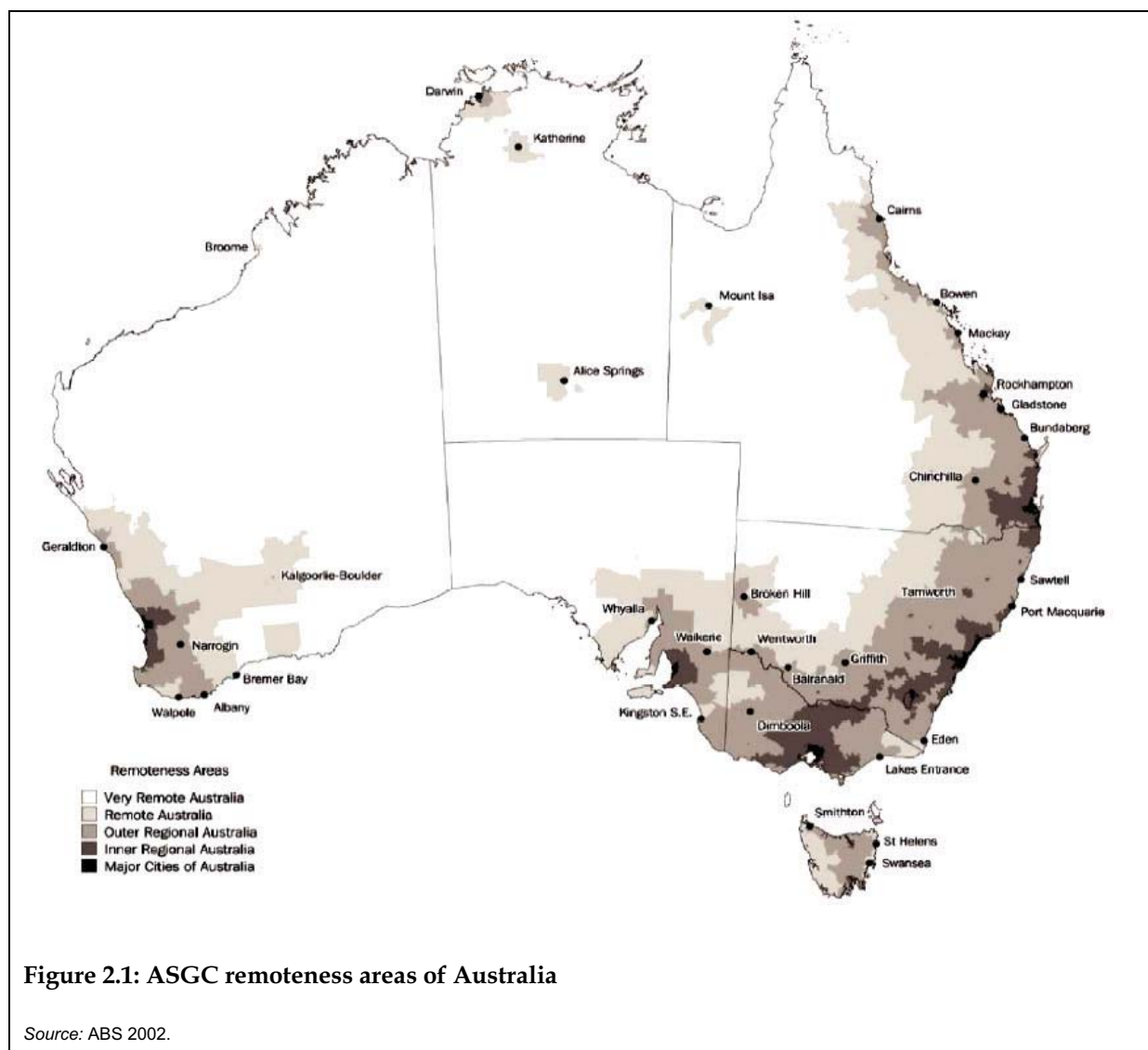
The ASGC was selected for use in this project for a range of reasons that are outlined in the AIHW report *Rural, regional and remote health: a guide to remoteness classifications* (2004a).

The ASGC allocates one of five remoteness categories to areas depending on their road distance to different sized urban centres, where the population size of the urban centre is considered to govern the range and type of services available (AIHW 2004a). 'Rural and remote' populations are those living outside cities and major regional centres. They comprise a range of environments including coastal settlements, small inland towns, farms and isolated 'outback' areas of Australia. The common feature of their people is that they live some distance from major population centres.

According to the ASGC remoteness area classification, areas are classified as major cities, inner regional, outer regional, remote or very remote. For the purposes of this project, 'rural and remote' areas include the remoteness areas outer regional, remote and very remote. It was agreed early in the project that inner regional areas would not be considered in the scope of the project. All future references to 'rural and remote' areas refer to locations classified as outer regional, remote or very remote according to the ASGC.

Examples of locations that are considered major cities of Australia include places like Canberra, Newcastle and Geelong. Hobart, Tamworth, Orange and Ballarat are considered inner regional Australia, and places like Darwin and Whyalla are classified as outer regional Australia. Esperance and Alice Springs are considered remote Australia, and places like Longreach and Coober Pedy are considered very remote Australia. As the vast majority of

the Australian Capital Territory is considered a major city, this territory was out-of-scope for this study. A map of Australia indicating remoteness areas is presented in Figure 2.1 below.



2.5 Study limitations

Offender input

An acknowledged limitation of this study's methodology is that information about outcomes for offenders was not sought directly from offenders or their families and friends. It was not considered feasible during the project timeframe to develop and implement an appropriate and ethically robust approach to gathering input directly from offenders. Instead, case stories were requested from relevant stakeholders interviewed throughout the project. These case stories are used to illustrate various points throughout the report.

Input from stakeholders on the ground

As detailed in Section 2.2, the field work component of the study involved semi-structured interviews with State/Territory IDDI Reference Group members about their perspectives on the effectiveness of IDDI programs in rural and remote parts of their jurisdiction, and interviews with police, magistrates, court personnel, and service providers (that is, preferred providers and diversion workers) at each of the 16 selected field sites to obtain their views on effectiveness in their local area (a total of 85 interviews with 162 people).

In both the capital city and field site settings, the study team talked only to people directly involved in planning or delivering IDDI programs, not to broader stakeholder groups such as Centrelink, legal practitioners, Aboriginal Legal Aid, Legal Aid and mental health workers. It is possible that these stakeholders may have different views to those expressed by the people interviewed.

The study team was not granted permission to interview police in Queensland and the perspectives of police involved in delivering IDDI programs in that state are therefore not reflected in this report.

Data limitations

As part of the initial IDDI framework and funding arrangements, all states and territories agreed to collect information from IDDI-funded programs and provide it to the Australian Government in the form of the Illicit Drug Diversion Initiative National Minimum Data Set (IDDI NMDS). For police diversion programs, IDDI NMDS items include information about numbers of diversions per quarter, characteristics of people diverted (sex, age, Indigenous status, principal drug of concern), successful expiation of the offence, and information about re-apprehension (for example, multiple cautions).

For court-based diversion programs, information is requested about numbers of diversions per quarter (including information about numbers assessed, accepted, ineligible), source of referral, characteristics of people diverted (sex, age, Indigenous status, principal drug of concern), main treatment type, successful completion of treatment).

While a nationally comparable unit record IDDI NMDS may have been initially envisaged, in practice states and territories supply quarterly information to the Australian Government in the form of aggregate tables. There is no national comparability of, for example, data definitions or counting rules to ensure that these data are comparable or to identify ways in which they are known to be incomparable.

In the absence of a nationally comparable unit record data base describing IDDI activity, the study team made separate requests to all jurisdiction IDDI program managers asking for specified tables, broken down according to remoteness category (see Chapter 6 for further detail).

It should be noted that, of the three overarching objectives of the IDDI, the IDDI NMDS can only inform the second objective (relating to the increase in number of illicit drug users diverted to drug education, assessment and treatment).

3 Drug diversion in rural and remote areas—identifying key issues

A targeted literature review was conducted to identify the key issues for exploration during the course of the project. The literature search was designed to provide information across a range of relevant topic areas including drug diversion and therapeutic jurisprudence generally; drug diversion initiatives in Australia and recent evaluations of these programs; the characteristics of rural and remote populations in Australia; and issues around drug use, criminal behaviour and access to health and community services in rural and remote areas of Australia. Information about the drug diversion programs implemented or expanded under the Illicit Drug Diversion Initiative is detailed in Chapter 4.

This chapter addresses three questions:

- What is drug diversion and what are the key issues relating to the implementation, ongoing management and effectiveness of drug diversion programs? (Section 3.1)
- What do we know about the context in which drug diversion initiatives are implemented in rural and remote Australia, in terms of population characteristics, drug use patterns, criminal behaviour patterns, sociodemographic factors and access to health and community services? (Section 3.2)
- What does the above information tell us about the particular issues for stakeholders involved in drug diversion programs in rural and remote areas? (Section 3.3)

3.1 Drug diversion—overview and key issues

Drug diversion strategies aim to divert drug-related offenders from the criminal justice system towards suitable assessment, education and/or treatment options. Drug-related offences include drug offences (for example, possession or use of an illicit substance), offences that are linked to intoxication (for example, drink driving, assault, domestic violence) and offences that are committed to support the purchase of drugs (for example, theft) (Spooner et al. 2001).

Opportunities for drug diversion exist at numerous points throughout the criminal justice process (Figure 3.1):

- Pre-arrest – when an offence is first detected by police and prior to charges being laid (for example, informal warnings or formal cautions by police which may also include referral to assessment, education and/or treatment)
- Pre-trial – post-charge but before the matter is heard in court (for example, pre-trial diversion programs where the attendance at treatment is part of bail conditions)
- Pre-sentence – prior to sentencing (for example, where a magistrate or judge uses adjournments or assessments to delay proceedings while the offender is assessed and/or treated)
- Post-sentence – as part of sentencing (for example, where a magistrate or judge specifies that an offender participate in specified drug treatment as part of their sentence)

- Pre-release – prior to release from a sentence (for example, early release from custody to participate in a structured and supervised drug treatment program) (Spooner et al. 2001).

The IDDI directs funding towards programs located at the pre-arrest (for example, NSW Police Cannabis Cautioning Scheme), pre-trial and pre-sentence (for example, NSW MERIT program) phases of the criminal justice process and it is these programs that are explored in this report. Post-sentence drug diversion options such as drug courts (for example, NSW Drug Court) and pre-release programs are not funded under the IDDI and are not discussed in this report.

Drug diversion programs have become increasingly popular in recent years for many reasons. These include the increased levels of incarceration of people for drug-related offences across much of the developed world, the growing evidence that punitive responses alone have been unsuccessful in preventing the use of illicit drugs and the criminal activity associated with their use, and increasing awareness that, for many offenders, custodial sentences further compound the harms associated with their drug use (Bull 2003).

Police in Australia are key players in implementing the goals of the National Drug Strategy (NDS), including its strategies based on the principle of harm minimisation. In addition to their strong focus on preventing the supply of illicit drugs into the community, police have been instrumental in meeting NDS objectives relating to the prevention and minimisation of the impact of drug overdoses and encouraging safer use of illicit drugs (Spooner et al. 2004). As part of the IDDI, police have also contributed to another NDS objective – encouraging entry into drug treatment programs – with police in all jurisdictions having implemented drug diversion programs, either for cannabis alone or for all illicit drugs (see Chapter 4).

In court settings there has been increasing support for therapeutic jurisprudence, which recognises that justice problems do not exist in isolation. Rather, there is an interaction between criminal behaviour and a range of socioeconomic, cultural and health factors. These factors include unemployment, homelessness, Indigenous status and mental health (King 2003). By addressing the whole range of issues impacting on the individual, therapeutic jurisprudence seeks to improve outcomes both in terms of reducing re-offending and promoting overall wellbeing. Strategies used in therapeutic jurisprudence range from small changes aimed at improving people's experience of the court, such as active listening by judges, to the establishment of specialised programs or courts that combine court supervision/legal orders with treatment and behavioural contracts. In Australia, the number of specialised programs and courts has increased over recent years, and now encompasses domestic violence, child protection and illicit drug use (King 2003). In this report, we focus only on court-based diversion programs that are funded under the IDDI (see Chapter 4).

While there is considerable positive sentiment around drug diversion, both in Australia and overseas, a number of issues are frequently raised around the effectiveness of these programs. Spooner and others (2001) summarised these issues as net widening, coercion into treatment, family effects, cultural background of offenders, and system issues.

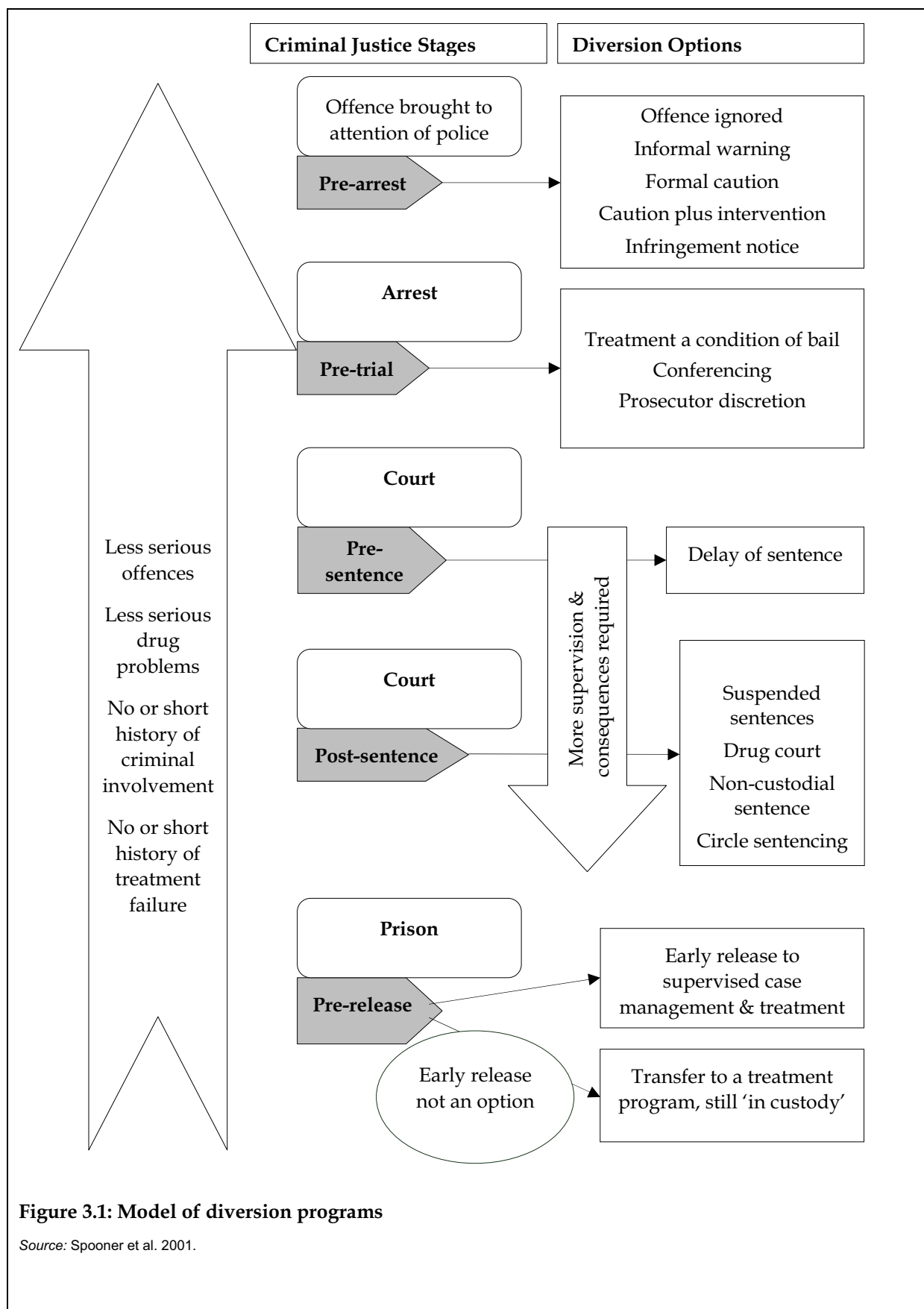


Figure 3.1: Model of diversion programs

Source: Spooner et al. 2001.

Available information about all of these issues is briefly summarised below, under slightly modified headings, drawing chiefly on evaluation and other information about IDDI-funded diversion activities in Australia. It should be noted that the literature only makes occasional reference to rural or remote issues but it is likely that many of the issues discussed below are more challenging in a rural and remote context. This section then closes with an overview of the issues highlighted in IDDI and other literature that specifically relate to the operation of drug diversion or similar programs in rural and remote Australia.

Net widening

The literature on drug diversion frequently raises the issue of 'net widening'. This refers to the situation where a diversion intervention increases the number of people involved in the criminal justice system or the consequences of offending for offenders (Spooner et al. 2001:288). In practice, net widening can occur in police diversion programs when the formal cautioning and diversion of people exceeds the number previously dealt with through informal cautions by police (Clancey & Howard 2006). There is also the potential for 'net tightening' which refers to greater levels of intervention being applied to diversion participants than would have been applied to similar offenders previously (O'Callaghan et al. 2004).

An overarching evaluation of COAG IDDI programs published in 2002 could not find any evidence of net widening, primarily due to a lack of data (HOI et al. 2002). However, some evaluations of individual IDDI programs have found evidence of a net widening effect.

A review of Western Australia's Cannabis Infringement Notice Scheme found that police were unlikely to continue using cautioning methods after the introduction of the infringement notice program. Police explained their reluctance to continue cautioning as a desire to avoid the appearance of corruption. The report authors concluded that it was likely more people would be drawn into the criminal justice system, particularly over the long term, as result of the introduction of the infringement notice scheme (Sutton & Hawks 2005).

Baker and Goh (2004) also found some degree of net widening in the NSW Cannabis Cautioning Scheme. They found that the decrease in charges for cannabis was much smaller than the number of cautions under the new scheme. The introduction of more pro-active policing at that time may have contributed to the observed net widening. Baker and Goh comment that the increase in people cautioned under the scheme may have represented a positive outcome; that is, more people were given access to information about cannabis use and treatment.

A similar 'net widening' concern has been raised in regards to people accessing drug treatment. Diversion programs may lead to the compulsory referral to treatment of people who are only occasional drug users and/or do not feel they have a drug problem (Madden 2000). It is difficult to judge the extent of this issue in IDDI programs because only a small minority of evaluations have consulted with participants. There has been some feedback from service providers that people who are early in their drug use career tend not to see their drug use as a problem. However, treatment providers in the Victorian CREDIT program felt that challenging this view and providing information was an important early intervention (McLeod Nelson & Assoc 1999).

Other literature suggests that the majority of people who are diverted do in fact have a substantial drug issue, regardless of whether they feel they have a drug problem. For example, Feeney and others (2005) found that young cannabis users who were diverted

through the Queensland Police Cannabis Diversion Programme were 'more likely than not to be dependent on the drug'.

Coercion into treatment

Drug diversion programs typically utilise some form of coercion in order to link the offender to drug education or treatment. The degree of coercion varies, with Australian programs typically falling into the 'constrained choice' model. Under this model the offender is given the option to undergo education or treatment, or to progress through the usual criminal justice process (Hall 1997). The choice to engage in education or treatment is encouraged by the prospect of a reduced penalty or the capacity to expiate the offence upon completion of the program.

Coercion is seen as potentially problematic on two levels: ethically and, more pragmatically, due to the possibility that coercion decreases treatment effectiveness. Spooner and others (2001) argue that ethical concerns are adequately addressed when the treatment provided is appropriate, and the person has some choice over treatment type together with a choice between treatment and the legal process. Others argue that coercion is only justified if treatment can be shown to be effective. Hall (1997) makes this argument while assessing the evidence for the effectiveness of coerced treatment for heroin users. For example, a hospital-based program was seen as less effective than a community-based program that incorporated follow-up after program completion.

Nonetheless, diversion initiatives are often designed to take advantage of the 'shock' or fear from contact with the criminal justice system in order to motivate a person to address their drug issues (Macintosh 2006). Wild and others (2002) suggest this may be counterproductive as they found that coercion weakens client commitment to the change process. On the other hand, Spooner and others (2001) found that coercion need not be a barrier to treatment effectiveness. Weatherburn and others (2000) suggest there is a dearth of information about the effectiveness of coerced drug treatment in Australia.

Evaluations of IDDI programs do not often comment directly on coercion. However, an evaluation of the Victorian CREDIT program sought the views of treatment providers about the effectiveness of treatment for diversion participants (who were coerced under the constrained choice model) (Alberti et al. 2004). Treatment providers felt that treatment was more successful for diverted clients than for voluntary clients. This greater success was attributed to longer treatment duration, regular court reviews and incentives to comply with requirements of the program.

The views of diversion participants about coercion were canvassed in a review of the Lismore MERIT pilot. The coercive aspects covered included the requirement to attend appointments and participate in groups. Participants reported that these requirements had assisted them to successfully complete the program (Passey 2003). On the other hand, when diversion programs do not coerce people to seek treatment, it appears that voluntary treatment seeking is very low. For example, in the NSW Cannabis Cautioning Program only 0.7% of cautioned people voluntarily contacted a helpline (Baker & Goh 2004).

Family effects

Spooner and others (2001) discuss the effects that diversion processes have on families. Under diversion initiatives, some offenders who would otherwise be in gaol are allowed to return home while participating in treatment. If the offender has been violent, this may not be the best solution for the family. Similarly, offenders may not find their families to be supportive of attempts to address their drug issues. This is particularly the case if other family members use drugs.

In reviewing the literature in this area, Mitchell and others (2001) identified another family issue for women. Women are reluctant to enter residential rehabilitation when they have dependent children. Similarly, Bull (2003) found that women with dependent children have less opportunity to participate in diversion programs. The difficulty arose from the need to balance child care responsibilities with the demands of the treatment program.

Family effects have been observed for young people engaging in treatment. An evaluation of the Young People's Opportunity Program in Western Australia received feedback that family issues were barriers to treatment. Specifically, lack of support from the young person's family, and a fear of being seen entering treatment premises by family members, made it difficult for young people to engage with treatment (Bartu & Evans 2005).

Appropriateness of diversion for particular population groups

While some groups in the Australian population, most notably Indigenous people, are disproportionately represented in the criminal justice system, their participation in diversion programs has been found to be disproportionately low (Clancey & Howard 2006). Eligibility criteria are often cited as the barrier that leads to Indigenous under-representation in diversion programs. Most programs exclude people who have had prior contact with the criminal justice system, particularly for violent offences. Indigenous people are more likely to fall into this category. Indigenous people may also be excluded because they are hesitant to talk to police. This will block access to programs that require an admission of guilt (HOI & Turning Point).

A review of the participation of Aboriginal people in the NSW MERIT program undertook a detailed analysis of the process involved in being accepted into diversion. It found that the lower participation rate for Aboriginal people was caused by higher ineligibility rates due to previous offences. Aboriginal people maintained lower participation rates despite being more likely to obtain the magistrate's approval for participation, and no more likely to decline to participate than non-Indigenous people (RPR Consultancy Ltd 2006).

The Indigenous Sentinel Study for the COAG Illicit Drug Diversion Initiative also heard that Indigenous clients were more likely to be ineligible due to previous offences. Consultations conducted for the study raised further eligibility issues in that Indigenous people were more likely to have difficulties with drug types not covered by the IDDI, and less likely to make an admission to the police (Urbis Keys Young 2003). The study suggested that these barriers to Indigenous participation constitute indirect discrimination.

Once Indigenous people are accepted into diversion programs, it is often the case that they have lower completion rates than non-Indigenous people. For example, the study of Aboriginal participation in the NSW MERIT program found that Indigenous people had rates of completion 10% below that of non-Indigenous participants. The lower completion rate was attributed to the different treatment types provided to Indigenous and non-

Indigenous people. Residential rehabilitation was the treatment provided to almost half of Indigenous clients (compared to 18% of non-Indigenous people). It was felt that the removal of Indigenous people from their community and family for the purposes of rehabilitation may be culturally inappropriate, in turn leading to lower completion rates for Indigenous people (RPR Consultancy Ltd 2006).

However, higher non-completion rates are also found in other types of treatment offered in diversion programs. A study of the Queensland Police Diversion Program found lower rates of compliance for Indigenous people in a program that required participants to attend a one to two-hour assessment and education session (HOI & Turning Point). IDDI evaluations have frequently concluded that programs need to address issues of cultural appropriateness. Some have highlighted specific cultural issues such as the greater focus on community in Indigenous culture. Urbis Keys Young (2003) argued that this difference leads to the need for diversion responses that are more holistic and community development focused than current programs. There have also been calls for greater consultation with minority groups in the development of diversion programs (Loxley in Stockwell et al. 2005).

Under the IDDI, a number of specific programs have been developed in an effort to engage Indigenous people more effectively. For example, in Western Australia the Indigenous Diversion Program aims to increase the number of Indigenous workers trained to work with mandated clients and also seeks to increase the availability of culturally appropriate diversion options in regional areas of the state (Salter 2006). IDDI funding has been used to establish the Victoria Koori Court Diversion (Koori Alcohol and Drug Workers) roles in various metropolitan and regional locations. Koori Alcohol and Drug Workers are generally located in mainstream services and, by attending court (both Koori court and mainstream court), aim to link Koori offenders into Koori-specific and mainstream alcohol and drug treatment services and divert offenders from sentencing where appropriate. In addition to such Indigenous-specific programs, work has been done within existing programs to increase the participation of Indigenous offenders. For example, considerable work has been done in the NSW Young Offenders' Rural and Regional Counselling and Young Offenders' Residential Rehabilitation programs to develop and implement culturally appropriate service delivery models and increase Indigenous participation (NSW DJJ, personal communication).

Juveniles, ethnic minorities, and women are also sometimes identified as groups requiring diversion programs designed for their particular needs. In Western Australia, the Young People's Opportunity Program was developed to address the particular needs of young people with problematic drug use by establishing collaboration between Juvenile Justice, the Drug and Alcohol Office and drug treatment agencies (Bartu & Evans 2005).

System issues

A myriad of system issues are thoroughly explored in the literature. These include implementation issues, intersectoral issues, confidentiality, mandated versus discretionary referral, the need for clear guidelines, funding issues, the need to match the individual to the treatment, the types of diversion programs that are effective, the need for appropriate data including feedback to data providers, and the need for follow-up care.

Implementation issues

A number of IDDI evaluations found that programs were slow to start. That is, initial referrals were fewer than expected and it took time for the numbers of diversions to build up to envisaged levels. One example of this is the Victorian Drug Diversion Pilot program. It was thought that the slow start to the scheme may have been due to the substantial change in policing policy that the program represented (McLeod Nelson & Assoc 1999). In this way, slow start-up may be linked to a number of the following themes, including intersectoral and funding issues.

Intersectoral issues

Diversion programs require the cooperation of agencies such as police, courts, corrective services, health and welfare agencies and treatment providers. These agencies clearly work from different perspectives and may have different ideas about the goals of diversion. Police and courts may focus on the reduction of criminal activity while treatment providers focus on improved health for their clients. The two systems need to reach a common understanding if diversion programs are to be effective. The required change in mindset can be a difficult and time-consuming process of change for members of the criminal justice system (O'Callaghan et al. 2004). For example, the CREDIT evaluation found that, while many police were supportive of diversion, some held concerns that their efforts would be better directed at dealers or traffickers (McLeod Nelson & Assoc 1999). The Queensland Illicit Drug Diversion Initiative (QIDDI) evaluation heard that police initially 'hated' diversion but came to a grudging acceptance of their role, although many still questioned whether it 'works' (HOI & Turning Point).

Similarly, treatment providers need to develop their understanding of the criminal justice environment in order to provide effective service to the client group (Caraniche: Hussain & Cowie 2005). There is some evidence that treatment providers also find the diversion environment difficult. For example, in South Australia, it has been noted that some agencies oppose working with involuntary clients (Sanderson & O'Brien 2006).

Training is often suggested as the key to improving understanding between the sectors. For example, the Queensland Illicit Drugs Court Diversion Program report recommended a standardised training package be developed for the state-wide rollout, including the program philosophy and procedures (HOI 2004).

The relationships between the police/judiciary and treatment providers are seen to be of varying importance, depending on the type of diversion program. For example, an evaluation of the Queensland Police Diversion Program found that treatment agencies and police had little ongoing contact with one another except in small country towns. This particular program delivered a single, short assessment and education session. As a result, lack of contact between the sectors was seen as unproblematic (HOI & Turning Point).

Developing understanding is crucial, but fundamental role disparities between the police/judiciary and treatment providers are likely to remain and lead to frustrations within diversion programs. One area where different roles become apparent is in the different emphasis placed on client/offender input to the treatment process. Treatment providers generally encourage client involvement in treatment planning and expect setbacks as part of the change process. However, courts may prefer treatment providers to take a more supervisory approach. These issues were reported as frustrations by treatment and judicial staff in an evaluation of an early Victorian drug diversion program (Skene 1987).

Confidentiality

Drug user activists have expressed special concern about the confidentiality implications of the close relationship between treatment providers and the judiciary in diversion programs (Madden 2000). This issue was also raised by counsellors on a drug helpline in New South Wales, who felt that people were hesitant to speak freely because they perceived a connection between the police and the helpline (Baker & Goh 2004).

Confidentiality is also potentially a source of disagreement between the treatment providers and the justice system. It is a well-established tenet of treatment that confidentiality is essential to build trust and rapport with the client. However, the role of police means that they operate in a more coercive environment (Graycar et al. 2001) and courts involved in diversion need client information to support their judicial role, as identified in the NSW MERIT survey of magistrates (Barnes & Poletti 2001).

Eligibility criteria

A number of evaluations of diversion programs have recommended changes to the eligibility criteria for admission. For example, stakeholders in the NSW MERIT pilot supported the expansion of criteria to include people with some history of minor violence (Passey 2003). The exclusion of people with alcohol problems was also identified as less than ideal, albeit with an acknowledgement that the inclusion of this group would have large resource and other implications.

Mandated vs discretionary referral

Referral to diversion can be legislated by certain criteria, or based on the discretion of police or magistrates. Where discretion is utilised, it can be seen as opening the door to inconsistency or discrimination (O'Callaghan et al. 2004). Others support discretion because of the complexities of cases presented to police. The Victorian Drug Diversion Pilot Program report recommended that police develop a comprehensive training strategy to assist police with the exercise of discretion (McLeod Nelson & Assoc 1999).

A review of the Cannabis Cautioning Scheme in New South Wales pointed to the regional differences that can arise when discretion is employed. Different rates of cautioning were found in different Local Area Commands. These were explained by Commanders in different ways. In areas with high cannabis use, Commanders believed that police may want to utilise strategies they see as most effective: criminal rather than diversionary options. Other feedback from Commanders was that less experienced officers may be less likely to caution because of a lack of awareness of broader social issues. Older police may be less likely to caution because they see it as a 'soft' option (Baker & Goh 2004).

A review of a cannabis diversion scheme in Queensland found a higher rate of referral than in similar schemes in other states. This was attributed to the fact that referral is compulsory in Queensland, but discretionary in other states (HOI & Turning Point).

Discretion can also be exercised by magistrates in programs where their approval is required for a person's participation. A review of the Queensland Illicit Drugs Court Diversion pilot program found that magistrates exercise their discretion in different ways, raising the issue of consistency and equality of access to diversion (HOI 2004).

The need for clear guidelines

The need for clear guidelines is often raised in the literature in order to support consistent and equitable practices. Bull (2003) argues for the documentation of policies and procedures to enable consistent understanding and application. Sometimes this involves changing or enhancing procedural guidelines to fit the diversion environment. For example, in New South Wales, procedures around weighing drugs in the field needed to be reviewed in order for police to maximise their use of diversion (Baker & Goh 2004). In other instances, guidelines need to be reviewed and strengthened as a program unfolds. For example, a survey of magistrates involved in diversion in New South Wales found that some magistrates felt the assessment of whether an offence was 'drug-related' depended on individual interpretation (Barnes & Poletti 2001).

Funding issues

Funding needs to be sufficient to allow diversion systems to develop and continue to function well. As such, funding needs to take account of both the cost of direct service provision, and all the tasks associated with establishing an effective diversion program. These include education and training for all workers, including police, court staff and education or treatment providers (Bull 2003).

There has been some criticism that the full cost of providing services in rural and remote areas has not always been recognised (ANCD 2001). Costs in these areas can be inflated by issues such as distance, transport costs and few available premises.

The nature of funding is also important. Bull (2003) argues for 'certain' funding, as opposed to funding provided on short-term contracts. Such funding allows services to be developed and appropriate staff to be employed and retained.

Matching the individual to the treatment

While many drug treatments have been shown to be effective, not all are suitable for everyone. Treatment type needs to be matched to the learning style of the individual (Caraniche: Hussain & Cowie 2005). For example, written educational material is not appropriate for a person with literacy difficulties, as found by the Lismore MERIT evaluation (Passey 2003). Residential programs are recommended for people who are homeless (O'Callaghan et al. 2004).

The complex needs of people with coexisting mental health and substance use issues are well established. A range of strategies to improve coordination between mental health and substance use treatment services have been implemented under Australia's National Illicit Drug Strategy's National Comorbidity Initiative. The difficulties in providing appropriate treatment for people with coexisting mental health and substance use issues are raised frequently in the IDDI program evaluations. A number of responses to their needs are proposed. For example, an evaluation of the Queensland Illicit Drugs Court Diversion Program found there was a need to establish referral pathways to appropriate services for people with complex needs, particularly those with mental health concerns (HOI 2004).

The special needs of Indigenous people with cognitive disability were raised by the Victorian Koori Drug Diversion Initiative project. It commented that interventions need to be adapted to be suitable for those with cognitive disability (SuccessWorks 2006). This report also raised the issue of the need to provide outreach in order to engage Koori clients. It pointed out that Koori clients often experience poverty and difficulties with transport. If mainstream services

are to be successful in reaching Koori clients, they will need to consider providing transport assistance and a system of reminders to clients.

What types of diversion systems are effective?

It is important to note that diversion programs employ a wide range of intervention methods and that this leads to different expectations in terms of effectiveness. For example, the effectiveness of a single, education-focused session about drug use is different from the effectiveness of a three-month counselling program.

At its most basic level, a good diversion system is one that provides participants with the best possible chance to succeed. Evaluations of diversion programs have discussed the benefits of short time periods between apprehension by police and the intervention session. The Queensland IDCP review found that more people attended the intervention session the sooner it was held (HOI 2004). Similarly, in Victoria's CREDIT program, the five-day timeframe between caution and assessment was seen as one of the program's major strengths (Alberti et al. 2004).

The success of diversion models is often linked to the type of treatment or education models used. The evidence about particular therapeutic models is still being gathered. For example, there is some support for the effectiveness of cognitive behavioural therapy, and it appears to be important to challenge the offending behaviour as part of the treatment process (Caraniche: Hussain & Cowie 2005). There is some support from IDDI evaluations for holistic treatment models, rather than those that focus simply on drug treatment. For example, the Lismore MERIT pilot utilised a case management approach. Bull (2003) provides support for this approach because social issues such as housing impinge on a person's capacity to make the best use of treatment. Harvey and others (2006) also suggested that issues such as housing, employment and social support need to be addressed at the same time in order to maximise the success of drug treatment.

There is no clear message about whether discretionary or legislated referral to treatment is more effective. Discretion works well when it is supported by police who are more experienced, have good rapport and understanding of drug use and users, and have personal knowledge of accessible, appropriate treatment services that they believe can be effective (Spooner, McPherson & Hall 2004). Legislated referral attempts to control these variables by mandating the referral of all eligible people.

Several authors point to the need for realistic ideas of what treatment can achieve in order for diversion to be effective. For example, many clients will relapse several times during the drug treatment process. Without an understanding of such issues, clients can be 'set up to fail' because of unrealistic directives from the criminal justice system (Caraniche: Hussain & Cowie 2005).

Data and feedback

Evaluations of IDDI programs frequently raise the need for feedback to diversion stakeholders about client/offender progress and outcomes. This issue was raised in the Queensland Illicit Drugs Court Diversion Program report (HOI 2004). It was also raised by police in the NSW Cannabis Cautioning Scheme review. Police reported that feedback about the program's effectiveness may make them more likely to divert offenders (Baker & Goh 2004).

Follow-up care

The literature raises the need for follow-up and ongoing support for people who have completed the legal requirements of diversion. The Lismore MERIT program evaluation raised the need for aftercare of clients and proposed the establishment of an ongoing support group (Passey 2003). However, the WA YPOP program evaluation found that follow-up phone calls were too resource intensive and recommended that they cease (with follow-up implemented 12 months later instead) (Bartu & Evans 2005).

With the caveat that aftercare strategies have not been rigorously evaluated, Harvey and others (2006) identified a number of issues in the literature. They noted that client choice between aftercare programs improves retention rates. Client characteristics also need to be taken into account. For example, 12-step programs tend to be more suitable for complex clients. Phone counselling appears sufficient for people at low risk of relapse or recidivism. In rural or isolated areas, community-based services such as home visiting are better than standard outpatient sessions.

Rural and remote issues

There is little discussion of rural and remote issues in the general diversion literature. Similarly, rural and remote issues are only occasionally canvassed in IDDI program evaluations.

In their US study of rural and urban drug users, Metsch and McCoy (1999) found that urban drug users were significantly more likely to have participated in treatment than rural drug users. Their analysis provides a useful framework for thinking about the barriers to drug treatment in rural and remote areas. Their framework groups rural and remote issues into:

- availability – limited treatment services or capacity
- accessibility – includes transport, child care and cultural background
- acceptability – such as privacy concerns, community norms.

These groupings are also relevant to the challenges faced by police, courts and drug and alcohol treatment service providers in rural and remote Australia.

Availability

The availability of services in rural and remote areas is affected by the local areas they reside in. Some authors point to a difference between rural coastal and rural inland areas. That is, coastal areas are facing population pressures and struggling to meet demand, whereas declining populations in inland rural areas have made many services unsustainable (Alston 2005).

Police in rural and remote Australia are often limited by a lack of resources such as ‘sobering up’ facilities (Delahunty & Putt 2006). This places police in the position of having to make difficult decisions – a holding cell is not the most appropriate place for a person to sober up, nor is it always appropriate to send someone who is intoxicated home. Similarly, police working with Indigenous people around volatile substance users are often hampered by a lack of services to refer to or safe places to utilise (Gray et al. 2006). Attracting and retaining police to rural and remote areas is also difficult.

Similarly, the criminal justice system faces resource issues in rural and remote areas. King (2003) notes that these areas do not have the resources to support innovations such as

specialist drug courts. He argues for more flexible approaches, but also notes that therapeutic jurisprudence will not be available to communities where judges do not support its application.

Treatment services in rural and remote areas are often lone service providers. This means that clients have no alternative should the service be inappropriate to their needs. It also means that the service's policy decisions, such as the drug types they include, will preclude access for some members of the local community. Sometimes, the pressure to prioritise treatment places leads to the exclusion of certain clients, for example, those who relapse (ANCD 2001).

The issue of staff resources in treatment services and health and welfare agencies more broadly is also problematic. The literature identifies a number of issues including recruiting people with appropriate qualifications. For example, there are a number of issues that impact on the sustainability of general practices in rural and remote areas (Battye et al. 2005). Recruiting general practitioners who are able to prescribe methadone can be difficult. High turnover means that those who have accumulated experience in the area are lost (ANCD 2001). Lack of support, access to professional development and networking opportunities have also been identified as issues affecting the recruitment and retention of staff (Green & Gregory 2004). Limited opportunities to develop management skills such as submission writing can also impact on the success of funding applications and the range of services provided in the community (ANCD 2001).

The range of services provided can also be affected by the challenges of remoteness. For example, Nagel (2006) found that staff providing mental health services to remote communities had low levels of confidence, little training and few tools in mental health practice. As a result, only acute care was provided. Early intervention and relapse prevention were rarely provided.

Accessibility

Limited infrastructure and socioeconomic disadvantage affects access to services in rural and remote areas. In very remote areas, people can be limited by a lack of roadworthy vehicles and weather-affected transport infrastructure (Pflaum 2001). In rural areas, people often need to travel long distances without access to public transport. Often people then return home with no support in between visits to the treatment agency (ANCD 2001). Similarly, child care may not be readily available to allow parents to access treatment (Metsch & McCoy 1999). People may be reluctant to enter residential rehabilitation because they cannot afford to pay the fee for service while also paying rent on their house. Lack of housing in rural and remote areas may make losing accommodation more concerning than in urban areas (ANCD 2001).

Surveys conducted in Australia have confirmed the importance of accessibility issues in rural and remote areas. For example, Day and others (2006) surveyed injecting drug users in rural and metropolitan areas. They found that those in rural areas used Needle and Syringe Programs less because of transport difficulties and stigma. Bourke (2001) found that the cost of health services was a major concern for rural residents.

In practice, people with drug or alcohol issues may need to rely on mainstream health services in rural or remote areas, rather than access a drug treatment agency. However, mainstream services may not have the skills and knowledge to respond effectively, especially when the drug issues are accompanied by mental health issues (Wood 1993).

In response to these issues, some areas have trialled new service delivery models. For example, in rural Queensland, videoconferencing has been used to deliver women's health education sessions. These sessions reduce the need for health workers and members of the community to travel. They were also found to have a community capacity-building effect (Faulkner & McClelland 2005).

Cultural background also relates to accessibility. Some courts in areas with a large Indigenous population have increased their accessibility by including Aboriginal elders in proceedings (King 2003).

Acceptability

The issue of confidentiality in rural and remote areas is frequently raised in the literature. People in smaller communities are more likely to avoid treatment because of concerns about confidentiality and stigma (ANCD 2001). The concern about confidentiality arises from a lack of anonymity in smaller communities (Bourke et al. 2004). Concerns about stigma imply that rural and remote cultures are more conservative around drug use issues, although survey data about perceptions of drug use do not necessarily support this view (see Table 3.4).

Rural and remote communities may face similar issues, but they are not all the same. A lack of awareness of the local culture can lead to inappropriate services. For example, the church has a large role in some areas, or the community may deeply value self-reliance (Metsch & McCoy 1999). Police can encounter resistance when they do not respect cultural protocols (Delahunty & Putt 2006).

Bourke and others (2004) argue that rural and remote services need to be more than culturally aware—they also need to be culturally safe. This safety is found not so much in understanding different cultures, but in practitioners understanding the power of their role and the associated dominance of their own culture. In some areas, the need for cultural safety is accentuated by the absence of culturally appropriate services.

It is also important that policing and services are not too 'urbanised'. Often, program funding is based on criteria written with an urban understanding of the issue. For example, drug diversion programs implemented under the IDDI have focused on particular drugs of concern—namely illicit drugs. There is evidence that drugs of concern differ between urban and rural environments. For example, in South Australia, the use of illicit drugs is lower in rural and regional areas than for the whole state. However, prescribed medications are used for non-medical reasons more in rural areas than elsewhere (Department of Human Services 2002). In NSW, a rural alcohol diversion program has been piloted to respond to alcohol issues that are not generally covered in diversion programs (Attorney-General's Department 2004) and the inclusion of alcohol as a primary drug of concern has been accepted in some rural and remote locations. In the Northern Territory, an Alcohol Court has recently been established outside the IDDI funding process to facilitate the rehabilitation of alcohol-dependent offenders who consent to treatment, and thus reduce alcohol-related offending (Rysavy 2006).

Green and Gregory (2004) argue that, in addition to urban/rural differences, there are substantial differences between rural and remote areas. Generally, remote areas are distinguished by even greater isolation or service deprivation than rural areas. However, Green and Gregory identify a 'culture of opposition' in remote Australia similar to that described by Canadian researchers. This culture is linked to historical injustices committed against Indigenous people, particularly those committed by welfare professionals that have

had the effect of marginalising or oppressing Indigenous people. As a result, workers in rural areas, who are often non-Indigenous, frequently encounter high levels of mistrust and resentment from residents.

Green and Gregory (2004) further argue that some planks of professional practice, such as personal distance from clients, are based on an urban model that does not work in rural and remote areas. Surveys of workers in these areas have shown that they struggle to maintain separation of their work and personal lives. For example, people approach them for advice in public settings (Gregory 2005). This creates tension and stress for some workers.

The ingredients for successful drug intervention may even vary between urban and rural/remote areas. For example, a study of US drug court clients found that rural participants were more likely to complete their treatment if they were older and had not been incarcerated as a juvenile. For urban participants, these factors were not important. Rather, marital status, employment and drug use were relevant (Mateyoke-Scrivener et al. 2004).

Rural and remote issues reflected in IDDI evaluations to date

As noted above, there is limited published information in IDDI program evaluations about the extent to which rural and remote issues affect the implementation and operation of these programs. The material that has been published, however, highlights many of the issues above, supporting the general finding that issues of availability, accessibility and appropriateness are likely to be more complicated to address in rural and remote locations.

In the Queensland Illicit Drugs Court Diversion Program evaluation, rural and remote issues were noted in the context of considering the state-wide rollout of the program and a number of issues were raised regarding operation of the program in rural and remote areas. For example, the education video used was considered to be 'south-east Queensland centric' and 'Anglo-centric'. It was recommended that the approach to delivering outreach services be reviewed and that alternative approaches to delivering diversion interventions in rural and remote areas be considered. Videoconferencing was suggested as meriting further investigation (HOI 2004).

In the NSW Cannabis Cautioning Scheme review it was noted that local policing strategies are a substantial influence on cautioning rates. For example, in areas where sniffer dogs and proactive policing strategies are used, more offences (and potential diversions) are detected (Baker & Goh 2004). It is reasonable to expect that there will be differences in policing in rural areas which would impact on diversion rates.

In Victoria, the Rural Outreach Diversion Worker Program was introduced in 2002 to provide diversion in rural areas not well served by the established CREDIT program. An evaluation of the program found that it was limited by gaps in general services, such as public housing. The evaluation also found that rural agencies struggled with resources and support, found it hard to do outreach because of the sheer size of the area they served, and struggled with the ramifications of small communities for people seeking drug treatment (Porter Orchard & Associates 2005). A case management model helped to address some of the limitations found in rural areas. Outreach, in terms of home visiting, helped to overcome difficulties associated with limited public transport.

Several evaluations have also noted geographic disparity in the way IDDI programs operate across regions. It is unclear whether these disparities are a function of rurality or whether their basis lies in other factors. For example, in New South Wales there is a large regional

variation in the approval of Indigenous people for participation in MERIT. Some high-volume courts in regional areas are five to seven times less likely to approve Indigenous participants (RPR Consultancy Ltd 2006). Another evaluation found disparity across Local Area Commands that seemed to be linked to the level of local support for programs (Baker & Goh 2004). In South Australia, IDDI funding under the Police Drug Diversion Initiative has been allocated to regional areas, where they can use local expertise to make decisions on the most appropriate prevention or treatment options (SA SRG, personal communication). This has led to some variation in the implementation of IDDI programs across regions.

3.2 Characteristics of rural and remote populations in Australia

This section draws on data from a range of population survey and administrative data sources to describe the characteristics of rural and remote populations in Australia – focusing on those characteristics that are likely to influence the effectiveness of drug diversion programs in these areas.

In interpreting the various data sources it is important to be aware of their limitations. For example, in the case of population surveys coverage of geographic areas varies. In particular, very remote areas and, at times, remote areas are excluded from survey samples. Information about Indigenous populations is sometimes drawn from general population surveys and sometimes from Indigenous-specific surveys. Administrative sources may be limited in their coverage both geographically and in terms of the types of services they collect information from.

The following data are presented in terms of the five ASGC remoteness categories outlined in Chapter 2. For the purposes of this report, ‘rural and remote’ areas are considered to be those that have a remoteness category of outer regional, remote or very remote (with the rest of Australia comprising locations that are considered major cities or inner regional areas). Much of the data reveal that people living in outer regional areas (included in the definition of rural and remote for this report) often experience a profile that is different from both major cities and remote and very remote locations.

Demographics

Remoteness

From a demographics point of view, Australia is very much an urban society. As at 30 June 2001, 13% of the population lived in rural and remote areas (10% in outer regional, 2% in remote and 1% in very remote areas) and 87% in inner regional areas or major cities (ABS 2004a) (Table 3.1).

The proportion of the population in each of the remoteness areas varied considerably across states and territories. In the Northern Territory, all of the population resided in rural or remote areas (54% in outer regional, 21% in remote and 25% in very remote areas) in 2001. In Tasmania, over one-third of the population lived in rural and remote locations (34% in outer regional, 2% in remote and 1% in very remote locations). Queensland and South Australia also had relatively high proportions of people living in rural and remote locations (22% and 16%), compared to the national average (13%). Relatively few people in New South Wales

and Victoria lived in rural and remote locations (8% and 5%) compared with the national average (13%) (ABS 2004a).

The distribution of the population across the remoteness areas in 2005 was estimated by the ABS to be similar to that for 2001. The similarity holds for both the national level and for states and territories (ABS 2004a, 2006a) (Table 3.1).

The variation across jurisdictions in the proportion of their population that resides in rural and remote locations is highly relevant to future discussion and data presented in this report.

Table 3.1: Australian population, by state/territory and remoteness area, 30 June 2001 and 30 June 2005 (per cent)

Location	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia	Total no. ('000)
30 June 2001										
Major cities	71.4	73.4	52.4	70.6	71.8	—	99.8	—	66.3	12,870.8
Inner regional	20.5	21.2	25.9	12.2	12.4	63.6	0.2	—	20.7	4,025.7
Outer regional	7.3	5.3	17.8	9.8	11.8	34.1	—	54.0	10.4	2,013.8
Remote	0.6	0.1	2.5	4.8	3.0	1.8	—	21.2	1.7	324.3
Very remote	0.1	0.1	1.5	2.6	1.0	0.6	—	24.8	0.9	178.5
<i>Rural and remote</i>	<i>8.0</i>	<i>5.5</i>	<i>21.8</i>	<i>17.2</i>	<i>15.8</i>	<i>36.5</i>	<i>0.0</i>	<i>100.0</i>	<i>13.0</i>	<i>2,516.6</i>
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	..
Total no. ('000)	6,575.2	4,804.7	3,628.9	1,901.2	1,511.7	471.8	319.3	197.8	..	19,413.2
30 June 2005										
Major cities	71.5	73.2	52.7	70.4	71.7	—	99.8	—	66.2	13,454.2
Inner regional	20.7	21.5	26.3	13.4	12.9	63.7	0.2	—	21.2	4,302.3
Outer regional	7.1	5.1	17.4	9.2	11.5	33.7	—	54.9	10.2	2,068.9
Remote	0.6	0.1	2.4	4.4	3.0	1.7	—	20.6	1.6	323.4
Very remote	0.1	—	1.3	2.5	0.9	0.5	—	24.5	0.9	179.7
<i>Rural and remote</i>	<i>7.8</i>	<i>5.2</i>	<i>21.1</i>	<i>16.1</i>	<i>15.4</i>	<i>35.9</i>	<i>0.0</i>	<i>100.0</i>	<i>12.7</i>	<i>2,572.0</i>
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	..
Total no. ('000)	6,774.2	5,022.3	3,964.0	2,010.1	1,542.0	485.3	325.2	202.8	..	20,328.6

Note: Remoteness categories are based on the Australian Standard Geographical Classification.

Source: ABS 2004a, 2006a.

Age and sex

The age and sex structures of the populations in each of the five remoteness areas are different, with rural and remote area populations having higher proportions of younger people, proportionally fewer older people, and proportionally more males than females than is the case in major cities (Tables 3.2 and 3.3). For example, in 2001:

- rural and remote areas had proportionally more people aged 0–14 years (comprising 23% of the population in outer regional areas, 25% in remote areas and 28% in very remote areas) than major cities (20%) (Table 3.2)
- males accounted for 49% of the population in major cities, 50% in inner regional areas, 51% in outer regional areas, and 53% in both remote and very remote areas (Table 3.3).

The structure of the population in rural and remote areas is influenced by the migration of young people to urban areas. A key factor in this movement is the greater availability of employment, education and training opportunities in major cities (ABS 2003).

Table 3.2: Australian population, by age group and remoteness area, 30 June 2001

Age group (years)	Major cities	Inner regional	Outer regional	Remote	Very remote	Total
Number ('000)						
0–14	2,520.8	883.4	453.3	80.1	49.6	3,987.2
15–24	1,834.2	510.2	244.6	39.1	27.1	2,655.2
25–44	4,010.2	1,094.5	576.3	105.3	58.9	5,845.2
45–64	2,926.3	972.6	485.9	72.1	3.2	4,490.2
65+	1,579.2	565.0	253.7	27.8	9.7	2,435.5
Total	12,870.8	4,025.7	2,013.8	324.2	178.5	19,413.2
Per cent						
0–14	19.6	21.9	22.5	24.7	27.8	20.5
15–24	14.3	12.7	12.1	12.0	15.2	13.7
25–44	31.2	27.2	28.6	32.5	33.0	30.1
45–64	22.7	24.2	24.1	22.2	1.8	23.1
65+	12.3	14.0	12.6	8.6	5.5	12.5
Total	100.0	100.0	100.0	100.0	100.0	100.0

Note: Remoteness categories are based on the Australian Standard Geographical Classification.

Source: AIHW 2005a.

Indigenous population

In the 2001 census, 2.4% of the Australian population were Aboriginal and/or Torres Strait Islander peoples (Table 3.3). Indigenous people represent 1.1% of the total Australian population living in major cities and 2.3% of the population living in inner regional locations. Indigenous peoples form a larger proportion of the population in rural and remote settings, comprising 5.3% of the population in outer regional, 12.3% in remote and 45.3% in very remote locations (AIHW 2007). The greater concentration of Indigenous peoples in rural and remote areas mean that it is sometimes difficult to disentangle issues relating specifically

to rural and remote populations from those relating to Indigenous peoples (ABS & AIHW 2005).

Table 3.3: Australian population, by Indigenous status and remoteness area, 30 June 2001

	Major cities	Inner regional	Outer regional	Remote	Very remote	Total
No. ('000)						
Indigenous population						
Males	68	46	52	20	41	227
Females	71	46	54	20	40	231
Total	138	93	106	40	81	458
Total population						
Males	6,344	1,995	1,025	172	95	9,631
Females	6,527	2,030	989	153	83	9,783
Total	12,871	4,026	2,014	324	179	19,413
Per cent						
Indigenous population						
Males	49.3	49.5	49.1	50.0	50.6	49.6
Females	51.4	49.5	50.9	50.0	49.4	50.4
Total	100.0	100.0	100.0	100.0	100.0	100.0
Total population						
Males	49.3	49.6	50.9	53.1	53.1	49.6
Females	50.7	50.4	49.1	47.2	46.4	50.4
Total	100.0	100.0	100.0	100.0	100.0	100.0
Per cent of population in each area who are Indigenous	1.1	2.3	5.3	12.3	45.3	2.4

Note: Remoteness categories are based on the Australian Standard Geographical Classification.

Source: AIHW population database on the AIHW website, based on SLA resident population estimates compiled by ABS.

Socioeconomic factors

Relative disadvantage

The picture of relative disadvantage for people in rural and remote areas is mixed. Proportionately, there are more disadvantaged people in remote and very remote areas than in other geographic areas – 13.7% of people in remote and very remote areas live in disadvantaged Census Collection Districts, whereas only 2.7% of the total Australian population live in these areas. However, in outer regional areas, disadvantaged people are slightly under-represented (ABS: Ciurej et al. 2006). 'Disadvantage' in this instance is based on the Index of Relative Socio-economic Disadvantage which incorporates factors such as levels of education, occupation and low income.

Educational status

In 2001, people aged 20 years and over living in major cities (48%) were more likely to have finished Year 12 than those in inner regional (32%), outer regional (30%), remote (32%) and very remote (26%) areas. Furthermore, people aged 20 years and over in major cities (19%) were more likely to have a tertiary qualification than those in inner regional (11%), outer regional (9%), remote (9%) and remote (8%) areas (AIHW 2005a).

Indigenous people generally have lower levels of education than non-Indigenous people. In 2001, 19% of Indigenous people in outer regional areas had completed Year 12, 14% in remote areas and 9% in very remote areas (AIHW 2005a).

Employment

In 2001, the age-standardised rate of unemployment was 7% in major cities, compared with 9% in inner regional areas, 8% in outer regional areas, 6% in remote areas, and 5% in very remote areas (AIHW 2005a). Unemployment for Indigenous peoples is higher in rural and remote areas than for the whole population. In 2001, 21% of Indigenous people in outer regional, 18% in remote and 8% in very remote areas were unemployed (AIHW 2005a). The relatively low rate of Indigenous unemployment in very remote areas is largely explained by greater participation in the Community Development Employment Projects (CDEP) program, which provides part-time work opportunities in community-based enterprises for Indigenous people (SCRGSP 2005).

Alcohol and other drugs in rural and remote Australia—use and perceptions

This section presents a brief overview of available information about the use of alcohol and other drugs and perceptions about this use, in rural and remote Australia, compared with other parts of Australia. Specific reference is made to patterns and perceptions of substance use among Aboriginal and Torres Strait Islander peoples, because of their relatively high population numbers in rural and remote Australia.

Illicit drug use

The likelihood of having used any illicit drug in the last 12 months varies with remoteness—a greater proportion of people in remote and very remote areas used illicit drugs in the last 12 months (19%) than people living in major cities (16%) and inner regional areas (15%), although the proportion of recent illicit drug users was lowest in outer regional areas (13%) (AIHW 2005b).

Available data suggest that Indigenous peoples are more likely to have recently used illicit substances than non-Indigenous Australians. The 2002 NATSISS and the 2004 NDSHS both indicate that approximately one-quarter of Indigenous peoples used illicit substances in the last 12 months (AIHW 2006a). The comparable figure for non-Indigenous Australians was 15%, based on the 2004 NDSHS. More detailed information about recent cannabis use and recent use of other illicit drugs among the Australian population, broken down according to sex, age group and remoteness area, is provided in Appendix Tables A3.1 and A3.2.

Non-illicit drug use

People are more likely to smoke in rural and remote locations, particularly in remote and very remote locations. For example, the 2004 National Drug Strategy Household Survey (NDSHS) found that 20% of people in major cities were smokers, 22% in inner regional areas, 23% in outer regional areas and 29% in remote and very remote areas. Smokers in outer regional and remote areas also smoked more cigarettes per week than people living in major cities and inner regional areas – on average 126, 125, 92 and 100 cigarettes per week respectively (AIHW 2005b).

Aboriginal and Torres Strait Islander peoples are more likely to smoke tobacco than non-Indigenous people in Australia. For example, data from the 2004–05 NATSIHS indicates that over half (50–57%) of Indigenous Australians aged between 18 and 54 years are current smokers, compared with 29% or less of other Australians (ABS 2006a).

People are more likely to consume alcohol at risky levels (in the short and long term) if they live in rural and remote locations than if they live elsewhere. For example, the 2004 NDSHS found that while 20% of the population in major cities and inner regional areas reported alcohol consumption that is considered risky in the short term, 24% of the population in outer regional areas and 28% in remote and very remote areas consume alcohol at these levels (AIHW 2005b).

A number of population surveys indicate that Indigenous peoples are less likely than non-Indigenous people to have consumed alcohol in the last 12 months (71% compared to 82%). While there is conflicting evidence about the relative levels of risky or high-risk drinking among Aboriginal and Torres Strait Islander peoples, the relatively high levels of alcohol-related morbidity and mortality among Indigenous populations in Australia lend support to the higher estimates for risky alcohol consumption (AIHW 2006a).

In recent years, substantial attention has been directed to the misuse of volatile substances such as inhalants and solvents, particularly petrol sniffing by young Aboriginal and Torres Strait Islander peoples living in remote communities (for example, Donnermeyer et al. 2002). Prevalence estimates of volatile substance use are often inaccurate due to, for example, the episodic nature of misuse (Bull 2007; Lubman et al. 2006), the 'clandestine' nature of petrol sniffing behaviour and the fluctuating numbers of people involved within and between communities (MacLean & d'Abbs 2002). Thus, while volatile substance misuse is often linked to remote Indigenous communities (Donnermeyer et al. 2002), there are currently no consistent or comparable data available to determine the exact prevalence of volatile substance use by Indigenous or non-Indigenous peoples in rural and remote areas.

Early adolescence and adulthood is often, but not always, the period of life associated with volatile substance use. The 2002 Australian Secondary Students Alcohol and Drug Survey, found that about one-fifth (21%) of all students had deliberately sniffed inhalants at least once in their lives and, that 9% of students had done so in the last month (White & Hayman 2004). However, as this survey excludes certain population groups, such as young people who are homeless or not attending school, it is reasonable to assume that the numbers are somewhat higher (Lubman et al. 2006).

Perceptions of drug use

Perceptions and attitudes towards drugs vary according to geographical location (Table 3.4). For example, around one-quarter (26%) of people living in capital cities perceive that marijuana is associated with a 'drug problem', while the proportion of people holding this

perception is higher in outer regional (38%), remote and very remote locations (42%). In contrast, people living in major cities and inner regional areas are more likely to perceive that heroin is a problem (43% and 35% respectively) compared to people living in outer regional (29%) and rural and remote areas (26%). People living in remote and very remote locations are generally more likely to approve of the regular use of tobacco, alcohol and cannabis, while people living in inner regional areas have more similar attitudes to people living in inner regional areas and major cities (AIHW 2005b).

Perceptions and attitudes about drugs also vary according to a person's Indigenous status. For example, Indigenous Australians are more likely than other Australians to perceive that tobacco, alcohol and marijuana are associated with drug problems and less likely to hold this perception about heroin. Indigenous people are more likely to report that they approve the regular use of cannabis than other Australians (44% compared to 23%) (AIHW 2005b).

Across all geographic areas and for both Indigenous and non-Indigenous Australians, the most serious concern for the community is the excess drinking of alcohol (Table 3.4).

Table 3.4: Perceptions and attitudes towards drugs, by geography, 2004 (per cent)

	Major cities	Inner regional	Outer regional	Remote and very remote	Total
Drugs associated with a 'drug problem'					
Tobacco	3.2	3.1	4.6	3.4	3.3
Alcohol	9.8	9.8	12.1	11.5	10.0
Marijuana	25.8	34.9	37.5	42.3	29.2
Heroin	42.6	35.4	28.8	25.6	39.4
Other	18.0	16.3	16.4	16.8	17.5
None/can't think of any	0.6	0.5	0.6	0.4	0.6
Most serious concern for the community					
Tobacco smoking	23.9	24.6	23.5	20.5	23.9
Excess drinking of alcohol	30.2	32.2	32.1	35.7	30.9
Marijuana/cannabis use	5.6	7.9	10.3	11.2	6.7
Heroin use	20.9	16.3	14.9	9.1	19.1
Other	19.1	18.7	18.9	22.6	19.0
None of these	0.4	0.3	0.3	0.8	0.3
Approval of regular use by an adult					
Tobacco	37.9	40.3	44.8	48.3	39.3
Alcohol	76.5	78.1	76.7	84.2	77.0
Marijuana	22.9	22.8	24.1	31.7	23.2
Heroin	0.9	0.7	0.5	1.4	0.9
Other	13.0	11.0	11.1	13.0	12.4

Source: AIHW unpublished data from the 2004 NDSHS.

Crime patterns in rural and remote Australia

While there is evidence to suggest a relationship between illicit drug and alcohol use and criminal activity (Caraniche: Hussain & Cowie 2005; AIC: Makkai & Payne 2003), there is little available information on the relationship of drugs to crime activity in rural and remote areas.

An understanding of criminal activity is generally obtained from two sources: administrative data representing reports of crime to police and population surveys which provide estimates of the prevalence of victimisation in the community. While population surveys can provide some general comparison of crime in capital cities and the rest of the state/territory (ABS 2005a, 2005b), administrative data collections are the only sources of information on crime in rural and remote areas of Australia.

However, comparisons of administrative crime statistics across states and territories are difficult due to variations in the way data are collected. For example, jurisdictions collect data according to different spatial units, such as police district, Local Government Area (LGA) or Statistical Division. Mapping of these spatial boundaries to the ASGC remoteness areas can provide some indication of the variation in reported drug-related crime in rural and remote areas compared to the rest of the jurisdiction and different rates of reported drug-related crime in rural and remote areas across state/territories. However, any interpretation of these data should acknowledge that reported crime statistics are not representative of the actual level of crime in an area for a number of reasons. For example, a large proportion of crime is unreported and variation in crime statistics across time and jurisdictions may reflect police policy priorities, rather than a real change in criminal activity. There is also great variation in the geography, demography and coverage of rural and remote areas across Australia.

Table 3.5 shows rates of drug-related crime in four jurisdictions for 2005–06. In Queensland, Western Australia and South Australia, the rate of drug-related crime in rural and remote areas was higher than in the rest of the jurisdictions. When compared to other jurisdictions analysed, Queensland had the highest rate of drug-related crime in rural and remote areas.

**Table 3.5: Rates of drug-related crime, by geographical location and state/territory, 2005-06
(per 1,000 population)**

	Rural and remote	Balance of state/territory	Total
Victoria	2.2	2.7	2.6
Queensland	29.9	6.3	11.9
Western Australia	12.1	7.5	8.1
South Australia	2.3	1.9	2.0

Notes

1. Jurisdictions record crime data in different spatial units. For example Victoria collects data according to LGA, Qld according to Statistical Regions and Districts and Western Australia by police district and LGA. The data in Table 3.5 have been collated using ABS concordance files for different spatial units and represent the most accurate obtainable rates of drug-related crime in the ASGC outer regional, remote and very remote categories from published data. However, as some spatial units do not map exclusively, for example some LGA areas will have a statistical component which is inner regional, the data are not completely representative of crime rates in the ASGC outer regional, remote and very remote categories.
2. Rural and remote data for South Australia comprise data on all non-Adelaide Statistical Divisions.
3. Table 3.5 presents jurisdictional drug offence data. In Victoria drug offence data include: cultivating, manufacturing and trafficking, and possession and use. In Queensland drug offence data include: trafficking; possession of dangerous drugs; production of dangerous drugs; supply of dangerous drugs and other drug offences. In South Australia drug offence data include: possession and/or use; sale and/or trade; production and/or manufacture; possession of implement for drug use and other. In Western Australia drug offence data include trafficking and possession.
4. NSW data are not included as information on regional statistical subdivisions was not available. Tasmania data are not included as Tasmania does not publish crime data by region. ACT data are excluded because the ACT does not include any outer regional areas. Northern Territory data are excluded because the entire territory is classified as outer regional, remote or very remote.
5. Rates were calculated based on estimated resident population at 30 June 2006 (ABS 2007a).

Sources: Victoria Police 2007; Queensland Police Service 2007; Western Australia Police Service 2007; data obtained from Office of Crime Statistics and Research (SA) 2007.

As mentioned previously, population surveys, in particular those related to crime victimisation, can provide further information on drug-related crime activity. There are several such sources in Australia (in particular, the ABS Crime and Safety Survey and Personal Safety Survey), although the exclusion of people in very remote areas by both surveys limits their usefulness in any study of rural and remote crime. Also, data from these sources are published only in relation to people living in capital cities and the balance of state/territory, making any interpretation, for the purposes of this project, difficult.

Box 3.1 provides some information on criminal activity in non-metropolitan areas sourced from population surveys, with no accompanying discussion.

Box 3.1: Population-based data on criminal activity in non-metropolitan areas

Analysis of 2002 National Aboriginal and Torres Strait Islander Social Survey (NATSISS)

The NATSISS found that Indigenous people in remote and very remote areas were:

- *three times as likely as those in non-remote areas to have witnessed violence (30% compared with 10%)*
- *almost twice as likely as those living in non-remote areas to have reported abuse or violent crime as a life stressor (17% compared with 9%)*
- *nearly three times more likely than those in non-remote areas to report family violence as a neighbourhood or community problem (41% compared with 14%) (ABS 2004b).*

Analysis of 2006 General Social Survey (GSS)

Compared with people living in major cities, rural and remote residents were:

- *more likely to feel safe at home alone at night (89% compared with 84%) and more likely to feel safe walking alone in the local area at night (57% compared with 45%)*
- *more likely to report being a victim of physical or threatened violence in the last 12 months (13% compared with 10%)*
- *more likely to report being a victim of actual or attempted break-in in the last 12 months (12% compared to 9%).*

Rural and remote in the GSS encompasses most of outer regional Australia, part of remote Australia, and only a small proportion of very remote Australia (ABS 2007b).

Access to health services in rural and remote areas

Drug and alcohol treatment in rural and remote areas

There is a diverse range of alcohol and other drug treatment services in Australia, including mainstream publicly-funded alcohol and other drug treatment services, Indigenous-specific drug and alcohol treatment services, opioid pharmacotherapy treatment services, sobering-up shelters, health promotion services such as needle and syringe exchanges, drug and alcohol treatment services provided in correctional institutions, and alcohol and other drug treatment services provided to inpatients of acute care or psychiatric hospitals. National data are not readily available from all of these service types.

The Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS NMDS) provides data about all mainstream publicly-funded alcohol and other drug treatment services. The vast majority of IDDI-funded treatment agencies report data through the AODTS NMDS.

Of the 635 treatment agencies reporting the AODTS NMDS in 2004–05, 96 (15%) were located in rural or remote areas of Australia. Of the 127,633 closed treatment episodes (completed episodes of care) provided during 2004–05, 14,511 or 10% were provided in rural and remote locations (Table 3.6).

Table 3.6: Closed treatment episodes, by jurisdiction and geographical location, 2004–05

Location	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
(number)									
Rural/ remote	1,355	2,363	5,714	1,784	320	549	0	2,426	14,511
Balance	41,724	44,006	14,378	14,308	7,632	1,372	4,213	0	127,633
Total	43,079	46,369	20,092	16,092	7,952	1,921	4,213	2,426	142,144
(row per cent)									
Rural/ remote	9.3	16.3	39.4	12.3	2.2	3.8	0.0	16.7	100.0
Balance	32.7	34.5	11.3	11.2	6.0	1.1	3.3	0.0	100.0
Total	30.3	32.6	14.1	11.3	5.6	1.4	3.0	1.7	100.0
(column per cent)									
Rural/ remote	3.1	5.1	28.4	11.1	4.0	28.6	0.0	100.0	10.2
Balance	96.9	94.9	71.6	88.9	96.0	71.4	100.0	0.0	89.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Note: Rural/remote includes treatment agencies with an ASGC category of outer regional, remote and very remote. It is important to note that the number of treatment agencies reported does not necessarily equate to the number of service delivery outlets as some treatment agencies are only reported under the main administrative centre of the service.

Source: AIHW unpublished.

Through the AODTS NMDS, detailed information is collected about people who receive closed treatment episodes. This information includes the clients' sex, age, Indigenous status, source of referral, whether they are attending treatment for their own or another's drug use, the principal drug of concern, injecting behaviour, treatment type and treatment delivery setting. A brief overview of these data is presented below. For more details see Appendix Tables A3.3 to A3.6).

Treatment episodes may be for a client's own drug use or in relation to someone else's drug use (for example, parent, spouse). In 2004–05, the proportion of episodes related to another person's drug use in rural and remote areas was slightly higher compared to the rest of Australia (7% compared to 5%), possibly suggesting slightly higher use by family and friends in rural and remote locations (Table A3.3). This pattern has been consistent across the period 2001–02 to 2004–05, and was particularly marked in 2002–03, where 13% of treatment episodes in rural and remote areas were for another person's drug use, compared with 5% for the rest of Australia.

As has been the case since 2001–02, male clients in 2004–05 accounted for two-thirds (66%) of all closed treatment episodes in rural and remote areas (compared with 65% of treatment episodes in other areas).

The age profile of clients receiving treatment episodes in rural and remote areas of Australia varies from the age profile of clients in other areas. In particular, a higher proportion of treatment episodes are for clients aged 10–19 years compared to other areas of Australia. For example, in 2004–05, 21% of treatment episodes in rural and remote areas were for clients aged 10–19 years compared to 11% in the rest of Australia. This pattern has persisted across time (2001–02 to 2004–05), although was more marked in 2003–04 and 2004–05, possibly reflecting the increased role of diversion programs targeting young offenders.

Of the 14,511 treatment episodes in rural and remote areas in 2004–05, 4,214 (or 29%) involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin.

This proportion has been consistent since 2002–03, increasing slightly from 25% in 2001–02. Over the four reporting periods, the proportion of Indigenous clients in rural and remote agencies has been much higher than the proportion in the rest of Australia, which has fluctuated between 6% and 7% since 2001–02. The data on Aboriginal and Torres Strait Islander clients in the AODTS treatment population should be interpreted with caution for a number of reasons, in particular the relatively high proportion of treatment episodes where Indigenous status was ‘not stated’ (5% overall in 2004–05), and the fact that the majority of Australian Government-funded Indigenous substance use services or Aboriginal primary health care services that also provide treatment for alcohol and other drugs problems are not included in the AODTS–NMDS collection.

The most common source of referral to drug treatment services is generally the person themselves – in 2004–05, self-referral was the most common source of referral for clients seeking treatment in rural and remote areas (35% of treatment episodes) and the rest of Australia (37%). However, the referral source was far more likely to be through police and court diversion processes in rural and remote areas – 20% compared with 10% in the rest of Australia – and far less likely to be through another drug and alcohol treatment agency (6% compared to 12%).

In rural and remote areas in 2004–05, alcohol (42%) and cannabis (31%) were the most common principal drugs of concern to clients seeking treatment for their own drug use. Alcohol and cannabis were also the most common principal drugs of concern in the rest of Australia, however, at proportions lower than in rural and remote areas (37% and 22% respectively). Amphetamines were the third most common principal drug of concern nominated (7%) in rural and remote areas, followed by nicotine (4%). Heroin accounted for 2% of all treatment episodes. The third most common principal drug of concern nominated in the rest of Australia was heroin (19%), which was followed by amphetamines (11%).

National data are also available about Australian Government-funded Aboriginal and Torres Strait Islander Substance Use Specific Services through the Drug and Alcohol Service Reporting. Data from 2003–04 indicate that, of the 41 residential and non-residential services across Australia, 26 (63%) were in outer regional, remote and very remote locations (DoHA 2005).

Supply of health workers

Health professionals are less prevalent in regional and especially remote areas compared with major cities (AIHW 2005a). For example:

- The ratio of GPs to population was highest in major cities, and was 0.72, 0.65 and 0.69 times the major cities rate in outer regional, remote and very remote areas, respectively.
- The ratio of specialists to population was highest in major cities, and was 0.28, 0.15 and 0.06 times the major cities rate in outer regional, remote and very remote areas, respectively.
- The supply of registered nurses in regional and remote areas was similar to, although slightly lower than, the supply in major cities, while the supply of enrolled nurses was higher in regional and remote areas than in major cities. In outer regional, remote and very remote areas, based on the number of nurses per 100,000 population, the prevalence of:
 - registered nurses was 0.85, 0.83 and 0.85 times that in major cities respectively

- enrolled nurses was 1.76, 1.76 and 1.16 times that in major cities respectively (AIHW Labour Force Surveys, cited in AIHW 2006b).

Caution is required when interpreting these figures on regional supply of health workers for a number of reasons. For example, the figures do not make allowances for the population's need, the fragmented nature of settlement and the need to spend more time on travel or the possible presence of temporary health workers.

Hospital attendance

Hospital data are obtained from the National Hospital Morbidity Database, which includes confidentialised summary records for hospital separations (completed episodes of care in public and private hospitals in Australia) (AIHW 2006c). Rates of hospital separation differ across geographic areas. Compared to the rate of separation for residents of major cities in 2004–05, overall hospital separation rates were similar for residents of all geographic areas apart from very remote areas where they were 1.34 times as high. The higher overall separation rates for people living in these areas may be due to greater need or to different admission practices. For example, admission in more remote areas may be more likely because of poorer health (greater need), for precaution associated with greater distances and restricted access to other service types (AIHW 2004b).

3.3 Challenges for police, courts and service providers in rural and remote areas

Drug diversion strategies aim to identify and divert eligible offenders from the criminal justice system, either when first apprehended by police for specific offences or at various stages as they progress through court and prison processes. This report focuses only on those drug diversion strategies that are funded under the IDDI and, specifically, on those programs operating in rural and remote areas of Australia.

A number of issues have been raised repeatedly in the drug diversion literature, including issues around:

- net widening
- coercion into treatment
- family effects
- cultural background of offenders
- system issues.

The extent to which these issues are addressed in program design, implementation and ongoing management, and the extent to which they continue to be perceived as problems by key stakeholders such as police, courts and service providers, are likely to influence the effectiveness of drug diversion programs generally.

In addition to these general drug diversion issues, the effective operation of drug diversion programs in rural and remote Australia relates to the extent to which issues that are specific to these populations are identified and addressed in policy, program design and program operation. In particular, those involved in planning and delivering IDDI programs in rural and remote areas are likely to face greater challenges in terms of the availability, accessibility

and acceptability of these programs, compared to their more urban counterparts. Rural and remote populations also differ from other populations in Australia in a number of ways that may influence the effectiveness of drug diversion strategies. Broadly speaking, the effectiveness of diversion programs may be influenced by the characteristics of rural and remote populations, which influence the appropriateness of these programs. For example, rural and remote populations have:

- a different demographic profile compared with the rest of Australia (for example, relatively high proportions of younger people, males and Aboriginal and Torres Strait Islander peoples)
- a different socioeconomic profile compared with the rest of Australia (for example, relatively low rates of Year 12 completion and tertiary qualification)
- different patterns of drug use compared with the rest of Australia (for example, more likely to smoke and drink alcohol at risky levels) and different perceptions of and attitudes towards drug use
- different crime patterns.

The above issues were used as a basic framework for exploring the effectiveness of the IDDI in rural and remote Australia during this study.

4 The IDDI landscape in Australia

This chapter first identifies the diversion programs funded under the IDDI (Section 4.1) before providing a more detailed profile of those IDDI-funded programs operating in rural and remote areas of Australia (Section 4.2).

4.1 IDDI-funded diversion programs in Australia

The 32 IDDI-funded diversion police and court programs currently operating in each Australian state and territory are detailed in Table 4.1.

Table 4.1: IDDI-funded police and court drug diversion programs, Australia (June 2006)

Jurisdiction	Police drug diversion programs	Court drug diversion programs
New South Wales	<ul style="list-style-type: none"> • Cannabis Cautioning Scheme 	<ul style="list-style-type: none"> • Magistrates' Early Referral Into Treatment • Youth Drug and Alcohol Court • Wellington Options • Young Offenders' Rural and Regional Counselling • Young Offenders' Residential Rehabilitation • Rural Alcohol Diversion Pilot
Victoria	<ul style="list-style-type: none"> • Victoria Police Cannabis Cautioning Program • Victoria Police Drug Diversion Program 	<ul style="list-style-type: none"> • Rural Outreach Diversion Workers • Court Referral for Drug Intervention and Treatment (CREDIT) Bail and Support program • Deferred Sentencing • Children's Court Clinic Drug Program Victoria • Koori Court and Koori Alcohol and Drug Diversion Workers • Drug Treatment Order
Queensland	<ul style="list-style-type: none"> • Police Diversion Program for cannabis 	<ul style="list-style-type: none"> • Illicit Drugs Court Diversion Program • Queensland Magistrates' Early Referral Into Treatment (QMERIT) pilot program
Western Australia	<ul style="list-style-type: none"> • Cannabis Infringement Notice • All Drug Diversion (compulsory assessment) 	<ul style="list-style-type: none"> • Pre-sentence Opportunity Program (POP) • Indigenous Diversion Program (IDP) • Supervised Treatment Intervention Regime (STIR) • Young Persons Opportunity Program (YPOP) • Drug Court Regime (Children's Court)
South Australia	<ul style="list-style-type: none"> • SA Police Drug Diversion Initiative 	<ul style="list-style-type: none"> • Court Assessment and Referral Drug Scheme (CARDS)
Tasmania	<ul style="list-style-type: none"> • Tasmanian Illicit Drug Diversion Initiative 	
Australian Capital Territory	<ul style="list-style-type: none"> • Simple Cannabis Offence Notice Scheme • Police Early Intervention and Diversion Program 	<ul style="list-style-type: none"> • Court Alcohol and Drug Assessment Service (CADAS) • Treatment Referral Plan
Northern Territory	<ul style="list-style-type: none"> • NT Illicit Drug Pre Court Diversion Program 	<ul style="list-style-type: none"> • Court Referral and Evaluation for Drug Intervention and Treatment Northern Territory (CREDIT NT)

4.2 IDDI-funded diversion programs in rural and remote Australia

As this project examines the effectiveness of IDDI in rural and remote Australia, the remainder of this report focuses only on the IDDI-funded programs currently operating in rural and remote areas of Australia. Of the 32 IDDI-funded programs funded nationally, 22 were operating in rural and remote Australia as at June 2006. Each of these programs is briefly described below and summarised in Tables 4.2 to 4.4. Programs that had not been operating in rural and remote areas long enough to provide data, such as the Young Persons' Opportunity Program in Western Australia and QMERIT in Queensland, have not been included below and were not examined in qualitative and quantitative components of the project. More detailed descriptions of all IDDI-funded programs operating in rural and remote Australia and explored during this project are contained in Appendix 2. As noted in Chapter 2, diversion programs operating within the Australian Capital Territory (ACT) are not discussed, as none of the territory is considered rural or remote.

New South Wales

Police diversion program

Cannabis Cautioning Scheme

The Cannabis Cautioning Scheme commenced in New South Wales in April 2000 on a 12-month trial basis. The program was established as an option for police in dealing with adults in possession of small quantities of cannabis or implements used in the administration of cannabis (for example, bongs). The Cannabis Cautioning Scheme involves offenders being issued with a 'first caution' and being encouraged to voluntarily contact the Alcohol and Drug Information Service (ADIS) phone-line to discuss or receive information about their drug use. Offenders issued a 'second caution' are required to contact ADIS and undertake a telephone health education session. If the offender does not contact ADIS, this fact is recorded in the police information system. If an offender is apprehended for a third time, they are charged and required to attend court. (See program summary 1 in Appendix 2 for more information about this program.)

Court diversion programs

Magistrates Early Referral Into Treatment

The Magistrates Early Referral Into Treatment (MERIT) program was initially trialled in Lismore Local Court for two years starting in July 2000. Since then, the program has been rolled-out across the state and is operating in 60 local courts. MERIT is a pre-plea program under which arrested defendants, with illicit drug use problems, may be bailed to undertake drug treatment and rehabilitation. MERIT is available to adults aged 18 years and over and aims to reduce drug-related crime by enabling eligible clients to undertake assessment and appropriate treatment. MERIT case workers assess potentially eligible offenders for program suitability, develop and monitor progress against the treatment plan and report to the court. The program generally runs for three months while the client is on conditional bail. Participation, or otherwise, in the program is reported back to the court at sentence hearing.

The impact of participation in MERIT on the final sentence is at the discretion of the magistrate. (See program summary 2 in Appendix 2 for more information about this program.)

Wellington Options

Wellington Options is a trial program which has been operating out of Wellington since June 2002. The program is directed towards both young and adult offenders with alcohol and/or illicit drug use problems, and provides holistic case management for eligible offenders appearing before the Wellington Local Court (through a dedicated case worker). Offenders are engaged for up to 12 months on the program and access intensive drug treatment, family support and case management services. At completion of the program, participation in the program is taken into account when determining the final sentence. (See program summary 3 in Appendix 2 for more information about this program.)

Young Offenders' Residential Rehabilitation

The Young Offenders' Residential Rehabilitation (YORR) units are based in Coffs Harbour and Dubbo (operating since October 2001 and May 2002 respectively), and target young offenders who are either within the juvenile justice system, or at risk of being so because of their drug and/or alcohol misuse. The program is available for eligible people aged over 10 years and under 18 years, and involves the person committing to a three-month intensive residential rehabilitation program to address their drug and/or alcohol problems and criminal behaviour. The program is designed to support clients in later stages of detoxification, and also offers outpatient programs and aftercare planning. (See program summary 4 in Appendix 2 for more information about this program.)

Young Offenders' Rural and Regional Counselling

The Young Offenders' Rural and Regional Counselling (YORRC) program began in select regional areas throughout New South Wales in December 2000. The program helps young offenders to address their drug and alcohol problems and criminal behaviour by diverting them from the criminal justice system to specialist counsellors employed by the NSW Department of Juvenile Justice. This process is facilitated by referrals from courts and Youth Justice Conferencing, through probationary and community orders, and as part of early release from custody arrangements. The program uses a case management model incorporating alcohol and drug counselling and referral to other relevant services. (See program summary 5 in Appendix 2 for more information about this program.)

Victoria

Police diversion programs

Police Cannabis Cautioning Program

The Police Cannabis Cautioning Program evolved as an extension of the Victoria Police Cautioning Program and was implemented throughout Victoria in September 1998. The program is an option for police to use when apprehending offenders aged 17 years and over, for use and/or possession of a small amount of cannabis. The program involves issuing a caution notice to offenders who meet the criteria and providing written material about and referral to an optional cannabis education program – 'Cautious with Cannabis'. A maximum

of two cautions can be given to an individual. (See program summary 6 in Appendix 2 for more information about this program.)

Victoria Police Drug Diversion Program

The Police Drug Diversion Program was piloted in a number of police districts during December 1998 and May 1999. Following an evaluation of the pilot, the program was implemented state-wide in September 2000. The program is an option for police to use when apprehending offenders aged over 10 years for use and/or possession of an illicit drug other than cannabis. The program provides offenders with the option of a caution conditional upon attendance at a clinical assessment and at least one session of drug treatment. The apprehending officer organises the assessment appointment through a police-dedicated Drug Diversion Appointment Line. If the offender fails to attend the assessment and subsequent treatment session, the caution becomes void and the offender is charged on summons. (See program summary 7 in Appendix 2 for more information about this program.)

Court diversion programs

Rural Outreach Diversion Workers

The Rural Outreach Diversion Workers (RODW) role was created to provide a service to offenders in regional and rural Victoria who do not have access to the Court Referral and Evaluation for Drug Intervention and Treatment (CREDIT) program that operates in other areas of the state. The service was implemented in close to 20 auspicing organisations throughout rural and regional Victoria during the first six months of 2003. A person can be referred to RODW via a formal (for example, magistrate, police, legal personnel, juvenile justice) or informal (for example, teachers, family members) process. Upon referral to a RODW the person undergoes an assessment covering their health, accommodation and support needs. A treatment plan is formulated as required. Drug treatment is organised through the Community Offenders' Advice and Treatment Service (COATS) and during treatment, where needed, people are also referred to relevant support services. Upon completion, an exit report is forwarded from the RODW to the referring magistrate and COATS. (See program summary 8 in Appendix 2 for more information about this program.)

Deferred sentencing

Deferred sentencing was implemented within every magistrates court throughout Victoria during January 2000. Deferred sentencing, as a drug diversion option, allows magistrates to defer sentencing of an offender under the age of 26 years with an identified drug problem, for up to six months. During this time the offender is obliged to undertake drug treatment. The offender is required to contact COATS within two days of the hearing to organise an assessment. A drug treatment plan is developed following the assessment, and COATS then purchase treatment from an accredited drug treatment service. An assessment and treatment compliance report is sent to the court and, at the magistrate's discretion, compliance may be considered in sentencing. (See program summary 9 in Appendix 2 for more information about this program.)

Victoria Koori Court Diversion (Koori Alcohol and Drug Diversion Workers)

Koori Alcohol and Drug Diversion Workers commenced in February 2004 in several locations throughout Victoria. The Koori Courts were established in Victoria to allow for

more culturally appropriate sentencing orders of Aboriginal and Torres Strait Islander peoples. The objective of the Koori Court model is to divert offenders away from a sentence of imprisonment where incarceration would be an inappropriate outcome. The Koori Alcohol and Drug Diversion Worker (KADW), often present at the court, receives referrals from the magistrate once the offender is found guilty and appears to have an associated drug problem. The role of the KADW is to assess the offender and develop an appropriate treatment plan to address the drug and alcohol misuse issues. The KADW organises drug treatment through COATS, and facilitates the offender's engagement with the treatment provider. The KADW reports to the magistrate on the offender's progress. The offender's treatment participation, and relevant cultural issues, are taken into consideration when handing down the final sentence. (See program summary 10 in Appendix 2 for more information about this program.)

Victoria Children's Court Clinic Drug Program

The Children's Court Clinic Drug Program was established in 2001 to target young offenders with a demonstrable illicit drug use problem. Specialised clinicians complete assessments of children and their families at the request of the magistrate. Treatment options are generally brokered and may include counselling, youth outreach, withdrawal services and supported accommodation. The court clinicians have a case management role during the treatment period and provide a report to the magistrate at the end of treatment. The magistrate uses this report to inform decisions about sentencing. (See program summary 11 in Appendix 2 for more information about this program.)

Queensland

Police diversion program

Police Diversion Program Queensland Illicit Drug Diversion Initiative

The Police Diversion Program commenced state-wide in June 2001, under the *Police Powers and Responsibilities Act*. The program was created to divert persons apprehended for possession of small quantities of cannabis, who meet strict legislated eligibility criteria, away from the court proceedings and into assessment, education and treatment. The program is a legislated police diversion strategy in which all persons apprehended for cannabis possession, and who meet strict legislated eligibility criteria, must be offered diversion. The program is available to offenders of all ages, and requires the person who agrees to diversion to attend a Drug Diversion Assessment Program. This process requires the apprehending police officer to contact the Diversion Coordination Service, which in turn identifies an accredited health service provider and organises an appointment date. Those people who fail to attend the assessment, education and treatment session may be charged for contravening the direction of a police officer. (See program summary 12 in Appendix 2 for more information about this program.)

Court diversion program

Illicit Drugs Court Diversion Program

The Illicit Drugs Court Diversion Program (IDCDP) was implemented state-wide from July 2005, following a 12-month pilot program in 2003. The program is conducted under a

legislative framework specified in the *Drug Diversion Amendment Act 2002*. The ICDCP targets both adult and juvenile offenders who appear in any Queensland Magistrates or Children's Court charged with possession of small amounts of illicit drugs for personal use. The program diverts offenders, under the discretion of the presiding magistrate, to an approved service provider for appropriate intervention (assessment and education session). Attendance and completion of the intervention session results in the original offence ending without a conviction. Where an offender does not attend the session, a warrant can be issued and the offender then returned to court to be dealt with again for the original offence. (See program summary 13 in Appendix 2 for more information about this program.)

Western Australia

Police diversion programs

Cannabis Infringement Notice

The Cannabis Infringement Notice (CIN) scheme commenced throughout Western Australia in March 2004, building on the Cannabis Cautioning and Mandatory Education Scheme. The purpose of the CIN scheme is to divert appropriate early users of cannabis away from the criminal justice system. Under this scheme, offenders who receive a CIN may choose to attend a Cannabis Education Session or to pay a fine. The Cannabis Education Session is aimed at educating participants about the adverse health and social consequences of cannabis use; laws relating to the use, possession and cultivation of cannabis; and options for further assistance and support. Offenders contact HealthInfo to organise attendance at a session. The scheme is available to offenders aged 18 years and over. (See program summary 14 in Appendix 2 for more information about this program.)

All Drug Diversion

The All Drug Diversion program has been operational throughout Western Australia since January 2004, following a pilot program in selected regions in 2001. The All Drug Diversion program is a compulsory assessment and treatment program for early adult offenders, aged 18 years and over, apprehended for simple illicit drug offences other than cannabis. Eligible offenders are issued with a diversion notice and required to attend three counselling sessions, which includes drug assessment, development of a treatment plan and commencement of the plan. Attendance at the sessions must be completed within 30 days from the date the diversion notice was issued. The initial treatment session is organised through HealthInfo by the apprehending officer. If the required sessions are not completed, a summons may be issued for the offence and the person will have to appear in court for the original drug offence. (See program summary 15 in Appendix 2 for more information about this program.)

Court diversion programs

Pre-Sentence Opportunity Program

The Pre-Sentence Opportunity Program (POP) is a pre-sentence (early intervention) court diversion program piloted from March 2003 in a number of regional centres and metropolitan locations throughout Western Australia. The overall aim of the established program is to divert offenders with no or minimal criminal history and a clear drug use

problem into treatment. At the magistrate's discretion, offenders are referred to an on-site counsellor for assessment of their suitability for drug treatment. The offender is then referred to a specified drug treatment agency to attend treatment for approximately eight weeks. Upon completion of the treatment program, the offender appears back before the magistrate, who takes into account the offender's participation in POP when finalising sentencing. (See program summary 16 in Appendix 2 for more information about this program.)

Supervised Treatment Intervention Regime

The Supervised Treatment Intervention Regime (STIR) is a pre-sentence diversion program operating in all regional centres across Western Australia since 2003. The program is an option for offenders who have substance use problems, whose offending directly relates to their drug use and who are charged with a relatively minor offence. At the magistrate's discretion, offenders are referred to an on-site counsellor for assessment of their suitability for drug treatment. Participants in STIR are remanded to attend drug treatment with a specialist service for three to four months, during which time they are also case managed by a Community Corrections Officer. While on STIR, offenders attend court on a regular basis, are subject to thrice weekly urinalysis and other requirements that may be imposed by the court. Linkages to other services may also occur where appropriate. Participation in STIR is taken as a mitigating factor in final sentencing by the magistrate. (See program summary 17 in Appendix 2 for more information about this program.)

Indigenous Diversion Program

The Indigenous Diversion Program (IDP) operates in select regional locations within Western Australia following a pilot of the program in early 2004. The aim of IDP is to divert eligible offenders with a clear drug problem into treatment, while providing a culturally secure diversion service for Indigenous peoples. A magistrate and an Indigenous IDP worker travel on a specified circuit of regional courts, and at the discretion of the magistrate offenders are referred for assessment by the Indigenous IDP worker. Participants in IDP are referred to drug treatment services where they undertake a program for around six to eight weeks. Participation in drug treatment under IDP is taken as a mitigating factor in final sentencing by the magistrate. Prevention and early intervention activities are also provided in rural and remote locations as part of the IDP. (See program summary 18 in Appendix 2 for more information about the program.)

South Australia

Police diversion program

SA Police Drug Diversion Initiative

The South Australian Police Drug Diversion Initiative (PDDI) was implemented throughout the state in September 2001 for youth and October 2001 for adults. It applies to simple possession cannabis offences committed by juveniles (aged 10–17 years) as well as simple possession offences for prescription or other illicit drugs committed by adults or juveniles. Upon detection the police officer telephones or radios the Drug Diversion Line and makes an appointment for the offender to undergo an assessment with an accredited health worker in their local area. The details of the appointment are provided to the offender on a Drug Diversion Referral Notice. If the offender attends and participates in the assessment, police

are notified and no further action is taken on the matter. The health worker may provide further treatment if required or refer the individual to another service. Health workers have the option of placing adults on an undertaking to attend treatment for up to six months. Adults diverted on more than two occasions are usually seen by a panel of assessors for their third and subsequent diversion. There are no other eligibility or exclusion criteria for PDDI. Under the PDDI, diversion is mandatory (that is, police do not have discretion over whether or not to divert an individual), there is no limit to the number of times an individual is able to be diverted, the individual is not required to admit the offence, they may have concurrent charges for other offences, and their prior offending history is not taken into account. (See program summary 19 in Appendix 2 for more information about the program.)

Tasmania

Police diversion program

Tasmanian Illicit Drug Diversion Initiative

The Tasmanian Illicit Drug Diversion Initiative (IDDI) was implemented state-wide in March 2000. The program allows the police to divert offenders apprehended for using or possessing small quantities of illicit drugs to health providers for education, counselling and appropriate treatment. The program is an option for police to use when apprehending both adult and young offenders for minor illicit drug offences. IDDI involves three levels of cautioning, any of which can be used by an officer when apprehending an offender. The first level is a written caution, the second involves a single education-focused session and the third level involves an assessment and one or more follow-up appointments for treatment as agreed with the approved alcohol and drug worker. (See program summary 20 in Appendix 2 for more information about the program.)

Northern Territory

Police diversion program

NT Illicit Drug Pre Court Diversion Program

The Illicit Drug Pre Court Diversion Program (IDPCDP) was implemented throughout the Northern Territory in December 2002, as an option for police to use when apprehending juveniles and adults for minor illicit drug offences, namely use and possession. Offenders diverted onto the program are referred to drug education, counselling and treatment services. The offender has within three days of receiving the diversion to contact a Diversion Coordinator to arrange an appointment to attend a drug assessment. If an offender fails to contact the Diversion Coordinator, or fails to comply with the recommended assessment, education, counselling and/or treatment (to the minimum requirements), the matter is referred back to the apprehending officer for prosecution. (See program summary 21 in Appendix 2 for more information about the program.)

Court diversion program

Court Referral and Evaluation for Drug Intervention and Treatment Northern Territory

The Court Referral and Evaluation for Drug Intervention and Treatment program in the Northern Territory (CREDIT NT) has been operating in selected sites since June 2003. CREDIT NT is a pre-sentence bail program, where eligible offenders are bailed for up to four months to attend appropriate drug treatment services as identified during a comprehensive assessment by a qualified court clinician. Treatment progress is monitored through reviews by the court, and attendance and participation in the program is taken into account during final sentencing by the magistrate. (See program summary 22 in Appendix 2 for more information about the program.)

The remaining chapters of this report will only focus on these 22 IDDI-funded programs currently operating in rural and remote areas of Australia.

Table 4.2: Police diversion (cannabis): summary of IDDI-funded programs, Australia, as at February 2007

Description	NSW—Cannabis Cautioning Program	Victoria—Police Cannabis Cautioning Program	Queensland—Police Diversion Program	WA—Cannabis Infringement Notice	SA—Police Drug Diversion Initiative	Tasmania—Illicit Drug Diversion Initiative	NT—Illicit Drug Pre Court Diversion Program
Apprehension							
Mandated or discretionary diversion	Discretionary	Discretionary	Mandated	Discretionary	Mandated	Discretionary	Discretionary
Referral to intervention (after consent given for caution or notice)	Voluntary (caution 1) Compulsory (caution 2)	Voluntary	Compulsory	Compulsory on 3rd and subsequent CINs	Compulsory	Compulsory on 2nd and 3rd level diversions	Compulsory
Eligibility (age)	18 years and over	18 years and over	All ages	18 years and over	10–17 years	All ages	All ages
Intervention							
Information/education material provided at time of 'contact'	Yes	Yes	No	Yes	Yes	Yes	No
Individual responsible for organising the diversion appointment	Offender	Offender	Police officer	Offender	Police officer	Offender	Offender
Central jurisdiction-wide diversion phone line	Yes	Yes	Yes	Yes	Yes	Two coordinators—Northern and Southern Tasmania	The Police Diversion Coordinator arranges appointments
Nature of intervention	1st caution — information/education material provided. 2nd caution — compulsory telephone health education session	2 hour education session	Assessment and education	Cannabis education session	Assessment and brief intervention	1st level caution — information provided. 2nd level diversion — brief intervention 3rd level diversion — assessment and treatment	Assessment and treatment
Time restrictions for compliance	2nd caution — appointment for education session to be made within 14 days of the diversion	Not applicable	Appointment made by police through the Diversion Coordination Service	Intervention to be completed within 28 days from the date of diversion	Appointment made at point of diversion	2nd and 3rd level diversions—appointment is to be made within 3 days of police issuing diversion notice	The offender must contact the Police Diversion Coordinator within 3 days. Treatment must start within 30 days of assessment
Diversion limit	2 cautions	2 cautions	1 diversion	None	No limit	3 cautions	

Table 4.3: Police diversion (illicit drugs other than cannabis): summary of IDDI-funded programs, Australia, as at February 2007

Description	Victoria—Police Drug Diversion Program	WA—All drug diversion	SA—Police Drug Diversion Initiative	Tasmania—Illicit Drug Diversion Initiative	NT—Illicit Drug Pre Court Diversion Program
Apprehension					
Mandated or discretionary diversion	Discretionary	Discretionary	Mandated	Discretionary	Discretionary
Eligibility					
Age	10 years and over	18 years and over	All ages	All ages	All ages
Intervention					
Individual responsible for organising the diversion appointment	Police officer	Police officer (initially)	Police officer	Offender	Offender
Central jurisdiction-wide diversion phone line	Yes	Yes	Yes	Two coordinators— one for Northern Tasmania and one for the South	The Police Diversion Coordinator arranges appointments
Nature of intervention	Assessment and treatment	3 counselling sessions including assessment	Assessment, education and brief intervention	2nd level diversion—brief intervention; or 3rd level diversion—assessment and treatment	Assessment and any recommended education/treatment
Time restrictions for compliance	Assessment and treatment completed within 28 days	3 counselling sessions must be completed within 30 days from date of diversion	Appointment generally within 5 days, and compliance status reported to police within 28 days	2nd and 3rd level diversions—appointment is to be made within 3 working days of police issuing diversion notice	Date for appointment made within 3 days of date of diversion
Diversion limit					
	2 diversions	1 diversion	For offenders aged 17 years and under—no limit	2 diversions	Usually 1 diversion
			For offenders aged 18 years and over—no limit		

Table 4.4: Court diversion: summary of IDDI-funded programs, Australia, as at February 2007^(a)

Program^(b)	Criminal justice stage	Referral from sources other than court	Age (eligibility)	Length of program	Intervention^(c)	Case management
New South Wales						
MERIT	Pre-plea	Yes	18 years and over	3 months	Varied	Yes
Wellington Options	Pre-plea	Yes	All ages	Up to 12 months	Varied	Yes
YORR	JJ clients or 'at risk'	Yes	14–18 years	3 months	Residential rehabilitation	Yes
YORRC	Pre-trial; post-sentence & pre-release	Yes	11–17 years	Length of legal order	Counselling	Yes
Victoria						
RODW	Pre-charge (at risk); pre-plea and pre-sentence	Yes	All ages with a focus on early intervention for people under 25 years	Varied	Varied	Yes
Deferred sentencing	Pre-sentence		18–25 years	Up to 6 months	Varied	No
Koori A&D DW	Pre-sentence	Yes	All ages	Varied	Varied	No
Children's Court Clinic Drug Program	Pre-sentence	No	10–17 years	Up to 4 months	Varied	No
Queensland						
IDCDP	Pre-sentence	No	All ages	One assessment and education session	Education, and treatment if required	No
Western Australia						
IDP	Pre-sentence	Yes	Adults	6–8 weeks	Varied	No
POP	Pre-sentence	Yes	Adults	6–8 weeks	Mainly counselling.	No
STIR	Pre sentence	Yes	Adults	3–4 months	Varied	Yes
Northern Territory						
CREDIT	Pre-sentence	Yes	All ages	Varied	Varied	Yes

(a) Excludes South Australia, Tasmania and Australian Capital Territory which do not have IDDI court diversion programs in scope of the project.

(b) Eligibility criteria vary between programs—refer to Appendix 2 program summaries for further information.

(c) Intervention includes assessment in all cases. Varied means a range of treatment options are available, such as education, counselling, drug withdrawal and residential rehabilitation.

5 IDDI inputs in rural and remote Australia

This chapter briefly discusses the input indicators developed for this project (Section 5.1) before presenting available information about the current inputs to IDDI in rural and remote Australia (Section 5.2).

5.1 Input indicators

Inputs relate to the resources (including land, labour and capital) used by a service area in providing a service (Box 2.1). For the purposes of this project, IDDI inputs are indicated by the numbers of rural and remote locations (defined by postcode) in which:

- IDDI police diversion programs were implemented, as at June 2006
- IDDI court diversion programs were implemented, as at June 2006
- service providers were funded under the IDDI, as at June 2006.

In the early stages of the project, the study team suggested that it might be useful to explore the change over time in the number of rural and remote locations in which IDDI police and court programs were implemented and service providers were funded under the IDDI. Exploring change in inputs over time was not considered a sensible approach for several reasons:

- The national framework for the IDDI stipulated that diversion be rolled-out within each state and territory over a four-year period, with priority targets agreed bilaterally between the jurisdictions and the Australian Government. Within this framework, several jurisdictions, including Western Australia and New South Wales, intentionally rolled-out IDDI court programs in rural and remote areas gradually. This staged approach was designed to provide jurisdictions with an opportunity to learn from the metropolitan experience and develop additional infrastructure, increase staffing levels or pilot new programs in rural and remote areas.
- Police diversion programs were rolled-out state-wide across all jurisdictions.
- There was a perception among many jurisdictions that the intention of the IDDI was to build the capacity of existing drug and alcohol treatment services, rather than develop new ones. This understanding is exemplified in the Tasmanian and Northern Territory experiences, where IDDI funding was provided entirely to existing services.

The information presented in this chapter therefore describes diversion inputs in rural and remote Australia (as at June 2006) and changes over time in these inputs are not discussed.

States and territories, through their respective IDDI reference groups, were asked to provide data (or confirm data gathered by the study team) about the rural and remote locations in which any of the inputs necessary to deliver IDDI programs (that is, police, courts and service providers) were in place, as at June 2006. In this context, inputs refer to locations in which police are operating under an IDDI policy or legislative framework (that is, all police stations in rural and remote locations in Australia), locations in which courts (or, in some jurisdictions, circuit courts) have been instructed to (or agreed to) deliver IDDI programs,

and all locations in which service providers have been funded to receive referrals from IDDI police and/or court diversion programs. In interpreting the information presented in Section 5.2 it is important to note the following:

- While the term ‘implemented’ is used in the input indicators outlined above, the input information gathered does not necessarily indicate that the IDDI is actually operating in all of these rural and remote locations. This is because locations of police, courts and service providers are counted as an input regardless of whether a diversion has been undertaken or a client has been treated in this location. For example, in the Northern Territory, although the IDDI has been rolled-out across police stations and officers in all locations of the territory, diversion is effectively only available in the regional centres where service providers have been funded and court diversion is only available in Darwin and Alice Springs.
- The input information does not reflect the characteristics of inputs such as the operating hours of a service, frequency of court sittings, the size and nature of service provision or number of staff.
- The input information about service providers is not comparable across states and territories. Some jurisdictions provided data about the administrative base from which IDDI-funded service providers operate while other jurisdictions also included locations where outreach is delivered as a result of IDDI funding. These differences are highlighted in the table footnotes in Section 5.2.
- States and territories vary in terms of the percentage of the population living in rural and remote areas in each jurisdiction (see Figure 2.1 and Table 3.1). For example, as at June 2005 a relatively small proportion of the population in Victoria and New South Wales lived in rural and remote areas (8% and 6% respectively) compared with the Northern Territory (100%), Tasmania (37%) and Queensland (22%) (see Table 3.1).

5.2 IDDI inputs in rural and remote areas

Police

As at June 2006, there were 707 rural and remote locations in which IDDI police diversion programs had been implemented (Table 5.1 and Table A4.1–7). As noted above, IDDI police diversion programs were rolled-out state-wide in all jurisdictions. However, the extent to which diversions actually occur in the rural and remote locations is affected by a range of factors, most notably by the availability of treatment services in the local area. Information about police diversion activity (numbers) in rural and remote areas of each state and territory is presented in Section 6.1.

Not surprisingly, when compared to court and service provider locations, the coverage of police stations is greatest across all jurisdictions, as all Australian police stations are operating under an IDDI policy framework.

Table 5.1: Number of rural and remote locations in which IDDI police diversion programs implemented, by state/territory, as at June 2006

	NSW	Vic	Qld	WA	SA	Tas	NT	Australia
Number of rural and remote locations	181	60	200	93	87	49	37	707

Courts

As at June 2006, one or more IDDI court diversion programs had been implemented in 111 rural and remote locations across Australia (Tables 5.2, A4.1–4, A4.7). This figure includes locations in which IDDI court diversion programs were delivered through circuit court arrangements.

Table 5.2: Number of rural and remote locations in which IDDI court diversion programs implemented, by program and state/territory^(a), 30 June 2006

State/territory	IDDI program	No. of rural and remote locations in which IDDI court programs implemented ^(b)
New South Wales	MERIT	5
	Wellington Options	1
	YORR	1
	YORRC	3
	<i>Total rural and remote locations NSW</i>	8
Victoria	RODW	7
	KADW	3
	Deferred sentencing	11
	Children's Court Clinic Drug Program	11
	<i>Total rural and remote locations Victoria</i>	11
Queensland	IDCDP	63
Western Australia	POP	9
	STIR	10
	IDP	16
	<i>Total rural and remote locations WA</i>	27
Northern Territory	CREDIT	2
Total		111

(a) Data on the court-based diversion programs in SA and Tas (CARDS and Court-mandated diversion program respectively) are not included as they were not in scope for the project.

(b) Data for NSW, WA, Vic and Qld include locations of circuit courts in which IDDI court diversion programs are also delivered. Circuit courts do not operate in the NT.

Sources: Tables A4.1–4, A4.7.

Service providers

'Service providers' include assessment, education and treatment providers ('preferred providers') and case managers or other workers involved in IDDI programs such as RODW,

IDP and CREDIT NT ('diversion workers'). As at 30 June 2006, service providers were funded under the IDDI to provide services for diverted clients in 231 rural and remote locations across Australia (Tables 5.3, A4.1–7). Data for Victoria, South Australia, Western Australia and Queensland reflect both the administrative location of the service provider and locations in which outreach is provided. Data for other jurisdictions generally relate only to the location of the administrative centre of a service provider, even when that service provider may provide outreach services to a variety of surrounding areas.

Table 5.3: Number of rural and remote locations where service providers are funded under the IDDI, by state/territory^(a), 30 June 2006

	NSW	Vic	Qld	WA	SA	Tas	NT	Australia
Number of rural and remote locations where service provider/s are funded under IDDI	9	46	70	70	26	3	7	231

(a) Vic, Qld, WA and SA supplied data about the location of the service provider's administrative base as well as other locations in which these service providers also deliver services (outreach locations or locations in which another office is located). Remaining jurisdictions provided data based on the administrative location of service providers only. The number of locations in which service providers deliver IDDI services is likely to be an underestimate in these latter jurisdictions if service providers deliver IDDI services in surrounding locations. No service providers in the NT have formal agreements to deliver outreach as part of diversions (although there may be some opportunistic service delivery in very remote settings from time to time).

Sources: Tables A4.1–7.

6 IDDI outputs in rural and remote Australia

This chapter presents an overview of what is known about the outputs of IDDI-funded programs in rural and remote Australia compared with other areas of Australia. Sections 6.1 and 6.2 present an overview of available data about police diversion programs and court diversion programs respectively.

As part of this project, data managers for the IDDI-funded programs of interest were asked to provide aggregate tables including the following broad information:

- Numbers of people being diverted (2002–03 to 2005–06)
(for example, number of people cautioned under police diversion programs, number of people accepted to court diversion programs)
- Numbers of people completing requirements (2002–03 to 2005–06)
(for example, number of people attending required education session following police diversion, number of people completing recommended treatment under a court diversion program).

The information was requested in a similar format to that requested by the Australian Government in quarterly performance reporting under the IDDI except that the information was required to be broken down in terms of whether the diversion occurred (or the offender lived) in rural and remote areas of the jurisdiction or other areas of the jurisdiction.

Information was requested from health departments, police departments, justice departments and juvenile justice departments responsible for administering IDDI-funded programs. In the few cases where data from the same program were inconsistent across two program areas (for example, police and health data), data custodians' advice was sought as to the most suitable information source for the purposes of this project (see Section 6.1).

Data are presented for each jurisdiction and IDDI-funded program separately and a number of tables include totals for Australia overall. The following points should be considered when interpreting the data presented in this chapter:

- There is considerable variation in the way in which IDDI programs have been implemented across Australia. For example, programs vary in terms of their eligibility requirements, their legislative basis (that is, whether police diversion is discretionary or mandated) and the diversion requirements of offenders (for example, infringement notice, provision of education material, discretionary referral to telephone counselling, mandatory referral to assessment). While aggregate data are routinely provided to the Australian Government about all IDDI-funded programs, there are no nationally agreed data definitions and counting rules and, in practice, data are collected and collated in varying ways across programs. Caution should be taken when comparing data across IDDI-funded programs and in interpreting total diversion numbers for Australia (for both police diversion and court diversion). Readers should refer to the detailed table footnotes for explanations of how each of the above indicators is defined in practice in the various IDDI-funded programs.
- No data are included from the Australian Capital Territory (as it was out of scope of this project due to its remoteness category). All 'Australian totals' are therefore presented for

the states and territories in which IDDI programs are operating in rural and remote areas and for which data were provided.

- As noted in earlier chapters, there was a deliberate staged rollout of court diversion initiatives in most jurisdictions. Court diversion numbers over time must be interpreted with this in mind.

6.1 Police diversion programs

The method of data collection for police diversion programs varies across jurisdictions and between programs. There are generally two sources of data about diversion participants: the police, and the service providers delivering drug education, assessment or treatment services under the IDDI. Generally, police collect data about the number of people they have diverted together with basic demographic data about these people. These data are collated by the police department. Service providers involved in the diversion process also collect information about diversion participants. These data are collated by the jurisdiction health department or an agency contracted by them to perform this function. The number of participants can vary between police and service provider data for a number of reasons. For example, contact with service providers is voluntary in some schemes, some diverted people do not comply with the requirement to contact a service, and the timeframes for which data are reported may differ (for example, health data may only record treatment episodes that have been completed). Data collection methods also affect the way that geographical classifications have been assigned by police and service providers. Whereas police data generally use the offender's residential postcode to establish the geographical classification of the diversion, the client's geographical classification is often based on the location of the service provider in health data collections.

Data presented below are not strictly comparable for a number of reasons. For example, data from some programs (for example, NSW Cannabis Cautioning Program, WA Cannabis Infringement Notice Scheme) includes information about all diversions (including those resulting in referral to an assessment, education or treatment intervention as well as those resulting in infringement notices only), while data for other programs (for example, NT IDPCDP) relate only to diversions resulting in referral to assessment, education or treatment.

Box 6.1 provides a brief overview of data about police diversion in each jurisdiction.

Box 6.1 Summary of police diversion activity

The following is a summary of police diversion activity in each IDDI-funded program in 2005–06:

NSW Cannabis Cautioning Program – There were 2,989 diversions (213 in rural and remote areas), of which 86 (1 from rural and remote areas) were required to complete a telephone health education session; 61 people (0 from rural and remote areas) completed their requirement.

Victorian Cannabis Cautioning Program – There were 2,027 diversions (118 in rural and remote areas). Participation in drug education is voluntary in this program and no data are available about the number of people who completed an education session.

Victorian Drug Diversion Program – Based on police data, there were 518 diversions, of which all were required to complete a requirement (assessment and treatment). Based on COATS data 434 people (92 from rural and remote areas) completed their requirement.

Queensland Police Diversion Program – There were 12,427 diversions (3,519 in rural and remote areas), of which all were required to complete a requirement (assessment and education session); 9,912 (2,796 from rural and remote areas) completed their requirement.

WA Cannabis Infringement Notice Scheme – There were 3,280 diversions under this program (1,237 in rural and remote areas). Participants in this program may choose to pay a fine or attend an education session; 372 people met their requirement by attending an education session.

WA All Drug Diversion – There were 46 diversions (31 in rural and remote areas), of which all were required to complete a requirement (3 counselling sessions including assessment); 36 people (13 in rural and remote areas) completed their requirement.

SA Police Diversion Program – There were 1,749 diversions (251 in rural and remote areas), of which all were required to complete a requirement (assessment and brief intervention); 1,372 (213 from rural and remote areas) completed their requirement.

Tasmania – There were 1,724 diversions (635 in rural and remote areas), of which 394 (140 from rural and remote areas) were required to complete a requirement (brief intervention or assessment and treatment); 169 people (62 from rural and remote areas) completed their requirement.

NT Illicit Drug Pre Court Diversion Program – There were 44 diversions (all of which were classified as rural or remote as the whole of the NT is rural/remote). All participants were required to complete a requirement (assessment and any recommended education/treatment) and 38 successfully completed.

Number of police diversions

For Australia overall, the total number of police diversions increased steadily each year, from 13,163 in 2002–03 to 24,804 in 2005–06 (Table 6.1). This trend is also apparent for police diversion numbers in rural and remote Australia – increasing from 3,018 in 2002–03 to 6,041 in 2005–06.

There is wide variation in the extent to which this overall trend is reflected in individual IDDI-funded programs. For example, the total number of police diversion participants has increased steadily in the Victorian Drug Diversion Program and the Queensland Police Diversion Program, while the total number of police diversion participants has fluctuated in the NSW Cannabis Cautioning Scheme, Victorian Cannabis Cautioning Program and the NT Illicit Drug Pre Court Diversion Program (NT IDPCDP) over the period 2002–03 to 2005–06 (Table 6.1).

The number of people diverted in rural and remote areas generally follows the trend observed in programs overall – that is, where total participant numbers in the program have

increased, the number of participants in rural and remote areas also increased. For example, in the New South Wales Cannabis Cautioning Scheme, both the total number of participants, and the number in rural and remote areas, have fluctuated.

Table 6.2 presents information about the percentage of all IDDI police diversion participants who live in rural and remote Australia and compares this to the percentage of the general population who live in rural and remote Australia. This comparison provides a very broad indicator about the extent to which police diversion practices are being used in rural and remote Australia compared with what one might expect based purely on population numbers living in these areas. However, it should be noted that this comparison is not based on an established or agreed benchmark for rural and remote service delivery and it does not take into account possible differences between rural and remote areas and other areas (for example, in crime patterns or age and sex distribution).

The data indicate that, for Australia overall, in 2005–06 nearly one-quarter of all police diversion participants lived in rural and remote locations (24%), well above the proportion of people in the general population who are estimated to live in these locations (13%) (Table 6.2). However, the proportion of program participants from rural and remote areas varied widely across programs. For most IDDI programs with available data, the proportion of police diversion participants living in rural and remote locations was generally about the same as the proportion of the general population living in these areas in the state/territory. For example, in 2005–06, 37% of Tasmanian IDDI participants were from rural and remote Tasmania, compared to 36% of the Tasmanian population overall, and 14% of South Australia's PDDI participants were from rural or remote areas compared to 15% of the South Australian population. Three programs had more participants in rural and remote locations than would be expected based on their population structure: Queensland's PDP (28% of participants compared to 21% population in rural and remote areas), and Western Australia's Cannabis Infringement Notice Scheme (38% compared to 15%) and its All Drug Diversion (33% compared to 15%). Victoria's Drug Diversion Program had fewer participants (2%) compared to 5% living in rural and remote parts of the state. These data suggest that, for most programs, police diversion practices are being used at least as regularly by police in rural and remote locations as by police in other areas of Australia.

The proportion of police diversion participants living in rural and remote Australia has been relatively stable over the period 2002–03 to 2005–06 (Table 6.2). Within individual IDDI programs, the proportion of police diversion participants living in rural and remote locations has fluctuated over time (Table 6.2).

Table 6.1: Number of diversions through police diversion programs, by state/territory, IDDI program and geographical location, 2002–03 to 2005–06^(a)

State/territory	Program	Geographical location	2002–03	2003–04	2004–05	2005–06
New South Wales	Cannabis Cautioning Scheme (CCS) ^(b)	<i>Rural and remote NSW</i>	130	207	244	213
		Rest of NSW	2,609	3,095	2,782	2,661
		Total New South Wales	2,740	3,303	3,027	2,989
Victoria	Cannabis Cautioning Program ^(c)	<i>Rural and remote Victoria</i>	117	132	129	118
		Rest of Victoria	1,767	2,147	2,042	1,909
		Total Victoria	1,884	2,279	2,171	2,027
		<i>Rural and remote Victoria</i>	6	6	4	9
Queensland	Drug Diversion Program ^(d)	Rest of Victoria	261	326	393	509
		Total Victoria	267	332	397	518
		<i>Rural and remote Queensland</i>	2,571	2,597	2,513	3,519
		Rest of Queensland	4,300	5,734	6,768	8,908
		Total Queensland	6,871	8,331	9,281	12,427
Western Australia ^(f)	Cannabis Infringement Notice (CIN) scheme ^(g)	<i>Rural and remote WA</i>	..	..	1,308	2,043
		Rest of WA	..	..	2,252	1,237
		Total Western Australia	..	..	3,560	3,280
		<i>Rural and remote WA</i>	..	..	18	15
South Australia	All Drug Diversion ^(h)	Rest of WA	..	..	57	31
		Total Western Australia	..	..	75	46
		<i>Rural and remote SA</i>	194	189	208	251
		Rest of SA	1,176	1,165	1,135	1,427
		Total South Australia	1,401	1,390	1,386	1,749

(continued)

Table 6.1 (continued): Number of diversions through police diversion programs, by state/territory, IDDI program and geographical location, 2002–03 to 2005–06

State/territory	Program	Geographical location	2002–03	2003–04	2004–05	2005–06
Tasmania	Tasmanian Illicit Drug Diversion Initiative (IDDI) ⁽ⁱ⁾	<i>Rural and remote Tasmania</i>	..	496	367	635
		Rest of Tasmania	..	1,038	975	1,089
		Total Tasmania	..	1,534	1,342	1,724
Northern Territory	Illicit Drug Pre Court Diversion Program (NT IDPCDP) ^(k)	<i>Rural and remote NT</i>	..	34	68	44
		Rest of NT	..	..	..	..
		Total Northern Territory	..	34	68	44
Total^(l)		Rural and remote Australia⁽ⁱ⁾	3,018	3,661	4,859	6,847
		Rest of Australia⁽ⁱ⁾	10,113	13,505	16,404	17,771
		Total Australia^(l)	13,163	17,203	21,307	24,689

(a) This table represents the number of diversions for the relevant years. In practice, some people may receive more than one diversion in the year.

(b) Source: Drug and Alcohol Coordination, NSW Police. Total (including records with missing ASGC) CCS cautions in the financial year to 30 June. Includes first (written health and legal information provided) cautions and second (mandatory phone education session) cautions. Actual number of cautions may be higher due to data entry inconsistencies.

(c) Source: Corporate Statistics, Victoria Police. No. of cannabis cautions excluding out-of-state participants. (Cautions involve police provision of educational and referral information, and the offer of an education session or program). ASGCs based on offender's residential address.

(d) Source: Corporate Statistics, Victoria Police. No. of diversions (excluding out-of-state) for minor, non-cannabis related offences (an assessment session and one treatment session).

(e) Source: Queensland Health via the Diversion Coordination Service. No. of diversions (excluding out-of-state) issued to minor, cannabis offenders. All offenders apprehended must be cautioned. Diversion sessions involve a one-off assessment and education session.

(f) For the years 2002–03 and 2003–04 the Cannabis Cautioning Mandatory Education Scheme and All Drug Diversion program were in a pilot stage. The All Drug Diversion program became state-wide on 1 January 2004 and the CCMES was replaced by the Cannabis Infringement Notice Scheme on 22 March 2004.

(g) Source: Alcohol and Drug Coordination Unit, WA police. No. of cannabis cautions, including both expiation methods (payment of a fine or attendance an education session). Rural/remote breakdown not available when data requested.

(h) Source: Alcohol and Drug Coordination Unit, WA police. No. of non-cannabis diversions (cautions involve three counselling sessions).

(i) Source: SA Office of Crime Statistics and Research. Total includes people from interstate and unknown geographical location. Geographical location refers to the most recent home address of the client. No. of people diverted (includes <18 year olds for all illicit drugs, and adults for non-cannabis illicit).

(j) Source: DHHS Tasmania. Data for 2002–2003 not included as Tasmania police considered it to be unreliable (not mandatory to record postcode at that time). No. of diversions for minor drug offences, including first (warning of legal consequences), second (brief intervention) and third level (assessment and treatment) diversions.

(k) Source: NT Department of Health and Community Services. Data not available for 2002–03 as program commenced December 2002. No. of illicit drug diversions (offender referred to assessment and required to undertake the recommended treatment). Unlike other jurisdictions, NT data do not include Cannabis Infringement Notices.

(l) The rural/remote split was not yet available for WA CIN program in 2005–06. For the purposes of examining total diversion numbers, the total diversion numbers for 2005–06 have been divided according to the proportion of rural/remote and other diversions occurring in 2004–05.

Table 6.2: Percentage of people diverted through police diversion programs living in rural and remote locations, by state/territory and IDDI program, 2002–03 to 2005–06^(a)

State/territory	Program	2002–03	2003–04	2004–05	2005–06	Percentage of population in rural/remote locations (as at June 2005) ^(b)
New South Wales	Cannabis Cautioning Scheme (CCS) ^(c)	4.7	6.3	8.1	7.1	7.8
Victoria	Cannabis Cautioning Program ^(d)	6.2	5.8	5.9	5.8	5.2
	Drug Diversion Program ^(e)	2.2	1.8	1.0	1.7	5.2
Queensland	Police Diversion Program (PDP) ^(f)	37.4	31.2	27.1	28.3	21.1
Western Australia ^(g)	Cannabis Infringement Notice (CIN) scheme ^(h)	..	..	36.7	62.3	15.4
	All Drug Diversion ⁽ⁱ⁾	24.0	32.6	15.4
South Australia	Police Drug Diversion Initiative (PDDI) ^(j)	14.1	13.9	15.4	14.4	14.9
Tasmania	Tasmanian Illicit Drug Diversion Initiative (IDDI) ^(k)	n.a.	32.3	27.3	36.8	35.9
Northern Territory	Illicit Drug Pre Court Diversion Program (NT IDPCDP) ^(l)	..	100.0	100.0	100.0	100.0
Total		22.9	21.3	22.8	24.4	12.7

- (a) This table represents the proportion of diversions in rural/remote areas for the relevant years. In practice, some people may receive more than one diversion in the year.
- (b) Source: ABS 2006b.
- (c) Source: Drug and Alcohol Coordination, NSW Police. Proportion of CCS cautions in the financial year to 30 June. Includes first (written health and legal information provided) cautions and second (mandatory phone education session) cautions.
- (d) Source: Corporate Statistics, Victoria Police. Proportion of cannabis cautions excluding out-of-state participants. (Cautions involve police provision of educational and referral information, and the offer of an education session or program). ASGCs based on offender's residential address.
- (e) Source: Corporate Statistics, Victoria Police. Proportion of diversions (excluding out-of-state) for minor, non-cannabis related offences (an assessment session and one treatment session).
- (f) Source: Queensland Health via the Diversion Coordination Service. Proportion of diversions (excluding out-of-state) issued to minor, cannabis offenders. Cautions involve a one-off assessment and education session.
- (g) The All Drug Diversion program commenced state-wide in January 2004. CIN commenced state-wide in March 2004, following the earlier trial of cannabis cautioning.
- (h) Source: Alcohol and Drug Coordination Unit, WA police. Proportion of cannabis cautions, including both expiation methods (payment of a fine or attendance an education session).
- (i) Source: Alcohol and Drug Coordination Unit, WA police. Proportion of non-cannabis diversions (cautions involve three counselling sessions).
- (j) Source: SA Office of Crime Statistics and Research. Proportion (excluding interstate/unknown geographical location) of diversions. Geographical location refers to the most recent home address of the client
- (k) Source: DHHS Tasmania. Data for 2002–2003 not included as Tasmania police considered it to be unreliable (not mandatory to record postcode at that time). Proportion of diversions for minor drug offences, including first (warning of legal consequences), second (brief intervention) and third level (assessment and treatment) diversions.
- (l) Source: NT Department of Health and Community Services. Data not available for 2002–03 as program commenced December 2002. Proportion of illicit drug diversions (offender referred to assessment and required to undertake the recommended treatment).

Sex of police diversion participants

In 2005–06, the majority of police diversion participants were male in all programs for which data are available, with the exception of the Northern Territory. Given the slightly higher population of males in rural and remote areas compared to other geographic areas, the proportion of diverted males in rural and remote areas would be expected to be higher than in other areas. However, there is no clear pattern in the data provided (Table 6.3). For example, in South Australia's PDDI 87% of participants in rural and remote areas were male, compared to 80% in the rest of South Australia. In the West Australian Cannabis Infringement Notice Scheme 70% of participants in rural and remote areas were males, compared to 83% in other areas of the state.

Age of police diversion participants

The early intervention focus of IDDI police programs suggests that younger people would be more likely to be diverted than older people, in both rural and remote areas and the rest of Australia. As the population profile of rural and remote areas is generally somewhat younger than the population in other geographical areas (see Chapter 2), it was expected that the age range of police diversion participants in rural and remote areas would be even younger than for other areas of Australia.

In 2005–06, across all IDDI programs at least one-half of all police diversion participants were aged 25 years or less (ranging from 50% of all participants in the Queensland PDP to 100% in the Northern Territory IDPCDP) (Table 6.4). The vast majority of all clients were aged 35 years or less (ranging from 79% of Queensland PDP participants to 100% in the Northern Territory IDPCDP).

The age profile of police diversion participants varies between rural and remote locations and other locations, although not quite as expected. In most programs, there were proportionally fewer people aged under 25 years in rural and remote areas, compared with other areas of the state/territory. For example, approximately 44% of CCS participants in rural and remote New South Wales were aged 25 years or less, compared to 59% in the rest of the state. The Victorian Drug Diversion Program and South Australia's PDDI were the only police diversion programs in which the proportion of participants aged 25 years or less was higher in rural and remote areas than in other areas of the jurisdiction.

Rural and remote participants are generally more likely to be aged under 18 years than participants in other areas of the jurisdiction. In the Northern Territory IDPCDP, all participants were under 18 due to program guidelines. In South Australia, the high proportion of young people is partially explained because the PDDI includes cannabis offences for young people but not for adults (see Chapter 4).

Table 6.3: Sex of police diversion program participants, by state/territory, IDDI program and geographical location, 2005–06 (per cent)^(a)

State/territory	Program	Sex	Rural/remote	Rest of state/territory	Total state/territory
New South Wales	Cannabis Cautioning Scheme (CCS) ^(b)	Male	86.1	87.3	87.2
		Female	13.9	12.7	12.8
Victoria	Cannabis Cautioning Program ^(c)	Male	85.6	77.1	85.1
		Female	14.4	22.9	14.9
	Drug Diversion Program ^(d)	Male	86.1	82.1	82.9
		Female	13.9	17.9	17.1
Queensland	Police Diversion Program (PDP) ^(e)	Male	74.6	75.8	75.5
		Female	25.4	24.2	24.5
Western Australia	Cannabis Infringement Notice (CIN) Scheme ^(f)	Male	69.7	82.5	79.3
		Female	30.3	17.5	20.7
	All Drug Diversion ^(g)	Male	70.6	61.3	67.4
		Female	17.6	31.7	32.6
South Australia	Police Drug Diversion Initiative (PDDI) ^(h)	Male	87.3	79.5	80.9
		Female	12.7	20.5	19.1
Tasmania	Tasmanian Illicit Drug Diversion Initiative (IDDI) ⁽ⁱ⁾	Male	79.3	81.1	80.5
		Female	20.7	18.9	19.5
Northern Territory ^(j)	Illicit Drug Pre Court Diversion Program (NT IDPCDP)	Male	50.0	..	50.0
		Female	50.0	..	50.0

(a) Proportions of sex by ASGC are based on total diversions. Some people are diverted more than once in the financial year.

(b) Source: Drug and Alcohol Coordination, NSW Police. Sex information relates to all CCS cautions (including 1st and 2nd) in the financial year to 30 June.

(c) Source: Corporate Statistics, Victoria Police. Unspecified sex records have been excluded.

(d) Source: Victorian Department of Human Services via the Community Offenders' Advice and Treatment Service.

(e) Source: Queensland Health via the Diversion Coordination Service. Sex data relate to all offenders diverted under the PDP. Note that offenders are only eligible for one diversion under the PDP.

(f) Source: Alcohol and Drug Coordination Unit, WA police. Sex data relate only to bookings made for Cannabis Education Sessions.

(g) Source: Alcohol and Drug Coordination Unit, WA police. Sex data relate to people who attend compulsory assessment and treatment.

(h) Source: SA Office of Crime of Crime Statistics and Research.

(i) Source: DHHS Tasmania. Sex data relate to offenders who have received a 2nd or 3rd caution only and have been required to attend a brief intervention or assessment and treatment respectively.

(j) Source: NT Department of Health and Community Services. Sex data relate to offenders who attended approved treatment following diversion and appeared in the NT Health database.

Table 6.4: Age of police diversion program participants, by state/territory, IDDI program and rural/remote location, 2005–06 (per cent)^(a)

State/territory	Program	Age group	Rural and remote	Rest of state/territory	Total state/territory
New South Wales	Cannabis Cautioning Scheme (CCS) ^(b)	<18 years	0.0	0.3	0.3
		18–25 years	43.5	59.1	57.9
		26–35 years	33.0	24.6	25.2
		36–45 years	16.3	11.1	11.5
		>45 years	7.2	4.9	5.0
Victoria	Cannabis Cautioning Program ^(c)	<18 years	23.7	12.4	13.0
		18–25 years	39.0	55.4	54.4
		26–35 years	22.0	20.1	20.2
		36–45 years	11.9	8.9	9.1
		>45 years	3.4	3.2	3.3
	Drug Diversion Program ^(d)	<18 years	4.6	1.5	2.2
		18–25 years	58.3	50.2	52.0
		26–35 years	27.8	34.3	32.9
		36–45 years	5.6	9.7	8.8
		>45 years	3.7	4.2	4.1
Queensland	Police Diversion Program (PDP) ^(e)	<18 years	2.9	2.2	2.4
		18–25 years	43.9	48.4	47.1
		26–35 years	29.0	28.6	28.7
		36–45 years	16.1	15.2	15.5
		>45 years	8.2	5.6	6.3
Western Australia	Cannabis Infringement Notice (CIN) scheme ^(f)	<18 years	3.6	0.0	0.7
		18–25 years	43.6	72.6	66.7
		26–35 years	29.1	15.1	18.0
		36–45 years	10.9	8.0	8.6
		>45 years	12.7	4.2	6.0
	All Drug Diversion ^(g)	<18 years	0.0	0.0	0.0
		18–25 years	60.0	64.5	63.0
		26–35 years	26.7	25.8	26.1
		36–45 years	6.7	9.7	8.7
		>45 years	6.7	0.0	2.2
South Australia	Police Drug Diversion Initiative (PDDI) ^(h)	<18 years	65.5	43.3	45.0
		18–25 years	8.2	18.4	16.5
		26–35 years	14.5	22.7	22.2
		36–45 years	9.1	12.3	12.7
		>45 years	2.7	3.4	3.5

(continued)

Table 6.4 (continued): Age of police diversion program participants, by state/territory, IDDI program and rural/remote location, 2005–06 (per cent)

State/territory	Program	Age group	Rural and remote	Rest of state/territory	Total state/territory
Tasmania	Tasmanian Illicit Drug Diversion Initiative (IDDI) ⁽ⁱ⁾	<18 years	7.9	11.4	10.2
		18–25 years	51.4	52.8	52.3
		26–35 years	12.9	27.2	25.1
		36–45 years	21.4	7.5	9.4
		>45 years	6.4	1.2	3.0
Northern Territory	Illicit Drug Pre Court Diversion Program (NT IDPCDP) ^(j)	<18 years	100.0	..	100.0
		18–25 years	0.0	..	0.0
		26–35 years	0.0	..	0.0
		36–45 years	0.0	..	0.0
		>45 years	0.0	..	0.0

- (a) Proportions of age group by ASGC are based on total diversions. Some people are diverted more than once in the financial year.
- (b) Source: Drug and Alcohol Coordination, NSW Police. Age information relates to all CCS cautions (including 1st and 2nd) in the financial year to 30 June.
- (c) Source: Corporate Statistics, Victoria Police.
- (d) Source: Victorian Department of Human Services via the Community Offenders' Advice and Treatment Service.
- (e) Source: Queensland Health via the Diversion Coordination Service. Age data relate to all offenders diverted under the PDP. Note that offenders are only eligible for one diversion under the PDP.
- (f) Source: Alcohol and Drug Coordination Unit, WA police. Age data relate only to bookings made for Cannabis Education Sessions. The CIN scheme only applies to adults. Data for people aged under 18 years are likely to reflect data entry error.
- (g) Source: Alcohol and Drug Coordination Unit, WA police. Age data relate to people who attend compulsory assessment and treatment.
- (h) Source: SA Office of Crime of Crime Statistics and Research.
- (i) Source: DHHS Tasmania. Age data relate to offenders who have received a 2nd or 3rd caution only and have been required to attend a brief intervention or assessment and treatment respectively.
- (j) Source: NT Department of Health and Community Services. Age data relate to offenders who attended approved treatment following diversion and appeared in the NT Health database.

Indigenous status of police diversion participants

The proportion of participants who were recorded as Aboriginal and/or Torres Strait Islander peoples varied across police diversion programs. There were proportionately more Indigenous people in diversion programs than in the state/territory population in most programs (NSW CCS, Victorian Cannabis Cautioning Program, Queensland PDP, South Australian PDDI, Tasmanian IDDI and NT IDPCDP (Table 6.5). However, the proportion of Indigenous participants was lower than in the general population in Western Australia's All Drug Diversion Program (where there were no Indigenous participants in 2005–06), and in the Victorian Drug Diversion Program.

As there is generally a higher proportion of Aboriginal and Torres Strait Islander peoples in rural and remote areas than in other areas of Australia, it was expected that there would be a higher proportion of Indigenous participants in rural and remote areas than in other areas. In 2005–06, all programs for which data were available reported a larger proportion of Indigenous participants in rural and remote areas than in the rest of the state/territory (Table 6.5).

Table 6.5: Percentage of police diversion program participants reported to be Indigenous, by state/territory, IDDI program and geographical location, 2005–06^(a)

State/territory	Program	Rural/remote	Rest of state/territory	Total state/territory	Proportion of population that was Indigenous 2005 ^(b)
New South Wales	Cannabis Cautioning Scheme (CCS) ^(c)	14.8	6.2	6.8	2.1
Victoria	Cannabis Cautioning Program ^(d)	9.3	2.1	2.5	0.6
	Drug Diversion Program ^(e)	1.9	0.0	0.4	0.6
Queensland	Police Diversion Program (PDP) ^(f)	17.3	5.3	8.7	3.4
Western Australia	Cannabis Infringement Notice (CIN) Scheme ^(g)	5.6	2.2	3.1	3.5
	All Drug Diversion ^(h)	0.0	0.0	0.0	3.5
South Australia	Police Drug Diversion Initiative (PDDI) ⁽ⁱ⁾	12.7	5.1	6.3	1.8
Tasmania	Tasmanian Illicit Drug Diversion Initiative (IDDI) ^(j)	12.9	11.0	11.7	3.8
Northern Territory	Illicit Drug Pre Court Diversion Program (NT IDPCDP) ^(k)	32.5	. .	32.5	29.7

- (a) Proportions of Indigenous participants by ASGC are based on total diversions. Some people are diverted more than once in the financial year.
- (b) Sources: ABS 2006c; ABS 2004c.
- (c) Source: Drug and Alcohol Coordination, NSW Police. Indigenous information relates to all CCS cautions (including 1st and 2nd) in the financial year to 30 June.
- (d) Source: Corporate Statistics, Victoria Police.
- (e) Source: Victorian Department of Human Services via the Community Offenders' Advice and Treatment Service
- (f) Source: Queensland Health via the Diversion Coordination Service. Indigenous data relate to all offenders diverted under the PDP. Note that offenders are only eligible for one diversion under the PDP.
- (g) Source: Alcohol and Drug Coordination Unit, WA police. Indigenous data relate only to bookings made for Cannabis Education Sessions.
- (h) Source: Alcohol and Drug Coordination Unit, WA police. Indigenous data relate to people who attend compulsory assessment and treatment.
- (i) Source: SA Office of Crime of Crime Statistics and Research.
- (j) Source: DHHS Tasmania. Indigenous data relate to offenders who have received a 2nd or 3rd caution only and have been required to attend a brief intervention or assessment and treatment respectively.
- (k) Source: NT Department of Health and Community Services. Indigenous data relate to offenders who attended approved treatment following diversion and appeared in the NT Health database.

Completion of police diversion requirements

When offenders consent to participate in a police diversion program, rather than proceeding along the alternative criminal justice route, they agree to meet specific requirements. These requirements vary across programs and, within programs, according to the number of times an individual has been cautioned under a given program (where multiple cautions are applicable) and according to the illicit drug involved. In some programs (for example, the Victoria Drug Diversion Program, Queensland Police Diversion, SA Police Drug Diversion Initiative) treatment may continue on a voluntary basis after the required one or two sessions have been attended.

New South Wales and Tasmania both issue a simple caution at the first apprehension, with no formal requirements of the participant on that occasion. On the second apprehension, the participant is required to attend a phone education session in New South Wales and a single education-focused session in Tasmania. In South Australia's Police Drug Diversion Initiative both adults and juveniles are required to attend one interview that incorporates assessment, education and brief intervention. Both groups may be required to attend further treatment. In Queensland, participants are required to attend one interview. Under the Victorian Drug Diversion Program, participants are required to attend two interviews for assessment and education/treatment. In Western Australia's All Drug Diversion, participants must complete three counselling sessions. Under the Northern Territory IDPCDP program, the participant must attend a professional assessment and complete the minimum education or treatment recommended.

Given the broad variation in police diversion requirements, it is not sensible to compare completion rates across programs without reference back to the individual program summaries (Appendix 2) and the detailed table footnotes. With this proviso, among the police diversion programs for which completion data are available, completion rates ranged from 56% (of people diverted two or more times under the Tasmanian IDDI) to 95% (of people diverted under the NT IDPCDP).

It was expected that the proportion of people completing their requirements in rural and remote areas might be lower because of access issues in these areas. However, within programs, the proportion of participants completing the requirements of their police diversion in 2005–06 was generally similar for rural and remote areas and the rest of the state/territory (Table 6.6).

Table 6.6: Percentage of police diversion participants successfully completing requirements, by state/territory, IDDI program and geographical location, 2005–06^(a)

State/territory	Program	Geographical location	Per cent
New South Wales	Cannabis Cautioning Scheme (CCS) ^(b)	<i>Rural and remote NSW</i>	0.0
		<i>Rest of NSW</i>	70.9
		Total New South Wales	70.9
Victoria	Cannabis Cautioning Program ^(c)	<i>Rural and remote Victoria</i>	<i>n.a.</i>
		<i>Rest of Victoria</i>	<i>n.a.</i>
		Total Victoria	n.a.
	Drug Diversion Program ^(d)	<i>Rural and remote Victoria</i>	85.2
		<i>Rest of Victoria</i>	85.1
		Total Victoria	85.1
Queensland	Police Diversion Program (PDP) ^(e)	<i>Rural and remote Queensland</i>	79.5
		<i>Rest of Queensland</i>	79.9
		Total Queensland	79.8

(continued)

Table 6.6 (continued): Percentage of police diversion participants successfully completing requirements, by state/territory, IDDI program and geographical location, 2005–06

State/territory	Program	Geographical location	Per cent
Western Australia	Cannabis Infringement Notice (CIN) scheme ^(f)	<i>Rural and remote WA</i>	<i>n.a.</i>
		<i>Rest of WA</i>	<i>n.a.</i>
		Total Western Australia	n.a.
	All Drug Diversion ^(g)	<i>Rural and remote WA</i>	73.3
		<i>Rest of WA</i>	80.6
		Total Western Australia	78.3
South Australia	Police Drug Diversion Initiative (PDDI) ^(h)	<i>Rural and remote SA</i>	84.9
		<i>Rest of SA</i>	77.6
		Total South Australia	78.4
Tasmania	Tasmanian Illicit Drug Diversion Initiative (IDDI) ⁽ⁱ⁾	<i>Rural and remote Tasmania</i>	58.5
		<i>Rest of Tasmania</i>	54.6
		Total Tasmania	56.0
Northern Territory	Illicit Drug Pre Court Diversion Program (NT IDPCDP) ^(j)	<i>Rural and remote NT</i>	..
		<i>Rest of NT</i>	..
		Total Northern Territory	95.0

- (a) Completion rates based on the number of completed diversions. Some people may complete more than one diversion in the financial year.
- (b) Source: Drug and Alcohol Coordination, NSW Police. Completion data refer to 2nd (mandatory phone education session) cautions only. Actual number of second cautions may differ due to data inconsistencies. Only one person referred to CCS in rural/remote areas in 2005–06.
- (c) Completion data not available.
- (d) Source: Victorian Department of Human Services via the Community Offenders' Advice and Treatment Service. Completion rates for participants who attended one assessment session and one treatment session.
- (e) Source: Queensland Health via the Diversion Coordination Service. Participants who attended the one-off assessment and education session.
- (f) Source: Alcohol and Drug Coordination Unit, WA police. Completion data not available as the number of people opting to undertake an education session, but then failing to complete the session, is not available.
- (g) Source: Alcohol and Drug Coordination Unit, WA police. Completion data relate to completion of three counselling sessions.
- (h) Source: SA Office of Crime of Crime Statistics and Research. Completion of an assessment and intervention interview.
- (i) Source: DHHS Tasmania. Completion data relate to completion of 2nd and 3rd cautions only (a brief intervention or assessment and treatment respectively).
- (j) Source: NT Department of Health and Community Services. Completion data relate to offenders who attended approved treatment following diversion and appeared in the NT Health database.

6.2 Court diversion programs

As for police diversion data, the method of data collection for court diversion programs varies across jurisdictions and between programs. The majority of court diversion data collections are managed solely by the jurisdiction health department (or an agency contracted to provide this function) or justice department.

People accepted into treatment programs

Court diversion programs generally use information gathered during criminal justice processes to identify people whose criminal activity is directly related to or indirectly linked

to their drug use. In keeping with IDDI program guidelines, these people can then be referred for an assessment to determine whether drug diversion is an appropriate option for them. In some programs this assessment is a simple eligibility check to exclude, for example, those with a history of violent offending. Other programs utilise an in-depth assessment process to gauge whether the person is suitable for drug treatment. The program information collected is influenced by the type of assessment process. Some programs do not keep records of both the number of people assessed and the number subsequently accepted for diversion. For this reason this section focuses on the numbers accepted to court diversion programs, rather than the numbers assessed. (For detailed information about the number of people assessed for diversion in each program, refer to Appendix Table A3.7.)

Data provided for this study show that the number of people accepted for court diversion has generally increased for Australia overall: from 2,114 in 2002–03 to 7,872 in 2005–06. The number of people accepted for court diversions in rural and remote locations increased steadily in the first three years of this period, from 446 to 718, then increased substantially to 2,001 in 2005–06 (Table 6.7).

The extent to which this general pattern (of increasing numbers accepted for court diversion in rural and remote areas) has been observed in individual IDDI programs varies. For example, over the period 2002–03 to 2005–06, the number of people accepted for court diversion programs increased in the NSW MERIT program, decreased in the NSW Wellington Options program and fluctuated in Victoria's RODW program (Table 6.7).

The proportion of people diverted through court diversion programs who live in rural and remote areas varies widely across IDDI court diversion programs. A number of programs, most notably the Victorian RODW and the NSW Wellington Options, have been specifically designed to target rural and remote populations and issues. Not surprisingly, a very high proportion of people accepted for these programs were from rural and remote areas (for example, in 2005–06, 100% for Wellington Options and 81% for RODW). In other court diversion programs for which data are available, the proportion of people accepted from rural and remote areas varies, but is generally much higher than their representation in the population overall. For example, in the NSW Young Offenders' Rural and Regional Counselling program, 49% of participants in 2005–06 were from rural and remote areas. In contrast, only 3% of people accepted for the NSW MERIT program were from rural and remote areas of the state, although this is higher than the proportion of rural and remote participants in earlier program years.

The proportion of people accepted for court diversion programs who live in rural and remote locations has varied within each program over the period 2002–03 to 2005–06. For example, the proportion of people accepted who live in rural and remote areas has steadily increased in Victorian RODW, has remained relatively stable in the NSW Wellington Options program and has fluctuated in the remaining programs for which time series data were available.

Table 6.7: Number of people accepted to court diversion programs, by state/territory^(a), IDDI program and geographical location, 2002-03 to 2005-06

State/territory	IDDI program	Geographical location	2002-03	2003-04	2004-05	2005-06
New South Wales	MERIT ^(b)	<i>Rural and remote NSW</i>	1	3	12	49
		Rest of NSW	1,313	1,468	1,458	1,600
		Total New South Wales	1,314	1,471	1,470	1,649
	Wellington Options ^(b)	<i>Rural and remote NSW</i>	29	18	20	12
		Rest of NSW	1	0	0	0
		Total New South Wales	30	18	20	12
	Young Offenders' Residential Rehabilitation ^(c)	<i>Rural and remote NSW</i>	58	40	38	38
		Rest of NSW	31	22	38	40
		Total New South Wales	89	62	76	78
	Young Offenders' Rural and Regional Counselling ^(d)	<i>Rural and remote NSW</i>	n.a.	n.a.	n.a.	192
		Rest of NSW	n.a.	n.a.	n.a.	199
		Total New South Wales	n.a.	208	371	403
	RODW ^(e)	<i>Rural and remote Victoria</i>	345	492	410	475
		Rest of Victoria	282	434	139	108
		Total Victoria	627	926	549	583
Victoria	KADW ^(e)	<i>Rural and remote Victoria</i>	3	3	13	7
		Rest of Victoria	1	0	3	13
		Total Victoria	4	3	16	20
	Deferred Sentencing ^(e)	<i>Rural and remote Victoria</i>	3	5	1	1
		Rest of Victoria	13	7	1	2
		Total Victoria	16	12	2	3
	Children's Court Clinic Drug Program ^(e)	<i>Rural and remote Victoria</i>	7	14	3	2
		Rest of Victoria	27	18	7	5
		Total Victoria	34	32	10	7

Table 6.7 (continued): Number of people accepted to court diversion programs, by state/territory, IDDI program and geographical location, 2002-03 to 2005-06

State/Territory	IDDI program	Geographical location	2002-03	2003-04	2004-05	2005-06
Queensland	IDCDP ^(f)	<i>Rural and remote Queensland</i>	..	..	..	923
		Rest of Queensland	..	..	..	2,877
		Total Queensland	..	..	..	3,800
Western Australia	POP ^(g)	<i>Rural and remote WA</i>	..	..	12	66
		Rest of WA	..	..	217	906
		Total Western Australia	..	..	229	972
		<i>Rural and remote WA</i>	..	..	66	128
		Rest of WA	..	..	0	15
	IDP ^(g)	Total Western Australia	..	..	66	143
		<i>Rural and remote WA</i>	..	..	50	26
		Rest of WA	..	..	56	94
		Total Western Australia	..	..	106	120
		<i>Rural and remote NT</i>	..	..	93	82
Northern Territory	NT CREDIT ^(h)	Rest of NT	n.a.	n.a.	n.a.	n.a.
		Total Northern Territory	n.a.	n.a.	n.a.	n.a.
		Rural and remote Australia	446	575	718	2,001
Total		Rest of Australia	1,668	1,949	1,919	5,859
		Total Australia	2,114	2,732	2,915	7,872

(a) The SA IDDI court diversion program, CARDS, was out-of-scope for the study as it operates in Mount Barker and Murray Bridge (both inner regional locations). The Tasmanian court diversion program was out-of-scope because it commenced January 2007.

(b) Source: Mental Health and Drug and Alcohol Office, NSW Health. Number of people referred for assessment. ASGC remoteness category based on client's residential postcode or, where missing, court postcode.

(c) Source: NSW Department of Juvenile Justice. Rural/remote split based on court location.

(d) Source: NSW Department of Juvenile Justice. Reporting started 2003. Only partial reporting for 2003-04. Total includes clients from interstate/no fixed address.

(e) Source: Victorian Department of Human Services via the Community Offenders' Advice and Treatment Service Number of people accepted. ASGC remoteness category based on client's residential postcode.

(f) Source: Queensland Magistrates Courts Office. Number of people assessed for diversion. Postcode based on court location. Program rolled-out state-wide July 2005.

(g) Source: WA Drug and Alcohol Office.

(h) Source: Alcohol and Other Drugs Program. NT Department of Health and Community Services. No. of clients assessed for eligibility and appropriate treatment by a court clinician. Program commenced June 2003.

Likelihood of being accepted to court diversion programs in rural and remote areas

In programs with a discrete assessment process, and which were able to provide data, the proportion of people accepted to diversion after their initial assessment was analysed. Qualitative information gathered by previous evaluations of diversion programs suggests that people in rural and remote areas are sometimes not accepted for diversion due to a lack of appropriate treatment services in the area (see Chapter 3). However, the data provided for this evaluation do not support this observation. In 2005–06, people in rural and remote areas were equally likely or more likely to be accepted into diversion than people in the rest of the state/territory (Table 6.8). For example, in the NSW MERIT program, people in rural and remote areas were more likely to be accepted (83%) than people in the rest of the state (62%).

Table 6.8: Likelihood of being accepted to selected IDDI court diversion programs, by geographical location, 2005–06

State/territory	IDDI program	Rural/remote	Rest of state
New South Wales	MERIT ^(a)	83.1	61.8
	Wellington Options ^{(a) (b)}	57.1	0.0
	Young Offenders' Residential Rehabilitation ^(c)	79.2	66.7
	Young Offenders' Rural and Regional Counselling	n.a.	n.a.
Victoria ^(d)	RODW	99.8	99.1
	KADW	100.0	92.9
	Deferred Sentencing	100.0	100.0
	Children's Court Clinic Drug Program	100.0	100.0
Queensland	IDCDP ^(e)	90.5	88.5
Western Australia	POP	..	..
	IDP	..	..
	STIR	..	..
Northern Territory ^(f)	NT CREDIT	83.6	..

(a) Source: Mental Health and Drug and Alcohol Office, NSW Health. People accepted onto treatment. ASGC remoteness category based on client's residential postcode or, where missing, court postcode.

(b) Only one person assessed in the rest of the state.

(c) Source: NSW Department of Juvenile Justice. Rural/remote split based on court location.

(d) Source: Victorian Department of Human Services via the Community Offenders' Advice and Treatment Service People accepted. ASGC remoteness category based on client's residential postcode.

(e) Source: Queensland Magistrates Courts Office. People accepted for diversion. Postcode based on court location.

(f) Source: Alcohol and Other Drugs Program. NT Department of Health and Community Services. People found suitable by a court clinician.

Sex of court diversion participants

The sex profile of court diversion participants was expected to be disproportionately male in court programs overall because of the different drug use patterns by males compared to females and the higher numbers of males appearing in the criminal justice system compared to females (see Chapter 3). The proportion of males was expected to be even higher in rural and remote areas given the slightly higher percentage of males living in these areas (see Chapter 3). The data provided show that males made up a large majority of participants in all geographical areas, ranging from 70% in the Victorian KADW program to 100% in both the NSW Wellington Options and the Victorian Deferred Sentencing programs (Table 6.9). The proportion of court diversion participants that were male varied within programs between rural and remote areas and other areas of the state/territory. For example, there were higher proportions of males in rural and remote areas compared to other areas in the Victorian KADW program (86% and 62% respectively) and WA STIR program (85% and 79% respectively). However, of the programs with available data (and where court diversion participants came from both rural and remote and other locations), males made up a smaller proportion of all participants in rural and remote locations than elsewhere. For example, this was the case in the NSW MERIT, Victorian RODW, WA POP and WA IDP programs.

Table 6.9: Sex of court diversion program participants, by state/territory, IDDI program and geographical location, 2005–06 (per cent)

State/territory	Program	Sex	Rural/remote	Rest of state/territory	Total state/territory
New South Wales ^(a)	MERIT ^(b)	Male	73.5	78.2	78.0
		Female	26.5	21.8	22.0
	Wellington Options ^(b)	Male	100.0	..	100.0
		Female	0.0	..	0.0
	YORRC ^(c)	Male	88.8	91.8	90.3
		Female	11.2	8.2	9.7
Victoria	RODW ^(d)	Male	74.2	78.0	74.9
		Female	25.8	22.0	25.1
	KADW ^(d)	Male	85.7	61.5	70.0
		Female	14.3	38.5	30.0
	Deferred Sentencing ^(d)	Male	100.0	100.0	100.0
		Female	0.0	0.0	0.0
	Children's Court Clinic Drug Program ^(d)	Male	100.0	80.0	85.7
		Female	0.0	20.0	14.3
Queensland	IDCDP ^(e)	Male	76.3	77.9	77.6
		Female	23.7	22.1	22.4
Western Australia	POP ^(f)	Male	63.6	84.3	82.9
		Female	36.4	15.7	17.1
	IDP ^(f)	Male	78.1	93.3	79.7
		Female	21.9	6.7	20.3
	STIR ^(f)	Male	84.6	78.7	80.0
		Female	15.4	21.3	20.0
Northern Territory	NT CREDIT ^(g)	Male	81.7	..	81.7
		Female	18.3	..	18.3

(a) Sex data for Young Offenders' Residential Rehabilitation not presented as rural/remote breakdown based only on the ASGC of the two courts involved in the program. This breakdown does not clearly reflect the ASGC of participants.

(b) Source: Mental Health and Drug and Alcohol Office, NSW Health. Sex data relate to people accepted onto the program.

(c) Source: NSW Juvenile Justice. Sex data based on clients accepted for the program.

(d) Source: Victorian Department of Human Services via the Community Offenders' Advice and Treatment Service. Sex data relate to people accepted onto the program. ASGC remoteness category based on client's residential postcode or, where missing, court postcode.

(e) Source: Queensland Magistrates Courts Office. Sex data relate to people accepted for diversion. Postcode based on court location.

(f) Source: WA Drug and Alcohol Office. Sex data relate to people referred on to a service provider.

(g) Source: Alcohol and Other Drugs Program. NT Department of Health and Community Services. Sex data based on all people accepted into the program.

Indigenous status of court diversion participants

The proportion of participants who were recorded as Aboriginal and/or Torres Strait Islander peoples varied across court diversion programs (Table 6.10). However, generally, there were proportionately more Indigenous people in court diversion programs than in the state/territory population. The only exceptions were the Northern Territory, where Indigenous people make up 30% of the population and 26% of court diversion participants, and Victoria's Deferred Sentencing program, which reported no Indigenous participants in 2005–06 (out of the three participants for the year).

The proportion of court diversion participants who were Aboriginal and/or Torres Strait Islander peoples was higher in rural and remote areas than other areas for some programs (NSW MERIT, YORCC, Queensland IDCDP, WA POP and WA IDP) and lower in others (Victorian RODW, Victorian KADW, and WA STIR programs). It is surprising to note that there were some non-Indigenous participants in rural and remote areas of the Koori-focused KADW program. This was also the case in the Indigenous-focused WA IDP, in which 33% of participants outside rural and remote areas were recorded as Indigenous. All Western Australian court diversion programs had relatively high levels of Indigenous participation in rural and remote areas of the state (50% of STIR participants, 46% of POP participants, 100% of IDP participants in rural and remote areas were Indigenous).

Table 6.10: Indigenous status of people accepted into court diversion programs, by state/territory, IDDI program and geographical location, 2005–06 (per cent)^(a)

State/territory	IDDI program	Indigenous status	Rural/ remote	Rest of state/ territory	Total state/ territory	Proportion of state/ territory population ^(b)
New South Wales ^(c)	MERIT ^(d)	Indigenous	42.9	13.1	13.9	2.1
		Non-Indigenous	57.1	85.1	84.3	87.9
	Wellington Options ^(d)	Indigenous	8.3	..	8.3	
		Non-Indigenous	75.0	..	75.0	
	YORCC ^(e)	Indigenous	80.0	54.8	69.1	
		Non-Indigenous	20.0	45.2	28.9	
Victoria	RODW ^(f)	Indigenous	3.8	25.7	7.9	0.6
		Non-Indigenous	96.2	74.3	92.1	99.4
	KADW ^{(f)(g)}	Indigenous	85.7	100.0	95.0	
		Non-Indigenous	14.3	0.0	5.0	
	Deferred Sentencing ^(f)	Indigenous	0.0	0.0	0.0	
		Non-Indigenous	100.0	100.0	100.0	
	Children's Court Clinic Drug Program	Indigenous	0.0	20.0	14.3	0.6
		Non-Indigenous	100.0	80.0	85.7	99.4

(continued)

Table 6.10 (continued): Indigenous status of people accepted into court diversion programs by state/territory, IDDI program and geographical location, 2005–06 (per cent)

State/territory	IDDI program	Indigenous status	Rural/remote	Rest of state/territory	Total state/territory	Proportion of state/territory population ⁽ⁱ⁾
Queensland	IDCDP ^(h)	Indigenous	12.3	3.4	5.5	3.4
		Non-Indigenous	87.7	96.6	94.5	96.6
Western Australia	POP ⁽ⁱ⁾	Indigenous	45.5	8.4	10.9	3.5
		Non-Indigenous	54.5	91.6	89.1	96.5
	IDP ^{(g)(i)}	Indigenous	100.0	33.3	93.0	3.5
		Non-Indigenous	0.0	66.7	7.0	96.5
	STIR ⁽ⁱ⁾	Indigenous	50.0	93.6	84.2	3.5
		Non-Indigenous	50.0	6.4	15.8	96.5
Northern Territory	NT CREDIT ^(j)	Indigenous	25.6	..	25.6	29.7
		Non-Indigenous	74.4	..	74.4	70.2

- (a) Total percentages for each program may not add to 100 due to records where Indigenous status was 'not stated'.
- (b) Source: ABS ERP 2005; ABS experimental estimates and projections, Indigenous Australians.
- (c) Sex data for Young Offenders' Residential Rehabilitation not presented as rural/remote breakdown based only on the ASGC of the two courts involved in the program. This breakdown does not clearly reflect the ASGC of participants.
- (d) Source: Mental Health and Drug and Alcohol Office, NSW Health. Indigenous data relate to people accepted onto the program.
- (e) Source: NSW Juvenile Justice.
- (f) Source: Victorian Department of Human Services via the Community Offenders' Advice and Treatment Service Indigenous status data relate to people accepted onto the program. ASGC remoteness category based on client's residential postcode or, where missing, court postcode.
- (g) Program targeted at Indigenous participants.
- (h) Source: Queensland Magistrates Courts Office. Indigenous data relate to people accepted for diversion. Postcode based on court location.
- (i) Source: WA Drug and Alcohol Office. Indigenous data based on people referred on to a preferred provider.
- (j) Source: Alcohol and Other Drugs Program. NT Department of Health and Community Services. Indigenous profile based on all people accepted into the program. Program commenced June 2003.

Age group of court diversion participants

Participants from rural and remote areas might be expected to be younger than participants in other areas because of the slightly younger demographic profile in rural and remote Australia at the population level. However, in 2005–06, only two IDDI-funded court diversion programs had a younger age profile in rural and remote areas compared to other areas of the state/territory – in the Victorian RODW and KADW programs, there was a higher proportion of young people aged under 25 years in rural and remote areas compared with other areas of Victoria (Table 6.11).

Table 6.11: Age group of people accepted into court diversion programs, by state/territory, IDDI program and geographical location, 2005-06 (per cent)

State/territory	IDDI program	Age group	Rural/remote	Rest of state/territory	Total state/territory
New South Wales	MERIT ^(a)	<18 years	0.0	0.0	0.0
		18–25 years	34.7	42.3	42.1
		26–35 years	38.8	37.5	37.5
		36–45 years	16.3	16.0	16.0
		>45 years	10.2	4.1	4.2
	Wellington Options ^(a)	<18 years	0.0	..	0.0
		18–25 years	8.3	..	8.3
		26–35 years	25.0	..	25.0
		36–45 years	33.3	..	33.3
		>45 years	33.3	..	33.3
	YORRC ^(b)	<18 years	88.7	90.9	89.8
		18–25 years	11.3	9.1	10.2
		26–35 years	..	..	..
		36–45 years	..	..	..
		>45 years	..	..	..
Victoria	RODW ^(c)	<18 years	29.2	21.1	27.7
		18–25 years	39.3	26.6	36.9
		26–35 years	17.0	29.4	19.3
		36–45 years	9.2	17.4	10.8
		>45 years	5.3	5.5	5.3
	KADW ^(c)	<18 years	0.0	0.0	0.0
		18–25 years	57.1	23.1	35.0
		26–35 years	28.6	30.8	30.0
		36–45 years	14.3	46.2	35.0
		>45 years	0.0	0.0	0.0
	Deferred Sentencing ^{(c)(d)}	<18 years	0.0	0.0	0.0
		18–25 years	100.0	100.0	100.0
		26–35 years	0.0	0.0	0.0
		36–45 years	0.0	0.0	0.0
		>45 years	0.0	0.0	0.0
	Children's Court Clinic Drug Program ^(c)	<18 years	100.0	80.0	85.7
		18–25 years	0.0	20.0	14.3
		26–35 years	0.0	0.0	0.0
		36–45 years	0.0	0.0	0.0
		>45 years	0.0	0.0	0.0

(continued)

Table 6.11 (continued): Age group of people accepted into court diversion programs, by state/territory, IDDI program and geographical location, 2005-06 (per cent)

State/territory	IDDI program	Age group	Rural/remote	Rest of state/territory	Total state/territory
Queensland	IDCDP ^(e)	14 and under	0.0	0.1	0.1
		14–18 years	17.4	16.0	16.3
		19–25 years	39.9	44.7	43.5
		26–40 years	33.0	31.5	31.8
		41 & over	9.8	7.8	8.2
Western Australia	POP ^(f)	<18 years	1.5	0.6	0.6
		18–25 years	36.4	44.6	44.0
		26–35 years	36.4	35.8	35.8
		36–45 years	16.7	13.6	13.8
		>45 years	9.1	5.5	5.8
	IDP ^(f)	<18 years	3.9	73.3	11.2
		18–25 years	30.5	6.7	28.0
		26–35 years	40.6	13.3	37.8
		36–45 years	21.9	6.7	20.3
		>45 years	3.1	0.0	2.8
	STIR ^(f)	<18 years	0.0	7.4	5.8
		18–25 years	46.2	47.9	47.5
		26–35 years	34.6	29.8	30.8
		36–45 years	19.2	12.8	14.2
		>45 years	0.0	2.1	1.7
Northern Territory	NT CREDIT ^(g)	<18 years	1.2	..	1.2
		18–25 years	23.2	..	23.2
		26–35 years	32.9	..	32.9
		36–45 years	26.8	..	26.8
		>45 years	15.9	..	15.9

(a) Source: Mental Health and Drug and Alcohol Office, NSW Health. Age data relate to people accepted onto the program.

(b) Source: NSW Juvenile Justice. YORRC accepts clients up to age 21.

(c) Source: Victorian Department of Human Services via the Community Offenders' Advice and Treatment Service. Age data relate to people accepted onto the program. ASGC remoteness category based on client's residential postcode or, where missing, court postcode.

(d) Deferred sentencing targets people aged between 18 and 25.

(e) Source: Queensland Magistrates Courts Office. Age data relate to people accepted for diversion. Postcode based on court location.

(f) Source: WA Drug and Alcohol Office. Age data relate to people referred on to a service provider. The presence of people aged under 18 years is likely to reflect data entry error.

(g) Source: Alcohol and Other Drugs Program. NT Department of Health and Community Services. Age data relate to all people accepted into the program.

Completion rates for court diversion programs

As for police diversion, when offenders consent to participate in a court diversion program, rather than proceeding along the alternative criminal justice route, they agree to meet specific requirements. These requirements vary across programs but most commonly include up to three months on a treatment program. Given the broad variation in court diversion program requirements, it is not sensible to compare completion rates across programs without reference back to the individual program summaries (Appendix 2) and the detailed table footnotes.

Given the potential difficulties associated with accessing treatment services in rural and remote areas, it might be expected that people in these areas would have slightly lower completion rates than people from the rest of the state. However, in the majority of programs for which data are available, the completion rate was higher in rural and remote areas than in other areas of the jurisdiction in 2005–06 (Table 6.12).

Table 6.12: Number and percentage^(a) of people who completed court diversion programs, by geographical location, IDDI program, 2005-06

IDDI program	Rural/ Remote areas of state/territory		Rest of state/territory		Whole state/territory	
	No.	Per cent	No.	Per cent	No.	Per cent
New South Wales^(b)						
MERIT ^(c)	40	81.6	995	62.2	1,035	62.8
Wellington Options ^(c)	11	91.7	0	..	11	91.7
YORR ^(d)	12	31.6	12	30.0	24	30.8
Victoria						
RODW ^(e)	469	52.1	101	51.3	570	51.9
KADW ^(f)	4	28.6	14	56.0	18	46.2
Deferred Sentencing ^(g)	1	100.0	1	50.0	2	66.7
Children's Court Clinic Drug Program ^(h)	1	50.0	1	20.0	2	28.6
Queensland						
IDCDP ⁽ⁱ⁾	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Western Australia						
POP ^(j)	49	74.2	744	82.1	793	81.6
IDP ^{(j)(k)}	98	76.6	11	73.3	109	76.2
STIR ^(l)	18	69.2	65	69.1	83	69.2
Northern Territory						
NT CREDIT ^(m)	66	80.5	..	..	66	80.5

- (a) The percentage used in this table is the percentage of all people accepted into a court diversion program (in a given geographical location) who completed the program requirements.
- (b) Completion data were not requested and are not presented for the YORRC program.
- (c) Source: Mental Health and Drug and Alcohol Office, NSW Health. People who completed program requirements (treatment is based on individual assessment and may include a range of treatment types, e.g. residential rehabilitation, counselling)
- (d) Source: NSW Department of Juvenile Justice. People who completed a residential rehabilitation program. Excludes people who transferred to another facility.
- (e) Source: Victorian Department of Human Services via the Community Offenders' Advice and Treatment Service. People who completed the drug treatment component of a more holistic case plan.
- (f) Source: Victorian Department of Human Services via the Community Offenders' Advice and Treatment Service. People who completed suitable treatment program determined by the Koori Drug Diversion worker.
- (g) Source: Victorian Department of Human Services via the Community Offenders' Advice and Treatment Service. People who completed the prescribed treatment plan drawn up by a COATS clinician.
- (h) Source: Victorian Department of Human Services via the Community Offenders' Advice and Treatment Service. Children who completed the prescribed treatment plan drawn up by a Children's Court Clinician.
- (i) Source: Queensland Magistrates Courts Office.
- (j) Source: WA Drug and Alcohol Office. People who completed a treatment program of approximately 8 weeks' duration.
- (k) Source: WA Drug and Alcohol Office. People who completed a culturally secure treatment plan of around 6–8 weeks' duration (e.g. education, counselling or residential rehabilitation); 11 people were still in IDP, so completion status was unknown.
- (l) Source: WA Drug and Alcohol Office. People who were case managed by a Community Corrections Officer for around 3 months, and met requirements such as attending drug treatment and random urinalysis.
- (m) Source: Alcohol and Other Drugs Program. NT Department of Health and Community Services. Compliance figures are based on the calendar year 2006. Compliance is based on completing the recommended treatment program.

7 IDDI outcomes in rural and remote Australia

As noted in Chapter 2, ‘outcome indicators provide information on the impact of a service on the status of an individual or a group, and on the success of a service area in achieving its objectives’ (SCRS GCP 2007). In the context of this study, this definition thus refers to two distinct sets of indicators: those that relate to outcomes for individuals or groups that participate in IDDI programs (client outcomes), and those that relate to service-level or program-level outcomes for the IDDI as a whole (program outcomes). This chapter briefly outlines a selection of available information about IDDI outcomes in rural and remote Australia. Information is presented about client outcomes (Section 7.1) and broader program or initiative outcomes (Section 7.2). Client outcomes and program outcomes are clearly closely interrelated.

7.1 Client outcomes

Outcome indicators were initially suggested by the project team in a number of areas relating specifically to outcomes for clients diverted under the IDDI. The study team explored the possibility of obtaining available information about the outcomes for offenders diverted to assessment, education and treatment under the IDDI in terms of:

- improved client knowledge of health and other risks of drug use and its associated behaviours
- reduction in client drug use
- improved social functioning
- improved health status
- reduction in criminal behaviour.

If available, such information could have been profiled for diversion participants in rural and remote Australia and compared with that for diversion participants in other areas of Australia. Further, the outcomes for clients referred to drug and alcohol treatment agencies through diversion processes could have been compared with the outcomes for clients who attend such services voluntarily.

However, there is currently no nationally comparable information on such outcomes for clients of drug and alcohol treatment generally¹ or for clients diverted to this treatment through the IDDI. Client outcome information has been collected

1 The Victorian Department of Human Services requests information about Significant Treatment Goal Attainments for every episode of care funded under its drug and alcohol treatment services program. The New South Wales Health Department formerly requested information about a range of outcomes during treatment for clients of publicly provided pharmacotherapy services using the Brief Treatment Outcome Measure-Concise (BTOM-C) tool. However, no nationally comparable information about the outcomes of treatment for clients of publicly funded drug and alcohol treatment services is currently available.

from a small number of IDDI programs (either at the program level or from selected agencies) and a selection of these efforts and available data are presented in Boxes 7.1–3. While this information cannot be used to draw conclusions about the outcomes for clients attending IDDI programs, it provides an indication of the types of measures that have been implemented in specific programs and may provide a useful basis for further exploration of the routine collection of outcomes information about IDDI clients. Information about the Australian Treatment Outcome Study is also included in Box 7.4, as an example of a study which tracked client-level outcomes post-treatment.

Box 7.1: Examples of client outcomes information collected from IDDI-funded programs – WA Diversion Program

Subsequent to reviews of various individual sites, Western Australia completed a comprehensive overall evaluation of its court diversion programs (POP, STIR and IDP) that explored client outcomes in terms of health and drug use, recidivism, legal aspects and cost-benefit issues (CRC 2007).

Health and drug use outcomes for clients were measured using the SF8 (short form 8 health questionnaire involving 8 questions) and a modified version of the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) pre- and post-program. Substantial health improvements and reductions in drug use were associated with the completion of a diversion program. Longer term outcomes were not measured.

The study also examined recidivism of clients participating in the court diversion programs by linking health and criminal justice data. The absence of an appropriate control group was addressed by comparing diversion participants with actuarial estimates of their probability of rearrest. The analysis showed that people who completed the program had a lower rate of rearrest than was expected based on their risk estimate. However, the study notes that the results need to be interpreted with caution due to the small sample.

Box 7.2: Examples of client outcomes information collected from IDDI-funded programs – Program for Adolescent Life Management (PALM)

The Ted Noffs Foundation is funded via the IDDI to provide residential rehabilitation services to young people in Dubbo and Coffs Harbour in New South Wales under the Young Offenders' Residential Rehabilitation Program. These two agencies are part the Foundation's wider network of adolescent rehabilitation services called PALM (Program for Adolescent Life Management), which operate throughout New South Wales and the Australian Capital Territory. The Foundation has published outcome data for young people assisted by PALM between 2001 and 2005.

There are several aspects to the PALM outcome data. Firstly, each client is given an outcome rating when they leave the service. This rating indicates why the person left the service and the extent to which their goals were met through treatment. For example, one category of exit is 'self discharge with some/moderate achievement of action plan goals'.

A substantial number of clients are also followed up three months after leaving the service. At this time several assessment tools are readministered to compare scores with those at the time of admission to rehabilitation. Tools used included the Brief Treatment Outcome Measure (BTOM), Brief Symptom Inventory (Mental Health) and Psychological Well-being Scale. Data are also gathered about reported criminal activity in the last three months – the number of arrests, whether the crime was related to drug use, and types of crimes committed.

Outcomes reported by PALM for the period between 2001 and 2005 include that clients followed up after three months had a mean Severity of Dependence Score (SDS) of 5.4 compared to the mean score of 9.2 prior to admission. Similarly the average number of arrests fell from 1.6 in the three months prior to admission, to 0.5 in the three months after leaving residential rehabilitation. There were also improvements in the clients' psychological health. Three months after discharge the average number of symptoms of emotional distress fell to 2.9 compared to 5.4 symptoms before admission.

The data presented from the PALM were sourced from published material available from the Ted Noffs Foundation, which is funded under the New South Wales Young Offenders' Residential Rehabilitation Program. The information presented in the publication is not routinely collected by all agencies funded under this program.

Box 7.3: Examples of client outcomes information collected from IDDI-funded programs – NSW MERIT Health Outcomes Study

The MERIT Health Outcomes Study in New South Wales illustrates how outcomes data can be gathered in diversion programs. MERIT is a program that targets adult offenders with demonstrable illicit drug problems. It is a voluntary program that provides drug treatment to participants over a period of about three months. The intended outcomes of the program include improving health and social functioning, together with facilitating a decrease in participants' drug use and drug-related crime.

The MERIT Health Outcomes Study focused on the health and social functioning outcomes of the program, including illicit drug use. The study was designed to be embedded in the everyday assessment processes of MERIT teams. As such, the instruments selected for measuring outcomes were intentionally brief to administer and useful to the MERIT worker for case planning. The tools used included:

- Severity of Dependence Scale (SDS)*
- BTOM – risk behaviour and occasions of drug use components*
- Kessler-10 – psychological functioning*
- SF-36 – physical/social/emotional functioning.*

These tools were administered at commencement and at an exit interview at program completion around three months later, enabling an assessment to be made of change during the intervention period.

The study was conducted from April 2004 to September 2006 and involved interviews with 2,833 people entering the program and 1,470 people as they completed the program. The key findings of the study were that, by program exit at three months:

- there was a significant reduction in the levels and types of illicit drug use and associated risk behaviours among participants*
- there was a significant improvement in the physical and psychological health measures among participants (NSW Health 2007).*

The architects of the study acknowledged limitations such as the absence of a control group and the inability to capture longer term outcomes. Nonetheless, the study provides evidence that the MERIT program is successful in achieving positive health outcomes (NSW Health 2007).

The MERIT Health Outcomes Study was conducted for a specified period and this type of information is not routinely collected or reported as part of the MERIT program. This study was specifically focused on changes over time in health and social functioning outcomes for individuals, including illicit drug use. The study did not collect information about changes in criminal behaviour.

Box 7.4: Example of client outcomes information from drug treatment – The Australian Treatment Outcome Study

The Australian Treatment Outcome Study tracked the progress of people who sought treatment for heroin dependence for up to three years after they completed treatment. The study group included those accessing detoxification, pharmacotherapy and residential rehabilitation. A comparison group of heroin users who were not seeking treatment was also recruited (Darke et al. 2007).

The participants' level of heroin and other drug use, health, mental health and criminal activity were all explored during the follow-up interviews. The study found that treatment led to a reduction in heroin use and that the most positive outcomes were associated with stable retention in treatment (rather than a number of attempts at treatment). The physical health of users improved to the same level as the general population following treatment but their mental health remained poorer. Of particular interest to diversion programs was the finding that successful treatment reduced criminal activity by removing the need to acquire heroin. These improvements were sustained across the three years.

In the absence of nationally available client outcome data, and given that the project team did not have direct contact with offenders, IDDI stakeholders interviewed throughout the project were invited to provide information about typical 'successful' diversions and typical 'unsuccessful' diversions. Due to the more intensive nature of court diversion programs, service providers in these programs were more likely to know about the outcomes (up to and beyond program completion) for some of their clients, and thus be able to provide case stories. Police in diversion programs were rarely in a position to know the outcome of diversions. Magistrates had varied exposure to client outcomes. As a result, the case stories included tend to focus on successful outcomes in terms of reduced drug use and improved wellbeing, rather than on reduction in criminal behaviour. It should also be noted that, particularly in police diversion programs, even service providers are not generally in a position to know about the outcomes for the client due to the, predominantly, one-off nature of contact with them.

The case stories presented in Boxes 7.5 and 7.6 are considered to be indicative of 'successful' and 'unsuccessful' diversions among the case stories that were collected.

Box 7.5: Examples of ‘successful’ diversions

Police diversion

John was a heavy cannabis user. He was unemployed and living in an isolated town with limited public transport services. Following apprehension by police, John consented to participate in a police diversion program. John’s counsellor put him in touch with a local men’s group that met twice a week at a workshop. The men’s group made a significant difference to John as it provided him with an alternative social network – his old friends were cannabis users. John went on to consider his employment options and enrolled in TAFE. His numeracy and literacy skills improved and he made further social contacts. John started to spend less time with his cannabis-using friends. He has renewed contact with his family and feels a lot more content within himself.

A service was contracted to provide two-hour assessment and education sessions to police diversion participants. This service saw a young person who was ‘at a crossroads in her life’. The young person viewed an educational video and discussed its contents with the worker. The worker had been trained in motivational interviewing so was able to explore the young person’s drug use in a way that helped the young person to consider the impact of drug use on her life. The worker also provided information about risky behaviours, such as binge drinking, in a supportive, non-punitive manner. The client had a number of non-drug-related needs, such as housing and income. She was referred to appropriate agencies to follow these up.

Court diversion

A young woman, Gina, was charged with assaulting her mother. Her substance use was identified as a factor in her offence and she was offered the opportunity to participate in a court diversion program. Gina was her mother’s carer as she had mental health issues. Gina and her mother both smoked cannabis regularly. Gina was initially resistant to drug treatment but attended some counselling sessions covering harm minimisation and motivational interviewing. Gina re-offended after the counselling was completed. She was then offered the option of residential rehabilitation which, after one unscheduled departure, she completed. Gina and her mother also attended mediation. Gina was able to secure her own accommodation near her mother and is now attending TAFE.

Jeff is an Indigenous man in his early 30s who has been drinking since his mid-teens. After numerous drink driving charges he was referred to a diversion program and undertook residential rehabilitation. Jeff commenced a TAFE course and went on to start a small business. He now works in another field and reports that he no longer drinks alcohol.

Rita was charged with possessing a trafficable quantity of ecstasy. She started using cannabis at 13, and has been using ecstasy for around eight years since she became involved in the nightclub scene. Rita has a stable employment history and a good relationship with her family. When offered the option of diversion, she enthusiastically engaged with counselling and stopped using illicit drugs. She has maintained a drug-free lifestyle by including activities such as regular horse riding and attending ‘top-up’ counselling once a month.

Phil was on remand for domestic violence charges. He had been using speed and alcohol since his early teens. Through diversion he was referred to residential rehabilitation. Once discharged from rehabilitation, Phil had a brief relapse into drinking. He recovered from his relapse to move into sustained abstinence. He also started an award-winning tourist venture. He keeps in contact with his drug and alcohol worker, especially at times when he feels vulnerable.

Box 7.6: Examples of ‘unsuccessful’ case stories for IDDI clients

Police diversion

Tim is a 16 year old male with mental health issues and borderline intellectual disability. He left school at Year 9. Tim lived in a small town and had been in contact with the police on a number of occasions (e.g. break and enter, stolen goods) and had since been labelled a ‘bad egg’. He decided to move to the nearest capital city where he found temporary employment. Upon his first diversion, Tim attended counselling with his mother. His behaviour during the session was unacceptable to the counsellor, who suggested that they may need to cease the session with the consequence of Tim being returned to the court process. Tim’s mother was upset by this and tried to provide reasons for his behaviour. Four months later Tim received his second diversion. This time he attended counselling on his own. He engaged well with the process and displayed considerable insight. Tim confided that he was not happy and was overwhelmed by choice and possibilities. The counsellor suggested that he attend a youth service to develop some practical skills. Tim ‘couldn’t see himself doing it’. Upon his third diversion he raised similar issues in counselling. The counsellor explained the consequences of further diversions. Tim appeared unconcerned because he felt that his mother would always assist him.

Court diversion

A 26 year old Indigenous man, Peter, was charged with stealing. He was a regular cannabis user and was offered diversion to a culturally appropriate residential program. Peter had moved around a lot during his childhood and his father had passed away eight years previously. He had been unemployed since leaving school apart from a brief period with the Community Development Employment Program. Peter left the residential program without notice one week after being admitted. He later returned to the program but was subsequently discharged.

Greg (26 years) has been homeless since he was 11 years old. He left his family’s home due to the violence and alcohol misuse of his father. Greg’s literacy is poor and he has little employment history. He has used a variety of drugs since his early teens and been in contact with the law on numerous occasions for property offences and assault. Greg was accepted to a court diversion program because he had never previously accessed treatment of any kind for his drug issues. He entered a therapeutic community but requested to leave after two weeks. He found it too hard to engage with some of the requirements of treatment, such as accepting constructive criticism and resolving conflict through discussion. Greg’s diversion was revoked and he was returned to the criminal justice system to deal with his charges.

The following case stories are also included to provide examples of diversions in which the outcome is unclear (Box 7.7). In practice, the outcomes of most diversions (beyond completion of the diversion requirements) are not known to service providers, police or magistrates because of the lack of formal follow-up or data collection methods. The outcomes of brief intervention diversions, such as education sessions, are even less likely to be known.

Box 7.7: Case stories of IDDI clients where the outcome is unknown

Court diversion

An older person who had been abused as a child was referred to a community agency funded under IDDI for an assessment/education session. Given the long-standing nature of the person's drug issues, and the complexity added by her history of abuse, the single intervention session was perceived by the service provider as being limited in what it could achieve. At the end of the session, while educational messages had been delivered, the outcome was unclear. The service provider had no further contact with the client.

Police diversion

Scott is apprehended for possession of cannabis and referred by police to a community agency for an education/information session. Scott is angry about having to attend the service because cannabis use is well accepted in his community and he resents the actions of the police against him. However, the alcohol and other drug worker is careful to be non-judgemental in her approach. She listens to his view that cannabis use is not a problem. She also provides some information about the health and legal effects of cannabis. While Scott is calmer at the end of the session, any outcomes are not yet clear. The service provider has no further contact with Scott.

7.2 Program outcomes

Program-level outcomes are generally indicated in terms of:

- aggregated client-level outcomes, such as the proportion of clients completing treatment specified in an agreed treatment plan or recidivism and sentencing patterns among diverted clients
- broader program outcomes, such as a reduction in relevant drug offences across the community, reductions in recidivism and sentencing for drug and drug-related offences in the broader community, or community-level outcomes such as increased awareness of and capacity to address drug issues.

It is understood that such outcomes are affected by factors beyond the immediate control of the program, such as changed police practices and client factors.

Information about the proportion of diverted clients who complete their assessment, education or treatment requirements is presented and discussed in Chapter 6. The feasibility of obtaining relevant information in the remaining areas mentioned above was explored in the early stages of the project.

The study team investigated the possibility of presenting information about whether the IDDI had been associated with a:

- reduction in recidivism in rural and remote Australia
- decrease in the number of drug and drug-related offences in rural and remote Australia
- reduction in number and length of sentences associated with drug and drug-related offences in rural and remote Australia.

State/Territory IDDI Reference Groups were doubtful about the feasibility of obtaining accurate information to fully explore these proposed indicators within the project timeframe due to difficulties in:

- finding a suitable comparison group for recidivism rates among people diverted under IDDI programs
- disentangling sentencing data to examine incarceration or other sentences for drug offences, drug-related offences (for example, offences to support drug use) and other offences not clearly directly related to drug use
- linking or relating available criminal justice and health data
- drawing conclusions across IDDI programs which vary widely
- adequately considering other impacts on recidivism and sentencing rates such local strategies or directives in the criminal justice area.

Overlaying all of these difficulties was the added complexity of requesting information separated according to the rural and remote status of offenders. Thus, with the exception of some material presented on drug offences in Chapter 3 and sentencing in Chapter 9, this report presents very little outcome information in these areas.

A number of State/Territory IDDI Reference Groups also expressed interest in exploring program outcomes at the broader community level, particularly the possibility of assessing whether there was increased awareness of drug issues and capacity to address these issues in rural and remote Australia. The perspectives of people interviewed throughout the study suggest that there have been achievements in this area, although there is still room for improving linkages between IDDI stakeholders and increasing knowledge and understanding more broadly in the community. For example, stakeholders in various locations noted that the IDDI has increased knowledge of drug-related issues among broader groups of people in their community (for example, Centrelink workers, families, general practitioners) and increased knowledge of referral pathways for these issues, either pre- or post-contact with the criminal justice sector.

Similarly, even where the apparent outcome for the client from attending an assessment, education or treatment program was unclear or negative, service providers often noted that the program was still creating positive outcomes. For example, a number of service providers noted that even brief interventions or education sessions provided increased opportunities for accessing their target group, reducing clients' resistance and fear of attending a drug and alcohol service and providing the possibility of linking clients into other relevant services:

Even if the client retained one message that reduced the harm from her drug use, then the program was worthwhile. (service provider)

Further material about stakeholder perceptions is presented in Chapter 8.

8 Views from the field

8.1 Introduction

The material presented in this chapter is based on the qualitative input obtained throughout the project – from State/Territory Reference Group meetings, individual interviews with State/Territory Reference Group members in capital cities, and field work with key stakeholders in 16 rural and remote locations (overall, input was obtained from 162 people). The people interviewed for this study represented many years of experience in the fields of policing, justice, alcohol and other drug treatment, and broader health and welfare services, bringing a range of perspectives, expertise and knowledge to the discussions (see Sections 2.2 and 2.5 for further detail).

This chapter highlights the key issues raised by interview participants in relation to the effectiveness of IDDI-funded programs in rural and remote settings. In view of the complexity in summarising such diverse views, the study team has highlighted only those issues that were raised by several people and across locations and were considered as having national significance.

This chapter makes use of examples to illustrate more general issues. Material has been presented to illustrate general points without identifying individuals or organisations.

It is acknowledged that those interviewed for this project may not be representative of all of the views held across the relevant sectors within rural and remote areas and more generally in each jurisdiction. However, there were at least two study team members present at all interviews conducted (except one) and the team has made a judgement that the material included below is highly relevant in terms of considering the effectiveness of the IDDI in rural and remote Australia.

As anticipated, police, magistrates, court personnel and service providers have different expectations and perspectives about the nature of drug use in their local area and the suitable sanction or treatment option for illicit drug users. These stakeholders also have different underlying beliefs about what constitutes an ‘effective’ or ‘successful’ IDDI program (see Section 8.2). With these differing perspectives in mind, the study team searched for aspects of IDDI-funded programs that were viewed across locations and stakeholders as being program strengths or weaknesses. It is these factors that are highlighted in the following sections as influencing the effectiveness of IDDI programs in rural and remote areas.

In this chapter, findings are broadly grouped into factors influencing the effectiveness of:

- IDDI programs in rural and remote Australia generally (Section 8.2)
- police diversion programs in rural and remote Australia (Section 8.3)
- court diversion programs in rural and remote Australia (Section 8.4)

- assessment, education and treatment services provided under the IDDI in rural and remote Australia (Section 8.5).

However, it is recognised that many of these findings are interrelated.

Throughout this chapter (and the report), the term ‘service provider’ includes both ‘preferred providers’ who deliver assessment, education and treatment programs under the IDDI and ‘diversion workers’ who are case managers or other workers delivering court programs such as MERIT, RODW², KADW, IDP, CREDIT NT. The term ‘preferred provider’ or ‘diversion worker’ is used to indicate that the views were more specifically attributed to these specific groups.

8.2 Factors influencing the effectiveness of IDDI programs in rural and remote Australia overall

Rural and remote context

The context in which IDDI-funded programs currently operate varies considerably across states and territories and within jurisdictions (see Chapter 4). The locations visited as part of the field work were varied but key features of most locations, reported by police, courts, and preferred providers, included relatively high unemployment (with the exception of Kalgoorlie, where the availability of high-paying mining jobs brought its own issues), prolonged drought, high levels of intergenerational drug use and disadvantage, and problems with domestic violence, alcohol abuse and related crime. The main drugs of concern in the locations visited tended to be alcohol, followed by cannabis, methamphetamines and heroin, with interviewees in most locations also noting abuse of volatile substances among some segments of the population and, to a lesser extent, abuse of prescription drugs. Towns on major trucking routes and towns with high-quality agricultural land or irrigation reported particular problems in terms of reducing supply of drugs into their community.

Differing perceptions of what ‘effectiveness’ means

As noted above, police, magistrates, court personnel and service providers have differing views about what ‘effectiveness’ means in the context of IDDI programs. The following views were expressed by the majority of people interviewed from each of the stakeholder groups, when asked how they would define or measure an ‘effective’ or ‘successful’ IDDI program:

2 It should also be noted that, while the Rural Outreach Diversion Worker (RODW) program is both a court diversion program (formal diversion pathway) and a police diversion program (informal referral pathway), the program is grouped with court diversion programs for the purposes of discussion here and in Chapter 6.

- **Police** most commonly noted that a successful outcome for them would be apprehending a drug user who is early in their drug use and criminal career, offering them a drug diversion option and having no further contact with them (no re-apprehension). A small number of police, particularly those in contact with juvenile justice diversion programs that involved residential rehabilitation, had a broader view of success, including reduction in contact with police while on the program and subsequent reduction in level of seriousness of criminal activity and frequency of contact with the police following the program.
- **Magistrates** involved in court diversion programs often noted that the very availability of *any* programs to divert offenders towards drug treatment, rather than a punitive sanction, was a positive. They welcomed the holistic approach that diversion processes bring to offenders, most of whom have multiple and complex problems. Magistrates' support for diversion appeared to be based on their frustration with traditional sanctions, such as fines, custodial or non-custodial sentences, as mechanisms for dealing with drug-related offenders. They were hopeful that treatment through diversion would have better outcomes for offenders, and appreciated the ability to 'give people a chance' while also having legal processes available in cases where people did not comply. Magistrates were not concerned about the number of successful outcomes from diversion. Rather, they tended to see diversion programs as successful even where they produced successful outcomes for only a small proportion of people referred to them. One magistrate noted that 'one successful outcome in one hundred diversions is still a successful program'.
- **Service providers** were generally of the view that successful IDDI programs led to a reduction in substance use and associated harms and an associated reduction in criminal behaviour. It was generally recognised that the complex issues faced by many of their clients meant that elimination of drug use and criminal behaviours altogether may be unlikely in the short term and may follow one or more periods of relapse. Any contact by drug users with preferred providers offers an opportunity for the person to address their drug use or its associated harms. Most service providers also believed that successful programs were those that addressed offenders' broader social issues, for example by linking offenders into a range of support mechanisms that could assist them in the short and long term (for example, Centrelink, debt relief). Service providers often noted that increased awareness among the stakeholders and the community more broadly was a good program outcome.

While progress has been made in many rural and remote locations in terms of promoting a shared understanding of program processes, conflict between the underlying values, beliefs and attitudes of people from different sectors remains a major challenge for the IDDI in these areas.

IDDI framework—the target group

Police, courts and service providers have different views about the appropriateness of the IDDI target group as defined in the IDDI framework. The IDDI framework specifies that the primary target group for IDDI programs is individuals who have little or no past contact with the criminal justice system for drug offences, and who are apprehended for use or possession of small quantities of any illicit drug.

Persistent or violent offenders are not considered eligible for diversion, nor are people whose licit drug use (for example, alcohol) is related to offending (see Chapter 1). In practice, police and court diversion programs deal with different target groups, with court programs generally catering for people who are neither early in their drug use nor their criminal history.

Stakeholders in police diversion programs generally accept that people with a limited history of offending are an appropriate target group for diversion, although police place a strong emphasis on younger offenders who fall within this group. However, police reported most commonly coming into contact with people who were older, had more entrenched drug use and criminal behaviour problems and were 'known to the police'. The extent to which police in rural and remote settings routinely come into contact with the stated IDDI target group, in the absence of specific strategic directives to do so (for example, through the use of 'sniffer' dogs or police presence at 'beach parties' or 'raves'), appears minimal. Police noted that they tended to come into contact with the target group only when they were brought to the attention of the police for other things (for example, reckless driving).

Police rarely expressed interest in broadening the target group for police diversion programs to include diversion for licit substances such as alcohol or volatile substances:

Most police work involves, to some extent, alcohol (for example, violence, domestic violence and disputes, assaults, public drunkenness)...Including alcohol within diversion programs would open a Pandora's box...as most people apprehended for offences which involve alcohol do not see themselves as having a problem. (police)

In contrast, there was considerable interest among court personnel and diversion workers involved in court programs for broadening the target group to include people with alcohol as their primary drug of concern. This is largely because alcohol is linked to a large proportion of the matters appearing before the court, consuming a more substantial part of the court effort than illicit drugs. There is also support for expanding the target group to include people apprehended for use or possession of volatile substances, although it is appreciated that legislative hurdles must often be overcome before this can be achieved:

It is critical that diversion is expanded to cover alcohol. (magistrate)

Diversion should be extended to sniffing (volatile substances) and alcohol. Alcohol is the bedrock of abuse issues in the area. Just to target other drugs fails to address the alcohol issues from which the drug use may stem. (magistrate)

Eligibility criteria should be broadened to include volatile substances. (service provider)

There was also substantial support from the court sector for enabling people with a past history of violence to be considered for court diversion programs, at the discretion of magistrates – particularly if the reported violence was in the distant past or if the drug use was seen to be a major contributor to the violent behaviour. There was no support expressed from the court or treatment sector for expanding IDDI programs to include people with a history of serious or persistent violence.

The exclusion of alcohol from the IDDI target group criteria is viewed as having a disproportionately negative impact on effectiveness of court programs in rural and

remote Australia. This is due to the perception that there is proportionately greater abuse of alcohol compared to other illicit drugs in these areas. The exclusion of alcohol, and to a lesser extent the exclusion of all violent offenders, is also seen as having a disproportionately negative impact on the access to court programs by Aboriginal and Torres Strait Islander peoples:

The IDDI framework is too rigid, alcohol is a real problem [here] (especially in Indigenous communities); however, these people can not be diverted to treatment.
(State/Territory Reference Group member)

*An Indigenous girl was busted with cannabis and was not offered diversion. When asked 'why not', she was told she was not eligible as she had spat on someone after they called her a 'black c**t'. (service provider)*

In short, there is broad interest in increasing the capacity for more flexibility at the local level, particularly around the alcohol and violence criteria as they relate to court programs. There is evidence that this flexibility is being incorporated, either formally or informally, in a number of rural and remote settings:

The program...initially targeted only illicit drugs...It was later widened to include alcohol. Alcohol is the biggest problem in the area. (magistrate)

IDDI funding and administration issues

As noted in Chapter 1, two phases of funding have been provided under the IDDI – Phase 1 (1999–2000 to 2002–03) and Phase 2 (2003–04 to 2007–08) – with Australian Government funds to be directed towards assessment, treatment and education, capacity building and training. The Australian Government provides IDDI funding to state and territory governments via bilateral agreements with each jurisdiction. These agreements cover a range of topic areas, such as:

- details of the specific programs and/or purposes to which Australian Government funding can be directed
- the agreed processes for selecting and approving preferred providers
- the requirement that contracts with preferred providers include provisions relating to compliance with the national IDDI framework and provision of data according to the IDDI NMDS.

Courts do not receive any IDDI funding for their contributions to IDDI programs. Police receive funding to provide IDDI-related training, but not for ongoing diversion work.

A number of issues were raised repeatedly around IDDI funding and administration processes. These issues impact most significantly on service providers.

Funding—delays and communication

There was a pervasive perception that late timing of advice about funding and delayed arrival of funding to service providers (between Phases 1 and 2 of the IDDI funding) had created large problems in maintaining service stability and availability. Such delays were viewed as particularly problematic in rural and remote settings due to their particular staffing issues.

Approval of preferred providers

Concerns were commonly expressed about the 'red tape' involved in gaining state/territory and Australian Government approval for all preferred providers and the impact of the resulting delays on, for example, staff recruitment and retention.

Monitoring and reporting requirements

Key issues raised around the data reporting requirements at both the service provider and state/territory levels included the broad perception that:

- the reporting requirements are too onerous
- data requests are not well defined
- data requirements for states/territories and the Australian Government are not comparable
- little (if any) feedback is provided to the people who supply data
- the available data do not provide an indication of how effective programs are because the output-based reporting models do not recognise creative, innovative methods of assisting the client group (particularly early intervention activities and group work), do not recognise some activities essential to the effective operation of diversion activities (for example, intersectoral relationship-building) and do not generally include meaningful information about outcomes for clients (for example, self-reported reduced drug use and associated harms, improved social functioning, reduced criminal behaviours).

In some locations, preferred providers were concerned that they had many reporting requirements but it was not clear what this information was used for and it was not useful to them in the course of their work. Further, completion of numerous client forms during interview sessions, particularly when the preferred provider did not understand the purpose of these forms, detracted from the treatment process.

The use of IDDI funds

In many locations, interviewees noted that there had been confusion about how IDDI funds could be used in the early stages of the program.

There was a common perception that there would be benefits in increasing the flexibility in how IDDI funding can be spent. This desired flexibility extended beyond the proposed changes to the target group for rural and remote areas to the types of treatment and early intervention activities and models that could be funded under the Initiative in rural and remote areas.

Among service providers interviewed, there was often interest in pursuing early intervention options (for example, engaging with drug users before they came into contact with the police or courts through community-based activities or other networks). Police also often expressed interest in early intervention options. Such early intervention activity was often occurring among service providers formally and informally in various locations but does not 'count' towards IDDI outputs.

The study team heard of preferred providers that receive funding on a retainer basis, but that, at times, see very few clients due to low referral numbers. Particularly in these cases, there were calls for additional flexibility to spend available funds on alternative early intervention programs or services to address drug use:

The focus needs to shift to early intervention. Bureaucratic concern for measurability has limited the program. (service provider)

Many service providers raised concerns that clients' needs extend beyond drug treatment (for example, transport to and from appointments or residential treatment, purchase of clothes for young offenders who arrive at residential rehabilitation with nothing, education expenses). Some service providers advanced the idea of flexible funding pools or brokerage funds to meet these needs.

There was also a general call for greater flexibility around what constitutes an agreed treatment activity according to IDDI funding agreements. Many service providers expressed concern over the difficulty in recording activities such as group or family counselling, camps, activities conducted in alternative treatment settings (for example, 'sitting under a tree'), as well as early intervention or prevention activities such as organised social events:

Quantification becomes difficult in, for example, Indigenous youth camps where a client brings their siblings along. Officially only the client should be counted but the education message is going out to more than the client. This information is being missed. The attendees are also mostly informally linked with services and not registered clients. (service provider)

The study team also observed examples of the IDDI funding and administrative processes working well to accommodate flexible solutions. For example, as part of Phase 2 funding, the Victorian State Reference Group identified a number of IDDI service gaps of particular relevance to rural and remote areas and Indigenous peoples, and was successful in obtaining funding for the Rural Outreach Diversion Worker and Koori Alcohol and Other Drug Worker programs. Similarly, the West Australian State Reference Group was successful in obtaining funding for the Indigenous Diversion Program. In contrast, underspent Phase 1 funding was returned to the Australian Government by some jurisdictions, a disappointment for many in the field and at the state/territory level.

There appears to have been some inconsistency in the application of the IDDI framework in regards to program funding decisions, with some jurisdictions accessing funding for programs that relate to local needs (most notably alcohol) while others have not been able to access funding, for similar programs.

Participation by non-government organisations

Considerable tension has been associated with the policy objective (in Phase 2 of the IDDI funding) of increasing the involvement of non-government organisations delivering IDDI assessment, education and treatment.

Involving non-government organisations in IDDI programs through competitive tendering processes creates particular difficulties for service networks in rural and remote locations. Competition for resources can at times lead to the destabilisation of service networks, rather than their further development which is necessary for

successful diversion programs. Some preferred providers suggested that states and territories should promote collaborative tendering processes for IDDI funds in the future to alleviate this distress.

Government service providers also expressed concerns about non-government organisation involvement in IDDI programs, particularly where targets for their involvement were in place. Government service providers expressed concern that this may lead to the funding of non-government services in rural and remote areas which had no experience in providing drug treatment. This could potentially lead to workers being employed in an agency without appropriate support or supervision.

Non-government organisations in some jurisdictions struggled to deliver services because of the insecurity of IDDI funding. Non-government organisations found it difficult to employ staff members or purchase necessary equipment when there was uncertainty about acquittal processes for previous years' unspent funds and about guarantees for future years' funding levels. This compounded the difficulties of employing staff in rural and remote locations where it is frequently difficult to attract suitably qualified personnel, particularly if this required them to relocate, where government agencies were offering higher salaries and greater permanency.

Relationships and communication among IDDI stakeholders

Good relationships and communication among IDDI stakeholders at all levels – between the Australian Government and the state/territory governments, between stakeholders on the State/Territory Reference Groups and between police, courts, service providers and other relevant stakeholders on the ground – was consistently reported to be essential to maximise the benefits of the IDDI.

The study team interviewed many passionate, committed and knowledgeable people at both the State/Territory Reference Group and local levels. Relationships and communication among State/Territory Reference Group members appeared to be particularly positive where the groups had experienced success in obtaining funding for, and implementing new and innovative program models in, their jurisdiction. On the ground, intersectoral relationships were generally working well between diversion workers and court personnel, particularly in programs where an intensive ongoing relationship with the offender was involved. Relationships between police and service providers (where relevant) were generally less well established, except in those areas with specifically established intersectoral groups (see below). This partly relates to the lack of incentives or processes that necessitate direct contact between these groups.

IDDI funding has been specifically allocated to the relationship building and coordination task through the establishment of a number of Drug Diversion Network Officers in rural and remote locations of Victoria. This role, generally undertaken by a person with considerable relevant experience in the sector, involves building networks and knowledge across IDDI stakeholders. One of the added benefits of the role is that it has the potential to improve program stability and the perception of program continuity among the courts and police. This can be achieved even when workers move on because one of the Diversion Network Officer's roles is to establish and maintain networks that can support a new worker.

Other mechanisms for building relationships and communication generally involved regular stakeholder meetings. The South Australian Drug Action Teams are a good example of such methods. These teams are locally based, meet regularly and include representatives from both the police and health sectors (court programs were not yet operating in rural and remote areas at the time of the study).

While there was evidence of considerable gains in developing cross-sectoral relationships through IDDI programs, particularly between service providers and courts, there is room for improvement. Improved collaboration among the key IDDI stakeholders as well as with broader services also in contact with the client group (such as with juvenile justice workers, child protection, Centrelink and general practitioners) was often raised as a challenge.

At a national level there are currently limited or non-existent formal or informal networks for diversion stakeholders to discuss program issues and share findings with colleagues in other jurisdictions.

Within jurisdictions, opportunities for service providers to network with people in similar roles were generally limited, particularly for more junior staff. One positive example of supporting such networking and relationship-building activities is the Victorian service provider forums, held quarterly, to which all preferred providers, Rural Outreach Diversion Workers, Koori Alcohol and Other Drug Workers across the state are invited. Service providers expressed appreciation of these forums, which provide valuable information but also opportunities for obtaining peer support. While this type of forum is potentially more feasible given the geographical characteristics of Victoria, service providers in other jurisdictions noted that they would also appreciate the opportunity to be linked via email with other workers in similar roles or have access to a specialised website containing information, advice and potentially key documents such as assessment forms and program guidelines.

8.3 Factors influencing the effectiveness of police diversion programs

The issues highlighted in this section draw from interviews with police, magistrates, court personnel and service providers. The study team interviewed one or more police officers at nearly all of the locations visited, from various levels in the police hierarchy, as well as relevant police members in each capital city. The study team was not granted access to interview police officers in Queensland, meaning that information obtained from police in South Australia provides the only qualitative information about legislated (mandated) police diversion programs.

Key factors influencing the effectiveness of police diversion programs in rural and remote Australia include:

- the context in which police diversion programs are being delivered, most notably that
 - police drug diversion programs are competing with many other programs and priorities

- police do not readily come into contact with IDDI target groups
- there were relatively low numbers of diversions under police IDDI programs in the rural and remote locations visited
- police attitudes, values and beliefs relating to diversion
- limited knowledge of IDDI programs among police officers and little experience in implementing diversions
- limited incentives or processes to build relationships with other IDDI stakeholders
- issues around the processes involved in delivering diversion programs.

This section explores these findings in terms of the key factors that are likely to be inhibiting or facilitating the effectiveness of police diversion programs in rural and remote Australia.

The context in which police diversion is delivered in rural and remote Australia

Competing priorities

Most police interviewees commented that knowledge of drug diversion programs competes with the need for police to have knowledge of a vast number of other programs, processes, options, priorities and sanctions. With few exceptions, police interviewed did not demonstrate a detailed knowledge of the diversion programs in place in their jurisdiction. Some had never diverted an offender under a police drug diversion program and some had never witnessed a diversion. Drug diversion programs were generally regarded as a very small component of the police role in terms of the campaign against drugs, with the key focus being on reducing the supply of drugs.

In the few jurisdictions where police were required to meet diversion target numbers, these were often considered by those on the ground to be unrealistic to achieve.

Contact with intended diversion target groups

Many police interviewees noted that they do not generally come into contact with people who are first-time low-level users. Even in rural and remote Australia, it is rare that a police officer will have a relationship with or understanding of an offender who is apprehended for possession/use that easily enables them to determine that diversion is a suitable option. On the one hand, many of the offenders they apprehend are 'known to them', repeat offenders, and so on. This group of people is often not eligible for drug diversion. Therefore, the initially envisaged target group (naïve drug user, low-level use, no previous criminal history) rarely come into contact with police during normal police practice.

Police commonly noted that they apprehend an individual for a drug offence in conjunction with other offences. In these cases, it appears to be additional work for the police to separate out the drug offence and provide a diversion for it but then

proceed with charges for the other offences. They are often more inclined to 'wrap all of charges up together' and not divert the individual for the drug offence.

The study team interviewed a small number of police officers in rural and remote locations who had been directly involved in police 'rave' operations (where police attend a scheduled rave party, with drug dogs, and divert relatively large numbers of those apprehended for use/possession). Drug dogs were used in the general community in some locations. The positives of this method were described as:

- a good source of data on drug supply
- targeted approach to detecting people with small quantities of illicit drugs
- it generally had police support and community support
- opportunity to increase knowledge of the diversion process and demonstrate the efficiency of the diversion process among a broader range of police personnel.

Staffing

A number of staffing issues were raised in more than one location, all of which have the potential to hinder the effectiveness of diversion (both in terms of numbers of diversions and knowledge of diversion programs):

- a general shortage of staff, particularly at times when major events drew staff from rural and remote settings to larger centres
- the rotational basis of many police in rural and remote areas, leading to regular changes in personnel and practices and mixed messages to offenders
- the competing priorities for available staff, with police more likely to be directed towards drug seizure operations than general police drug diversion activities.

Diversion numbers in rural and remote Australia

The quantitative data collected for this study, and presented in Chapter 6, paint a positive picture of the state of police diversion activity in rural and remote Australia. In contrast, the qualitative information collected throughout the study, from both police and service providers, suggested that police diversion numbers might be lower than originally anticipated or, at least, could be increased if specific issues were addressed.

Service providers in many locations noted that referrals by police had been much lower than expected. The difference between expected and actual police diversion numbers may be related to the difficulties in anticipating or estimating the likely demand for these programs prior to their commencement. It was clearly essential to ensure up front that preferred providers were engaged to provide assessment, education and treatment places to police diversion participants and, in many cases, providers were advised to expect a certain number of referrals per year. It is possible that all eligible offenders have actually been diverted but that the number of potential offenders in some of these rural and remote areas has been smaller than anticipated. In support of this notion, Western Australia has undertaken extensive activity to identify the 'pool' of offenders who were eligible for police diversion but not provided with the opportunity. This analysis revealed that most people eligible for a Cannabis Infringement Notice received one.

However, there is also support for the idea that police diversion numbers are lower than they could be and have the potential to increase. For example, the Western Australian analysis of the 'pool' of offenders (referred to above) found that approximately one in three people potentially eligible for an All Drug Diversion were provided with this opportunity, suggesting that there is scope to increase the numbers of diversions under this particular program. More broadly, the study team for this project found that relatively few police interviewed had used drug diversion regularly (or at all) or could provide information about drug diversion numbers in their area and that there are a number of outstanding barriers to police using drug diversion programs in rural and remote areas (for example, attitudes, lack of awareness).

Attitudes, values and beliefs

Police attitudes, values and beliefs have a major influence on the effectiveness of the programs more generally. Particularly in jurisdictions where diversion is discretionary, these personal factors and beliefs are crucial factors in terms of individuals' ability to embrace and undertake diversion activity.

Diversion as a 'soft option'

Most police interviewees stated that they believe drug diversion is theoretically a good idea. Indeed, there were extremely favourable views of drug diversion among senior police responsible for implementing and managing the diversion programs at the state or territory level. However, there was little evidence that police drug diversion is being used regularly on the ground in rural and remote areas.

A major factor for this apparent lack of uptake among police interviewed was the perception that diversion is a 'soft option' and that the diversion sanctions are too lenient. Some police interviewed also thought that diversion diminished the seriousness of the illicit drug use or possession offence. Attitudes were generally more favourable in circumstances where police were convinced that diverted offenders would be required to meet strict obligations under a treatment program. However, many police interviewed were not aware of the nature of the assessment, education or treatment provided as a result of diversion.

Insufficient sanctions from diversion

Many police interviewed suggested that diversion sanctions were insufficient. Police raised concerns about:

- diversion programs in jurisdictions with no maximum diversion limit. Police believed that offenders would continue to cycle through the system without ever addressing or being punished for the continued illicit drug use
- infringement notices resulting in fines. Police are sceptical of fines as they are perceived as diluting the gravity of illicit drug offences, likening them to more mundane fines such as speeding tickets. Some police also suggested that fines detract from their and the courts' credibility in regard to policing illicit drug offences
- counselling approaches, which were viewed as overly accepting of drug use, or assertive follow-up methods where clients were 'tracked down' to ensure they

attended appointments. Such philosophies or approaches were viewed by some interviewees as an insufficient sanction in that they did not make it clear that a criminal offence had been committed nor did they require 'enough' of the offender.

Police are generally more comfortable with diverting young people, particularly those who are new or naïve drug users and those known to 'come from a good family', because of the perception that they are more likely to have a successful treatment outcome or respond positively to the 'shock' of having been apprehended by the police. Police are less likely to divert older drug users as police generally feel their drug use is more entrenched and less likely to change as a result of diversion.

Knowledge of diversion programs

Police interviewed were asked how they had acquired their knowledge of police drug diversion programs. Varied approaches have been taken across the country to training police and maintaining their skills and knowledge of diversion programs, such as issuing desk pads, training DVDs and delivering new recruit and in-service training sessions. There was little evidence that many of these approaches had had a great impact.

On the other hand, the approach most likely to promote a positive attitude towards and clear understanding of the diversion programs in place was where police observed other police officers, particularly senior officers, using diversion or having senior officers suggest that diversion could be a good option in a specific scenario. This suggests that increased efforts to promote on-the-job training or mentoring at the local area could have potential in increasing the number of diversions.

Similarly, Western Australia had recently commenced an exercise to train and retrain all frontline police officers in police diversion practices. This training includes linking police with treatment services to overcome any barriers in knowledge gaps regarding what treatment involves and to discuss expected outcomes for offenders. Evidence of the outcomes of this approach could inform future strategies developed by other jurisdictions.

Communication with key stakeholders

Police rarely demonstrated any knowledge of the local drug treatment providers, even in jurisdictions where police diversion programs involved diversion of offenders to assessment, education and treatment. A number of service providers noted that repeated attempts to build relationships with police had had limited success. It is possible that the use of central coordinated booking lines, although probably easier for police, eliminate any incentives for these relationships to be developed at the local level.

Diversion processes and eligibility criteria

Paperwork and other requirements of police

The process police undertake to complete their responsibilities under diversion programs influence their likelihood to use it. In some jurisdictions police suggested the paperwork and other requirements, such as making phone calls to designated centres, were equal to or more onerous than charging an offender. One service provider interviewed said that police are 'only human' and would prefer to dismiss the offence or prefer to charge the offender because of the paperwork and associated procedures. However, it should be noted that even when major efforts in program design had been aimed at reducing the complexity and timeframe, there was still a perception that diversion was more complicated than the alternative.

Program eligibility criteria

Complex differing eligibility criteria in jurisdictions with several IDDI police diversion programs is also likely to affect police diversion rates. Programs with differing age ranges, drug type targets and referral procedures can be difficult to distinguish in some jurisdictions. For example, in many instances, cannabis diversion programs involve the police offering the offender a voluntary referral to a drug treatment service whereas other illicit diversion programs require police to refer the offender for mandatory assessment, education and treatment program. In some jurisdictions it is easier for police to charge an offender than to determine and then follow the correct diversion program option.

Storage and destruction of drugs

Police in some jurisdictions regularly raised concerns about the problems associated with storage of drugs seized from offenders. This is a particular problem in rural and remote areas where:

- police are held responsible for a diverted offender's drugs until the offender has completed their diversion obligations. Police in some jurisdictions are uncomfortable with continuing to hold drugs, particularly if an offender does not complete the diversion requirements or leaves the area during the diversion program. In short, police do not want to be indefinitely responsible for stored drugs and therefore may not consider diverting some eligible offenders
- storage facilities are unsuitable. Police struggle with storing larger quantities of illicit drugs, particularly cannabis as its resin becomes toxic and creates occupational health and safety concerns.

The process for the destruction of drugs was another common concern among police interviewed. In jurisdictions where they store the drugs following diversion, a court order (often in conjunction with forensic analysis) is generally required to order their destruction. Some police have the attitude that they may as well arrest the offender and send them to court because the drugs will be destroyed as soon as the case is heard, as opposed to potentially storing the drugs for over six months and then organising a destruction order.

Discretion

Police drug diversion programs are mandated in South Australia and Queensland, which means that police are required to divert all eligible offenders that they encounter. In the remaining jurisdictions, police have the discretion to decide which offenders to divert.

There were divergent views about the benefits of police discretion. There are positive police workforce aspects to training and enabling police to have the flexibility to view a situation from a different perspective and not necessarily a punitive one. This increases the opportunity for an officer to identify and address other factors that may be impacting on drug use behaviours. Such knowledge may also increase the likelihood that police may provide informal referrals for 'at risk' clients.

On the other hand, some police said that discretion on diversion leads to inconsistent application between officers. This can promote confusion in the community and could lead to internal problems and reprimands.

On the basis of the field work, it is not possible to comment on whether discretionary or mandatory police diversion is more acceptable to police.

Lack of feedback about diversion

Police commonly noted that they did not have any information about the level of compliance with diversion orders and, therefore, no idea about the outcomes of diversion for the people they divert. Further, a number of police noted that they had no information about whether diversion programs are generally considered effective and what the likely or anticipated outcomes are for offenders. Some police also noted that they would appreciate information about how the number of diversions compare against the potential drug-using population. That is, are they diverting low numbers of people or have they 'got' everyone? The lack of feedback on diversion outcomes and effectiveness is likely to contribute to police perception of diversion being a soft option.

Western Australia had recently implemented a new accountability framework (in conjunction with the new diversion training program for police noted above). This accountability includes high-level reporting at the District Superintendent level as well as individual officer contact to follow up and explain why an offender who appears to have met the police eligibility criteria was not issued with a diversion or infringement notice. In Tasmania, police stations work towards a series of targeted outcomes, including a benchmark for the number of police diversions per year. Sharing of information about the effectiveness of these methods in increasing knowledge and acceptance of diversion (including whether diversions are appropriate) may be of benefit to the IDDI nationally.

8.4 Factors influencing the effectiveness of court diversion programs

The study team interviewed magistrates involved in court diversions in most but not all jurisdictions. The following findings are based on these interviews as well as

relevant information provided by police and service providers about court diversion.

The field research shows that the key factors influencing the effectiveness of court diversion programs are:

- how the diversion program fits in with other magistrates' roles
- magistrates' attitude, values and beliefs
- knowledge of programs
- communication between key stakeholders
- diversion processes and eligibility criteria, including the process for identifying eligible clients, magistrates' discretion in determining program eligibility, and the assessment and case management/coordination model used.

This section closes with a brief discussion of the strengths and weaknesses of programs which have specifically been designed for implementation in rural and remote areas.

The context in which court diversion is delivered in rural and remote Australia

Financial support for court diversion programs

A substantial proportion of IDDI programs are court diversion, often managed and coordinated by relevant justice departments. Overall, the justice sector appears to have embraced diversion wholeheartedly. Very little (or no) IDDI funding is directed to these roles and programs. In some cases, programs are operating within previously existing resources, and magistrates and other workers are overstretched.

The extra demands placed on justice systems by court diversion programs are varied. Demands appeared highest in programs where magistrates were responsible for facilitating case meetings. In these models, some respondents noted that their extra responsibilities had been slotted into their existing schedule, with no additional funding or time allocation. This meant that some magistrates were fulfilling this role before or after court hours or during their lunch break.

Unanticipated financial costs not covered by IDDI funds can create tensions between agencies participating in court diversion. A dispute about which agency should 'foot the bill' for frequent and costly urinalysis threatened one court diversion program's existence. The dispute was settled but ultimately required one agency to be financially disadvantaged.

Realistic program time

Court diversion programs which involve intensive support and case management over a longer period (for example, CREDIT NT, IDP, POP, STIR, MERIT, RODW) were generally more highly regarded by stakeholders than briefer, less intensive interventions (for example, attending one or two counselling sessions as in the Queensland IDCDP). However, some of these programs require a large time commitment by magistrates. In cases where they are taking an integral case

facilitation role, there was much interest in increasing the time available to conduct this role effectively.

Facilitation skills

In programs where the magistrate acts as a case facilitator, the effectiveness of the programs is clearly contingent on the interpersonal skills of the magistrate and their ability to engage with and monitor the offender's progress through the drug and alcohol treatment sector. Magistrates interviewed who perform this role strongly suggested that specialist facilitation skills training would be needed to better equip magistrates to succeed in this role should the model be implemented more widely.

The reach of court diversion programs

The extent to which the IDDI is effective in rural and remote Australia remains limited by the extent to which courts or court circuit arrangements are in place in rural and remote locations and the availability of suitable drug and alcohol treatment services in these areas.

On the basis of the field work conducted, there is strong interest in extending court programs to specific areas such as Katherine and Nhulunbuy (NT) and Coffs Harbour (NSW), and other jurisdictions would undoubtedly have similar rural and remote areas targeted for expansion. In one jurisdiction it was suggested that court programs could potentially operate in remote communities, including remote Indigenous communities, as long as a circuit court was in place, there was a suitably qualified drug and alcohol treatment worker and a corrective services worker was available and willing to monitor drug treatment and report regularly to the court. The team could be further supported by local allied health or rehabilitation workers. If implemented, this option could vastly improve the reach of court diversion programs in locations which currently have limited or no access.

In addition, the innovative suggestion of linking circuit courts and corrections workers (outlined briefly below) could provide opportunities for expanding court programs into areas not currently accessing these programs.

Attitudes, values and beliefs

Magistrates and diversion workers appeared to hold positive attitudes towards the philosophy of diversion and were generally very favourable of the programs in place in their jurisdiction.

Given their central role in court diversion programs, magistrates' attitudes towards the programs are critical to their overall success. This is particularly true for programs where the magistrate has primary responsibility for identifying and referring eligible clients and in programs where the magistrate is very involved in the case coordination. For example, in one field visit, the usual magistrate was a big supporter of court diversions and always initially assessed each case for the potential to divert. However, while on leave, a visiting magistrate did not share this professional view and instead issued punitive sanctions exclusively. This potential for inconsistency in program delivery has equity implications since offenders may not receive the same opportunities in different locations or over time.

The professional views of diversion workers and preferred providers also have a major influence on the effectiveness of court diversion programs. For example, the study team observed one example where personal and professional opinions of the diversion worker were at odds with those of the other key stakeholders. The diversion worker did not work collaboratively with the court and other IDDI partners, providing little or no feedback to them and unilaterally ceasing regular stakeholder meetings. In this scenario, the effectiveness of the program was also jeopardised because the diversion worker's interpretation of program eligibility criteria was inconsistent with the court and other partners' views, the program guidelines were insufficiently clear to resolve this conflict and there was no clear mechanism for other stakeholders to express their concerns.

Knowledge of diversion programs

Court diversion programs are more likely to be effective when there is widespread knowledge of them across the relevant agencies. Court diversion options are more effective when magistrates, legal practitioners, police prosecutors, legal aid, juvenile justice workers and other staff are conversant with the range of diversion options, the target groups and the eligibility criteria of each.

Local diversion models that feature a diversion officer being present during court sessions also appear to increase court diversion program effectiveness. In court the officer can perform timely eligibility assessments as well as provide advice to the magistrate about available treatment options for offenders. This is especially beneficial to visiting magistrates with little or no knowledge of the local service availability. More generally though, the diversion officer in court is an important access point to court programs and their presence continually reminds legal practitioners of the alternative diversion options.

While magistrates should not be expected to have an in-depth knowledge of the treatment processes undertaken during the overall diversion process, in a number of cases they indicated that they really had very little idea about what happened to offenders who were diverted. In many cases, this was an indication of positive and trusting relationships between diversion workers and magistrates and appropriate role demarcation. In other cases, increased promotion of the programs among magistrates would be very useful.

Communication with key stakeholders

The study team observed many good examples of positive intersectoral communication between court program stakeholders. Communication was generally more effective in situations where localised and cooperative approaches had been established and were still supported.

For example, the study team observed that effective court diversion tends to have a strong sense of community ownership. This usually stemmed from the way in which the program was implemented in that location. Effective court programs were developed at the local level in a collaborative fashion with open lines of communication between all partners. In one field visit, all people interviewed said it was just good timing that new staff and a newly appointed magistrate were 'all reading off the same page'.

These localised programs also demonstrate flexibility to respond to local need. In several jurisdictions, court programs have been tailored to work more effectively with offenders. The West Australian IDP and the Victorian RODW and KADW programs all exemplify localised and specific ways of working with offenders.

Effective court programs generally involved regular stakeholder meetings, either focused on specific offenders or more generally on the extent to which the program was meeting the intended objectives of each stakeholder. Such meetings are an excellent way to promote continued awareness of program objectives, discuss achievements in terms of objectives, and build trust and rapport between stakeholders. The study team observed programs which involved regular stakeholder groups where the communication was working very well but also heard of examples where these groups existed but excluded key stakeholders, and where these groups had existed but had ceased due to lack of shared understanding of program objectives and/or personality factors.

The Victorian Network Officer role (see Section 8.2) was funded under IDDI in recognition of the complexities in developing and maintaining relationships and communication across IDDI stakeholders. Monitoring the success of this new role in terms of increasing referrals and improving knowledge of programs among key stakeholders and sharing this information across jurisdictions may benefit other programs.

Implementation of one particular program was greatly assisted by the involvement of a senior clinical psychologist (overall program coordinator) who had worked in the drug and alcohol field for many years and who had established relationships with the legal and justice systems.

Involvement by legal professionals and police prosecutors

While the study team did not interview legal professionals, it was clear that programs were working more effectively where local legal professionals were committed to diversion. High levels of involvement by legal professionals appeared more likely in settings and programs which involved:

- a positive outcome for legal professionals, such as the availability of detailed assessment documentation for use in defending their client
- good communication and established relationships between the legal professionals and diversion workers, particularly where diversion workers were regularly present in court
- positive 'runs on the board', that is, examples of offenders who had completed treatment goals and subsequently received reduced sentences.

There was a general impression that police prosecutors were not always aware of or had not embraced court diversion programs.

Involvement by corrections workers

In some locations, corrective services workers and probation officers were directly involved in referring to IDDI programs (KADW, RODW), including referring offenders post-sentence. Corrective services officers were integral to the case management process in the STIR program.

The skills of corrective services workers were commented on by a number of magistrates, who noted that they often had valuable experience in monitoring offenders and, as one magistrate put it, possibly a clearer understanding of the client group than health professionals or police.

Further involvement of corrections workers could benefit IDDI programs by:

- increasing referral numbers
- increasing promotion and awareness of the programs in courts
- using assessment, education and treatment services that may otherwise be underutilised
- drawing on the relevant skills of these workers in rural and remote communities, including potentially involving these workers in monitoring court diversion participants in remote communities.

Diversion processes and eligibility criteria

Identifying and referring eligible clients

Clearly, the identification and referral of eligible clients is a critical factor in the effectiveness of court diversion programs. Quantitative data collected for this study indicated that programs varied widely in terms of the percentage of all clients referred to a program who were subsequently judged as eligible for that program and it is likely that this variation also occurs within programs (Chapter 6). There are a number of possible explanations for why people referred to a court program are not subsequently accepted to the program. For example:

- the magistrate may have inadequate information with which to make the referral in the court setting
- there may be a lack of agreement between the magistrate and the diversion worker about program eligibility requirements
- it may become apparent following assessment that the offender, although eligible, is not suitable (for example, was seeking to avoid a penalty without understanding what treatment would involve) or that the available treatment options were inappropriate.

In most court diversion programs, referrals can be initiated by magistrates, police, legal practitioners, corrective services workers, the defendant themselves, family or friends, juvenile justice workers (where appropriate) or the diversion worker (for example, MERIT case worker, CREDIT NT Court Clinician, IDP project officer).

In practice, the majority of referrals in most rural and remote areas visited appeared to be via the diversion workers or the magistrate, with a high level of interest by legal practitioners in a small number of programs in specific locations. Police referrals directly to court programs were very rare and police generally had little knowledge about court programs operating in their town.

In one jurisdiction, magistrates noted that the lack of diversion by police meant that they were often seeing offenders who should have been diverted at the police diversion stage. This meant that the criminal justice outcomes for the offender could be much more intensive than was warranted, particularly if they

subsequently failed to comply with their court diversion requirements. This is the only clear example of net widening found during the course of the study.

In another jurisdiction, magistrates and police had not yet embraced the program (which accepts referrals from courts, police and other sources) and the majority of referrals were being received through informal sources such as family and friends (generally referring people 'at risk' of contact with the criminal justice system) and corrective services workers.

Some jurisdictions have a centralised eligibility function which aims to identify potentially eligible offenders and bring them to the attention of the magistrate. Although this frees up the magistrates' time, often inappropriate clients are identified as the central agency does not have the entire background of clients. This underscores the importance of localised input to court diversion models.

The information required to determine program eligibility includes information about substance use and criminal history. A number of interviewees, including magistrates, noted that useful information about criminal history was not readily available and, at times, incomplete. Improving the way such information is collated and made available to diversion workers and magistrates has the potential to improve the efficiency with which offenders are referred to court programs.

Magistrates' discretion

The success of court diversion can be dependent on how keenly magistrates apply the eligibility criteria of these programs to offenders and to what extent they take into account the offender's whole of life issues and history of offending. Many magistrates expressed interest in having some discretion in terms of eligibility criteria for offenders, both in terms of the offender's drug of concern and past history of violence.

In one field visit, a magistrate praised the court diversion program as it enabled them to divert an offender to address not only his illicit drug use but also his long-term alcohol abuse and volatile substance issues. Several magistrates interviewed said they welcomed any program that gave them more and different opportunities to help offenders. One commented about court diversions, 'This is the first time a court has paid attention to that person's whole of life issues'.

Magistrates were generally interested in having the capacity to divert offenders for alcohol-related crime as well as interested in diverting some offenders with a past history of violence. Clearly, any changes in program guidelines that increase the likelihood of violent offenders being diverted to drug treatment would need to ensure that the health and safety needs of service providers were considered.

Assessment and case management/coordination models

There was a very strong view across stakeholder groups that case management is an essential component of an effective court diversion program. There was also a strong view that a holistic assessment and case management approach was required, in order to meet the complex needs of clients (for example, comorbidity, polydrug use, parenting skills, housing and employment issues).

The assessment and case management/coordination functions are undertaken in one of three main ways for the court diversion programs funded under IDDI:

- external case manager model
- external assessor model
- magistrate as case coordinator model.

Each of these models has elements that promote or limit the success of court diversion programs (see below). The IDDI court diversion programs also vary in terms of the extent to which they involve a holistic assessment and treatment approach, enable assertive follow-up of clients and encourage assertive outreach. These latter issues are discussed in more detail in Section 8.5.

The external case manager model

In this model, a case manager may be employed directly by the health department (for example, MERIT, Wellington Options) or contracted by the health department from the non-government sector (for example, IDP, RODW, KADW). The case manager identifies eligible offenders and seeks approval for diversion referral through the magistrate as well as providing ongoing case management for the client and reporting to the court.

This model combines the assessment role with a more intensive case management role. Examples include the RODW and KADW roles in Victoria and the MERIT workers in New South Wales. This model works well where the case manager has the time and expertise to assess and work closely with offenders throughout treatment and is able to forge strong relationships with other IDDI partners and services.

The effectiveness of these programs appeared to relate largely to the successful building of relationships with the key stakeholders, particularly the court and other key referral sources such as legal practitioners. While program documentation and flyers were appreciated by stakeholders, most magistrates and diversion workers noted that the primary mechanisms for promoting their programs and building these relationships was through regular personal presence in the court and, in some locations, regular stakeholder meetings.

Case managers or coordinators employed by the justice department appeared to have some advantage over health-employed or contracted workers in that they were more embedded in the justice system, more likely to understand and speak in legal terminology, and potentially faced fewer hurdles in gaining the respect and trust of the magistrate and other court personnel. However, the study team also observed examples of health-funded or contracted case managers who had successfully forged these relationships.

The external assessor model

There are a number of programs that fall in this category, although with quite different arrangements. For example:

- In the CREDIT NT program, a Court Clinician, employed by the justice department, attends court and is responsible for identifying, assessing and referring eligible offenders to treatment and liaising with the magistrate about the offender's progress.
- In the Queensland IDCD program, the centralised Diversion Coordination Service assists magistrates by providing a list of offenders who are likely to be eligible for diversion and, for eligible offenders, arranging referral to an

assessment and education session. Ongoing relationships with and reporting to the magistrate is not a feature of this program, which generally involves much less intensive treatment and intervention than other court programs.

The main challenges for external assessors relate to adequacy of information about offenders (for example, past criminal history), communication with other stakeholders (for example, sharing information about assessment) and methods for dealing with concerns over the quality of service providers to whom they refer offenders.

Magistrate as case coordinator model

In this model, which applies to the Western Australian STIR and POP programs, the magistrate has a key role in identifying and referring eligible offenders to government or non-government treatment providers for assessment and treatment as well as an ongoing facilitation and case coordination role.

For this model to be effective it is vital that the magistrate is fully committed to the diversion program. The magistrate is in a unique position to champion the diversion program and potentially embed the IDDI program in a broader range of therapeutic jurisprudence practices. In one location, the magistrate had altered usual court practices by sitting around the same table, facilitating case meetings with the offender, the justice department and the treatment providers. The magistrate's keen involvement and the collaboration greatly enhanced the chances of successful diversion:

(It's) a brilliant program and I have loved being involved with it. (magistrate)

The same magistrate noted that offenders were much more likely to successfully complete diversion programs because of their close relationship with the case management team. In short, they did not want to 'let everybody down'.

The main weakness in this model is that the added demands of taking on such a role, often in magistrates' own time, can lead to overwork and stress and numerous examples of this were observed.

Documentation and reporting

Program documentation

The availability of high-quality and comprehensive program documentation, particularly where this was available to support stakeholders during program implementation, appeared to increase program effectiveness. For example, the availability of the CREDIT NT Court Clinician manual assists in the consistent delivery of the program across locations and also provides a valuable resource to other stakeholders in terms of the expected process for offenders. Interviewees from other court diversion programs noted that the initial implementation of court programs had been hampered by lack of program documentation and communication in the early stages.

Progress reporting

Clear and structured progress reports were appreciated by magistrates and associated with building rapport and trust between diversion workers (for example, IDP, CREDIT NT Court Clinicians) and magistrates.

In some situations, these progress reports were developed in such a way that they were useful to all involved. For example, in the CREDIT NT program, the Court Clinician's assessment document is useful for the offender, the legal practitioner, the service provider and the magistrate. Numerous interviewees noted that, in many cases, the holistic assessment is the first time an offender has received an in-depth assessment of their whole of life needs, in a non-judgemental environment.

Data collection

Many interviewees noted gaps in the availability of adequate information to inform eligibility decisions and to understand broader program outcomes (for example, recidivism). While there was one example of a court diversion program that had established its data collection methods from the outset based on their long-term reporting and evaluation needs, this was not the norm. More commonly, magistrates and other workers involved in diversion noted challenges around obtaining accurate information about past offences and challenges around appropriate sharing of information collected throughout the diversion process (for example, assessment information).

IDDI programs focusing on rural and remote issues

A small number of IDDI programs implemented in Phase 2 of the Initiative were implemented to meet the specific needs of rural and remote communities. These programs include the RODW program in Victoria, the IDP in Western Australia and Wellington Options in New South Wales (see Chapter 4 and Appendix 2 for further details). IDP and Wellington Options are also targeted to the needs of Indigenous peoples. These programs are varied and had different strengths and weaknesses in the locations visited. Based on field work, a number of elements of these programs appear to distinguish them from programs that were rolled-out state-wide:

- The inclusion of offenders with alcohol as a primary drug of concern in response to greater perceived problems with alcohol than illicit drugs in these locations (IDP, Wellington Options), although it should be noted that some state-wide court programs were also admitting people with alcohol issues in rural and remote areas.
- The capacity to provide earlier intervention services (RODW, IDP). Although not necessarily an intended outcome of the RODW, largely due to a lack of court and police referrals, the referral network has been broadened beyond criminal justice sources to include informal referral sources such as family, friends and other community and health services and this provides workers with the opportunity to intervene earlier. Again, it should be noted that early intervention activities have also emerged in some other locations as part of state-wide programs, but to a lesser extent.

8.5 Factors influencing the effectiveness of assessment, education and treatment services provided under the IDDI

The study team interviewed preferred providers and diversion workers involved in police and court diversions in all jurisdictions. The following findings are based on these interviews as well as relevant information provided by police and magistrates.

The field research shows the key factors influencing the effectiveness of diversions in rural and remote areas relate to:

- the context in which these services are delivered, particularly staffing and quality assurance issues
- attitudes, values and beliefs
- communication and relationships with key stakeholders
- diversion processes – referral, assessment and reporting
- treatment issues relating to treatment models, the availability of appropriate treatment options and the capacity to provide aftercare.

These factors are closely interrelated with the factors identified in Sections 8.3 and 8.4.

The context in which IDDI assessment, education and treatment services are provided in rural and remote Australia

Staffing issues

Given the evaluation's focus on rural and remote areas, it was not surprising that treatment agencies reported difficulties with staffing. Many interviewees advised that they had experienced difficulty in recruiting skilled staff to rural and remote locations and retaining these staff. This had sometimes led to the employment of generalist workers without drug and alcohol experience or training.

A few interviewees felt that it was best to train local people in drug and alcohol skills rather than encourage skilled workers to move to the area. This approach would lead to an increase in the community's capacity to respond to drug and alcohol issues. It would also mean that staff in treatment agencies were aware of the local culture, particularly in communities with large Indigenous populations.

Once staff have been engaged, treatment providers face further challenges such as supporting these workers well. Diversion treatment providers are often isolated from one another and have little contact. It was suggested that regular meetings and more frequent training opportunities would be useful. For some providers, the opportunity to be included on an email distribution list or discussion group of similar workers across the state/territory, or even the country, would be appreciated and provide opportunities for sharing information.

The nature of IDDI funding often led to the employment of staff on a contract basis. This in turn led to workers leaving towards the end of their contract when it was

unclear whether funding would continue. Agencies in the non-government sector were sometimes further disadvantaged by losing experienced staff to government agencies because of the more lucrative salaries available. Any staff departures from rural and remote agencies have the potential to interrupt service provision because finding a replacement is often a lengthy process.

Quality assurance

A number of service providers expressed concerns about maintaining the quality of their service, particularly in light of difficulties recruiting appropriately skilled workers to rural and remote areas. Concerns about the quality of services provided under IDDI programs were also noted in a number of locations by other stakeholders.

One interviewee was concerned that increased service provider quality assurance practices needed to be implemented to establish, for example, the knowledge base around alcohol and drugs and counselling skills among funded organisations. An example was provided of a service provider telling people that they were 'stupid idiots for using drugs'. When the service provider was approached about his behaviour, they could not see a better way of dealing with these clients.

A number of diversion workers noted the difficulties they experience in addressing concerns over the quality of treatment services to which they must refer clients (due to limited local choices).

Attitudes, values and beliefs

As for police and magistrates, the attitudes, values and beliefs of preferred providers are critical to establishing and maintaining good relationships with key stakeholders. The willingness of agencies to accept diverted clients (as opposed to voluntary clients) is clearly fundamental to their involvement, as is their perception of the likely outcomes for diverted clients. The vast majority of preferred providers held very favourable views about providing services to this client group.

Preferred provider attitudes towards court diversion programs were generally more favourable where there was an element of ongoing involvement with offenders and this tended to occur when there was direct and ongoing contact between the diversion worker and the preferred providers. The exclusive use of centralised referral and booking phone lines (for court and police diversion programs) appeared to alienate and frustrate preferred providers.

The attitudes of preferred providers towards police diversion programs were more complex. There was negative sentiment among preferred providers in some locations relating to lower than expected referral numbers and lack of success in establishing relationships with police. However, preferred providers (as with diversion workers and magistrates) were generally of the belief that 'anything is better than nothing'.

Preferred providers in many locations saw education and brief intervention sessions as a positive opportunity for making contact with new clients. Even in cases where there was a perception that they could not achieve all they would like in an education, assessment or brief intervention, preferred providers were positive

about the opportunity to promote their service to the clients, increase their exposure in the community and build relationships with potential clients.

One service told the study team that people referred for an education session were often reluctant to attend. Many clients assumed that they would be ‘lectured’ about their drug use, but were surprised when they found that the worker listened to them without judgement. When clients have a positive experience with a service they will often tell their friends, so more members of the community get to know about the service. Some clients also phone the service later for further assistance.

Communication with key stakeholders

The importance of communication with other stakeholders is especially important for service providers, who are reliant on good communication and intersectoral relationships in order to receive referrals to their programs. A range of issues relating to the effectiveness of this communication were discussed in Sections 8.3 and 8.4.

Diversion processes—referral, assessment and reporting

Referral processes

Numerous referral mechanisms to treatment services are employed under IDDI. A number of jurisdictions have attempted to simplify and streamline referrals to treatment through a centralised booking system. Typically, this involves calling a centralised phone number to arrange a time for the client/offender to attend a service that is, ideally, easy to access and appropriate to the person’s needs.

A centralised referral system works well in some areas, particularly if the service provider (to whom the referral is made) is advised of the referral and has the capacity to follow-up the appointment with the client.

In other areas, the centralised booking system was not working as well. Difficulties included lack of knowledge of the geographical area, lack of information provided to treatment providers by the referrer, and clients being sent to an inappropriate agency. Service providers had concerns about the inflexibility of programs that required them to allocate available slots in designated locations for IDDI clients, who may or may not be referred, six months in advance.

We have to inform the central booking service when and where we will have available appointments, including the locations across our [vast] service area over the next 12 months. (service provider)

The source of referrals was often reported to be different in practice from what was initially expected. For example, in some areas it was found that fewer referrals were made by police, including police prosecutors, than envisaged. Other parties frequently became more active referrers. These included legal representatives, magistrates, corrections officers, general welfare services and, to a lesser extent, concerned family and community members. In two programs that were receiving high rates of referrals from sources other than police or courts, it was observed that referrals were being made earlier – that is, before the client had contact with the criminal justice system.

Assessment processes

Different programs have different assessment processes in place. To a large extent, assessment processes reflect the nature of the programs. Programs that involve more intensive, longer term treatment generally arrange for assessment and intervention to be carried out by different agencies. The separation of assessment and treatment has been problematic when assessment information has not been passed on. Both the service provider and the client find this inconvenient and frustrating. Interviewees from these types of programs favoured the establishment of an assessment process undertaken by a credible, independent agency, where the assessment would include information about the client's mental health, substance use and functioning.

Other programs are based on brief intervention strategies and the assessment is part of one or two sessions of education/treatment. One such program uses a standardised assessment procedure by providing a number of tools to clinicians. These tools were helpful where practitioners were able to select between them based on their client's needs. They were not helpful when the clinician felt compelled to use all the tools which in turn took up a large amount of the allocated session time. Some practitioners were also unsure about using or scoring the tools.

In relation to court diversion, there was considerable frustration among preferred providers in some locations about replicating assessments. For example, there were numerous situations where a specialist court diversion worker had already undertaken a very comprehensive assessment but was not able to pass that information on to the service provider. This meant that the preferred provider was required to conduct a separate, repeat assessment and this was seen as a burden on both the service provider and the client and also as not providing continuity of support for the client.

Magistrates tended to be in favour of more intensive, holistic and assertive models for addressing drug use and broader issues.

Reporting requirements

Paperwork and reporting requirements were a huge issue for most service providers interviewed. Concerns included the time taken to meet requirements, lack of consistency in the requirements of state/territory and Australian Government-funded programs, and the poor relationship between reporting requirements and daily activities (see Section 8.2).

When one service provider was asked what they provided for IDDI they replied, '8,000 pieces of paper'. The service provider had no knowledge about what any of this information was used for and received no feedback:

Too much time is spent proving what you are doing rather than doing what you should be doing. (service provider)

Treatment issues

Holistic assessment and treatment models

The most frequently raised issue in regard to treatment models was the usefulness of models that are broadly focused to address all of a client's needs (including housing, unemployment, low education, debt, parenting problems, domestic violence and mental health problems), rather than targeted only at drug issues. Service providers, diversion workers and magistrates generally argued that these problems cannot be separated out from the drug use behaviour. Several strategies were suggested to achieve the holistic focus in practice—for example, broaden the role of drug counsellors, use a case management model, or develop extensive referral networks so that clients can be referred to other agencies that will meet their non-drug-related needs.

However, the level of resources required to address the full range of a person's needs is often insufficient. The IDDI funding agreements are specific about the types of assessment, education and treatment services that can be provided. In conjunction with detailed funded contracts within jurisdictions there is a perception among many service providers that they are unable to provide all of the services they would like to.

In a number of locations it was argued that holistic treatment approaches had increased community capacity to identify and address drug-related issues. For example, several diversion programs had actively facilitated linkages and shared knowledge between drug treatment services and other services such as employment and housing services so that these services were now more capable of identifying cases where drugs were a concern and referring the client for drug and alcohol assessment. This in turn increases the number of possible referral sources (in programs where such referrals are permitted).

Assertive follow-up and assertive outreach

Many preferred providers and diversion workers interviewed pointed to the usefulness of proactive approaches to engage diversion participants. One program reported that few clients contact the coordinator themselves to arrange an appointment for treatment. This program makes several attempts to contact the client and was experiencing good compliance rates once clients were successfully engaged. In contrast, it should be noted that some police interviewees involved in this program questioned whether a proactive approach is appropriate given that diversion is an alternative to legal sanctions. They felt that the client should take responsibility to meet their obligations under diversion.

In some programs, efforts to 'track down' clients to encourage them to attend the required sessions was facilitated through shared information about client contact details. However, in other programs, these efforts were hampered or simply not possible due to lack of information (for example, phone numbers) about the diverted individual.

Effective diversion programs often involved diversion workers who were prepared to support clients to attend special appointments (for example, driving them to the doctor) or involved an assertive outreach treatment model (for example, KADW, RODW). It was suggested that such assertive or proactive approaches to service

delivery assisted in developing relationships and rapport with offenders and ultimately increased the likelihood of client success.

Some interviewees suggested the establishment of a flexible funding pool for use by case workers to address clients' broader needs. These funds could be used to purchase educational items, assist with transport costs and other items that contribute to the person's wellbeing.

A few interviewees also raised the importance of flexibility in treatment models. Such flexibility allows services to respond to both the individual and the local environment more effectively. In one remote area, the treatment provider implemented a less formal treatment model incorporating a number of outreach contacts over a period of months. They found this more useful for their client group than one intense education session. Similarly, a couple of respondents raised the issue of models designed based on urban understandings.

There was generally more support for intensive diversion programs to meet the holistic needs of offenders than for one-off counselling or education sessions. However, intensive programs are also sometimes associated with problems, particularly in programs that are not designed to support extensive aftercare.

Availability of appropriate treatment options

In rural and remote areas, service gaps are the major issue for IDDI programs. In remote areas, there are often no services at all and potential clients must travel to treatment services. In rural areas, concerns related mostly to the range of drug treatment services and their appropriateness to the needs of different clients.

In both rural and remote areas, across nearly all locations, the major identified gap was in locally available residential rehabilitation services, particularly for women and juveniles. This lack of local services is exacerbated in most areas by restricted public transport and the cost of travel (which is generally not met under IDDI program funding).

Outreach services are highly regarded but are very resource-intensive for services covering large geographical areas.

Other interviewees highlighted the reluctance of clients to attend local services due to concerns about being seen to attend a service, and the associated lack of confidentiality.

Many interviewees also raised issues around providing services in more appropriate formats, especially for young people:

It would be ideal to explore family counselling for young people where the young person attends counselling with their parents, issues are explored with both parties and then separately with the parents and young person to get their perspectives and understanding of the issues. It would then be possible to debrief both parties, bring them back together and provide the opportunity of ongoing support. This type of activity does not fit well within our funding arrangements. (service provider)

Diversion workers in a small number of locations also raised concerns about the inappropriateness of available service options for some clients. For example, strongly faith-based services, where they were the only option available in a location, were perceived as inappropriate for some clients.

Indigenous programs

The need to provide culturally appropriate services for Indigenous peoples is well recognised at the Australian Government, state/territory and local levels, and a number of Indigenous-specific court diversion programs have been implemented during Phase 2 of IDDI funding (for example, Western Australia's IDP, Victoria's KADW and, to a large extent, New South Wales' Wellington Options).

Court diversion options are welcomed by magistrates in working with Indigenous offenders. However, working with these offenders requires specialist skills and knowledge and, moreover, a different approach to working. Magistrates remarked that usually illicit drug use is just the 'tip of the iceberg' for Indigenous offenders, many of whom have more pressing housing, employment and other health issues.

Both court and police diversion options for Indigenous peoples face extra challenges in terms of:

- often Indigenous people do not want to delay their experience through the court system, and therefore do not want to participate in IDDI because of the time requirements
- complete lack of services available to offenders living in extremely remote locations
- lack of trust in service providers, if they are available
- inability and unwillingness to address whole of life issues
- lack of flexibility in understanding the impact of cultural business on clients' capacity to attend scheduled appointments
- non-inclusion of alcohol and sniffing volatile substances in diversion programs.

Indigenous-specific court diversion programs researched by the study team are effective in addressing some of these factors. IDP in Western Australia and KADW in Victoria demonstrate the importance of having Indigenous diversion workers who are well networked with treatment services and well known to Indigenous legal services. Further, the involvement of court diversion programs with Indigenous Courts (or Circle Courts) should be supported through the IDDI.

However, for many Indigenous peoples living in remote or very remote areas it is more likely that they will have access to police diversion programs than court diversion programs. In some of these more remote areas (for example, remote Indigenous communities in the Northern Territory), police are currently unable to use diversion effectively because there are no locally based drug and alcohol treatment services in their community. Suggestions for addressing this lack of services included using IDDI funding to fly people out of remote locations into central locations to enable them to access diversion programs, or flying alcohol and drug workers from major centres out to remote communities on a regular circuit basis. Another suggestion to improve service availability in remote or very remote Indigenous communities would involve developing a mentoring program where mainstream health workers mentored Indigenous health workers in these locations, including being involved (where necessary and appropriate) in three-way conversations with the offender (possibly using the Tanami Network for video conferencing).

Better linkages with mental health services

Most people interviewed acknowledged the multiple problems faced by the client group targeted through IDDI court diversion programs. A key one of these problems is the likelihood of coexisting mental health and substance use problems. Examples were observed where linkages between IDDI workers and mental health workers were being effectively established. For example, one RODW spent considerable time and effort working together with mental health workers to maximise the treatment outcome for their clients. The CREDIT NT program had developed clear guidelines for when people with coexisting mental health and substance use issues could and could not be accommodated under the program.

Capacity to provide appropriate aftercare

The need for aftercare was raised by many interviewees and was particularly important given the unsupportive environments that many clients return to post-treatment. Some programs noted that clients exiting from more intensive services, such as rehabilitation or intensive case management, may return to environments where drug use, family disruption and violence is the norm. Young people attending residential rehabilitation facilities for a number of months may return to a home situation that has not changed and be required to test their newly developed life skills without ongoing support.

Most programs reported that their capacity to undertake aftercare was limited because they were not funded to provide this service. Some agencies provided informal support after the end of treatment if clients initiated further contact. The geographical isolation of clients from rural and remote areas complicated aftercare options. For example, services to refer on to often did not exist in the person's local area. A couple of interviewees suggested that the internet or phone counselling services could be better utilised for aftercare. Other suggestions included a mentoring scheme and group programs.

9 Key findings and issues for consideration

The project team was tasked with exploring the effectiveness of the IDDI in rural and remote Australia in terms of the following three objectives for the Initiative:

- people being given early incentives to address their drug use problem, in many cases before incurring a criminal record
- an increase in the number of illicit drug users diverted into drug education, assessment and treatment
- a reduction in the number of people being incarcerated for use or possession of small quantities of illicit drugs.

Section 9.1 provides a brief overview of the evidence obtained throughout the project in relation to each of these IDDI objectives. Section 9.2 draws out the key findings emerging from the quantitative and qualitative evidence presented throughout the preceding chapters of this report. Section 9.3 presents issues for consideration arising from this project.

9.1 Evidence of effectiveness in terms of IDDI objectives

In terms of the three overall objectives of the IDDI, it is only possible to evaluate the second objective (relating to increased numbers of diversions) using the established reporting mechanisms for the Initiative (the IDDI NMDS). Evidence relating to the remaining objectives was sought through alternative qualitative and quantitative methods described in Chapter 2.

Early incentives to address drug use problems

Incentives to address drug use problems may be considered 'early' in either the offender's drug use history and/or 'early' in the offender's criminal history. Quantitative data about the criminal and drug use history of diversion participants are not routinely collected as part of the IDDI National Minimum Data Set. To obtain improved information about whether diversion participants are 'early' drug users or offenders it would be necessary to either seek information directly from diversion participants (for example, self-reported information about the age at which drugs were first used, past criminal offences) or link health data with criminal justice or police data.

Qualitative information collected about police diversion programs suggests that many offenders are likely to be early in their criminal history. For example, the eligibility criteria for police diversion programs target people with limited or no criminal history and police are generally more willing to divert younger people who are likely to be early offenders. However, there is no mechanism to monitor whether police diversion clients are early in their drug use history and there was no

clear theme in the qualitative evidence from police and service providers on this topic.

Qualitative information collected about court diversion programs indicates that diverted offenders are neither early in their drug use or criminal careers. Consistent with this, data from the NSW MERIT program indicate that 70% of clients in 2005–06 had previously attended drug and alcohol treatment services (NSW Health, unpublished data). While many court diversion participants may have a criminal history, court diversion programs may still be considered as offering ‘early’ incentives in the sense that they provide the opportunity for drug treatment pre-sentence, before conviction and incarceration for drug-related offences.

Increased numbers of illicit drug users diverted

The quantitative data collected under the IDDI NMDS support exploration of this objective for police and court diversion programs. However, there are issues around the comparability, completeness and overall quality of the data collected from the IDDI programs of interest to this study. In the context of these data limitations it is possible to state that the overall numbers of people diverted under both police diversion programs and court diversion programs increased in rural and remote Australia between 2002–03 and 2005–06, consistent with an overall increase in police and court diversion numbers in Australia as a whole. This finding is discussed in more detail in Section 9.2.

Reduced numbers of people being incarcerated for use or possession of small quantities of illicit drugs

This objective cannot be informed by quantitative data collected through the IDDI NMDS. In any case, advice from the National IDDI Evaluation Reference Group early in the course of the project suggested that the objective had limited relevance, most notably because people are rarely incarcerated for use or possession of small quantities of illicit drugs in the absence of repeated apprehension or other criminal activity such as trafficking, theft or assault. This view was reinforced by the majority of members on IDDI State/Territory Reference Groups, who also acknowledged that attempting to measure this objective would be very difficult using available data sources.

Nevertheless, the study team explored a range of potential data sources to obtain information that might inform this objective. Table 9.1 summarises available data published by state/territory crime statistics agencies about the numbers of people incarcerated for use or possession of drugs over the study period (2002 to 2005). The available information suggests that, between 2002 and 2005, imprisonment numbers for possess/use drug offences were relatively stable in South Australia and New South Wales, fluctuated in Western Australia and increased in the Northern Territory. However, given that this type of information is not publicly available for all jurisdictions, is not directly comparable and is not readily available according to whether the offender was from rural and remote Australia, it is not possible for the study team to comment on whether this IDDI objective is being achieved in rural and remote Australia.

Table 9.1: Court outcomes for possess/use drug offences, 2002–2005^(a)

State/territory	Outcome type	2002	2003	2004	2005
New South Wales ^(b)	Imprisonment	128	144	145	122
	Community Service Order	34	26	33	30
	Fine	2,949	2,819	3,281	3,119
Western Australia ^(c)	Custody	258	246	141	174
	Non-custody	678	671	637	615
	Fine	4,908	4,492	3,796	4,184
South Australia ^(d)	Imprisonment	0	0	2	0
	Community Service Order	6	6	2	1
	Fine	229	134	115	113
Northern Territory ^(e)	Imprisonment	6	9	24	21
	Community work order	3	6	7	11
	Monetary order	37	180	211	275

(a) The outcome types in this table have limited comparability across jurisdictions. For detailed definitions and data caveats, refer to the relevant source for each jurisdiction.

(b) Source: NSW Local Court: Penalty for Principal Offence series, BOCSAR.

(c) Court outcomes and most serious penalty for all finalised offence counts in the Magistrates'/lower courts. Source: Crime and Justice Statistics for Western Australia series, WA Crime Research Centre.

(d) Source: Magistrates Courts of South Australia series, OCSAR.

(e) Years relate to financial year, so 2002 is 2001–02 etc. Data relate to court outcomes. Source: NT Quarterly Crime and Justice Statistics series, NT Crime Prevention.

9.2 Key findings about the effectiveness of the IDDI in rural and remote Australia

The focus of this study was clearly on the effectiveness of the IDDI in rural and remote Australia. In keeping with this focus:

- quantitative data were requested in a way that separated rural and remote diversions from those occurring in other areas
- the field work component focused on rural and remote issues and was largely conducted in rural and remote locations.

However, many of the findings presented below may be relevant to the way the IDDI operates in Australia more broadly.

With the exception of the quantitative data presented below (about numbers of police and court diversions over time), the following findings are based on the qualitative evidence gathered during the project. This section highlights only those issues that were raised by several people and across numerous locations as well as considered by the study team as having national significance.

IDDI infrastructure in rural and remote Australia

The IDDI has been responsible for a large expansion in the numbers of points through which drug users in rural and remote Australia may be referred to drug

assessment, education and treatment. Police diversion programs have been rolled-out nationally across all Australian state and territory police forces, including rural and remote locations. Court diversion programs have also been rolled-out in a considerable number of rural and remote locations, including several programs specifically targeting rural and remote areas and Indigenous-specific issues. For example, since 2002, Rural Outreach Diversion Workers have commenced in seven rural and remote locations in Victoria, Koori Alcohol and Drug Workers have commenced in three rural and remote locations in Victoria, MERIT teams have commenced or expanded in four rural and remote locations in New South Wales, the NSW Wellington Options program has commenced, and IDP workers have been established in three rural and remote locations in Western Australia. More generally, the IDDI has led to the involvement of service providers in the assessment, education and treatment of people diverted under police and court diversion programs in 231 rural and remote locations.

Numbers diverted under police and court-based IDDI programs in rural and remote Australia

IDDI police diversion programs

In 2005–06, there were 24,804 diversions under IDDI-funded police diversion programs, of which 6,041 were classified as occurring in rural and remote Australia.

Overall numbers of people diverted under police diversion programs in rural and remote Australia generally increased between 2002–03 and 2005–06, consistent with an overall increase in police diversion numbers in Australia as a whole.

There is wide variation across individual IDDI police diversion programs, with some programs experiencing steady increases in the numbers of diversions for rural and remote offenders over the period but most experiencing fluctuating diversion numbers from year to year.

For Australia overall, in 2005–06 nearly one-quarter of all police diversion participants lived in rural and remote locations (24%), well above the proportion of people in the general population who are estimated to live in these locations (13%). However, the proportion of program participants from rural and remote areas varied widely across programs and, for most IDDI programs with available data, the proportion of police diversion participants living in rural and remote locations was generally about the same as the proportion of the general population living in these areas in the state/territory.

In the absence of benchmarks for police diversions (particularly relating to rural and remote areas), it is not possible to say whether the number of diversions is as expected by program administrators. However, based on the qualitative work conducted during the study, there appears to be some potential for increasing the number of police diversions in rural and remote areas.

IDDI court diversion programs

In 2005–06, there were 7,872 diversions under IDDI court diversion programs, of which 2,001 were classified as being in rural and remote Australia.

Overall numbers of people diverted under court diversion programs in rural and remote Australia generally increased between 2002–03 and 2005–06, consistent with an overall increase in court diversion numbers in Australia as a whole. This increase is consistent with the deliberate staged rollout of court-based IDDI programs in most states and territories over this period, including staged rollout into rural and remote areas.

There is wide variation across individual IDDI court diversion programs, with some programs experiencing steady increases, some decreases and some fluctuations over time in the numbers and proportions of all participants located in rural and remote areas.

Qualitative evidence suggests that court diversions in rural and remote Australia may increase if a number of identified barriers to their effectiveness were addressed.

Outcomes for people diverted under IDDI police and court diversion programs in rural and remote Australia

As for drug and alcohol treatment services in Australia overall, quantitative data about outcomes for people diverted under IDDI diversion programs is not generally available. This means that it is not possible to comment in a quantitative sense on, for example, the percentage of clients that reduce their drug use or criminal behaviour during the diversion program or after the program is completed. Further, there are no quantitative data which could be used to compare the outcomes for diversion participants in rural and remote Australia with those for participants diverted in other areas of Australia or with people who attend drug and alcohol services voluntarily.

Quantitative data presented about compliance rates (Chapter 6) indicated that the percentage of police diversion participants from rural and remote Australia in 2005–06 who completed their diversion requirements was between 56% and 95%. Compliance rates in court diversion programs in rural and remote Australia ranged from 29% to 100%. Problems with data quality and the complexity in managing data that are collected and collated across health, policing and justice sectors may explain some of the poorer compliance results. However, given the perception among many police that diversion requirements are not onerous enough, it is important to promote practices that minimise non-compliance and support information management systems that produce high-quality information about compliance levels.

Qualitative evidence was insufficient to comment on the extent to which clients achieve positive outcomes (beyond completion of their diversion requirements) from their involvement in the one-off education sessions, assessments or brief interventions which generally result from police diversion programs. This was because service providers generally had brief contact with diverted clients. However, service providers involved in delivering services to diversion clients often commented that this provides an opportunity to access an important client group. It was also noted that a small proportion of diversion clients return for voluntary treatment at a later date.

Other than completion rates, there is limited information available about the outcomes for court diversion participants. Through field work, numerous examples were provided of both positive and negative outcomes for clients attending more intensive and ongoing treatment programs which generally result from court diversion. A number of recent studies (for example, WA POP, STIR and IDP programs, MERIT outcomes study) may provide a template for future exploration of court diversion outcomes, including a basis for monitoring post-treatment outcomes.

IDDI framework, funding and administrative issues

A range of issues were raised during field work about:

- the IDDI framework, particularly the appropriateness of the IDDI target group and eligibility criteria in rural and remote settings
- funding arrangements
- the specific types of activities which are funded under the IDDI and their relationship with monitoring and reporting requirements.

There was considerable support for increased flexibility in interpreting the IDDI framework's eligibility criteria for court diversion programs in rural and remote areas. In particular there was broad interest in rural and remote areas in relaxing the eligibility criteria so that they can be made more relevant to the needs of the local area or jurisdiction by:

- enabling access by offenders with alcohol and volatile substances (petrol sniffing) as a primary drug of concern. These are licit substances and currently outside the IDDI framework
- enabling access by offenders with considerable past offences (including, in some locations, violent offences), at the discretion of magistrates.

This interpretation of the framework is already occurring, either formally or informally, in a number of programs or locations.

There was a strong belief that delays in providing advice about funding and delayed arrival of funding to service providers (between Phases 1 and 2 of the IDDI funding) had created large problems in maintaining service stability and availability. It was believed that these delays were particularly problematic for providers in rural and remote settings due to the additional workforce issues faced in these locations (for example, recruiting and retaining qualified staff).

There was a common perception that there would be benefits in increasing the flexibility in how IDDI funds can be spent. There was interest in pursuing prevention and early intervention options (for example, engaging with drug users before they came into contact with the police or courts through community-based activities or other networks), group or family-based interventions and in providing services in outreach locations. In many cases, the constraints of the funding agreements between the Australian Government and states/territories and agreements between states/territories and preferred providers, combined with the respective reporting requirements, meant that this type of activity was discouraged or conducted informally as it did not 'count'. Early intervention activity was

occurring among service providers formally in some locations (for example, Victorian RODW and KADW programs) and informally in many others.

The initial IDDI framework focused on police diversion but was adapted early in the life of the Initiative to include court diversion. Court diversion generally involves a more intensive intervention with a target group that has more complex drug and alcohol, criminal and other issues. Accounting for nearly one-quarter of all diversions in rural and remote Australia in 2005–06, court diversion has emerged as a major component of the IDDI in practice.

Perceptions and knowledge of programs among IDDI stakeholders

Police, magistrates, court personnel and service providers bring differing views about what ‘effectiveness’ means in the context of IDDI programs and have different attitudes, values and beliefs relating to the target group and the principles underlying diversion.

Magistrates, court personnel and service providers tended to express very positive attitudes about the benefits of diversion as opposed to purely criminal justice responses. Magistrates and court personnel also tended to have reasonably detailed knowledge about court diversion programs in most cases, although examples were observed where magistrates were unaware of IDDI diversion programs theoretically operating in their court.

While overtly supportive of the principles of drug diversion, many police perceive diversion to be a relatively ‘soft option’ and view diversion sanctions as too lenient. Many police interviewees had little detailed knowledge of diversion programs in their jurisdiction and little experience in using the procedures involved.

Workforce issues in the police, court and treatment sectors appear to present additional difficulties for diversion workers in terms of promoting and maintaining knowledge among magistrates and police in rural and remote areas (see below).

Relationships and communication between IDDI stakeholders

IDDI stakeholders tend to express positive views about IDDI programs. Relationships and communication between IDDI stakeholders have developed to the point of supporting routine IDDI program processes in most rural and remote locations. Further efforts to build relationships and improve communication may enhance the IDDI operation by creating an environment where stakeholders can discuss methods for improving IDDI processes and outcomes and tailoring these to the needs of rural and remote communities. In some locations, specific roles (for example, the Victorian Drug Diversion Network Officer) and intersectoral communication mechanisms (for example, the SA Drug Action Teams), appear to be working well to improve communication and program awareness across sectors. Similarly, a recent training exercise in Western Australia, involving linking police with service providers, may also contribute to improved communication and program awareness on the ground.

While there are benefits of centralised referral mechanisms used in police and court diversion programs, they appear to inhibit the establishment of communication and awareness between stakeholders on the ground in rural and remote Australia.

Fundamental to good communication and relationships is a clear and shared understanding of program objectives and processes. Most programs appeared to have reasonable program documentation at a jurisdiction level, although there were cases where the documentation had arrived well after implementation. One particularly outstanding example of program documentation was the CREDIT NT Court Clinician manual.

Police diversion programs

Police diversion programs under the IDDI generally provide one of two responses: referral to an information, education or brief intervention session (for cannabis), or referral to a small number of education and treatment sessions (for non-cannabis illicit drugs or following repeat diversions under a cannabis program).

As noted above, police diversion rates in rural and remote Australia are similar to or higher than in other areas of the country, and generally increasing over time. However, based on the quantitative and qualitative elements of this project it is difficult to comment on the outcomes for offenders of either of these types of intervention. While police are generally positive about the benefits of diversion programs in principle, this is not always matched by detailed knowledge about diversion programs or very much experience in implementing diversion processes. There is still a common perception among police that diversion is a relatively 'soft option'. There is little or no information available to police to support greater acceptance or uptake of the programs (for example, information about positive outcomes for offenders), training opportunities are limited and efforts to date to promote programs (for example, desk pads) have not had the desired impact.

Field work suggested that the following factors contributed to (or would contribute to) greater acceptance of and use of diversion by police in rural and remote locations:

- Ensuring that the paperwork and other administrative requirements, such as making phone calls to a designated referral line, are equally or less onerous than charging.
- Ensuring that concerns about storage of drugs are further addressed (for example, time-limited storage of drugs before destruction) and that police officers' obligations associated with storage and destruction of drugs seized from diverted offenders are less onerous than for charged offenders.
- Wherever possible, streamlining the police diversion eligibility criteria and processes so that they are the same for cannabis and other illicit substances.
- Ensuring that offenders are required to commit to an obligation that is perceived by police as reasonably onerous.
- Ensuring that eligibility criteria place limits on the number of diversions per offender to reduce the perception among police that there is no real sanction for offenders and no real incentive for them to address drug use.

However, it should be noted that even when major efforts in program design had been made to address some of these issues, there was still apparent resistance to

diversion in some locations. Similarly, in some locations, officers were not aware that some or many of their concerns (for example, about drug storage and the diversion requirements for participants) had been addressed in their jurisdiction.

Police diversion programs are generally unable to operate in locations where there are currently no drug and alcohol treatment services. This is relevant for many people living in remote and very remote locations and particularly pertinent to Indigenous peoples who represent a large proportion of the population in these areas. A number of suggestions were put forward to address this issue, such as flying treatment services into remote communities on regular basis, flying offenders to major centres where residential treatment is recommended or better use of technology such as providing certain types of treatment via video conferencing.

Court diversion programs

Magistrates, court personnel and service providers all tended to express very positive views about IDDI court diversion programs. While often noted as a possible referral source for these programs, police generally had little detailed knowledge of the court diversion programs operating in their location. Referrals to these programs from police or police prosecutors were generally very low.

In most locations visited, communication between magistrates, court personnel and diversion workers was very good and this was reflected in frequent referrals to court diversion programs (either directly from the magistrate or, in some locations, through legal practitioners). Well-established communication between IDDI stakeholders was especially likely in locations where:

- the magistrate held positive attitudes towards the diversion program and had a good understanding of the diversion program's processes
- the diversion worker maintained a regular presence in the court on relevant sitting days or was integral to the functioning of the program (for example, IDP)
- the diversion worker provided well-structured and comprehensive reports to the magistrate (and, where relevant, to other stakeholders such as legal practitioners)
- there was high-quality and detailed program documentation and this had been promoted to relevant stakeholders
- there were regular, structured stakeholder meetings, often also including corrective services workers
- good relationships had also been established between diversion workers, treatment providers and other relevant workers such as mental health workers.

In other locations, communication and relationships were not yet well developed, including a number of examples where the magistrate was unaware of programs operating in their location and one example where the magistrate and the diversion worker did not share the same view about the program's eligibility requirements and focus. Overall, the task of building relationships with the court appeared slightly easier for workers employed by justice departments than for those employed by health departments. Diversion workers employed by the non-government health sector appeared to have the greatest difficulty in promoting their service to the court.

The extent to which court diversion programs are effective in rural and remote Australia remains limited by the availability of IDDI programs in the courts or court circuit arrangements operating in rural and remote locations and access to suitable drug and alcohol treatment services in these areas. Field work indicated that there is strong interest in extending court diversion programs to specific areas, such as Katherine and Nhulunbuy (NT) and Coffs Harbour (NSW). Numerous suggestions were also made for alternative ways to expand court diversion programs into areas not currently accessing these programs, for example, through relying on corrections officers rather than designated diversion workers.

Assessment, education and treatment issues

Major issues relating specifically to the delivery of assessment, education and treatment services under the IDDI are the:

- gaps in availability of services, particularly in remote and very remote communities, including Indigenous communities
- lack of locally available residential treatment facilities, especially for women and juveniles
- lack of public transport and lack of funding to address transport issues
- need to forge greater links with mental health programs and workers
- capacity to deliver holistic assessment and treatment options in some programs and provide adequate aftercare, predominantly due to funding constraints.

Service providers commonly noted that they had received fewer referrals from police diversion programs than anticipated. In many locations, service providers suggested that underspent IDDI funds (due to lower than expected referral numbers under police diversion programs) could be more effectively used on early intervention activities except that there are difficulties in accounting for such activities under current output-based reporting arrangements.

Aboriginal and Torres Strait Islander peoples

The initial IDDI framework recognised the importance of implementing diversion programs that met the needs of Indigenous peoples. Because Aboriginal and Torres Strait Islander peoples comprise a much larger proportion of the population in remote and very remote areas, issues that relate to these locations are integrally linked with issues affecting Indigenous peoples.

Quantitative data presented in Chapter 6 indicate that, for most police and court diversion programs (with available data), there is a greater percentage of Indigenous peoples in the programs than in the general population, and the percentage of participants who are reported to be Indigenous increases markedly in rural and remote areas. Qualitative evidence suggests that the main barrier to effective operation of IDDI programs in remote and very remote Indigenous communities is access to appropriate treatment options.

The exclusion under the IDDI framework of offenders who have alcohol as a primary drug of concern or who have any history of violent offences is viewed by many stakeholders as having a disproportionately negative effect on Indigenous communities. Increasing flexibility in the target group eligibility criteria for rural

and remote areas may have a positive impact on Indigenous communities who can access to these programs.

A number of programs have been implemented during Phase 2 of the IDDI to meet the needs of Indigenous communities (for example, Western Australia's Indigenous Diversion Program, Victoria's Koori Alcohol and Drug Workers and the NSW Wellington Options program). Those programs involving designated Indigenous workers and positive communication between magistrates and diversion workers appeared to be working more effectively than others. Programs were not working as effectively when there was little capacity to provide a holistic assessment and treatment approach for Indigenous clients or where there was not a shared understanding between the magistrate and the diversion worker of the program eligibility criteria and program objectives.

Workforce issues in rural and remote Australia

It is well acknowledged that rural and remote communities face particularly challenging workforce issues. Court, police and service provider interviewees all commonly spoke of specific issues relating to staffing under IDDI programs. For example, there appears to be a high turnover of police in some rural and remote locations and understaffing in some locations. In contrast, highly stable police staff in some locations can create separate issues in terms of changing attitudes and perceptions. Magistrates in rural and remote locations are often employed for a short term (two to three years), during which they participate on a circuit court which sees them travelling across vast distances and hearing matters in numerous communities. Service providers experience difficulty in recruiting and retaining suitably qualified personnel. All of this staff mobility impacts on the extent to which stakeholders develop and maintain knowledge of diversion programs and relationships with other stakeholders. The recently established Victorian Drug Diversion Network Officer is a positive example of a role set up specifically to facilitate program continuity by providing a resource to induct and support new diversion workers as well as work with police, courts and other stakeholders to promote diversion programs.

IDDI workers in rural and remote settings are also less likely than their urban counterparts to be able to readily network with colleagues in similar roles or attend regular training (if available). In particular, service providers often expressed interest in greater opportunities for developing formal or informal networks between diversion stakeholders within and across different jurisdictions. The Victorian service provider forums provide a good example of efforts to bring service providers together to share information and experiences, although this exact mechanism may be less feasible in larger jurisdictions. Other mechanisms suggested by interviewees range from the circulation of relevant contact lists (including email addresses) and more frequent conferences or workshops.

Data and reporting requirements

The current data collection, collation and reporting structures under the IDDI do not provide nationally comparable information and do not readily support detailed exploration of the effectiveness of the Initiative (that is, whether 'diversion actually works'). The current reporting requirements (from preferred providers to

states/territories and from states/territories to the Australian Government) are nevertheless viewed as onerous and little feedback is provided to those who supply data under the program (at the preferred provider or state/territory level).

9.3 Issues for consideration

While this project was designed to focus on the effectiveness of the IDDI in rural and remote Australia, many of the following issues raised may have relevance for the effectiveness of the IDDI across Australia. Based on the qualitative evidence gathered throughout the project, the following issues were identified as barriers to the effectiveness of the IDDI:

1. A lack of flexibility in the eligibility criteria for court diversion in rural and remote Australia

This issue predominantly relates to the desire to include alcohol in the eligibility criteria for court diversion in rural and remote Australia. There was also considerable interest in expanding diversion programs to include volatile substances in some rural and remote locations. There was interest in providing magistrates with the discretion to divert offenders with a considerable criminal history, including a history of violence.

2. Poor communication between IDDI stakeholders in rural and remote Australia

For example, delays in communication about funding, lack of regular meetings between court diversion program stakeholders on the ground, problems in communicating between central referral agencies and IDDI workers on the ground, lack of information sharing networks and forums for IDDI stakeholders within jurisdictions and nationally, difficulties in sharing individuals' assessment and treatment information. Poor communication was seen as a major factor in low referral numbers and inappropriate referrals to programs in numerous locations. Poor communication also contributed to a lack of understanding about program goals and achievements.

3. Gaps in awareness and acceptance of police diversion programs among police personnel in rural and remote Australia

4. Gaps in awareness of court diversion programs among key stakeholders on the ground in rural and remote Australia

For example, magistrates, court personnel, legal professionals, police prosecutors.

5. A lack of flexibility in the types of drug and alcohol interventions or models which are funded in rural and remote Australia

For example, early intervention activities, relationship-building, group work, treatment in various settings such as 'under a tree' and video teleconferencing, assertive follow-up and outreach, access to appropriate aftercare, access to transport or funding to meet transport costs associated with travel to treatment, access to flexible funding to meet other costs.

6. Availability of appropriate drug and alcohol treatment services in rural and remote Australia

Residential rehabilitation services are a major gap for rural and remote Australia, particularly those catering for women and juveniles.

7. Limited staff development, training and networking options for court, police and service provider personnel in rural and remote Australia

Based on the quantitative evidence gathered throughout the project, and on the experience of conducting the project overall, the following issues are also raised for consideration by IDDI administrators in relation to data and reporting requirements under the Initiative. It is considered that the effectiveness of the IDDI would be better understood through:

The availability of improved national data about IDDI programs

It was only possible to assess one of the three IDDI objectives using the data collected under the IDDI NMDS. Redeveloping the IDDI NMDS could enable stakeholders to re-articulate the key IDDI objectives and align them with a modified IDDI NMDS, enabling more efficient program monitoring and evaluation in the longer term.

As a minimum, redeveloping the IDDI NMDS would provide an opportunity to develop clear and comprehensive guidelines for the collection and collation of data about IDDI programs and to ensure that data collected across police and court-based IDDI programs are defined, counted and collated in such a way that they can be meaningfully interpreted and compared at the national level.

Any redevelopment of the IDDI NMDS could also provide an opportunity to:

- explore the feasibility of routine collection of data items relating to treatment outcomes, first time in treatment, previous criminal history
- work through the privacy, confidentiality and other issues associated with sharing relevant information across sectors to more effectively determine program eligibility and monitor program outcomes (compliance and post-treatment outcomes).

Further targeted studies to investigate the longer-term outcomes for people entering diversion programs

There is a general belief that people need to know if diversion is 'working'. There have been many evaluations but very few, including this one, compare the progress of people who receive diversion with a comparable control group (in terms of a range of outcomes, including substance use and criminal career, and broader outcome areas such as health, social functioning and employment). This is not surprising since information about outcomes for people entering and exiting drug and alcohol treatment voluntarily is scarce. A number of studies identified in the report may provide a basis for further work in this area.

Appendix 1 Field work materials sent to all interview participants

Dear [Participant name]

Effectiveness of the Illicit Drug Diversion Initiative in rural and remote Australia

The Australian Institute of Health and Welfare have been commissioned by the Australian Government Department of Health and Ageing, to undertake a project on the effectiveness of the Illicit Drug Diversion Initiative (IDDI) in rural and remote Australia.

The purpose of this project is not to evaluate the individual diversion initiatives in each state and territory, but rather to report on the extent to which Illicit Drug Diversion Initiatives have been effective in rural and remote areas of Australia. The AIHW project, together with other evaluation projects commissioned by the Department of Health and Ageing, will form the basis of a broader evaluation of the Illicit Drug Diversion Initiative.

On the advice of the national IDDI Evaluation Reference Group, the AIHW have met with the Drug Diversion Reference Group in [State/Territory]. They have provided endorsement and support for this project, and for members of the AIHW project team to meet with you, as part of the 'Site visit' component of the project.

Site visit interviews

AIHW project members will be undertaking extensive site visits in up to 3 rural and remote locations in each state and territory. The purpose of these visits is to conduct semi-structured interviews with alcohol and other drug treatment agencies (preferred providers under the IDDI), police and court personnel participating in IDDI program(s). These interviews are designed to provide information about your perspectives on:

- the nature of IDDI funded programs in your area
- the effectiveness of IDDI programs in your area
- positive and negative influences on the effectiveness of IDDI programs in your area
- positive and negative outcomes for clients/offenders participating in IDDI programs in your area.

To assist you in preparing for our visit we have enclosed the following documents:

- a project summary, detailing the overall project aims, methodology and timing
- a list of themes and questions to guide our discussion with you

- a consent form, explaining how the information we obtain during our visit will be used and dealt with following the completion of the project

As endorsed by the AIHW Ethics Committee (EC no. 435), the project team will document each interview in a way that preserves the anonymity of participants and confidentiality of information. All participants will have the opportunity to review the documentation to ensure that the information they provide throughout the interview has been accurately recorded and to correct it where needed.

If you require further information about the project or our visit, please contact me (02 6244 1271 or louise.york@aihw.gov.au) or Chrysanthé Psychogios (02 6244 1068 or chrysanthé.psychogios@aihw.gov.au).

Yours sincerely

Louise York

Project Manager

Project summary: The Effectiveness of the Illicit Drug Diversion Initiative in rural and remote areas of Australia

Background

The Australian Institute of Health and Welfare (AIHW) has been commissioned by the Australian Government Department of Health and Ageing (DoHA) to assess the effectiveness of the Illicit Drug Diversion Initiative (IDDI) in rural and remote areas of Australia.

Effectiveness will be evaluated in relation to the main objectives of the IDDI, namely that it would result in:

- people being given early incentives to address their drug use problem, in many cases before incurring a criminal record
- an increase in the number of illicit drug users diverted into drug education, assessment and treatment
- a reduction in the number of people being incarcerated for use or possession of small quantities of illicit drugs

Scope

The scope of this project is Council of Australian Government (COAG) funded IDDI projects and their clients, in rural and remote Australia since 2002.

Defining rural and remote

The Australian Bureau of Statistics *Australian Standard Geographical Classification* (ASGC) *Remoteness Areas classification* allocates one of five remoteness categories to areas depending on their road distance to different-sized urban centres, where the population size of the urban centre is considered to govern the range and type of services provided. Areas are classified as major cities, inner regional, outer regional, remote or very remote. For the purposes of this project, rural and remote include the remoteness areas outer regional, remote and very remote.

Using the ASGC remoteness area classifications, COAG IDDI programs operating in, and for clients of, the Australian Capital Territory are excluded from this project as the ACT does not have any outer regional, remote or very remote areas.

Project Components

This project is designed to provide information to a broader evaluation being carried out by DoHA. The project methodology will involve the following broad main strategies:

- working with the IDDI Evaluation Reference Group and State/Territory Reference Groups to develop a set of agreed effectiveness indicators for the IDDI in rural and remote areas
- working with key experts in each jurisdiction to understand and describe models and processes for the IDDI, particularly in relation to rural and remote areas
- locating and reporting on available quantitative information to provide evidence of the effectiveness of the IDDI in rural and remote areas
- obtaining and reporting on qualitative evidence of the effectiveness of the IDDI in rural and remote areas
- writing a report which synthesises the above information to evaluate the effectiveness of the IDDI in rural and remote areas.

These strategies will be progressed via the five project components described below:

1. *Project management*

This component involves ongoing liaison with DoHA and the IDDI Evaluation Reference Group and State/Territory Reference Groups, as well as project timetabling and completion.

2. *Information gathering*

The information gathering component will involve obtaining all relevant information in relation to IDDI programs operating in rural and remote areas in each state and territory.

3. *Consultation and fieldwork*

The consultation field work will obtain information from key experts and preferred providers. The project team will visit each capital city as well as 2–3 rural and remote locations in each jurisdiction.

4. *Data and analysis*

The data and analysis component of the project will involve identifying, obtaining and analysing relevant data sources that will inform the project objectives.

5. *Report writing*

A draft report will be submitted to DoHA in April 2007 and a final report ready for publishing in June 2007.

Project timing

Consultation: Throughout, with visits to all State/Territory Reference Groups (or capital cities) by end December 2006

Field visits: February and March 2007

Draft final report: April 2007

Final report: June 2007

Project team contacts

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Effectiveness of the Illicit Drug Diversion Initiative in rural and remote Australia

Site visit interview

The following paper details the themes and type of questions that project members from the Australian Institute of Health and Welfare (AIHW) will explore with you during their site visit to [organisation name and location] at [date and time].

Your responses during the site visit will help the AIHW understand more about your perspectives on the effectiveness of the Illicit Drug Diversion Initiative (IDDI) in your local area. Specifically, we aim to get a general understanding of your perspectives on:

- the nature of IDDI funded programs in your local area
- the effectiveness of IDDI programs in your local areas
- positive and negative influences on the effectiveness of IDDI programs
- positive and negative outcomes for offenders participating in IDDI programs.

The information you provide will be used together with input from other people working on IDDI programs in your local area, including police, court and health personnel at the state-level, as well as data provided through the State/Territory IDDI Reference Group, to inform this study.

As stated in the consent form, no comments from the interview will be directly attributed to you or the organisation you represent.

It would be greatly appreciated if you are able to review the following *themes and questions* and consider your perspectives on diversion programs prior to our visit. In this context it would be useful if you could consider the influences of the following factors on the effectiveness of the illicit drug diversion initiative(s) operating in your local area:

- resources (staff, funding, infrastructure)
- staff knowledge and attitudes
- roles and responsibilities
- appropriate skills (staff support/training/retention)
- cross sector relationships and communication
- data collection and information management
- length of operation of initiative/length of your involvement
- eligibility criteria (policy/discretion/net widening)
- appropriateness of referrals
- treatment options (accessibility/appropriateness/timeliness)
- special need groups (e.g. Aboriginal and Torres Strait Islander peoples, women, juveniles, non-English speaking background)

1 Background information

Name	
Role/position	
Stakeholder group (police, court, service provider)	
Location (town/state)	
IDDI program name(s)	
Involved in the IDDI program since	
Preferred method of post interview contact	

The following list of themes and questions has been provided as a guide to our site visit. During the interview you may wish to focus on the questions of most interest or relevance to you and your agency. We are interested in your perspectives on these themes and questions, based on your experiences in the IDDI program(s) you are involved in and taking into consideration the list of issues on the front page.

The IDDI programs operating in rural and remote areas of your jurisdiction are:

- [e.g. Victoria Police Cannabis Cautioning, Victoria Police Illicit Drug Diversion Cautioning Program, Rural Outreach Diversion Workers (RODW), Deferred Sentencing, Koori A&D Diversion Workers (KADW)]

2 Overall impressions

- a) Different stakeholders may consider a program 'effective' for different reasons. How would you define the effectiveness of the IDDI program(s) you are involved in? (i.e. what outcomes for clients/offenders, your service, your community would you see as a result of IDDI?)
- b) What are your overall impressions of the IDDI program(s) you're involved in? (for offenders/clients, your agency, your community and its surrounding areas)

3 The diversion process

- a) How well is the diversion process working in the following areas:
 - referrals
 - attendance at assessment and treatment
 - completing undertaking, expiating.
- a) Are you seeing more or less diversion clients/offenders than you would have anticipated or hoped? Why do you think this is the case?

4 Outcomes of the IDDI programs

- a) Has the capacity of your agency changed as a result of IDDI (i.e. both for IDDI and non-IDDI clients)? In what ways? (e.g. increased service reach through additional outreach workers)

- b) Has the introduction of IDDI changed your community's capacity to identify and deal with drug issues? In what ways? (e.g. improved cross-sector communication)
- c) What sort of outcomes have you observed for IDDI clients/offenders? (e.g. Are you seeing them more than once? Are they seeking voluntary treatment following diversion? Can you comment on their willingness to participate in treatment?)
- d) Do you think drug diversion programs are effective in your area? Why or why not?
- e) What would you change to make the program more valuable in your area, or rural and remote areas more generally?
- f) How can IDDI programs be improved to more effectively engage drug offenders in treatment?

5 Case stories

The perspectives of offenders/clients participating in IDDI programs are not being sought directly. Instead, the project team are asking police, magistrates/court personnel and treatment providers to supply case stories or scenarios that describe:

- Typical 'successful' diversion experiences (i.e. expiated offences) and
- Typical 'unsuccessful' diversion experiences (i.e. ineligible, inappropriate referral, non-expiated).

Case stories should ideally describe the offence; the characteristics of the offender; the diversion process; the treatment provided; the reasons why treatment was considered successful/unsuccessful; the reasons why the offence was or was not expiated; the extent to which special needs of clients/offenders were met.

We are not asking you to describe a real individual but rather the typical scenario of a successful and unsuccessful client experience in this program.

6 General comments

- a) Is there anything else you would like to tell us?

Thank you very much for your time.



Evaluating the effectiveness of the Illicit Drug Diversion Initiative in rural and remote Australia

Attendance sheet and confidentiality statement

I confirm that I am the person whose name and signature appears below.

I do / do not give permission for the discussion today to be documented. Should I grant permission I understand that the documentation will be used for research purposes only.

In participating in this interview I understand that:

- No comments will be directly attributed to either myself or the organisation I represent.
- Any information I provide will be treated confidentially.
- AIHW will not pass on my details to any other parties.
- AIHW's reporting to the Australian Government Department of Health and Ageing will be in aggregate terms only.
- AIHW will destroy notes from this session at the completion of the project.
- AIHW will not report any information which might identify me.

I do / do not grant permission for the Australian Institute of Health and Welfare to record my name and organisation in an appendix of the report. I understand that the purpose of this appendix is to provide readers with an understanding of types of organisations and respondents that participated in the project.

Date:

Name:

Signature:

This form is provided as part of the Australian Institute of Health and Welfare project process and is not available to any other parties including the Australian Government Department of Health and Ageing.

Appendix 2 IDDI program summaries

New South Wales

1 Cannabis Cautioning Scheme

Program name	Cannabis Cautioning Scheme
Program description	The Cannabis Cautioning Scheme arose from the 1999 NSW Drug Summit and allows police, at their discretion, to issue cautions to persons found in possession of dried cannabis for personal use, or cannabis-administering equipment. Cannabis resin, oil and living plants are excluded from the Scheme.
Responsible agency	NSW Police
Criminal justice stage	Police diversion
Program commencement and current status	A trial of the program occurred from 3 April 2000 to 3 April 2001. In September 2001 the scheme was amended to include a mandatory education session to persons who received a second caution, and the trial was further extended to April 2003 and is continuing.
Eligibility criteria (client)	<p>A person can receive a maximum of two cautions. Offenders issued a first caution are encouraged to contact the Alcohol and Drug Information Service (ADIS), with the contact being voluntary. Offenders issued a second caution are required to contact ADIS to undertake a mandatory telephone health education session.</p> <p>Assuming that the offender meets the eligibility criteria for a cannabis caution, the decision to administer a cannabis caution is completely at the discretion of the investigating police officer.</p> <p>First caution:</p> <p>Any adult who has been found in possession of, or using, up to 15 grams of dried cannabis leaf, stalks, seeds or heads or implements, such as a bong, used in the administering of cannabis and who:</p> <ul style="list-style-type: none"> • has not been involved in any other criminal offence at the time • has not received prior convictions for any drug offence, sexual offence or offence involving violence • admits to the offence • consents to the caution and signs the caution notice; • has not received a prior cannabis caution issued under the scheme • the cannabis is for personal use only.

	<p>Second caution:</p> <p>Any person who meets the above criteria with the exception that they have already received one caution under the Scheme, and they consent to the second caution and consent to undertake a mandatory telephone education session.</p>
Diversion process	<p>Persons who receive a caution are provided with health and legal information on cannabis use and the contact details of the Alcohol and Drug Information Service (ADIS) who can provide advice and information regarding drug treatment services. No criminal conviction is received.</p> <p>On receipt of a second caution, the offender is required to contact ADIS within 14 days from the issue of the second caution to receive a mandatory telephone health education session on cannabis use. No follow-up is attempted for persons who do not comply with the conditions of the second caution but a notice of non-compliance is added to COPS, the police computerised data system, and can be raised in court if the offender is apprehended a third time for a drug-related matter.</p> <p>If a person is apprehended for a third time, they are charged and required to attend court.</p>

2 Magistrates Early Referral into Treatment (MERIT)

Program name	Magistrates Early Referral Into Treatment (MERIT)
Program description	MERIT is a court based, pre-plea diversion program under which defendants with illicit drug use problems may be bailed to undertake treatment and rehabilitation. Hearings and final sentencing are deferred while the defendant completes the program. While on the program, defendants are subject to ongoing judicial management. Participation in the program is voluntary.
Criminal justice stage	A pre-plea court intervention program.
Program commencement and current status	MERIT was first trialled for a 2-year period starting July 2000 at Lismore Local Court. As at 31 December 2006, MERIT was operating within all of the state's Area Health Services, covering 60 local courts in NSW. Collectively, these courts deal with 80% of defendants appearing in NSW Local Courts.
Eligibility criteria (client)	<p>A defendant must:</p> <ul style="list-style-type: none"> • be an adult (18 years or older) • be eligible for release on bail; • be charged with a drug or drug-related offence • have a demonstrable and treatable illicit drug problem • consent to voluntarily participate in treatment programs <p>and not be:</p> <ul style="list-style-type: none"> • currently charged with a violent or sexual offence • charged with wholly indictable offences (including drug offences) • resident in an area where they are unable to participate in treatment • on another court-ordered treatment programs. <p>Defendants are not required to enter a plea in order to participate in the program.</p>
Diversion process	<p>Referrals to the MERIT program may be initiated by magistrates, police, legal practitioners, Probation and Parole Services, the defendant themselves or by family and friends, generally at one of the following stages:</p> <ul style="list-style-type: none"> • Arrest: Police provide information on MERIT and if the offender consents to the program, police can grant bail on the condition the offenders attends a MERIT office for assessment. • Pre-court: Referral to MERIT is sought by the defendant's legal representative, the defendants themselves, a Probation or Parole Officer, or family/friends before the first court hearing. • Court: The magistrate, or defendant's legal representative, may refer the defendant to MERIT at the commencement of proceedings. <p>Defendants who consent to MERIT attend a comprehensive suitability assessment conducted by a MERIT caseworker, who will consider the significance of their drug use</p>

	<p>and their motivation to engage in treatment. A report is prepared, recommending suitability and details of a treatment plan, and presented to the court. The defendant is granted conditional bail, if necessary, while the report is prepared.</p> <p>The magistrate has discretion to determine whether defendants are accepted into MERIT. If the defendant is accepted, participation in MERIT is included as a condition of bail where bail has been required. Periodic attendance at court is generally required over the course of the treatment program for progress reports.</p> <p>As there is generally a period of time between a person being charged by the police and their initial court appearance, the defendant may agree to participate in a treatment program after their assessment but before they are formally accepted into the program by the magistrate.</p> <p>It is possible for participants to be removed or 'breached' from the program. The magistrate may remove the defendant from MERIT following a report from the MERIT team that states either further offences have been committed, non-compliance with bail conditions, or failure to participate in the program.</p> <p>Completion of the MERIT program usually coincides with the final court hearing and sentencing of the defendant. The magistrate receives a detailed report from the MERIT team containing information on the defendant's participation in drug treatment and any further treatment recommendations.</p> <p>Since MERIT is a voluntary program, participants may withdraw from MERIT or decline to participate and have their case determined by the magistrate without prejudice.</p> <p>The following treatments are available to clients entering the program — case management, detoxification, pharmacotherapy, counselling, group programs (that target relapse prevention, anger management and communication skills) and residential rehabilitation. In addition to these specialised drug treatment programs, a range of ancillary services may be accessed, including medical and primary health care services, accommodation and housing, employment and vocational services, education and training, family counselling, and psychiatric and psychological interventions.</p>
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3 Wellington Options

Program name	Wellington Options
Program description	Wellington Options is a Local Court drug crime diversion program providing holistic interventions and case management to juvenile and adult defendants who have alcohol and/or other drug problems who present at Wellington Local Court. The program is based on the MERIT model.
Criminal justice stage	Pre-plea court diversion
Program commencement and current status	Wellington Options began in June 2002
Agencies involved in diversion	Wellington Local Court
Eligibility criteria (client)	Both adult and young offenders with alcohol and/or illicit drug use problems appearing before the Wellington Local Court.
Diversion process	<p>A range of services are available to the client including assessment, case management, counselling, referrals to detoxification, residential rehabilitation, cognitive behavioural skills training and secondary prevention and relapse services.</p> <p>Offenders may stay on the program for up to 12 months. The participant's legal matters are often finalised within 3 months of the initial court appearance. The client then has the option to remain in treatment.</p>

4 Young Offenders—Residential Rehabilitation

Program name	Young Offenders residential rehabilitation units—Coffs Harbour and Dubbo
Program description	The program is for young offenders in rural and regional areas who are either within the juvenile justice system or at risk of being so because of their drug and alcohol abuse. Many are in custody.
Criminal justice stage	Either clients of the Department of Juvenile Justice or at risk of entering the juvenile justice system.
Program commencement	Since October 2001 in Coffs Harbour and since May 2002 in Dubbo.
Agencies involved in diversion	<p>Coffs Harbour and Dubbo (6 beds at each location). Each location can accommodate up to 8 young people aged 14–18 years for a period of 8–12 months. It also incorporates a three month aftercare component aimed at supporting the gradual and positive integration of its participants back into the community.</p> <p>The program provides rural and regionally based clients with drug rehabilitation services away from Sydney and closer to their families and communities.</p>
Eligibility criteria (client)	<p>Young people eligible for diversion under the Young Offenders Act must be aged over 10 years and under 18 years of age and have committed a:</p> <ul style="list-style-type: none"> • summary offence, or • indictable offence that may be dealt with summarily under the Criminal Procedure Act 1986 or other prescribed law, or • an offence under section 23 (1) (a) or (c) of the <i>Drug Misuse and Trafficking Act 1985</i> if the offence involves not more than half of the small amounts of prohibited plants or illicit drugs as defined in the <i>Drug Misuse and Trafficking Act 1985</i> and it would be appropriate, and in the interests of rehabilitation, to deal with the matter under the <i>Young Offenders Act</i>. <p>In addition, young people must meet the following criteria to access the residential rehabilitation programs:</p> <ul style="list-style-type: none"> • socio-cultural/familial links to Dubbo and surrounding areas of the DJJ South-West Region or DJJ Northern Region, north of Taree • age range 14–18 years • history of drug abuse • AOD initial assessment completed.
Diversion process	<p>Young offenders are diverted to two adolescent residential rehabilitation centres at Coffs Harbour and Dubbo for a three-month intensive program to address their drug and alcohol problems and criminal behaviour.</p> <p>The rehabilitation program includes: assessment; measures for assessing and matching client needs to service delivery; living skills components; group education and training; cultural adaptations to service delivery; developmentally appropriate adaptations to</p>

	<p>service delivery; extensive case management; individual counselling; family counselling (where appropriate); referrals to external services (as necessary); group work activities; outpatients programs; and aftercare planning.</p> <p>The program is designed to admit and support young offenders in the later stages of detoxification and after detoxification, which are critical risk periods for re-offending.</p>
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5 Young Offenders Rural and Regional Counselling

Program name	Young Offenders Rural and Regional Counselling
Program description	Young offenders in rural and regional areas of NSW are diverted from the criminal justice system to specialist counsellors by referral from courts and youth justice conferences, through probationary and community orders, and early release from custody. The program helps young offenders deal with their drug and alcohol problems and stop their criminal behaviour.
Criminal justice stage	<p>Young offenders may be referred to the counsellors from different points of the criminal justice system including:</p> <ul style="list-style-type: none"> Youth Justice Conferences under the <i>Young Offenders Act 1997</i> courts via probationary and community orders under the <i>Children (Criminal Proceedings) Act 1987</i> early release from custody under s24(1)(c) of <i>Children (Detention Centres) Act 1987</i>.
Program commencement and current status	December 2000
Agencies involved in diversion	As at June 2003, 10 Juvenile Justice alcohol and other drug counsellors in Lismore, Kempsey, Tamworth, Grafton, Gosford, Bateman's Bay/Queanbeyan, Riverina, Orange, Broken Hill and Dubbo. Plans to expand program to Nowra/Bowral, Hunter, Illawarra, Walgett/Coonamble.
Eligibility criteria (client)	<p>Young people eligible for diversion under the Young Offenders Act must be aged over 10 years and under 18 years of age and have committed a:</p> <ul style="list-style-type: none"> summary offence, or indictable offence that may be dealt with summarily under the <i>Criminal Procedure Act 1986</i> or other prescribed law, or an offence under section 23 (1) (a) or (c) of the <i>Drug Misuse and Trafficking Act 1985</i> if the offence involves not more than half of the small amounts of prohibited plants or illicit drugs as defined in the <i>Drug Misuse and Trafficking Act 1985</i> and it would be appropriate, and in the interests of rehabilitation, to deal with the matter under the Young Offenders Act. <p>It should be noted that these are not the criteria for access to Young Offenders' Rural and Regional counselling. Any young person convicted of an offence and under Juvenile Justice supervision, or going through conferencing, may access the program.</p>
Diversion process	<p>Young people are referred to AOD counsellors:</p> <ul style="list-style-type: none"> directly by courts from a youth justice conference as part of an agreed Outcome Plan by a manager of a DJJ Juvenile Justice Community Service or Intensive Programs Unit.

	<ul style="list-style-type: none"> • as delegated through the Director General, usually following a court's recommendation, for those approved for early discharge from custody. <p>Following a referral, the AOD counsellor:</p> <ul style="list-style-type: none"> • assesses the clients in relation to their relevant history, AOD use and dependence, readiness for change, offending behaviour, links between offending and AOD use, education/employment and recommendations • develops a case plan with the young person to address the AOD and criminogenic needs highlighted by assessment • delivers specific AOD intervention, including motivational interviewing, individual counselling (with goals including increased awareness of alternative pro-social behaviours, social skills, alternatives to drug use, coping and refusal skills, knowledge of AOD issues, harm reduction and relapse prevention strategies, and decrease in AOD-related crime), and access to relevant group programs • continues to monitor and implement the case plan until the young person's legal order expires • links the young person to relevant employment, education, health and accommodation services • manages the young person's transition to sustainable community supports as the expiry of the order approaches.
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Victoria

6 Police Cannabis Cautioning Program

Program name	Victoria Police Cannabis Cautioning Program
Criminal justice stage	Police diversion
Program commencement and current status	A Cannabis Cautioning Pilot Program, an extension of the Victoria Police Cautioning Program, was trialled for 6 months between July 1997 and January 1998 in the Broadmeadows area of Melbourne. The program was implemented state-wide on 1 September 1998.
Eligibility criteria (client)	<p>The arresting police officer makes the discretionary decision whether to charge or caution the offender. Persons eligible for the Cannabis Cautioning Program must:</p> <ul style="list-style-type: none"> • be aged 18 years and over (note that, as of 1 July 2005, the definition of Juveniles was changed from people under 17 years to those under 18 years) • be arrested for use and/or possession of a small (non-traffickable) amount of cannabis. A small amount is defined as up to 50 grams of dried cannabis material (leaf, stem, stalk or seed); does not include plants, hash or hash oil • not be involved in any other offence at time of arrest • admit to the offence • consent to be cautioned. <p>In 2002 the criterion that a person have no prior drug offence was removed from the eligibility criteria.</p> <p>A person may still receive a caution if they have been cautioned or involved in an alternate drug diversion program on one prior occasion. Each person can accumulate two cautions only.</p>
Diversion process	Persons are offered a voluntary education session and referral to an optional cannabis education program— <i>Cautious with cannabis</i> —administered by Uniting Care Moreland Hall. This information is provided in a <i>Cautious with cannabis</i> brochure which includes contact numbers for telephone counselling and referral service. Education programs, which are also open to family members of a person using cannabis, are currently available in 23 locations in Victoria—eight in metropolitan areas, eight in inner regional areas and seven in outer regional areas.

7 Victoria Police Drug Diversion Program

Program name	Victoria Police Drug Diversion Program
Program description	The Victorian Police Drug Diversion Program is an extension of the Victoria Police Cannabis Cautioning Program and acts as an early intervention scheme for first-time or low-level users of illicit drugs (not including cannabis). The program is directed at both juvenile and adult offenders, and provides offenders with the option of a caution conditional on attendance at a clinical assessment and a session of drug treatment at a drug treatment agency.
Criminal justice stage	Police diversion
Program commencement and current status	<p>A Drug Diversion Pilot Program was run in two police districts (Police District I—encompassing north-west Melbourne (Brunswick to Macedon)—and Police District J—encompassing the inner west (Footscray/Sunshine to Bacchus Marsh) from September 1998 (Police District I) and December 1998 (Police District J) to May 1999.</p> <p>Following an evaluation of the pilot program, the Drug Diversion Program was implemented state-wide in September 2000.</p>
Eligibility criteria (client)	<p>Persons eligible for the Drug Diversion Program must:</p> <ul style="list-style-type: none"> • be 10 years of age and over • be arrested for use or possession of a small (non-traffickable) amount of illicit drug, other than cannabis • not be involved in any other offence at time of arrest • admit to the offence • have received no more than one previous cautioning notice (including a cannabis caution) • consent to be cautioned. <p>Persons who have received prior convictions are not excluded from the Drug Diversion Program.</p>
Diversion process	<p>Persons who agree to be cautioned are advised that the caution requires compulsory attendance at both an assessment and treatment session. Treatment is undertaken at a drug treatment agency chosen by the offender; offenders under 21 years of age are to attend a youth specific agency only and Indigenous persons may choose an Aboriginal and Torres Strait Islander-specific service.</p> <p>Police are responsible for organising an appointment through the Drug Diversion Appointment Line (DDAL). Assessment, at a drug treatment agency, is to be undertaken within five working days of the caution. During the assessment the consulting clinician determines the most appropriate treatment plan, and makes an appointment for the second session. The second, or treatment session, must occur within five working days of the first assessment and involves counselling. Where further drug treatment is required, the person may continue drug treatment but this is not required to expiate the caution.</p>

	Assessment and first treatment sessions are to be completed within 28 days from the day of arrest. To expiate the caution, the offender is obliged to attend the assessment and first treatment session. If the offender fails to attend either session the caution becomes void and the person is charged on summons.
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8 Victoria Rural Outreach Diversion Workers (RODW)

Program name	Rural Outreach Diversion Workers (RODW)
Program description	<p>The Rural Outreach Diversion Workers (RODW) service was created to provide a service to offenders in rural Victoria who do not have access to the CREDIT Bail Support Program. The role of the RODW is to 'provide a link between the community, police, courts and the drug treatment service system'. A total of 19 EFT (equivalent full time) RODWs are funded under the program and are based in community drug treatment agencies where they undertake drug assessments of people entering the program. An Individual Treatment Plan (ITP) is produced which outlines long- and short-term drug treatment goals agreed between the clinician and the client.</p> <p>Offenders are referred to RODW by courts (either magistrates or court-based Criminal Justice Diversion Program), legal personnel, police or juvenile justice, via COATS (Community Offenders Advice and Treatment Service). Informal referrals can also be made to RODW by police, juvenile justice, courts, legal personnel and schools for people who may become involved in offending behaviour due to their drug use.</p>
Criminal justice stage	Police and court-based diversion
Program commencement and current status	2002–03: most programs commenced in the first 6 months of 2003
Eligibility criteria (client)	<p>The target group is primarily aged 25 years and under (or an older offenders who is considered to be appropriate for an outreach program) and be:</p> <ul style="list-style-type: none"> • in danger of coming into contact with the police • not eligible for a caution and participation in the Victoria Police Drug Diversion or Cannabis Cautioning Program • apprehended for an offence where drug use was a factor in their offending and the magistrate considers that they pose no threat to the community and therefore grants bail <p>identified as potentially engaging in further offending behaviour where drug use is a contributing factor.</p>
Diversion process	<p>Following referral, persons undergo an assessment with a RODW, covering their drug treatment and general health needs. An individual treatment plan is produced. Drug treatment is organised through COATS and during treatment people may also be referred to other relevant support services. Where needed, RODWs liaise with the courts regarding attendance and drug treatment progress. Once drug treatment is completed, an exit report is forwarded from the RODW to the referring magistrate and COATS.</p> <p>If the person does not comply with treatment, the referral agency is notified and follow-up is undertaken.</p>

9 Deferred Sentencing

Program name	Deferred Sentencing
Program description	Deferred Sentencing, as a drug diversion option, allows magistrates to defer the sentencing of an offender under the age of 26 years for up to 6 months, during which time the offender is obliged to undertake drug treatment.
Criminal justice stage	Court diversion
Program commencement and current status	January 2000
Eligibility criteria (client)	<p>A person is eligible for Deferred Sentencing if they are:</p> <ul style="list-style-type: none"> • aged between 18 and 25 years • have a drug problem • found guilty of an offence. <p>Deferred Sentencing is used only when it is considered an appropriate option for the offence committed.</p>
Diversion process	<p>If sentencing is deferred, on the condition that drug assessment and treatment is sought and attended, the offender is required to contact COATS within 48 hours of the hearing to organise assessment. A drug treatment plan is developed at assessment by a COATS clinician, who purchases treatment from an accredited drug treatment service. An assessment and treatment compliance report is sent to the court; compliance may be considered when the magistrate undertakes sentencing.</p> <p>If the offender does not comply with assessment, follow-up is attempted by COATS where the offender has up to six weeks after the adjourned hearing date to attend assessment. If the offender fails to attend assessment again, the court is notified of the non-attendance. For offenders who do not attend treatment, no follow-up is attempted; instead, the court is notified of non-attendance prior to the Deferred Sentence hearing.</p>

10 Victoria Koori Court Diversion (Koori Alcohol and Drug Diversion Workers)

Program name	Victoria Koori Court Diversion (Koori A & D Diversion Workers)
Program description	<p>Koori Courts have been established in Victoria to allow for more culturally appropriate sentencing orders. The objective of the Koori court model is to divert offenders away from a sentence of imprisonment where that is an inappropriate outcome.</p> <p>A Koori A & D worker is attached to mainstream agencies and links Koori offenders into Koori specific and mainstream A & D services. These workers attend the court.</p> <p>Both the Koori Court and the Koori A & D Diversion Worker can refer offenders.</p>
Criminal justice stage	Court diversion (pre sentencing)
Program commencement and current status	<p>The Koori Court was established under the <i>Magistrates Court (Koori Court) Act 2002</i>.</p> <p>The Koori Court diversion program commenced 1 February 2004.</p>
Eligibility criteria (client)	<p>Koori defendants who plead guilty to an offence and have shown an intention to take responsibility for their actions</p> <p>Koori defendants who elect to go to the Koori Court</p>
Diversion process	Koori clients are linked to both mainstream and Koori specific treatment services.

11 Victoria Children's Court Clinic Drug Program

Program name	Children's Court Clinic Drug Program
Program description	<p>The Children's Court Clinic Drug Program provides early intervention drug treatment for alleged young offenders who are engaged in problematic drug use, by facilitating contact with the Children's Court Drug Clinician and drug treatment services upon referral from the magistrate.</p> <p>The program aims to:</p> <ul style="list-style-type: none"> • divert young offenders who have a drug problem from further involvement in the criminal justice process, through participation in drug treatment programs • develop a commitment on the part of young drug users to harm minimisation practices and drug treatment • reduce the risk of further criminal activity to support drug use.
Criminal justice stage	Court diversion
Program commencement and current status	Established in 2001
Eligibility criteria (client)	<p>To be eligible for the program, a child must:</p> <ul style="list-style-type: none"> • be aged between 10 and 17 years • have a demonstrable illicit drug use problem, including cannabis • not be on any other court order with a drug treatment condition.
Diversion process	<p>Generally referrals to the Children's Court Drug Clinician are made by the magistrate once the charges have been proven and it has become clear that drug use is an issue. If the magistrate decides to make a referral then the matter is adjourned while a court drug clinician completes an assessment with the child and their family. An assessment report and proposed treatment plan are then presented to the court and, if approved by the magistrate, a further adjournment period follows during which treatment takes place.</p> <p>Where youth-specific drug treatment is prescribed, the Children's Court Clinician (CCC) refers the defendant's details to the Community Offenders Advice and Treatment Service (COATS). COATS then arrange for the purchase of treatment services, including the first appointment (within the shortest possible timeframe). Treatment options include counselling, youth outreach, withdrawal services and supported accommodation. The alcohol and drug treatment service liaises with the CCC to allow for monitoring of attendance and treatment progress. The CCC takes on a case management role for the duration of the child's involvement with the program.</p> <p>Following the completion of treatment, the treatment service provides the CCC with a final written exit report within 2 weeks of treatment completion.</p> <p>The CCC prepares an overall report on the child's treatment progress upon their reappearance at court, which will then be taken into account by the magistrate upon sentencing.</p>

Queensland

12 Police Diversion Program (PDP) Queensland Illicit Drug Diversion Initiative (QIDDI)

Program name	Police Diversion Program (PDP)
Program description	<p>The Police Diversion Program was created to divert persons apprehended in Queensland for possession of small quantities of cannabis away from court proceedings and into assessment, education and treatment. The QIDDI is a legislated police diversion strategy in which all persons apprehended for cannabis possession, and who meet strict legislated eligibility criteria, must be offered diversion.</p> <p>The Police Diversion Program is provided under the <i>Police Powers and Responsibilities Act</i>.</p>
Criminal justice stage	Police diversion
Program commencement and current status	24 June 2001
Eligibility criteria (client)	<p>Persons eligible for the QIDDI Police Diversion Program have been arrested for, or questioned regarding, a minor drugs offence. A minor drug offence is defined as possession of not more than 50gm of cannabis or an implement for use in, or has been used for, smoking cannabis. Persons who have served a term of imprisonment for the offences of producing, supplying or trafficking in dangerous drugs are not eligible for QIDDI.</p> <p>Additional eligibility criteria require the person:</p> <ul style="list-style-type: none"> not to have committed another indictable offence related to the minor drugs offence not to have previously been convicted of a violent offence, or if they have, for the rehabilitation period under the <i>Criminal Law (Rehabilitation of Offenders) Act 1986</i> to have expired to admit to the offence during an electronically recorded interview not been offered the opportunity to attend a drug diversion assessment. <p>Persons are only offered diversion on one occasion. If they do not accept diversion at this time it cannot be offered again if they are subsequently detected in possession of cannabis or utensils in connection with the smoking of cannabis.</p>
Diversion process	<p>Persons who accept the offer of diversion are required to attend a Drug Diversion Assessment Program (DDAP). Police notify the Diversion Coordination Service, who in turn nominate an accredited health service provider and organise an appointment date. The diversion assessment program is a one-off session in which the person undergoes assessment for cannabis use and drug-related problems, receives education on the health effects of cannabis use, and is referred to treatment services if required.</p> <p>No further action is taken against persons who attend the diversion assessment program. Those who do not attend may be charged for contravening the direction of a police officer.</p>

13 Queensland Illicit Drugs Court Diversion Program (IDCDP)

Program name	Illicit Drugs Court Diversion Program
Program description	<p>The Illicit Drug Court Diversion Program targets both adult and juvenile offenders who appear in any Queensland Magistrate or Children's Court charged with possession of small amounts of illicit drugs for personal use. The program diverts offenders, under the discretion of the presiding magistrate, to an approved service provider for appropriate intervention.</p> <p>The Court Diversion Program is currently conducted under a legislative framework specified in the <i>Drug Diversion Amendment Act 2002</i>.</p>
Criminal justice stage	Sentence (an offender must plead guilty before they can be directed to attend Court Diversion)
Program commencement and current status	<p>Pilot program ran for 12 months from 28 March 2003, concurrently with Police Diversion Program.</p> <p>Rollout state-wide since 1 July 2005</p>
Eligibility criteria (client)	<p>A person is eligible to be offered the opportunity to divert (attend a drug assessment and education session) if they:</p> <ul style="list-style-type: none"> are charged with an eligible drug offence (an eligible drug offence is an offence against the <i>Drugs Misuse Act 1986</i>, section 9 (possessing dangerous drug) or section 10 (possessing things) if the drug and the quantity of the drug and another substance is less than the amount prescribed in a schedule of the <i>Penalties and Sentences Act 1992</i>). The court must also be satisfied that the dangerous drug or drugs were for the person's personal use appear before a Drug Diversion Court have not previously been convicted of (or are currently facing) charges of a sexual nature or a drug offence dealt with on indictment have not previously been convicted of an indictable offence involving violence against another person (other than certain offences specified in the <i>Drug Diversion Amendment Act 2002</i>) have been offered a diversion on no more than one previous occasion (including Police Diversion) <p>(Even if the offender meets the eligibility criteria the magistrate retains the discretion to impose an alternative penalty.)</p>
Diversion process	<p>If the magistrate considers an adult offender suitable and they meet the eligible criteria for the program under the <i>Penalties and Sentences Act 1992</i>, they will be placed on recognisance order with the special condition to attend a drug assessment and education session as directed by a Court Diversion officer. If the offender is a juvenile and the magistrate considers the offender suitable under the <i>Juvenile Justices Act 1992</i>, the juvenile will be directed to attend a drug assessment and education session and the matter is adjourned for a 'date to be fixed'. The courts, in conjunction with the Diversion Coordination Service, refer the person to an approved Queensland Health service provider where they undergo an assessment and education session. Offenders may opt for further voluntary treatment after the initial court ordered session.</p>

	<p>Adult offenders who comply with their order are considered to have expiated the charge and do not have a conviction recorded and the matter is resolved with no further appearances in court. Offenders who do not comply with their order will be contacted by the Court Diversion head office in Brisbane by either telephone or mail to respond within 7 days as to why they did not comply with their order. If they respond providing a reasonable excuse (i.e. Medical Certificate, work-related documents etc), the session is rescheduled. If the offender fails to respond within 7 days, breach proceedings are instigated and the offender is directed by a 'Notice of Adjournment' to return to court. If the magistrate deems the breach proven, the recognisance is forfeited and the offender may be re-sentenced for the original offence and receive a conviction recorded against his/her name.</p> <p>Juvenile offenders who comply with their order are considered to have complied with the direction of the court and the file is completed and no further action is taken. If a juvenile does not comply with his/her order, the court sends a notice for them to return to court where they may offer an explanation to the magistrate for their non-compliance of the court's direction and may be rescheduled, or they may be given an alternate penalty.</p>
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Western Australia

14 Cannabis Infringement Notice Scheme

Program name	Cannabis Infringement Notice (CIN) scheme
Program description	<p>The purpose of the CIN scheme is to divert appropriate early users of cannabis away from the criminal justice system. Under this scheme, offenders who admit guilt and consent to receive a CIN may choose to attend a Cannabis Education Session, which is aimed at educating participants about the:</p> <ul style="list-style-type: none"> • adverse health and social consequences of cannabis use • treatment of cannabis-related harm • laws relating to the use, possession and cultivation of cannabis.
Criminal justice stage	Police diversion
Program commencement and current status	March 2004
Eligibility criteria (client)	<p>A person aged 18 years and over may receive a CIN for:</p> <ul style="list-style-type: none"> • possessing no more than 30 grams of cannabis • no more than two non-hydroponic cannabis plants at the principal place of residence, provided that no other person is growing cannabis on the same premises • possessing pipes or implements for use in smoking cannabis on which there are detectable traces of cannabis. <p>Note that a young person (aged 10 to 17 years inclusively) who is found growing, in possession of, or using cannabis within the limits set by the CIN scheme may be cautioned or referred to a Juvenile Justice Team. (NB: Juveniles are explicitly outside the scope of the CIN scheme and are dealt with via the <i>Young Offenders Act 1994</i>)</p>
Diversion process	<p>When issued with a CIN the person must choose between:</p> <ul style="list-style-type: none"> • paying a financial penalty within 28 days • completing a Cannabis Education Session (CES) within 28 days • having the matter heard in court. <p>Only the CES component of the CIN scheme is funded through the COAG IDDI. The CES is booked by the person who has been issued with a CIN by police. The person contacts a central booking agency (HealthInfo) to make an appointment time with the most convenient treatment service.</p> <p>The CES involves one individual or group education session that provides information on the adverse health and social consequences of cannabis use, the treatment of cannabis</p>

	<p>related harm and laws relating to use, possession, and cultivation of cannabis. Each session is approximately one and a half to two hours in length and is provided by a state-wide network of Community Drug Service Teams (CDSTs). Aboriginal-specific material is also available.</p> <p>The option expiate the CIN by attendance at a CES is lost after 28 days.</p>
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15 WA All Drug Diversion

Program name	All Drug Diversion
Program description	All Drug Diversion is a compulsory assessment and treatment program for early adult offenders apprehended for a simple drug offence other than cannabis.
Criminal justice stage	Police diversion
Program commencement and current status	Pilot program since January 2001 in the Central and West Metropolitan Districts and the Geraldton Sub-district. The program has been operational state-wide since January 2004.
Eligibility criteria (client)	<p>Offenders must meet a number of criteria:</p> <ul style="list-style-type: none"> • The amount of the drug involved does not exceed one-quarter of the prescribed amount as listed in Schedule V of the <i>Misuse of Drugs Act 1981</i>. • The person must have no prior convictions for drug dealing or prescribed violent offences. • The person must be over 18. • Police must be satisfied that the drugs are for personal use. • The person must admit guilt. <p>The person must consent to receiving a diversion notice and sign the notice.</p> <p>Police retain the discretion to charge an offender rather than issue a diversion notice.</p>
Diversion process	<p>People issued with a diversion notice must attend three counselling sessions. Counselling includes a drug assessment, development of a treatment plan and commencement of the plan. Participants may continue treatment at the conclusion of the program. However, for the purposes of completing the diversion, they are only required to attend three sessions within 30 days of receiving the diversion notice.</p> <p>The treatment is provided through a state-wide network of specialist Community Drug Service Teams.</p> <p>All three sessions must be completed within 30 days from the date the diversion notice was issued. If completed, the person will not have a criminal conviction recorded against them. If the sessions are not completed, a summons will be issued for the offence and the person will have to appear in court.</p> <p>The initial treatment session is booked by the police officer that issued the diversion notice—this is done by contacting a central booking agency (HealthInfo). Bookings for the subsequent two sessions are made between the counsellor and participant.</p>

16 Pre-sentence Opportunity Program (POP)

Program name	Pre-sentence Opportunity Program (POP)
Program description	<p>The overall aim of POP is to divert eligible offenders with an illicit drug problem into treatment. Other aims include:</p> <ul style="list-style-type: none"> • to provide an incentive for offenders to identify and treat their illicit drug use • to provide a face-to-face assessment • to match offenders with treatment agency/agencies • to monitor treatment progress and inform the court • to refer to continuing treatment for the offender.
Criminal justice stage	Early intervention court diversion—pre-sentence
Program commencement and current status	Piloted in March 2003. Expansion state-wide 2005–2007.
Eligibility criteria (client)	<p>Any adult pleading guilty to an offence and who:</p> <ul style="list-style-type: none"> • has problems related to illicit drug use • does not have an extensive record for serious criminal offences • has fairly stable living circumstances • would normally expect to receive a fine of a Community Based Order or Intensive Supervision Order on a plea of guilty • is prepared to access treatment for drug use problems • is eligible for bail • meets the other referral criteria for the program. <p>The referral to POP will be at the magistrate's discretion at all times.</p>
Diversion process	<p>Upon the discretion of the magistrate, a referral is made to an on-site drug counsellor (project officer). The project officer assesses the person's suitability for drug treatment and where appropriate, refers them to a drug treatment agency. Participants of POP are placed on remand to attend treatment for approximately 8 weeks. Upon the completion of the program, the participant will return to court. The magistrate, taking into account how well the person has participated in POP, will finalise sentencing.</p> <p>Most POP participants are referred to counselling services, although other forms of treatment are also available.</p> <p>Process in brief:</p> <ul style="list-style-type: none"> • appear in court • stood down for assessment • if suitable, remanded for 6–8 weeks • engage in treatment • report to magistrate • POP taken as a mitigating factor.

17 WA Supervised Treatment Intervention Regime (STIR)

Program name	Supervised Treatment Intervention Regime (STIR)
Program description	<p>The STIR is a pre-sentence option for offenders who have substance use problems, whose offending is directly related to their drug use and who are charged with a relatively minor offence (e.g. possession of drugs, stealing, fraud, damage). STIR targets offenders with a moderate level of offending/offending history and/or a higher level of drug dependency (or more entrenched drug use).</p> <p>Objectives of the STIR:</p> <ul style="list-style-type: none"> • provide incentive for offenders to attend and treat their drug use • provide an opportunity for the offender to engage in treatment • provide ongoing supervision to offenders • engage family members and significant others • refer to other support service(s) • refer to continue treatment at STIR conclusion.
Criminal justice stage	Court diversion (pre-sentence option)
Program commencement and current status	<p>All regional centres, including Rockingham and excluding Kimberley.</p> <p>Investigating metro.</p>
Eligibility criteria (client)	<p>To qualify for referral to STIR, the defendant must:</p> <ul style="list-style-type: none"> • plead guilty in the court • have a problem with drug use that is impacting on their lifestyle • be eligible for bail • not have an extensive record for serious criminal offences • have fairly stable living circumstances • otherwise expect to receive a fine of a Community Based Order or Intensive Supervision Order on a plea of guilty • be prepared to undergo a drug assessment by the project officer • be prepared to accept supervision from a Community Corrections Officer and submit to urine analysis as directed • not possess a criminal history of sex offences or serious crimes of violence.
Diversion process	<p>Upon the discretion of the magistrate, a referral is made to an on-site drug counsellor. The counsellor assesses the person's suitability for drug treatment and where appropriate, makes an appointment with a drug treatment agency. Participants of STIR are remanded to attend treatment for approximately three months. During this time the participants are case managed by a Community Corrections Officer (CCO), attend court on a regular basis, are subject to random urine analysis and other requirements that may be imposed by the court. The CCO may also refer participants to a number of other health, social or welfare services.</p>

	<p>STIR participants maybe referred to a variety of treatment programs including counselling services, drug withdrawal and residential rehabilitation. STIR also provides ongoing case management of offenders.</p> <p>Process in brief:</p> <ul style="list-style-type: none"> • appear in court • stood down for assessment • if suitable, remanded for 2–4 weeks (3–4 month duration) • engage in treatment, undertake urinalysis • case management—magistrate, worker, lawyer • remand 2–4 weeks (or longer), ongoing case management • STIR taken as a mitigating factor at sentencing.
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18 WA Indigenous Diversion Program

Program name	Indigenous Diversion Program (IDP)
Program description	<p>The overall aim of IDP is similar to that of POP, that is, to divert eligible offenders with a clear drug problem into treatment. Further, IDP aims to provide culturally secure diversion services for Indigenous persons. IDP also attempts to overcome barriers for Aboriginal people in accessing diversion programs.</p> <p>Other aims include:</p> <ul style="list-style-type: none"> • increase number of Indigenous persons accessing diversion • increase number of Indigenous persons trained to work with mandated clients • increase availability of culturally appropriate diversion process in regional areas of Western Australia • implement Indigenous prevention and early intervention strategies within regional areas of Western Australia.
Criminal justice stage	Early intervention court diversion—pre-sentence
Program commencement and current status	Pilot from early 2004 in Broome and Carnarvon. Now also operates in Kalgoorlie, Murchison, Gascoyne and Wheatbelt/Great Southern.
Eligibility criteria (client)	<p>Any adult Indigenous person pleading guilty to an offence and who:</p> <ul style="list-style-type: none"> • has problems related to illicit drug use • does not have an extensive record for serious criminal offences • has fairly stable living circumstances • would normally expect to receive a fine of a Community Based Order on a plea of guilty • is prepared to access treatment for drug use problems • is on bail • meets the other referral criteria for the program. <p>The referral to IDP will be at the magistrate's discretion at all times.</p>
Diversion process	<p>A magistrate and an Indigenous worker travel on a specified circuit of regional courts. The referral and assessment is provided on-site immediately upon referral by the magistrate.</p> <p>The Indigenous worker provides drug assessments, referral and treatment services to persons appearing in court with drug-related problems. The program also includes the provision of prevention and early intervention activities in rural and remote communities.</p> <p>Treatment provided to support the program may include education, counselling, respite and residential rehabilitation. Access may be limited depending on what treatment services are available in the offender's regional location.</p>

	<p>Process in brief:</p> <ul style="list-style-type: none"> • appear in court • stood down for assessment • if suitable, remanded for 6–8 weeks • engage in treatment • report to magistrate <p>IDP taken as a mitigating factor.</p>
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South Australia

19 SA Police Drug Diversion Initiative (PDDI)

Program description	<p>The PDDI targets illicit drug users early in their involvement with the criminal justice system and diverts eligible offenders into compulsory drug education or assessment and treatment programs. If a client chooses not to attend the PDDI session for assessment, education and brief intervention, the matter will be referred back to police who may take further action. There is no police discretion under PDDI, and all eligible offenders must be offered diversion.</p>
Criminal justice stage	Police diversion
Program commencement and current status	<p>September 2001—youth</p> <p>October 2001 —adults</p>
Eligibility criteria (client)	<p>PDDI focus on simple possession (excluding cannabis for adults). There are two groups targeted by the PDDI:</p> <p><i>Young people aged 10–17 years</i></p> <ul style="list-style-type: none"> • Offences that involve possessing or using cannabis and/or possessing equipment for use in connection with smoking or consuming cannabis. • Offences that involve possessing or using an illicit drug other than cannabis and/or possessing equipment (other than syringes) for use in connection with using that drug. • Offences that involve unlawful possession or use of prescription drugs. <p><i>Adults (18 years and over)</i></p> <ul style="list-style-type: none"> • Offences that involve possessing or using an illicit drug other than cannabis and/or possessing equipment (other than syringes) for use in connection with using that drug. <p>People who are alleged to have committed any other kind of cannabis (only adults) or illicit drug offence (e.g. trafficking offences) are not eligible for the program. They are dealt with by the criminal justice system.</p> <p>Adult cannabis simple possession offences are dealt with via the Cannabis Expiation Notice Scheme (CEN).</p>
Diversion process	<p>The program consists of one assessment (brief intervention).. The process begins with the police alleging that a person has committed a simple drug offence.</p> <p><i>Young people aged 10–17 years</i></p> <p>There is no limit to the number of times that a juvenile can be diverted for a simple drug offence. For allegation of any offences (illicit drug, cannabis and/or prescription drugs):</p> <ul style="list-style-type: none"> • Police officer refers the person for assessment via the Drug Diversion line, after which treatment may follow. If they do not attend, they may be sent back to the juvenile justice system to face the drug charge, which includes formal caution, family conference or court.

	<ul style="list-style-type: none"> Police officer gives the person a Drug Diversion Referral Notice, which on the reverse includes an information sheet about the diversion program.
	<p><i>Adults (18 years and over)</i></p> <ul style="list-style-type: none"> Cannabis offence: there is no drug diversion option. Police give the person an expiation notice, educational material and information about treatment options. Serious cannabis offences are dealt with by the criminal justice system. There is no limit to the number of times that an adult can be diverted for a simple drug offence. First and second illicit drug offences: <ul style="list-style-type: none"> police officer refers the person to a single assessor for assessment via the Drug Diversion Line, after which treatment may follow police officer gives the person a Drug Diversion Referral Notice, which on the reverse includes an information sheet about the diversion program single assessor decides whether to seek the assistance of another assessor or whether other expert advice is required (e.g. Legal Advice) Third and subsequent illicit drug offences (in the metropolitan area only) and referrals from prison or remand centres: <ul style="list-style-type: none"> will be referred to a team of at least two assessors (a panel assessment).

Tasmania

20 Tasmanian Illicit Drug Diversion Initiative (IDDI)

Program name	Tasmanian Illicit Drug Diversion Initiative (IDDI)
Program description	This program allows for Tasmania Police to use their discretion to divert drug offenders caught using or possessing small quantities of illicit drugs to health providers for education, counselling or appropriate treatment.
Criminal justice stage	Police diversion
Program commencement and current status	March 2000
Eligibility criteria (client)	<p>Adults and young people (if the offender is under 18 years of age, a parent, guardian or responsible adult must be present when the caution or diversion is issued by the Tasmania Police officer) can be diverted for minor drug offences, and Tasmania Police determine who is eligible according to factors that include:</p> <ul style="list-style-type: none"> • admission of the offence • the amount of evidence • whether the offender has been convicted of crimes or offences in the past • whether the offence has also been committed with a prohibited concurrent offence • the quantity of drugs involved • other circumstances of the offence. <p>Tasmania Police retain discretionary powers. The person can ask for, but not demand, a diversion.</p>
Diversion process	<p>There are three levels under IDDI :</p> <ul style="list-style-type: none"> • First Level Caution —A person apprehended by Tasmania Police for use or possession of cannabis for the first time may be issued a Caution or warning of the legal consequences of using cannabis. No further action is taken unless the person re-offends. • Second Level Diversion —Brief intervention. A person apprehended by Tasmania Police for use or possession of cannabis for a second time may be issued a Level 2 Drug Diversion Notice on the condition that they attend a Brief Intervention session with an approved health provider. <p>Third Level Diversion —Assessment and treatment. A person apprehended by Tasmania Police for use or possession of an illicit drug, a pharmaceutical drug being used illicitly, or a third cannabis offence may be issued a Level 3 Drug Diversion Notice on the condition that they undertake a clinical drug assessment and attend a least one session of any prescribed drug treatment.</p>

	<p>If a person is issued with a 2nd or 3rd level Diversion Notice, they must contact the Alcohol and Drug Service (ADS) within three working days. The ADS is required to advise Tasmania Police if the person does not attend the health appointments (non-compliance). If this happens, Tasmania Police may prosecute the person for the drug offence.</p>
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Northern Territory

21 NT Illicit Drug Pre Court Diversion Program

Program name	NT Illicit Drug Pre Court Diversion Program (NT IDPCDP)
Program description	<p>The NT IDPCDP enables 'first time' adult and minor illicit drug offenders (use and possession only) to be referred to drug education, counselling and treatment services rather than face action through the court system.</p> <p>The program aims to:</p> <ul style="list-style-type: none"> • provide early drug education, counselling and/or treatment to offenders by making treatment available immediately • offer an alternative to the criminal justice system for persons apprehended for use and possession of less than a trafficable quantity of illicit drugs • develop a commitment on the part of drug users to education, counselling and treatment by capitalising on the impact of being apprehended by police.
Criminal justice stage	Police diversion, pre-court
Program commencement and current status	December 2002
Eligibility criteria (client)	<ul style="list-style-type: none"> • The program is available for both juveniles and adults apprehended for use and possession of small (i.e. less than trafficable) quantities of illicit drugs defined under the NT Misuse of Drugs Act. (Note: adults in possession of small quantities of cannabis will normally be dealt with by issue of a Cannabis Expiation Notice.) • Sufficient admissible evidence of the offence—a prima facie case must be first established before an individual can be deemed eligible for Pre Court Drug Diversion. • The offender must admit to the offence and give informed consent to diversion. • It is likely that offenders will be 'first time' offenders with no criminal history for use or possession of drugs, or violent behaviour. • Offences committed in conjunction with property offences and offences against the person will not normally be eligible. • Diversion should be appropriate given all of the circumstances.
Diversion process	<p>The process includes:</p> <ul style="list-style-type: none"> • Apprehension by Police of offender (adult and juveniles) for possession and/or use of small quantities of illicit drugs. • The offender admits guilt under the Misuse of Drugs Act and is referred to the Police Diversions Coordinator.

	<ul style="list-style-type: none"> • The offender provides informed consent to being diverted and undertaking options recommended to an approved assessment provider. • It is the offender's responsibility to contact the Diversion Coordinator within 3 days to ensure an appointment is made to attend a drug assessment. • A professional assessment is undertaken and referral to education and/or treatment is arranged by the assessment provider. • The offender attends the recommended treatment/education. • Both the assessment and treatment providers report to the Police Diversions Coordinator on completion or otherwise of the requirements for diversion (expiation). <p>An offender is deemed to have expiated an offence for use/possession of a prohibited drug when they attend an assessment and successfully fulfil the minimum requirements for education, counselling and any treatment which may be recommended. If an offender fails to comply with the recommended assessment, education, counselling and/or treatment (to the minimum requirements), the matter will be referred back to the apprehending officer for prosecution.</p> <p>Legislation requires that a client is expiated or presented to a magistrate within 6 months of the apprehension.</p>
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22 Court Referral and Evaluation for Drug Intervention and Treatment Northern Territory (CREDIT NT)

Program name	Court Referral and Evaluation for Drug Intervention and Treatment Northern Territory (CREDIT NT)
Program description	<p>CREDIT NT targets people with an illicit substance use problem who have been charged with a criminal offence. It is based on a court referral approach where by an appropriately qualified Court Clinician provides an assessment report to the court and facilitates entry to substance misuse treatment for eligible clients. Magistrates are able to divert eligible offenders to appropriate treatment through a bail process and regularly monitor and encourage their progress through Court Reviews.</p> <p>The program is a voluntary, pre-sentence program, and a plea of guilty is not required for participation eligibility.</p> <p>The aims of the program include:</p> <ul style="list-style-type: none"> • reducing the likelihood of a sentence involving incarceration • delaying or further reducing offending behaviour • reducing the cost to the health system • assisting participants to become more productive members of the community • improving the quality of life for participants.
Criminal justice stage	Court referral approach. (Pre-sentence bail program)
Program commencement	23 June 2003
Eligibility criteria (client)	<p>The participant:</p> <ul style="list-style-type: none"> • must have an illicit substance use problem • must not have a criminal history relating to violent behaviour or be charged with a violent offence. (This is at the discretion of the Presiding Magistrate.) • cannot be subject to any other court order with a drug treatment component • must not be suffering from a major mental disorder at a severity that does not allow for effective treatment by preferred AOD treatment providers • must be initially bailed to a court where CREDIT NT operates (Darwin or Alice Springs courts only) • must be willing to attend a Darwin or Alice Springs based treatment program (rural/remote treatment options may become available at a later date) • can be an adult or a juvenile, although juveniles will normally be dealt with through the Juvenile Diversion Unit • must be ineligible for the police-administered Pre Court Diversion Program • must not have had more than two previous admissions to CREDIT NT in the past 12 months • must volunteer for the program • must meet all of the above criteria.

	<p>The following groups/individuals may refer defendants to CREDIT NT to determine eligibility: NT Police, legal representatives/prosecutors, magistrates, self-referral, and a family member.</p>
Diversion process	<p>A referral to a court clinician for an assessment may be made at Darwin or Alice Springs Magistrates Court.</p> <p>The assessment report confirms eligibility and provides details regarding:</p> <ul style="list-style-type: none"> • the nature of the substance use problem • history of prior treatment for substance use • general psychosocial history and current circumstances • motivation • treatment recommendations • treatment availability • court review recommendations. <p>The recommended treatment will be based upon the assessment. The available treatment modalities are:</p> <ul style="list-style-type: none"> • residential withdrawal (followed by counselling) • home-based withdrawal (followed by counselling) • out-patient withdrawal (followed by counselling) • counselling only • Day Program • residential rehabilitation • pharmacotherapy (including a counselling component).

Appendix 3 Data tables

Table A3.1: Recent use of cannabis^(a), proportion of the population aged 14 years and over, by Remoteness Area, Australia, 2004 (per cent)

	Major cities	Inner regional	Outer regional	Remote and very remote	Total
Males					
14–19 years	16.8	23.9	14.1	17.4	18.4
20–29 years	33.9	28.8	25.0	31.8	32.4
30–39 years	21.7	19.9	23.4	15.7	21.4
40 years and over	4.8	5.9	6.3	15.5	5.4
Total	14.7	13.4	12.9	18.4	14.4
Age-standardised rate ^(b)	14.2	14.3	13.5	18.5	14.4
Rate ratio ^(c)	1.00	0.91	0.87	1.25	0.97
Females					
14–19 years	16.7	21.5	11.0	29.0	17.4
20–29 years	20.5	17.0	13.8	24.0	19.5
30–39 years	10.0	11.0	13.2	13.5	10.6
40 years and over	2.2	3.0	2.6	4.5	2.5
Total	8.4	8.0	7.0	12.4	8.3
Age-standardised rate ^(b)	8.3	8.9	7.4	12.1	8.5
Rate ratio ^(c)	1.00	0.96	0.83	1.48	0.99
Persons					
14–19 years	16.8	22.8	12.5	22.0	17.9
20–29 years	27.3	23.0	19.4	27.6	26.0
30–39 years	15.9	15.2	18.0	14.5	15.9
40 years and over	3.4	4.4	4.4	10.5	3.9
Total	11.5	10.7	9.8	15.5	11.3
Age-standardised rate ^(b)	11.3	11.5	10.4	15.4	11.4
Rate ratio ^(c)	1.00	0.93	0.85	1.35	0.98

(a) Recent illicit drug use is defined as use in the previous 12 months.

(b) Rate has been directly age-standardised to the 2001 Australian population.

(c) Rate ratio in this table is the percentage in the area divided by the percentage in major cities.

Source: 2004 AIHW National Drug Strategy Household Survey.

Table A3.2: Recent use of any illicit drug^(a) other than cannabis, proportion of the population aged 14 years and over, by Remoteness Area, Australia, 2004 (per cent)

	Major cities	Inner regional	Outer regional	Remote and very remote	Total
Males					
14–19 years	9.0	8.2	10.4	4.1	8.8
20–29 years	23.9	14.3	12.6	16.6	21.3
30–39 years	14.1	7.5	9.6	4.9	12.2
40 years and over	4.5	4.9	4.0	2.5	4.5
Total	10.5	7.0	6.9	5.4	9.3
Age-standardised rate ^(b)	10.1	7.3	7.2	5.5	9.3
Rate ratio ^(c)	1.00	0.67	0.66	0.52	0.89
Females					
14–19 years	11.7	12.6	6.7	15.8	11.5
20–29 years	16.3	13.4	10.9	12.9	15.3
30–39 years	9.0	5.6	6.9	7.7	8.1
40 years and over	3.6	4.4	3.6	4.0	3.8
Total	7.7	6.6	5.5	7.6	7.3
Age-standardised rate ^(b)	7.7	7.0	5.8	7.4	7.4
Rate ratio ^(c)	1.00	0.85	0.71	0.98	0.94
Persons					
14–19 years	10.3	10.2	8.4	9.0	10.1
20–29 years	20.1	13.8	11.7	14.6	18.3
30–39 years	11.6	6.5	8.2	6.4	10.1
40 years and over	4.0	4.6	3.8	3.1	4.1
Total	9.1	6.8	6.2	6.5	8.3
Age-standardised rate ^(b)	8.9	7.1	6.5	6.3	8.3
Rate ratio ^(c)	1.00	0.75	0.68	0.71	0.91

(a) Recent illicit drug use is defined as use in the previous 12 months.

(b) Rate has been directly age-standardised to the 2001 Australian population.

(c) Rate ratio in this table is the percentage in the area divided by the percentage in major cities.

Source: 2004 AIHW National Drug Strategy Household Survey.

Table A3.3: Closed treatment episodes, by client, drug and treatment data items and geographical location, Australia, 2004–05

	Rural/ remote	Balance of Australia	Australia	Rural/ remote	Balance of Australia	Australia
	Number			Per cent		
Client type						
Own drug use	13,516	121,686	135,202	93.1	95.3	95.1
Others' drug use	995	5,947	6,942	6.9	4.7	4.9
Not stated	—	—	—			
Sex						
Male	9,625	83,463	93,088	66.3	65.4	65.5
Female	4,880	43,699	48,579	33.6	34.2	34.2
Not stated	6	471	477	0.0	0.4	0.3
Age group (years)						
10–19	2,969	14,437	17,406	20.5	11.3	12.2
20–29	4,084	42,160	46,244	28.1	33.0	32.5
30–39	3,578	36,545	40,123	24.7	28.6	28.2
40–49	2,314	21,642	23,956	15.9	17.0	16.9
50–59	838	8,755	9,593	5.8	6.9	6.7
60+	269	3,059	3,328	1.9	2.4	2.3
Not stated	459	1,035	1,494	3.2	0.8	1.1
Indigenous status						
Indigenous	4,214	9,452	13,666	29.0	7.4	9.6
Not Indigenous	9,900	111,169	121,069	68.2	87.1	85.2
Not stated	397	7,012	7,409	2.7	5.5	5.2
Source of referral						
Self	5,040	47,314	52,354	34.7	37.1	36.8
Family member/ friend	998	7,589	8,587	6.9	5.9	6.0
GP/medical specialist	757	7,395	8,152	5.2	5.8	5.7
Psychiatric and/or other hospitals	373	4,338	4,711	2.6	3.4	3.3
Community mental health services ^(e)	449	2,928	3,377	3.1	2.3	2.4
AODTS	857	15,667	16,524	5.9	12.3	11.6
Other community/health care services ^(f)	883	4,667	5,550	6.1	3.7	3.9
Community-based corrections	1,667	12,306	13,973	11.5	9.6	9.8
Police and court diversions	2,828	12,441	15,269	19.5	9.7	10.7
Other	610	12,443	13,053	4.2	9.7	9.2
Not stated	49	545	594	0.3	0.4	0.4

(continued)

Table A3.3 (continued): Closed treatment episodes, by client, drug and treatment data items and geographical location, Australia, 2004–05

	Rural/ remote	Balance of Australia	Australia	Rural/ remote	Balance of Australia	Australia
		Number			Per cent	
Principal drug of concern						
Alcohol	5,703	44,621	50,324	42.2	36.7	37.2
Amphetamines	940	13,840	14,780	7.0	11.4	10.9
Benzodiazepines	139	2,399	2,538	1.0	2.0	1.9
Cannabis	4,146	26,898	31,044	30.7	22.1	23.0
Cocaine	11	389	400	0.1	0.3	0.3
Ecstasy	51	529	580	0.4	0.4	0.4
Heroin	311	22,882	23,193	2.3	18.8	17.2
Methadone	120	2,334	2,454	0.9	1.9	1.8
Nicotine	478	2,000	2,478	3.5	1.6	1.8
All other drugs	1,617	5,794	7,411	12.0	4.8	5.5
Main treatment type						
Withdrawal management (detoxification)	1,102	24,356	25,458	7.6	19.1	17.9
Counselling	6,390	50,686	57,076	44.0	39.7	40.2
Rehabilitation	807	10,152	10,959	5.6	8.0	7.7
Support and case management only	914	10,326	11,240	6.3	8.1	7.9
Information and education only	3,569	9,040	12,609	24.6	7.1	8.9
Assessment only	1,149	16,514	17,663	7.9	12.9	12.4
Other ^(a)	580	6,559	7,139	4.0	5.1	5.0
Treatment delivery setting						
Non-residential treatment facility	10,563	88,755	99,318	72.8	69.5	69.9
Residential treatment facility	1,033	24,438	25,471	7.1	19.1	17.9
Home	131	3,001	3,132	0.9	2.4	2.2
Outreach setting	2,299	8,267	10,566	15.8	6.5	7.4
Other	485	3,172	3,657	3.3	2.5	2.6
Total	14,511	127,633	142,144	100.0	100.0	100.0

(a) Includes 25 treatment episodes where 'not stated' was recorded for geographical location.

Source: Unpublished data from the AODTS NMDS 2001–02 to 2004–05.

Table A3.4: Closed treatment episodes, by client data items and geographical location, Australia, 2001–02 to 2004–05

	2001–02			2002–03 ^(a)			2003–04			2004–05		
	Rural/ remote	Balance of Aust.	Australia	Rural/ remote	Balance of Aust.	Australia ^(a)	Rural/ remote	Balance of Aust.	Australia	Rural/ remote	Balance of Aust.	Australia
Client type												
Own drug use	10,700	100,546	111,246	11,496	110,933	122,453	13,022	116,309	129,331	13,516	121,686	135,202
Others' drug use	897	6,741	7,638	1,699	6,198	7,898	1,099	6,439	7,538	995	5,947	6,942
Not stated	139	1,846	1,985	10	569	579	—	—	—	—	—	—
Sex												
Male	7,712	70,611	78,323	8,638	76,881	85,537	9,350	79,998	89,348	9,625	83,463	93,088
Female	4,011	38,404	42,415	4,559	40,665	45,231	4,770	42,660	47,430	4,880	43,699	48,579
Not stated	13	118	131	8	154	162	1	90	91	6	471	477
Age group (years)												
10–19	2,004	13,812	15,816	1,839	14,125	15,968	2,727	14,332	17,059	2,969	14,437	17,406
20–29	3,686	37,691	41,377	3,611	39,910	43,529	3,875	40,809	44,684	4,084	42,160	46,244
30–39	3,124	28,933	32,057	3,639	31,987	35,634	3,882	34,284	38,166	3,578	36,545	40,123
40–49	1,929	17,312	19,241	2,219	19,686	21,910	2,440	21,124	23,564	2,314	21,642	23,956
50–59	673	7,314	7,987	835	7,821	8,656	868	8,239	9,107	838	8,755	9,593
60+	232	2,507	2,739	261	2,697	2,958	270	2,870	3,140	269	3,059	3,328
Not stated	88	1,564	1,652	801	1,474	2,275	59	1,090	1,149	459	1,035	1,494
Indigenous status												
Indigenous	2,895	6,720	9,615	3,874	8,272	12,148	4,155	9,083	13,238	4,214	9,452	13,666
Not Indigenous	8,100	93,971	102,071	8,876	102,033	110,932	9,497	105,841	115,338	9,900	111,169	121,069
Not stated	741	8,442	9,183	455	7,395	7,850	469	7,824	8,293	397	7,012	7,409

(continued)

Table A3.4 (continued): Closed treatment episodes, by client data items and geographical location, Australia, 2001–02 to 2004–05

	2001–02				2002–03 ^(a)				2003–04				2004–05			
	Rural/ remote	Balance of Aust.	Australia	Rural/ remote	Balance of Aust.	Australia ^(a)	Rural/ remote	Balance of Aust.	Rural/ remote	Balance of Aust.	Australia	Rural/ remote	Balance of Aust.	Australia	Rural/ remote	Balance of Aust.
Source of referral																
Self	3,894	38,688	42,582	4,909	43,796	48,705	5,182	50,177	5,040	47,314	55,359	5,040	47,314	52,354		
Family member/ friend	751	7,263	8,014	754	6,791	7,545	628	7,194	998	7,589	7,822	998	7,589	8,587		
GP/medical specialist	928	8,159	9,087	686	7,924	8,610	790	8,046	757	7,395	8,836	757	7,395	8,152		
Psychiatric and/or other hospitals	409	3,630	4,039	451	4,108	4,559	468	4,503	373	4,338	4,971	373	4,338	4,711		
Community mental health services	316	1,839	2,155	397	2,393	2,790	337	2,311	449	2,928	2,648	449	2,928	3,377		
AODTS	627	14,817	15,444	603	15,180	15,783	534	15,009	857	15,667	15,543	857	15,667	16,524		
Other community/health care services	513	5,341	5,854	689	5,180	5,869	1,309	4,881	883	4,667	6,190	883	4,667	5,550		
Community-based corrections	1,293	10,307	11,600	1,276	11,439	12,715	1,326	11,020	1,667	12,306	12,346	1,667	12,306	13,973		
Police and court diversions	2,092	7,038	9,130	2,335	9,590	11,950	2,463	8,825	2,828	12,441	11,288	2,828	12,441	15,269		
Other	667	10,355	11,022	1,022	10,371	11,393	931	10,287	610	12,443	11,218	610	12,443	13,053		
Not stated	246	1,696	1,942	83	928	1,011	153	495	49	545	648	49	545	594		
Total	11,736	109,133	120,869	13,205	117,700	130,930	14,121	122,748	14,511	127,633	136,869	14,511	127,633	142,144		

(a) Includes 25 treatment episodes where 'not stated' was recorded for geographical location.

Source: Unpublished data from the AODTS NMDS 2001–02 to 2004–05.

Table A3.5: Closed treatment episodes, by drug-related data items and geographical location, Australia, 2001–02 to 2004–05

2001–02		2002–03 ^(a)			2003–04			2004–05		
	Rural/ remote	Balance of Aust.	Australia	Rural/ remote	Balance of Aust.	Australia	Rural/ remote	Balance of Aust.	Australia	Rural/ remote
Injecting drug use										
Current injector	1,711	28,513	30,224	1,560	30,581	32,141	1,777	32,222	33,999	1,633
Injected 3–12 months ago	612	10,202	10,814	608	10,380	10,992	586	10,266	10,852	614
Injected 12+ months ago	804	8,993	9,797	941	10,738	11,682	1,065	11,577	12,642	1,005
Never injected	5,519	39,905	45,424	6,195	44,297	50,509	6,010	48,906	54,916	6,968
Not stated	2,193	14,779	16,972	2,202	15,506	17,708	3,584	13,338	16,922	3,296
Method of use										
Ingests	5,137	44,832	49,969	5,582	49,588	55,170	6,607	51,758	58,365	6,519
Smokes	3,736	21,507	25,243	4,022	24,364	28,410	4,074	25,322	29,396	4,426
Injects	1,350	30,661	32,011	1,391	33,338	34,729	1,681	34,061	35,742	1,481
Sniffs (powder)	31	1,249	1,280	40	661	701	28	787	815	61
Inhales (vapour)	97	496	593	134	749	883	358	1,996	2,354	528
Other	41	505	546	47	437	484	23	272	295	45
Not stated	447	3,142	3,589	290	2,365	2,655	251	2,113	2,364	456

(continued)

Table A3.5 (continued): Closed treatment episodes, by drug-related data items and geographical location, Australia, 2001–02 to 2004–05

	2001–02				2002–03 ^(a)				2003–04				2004–05			
	Rural/ remote	Balance of Aust.	Australia	Rural/ remote	Balance of Aust.	Australia	Rural/ remote	Balance of Aust.	Rural/ remote	Balance of Aust.	Australia	Rural/ remote	Balance of Aust.	Australia	Rural/ remote	Balance of Aust.
Principal drug of concern																
Alcohol	4,456	37,430	41,886	4,887	41,860	46,747	5,674	42,826	5,703	44,621	48,500	5,703	44,621	50,324		
Amphetamines	843	11,368	12,211	872	12,341	13,213	931	13,277	940	13,840	14,208	940	13,840	14,780		
Benzodiazepines	184	2,561	2,745	135	2,474	2,609	136	2,575	139	2,399	2,711	139	2,399	2,538		
Cannabis	3,616	20,210	23,826	3,887	23,195	27,106	3,896	24,531	4,146	26,898	28,427	4,146	26,898	31,044		
Cocaine	8	796	804	30	293	323	10	262	11	389	272	11	389	400		
Ecstasy	17	236	253	35	381	416	49	459	51	529	508	51	529	580		
Heroin	378	19,649	20,027	345	22,297	22,642	343	22,983	311	22,882	23,326	311	22,882	23,193		
Methadone	183	2,387	2,570	187	1,986	2,173	237	2,167	120	2,334	2,404	120	2,334	2,454		
Nicotine	249	1,353	1,602	271	1,422	1,693	435	1,566	478	2,000	2,001	478	2,000	2,478		
All other drugs	849	5,633	6,482	832	4,602	5,434	1,281	5,061	1,617	5,794	6,342	1,617	5,794	7,411		
Not stated	56	769	825	25	651	676	30	602	—	—	632	—	—	—		
Total	10,839	102,392	113,231	11,506	111,502	123,032	13,022	116,309	13,516	121,686	129,331	13,516	121,686	135,202		

(a) Includes 25 treatment episodes where 'not stated' was recorded for geographical location.

Source: Unpublished data from the AODTS NMDS 2001–02 to 2004–05.

Table A3.6: Closed treatment episodes, by client data items and geographical location, Australia, 2001–02 to 2004–05

		2001–02 ^(a)			2002–03 ^(b)			2003–04			2004–05		
		Rural/ remote	Balance of Aust.	Australia	Rural/ remote	Balance of Aust.	Australia	Rural/ remote	Balance of Aust.	Australia	Rural/ remote	Balance of Aust.	Australia
Main treatment type													
Withdrawal management (detoxification)		1,439	20,305	21,744	1,176	23,591	24,767	1,091	24,032	25,123	1,102	24,356	25,458
Counselling		5,067	39,117	44,184	5,591	48,804	54,395	5,517	45,997	51,514	6,390	50,686	57,076
Rehabilitation		433	6,762	7,195	809	9,056	9,865	752	10,965	11,717	807	10,152	10,959
Support and case management only		512	6,439	6,951	868	8,229	9,097	855	10,639	11,494	914	10,326	11,240
Information and education only		2,514	8,683	11,197	3,394	7,059	10,478	3,792	6,673	10,465	3,569	9,040	12,609
Assessment only		709	15,938	16,647	974	15,658	16,632	1,578	18,836	20,414	1,149	16,514	17,663
Other		614	5,173	5,787	393	5,303	5,696	536	5,606	6,142	580	6,559	7,139
Treatment delivery setting													
Non-residential treatment facility		7,993	67,920	75,913	8,923	79,235	88,178	10,065	82,868	92,933	10,563	88,755	99,318
Residential treatment facility		1,576	23,408	24,984	1,505	26,322	27,827	1,243	26,038	27,281	1,033	24,438	25,471
Home		135	2,782	2,917	203	2,863	3,066	189	3,246	3,435	131	3,001	3,132
Outreach setting		987	5,906	6,893	2,153	7,317	9,474	2,231	7,354	9,585	2,299	8,267	10,566
Other		597	2,401	2,998	421	1,963	2,385	393	3,242	3,635	485	3,172	3,657
Total		11,288	102,417	113,705	13,205	117,700	130,930	14,121	122,748	136,869	14,511	127,633	142,144

(a) Excludes South Australia.

(b) Includes 25 treatment episodes where 'not stated' was recorded for geographical location.

Source: Unpublished data from the AODTS NMDS 2001–02 to 2004–05.

Table A3.7: Number of people assessed for court diversion programs, by state/territory^(a), IDDI program and geographical location, 2002–03 to 2005–06

State/territory	IDDI program	Geographical location	2002–03	2003–04	2004–05	2005–06
New South Wales	MERIT ^(b)	Rural and remote NSW	6	7	24	59
		Rest of NSW	2,103	2,562	2,450	2,591
		Total NSW	2,109	2,569	2,474	2,650
	Wellington Options ^(b)	Rural and remote NSW	49	32	31	21
		Rest of NSW	1	0	1	1
		Total NSW	50	32	32	22
	Young Offenders' Residential Rehabilitation ^(c)	Rural and remote NSW	139	51	50	48
		Rest of NSW	71	68	59	60
		Total NSW	210	119	109	108
	Young Offenders' Rural and Regional Counselling	Rural and remote NSW	n.a.	n.a.	n.a.	n.a.
Victoria	RODW ^(d)	Rest of NSW	n.a.	n.a.	n.a.	n.a.
		Total NSW	n.a.	n.a.	n.a.	n.a.
		Rural and remote Victoria	346	489	410	476
	KADW ^(d)	Rest of Victoria	284	430	139	109
		Total Victoria	630	919	549	585
		Rural and remote Victoria	3	3	13	7
	Deferred Sentencing ^(d)	Rest of Victoria	1	0	3	14
		Total Victoria	4	3	16	21
		Rural and remote Victoria	3	5	1	1
	Deferred Sentencing ^(d)	Rest of Victoria	16	8	1	2
		Total Victoria	19	13	2	3

(continued)

Table A3.7 (continued): Number of people assessed for court diversion programs, by state/territory, IDDI program and geographical location, 2002-03 to 2005-06

State/territory	IDDI program	Geographical location	2002-03	2003-04	2004-05	2005-06
Queensland	IDDP ^(e)	Rural and remote Queensland	..	..	..	1,020
		Rest of Queensland	..	..	..	3,250
		Total Queensland	..	..	..	4,270
Western Australia ^(f)	POP	Rural and remote WA	n.a.	n.a.	n.a.	n.a.
		Rest of WA	n.a.	n.a.	n.a.	n.a.
		Total WA	n.a.	n.a.	n.a.	n.a.
	IDP	Rural and remote WA	n.a.	n.a.	n.a.	n.a.
		Rest of WA	n.a.	n.a.	n.a.	n.a.
		Total WA	n.a.	n.a.	n.a.	n.a.
Northern Territory	STIR	Rural and remote WA	n.a.	n.a.	n.a.	n.a.
		Rest of WA	n.a.	n.a.	n.a.	n.a.
		Total WA	n.a.	n.a.	n.a.	n.a.
	NT CREDIT ^(g)	Rural and remote NT	n.a.	n.a.	n.a.	n.a.
		Rest of NT	..	..	n.a.	n.a.
		Total NT	..	..	110	98
Total		Rural and remote Australia	546	587	639	1,926
		Rest of Australia	2,476	3,068	2,653	6,548
		Total Australia	3,022	3,655	3,663	8,170

(a) The SA IDDI-funded court diversion program, CARDS, was out-of-scope for the study as it operates in Mount Barker and Murray Bridge (both inner regional locations). The Tasmanian court diversion program was out-of-scope because it commenced 2007.

(b) Number of people referred for assessment. ASGC remoteness category based on client's residential postcode or, where missing, court postcode.

(c) Rural/remote split based on court location.

(d) Number of people assessed. ASGC remoteness category based on client's residential postcode.

(e) Number of people assessed for diversion. Postcode based on court location. Program rolled out state-wide July 2005.

(f) Data collected in WA relate to people entering court diversion programs, not to people assessed for court diversion.

(g) No. of clients assessed for eligibility and appropriate treatment by a court clinician. Program commenced June 2003.

Appendix 4 IDDI input tables

Table A4.1: New South Wales: location of courts, police stations and service providers (Cannabis Cautioning Program, MERIT, Wellington options, YORR and YORRC) in rural and remote areas, 30 June 2006

Post code of police station	Place name	Court (and IDDI programs)	Service providers
2312	Nabiac		
2329	Cassilis, Merriwa, Bow, Uarbry		
2338	Murrurundi		
2339	Willow Tree		
2341	Werris Creek		
2343	Quirindi		
2346	Manilla		
2347	Barraba		
2352	Limbri		
2354	Kentucky, Niangala, Nowendoc, Walcha, Walcha Road, Wollun, Woolbrook, Yarrowitch		
2355	Bendemeer		
2356	Gwabegar		
2357	Coonabarabran		
2359	Bundarra		
2360	Inverell		
2361	Ashford		
2365	Guyra		
2369	Tingha		
2370	Glen Innes		
2371	Deepwater, Emmaville		
2372	Tenterfield		
2381	Geurie, Tooraweenah		
2382	Boggabri		
2386	Burren Junction		
2388	Wee Waa, Pilliga		
2390	Narrabri		
2395	Binnaway		
2396	Baradine		
2397	Bellata		

(continued)

Table A4.1 (continued): New South Wales: location of courts, police stations and service providers (Cannabis Cautioning Program, MERIT, Wellington options, YORR and YORRC) in rural and remote areas, 30 June 2006

Post code of police station	Place name	Court (and IDDI programs)	Service providers
2399	Pallamallawa		
2400	Moree		
2401	Gravesend		
2402	Warialda, Warialda Rail		
2403	Nowendoc		
2404	Bingara		
2405	Garra, Boomi		
2406	Mungindi		
2409	Boggabilla		
2410	Yetman		
2431	South West Rocks		
2447	Macksville		
2448	Nambucca Heads		
2449	Bowraville		
2450	Coffs Harbour	Coffs Harbour Court (MERIT, YORR, YORRC)	Service providers (3)
2453	Dorrigo		
2454	Bellingen		
2455	Urunga		
2462	Ulmara, Wooli		
2464	Yamba		
2466	Coramba		
2469	Wyan		
2475	Urbenville		
2476	Woodenbong		
2545	Bodalla		
2546	Narooma, Bermagui South		
2548	Merimbula		
2550	Bega, and several other areas in far South Coast LAC region.		
2551	Eden		
2577	Kangaroo Valley		

(continued)

Table A4.1 (continued): New South Wales: location of courts, police stations and service providers (Cannabis Cautioning Program, MERIT, Wellington options, YORR and YORRC) in rural and remote areas, 30 June 2006

Post code of police station	Place name	Court (and IDDI programs)	Service providers
2584	Binalong		
2622	Braidwood		
2627	Jindabyne, West Lynne, Ingebirah		
2629	Tathra		
2630	Perisher Valley		
2631	Nimmitabel		
2632	Bombala		
2633	Delegate		
2645	Urana		
2648	Wentworth		
2652	Rosewood, Goolgowi, Grong Grong, Matong, Merriwagga, Tabbita, Tarcutta and several other areas in the Wagga Wagga LAC region		
2653	Tumbarumba		
2655	The Rock		
2656	Lockhart		
2665	Ardlethan		
2666	Temora		
2668	Barmedman		
2669	Ungarie and several areas within Griffith and Lachlan LAC regions		
2671	Wyalong		
2675	Hillston		
2680	Griffith		
2681	Yenda		
2700	Narrandera		
2702	Ganmain		
2705	Whitton, Leeton		
2706	Darlington Point		
2707	Coleambally		

(continued)

Table A4.1 (continued): New South Wales: location of courts, police stations and service providers (Cannabis Cautioning Program, MERIT, Wellington options, YORR and YORRC) in rural and remote areas, 30 June 2006

Post code of police station	Place name	Court (and IDDI programs)	Service providers
2711	Hay, Carrathool		
2712	Berrigan		
2713	Finley		
2715	Balranald		
2716	Jerilderie		
2717	Dareton		
2720	Talbingo		
2721	Quandialla		
2725	Stockinbingal		
2726	Jugiong		
2729	Adelong		
2732	Barham		
2733	Moulamein		
2739	Euston, Buronga		
2793	Woodstock		Service provider
2805	Gooloogong		
2806	Eugowra		
2807	Koorawatha		
2809	Greenethorpe		
2810	Caragabal, Grenfell		
2820	Wellington and several surrounding areas in the Orana LAC area	Wellington Court (Wellington Options)	Service provider
2821	Narromine		
2823	Trangie		
2824	Warren		
2825	Nyngan		
2827	Gilgandra		
2828	Gulargambone		
2829	Coonamble	Coonamble Court (YORRC)	Service provider (YORRC) ^(a)

(continued)

Table A4.1 (continued): New South Wales: location of courts, police stations and service providers (Cannabis Cautioning Program, MERIT, Wellington options, YORR and YORRC) in rural and remote areas, 30 June 2006

Post code of police station	Place name	Court (and IDDI programs)	Service providers
2831	Nymagee and other areas in the Castlereagh, Mudgee, Orana and Darling River LAC regions.		
2832	Walgett	Walgett Court (YORRC)	Service provider (YORRC) ^(a)
2833	Collarenebri		
2834	Lightning Ridge		
2835	Cobar		
2836	Wilcannia	Wilcannia Court (MERIT)	Service provider (MERIT) ^(a)
2839	Brewarrina		
2840	Wanaaring, Tilpa		
2842	Mendooran		
2843	Coolah		
2844	Dunedoo		
2846	Capertee		
2849	Rylstone		
2852	Gulgong		
2864	Cudal		
2865	Manildra		
2867	Cumnock		
2868	Yeoval		
2869	Peak Hill		
2870	Parkes	Parkes Court (MERIT)	
2871	Forbes	Forbes Court (MERIT)	
2873	Tottenham		
2874	Tullamore		
2875	Trundle		
2876	Bogan Gate		
2877	Condobolin		
2878	Ivanhoe		
2879	Menindee		
2880	Broken Hill, Tibooburra	Broken Hill Court (MERIT)	Service providers (2) ^(a)

(a) One YORRC worker covers both Coonamble and Walgett region. One MERIT team covers Broken Hill and Wilcannia.

Sources: NSW Police 2007; *Quarterly Reports*; Attorney General's Department of NSW 2007.

Table A4.2: Victoria: location of courts, police stations and service providers (RODW, KADW, Deferred Sentencing and Children's Court Clinic Drug Program) in rural and remote areas, 30 June 2006

Post code of police station	Place name	Court	Service providers
3233	Apollo Bay		Serviced by Colac- counselling and RODW
3238	Lavers Hill		Serviced by Colac- counselling and RODW
3269	Port Campbell		Serviced by Warrnambool- counselling, KADW and RODW
3272	Mortlake		Serviced by Portland- counselling, KADW and RODW
3286	Macarthur		Serviced by Portland- counselling, KADW and RODW
3289	Penshurst		Serviced by Portland- counselling, KADW and RODW
3294	Dunkeld		
3302	Branxholme		Serviced by Portland- counselling, KADW and RODW
3304	Dartmoor, Heywood		Serviced by Portland- counselling, KADW and RODW
3305	Portland	RODW and KADW region; Children's' Court Deferred sentencing	Service providers (3—including both a RODW and a KADW worker)
3310	Merino		
3311	Casterton		
3314	Cavendish		
3315	Coleraine		
3317	Harrow		
3318	Edenhope		
3319	Apsley		
3324	Lismore		
3379	Willaura		Serviced by Stawell- counselling and RODW
3381	Halls Gap		Serviced by Stawell- counselling and RODW
3388	Rupanyup		Serviced by Horsham- counselling and RODW
3390	Murtoa		Serviced by Horsham- counselling and RODW
3392	Minyip		Serviced by Horsham- counselling and RODW
3393	Warracknabeal		Serviced by Horsham- counselling and RODW
3395	Beulah		Serviced by Horsham- counselling and RODW
3396	Hopetoun	Children's Court Deferred sentencing	Serviced by Swan Hill- counselling and Koori sensitive home-based withdrawal

(continued)

Table A4.2 (continued): Victoria: location of courts, police stations and service providers (RODW, KADW, Deferred Sentencing and Children's Court Clinic Drug Program) in rural and remote areas, 30 June 2006

Post code of police station	Place name	Court	Service providers
3400	Horsham and surrounds	Children's Court, RODW region; Deferred sentencing	Service providers (3—including RODW worker)
3407	Balmoral		Serviced by Horsham- counselling and RODW
3409	Natimuk		Serviced by Horsham- counselling and RODW
3412	Goroke		Serviced by Horsham- counselling and RODW
3414	Dimboola		Serviced by Horsham- counselling and RODW
3418	Nhill	Children's Court; Deferred sentencing	Serviced by Horsham- counselling and RODW
3419	Kaniva		
3423	Jeparit		Serviced by Horsham- counselling and RODW
3424	Rainbow		
3478	St Arnaud	Children's Court, RODW region; Deferred sentencing	Service provider (RODW worker) Serviced by Stawell- counselling and RODW
3483	Birchip		Serviced by Swan Hill-counselling and Koori sensitive home-based withdrawal
3485	Woomelang		Serviced by Swan Hill-counselling and Koori sensitive home-based withdrawal
3488	Speed		Serviced by Mildura-counselling, KADW and RODW
3490	Ouyen		
3496	Red Cliffs		Serviced by Portland- counselling, KADW and RODW
3500	Mildura	RODW and KADW region; Children's Court, Koori Children's Court, Koori Court; Deferred sentencing	Service providers (4 including both a RODW and a KADW worker)
3530	Culgoa		Serviced by Swan Hill-counselling and Koori sensitive home-based withdrawal
3549	Robinvale	Children's Court; Deferred sentencing	Service provider
3579	Kerang	Children's Court , RODW region; Deferred sentencing	Service providers (2—including RODW worker)
3585	Swan Hill	Children's Court; Deferred sentencing	Service providers (2)
3707	Corryong		

(continued)

Table A4.2 (continued): Victoria: location of courts, police stations and service providers (RODW, KADW, Deferred Sentencing and Children's Court Clinic Drug Program) in rural and remote areas, 30 June 2006

Post code of police station	Place name	Court	Service providers
3722	Mansfield		
3736	Myrtleford		
3875	Bairnsdale	Children's Court, Koori Court, RODW and KADW region; Deferred sentencing	Service providers (3—including both a RODW and a KADW worker) Serviced by Lakes Entrance- counselling, KADW and RODW
3885	Bruthen, Buchan		Serviced by Lakes Entrance- counselling, KADW and RODW
3888	Bendoc, Omeo, Orbost	Deferred sentencing, Children's Court at Omeo and Orbost	Serviced by Lakes Entrance- counselling, KADW and RODW
3890	Cann River		Serviced by Lakes Entrance- counselling, KADW and RODW
3892	Mallacoota		Serviced by Lakes Entrance- counselling, KADW and RODW
3896	Swifts Creek		Serviced by Lakes Entrance- counselling, KADW and RODW
3909	Lakes Entrance	RODW region	Service providers (3—including a RODW worker) Serviced by Lakes Entrance-counselling, KADW and RODW

Note: Anyone residing in a remote region of Victoria is able to access residential withdrawal and rehabilitation services across the state even though the services may not be located in remote areas.

Sources: Victoria Police 2007; *Quarterly Reports*; The Magistrates Court of Victoria 2007, Children's Court website.

Table A4.3: Queensland: location of courts, police stations and service providers (QIDDI and IDC DP) in rural and remote areas, 30 June 2006

Post code of police station	Place name	Court	Service provider
4287	Rathdowney		
4313	Toogoolawah	Toogoolawah Court (IDCDP)	
4373	Killarney		
4380	Stanthorpe	Stanthorpe Court (IDCDP)	
4383	Wallangarra		
4385	Texas		
4387	Inglewood	Inglewood Court (IDCDP)	Service providers (2)
4388	Yelarbon		
4390	Goondiwindi	Goondiwindi Court (IDCDP)	Service providers (2)
4402	Cooyar		
4407	Cecil Plains		
4408	Bell		
4410	Jandowae		
4411	Warra		
4413	Chinchilla	Chinchilla Court (IDCDP)	
4415	Miles		
4417	Surat		
4419	Wandoan		
4420	Taroom	Taroom Court (IDCDP)	
4421	Tara		
4422	Meandarra		
4425	Dulacca		
4427	Yuleba		
4428	Wallumbilla		
4454	Injune		
4455	Roma	Roma Court (IDCDP)	Service provider
4465	Mitchell	Mitchell Court (IDCDP)	Service provider
4467	Mungallala		
4468	Morven		
4470	Charleville	Charleville Court (IDCDP)	Service provider
4472	Blackall	Blackall Court (IDCDP)	Service providers (2)

(continued)

Table A4.3 (continued): Queensland: location of courts, police stations and service providers (QIDDI and IDC DP in rural and remote areas), 30 June 2006

Post code of police station	Place name	Court	Service provider
4477	Augathella		Service provider
4478	Tambo		Service provider
4480	Adavale, Eromanga, Quilpie		Service provider (Quilpie)
4481	Windorah		
4486	Dirranbandi	Dirranbandi Court (IDCDP)	
4487	St George	St George Court (IDCDP)	Service provider
4488	Birdsville, Bollon		
4489	Wyandra		
4490	Cunnamulla	Cunnamulla Court (IDCDP)	Service provider
4491	Eulo		
4492	Thargomindah		
4493	Hungerford		
4496	Talwood		
4497	Mungindi via Thallon, Thallon		
4600	Kilkivan		
4601	Goomeri		
4605	Cherbourg, Murgon	Murgon Court (IDCDP)	Service provider (Cherbourg, Murgon)
4606	Wondai		
4610	Kingaroy	Kingaroy Court (IDCDP)	Service provider
4613	Proston		
4614	Yarraman		
4621	Biggenden		
4625	Gayndah	Gayndah Court (IDCDP)	Service provider
4626	Mundubbera		
4627	Eidsvold		
4630	Monto	Monto Court (IDCDP)	
4659	Howard		
4660	Childers	Childers Court (IDCDP)	Service provider
4671	Gin Gin, Mount Perry		
4674	Rosedale		
4677	Agnes Water, Miriam Vale		

(continued)

Table A4.3 (continued): Queensland: location of courts, police stations and service providers (QIDDI and IDC DP) in rural and remote areas, 30 June 2006

Post code of police station	Place name	Court	Service provider
4695	Mount Larcom		
4705	Marlborough		
4707	St Lawrence		
4709	Tieri		
4715	Biloela	Biloela Court (IDCDP)	Service provider
4716	Thangool		
4717	Blackwater	Blackwater Court (IDCDP)	
4718	Moura		
4719	Theodore		
4720	Emerald	Emerald Court (IDCDP)	Service provider
4721	Clermont	Clermont Court (IDCDP)	Service provider
4722	Springsure	Springsure Court (IDCDP)	
4724	Alpha	Alpha Court (IDCDP)	
4725	Barcaldine	Barcaldine Court (IDCDP)	Service provider
4726	Aramac		
4727	Ilfracombe		
4730	Longreach	Longreach Court (IDCDP)	Service provider
4731	Isisford		
4732	Muttaburra		
4735	Winton	Winton Court (IDCDP)	Service provider
4736	Jericho, Jundah, Yaraka		
4737	Sarina	Sarina Court (IDCDP)	Service provider
4739	Carmila		
4740	Mackay, Slade Point	Mackay Court (IDCDP)	Service providers(2, Mackay)
4741	Eton, Farleigh, Mirani, Nebo		
4743	Glenden		
4744	Moranbah	Moranbah Court (IDCDP)	Service provider
4745	Dysart		
4746	Middlemount		
4751	Walkerston		
4753	Marian		

(continued)

Table A4.3 (continued): Queensland: location of courts, police stations and service providers (QIDDI and IDC DP) in rural and remote areas, 30 June 2006

Post code of police station	Place name	Court	Service provider
4756	Finch Hatton		
4798	Calen		
4800	Proserpine	Proserpine Court (IDCDP)	
4802	Whitsunday-Cannonvale		Service provider (Whitsunday)
4804	Collinsville		
4805	Bowen	Bowen Court (IDCDP)	Service provider
4806	Home Hill		
4807	Ayr, Claredale	Ayr Court (IDCDP)	Service provider (Ayr)
4809	Giru		
4810	Kelso, Rasmussen, Townsville	Townsville Court (IDCDP)	Service providers (2, Townsville)
4811	Mundingburra, Stuart		
4812	Hermit Park Mundingburra		
4814	Garbutt		Service provider
4816	Greenvale, Mingela, Palm Island, Pentland, Prairie, Rollingstone, Torrens Creek		Service providers (Greenvale, Palm Island,)
4817	Kirwan		
4819	Picnic Bay		
4820	Charters Towers	Charters Towers Court (IDCDP)	Service provider
4821	Hughenden	Hughenden Court (IDCDP)	Service provider
4822	Richmond	Richmond Court (IDCDP)	Service provider
4823	Julia Creek, Kynuna, McKinlay	Julia Creek Court (IDCDP)	
4824	Cloncurry	Cloncurry Court (IDCDP)	Service provider
4825	Dajarra, Mt Isa	Mt Isa Court (IDCDP)	Service provider (Mt Isa)
4828	Camooweal	Camooweal Court (IDCDP)	
4829	Bedourie, Boulia	Boulia Court (IDCDP)	
4830	Burketown, Doomadgee	Doomadgee Court (IDCDP)	Service providers (Burketown, Doomadgee)
4849	Cardwell		
4850	Halifax, Ingham	Ingham Court (IDCDP)	Service provider (Ingham)
4852	Mission Beach		

(continued)

Table A4.3 (continued): Queensland: location of courts, police stations and service providers (QIDDI and IDC DP) in rural and remote areas, 30 June 2006

Post code of police station	Place name	Court	Service provider
4854	Tully	Tully Court (IDCDP)	Service provider
4855	El Arish		
4856	Silkwood		
4858	Mourilyan		
4859	South Johnstone		
4860	Innisfail	Innisfail Court (IDCDP)	Service provider
4861	Babinda		
4865	Gordonvale		
4869	Edmonton		Service provider
4870	Cairns, Earlville, Manunda	Cairns Court (IDCDP)	Service providers (3, Cairns)
4871	Aurukun, Chillagoe, Coen, Cooktown, , Croydon, Einasleigh, Forsayth, Georgetown, Kowanyama ,Laura, Lockhart River, Mount Surprise, Pormpuraaw, Mornington Island, Mount Molloy, Port Douglas, Yarrabah	Aurukun Court, Coen Court, Cooktown Court, Georgetown Court, Kowanyama Court, Lockhart River Court, Pormpuraaw Court, Mornington Island Court, Yarrabah Court (IDCDP)	Service providers (Aurukun, Coen, Cooktown, Croydon, Georgetown, Hopevale, Kowanyama, Lockhart River, Mornington Island, Pormpuraaw, Wujal, Yarrabah)
4872	Dimbulah, Herberton, Kuranda, Mount Garnet, Ravenshoe, Yungaburra		Service providers (Kuranda, Mount Garnet, Ravenshoe)
4873	Mossman	Mossman Court (IDCDP)	Service provider
4874	Weipa	Weipa Court (IDCDP)	Service provider
4875	Horn Island, Thursday Island, York Island	Thursday Island Court (IDCDP)	Service providers (Badu Island, Thursday Island, York Island)
4876	Bamaga	Bamaga Court (IDCDP)	Service provider
4878	Smithfield		Service provider
4879	Trinity Beach		
4880	Mareeba	Mareeba Court (IDCDP)	Service provider
4883	Atherton	Atherton Court (IDCDP)	Service provider
4885	Malanda		
4886	Millaa Millaa		
4890	Normanton	Normanton Court (IDCDP)	Service provider
4891	Karumba		

Sources: Queensland Police Service 2007; *Quarterly Reports*; Queensland Courts 2007.

Table A4.4: Western Australia: location of courts, police stations and service providers (ADD, CES, YPOP, POP, IDP and STIR) in rural and remote areas, 30 June 2006

Post code of police station	Place name	Court	Service provider
6044	Lancelin		
6161	Rottne Island		
6244	Boyup Brook		
6255	Bridgetown		Service provider
6258	Manjimup		Service provider
6260	Pemberton		
6275	Nannup		
6285	Margaret River		Service provider
6290	Augusta		
6304	Beverley		
6306	Brookton		
6308	Pingelly		
6312	Narrogin		Service provider
6315	Wagin		
6317	Katanning		Service provider
6320	Tambellup		
6321	Cranbrook		
6324	Mount Barker	Mount Barker Court (STIR, POP)	Service provider
6330	Albany	Albany Court (STIR, POP)	Service provider
6333	Denmark	Denmark Court (STIR,POP)	Service provider
6335	Gnowangerup	Gnowangerup Court (STIR,POP)	Service provider
6336	Ongerup		
6346	Ravensthorpe		Service provider
6350	Dumbleyung		
6353	Lake Grace		
6365	Kulin		
6367	Kondinin		
6369	Narembeen		
6370	Wickepin		
6375	Corrigin		

(continued)

Table A4.4 (continued): Western Australia: location of courts, police stations and service providers (ADD, CES, YPOP, POP, IDP and STIR) in rural and remote areas, 30 June 2006

Post code of police station	Place name	Court	Service provider
6383	Quairading		
6390	Boddington		
6391	Williams		
6395	Kojonup		
6407	Cunderdin		
6410	Kellerberrin		Service provider (Kellerberrin, Northam)
6415	Merredin	Merredin Court (POP)	Service provider
6418	Bruce Rock		
6426	Southern Cross		
6429	Coolgardie	Coolgardie Court (POP, STIR)	
6430	Kalgoorlie	Kalgoorlie Court (POP,STIR)	Service provider
6431			Service provider
6432	Boulder		Service provider
6436	Menzies		
6437	Leinster		
6438	Leonora		Service provider
6440	Laverton		Service provider
6442	Kambalda		
6443	Eucla		
6443	Norseman	Norseman Court (POP, STIR)	Service provider
6450	Esperance	Esperance Court (POP, STIR)	Service provider
6460	Goomalling		
6461	Dowerin		
6475	Koorda		
6477	Bencubbin		
6479	Mukinbudin		
6485	Wyalkatchem		
6488	Trayning		
6502			Service provider (Bindoon)
6503	Gingin		Service provider
6509	New Norcia		
6510	Moora		Service provider
6514	Leeman		Service provider
6516	Jurien Bay		Service provider
6517	Carnamah		

(continued)

Table A4.4 (continued): Western Australia: location of courts, police stations and service providers (ADD, CES, YPOP, POP, IDP and STIR) in rural and remote areas, 30 June 2006

Post code of police station	Place name	Court	Service provider
6519	Three Springs		Service provider
6522	Mingenew		
6525	Dongara		
6530	Geraldton	Geraldton Court (STIR)	Service providers (2)
6532			Service provider (Greenough)
6535	Northampton		
6536	Kalbarri		Service provider
6537	Shark Bay		Service provider
6603	Wongan Hills		
6609	Dalwallinu		
6620	Perenjori		
6623	Morawa		Service provider
6630	Mullewa, Murchison	Mullewa Court (STIR) Murchison Court (IDP)	Service provider
6635	Yalgoo		Service provider
6638	Mount Magnet		Service provider
6640	Cue		Service provider
6642	Meekatharra		
6646	Wiluna		Service provider
6701	Carnarvon	Carnarvon Court (IDP)	Service provider (Burringurrah)
6705	Gascoyne Junction	Gascoyne Court (IDP)	Service provider
6707	Exmouth		Service provider
6710	Onslow		Service provider
6713	Dampier		
6714	Karratha		Service provider
6716	Pannawonica		
6718	Roebourne		Service provider
6721	Port Hedland		Service provider
6722	South Hedland		Service provider
6725	Broome	Broome Court/ Beagle Bay/ Bidyadanga /One Arm Point (IDP)	Service providers area covered (Beagle Bay, Lombadina, Djaridgin, Bidyadanga)
6728	Derby	Derby Court (IDP)	Service providers (Looma, Jalmadanga, Pandanus Park, Balginirr and Gibb River area)

(continued)

Table A4.4 (continued): Western Australia: location of courts, police stations and service providers (ADD, CES, YPOP, POP, IDP and STIR) in rural and remote areas, 30 June 2006

Post code of police station	Place name	Court	Service provider
6740	Wyndham	Wyndham Court/Kalumburu/Oombulgurri (IDP)	Service providers (Wyndham, Oombulgaurri, Kalumburu and Turkey Creek)
6743	Kununurra, Warmun	Kununurra Court/Warmun Court (IDP)	Service provider
6751	Tom Price		Service provider
6753	Newman		Service provider (Newman, Kunawarritji, Cotton Creek, Jigalong and Punmu)
6754	Paraburdoo		Service provider
6758	Nullagine		Service provider
6760	Marble Bar		Service provider
6765	Fitzroy Crossing	Fitzroy Crossing Court (IDP)	
6770	Halls Creek	Halls Creek Court, Balgo (IDP)	Service providers (Halls Creek, Mulan, Balgo)

Sources: Western Australia Police 2007; *Quarterly Reports*; Magistrates Court of Western Australia 2007.

Table A4.5: South Australia: location of police stations and service providers (PDDI) in rural and remote areas^(a), 30 June 2006

Post code of police station	Place name	Service provider
5223	Kangaroo Island	Service provider
5264	Meningie	
5265	Coonalpyn	
5267	Keith	
5268	Bordertown	Service provider
5271	Naracoorte, Narrung	Service provider
5272	Lucindale	
5275	Kingston S.E.	Service provider
5276	Robe	
5277	Penola	
5278	Kalangadoo	
5280	Beachport, Millicent	Service provider
5291	Port MacDonnell	Service providers (3)
5302	Lameroo	
5304	Pinnaroo	
5307	Karoonda	
5320	Morgan	
5330	Waikerie	Service provider
5333	Loxton	
5341	Renmark	
5343	Berri	Service provider
5345	Barmera	Service provider
5354	Swan Reach	Service provider
5357	Blanchetown	
5417	Burra	
5419	Hallett	
5422	Peterborough	Service provider
5431	Orroroo	
5433	Quorn	Service provider
5434	Hawker	
5440	Cockburn, Mannahill, Yunta	
5453	Clare	Service provider
5454	Spalding	

(continued)

Table A4.5 (continued): South Australia: location of police stations and service providers (PDDI) in rural and remote areas^(a), 30 June 2006

Post code of police station	Place name	Service provider
5464	Brinkworth	
5473	Gladstone	
5481	Wirrabara	
5482	Booleroo Centre	Service provider
5491	Jamestown	
5495	Port Germein	
5520	Snowtown	Service provider
5522	Port Broughton	Service provider
5523	Crystal Brook	
5540	Port Pirie	Service provider
5550	Port Wakefield	Service provider
5554	Kadina	Service provider
5558	Moonta	
5571	Ardrossan	
5573	Maitland, Port Victoria	Service provider
5575	Minlaton	
5576	Yorke town	
5582	Stansbury	
5583	Edithburgh	
5600	Whyalla	Service providers (3)
5601	Iron Knob	
5605	Tumby Bay	
5606	Port Lincoln	Service provider
5631	Cummins	
5633	Lock	
5641	Kimba	
5652	Wudinna	
5654	Minnipa	
5655	Poochera	
5661	Wirrulla	
5670	Elliston	
5680	Streaky Bay	
5690	Ceduna, Penong, Yalata	Service providers (2)

(continued)

Table A4.5 (continued): South Australia: location of police stations and service providers (PDDI) in rural and remote areas^(a), 30 June 2006

Post code of police station	Place name	Service provider
5700	Port Augusta	Service providers (2)
5720	Woomera	
5722	Andamooka	
5723	Coober Pedy, Marla	
5725	Roxby Downs	Service provider
5731	Leigh Creek	Service provider
5733	Marree	
5734	Oodnadatta	
5750	Pipalyatjara	
5751	Ernabella, Fregon, Indulkana, Mirnili	

(a) Courts not represented as SA court-based diversion was out of scope of the project.

Sources: South Australia Police 2007; *Quarterly Reports*.

**Table A4.6: Tasmania: location of police stations and service providers
(police drug diversion) in rural and remote areas^(a), 30 June 2006**

Post code of police station	Place name	Service provider
7025	Richmond	
7109	Huonville	
7112	Cygnnet	
7116	Geeveston	
7117	Dover	
7120	Oatlands	
7162	Woodbridge	
7172	Sorell	
7177	Dunalley	
7184	Nubeena	
7190	Orford, Swansea	
7210	Campbell Town	
7212	Evandale	
7213	Avoca	
7214	Fingal	
7215	St Mary's, Bicheno	
7216	St Helens	
7253	George Town	
7255	Lady Barren, Whitemark	
7256	Currie	
7260	Scottsdale	
7262	Bridport	
7263	Ringarooma	
7264	Derby	
7268	Lilydale	
7270	Beaconsfield	
7275	Exeter	
7302	Cressy	
7303	Westbury	
7304	Deloraine	
7305	Railton	

(continued)

Table A4.6 (continued): Tasmania: location of police stations and service providers (police drug diversion) in rural and remote areas^(a), 30 June 2006

Post code of police station	Place name	Service provider
7306	Sheffield	
7307	Latrobe, Port Sorell	
7315	Ulverstone	Service provider
7316	Penguin	
7320	Burnie	Service Provider
7321	Waratah	
7322	Somerset	
7325	Wynyard	
7330	Smithton	Service provider
7331	Stanley	
7467	Queenstown	
7468	Strahan	
7469	Zeehan	
7470	Rosebery	

(a) Courts not represented as Tasmania's court-based diversion was out of scope of the project.

Sources: Tasmania Police 2007 *Quarterly Reports*.

Table A4.7: Northern Territory: location of courts, police stations and service providers (NT CREDIT and ICPCDP), 30 June 2006

Post code of police station	Place name	Court	Service provider
800	Darwin	Darwin Court (NT CREDIT)	Service providers (13, includes 3 NT CREDIT court clinicians)
820	Coonawarra and surrounding regions		Service providers (2, Winnellie)
822	Daly River, Maningrida, Nguiu, Wadeye		
828	Berrimah, Knuckey Lagoon		Service provider (Berrimah)
830	Palmerston		Service provider
836	Humpty Doo		
845	Batchelor		
846	Adelaide River		
847	Pine Creek		
850	Katherine		Service provider
852	Lajamanu, Ngukurr, Maranboy, Mataranka, Timber Creek, Kalkarindji		
854	Borroloola		
860	Tennant Creek		Service provider
862	Elliot		
870	Alice Springs	Alice Springs Court (NT CREDIT)	Service providers (7, includes 2 NT CREDIT court clinicians)
872	Papunya, Ti Tree, Ntaria, Yuendumu, Yulara, Kulgera		
880	Nhulunbuy		
885	Groote Eylandt		
886	Jabiru		
862	Avon Downs		
8223	Gubalanya, Pirlangimpi		
8723	Harts Range		

Sources: Northern Territory Police 2007 and *Quarterly Reports* 2007.

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