



# NDLERF

Enhancing the implementation and  
management of drug diversion strategies  
in Australian law enforcement agencies:  
The cases of South Australia Police,  
Tasmania Police and Victoria Police  
during the period 2000 – 2005

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**Funded by the National Drug Law Enforcement Research Fund,  
an initiative of the National Drug Strategy**

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## Abbreviations

AIHW	Australian Institute of Health and Welfare
ANCD	Australian National Council on Drugs
CARDS	Court Assessment and Referral Drug Scheme
CEN	Cannabis Expiation Notice (SA)
COAG	Council of Australian Governments
CREDIT	Court Referral and Evaluation for Drug Intervention and Treatment
DAAP	Drug Aid and Assessment Panel
DPAC	Department of Premier and Cabinet (TAS)
GDP	gross domestic product
IDDI	Illicit Drug Diversion Initiative
IGCD	Inter-Governmental Committee on Drugs
INCB	International Narcotics Control Board
MCDS	Ministerial Council on Drug Strategy
NDLERF	National Drug Law Enforcement Research Fund
NESB	non-English speaking backgrounds
NGO	non-government organisation
NIDS	National Illicit Drug Strategy
OCSAR	Office of Crime Statistics and Research (SA)
OLS	ordinary least squares
TILES	Tasmanian Institute of Law Enforcement Studies

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## Executive Summary

The objectives of this research were:

1. Assess the implementation and management of law enforcement drug diversion strategies in South Australia, Tasmania and Victoria.
2. Identify organisational procedures and systems and individual practices that facilitate or impede these strategies.
3. Identify evidence-based good practice.
4. Develop a matrix of key success factors and impediments in the implementation and management of diversionary strategies.
5. Develop an evaluation model of drug diversion initiatives that is transparent, strengthens performance and propels effective change.

The report highlights the key deliverables of the research: the Implementation and Management Matrix and the Evaluation Model.

The first part of the report describes the national and state level context of the illicit drug diversion initiative, and establishes the analytical framework and theoretical concepts of the research. The literature review and policy document analysis provide depth and a holistic view of the issues.

The research methods included: interviews with representatives from key stakeholder organisations, interviews with police officers, a police survey, and an assessment and treatment service survey. The mixed method design captures the complexity of illicit drug diversion characteristics, contextual issues and attitudinal orientations.

Key findings of the study included:

- Whilst consultation on illicit drug diversion policy strategies was low, police officers did not necessarily expect to be consulted but merely to be informed.
- State reference groups were seen as playing a key role in coordinating the implementation of the illicit drug diversion strategies. Overall, they were seen to help establish and maintain good working relationships among key stakeholders.
- Adequate capacity, funding and training of assessment and treatment services were identified as critical to the effectiveness of diversion.
- The attitudes of respondents to the Police Survey were similar to those of members of the general public except in relation to cannabis.
- Whilst the strategies were rated, overall, as moderately legitimate, those who disagreed did so largely on philosophical and practical grounds.
- Police officers showed contrasting attitudes to drug diversion: one that is antithetical to diversion and endorses punitive criminal justice outcomes for minor drug use/possession offences; and one which believes that diversion is appropriate.

- Despite the size of the organisations and the challenges that the drug diversion strategy presented, all showed the administrative capacity to implement policies on this scale. But many recently recruited police officers were opposed to the diversion strategies. This suggests that they had a more law enforcement/crime-fighting attitude to policing, and that training should put more emphasis on the primary police mandate of public order maintenance. Police officers prefer to understand, or at least be informed, of the philosophical basis for a major policy shift of this kind.
- There is an overt desire for police to receive regular and ongoing advice as to the success or otherwise of the policy initiative – both at the level of individual offenders and overall. Individual success stories are highly persuasive. ‘One-off’ training will be insufficient, however, and ongoing information about the efficacy of the strategy should be provided. Clear easy-to-use business processes that are capable of diagrammatic representation (flowcharts, modelling, ‘cheat-sheets’) are most likely to be effective.
- Tasmanian and Victorian respondents to the Police Survey reported a significantly higher level of discretion than those in South Australia (who are required to divert by legislation). There was an inverse relationship between reported levels of discretion and the likelihood of diverting an offender. The qualitative interviews suggested that the decision to divert or not is a complicated matter that hinging on various factors including the age, record and attitude of the offender, the type of drug used/possessed (soft or hard), the attitude of the police officer to diversion (positive or negative) and the presence or absence of a benchmark.
- The extent to which drug diversion strategies have permeated the three jurisdictions differs (especially in terms of philosophical acceptance and access to guidelines) but there is a clear indication that all jurisdictions have fulfilled the objective of implementation.

The report concludes by drawing together the key points and findings that assist in our understanding of evidence-based good practice – what worked and why.

## Chapter one: Introduction

This project assesses the implementation and management of illicit drug diversion strategies in South Australia, Tasmania and Victoria.

The objectives of the project are:

1. Assess systematically how law enforcement drug diversion strategies in these states have been implemented and managed.
2. Identify organisational procedures and systems and individual practices that facilitate or impede the implementation and management of drug diversion strategies.
3. Identify evidence-based good practice of strategy implementation and on-going management.
4. Develop an implementation matrix that identifies key success factors and critical impediments affecting the implementation and management of diversionary strategies.
5. Develop an evaluation model that fosters transparency, strengthens performance with drug diversion initiatives and propels effective change.

### 1.1 Background

Since the 1980s, Australian drug law enforcement policy has increasingly been shaped by the principle of harm minimisation. At the core of this principle is the recognition that illicit drug use is essentially ineradicable and that, accordingly, public policy concerning this issue should have the reduction of harm as a central objective.

Contemporary approaches to regulation stress the importance of understanding both the 'culture' of the problem being regulated (Gusfield, 1981) and the multiple motivations of regulators, who might be concerned with the minimisation of harmful consequences or with prohibiting actions which are deemed to be morally wrong (Lowi, 1987). Much of the criminal code could be regarded as being related to regulating moral wrongs, whereas civil law is more focused on harm minimisation and compensation.

Diversionary strategies include cautioning, mandatory treatment services and drug courts (Graycar, Nelson, and Palmer 1999). One of the most recently adopted harm minimisation strategies involves the development and implementation of diversionary programs which channel offenders to educational and medical treatment services rather than to the criminal court system and the possible imposition of traditional penalties (prison or fine). Police organisations play a central role in these drug diversion strategies by diverting minor, non-violent offenders when they first encounter them – as an alternative to laying a charge.

However, police organisations have as their 'core business' the enforcement of the criminal code, and harm minimisation approaches such as diversionary programs could find themselves running counter to the dominant organisational culture. The implementation of harm minimisation might therefore be problematic. As James and Sutton (2000: 269) put it,

*The supply reduction sector has flirted with harm reduction, but still has difficulty in embracing it as a core ethic. If anything, police and other agencies are being encouraged to pursue single-mindedly law and order priorities.*

James and Sutton (2000: 258) therefore suggest that Australia will continue to experience problems in developing and implementing 'enlightened' drug policies 'unless and until contradictions and inconsistencies in the enforcement sector's role are resolved.' One recent Australian study concludes that, as a modality, the diversion strategy has proved acceptable to law enforcement personnel, the judiciary and treatment providers, and that it is possible to implement diversionary programs effectively in line with principles of so-called evidence-based good practice. These propositions, based on the research of McLeod and Stewart (2000), were accepted in the *Background Paper: National Action Plan on Illicit Drugs 2001 to 2002–03*.

Other studies of Australian police experience with harm reduction strategies (including drug diversionary programs) have, however, been not so optimistic, suggesting that the implementation of such strategies in practice has been less successful than the framers of the policy desired (Brown and Sutton, 1997; Morrison and Burdon, 2000; Canty et al 2001). It must be acknowledged, however, that the focus of these particular studies was not on the implementation of illicit drug diversionary strategies in police organisations *per se* but on other considerations (such as training or providing general overviews of harm minimisation measures). Furthermore, the comments were asserted asides rather than conclusions drawn from any comprehensive focused study.

The comments made of Australian experience to date do, nonetheless, echo similar conclusions reported in the United Kingdom. A survey by Newburn and Elliott (1998) suggests that the effectiveness of harm reduction diversionary strategies there have been hampered by implementation problems in British police organisations. Criticism of the initiatives highlighted in this research emphasises inadequate resources (cash, staffing, time and training) and problems associated with the monitoring and assessment of the initiatives – thereby making it difficult to identify successful practice. This particular study concludes that four main themes dominate suggestions for possible inclusion in future anti-drugs strategies in the United Kingdom: the need for better training of officers, more sophisticated diversionary schemes, more effective implementation and strategy evaluation.

That implementation should be suggested as a major problem is not to be considered exceptional or unexpected. Not only do police organisations often experience difficulties in the effective implementation of innovative new policies (Manning, 1977, 1988; Waddington, 1999), but public sector agencies, in general, encounter such problems (on implementation problems in the field of public policy, see Pressman and Wildavsky, 1973; Ham and Hill, 1984; Parsons, 1995).

Existing studies have not discussed impediments to the effective implementation of diversionary programs in any detailed way, other than to identify police culture, inadequate training, police structures and police practices as major factors. Our task was to determine the extent to which these and other factors impede or enhance the effective implementation of drug diversion strategies.

## 1.2 Framework of analysis

In order to understand how these illicit drug diversion strategies have been implemented in the three jurisdictions and to identify factors that facilitate and impede their implementation, it is necessary to first define the central concept of implementation and then to develop a framework of analysis to guide the research.

In this study, implementation refers to the process through which policy strategies are put into effect – as intended or otherwise. Within the social sciences, several approaches have been developed to understand the implementation process, the nature of any implementation problems,

and measures to circumvent them. Within the field of policy studies, the orthodox, traditional way of conceiving policy implementation is the 'top-down' approach which views the process in a rational, linear manner and which seeks to minimise any implementation deficit (see, for example, Gunn, 1978). An alternative approach developed by Lipsky (1980) proposes (a) that the decisions of some 'street-level bureaucrats' (especially publicly employed quasi-professionals such as teachers, social workers and police officers who secure a significant level of discretion and autonomy allowed to professional workers), coupled with (b) the routines they establish and the devices they follow to cope with uncertainties and work pressures (c) *become* the public policies that they carry out. This is an example of what has become known as a 'bottom-up' approach to implementation – with so-called 'street-level bureaucrats' not readily under the effective control of their supervisors or commissioned officers.

Managerialist approaches to organisational change also provide insights that help to explain policy implementation. For example, Pettigrew (1987) sees the management of change more as an untidily intertwined rational and political process. His research emphasises the importance of contextual considerations, the role of leadership and the significance of legitimacy in the change management process.

This project utilises an approach adapted largely from the work of Winter (1990) that brings together both the 'top-down' and 'bottom-up' theoretical elements, along with some relevant under-researched variables such as policy design, and contextual factors to form a conceptual framework of analysis for explaining and evaluating implementation processes in specific agencies.

According to Winter (1990: 20–1), policy implementation involves the interplay of four main socio-political processes or conditions: (i) the character of the policy and the policy formation process; (ii) organisational and inter-organisational implementation behaviour; (iii) street-level bureaucratic behaviour; and (iv) the response of target groups and other changes in society. We have reconstituted these processes/conditions to fit the policing context in the following multivariate model, drawing out for particular emphasis specific, interrelated factors that have been identified as important by previous research in the fields of policy studies and management theory. These factors are:

- i) the nature of the policy and the policy formulation process;
- ii) the organisational context;
- iii) the external context; and
- iv) the implementation process that includes agency administrative capacity, street-level police behaviour and offender group response.

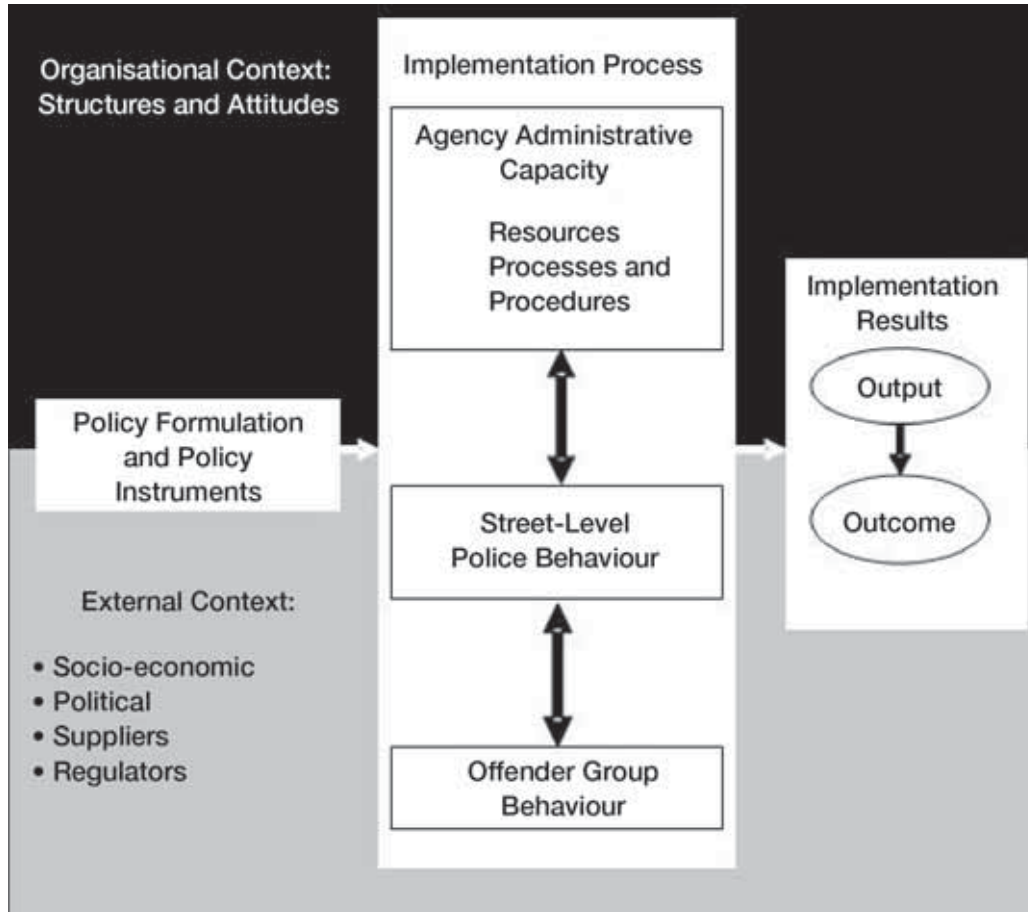
The dependent variable in this model is the implementation results – the policy output and policy outcome. The output of the implementation process refers to what actually is done – the activities of the implementing agency (or set of agencies) and the attitudes of those implementing the policy towards those activities at the point of delivery. This may well be different from what was promised, intended and/or authorised. Outcome refers to the impact of these activities – in other words, the impact of the output.

It is important to note that two aspects of this model are not addressed in this study. Firstly, offender group response (illicit drug offenders eligible for diversion) was not within the scope of this project. Police perceptions of offender group behaviour and attitudes were, however, sought as they may well affect the implementation process. Secondly, analysis of the outcome of the policy was not undertaken as this, too, is beyond the scope of the project.



Figure 1.1 presents a graphic representation of this model. Many of the arrows point in various directions, indicating that we conceive implementation as multi-linear, involving a series of interactive effects between the different factors.

Figure 1.1 Evaluation Model



Analysis of the way a policy strategy has been designed is relevant because the character of the policy formulation process may explain why some strategies are impossible or difficult to implement from the outset. It is also relevant to analyse how and why they were constructed in the way they were because these considerations may have implications for implementation.

The context within which the strategy is formulated and implemented is also important. The inner, organisational context refers to the underlying structural characteristics of the focal organisation and the attitudes of its members towards their work and to those involved in their work. These structural and attitudinal factors may significantly shape both formal and informal organisational practices, including implementation efforts. The outer, external context refers to other individuals and organisations linked to the focal organisation through dependency relationships and to socio-economic and political conditions.

The implementation process consists of three major factors:

- i) agency administrative capacity that refers to the resources (including financial, legal, technological, time and personnel) and key coordination, communication and control mechanisms brought to bear to bring the policy into effect;

- ii) street-level police behaviour of operational officials charged with the responsibility of translating the policy strategy prescriptions into practice (some of whose actions, as intimated earlier, may deviate from those required); and
- iii) the offender group response to the policy strategy – particularly their willingness, or otherwise, to participate in the implementation in intended ways.

In summary, the character of the policy and the prior policy formulation process, the organisational and external contexts, the implementation process involving agency administrative capacity, street-level police behaviour and offender group response are of special importance in determining implementation output – that which is actually performed and delivered. We do not expect, however, that all variables will be equally important in all three jurisdictions studied. Moreover, as noted above, data on offender group response was not sought.

The following chapters outline the variables in more detail, pose the questions guiding the research and present the findings of the project.

## Chapter two: Policy Instruments

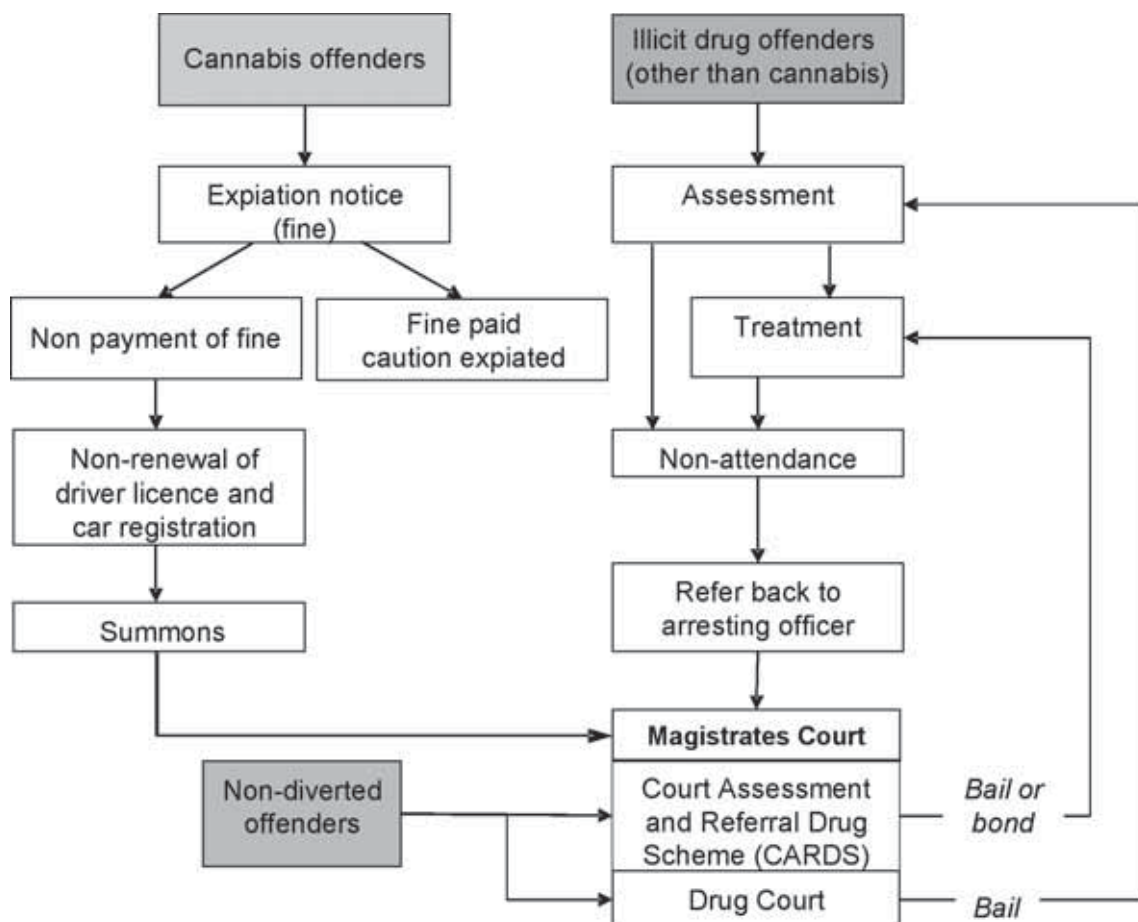
This research has evaluated the implementation of three distinct policy instruments in South Australia, Tasmania and Victoria. The policy instruments deal with drug diversion initiatives for both adults and juveniles. This chapter sets out the details of the policy instruments adopted in each state.

### 2.1 Adult drug diversion policy instruments

#### South Australia

South Australia (Figure 2.1) has a unique adult diversion model, one part of which is the Cannabis Expiation Notice (CEN) scheme, where offenders with a specified amount of the drug deemed to be for personal use, are only sent to the Magistrates Court if they fail to comply with diversion conditions.

Figure 2.1 South Australian Adult Policy Instrument



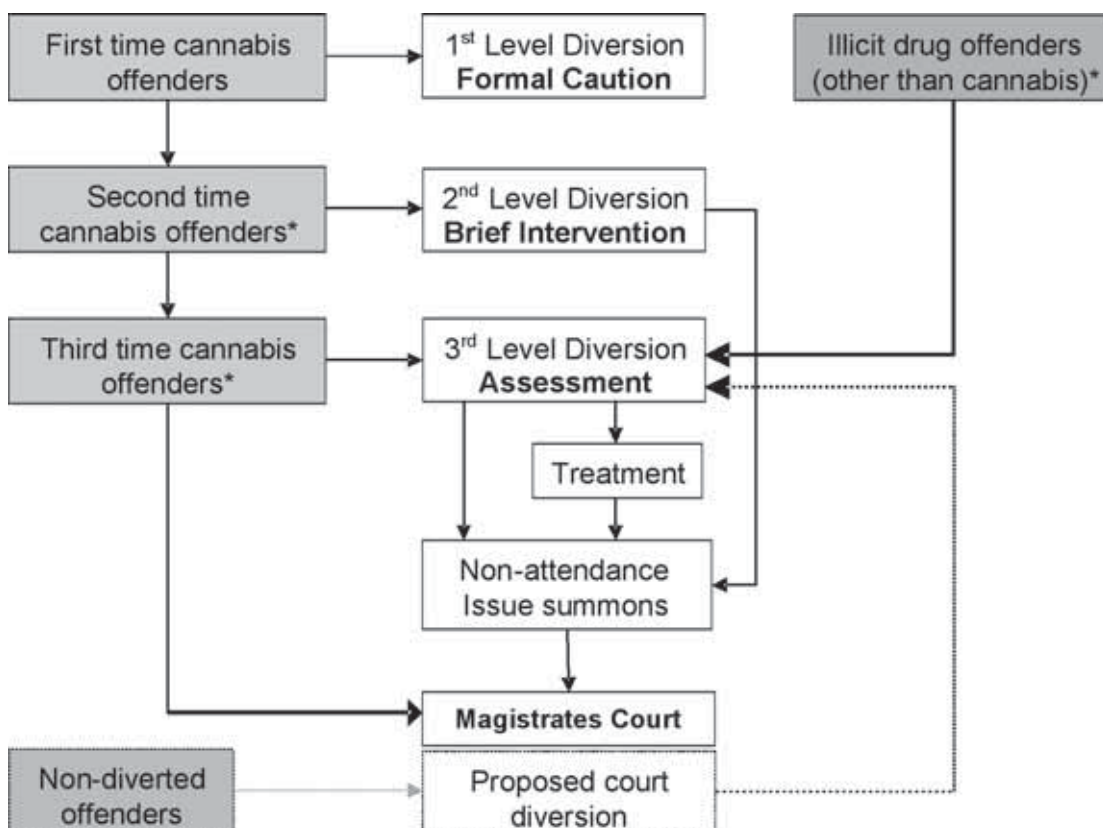
For cannabis offences in South Australia a fine is given to those caught with cannabis for personal use; if this fine is not paid then a summons is issued and the case appears before the Magistrates Court. In cases of possession of other illicit drugs the person is referred to assessment and treatment. If the offender fails to comply the case is referred back to the arresting officer and the

matter listed for the Magistrates Court. South Australia also has a Court Assessment and Referral Drug Scheme (CARDS) and a Drug Court which can refer non-diverted offenders into assessment and treatment services.

## Tasmania

Under the Tasmanian policy instrument (Figure 2.2) first time cannabis offenders receive a formal caution; second time offenders receive a diversion notice requiring them to attend a brief intervention with an approved health service; and third time offenders are referred to a more formal assessment and treatment process with an approved health service. In the case of offences involving illicit drugs other than cannabis, offenders are issued with a third level diversion notice and must attend an approved health service where an assessment and appropriate follow-up interventions must be undertaken.

Figure 2.2 Tasmanian Adult Policy Instrument



Note: \*Offenders are only eligible for a caution/diversion provided they have not been involved in more than two other drug events in the previous 10 years.

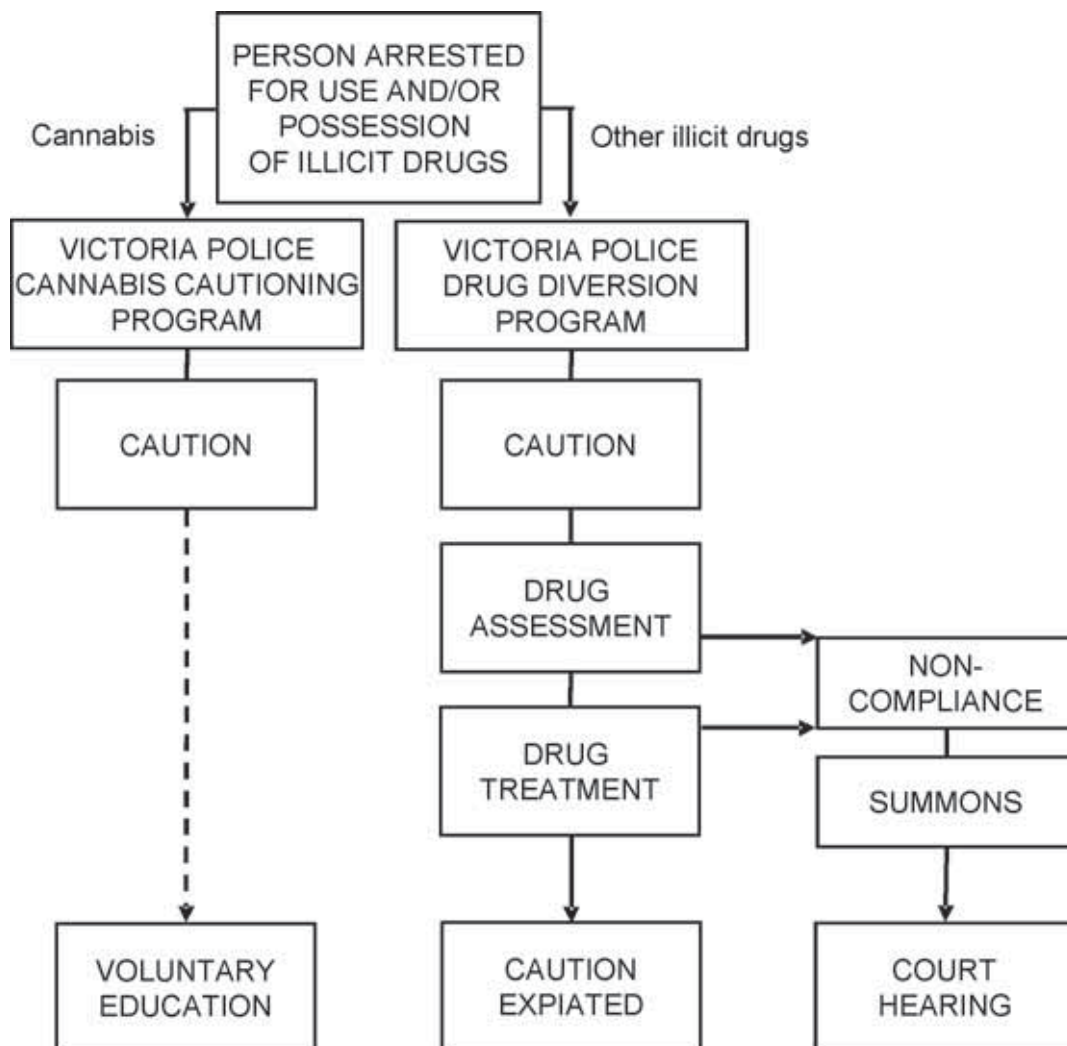
## Victoria

The Victorian policy instrument (Figure 2.3) contains features of both the South Australian and Tasmanian models. As in the Tasmanian model, third time cannabis offenders are sent straight to the Magistrates Court as these offenders are not eligible for the Victoria Police Drug Diversion program. It differs, however, in that first and second time cannabis offenders are given a caution and voluntary education is offered.

For low-level or first time users of illicit drugs other than cannabis (and the misuse of pharmaceutical drugs), the Victoria Police Drug Diversion program offers the option of a caution to people who are arrested for use and/or possession of an illicit drug. This caution is conditional upon their attendance at a clinical assessment and one session of drug treatment at a drug treatment agency.

If a person does not attend the assessment and/or treatment session it is the responsibility of the treatment agency to notify the Victoria Police Central Data Bureau (CDEB) who will then notify the particular police officer who will, in turn, prepare a brief of evidence for prosecution.

**Figure 2.3 Victorian Adult Policy Instrument**



Note: Two illicit drug cautions may be given to one person. Subsequent offences will be charged. A person who is charged may still be eligible for court diversion programs.

A person who is not eligible for, or non-compliant with, Victoria Police Drug Diversion may be eligible for referral to the Rural Outreach Diversion Workers service or court diversion programs, including Court Referral and Evaluation for Drug Intervention and Treatment (CREDIT) and Deferred Sentencing.

Source: National Illicit Drug Strategy Diversion Initiative – Victorian State Reference Group 2002, Drug Diversion Handbook for Lawyers, Commonwealth Department of Health and Ageing, Canberra.

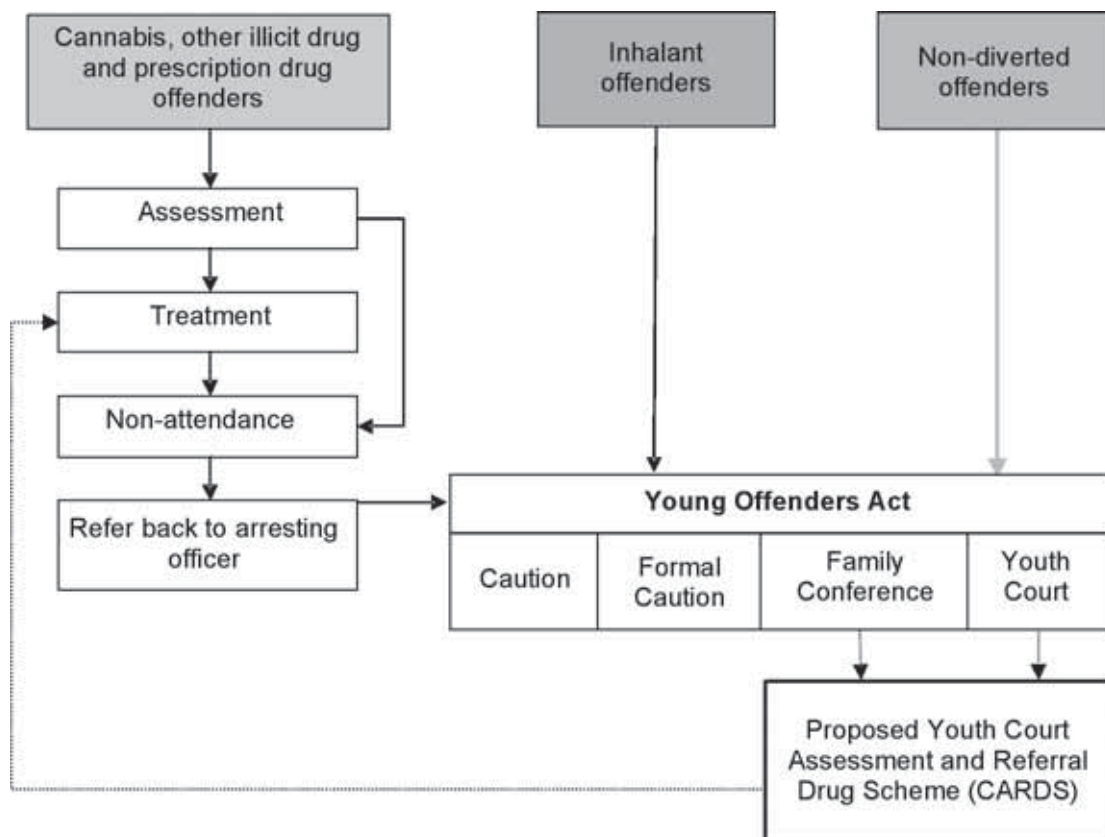
## 2.2 Juvenile drug diversion policy instruments

In all three states the juvenile drug diversion policy instruments link into broader policy initiatives and juvenile justice frameworks.

### South Australia

In South Australia the juvenile policy instrument (Figure 2.4) is the same for cannabis and other illicit drug offenders and juveniles apprehended for possession of prescription drugs. These offenders are sent to assessment and treatment services for their first and any further consequent offence until they are 18 years old, and then they are assessed under the adult model. If they fail to comply with the conditions of diversion they are referred back to the arresting officer and then processed in accordance with the *Young Offenders Act 1993*. The South Australian model is unique in that juveniles caught using inhalants are also assessed under this Act. The Act enables an informal caution, a formal caution, a family conference or referral Youth Court. At the time of this research there was a proposal for CARDS to refer juveniles from family conferencing and Youth Court into assessment and treatment services.

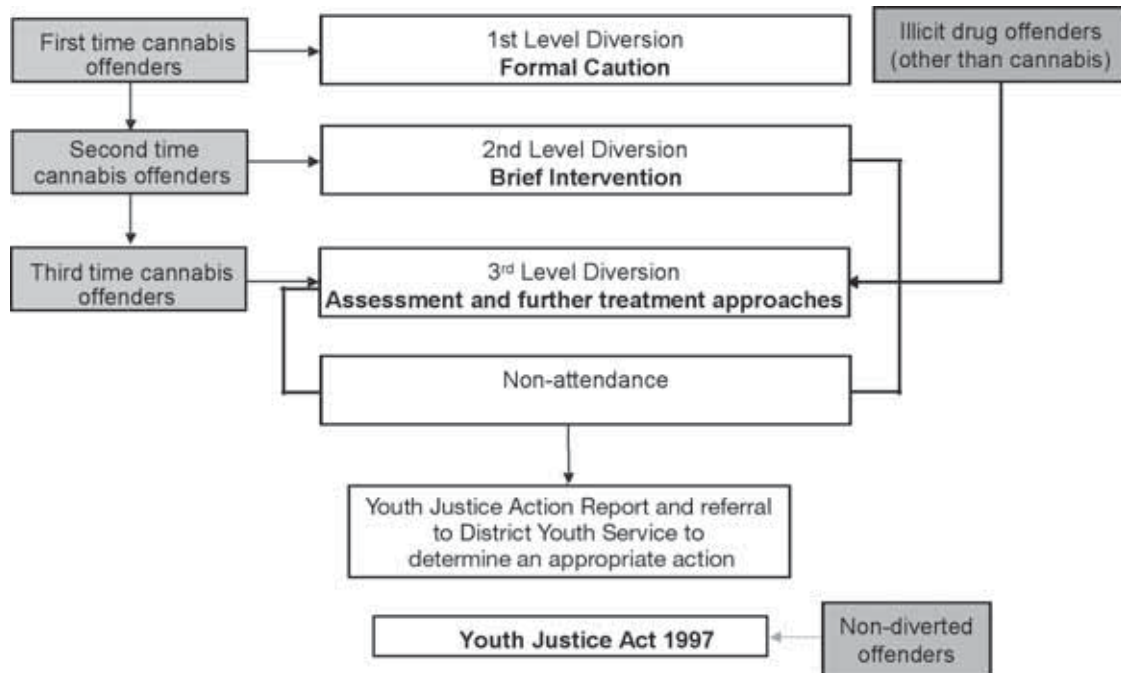
Figure 2.4 South Australian Juvenile Policy Instrument



### Tasmania

Tasmania's policy instrument for offending juveniles (Figure 2.5) involves the issue of a Drug Caution/Diversion Notice, irrespective of the level of drug caution or diversion issued (Level 1 to Level 3), that must be signed by the offender and witnessed by their parent, guardian or a responsible adult. If the offender fails to comply with the conditions of the notice, the District Drug Investigation Service will forward all relevant documentation to the investigating officer for completion of a Youth Justice Action Report. This report must be forwarded to the District Youth Services Officer to make contact with the offender and to determine the appropriate action to be taken, including formal caution, community conference or prosecution.

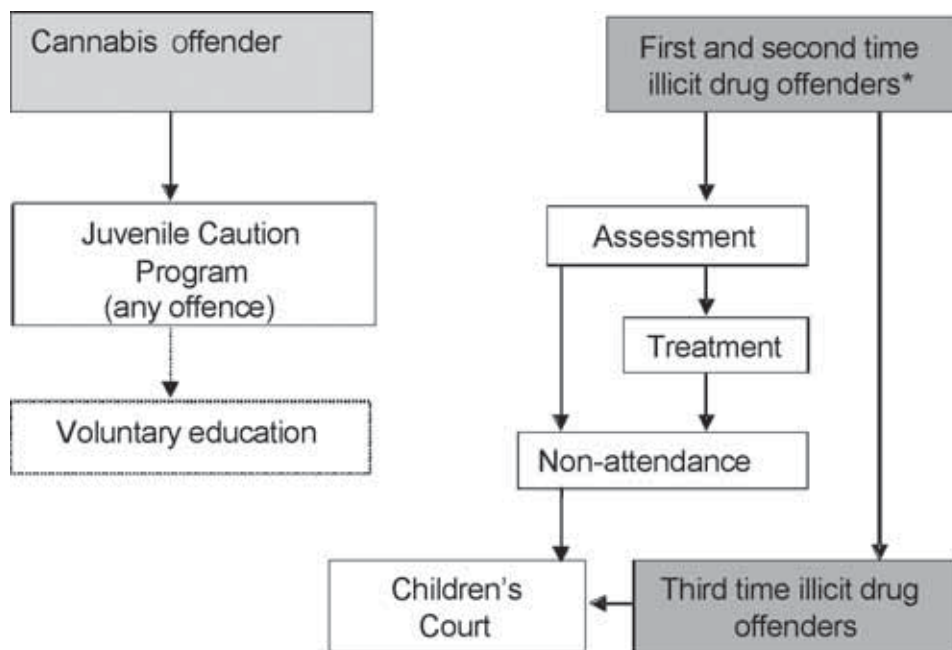
Figure 2.5 Tasmanian Juvenile Policy Instrument



## Victoria

Victoria has the most streamlined policy instrument for juveniles (Figure 2.6) with all juvenile cannabis offenders being referred to a generic Juvenile Caution Program. They are offered voluntary education. No further action is taken, regardless of the number of offences. First and second time other illicit drug juvenile offenders are sent for assessment and treatment. Failure to comply results in the case being referred to the Children's Court. Third time other illicit drug juvenile offenders are also sent to the Children's Court.

Figure 2.6 Victorian Juvenile Policy Instrument



\* Offences after the Drug Diversion Initiative was introduced (if offences were prior to the implementation of the strategy they are only eligible for two diversions).



## Chapter three: Methodology

The project sought to identify and analyse systematically the various methods that have been used by the South Australia Police, Tasmania Police and Victoria Police to implement and manage drug diversion strategies, and to identify organisational procedures and systems and individual attitudes and practices that facilitate or impede the implementation of those strategies.

The project employed a combination of quantitative and qualitative research methods. Quantitative approaches typically utilise standardised surveys and employ statistical techniques and, when based on properly constructed samples and conducted in accordance with accepted canons, the results can be generalised to other entities or situations. However, quantitative research is unable to shed light on the context within which an intervention is implemented and the impact on those involved. Qualitative approaches are interpretive in nature. They seek to understand social phenomena from participants' perspectives and are better equipped than are quantitative approaches to provide contextual information. Common qualitative data sources include group or one-on-one discussions or interviews, written documentation (such as policy documents) and answers to open-ended questions in surveys.

This methodology encompasses a number of evaluation types including formative, process, impact and output evaluations. Formative evaluations seek to identify how key interventions can best be implemented and whether objectives are (a) acceptable to key stakeholders and (b) achievable within the context of implementation. Although formative evaluations are generally conducted in the initial stages of a policy intervention, for this project it was conducted post-implementation of the drug diversion strategies. Process evaluations are undertaken during the life of the intervention and aim to ascertain the extent to which the program is being conducted as planned. In this instance, methods of data collection included interviews with both operational police and key stakeholders and a survey.

Output and outcome evaluations seek to measure the success (or otherwise) of a particular process or intervention. As the names imply, such evaluations seek to assess the impact of an intervention on a particular group and often collect data at several levels (e.g. knowledge, attitudes and behaviour) as well as at several points in time. In this case, the aim was to identify whether or not operational police use and support illicit drug diversion. Data used to assess output was collected through interviews and a police survey.

In any complex social program an assessment of 'success' depends, at least in part, on the perspective of the viewer. This project acknowledges the need to recognise and explore diverse views about elements of the program, beyond the 'official' or stated objectives. It sought the views of a range of stakeholders including policy designers, operational police, and other government agencies including health and treatment services.

### 3.1 Project objectives

The research methodology was designed to meet the objectives identified in the original grant application. These objectives were:

1. Assess systematically how law enforcement drug diversion strategies in Victoria, South Australia and Tasmania have been implemented and managed.



2. Identify organisational procedures and systems and individual practices that facilitate or impede the implementation and management of drug diversion strategies.
3. Identify evidence-based good practice of strategy implementation and on-going management.
4. Develop an implementation matrix that identifies key success factors and critical impediments affecting the implementation and management of diversionary strategies.
5. Develop an evaluation model that fosters transparency, strengthens performance with drug diversion initiatives and propels effective change.

### 3.2 Research questions

While the project objectives provided the parameters and overall directions for the research, the key variables identified in the conceptual framework (see 1.2) and the project objectives were operationalised in the form of discrete research questions. As the research proceeded, further refinements were made to the conceptual framework and research questions. The research questions that informed the analysis are listed at the beginning of each chapter.

### 3.3 Research components

The research had six components:

- i) literature review;
- ii) policy document review;
- iii) multi-agency field interviews;
- iv) Police Survey;
- v) police officer interviews; and
- vi) Assessment and Treatment Services Survey.

#### Literature review

The development of a conceptual framework for this project has involved an extensive international literature review of policy implementation and other selected fields, including change management and organisational theory.

#### Policy document review

This component of the research focused on the collection of documentation and information relating to specific drug diversion policies, structures and practices in the three police organisations. This review was used to develop a program logic of the three policy instruments, and to identify objectives, procedures, monitoring systems and organisational structures. State-specific and national evaluations have also been reviewed where possible; however, a number of these reports were not publicly available. There were extensive discussions with police representatives in the three states in finalising the program logic diagrams of the policy instruments.

#### Multi-agency field interviews

This task involved initial written approaches to Commissioners in the three jurisdictions, followed by face-to-face meetings with senior managers in police and heads of government agencies to explain the project and secure cooperation at both the managerial and operational delivery

levels. These interviews also provided an overview of the historical context in which diversionary strategies have been developed and the policy instruments that are currently in place in the three states. The key factors and variables identified in the conceptual framework formed the framework for unstructured in-depth interviews with representatives mainly from policy areas and including individuals responsible for the development, implementation and management of the drug diversion strategy.

This research involved a total of 35 interviews – 11 participants from South Australia (representing police, health, justice and treatment services); six participants from Victoria (representing police and health); and 18 participants from Tasmania (representing police, health, and justice). An information sheet was given to all interviewees and written consent obtained prior to each interview. All of the interviews were taped and then transcribed.

### **Police Survey**

This self-administered, mainly quantitative survey was designed using the research questions identified in the conceptual stage of the project and relevant questions from the Australian Institute of Health and Welfare's (AIHW) 2001 National Drug Strategy Household Survey (AIHW 2002a). The latter was used for comparisons of police attitudes towards drug use and treatment options with those of the general community. A focus group was held with eight operational police in Tasmania to refine and finalise the questions. The survey instrument was then sent to the police organisations in the three states for sign off before it was administered in December 2004 to February 2005. In South Australia and Tasmania, the survey instrument was distributed to all police personnel. After negotiation with Victoria it was decided that a web-based survey was not appropriate due to technological constraints, and that a paper-based version would be administered. Victoria Police also expressed concerns with the time required by officers to fill in the survey. After negotiations, a random sample of officers, selected by station, was targeted for the survey.

The Office of Crime Statistics and Research (OCSAR) was commissioned in late 2001 by the South Australian State Reference Group on Drugs to evaluate the Police Illicit Drugs Diversion Initiative in South Australia. A survey of South Australian police was conducted by OCSAR in June 2002 with an intention to survey South Australian police officers on a second occasion, to determine whether or not there were any shifts in attitudes or perceptions over time. This was due to take place at the same time as the National Drug Law Enforcement Research Fund (NDLERF) funded survey. Following initial discussions, both parties agreed that two very similar surveys being distributed to the same police officers, within weeks of each other, would cause confusion, be an inefficient use of police resources and, in all likelihood, reduce the sample of completed surveys for both pieces of research. The funding body (NDLERF) and Human Research Ethics Committee (Tasmania) Network approved OCSAR accessing the South Australian data collected by the Tasmanian Institute of Law Enforcement Studies (TILES).

In South Australia and Tasmania the self-administered survey was conducted as a web-based survey, while in Victoria a paper-based version was used. There were 917 respondents. This is a response rate of 15.3 percent.

**Table 3.1 Police response rate by state**

	No. Responses	Total No. Surveys	Response Rate (%)	% of Total Sample
South Australia	410	3,500	11.2	44.7
Tasmania	213	1,500	14.2	23.2
Victoria	294	*1,000	29.0	32.1
<b>Total</b>	<b>917</b>	<b>6,000</b>	<b>15.3</b>	<b>100</b>

\*In Victoria the survey was sent to 1,000 officers who were randomly selected by station.

### Confidence levels

Confidence levels and intervals were calculated to provide an indication of the level of accuracy provided by the sample collected. We can be 95 percent sure that any result obtained falls within the confidence intervals contained in Table 3.2 below.

**Table 3.2 Confidence intervals by state**

	Total Population	Sample Size	Confidence Interval
South Australia	3,910	410	4.6%
Tasmania	1,140	213	6.1%
Victoria	10,767	294	5.6%
<b>Total</b>	<b>15,817</b>	<b>917</b>	<b>3.1%</b>

In relation to the total sample size, at the 95 percent confidence level we have a confidence interval of 3.1 percent. This means that for the total sample (all police officers or all states surveyed) we can be 95 percent confident that any result will be accurate give or take 3.1 percent.

For each state the confidence interval varies slightly. For Tasmania a confidence interval of 6.1 percent was obtained, for Victoria 5.6 percent and South Australia 4.6 percent. We can, therefore, be 95 percent confident that any result is accurate give or take 6.1 percent in Tasmania, 5.6 percent in Victoria and 4.6 percent in South Australia.

### Profile of respondents

#### *Rank, position and length of service*

The respondents have been broadly categorised as constables, sergeants, commissioned officers and non-police employees. The constables included all positions titled 'constable' (e.g. first class constable and senior constable), sergeants included all positions titled 'sergeant' (e.g. senior sergeant), and commissioned officers included all positions of and above the rank of inspector. Non-police employees were departmental employees not serving as police officers (refer Table 3.3).

The mean length service was 13 years. Victoria's mean length of service (9.1 years) was significantly less than either South Australia's (15.8 years) or Tasmania's (13.3 years). The majority (97 percent) of respondents had been in continuous employment.

**Table 3.3 Respondents (by state and position)**

	Constables	Sergeants	Commissioned Officers	Non-police Employees	Total
South Australia	275	99	11	23	408
Tasmania	137	37	17	22	213
Victoria	248	42	0	1	291
<b>Total</b>	<b>660</b>	<b>178</b>	<b>28</b>	<b>46</b>	<b>912</b>

Note: five persons did not provide a response to the question regarding position

#### *Age, Gender, Ethnicity and Indigenous Status*

The mean age of respondents was 36.8 years. Victoria (34.5 years) and Tasmania's (36.7 years) mean ages were significantly less than South Australia's (38.5 years); males (74) percent far outweigh females in the sample obtained. No significant differences emerged in relation to the distribution of gender in either state. Two percent of respondents reported they were Aboriginal; and 88 percent were born in Australia.

#### *Education*

Approximately 25 percent of respondents reported having completed university (14.9 percent undergraduate and 6.8 percent post-graduate), 23 percent completed TAFE, 44 percent upper-secondary, and 10 percent high school. One percent reported not having completed high school.

#### **Police officer interviews**

A total of 44 in-depth interviews were conducted with operational police, eight in South Australia, 15 in Tasmania and 21 in Victoria. Two-thirds of the interviewees were constables, the remainder sergeants; 57 percent of the interviewees were female officers.

The purpose of these interviews was to gain a deeper understanding of considerations revealed by the previous methods, to subject them to more critical assessment. A semi-structured interview schedule was designed in consultation with representatives from police jurisdictions who then identified operational police willing to be involved in the process. An information sheet was given to all interviewees and written consent obtained prior to the interview.

#### **Assessment and Treatment Services Survey**

After the research questions were identified it became clear that the views of services contracted to provide assessment and treatment for drug diversion clients needed to be included to explore more explicitly the impact of the strategy. The method used for this was a self-administered survey for assessment and treatment services. This was finalised after consultation with the health sector in the three states. It was designed to combine both closed and open questions to ensure that quantitative and qualitative data could be used to analyse their perceptions of the drug diversion strategy.

The state health departments provided mailing lists of services funded for diversion. One hundred and thirty-three surveys were sent mid-May 2005, with 14 percent returned initially and two services replying that they were not contracted to provide services for drug diversion. A reminder letter was sent to treatment services and the response rate increased to 25.2 percent. While South Australia had the highest response rate (33.3 percent), nearly two-thirds of the respondents were from Victoria, which has a larger number of services compared to the other states (see Table 3.4).

**Table 3.4 Treatment service response rate by state**

	No. Responses	% of Responses	Total No. Services	Response Rate (%)
South Australia	9	27.3	27	33.3
Tasmania	3	9.1	10	30.0
Victoria	21	63.6	94	22.3
<b>Total</b>	<b>33</b>	<b>100</b>	<b>131</b>	<b>25.2</b>

Sixty-four percent of the surveys were completed by the coordinator or manager of the service, while a further 33 percent were completed by other staff members, 48.5 percent of these respondents consulted with other members of their organisation when completing the survey.

Due to the relatively low response rate, only a descriptive analysis has been able to be conducted with the quantitative data from this survey. The responses to the open-ended questions of the survey were lengthy and detailed and these have been utilised to explore more fully the views of the treatment services.

### **Ethics Approval**

The project received approval from the Human Research Ethics Committee (Tasmania) Network prior to the commencement of the data collection processes. Information Sheets (see Appendix D) and Consent Forms (see Appendix E) were distributed prior to interviews and field interviews being conducted.

## **3.4 Quantitative analysis**

Two types of quantitative data analysis were undertaken – descriptive and multivariate.

### **Descriptive analysis**

Initially a descriptive analysis of the data was undertaken to summarise and describe the characteristics of the data. In the main this comprised of cross-tabulating 'demographic' variables (e.g. age, sex, rank, state) against other items contained in the survey.

Questions contained in the survey were of three types, or levels of measurement. These were:

- Dichotomous variables are those which have only two possible and mutually exclusive answers. For example, the variable sex comprises two mutually exclusive categories – male and female. Those questions which have yes and no as responses are also defined as dichotomous variables.
- Categorical variables are those variables which comprise a number of discrete categories. For example, the variable rank comprises a number of categories which include nine categories of rank from constable through to commissioner. Education is also an example of a categorical variable.
- Continuous or scale variables are those variables which form a steady progression. For example, age is a continuous variable as is length of service in the police force. Scale questions are similar in that they ask the respondent to indicate their level of sentiment from 1 to 7. Scale questions are analysed the same way as continuous variables. Where data were of a dichotomous or categorical nature, proportional analysis of the data was undertaken. Where scale variables are reported, means-based analysis has been employed.

### Ratings scale

A ratings scale was calculated to provide an overall average score for each scale variable. These variables related to questions pertaining to skill levels, levels of support, levels of discretion, perceived appropriateness, overall satisfaction etc. A number of demographic variables were cross-tabulated against these ratings to ascertain differences, if any, in responses between groups (e.g. between men and women, age groups). As mentioned above, a means-based analysis, based on ratings scales, was employed with these types of questions.

A ratings index summarises data to provide an average score for each of the areas covered. To calculate the index a value between 0 and 100 was assigned to each response category as follows:

For 5 point scales		For 7 point scales	
(5) Strongly agree	= 100	(7) Very Supportive	= 100
(4) Agree	= 75	(6)	= 84
(3) Neutral	= 50	(5)	= 68
(2) Disagree	= 25	(4) Neutral	= 51
(1) Strongly disagree	= 0	(3)	= 34
		(2)	= 17
		(1) Very unsupportive	= 0

In calculating the ratings index any 'don't know' category was omitted. The mean score represents the average rating of a question for a given group of respondents on a scale of 0 to 100.

### Statistical testing

Whenever the term 'significant difference' is used in the report it refers to a statistically significant difference. Statistical testing of data is undertaken to ascertain if any differences observed between groups in relation to their responses to survey items are genuine and not due to sampling error – the main source of error in survey research.

The type of statistical testing used to identify significant difference is dependent on the type of variable(s) being analysed. For those questions employing a scale or ratings index (as described above) means based testing was undertaken in the form of a 'T' test. For those questions of a dichotomous or categorical nature, proportional-based testing was employed. Testing was undertaken at the 95 percent confidence level or at the .05 level of significance (the norm in the social sciences). These tests were employed at the descriptive stage of the analysis.

Additionally, prior to multivariate analysis chi square testing was undertaken of all variables against identified dependent variables (see multivariate analysis below) to ascertain their suitability for inclusion in multivariate modelling.

### Multivariate analysis

While descriptive analysis provides us with insights into differences between groups in relation to various aspects of diversion (e.g. difference between states in relation to the number of diversions undertaken), multivariate analysis attempts to predict the likelihood of an event occurring given certain conditions. For example, what 'conditions' (survey items) contribute to a decision to divert or not, and what is the likelihood of diversion occurring given any specific conditions or group of conditions. In multivariate analysis the 'event' we are trying to predict is called the dependent

variable, and all those ‘conditions’ which we think may predict the event are called independent or predictor variables. In multivariate analysis we are interested in the impact of any predictor variable(s) on the dependent variable.

Three dependent variables were selected from the survey. These were:

- whether an officer had diverted anyone (Question 52);
- appropriateness of diversion strategies in local area (Question 30); and
- overall satisfaction with implementation of diversion (Question 58).

The main purpose of multivariate analysis is to determine what factors (survey items) contribute to the probability of each of the above occurring or not occurring, and to what extent. Thus we were interested in what impact survey items have on what affects police officers’ decision to divert or not, how appropriate they think the diversion strategies are for their local area and what conditions affect levels of overall satisfaction with diversion implementation.

### Techniques

The type of multivariate technique undertaken is dependent upon the type of variables being used. If dichotomous or categorical variables are used in the analysis, then some form of logistic regression is normally employed (see below), especially when the dependent variable is dichotomous or categorical.

Where continuous variables are used (e.g. age, years served, ratings index) then linear (means based) regression can be employed. For mathematical reasons, dichotomous variables should not be used in this type of approach – they violate a number of assumptions required of this technique. Strictly speaking, both dependent and predictor variables should be continuous in character, although categorical groupings can be included as predictor variables. For this reason multiple linear regression is not commonly used in the social sciences because most variables are not of a continuous nature.

### *Logistic regression*

Logistic regression is a multivariate analytic technique which measures the *likelihood* (in the form of an odds ratio) of an event occurring, or membership within a certain group, given the influence of any number of independent or predictor variables.

Using results from logistic regression we are able to prioritise the impact of a number of different variables, based on a likelihood score (the odds ratio). Thus we would be able to say that some characteristics increase the likelihood of an event (e.g. diversion) more than others.

Logistic regression was used when modelling diversion (Question 52) and the appropriateness of diversion strategies (Question 30). Question 30 was a scale variable so it was transformed into a dichotomous variable (appropriate/not appropriate) before being included as a dependent variable in the model. All neutral responses were excluded from the analysis.

### *Multiple linear regression*

Multiple linear regression was also undertaken to analyse all ratings variables (as described above) to determine which of these variables contributed most, and to what extent, to levels of overall satisfaction (Question 58) with the diversion process. Because of the assumptions underlying multiple linear regression, only those variables of a continuous or scale nature were used in the analysis.

### 3.5 Qualitative analysis

All qualitative data collected through field interviews and open ended survey questions were subjected to a thematic analysis. This was conducted independently of the quantitative analysis. The qualitative data was used to illustrate and explore aspects seen to be significant in the quantitative analysis. This process strengthens the robustness of the conclusions.

Due to the small number of interviews in some jurisdictions, the agencies to which respondents belong is not identified in all cases in order to maintain confidentiality.

Each of the following chapters makes use of evidence identified through the analysis of both quantitative and qualitative data where appropriate.



## Chapter four: The Policy formulation process and the characteristics of the policy instrument

Research questions that guided the project in this area were:

- How was the policy strategy developed?
- Was there a consultation process and what did it entail?
- Was information about the strategy provided before implementation?
- What was the level of conflict during the formulation process?
- Is the policy instrument simple and robust or complicated and weak?
- Is the policy perceived as being equitable?

### 4.1 Theoretical rationale

A key feature of the conceptual framework of analysis used in the project is the inclusion of policy formulation as a variable that affects the implementation output and, ultimately (though beyond the scope of this project), implementation outcome. This factor was largely overlooked in earlier research on policy implementation, but later studies stimulated interest in policy design as an important variable (Mazmanian and Sabatier, 1981, 1983; Elmore 1985; Palumbo 1987; Winter 1986, 1990).

In retrospect, it seems obvious that the nature of the policy strategy and the way it was formulated raise critical issues that shape the implementation process, which gave rise to a number of explicit research questions which guided the study. These questions may impact significantly on implementation and nested within them are hypotheses about the process that can be explored.

It has been suggested, for example, that effective implementation is likely to be negatively related to the *degree of conflict* in policy formulation (Winter, 1990). This proposition is based on the notion that policy formulation processes are often characterised by conflicts among those involved, each of whom pursue their own interests and/or have differing perceptions concerning the causal theory upon which the policy strategy is based. If conflict is high, agreement over policy objectives and means is unlikely. In such situations, those involved typically engage in a bargaining process, the outcome of which is compromised decisions. Accordingly, conflictual policy formulation often results in unclear, inconsistent objectives and ineffective implementation instruments and methods, as policy opponents seek ways to thwart policies they do not like. Thus, the passing of broad, vague or non-specific mandates to those responsible for implementation provides greater scope for discretion, and thus for street-level factors to play a greater role in determining how policy implementation converts policies in, to outcomes (Lowi, 1969).

The management of any conflict in the policy formation process or concern over the likely success of the policy as an instrument is likely to be assisted by ensuring that those charged with implementation are consulted during the process by which the policy is developed (Kanter, 1983; Child, 1984). Not only can officers provide insights from the street-level about possible problems and even flaws in draft policies, but they are likely to have better 'ownership' of the policy approach if prior consultation has been undertaken, rather than the policy innovation being developed in isolation from implementing officers. Good consultation processes can help foster

the legitimacy of a proposed new policy initiative by serving to persuade implementing officers of the prudential and normative value of the policy, as well as (for example) why approaches they might consider superior are constrained by wider considerations (including financial constraints) from without the policy area, and which might not be apparent to those operating within it.

This chapter describes the origins of the illicit drug diversion strategies. It then addresses perceptions of the consultation process, strategy development and policy instrument issues.

## 4.2 Origins of the drug diversion strategies

The illicit drug diversion strategies in South Australia, Tasmania and Victoria, whose implementation is the subject of this study, had their origins in a number of developments that occurred in the mid to late 1990s.

At the end of 1997, the National Illicit Drug Strategy (NIDS) was launched as a major element of the National Drug Strategy. This strategy directed funding over a number of years towards a suite of demand reduction and supply reduction activities.

In April 1999, the Council of Australian Governments (COAG) discussed, amongst other things, further national measures to address illicit drug use. The heads of government at this meeting agreed to cooperate and make a new investment in prevention, early intervention, education and diversion of drug users to counselling and treatment as part of the NIDS 'Tough on Drugs' approach. In November, later that year, the Prime Minister, Mr John Howard, announced funding of more than \$111 million over four years to support the implementation of what became known as the Illicit Drug Diversion Initiative (IDDI) in all states and territories within the parameters of a national implementation framework based on 19 broad principles.

Roll-out of the diversion strategies in the three jurisdictions that are the focus of this study began in Tasmania in February 2000 in Victoria in November 2000 and in South Australia in two phases beginning in early September 2001 (for young people) and in October 2001 (for adults).

A major impetus for the adoption of the diversion initiative at the intergovernmental level had originated in Victoria. By the mid 1990s, attitudes towards illicit drug use in that state had been influenced strongly by a large number (359) of heroin-related deaths in 1996. Vigorous law enforcement was increasingly regarded as less effective, with harm minimisation becoming a more attractive approach. In 1996, Victoria Police developed a cannabis cautioning program that also involved the Victorian Department of Human Services. This laid the foundation for an effective partnership between the two agencies. Subsequent positive evaluation of this particular program resulted in the securing of funding to trial two pilot diversion strategies that extended the program to include offenders with small quantities of other illicit drugs.

This Victorian initiative helped to demonstrate the efficacy of illicit drug diversion and the results of an evaluation of the trial were sent to the National Drug Strategy Unit in Canberra. Victoria Police were then asked by the Commonwealth Government in April 1999 to send to them their documentation of the trial and this provided the basis for the development of the national framework for drug diversion that was announced at the COAG meeting referred to beforehand. In short, then, the drug diversion initiative came to the other states via the route of cooperative federalism through the decision of COAG.

In South Australia there had been a detailed evaluation of their CEN scheme several years prior to the announcement about the IDDI. Long established since 1986, there was some reluctance to replace the CEN scheme with the new initiative. As one South Australian related, there was an attitude of

*... look, you know, we've got that. We're not going to make changes there.*  
(South Australia)

In March 2000, however, the South Australian State Cabinet Committee on Illicit Drugs approved the diversion initiative for South Australia – building in their existing juvenile justice diversionary processes and adult diversionary mechanisms such as CEN and the Drug Aid and Assessment Panel (DAAP). Legislative changes to the *South Australian Controlled Substances Act 1984* to expand the range of assessment providers beyond the DAAP and to enable new arrangements for adult drug assessment services were, however, necessary. These were provided when the *Controlled Substances Amendment Act 2000* was proclaimed on October 1, 2001.

In Tasmania, the development of the illicit drug diversion strategy within the parameters of the national implementation framework proceeded in a relatively straightforward manner. Tasmania Police had adopted a Cannabis Cautioning program in 1998 with guidelines closely aligned to those that had been developed by Victoria Police. Following the Prime Minister's announcement on IDDI funding in November 1999, Tasmania Police readily embraced the initiative and became the first state to begin its implementation in late February 2000.

### 4.3 The consultation process

Many participants in the field interviews in all three states involving all ranks were generally dissatisfied with the level of consultation in the development and subsequent implementation of the diversion strategy. In particular, frustration was expressed that, even when feedback had been provided on occasions, there had been no satisfactory response.

Officers in South Australia reported that the implementation process did not involve consultation with officers, but tended to be a policy driven top-down in which officers were given instructions. Views were expressed that this could be improved with more information gathering from officers implementing the policy. Respondents commented that the diversion policy was simply one of many and that information about implementation had been provided in an 'ad hoc way'. Still others in South Australia indicated that they felt that the consultative process was deficient, tokenistic or non-existent. As one put it,

*There was no consultation. It was just 'you will have it'.*  
(South Australia)

In South Australia, the methods of consultation most frequently identified by respondents (asked in Question 33.1 of the Police Survey) were email, intranet, survey, and the training course.

In Victoria, constables indicated that they were sometimes aware of policy initiatives before they occurred but many did not recall having been consulted, with one expressing dissatisfaction about the tendency 'to read about changes in the legal system in the *Herald Sun* ...'. Others were concerned that there was no apparent consultation on the development and implementation of the strategy, referring to 'top down initiatives, with the troops having no input'. Still others referred to the Victoria Police wanting to please others at the expense of members, consultation being 'non-existent' or inappropriately only involving 'the bosses' rather than those who deal with problems all the time.

They also criticised the use of surveys as a method of consultation and expressed the view that there needed to be more face-to-face consultation with those at the grass roots over the development of procedures 'to see if it is operational. If there is a problem they need to speak to workers on the issues'. Another considered, however, that the goal of sound consultation was unrealistic:

*Consulting with members who are doing it ... has been impractical for the timeframes we work in. We are ill equipped ... there is not enough staff at this station and we don't even have enough pens.*

(Victoria)

Victorian officers participating in field interviews were convinced, overall, that more consultation would result in greater success in policy implementation. The methods of consultation most frequently reported by Victoria respondents were a survey, memos, email, a video, and their opinions being sought.

In Tasmania, both sergeants and constables expressed disappointment about the low level of consultation about the policy process, emphasising the perceived superiority of face-to-face consultation over the printed word ('documents don't answer questions'), especially in overcoming resistance to change:

*Consultation, ownership, being part of the process. If you want people on your side you got to go out and consult as they have the experience and ideas.*

(Tasmania)

As in Victoria, there was also some scepticism expressed in Tasmania over the real impact of consulting more, given the many competing demands on time, and the passive nature of communication via media such as the intranet: 'If you choose to read it, it is up to you'. Several officers expressed a preference for closer support during the implementation phase, even at the individual level, as training days involved groups that were too large, with too many questions: possibly the use of 'change agents' with good communications skills who could 'sell the policy change'.

While some dissatisfaction was expressed by Tasmanian officers in the field interviews, this was not at a high level, and overall there was an appreciation of the constraints of 'the job', such as conflicting priorities, overwork and an environment of constant change. Nevertheless, clearly many officers who responded indicated that they would appreciate more consultation and believe it would result in better policy.

In Tasmania, the methods of consultation most frequently mentioned by respondents were seminars and training, a discussion paper, training in the police academy, participation in 'drug feedback' program and being involved in consultation.

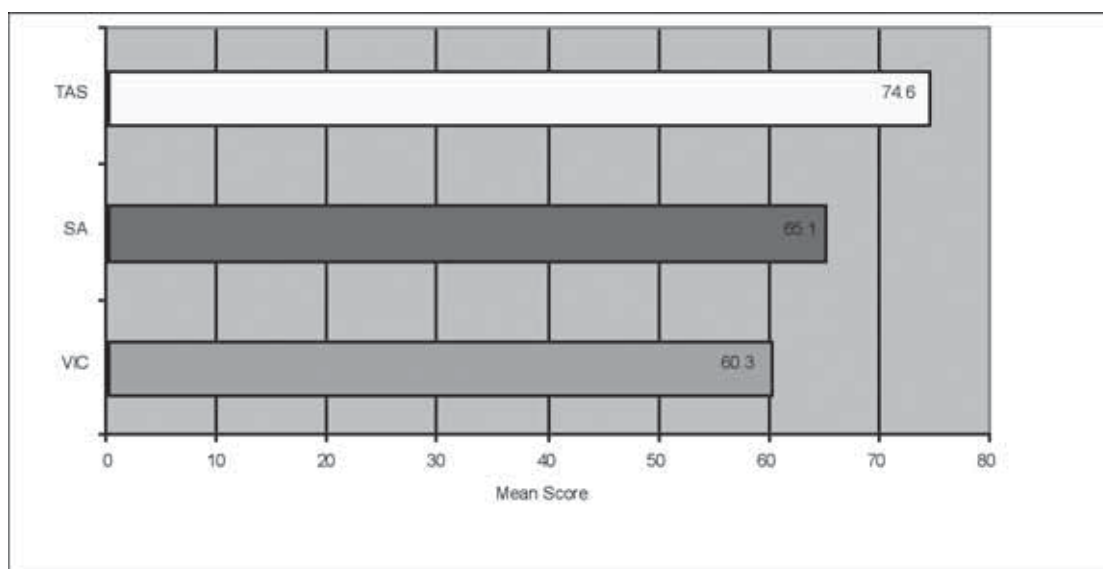
In the Police Survey, Questions 34, 34.1 and 34.2 explored quantitatively whether respondents had received information on the proposed changes, what methods were used, and how useful this information was. Nearly 33 percent of those responding to Question 34 stated that they had not received much information. A further 21 percent stated that they received information occasionally while the same proportion received information some of the time; five percent of all respondents indicated that they received information all the time.

Significantly fewer personnel from Victoria and South Australia had received information 'all the time' than those in Tasmania. Conversely, significantly fewer personnel from Tasmania or South Australia commented that they never received information than those in Victoria. Significantly fewer commissioned officers and sergeants stated that they never received information than did constables. There was little difference between ranks with regards to any other category listed.

The *Police Gazette* was the most popular source of information on the proposed changes with 60 percent of all respondents indicating this method followed by the media (23 percent) and newsletters (22 percent). Drug strategy officers (19 percent), other staff (15 percent) and commissioned officers (16 percent) were also popular choices. There was little variation between ranks in relation to information sources, with methods listed above spread fairly evenly between ranks.

Overall usefulness of information was dealt with at Question 34.2 of the Police Survey (see Figure 4.1). It received a mean score rating of 65.5. From a state perspective, Victorian respondents' rating of 60.3 was significantly lower than that recorded by South Australian respondents (65.9) and Tasmanian respondents (74.6).

**Figure 4.1 Usefulness of information provided to police**



In the Police Survey, participants were also asked whether they were consulted on their views when the drug diversion policies were developed in their state (Question 33). Overall, 8.6 percent of respondents replied that they were consulted during this period. From a regional perspective, significantly fewer respondents were consulted in South Australia (7 percent) and Victoria (5 percent) than in Tasmania (16.2 percent) while constables and sergeants exhibited a significantly lower proportion of those being consulted than commissioned officers.

The effectiveness of the consultation process (as assessed by Question 33.2 in the Police Survey) received an overall rating of 34.5 in Tasmania and Victoria. (The 7 percent of South Australian respondents who indicated that they were consulted chose not to respond to Question 33.2.)

The Police Survey revealed widespread desire for consultation (Question 32) with three-quarters of all respondents stating that they should be consulted when there are changes to the drug strategy. Significantly lower proportions of those in Tasmania thought they should be consulted than in South Australia and significantly fewer non-police personnel indicated that they wanted to be consulted than sergeants or constables. Those who had not received training exhibited significantly lower proportions desiring consultation than those who had received training.

#### 4.4 Strategy development and policy instrument issues

The field interviews revealed a number of perceived problems with drug diversion, with several seen as contentious, especially in South Australia.

It was indicated in the field interviews in South Australia that there was some resistance to the introduction of their drug diversion strategy largely because it had originated elsewhere and there was reluctance to abandon South Australia's CEN scheme in its favour, as indicated beforehand. That said, there was also evident a degree of scepticism about the efficacy of the CEN scheme.

The view was expressed in the field interviews that its main objective was to reduce the burgeoning workload of police in the early 1980s in dealing with minor cannabis offences. This was seen as having failed, with numbers of reported offences 'quadrupling', of which 'half didn't pay the fine and ended up in court anyway'. For this reason, this participant described the CEN scheme as 'one of those really well intentioned bits of lunacy'.

Others expressed similar views. Cannabis expiation was seen as being 'completely ridiculous' in that 'you get fined for cannabis – and yet you can go well let me say 'free' – but you can go, to counselling. It was seen as 'a money-spinner – the government, they are not going to change it'. The view was held that the majority did not pay fines, which meant that they went to court, received a criminal conviction and then did community service.

There was also a view expressed that the drug diversion strategy in South Australia was based on normative considerations, rather than upon sound evidence of efficacy:

*Not in a validated research. It was the opinions basically of people in the Drug and Alcohol Services Council that were saying 'Look there's more risky and higher needs groups that aren't getting a service and with the new money that would flow from the Commonwealth we ought to be putting that into those areas rather than changing the arrangements for adult people with cannabis'.*

(South Australia)

In South Australia, another problem concerned the fact that the guidelines did not give opportunity for the use of discretion, as the decision to divert is prescribed in legislation. This was felt to restrict the ability of officers to undertake effective policing of dealers, who act strategically to use the diversion program to escape punishment:

*I think one of the problems with the discretion part of it was if they've got known manufacturers or dealers, because they know if they only carry a certain amount and there's no other evidence they have to be diverted. We've had a number of occasions where dealers or manufacturers carry that small amount and they get stopped by the police and they say, 'Give me my new appointment time'.*

(South Australia)

This perceived manipulation of the diversion system was reported as causing frustration for officers and goal displacement. In field interviews, officers said that they were more likely to adopt behaviours that make the habitual offender as uncomfortable as possible, before adopting due process. As one commented:

*That's what hurts the operational police because they say in the past we've been able to arrest that person and take him or her back to the police station. At the very least we'll take 'em off the street and make 'em sweat for a bit while we do an investigation. Whereas now, if there's no other evidence, basically they get an appointment and, as long as they go, end of story. They know that.*

(South Australia)

In such circumstances these officers indicated a preference for the discretion to subject an offender to the full force of the law if they deemed it appropriate:

*That's where the discretion would help – if it was [a] known offender they could say, 'No, you're not being diverted. You've only got this amount, but you're going to Court'.*

(South Australia)

In contrast, Victorian operational police were seen as having total discretion and management's role was to monitor use of their strategy and encourage officers to use the process. In Tasmania, operational police discretion was seen as being constrained by guidelines. There were some who reported that they had no discretion under the existing guidelines, while others saw the provision for discretion as essential to the acceptance of the policy:

*It wouldn't have worked without discretion, and the take up rate would've been poor.*

(Tasmania)

Another issue in South Australia concerned adult users and drug dealers. There was the perception that adult and dealer offenders are getting smarter and know what quantities of a drug to carry to secure diversion. Moreover, they were keenly interested in the number of times they could be diverted. This points to a perceived dilemma in the instrument. On the one hand, there is a belief that 'the heroin addict is not going to be cured by one visit or two or three visits to a counsellor'. But there is a perceived problem with unlimited diversions:

*And one of the surprising things we did was – one of the issues from a police perspective was that they were diverting the same people over and over again. ... [In the] South Australian system, adults get an unlimited number of diversions. So the big issue with the police, kind of – the ground was that they were doing the same people over and over again.*

(South Australia)

There were also misgivings in South Australia over the leniency of the financial penalties imposed under their policy instrument, especially the lack of adjustment for inflation (\$150 for around 20 years) and the small fine for what were regarded as substantial quantities of drugs (100 g of cannabis, or 2 g of powder). 'Police feel very uneasy about the quantity or the amount of drugs people can carry'. It was felt there was a need for clear guidelines on what was divertible and to ensure it did not jeopardise a bigger case or a more serious matter.

Another problem in South Australia concerned communications, with officers initially having to use their own mobile telephones to contact the hotline of the diverting agency. Subsequently a dedicated channel on the radio network was provided to address this issue.

Finally, other officers in South Australia reported frustration in implementing a diversion policy with people whose first language is not English. Semi-structured interview participants specifically mentioned difficulties in relating the details of the diversion process to Aboriginal people, and requested brochures and publications in Pitjantjara.

A much lower proportion of policy instrument problems were identified in the field interviews in Tasmania and Victoria. In Tasmania, participants saw some elements of compromise in their state's strategy, with policy development being constrained by the COAG Agreement which required that the instrument should be based within certain parameters. As one officer commented,



*... but we also then sort of melded that with police cautioning model. So it doesn't totally line up ... align with sort of the other states because everyone has different policing arrangements that they need to fit in with. So I guess it was an amalgamation of a few things.*

(Tasmania)

Another participant expressed some concern about the origins of the strategy that was implemented:

*My understanding is that they may have obtained the diversion process from another area and they just cut and pasted it in to suit us, and it didn't really work well for us. So they had to change it two or three times ... the person implementing it may have done a rush job. So it's evolved to where it is now.*

(Tasmania)

Furthermore, in Tasmania, procedural issues were also identified as being problematic in the practice of their diversion procedures. In the first version of the diversion strategy, packs were carried by officers in vehicles and officers could issue a notice to the offender on the spot (provided they were not a juvenile). Juveniles had to be taken back to the police station because police had to contact their parents. The problem with this system was that the kit did not fit in a pocket.

*You had a separate pad for your caution and second level diversions and a second pad for your diversion to assessment notices. So it was just a bit cumbersome.*

(Tasmania)

There was also a perception that the COAG national framework was quite prescriptive as to what officers had to record, and so the pads had to meet their requirements. But they also had to ensure that they met the requirements of evidence to go to court. 'I think we were trying to serve two masters'.

## 4.5 Conclusion

From the foregoing overview of perceptions about strategy development and policy instrument issues, many South Australian participants in the field interviews were critical of their state's illicit drug diversion strategy. Concerns about dealers and adults manipulating the system, the unlimited number of diversions and the leniency of financial penalties imposed on cannabis offenders were strongly expressed. An equity issue was also raised with South Australian officers expressing frustration in implementing the strategy with people whose first language is not English – with special concern expressed about relating details of the illicit drug diversion process to Aboriginal people.

In regard to consultation in the policy formulation stage, it appears that the level was low in all three jurisdictions. Less than ten percent of all respondents to the Police Survey replied that they were consulted during this period and the effectiveness of consultation received a rating of 34.5. Information on the proposed changes that was disseminated appears to have been considered useful (with an overall rating of 65.5) even though 54 percent of respondents indicated that they never or only occasionally received the information.

In conclusion, in 4.1 Theoretical rationale, it was hypothesised that prior consultation and information on proposed changes is likely to help foster the legitimacy of a proposed new policy initiative by serving to persuade the implementing officers of the prudential and normative value of the policy. Given the findings presented here, the questions arise:



- i) What is the relationship between prior consultation (asked in Question 33 of the Police Survey) and the level of legitimacy/appropriateness (asked in Question 30) of the policy strategy? and
- ii) What is the relationship between the usefulness of the information on proposed changes (asked in Question 34.2) and the level of legitimacy/appropriateness (asked in Question 30) of the policy strategy?

These questions are addressed in Chapter six. Before this, however, we consider the external context.

## Chapter five: External context

Research questions that guided the project in this area were:

- Who are the major external bodies and what roles have they played in the implementation of the strategy?
- How has coordination and cooperation between them and the focal agency been facilitated or impeded?
- Have there been any changes in socio-economic conditions since the policy was formulated and how have these affected the process?
- What is the level of political support for the strategy and how has this affected implementation?

### 5.1 Theoretical rationale

The actions of those such as government agencies, interest groups, professional associations, as well as other external considerations, can significantly affect the implementation process (Winter, 1990; Pettigrew, 1987).

Organisations are not closed systems – they are mutually dependent on elements in a larger environment. A useful concept that delimits this larger environment is the ‘task environment’ which refers to those parts that are relevant and potentially relevant for goal-setting and goal-attainment – clients, suppliers, competitors and regulators/monitors (Thompson, 1967). This list of four elements categorises a number of groups relevant to the implementation of the drug diversion strategy: the target offender group (beyond the scope of this study); suppliers of services (such as the treatment services) and resources (the Commonwealth and state governments); and regulators/monitors. Beyond the ‘task environment’, other considerations that may affect implementation are important, including socio-economic conditions and the general level of political support for the policy strategy (Winter, 1990; Pettigrew, 1987).

### 5.2 External bodies

In this research the key external actors identified were the:

- i) Australian National Council on Drugs (ANCD);
- ii) health sector (including state departments and non-government organisations (NGOs)), especially the assessment and treatment services contracted to supply services under drug diversion initiatives; and
- iii) State Reference Groups.

#### The Australian National Council on Drugs (ANCD)

To understand perceptions of the role the ANCD has played in the implementation of drug diversion strategies in the three jurisdictions, it is necessary to outline, briefly, major intergovernmental structures and strategies (especially the NIDS) that have shaped the IDDI.

The IDDI is a policy strategy developed and implemented under the terms of the NIDS that, in turn, is part of the National Drug Strategy. The National Drug Strategy is the responsibility of the Ministerial Council on Drug Strategy (MCDS) – a ministerial-level forum and peak policy

and decision-making body on licit and illicit drugs in Australia. This council is made up of Commonwealth, state and territory ministers responsible for health and law enforcement and the Commonwealth minister responsible for education. It is charged with ensuring that Australia has a nationally coordinated and integrated approach to reducing harm associated with drug use.

The MCDS is supported by an intergovernmental forum, the Intergovernmental Committee on Drugs (IGCD), made up of senior officers that represent health and law enforcement agencies in each Australian jurisdiction and in New Zealand, together with representatives of the Commonwealth agency responsible for education and the Ministerial Council on Aboriginal and Torres Strait Islander Affairs. It provides policy advice to the MCDS on drug-related issues and is responsible for implementing National Drug Strategy policies and programs, as directed by the MCDS.

A third major body is the ANCD. It is the principal advisory body to the Commonwealth Government on drug policy and is made up of government and non-government experts on various aspects of drug policy. Since its establishment in 1998, the ANCD has been particularly involved in NIDS initiatives – especially, since its adoption in 1999, the IDDI.

### **Impact of the National Illicit Drug Strategy**

The NIDS provided funding for the states to implement drug diversion strategies under specific guidelines. The *National Action Plan on Illicit Drugs 2001 to 2002–03*, which was accompanied by a background paper, was endorsed by the MCDS in July 2001. This document states that this plan reflected bi-partisan agreement of the COAG and also took into account other existing strategies such as the *National School Drug Education Strategy* (Commonwealth Department of Education, Training and Youth Affairs, May 1999) and *National Supply Reduction Strategy for Heroin and Other Illicit Drugs* (no date). The purpose of the plan is described as promoting a philosophy of harm minimisation, with young people as one of the key target groups. It also incorporates strategies of supply and demand reduction. In short, the *National Action Plan on Illicit Drugs 2001 to 2002–03* (2001, 3) sought:

*... to improve health, social and economic outcomes by preventing the uptake of harmful drug use and reducing harmful effects of licit and illicit drugs in Australian society.*

The plan and background paper emphasised the need for interventions to be developed to suit different geographical situations and varied demographic and socio-economic contexts. It identified seven key strategy areas: the first four related to 'content areas' with the remainder identified for critical investment. These strategic areas are identified in the plan as:

1. *Demand reduction: promotion of opportunities, settings and values that promote resilience and reduce the uptake and use of drugs and the risks of drug use.*
2. *Supply reduction: interventions to reduce availability and supply.*
3. *Treatment.*
4. *Harm minimisation.*
5. *Workforce development.*
6. *Research.*
7. *Monitoring illicit drug strategies -*  
(*National Action Plan on Illicit Drugs 2001, 2*)

Drug diversion initiatives have been driven by strategies to reduce demand, and provide treatment using harm minimisation principles. Workforce development was identified as a crucial component of the strategy for all sectors involved; specifically, the importance of pre-service education, post-basic training and in-service programs. Treatment was also identified as central to the implementation of the strategy and, at the time of the implementation of this plan, it was noted that the drug and alcohol treatment sector included both effective and ineffective services. The importance of developing this sector was emphasised in the plan:

*... [t]here is a need to move the treatment system towards the provision of accessible, affordable, locally relevant and carefully planned options. The available evidence supports an integrated system across in-and out-patient services, with an emphasis on community-based services and continuity of care.*

*(National Action Plan on Illicit Drugs 2001, 15)*

Three years later, in May 2004, the MCDS released *The National Drug Strategy: Australia's Integrated Framework 2004–2009*. While the purpose of this new plan was identical to the previous plan, there were some changes to the priority areas. Demand reduction had been replaced with more specific prevention approaches, workforce development now included organisational and system development, while strengthened partnerships and the implementation of the *National Drug Strategy Aboriginal and Torres Strait Islander Peoples Complementary Action Plan 2003–2006* (National Drug Strategy Reference Group, May 2006) became new priorities.

It is important to note that both of these plans have potentially competing objectives: supply reduction versus harm minimisation. It appears that, due to the need for bi-partisan support, these objectives have been modified over the period of the two plans with, as Winter (1990) suggests, a merging of philosophical approaches beginning to occur. This is most evident in a move away from demand reduction strategies to prevention approaches in the latest plan. As discussed in the previous chapter, frequently with a highly controversial policy where there are different philosophical positions, contradictory objectives might be adopted as part of the compromises necessary to secure agreement. This may lead to difficulties in the implementation phase if it is unclear how these differing approaches can work together.

### **Influencing states' decisions to implement**

In the field interviews, respondents from all states acknowledged the significance of NIDS; there were different views on how it had impacted on the development of illicit drug diversion initiatives in each state. In South Australia, the unanimous view of those interviewed was that this state had been a leader in relation to social reform with the CEN scheme being in place for well over a decade. Prior to the national strategy, South Australia had a range of strategies including drug diversion for simple possession offences, CARDS for middle offenders and Drug Court for serious offenders. The national strategy was described as complementing a program that was already developed and the funding was seen to allow a development of assessment and treatment services for juveniles and an expansion to the existing adult services.

In Tasmania, there was a strong view that the NIDS and resources provided through it have been a driver for initiatives in that state; however, Tasmania had already developed a cannabis cautioning scheme prior to the implementation of the NIDS. It was reported that this occurred as the state government committee on drugs became aware of the Commonwealth Government's desire to get more involved in drug diversion initiatives and that this was the catalyst for action. There was a view that there were members of Tasmania Police who were resistant to diversion approaches and that the Commonwealth funding was seen as providing greater support for the change management process aimed at changing negative attitudes towards drug diversion. It also

supported a greater emphasis on training. There was a view that, in Tasmania, the initiative would not have been able to develop as fully as it had without the NIDS. This view is evident in the following excerpt from an interview:

*I don't think we would've had the resources to actually take it as far as we did. You know, I think we would've – we could've sort of rolled over and used the existing cannabis cautioning scheme, but we wouldn't have been able to provide that additional treatment for, you know, level 2 or level 3 sort of diversion offenders. So we wouldn't have been able to take it as far as we have.*

(Tasmania)

In Victoria, the Premier's Drug Advisory Council was considering a range of options prior to the National Drug Strategy. As discussed in the previous chapter, Victoria had implemented a cannabis cautioning system and piloted a drug diversion program in two areas prior to the strategy. Victoria Police members perceived that these activities had provided the foundation for the national strategies in drug diversion programs.

As illustrated in the following quotations, Victoria Police members perceived that these activities had provided the foundation for the national strategies in drug diversion programs. The national framework was developed partly because of the Victoria Police Cannabis Cautioning and Drug Diversion programs, which grew from small successful pilots. In April 1999, COAG then gave \$111.5 million to develop the national framework based on those two programs.

While this was the case, the funding directed towards the development of the capacity of the treatment services in Victoria was seen as crucial. This funding was viewed as vital in all three states; however, in Tasmania the role of NIDS in gaining philosophical support for the approach was viewed as even more important.

### **NIDS objectives**

In the field interviews, the contradictory nature of the objectives in the National Drug Strategy (which include both 'tough on drugs' and 'harm minimisation' approaches) was noted in all three states. There was a view that, in the political arena, the Commonwealth sent a very clear message that it was 'taking a tough approach' and 'clamping down' on drugs. However, diversion strategies were seen as adopting an approach that was the 'opposite' of tough. Interviewees stated that these approaches were 'going soft' on drugs. As one interviewee said:

*Well certainly I thought when that first came out ... there was a contradiction there ... Anyway there are other large hunks of it to do with supply reduction, which probably is more closely aligned with the tough aspect of it, but on the other hand there are other aspects too that sort of deal with things like needle availability and family support type programs, which also probably couldn't be considered part of a tough approach.*

(Tasmania)

While there was a perceived difference between federal and state philosophical views it was generally accepted that the ANCD had adopted a harm minimisation approach and that, this could 'fit' within both Labor and Liberal policies. The view was also expressed that, if the harm minimisation approach had not been included in the NIDS, the states would have found it harder to implement drug diversion initiatives. In all three states interviewees expressed the view that their focus was on harm minimisation approaches, with the aim of reducing demand and supporting the development of treatment and prevention programs. The following quotes are indicative of this view:

*So this was part of a total package where – ‘Don’t use drugs’ was the slogan, no uptake of drugs, but we’ve got to do something about those people who have and let’s get into ‘em at an early stage in their offending so we can get them diverted into treatment, so therefore they can stop using them.*

(South Australia)

*It’s just the bureaucratic spin. It’s tough on drugs, but it is certainly harm minimisation.*

(Victoria)

Overall, the contradictory nature of the NIDS objectives was not perceived as having a negative impact on the development of drug diversion initiatives in the three states.

On the other hand, negative views were expressed in relation to the guidelines for funding through the NIDS. These were viewed as rigid and prescriptive. It was acknowledged that this was, in part, a consequence of the way in which the State Reference Group (and particularly the Chair) interpreted the guidelines, and the requirements imposed on service providers for the purposes of accreditation.

Some interviewees held a more positive view of the NIDS, noting that it allowed for flexibility so that each state was able to develop a different policy strategy at the state level. This was identified by the following respondent in Victoria:

*It worked quickly and it worked well. There are differences. We have CREDIT, New South Wales has MERIT and South Australia have their Cannabis Expiation Notices.*

(Victoria)

### **Impact of the Australian National Council on Drugs**

In the field interviews, the ANCD was identified as a powerful body that has influenced the development and direction of the NIDS. This is evident in the following quotations:

*Basically they get to see everything to do with drugs that’s funded in any of the states or territories.*

(Victoria)

*I mean the other issue that’s been the case throughout all of this, and again relates to the Commonwealth I suppose, is the great influence that the ANCD seems to have had on this whole program and I think we’ve had some disagreements with them over ... their approach, but they certainly have a very big influence on ... the position the Commonwealth take.*

(Tasmania)

Interviewees in all states held strong views on the influence that the ANCD had on decision-making processes, especially in relation to the allocation of drug diversion funds. As indicated in the following quotations, many viewed the directing of funds towards assessment and treatment services in the NGO sector as inappropriate:

*It is a very strong driver – that it be largely NGO funded – and that’s what holds us up.*

(South Australia)

*Their emphasis is on non-government organisations – service delivery from non-government organisations – and that's where a lot of angst happens because the state – you know the Alcohol and Drug Service and Department of Justice – don't feel that [the state] has the capacity to take on complex cases.*

(Tasmania)

While this was not so much of an issue in Victoria, it was a concern in South Australia and Tasmania where, prior to the NIDS, the government had been the major provider of drug and alcohol treatment services. The following quote from an interviewee in South Australia expressed concern over the quality of service by some NGO providers:

*I prefer to do it through people who know what they're doing. It doesn't matter whether they're government providers or non-government providers, it's about the competence level of people and we can be significantly confident about the expertise of DASC and of a number of the non-government providers, but for some of the others who we've given money to we needed to recognise that part of it was skill building.*

(South Australia)

Some took the view that directing funds towards the NGO sector had taken priority over ensuring the quality of the treatment services provided. For example:

*My own view about this is that it has gone too far in the direction of saying, 'Let's not worry about quality. Let's really focus in on building the non-government sector'.*

(South Australia)

*I mean at the end of the day, fundamentally, from where we're sitting here, we want to make sure that the client being diverted has a significant chance of doing well and that should drive who you fund. Not a partisan position or a preferred position or bias towards a particular group of providers.*

(Tasmania)

In sum, the field interviews provided evidence of a widely-held view that the power of the ANCD had shaped the direction of drug diversion initiatives in all three states and that it had prescribed the directing of funds for assessment and treatment towards the NGO sector. The majority of interviewees viewed this outcome negatively as they were not convinced that the NGO sector, as a whole, had the capacity to supply adequate services. They expressed a preference for the concentration of funds in the state sector to ensure the provision of adequate assessment and treatment services.

## **The Health Sector**

### **Assessment and treatment service providers**

While the field interviews provided evidence of common concerns among police and other government agencies over the Commonwealth Government's emphasis on the funding of non-government services, the experiences of the assessment and treatment service providers in all three states have been very different. As demonstrated in Table 5.1 (below), all of Victoria's treatment services are located within the non-government sector and the number of services provided grew significantly in 2002–03. In South Australia there are more government than non-government services and the number of service-providers has remained fairly stable. In Tasmania, initially all treatment services were government based but in 2001–02 there was a significant shift towards the non-government sector.

**Table 5.1 Treatment services by state and sector**

	South Australia			Tasmania			Victoria		
	Govt	NGO	Total	Govt	NGO	Total	Govt	NGO	Total
2000-01	35	10	<b>45</b>	13	0	<b>13</b>	0	83	<b>83</b>
2001-02	38	10	<b>48</b>	4	10	<b>14</b>	0	86	<b>86</b>
2002-03	39	11	<b>50</b>	3	8	<b>11</b>	0	148	<b>148</b>
2003-04	42	11	<b>53</b>	3	9	<b>12</b>	0	143	<b>143</b>

Source: AIHW 2002b, 2002c, 2004, 2005b

### Length of service

Analysis of responses to the Treatment Survey indicates that treatment providers had been operating for an average of 27 years with the range being from 1 to 130 years. Only a small number of these services were recently established, with 13 percent of the services operating for less than five years.

### Services provided

Over half (58 percent) of the treatment services who responded to the survey identified counselling as the main service they provide.

### Geographical coverage

Table 5.2 (below) shows that Tasmania had the highest proportion of services per head of population compared to the other two states and the national ratio. South Australia had the lowest proportion of services per head of population and was lower than the national ratio. In Victoria the ratio is lower than that in Tasmania but slightly higher than the national ratio.

**Table 5.2 Ratio of treatment services to population**

	Population (2003)	Services	Ratio
South Australia	1,531,375	53	28,893.9
Tasmania	479,958	12	39,996.5
Victoria	4,947,985	143	34,601.3
Australia	20,008,677	622	32,168.3

Source: Australian Bureau of Statistics (2003)

While this variation between states is relatively small, there are some further differences evident when taking into account the provision of services in major cities, regional and remote areas in each state. Table 5.3 (below) shows that while both South Australia and Tasmania have very small proportions of their populations residing in very remote areas, the level of service provision for these communities is non-existent. All three states have a small proportion of their population residing in remote areas but only South Australia has service provision for people in remote areas. In Tasmania there is a small discrepancy in the ratio of services to population for inner and outer regional areas, while in Victoria a similar discrepancy occurs for major city and inner regional populations.



Table 5.3 Treatment services by geographical location

2003-04	South Australia		Tasmania		Victoria	
	% pop	% services	% pop	% services	% pop	% services
Major cities	72	71	0	0	74	62
Inner regional	13	11	64	58	21	30
Outer regional	12	15	34	42	5	8
Remote	3	2	2	0	0	0
Very remote	1	0	1	0	0	0

Source: AIHW (2005b)

Over 36.4 percent of the treatment services that responded to the Assessment and Treatment Services Survey stated that their service catchment area was a region or local government area, nearly 24.2 percent stated that the catchment area was the whole state and 18.2 percent responded that it was a rural centre and surrounding area. None of the services that responded to the survey stated that their catchment area was a capital city only or an other rural/remote area.

In the field interviews, issues were raised in South Australia and Tasmania relating to the lack of assessment and treatment services in rural and regional areas:

*But once again it's just traditional Adelaide. Most of the non-government agencies are based in the city and so for them to have any hope at all of getting some funding they have to start talking about going out to their satellite offices.*

(South Australia)

*I think the thing though about South Australia that is different from other states is that because we actually have our services, our towns, all spread out and have quite a rural and remote area, it's been hard for us to actually get some coverage in some ways. So we actually haven't had the mix of services that other states have had.*

(South Australia)

*Especially in regional and remote areas is that there just isn't the services there in the first place that might be able to take on the roles and responsibilities around assessment and treatment and that's just part of the landscape out there.*

(Tasmania)

*We have gaps in rural and remote communities and in Aboriginal communities.*

(Tasmania)

In South Australia and Tasmania, concerns were also expressed about the provision of services to Aboriginal communities. In South Australia these concerns focused on the remote location of these communities and, in Tasmania, the Aboriginal population is small and dispersed:

*The difficulty is right up north ... the service provision for the Aboriginal lands right up on the border is ... it's not in place yet. We've got our process organised. We've just got to get people up there who can do it.*

(South Australia)

*We've certainly contemplated models to increase the capacity and to increase capacity around Aboriginal communities. The issue ... and we've proposed those ... and the issue is actually getting the State Reference Group to ... everybody agrees that they're issues, but there hasn't been good agreement about how they should be addressed.*

(Tasmania)

In Tasmania special funding was made available to cater for the Aboriginal population and two organisations were funded, one in the south and one in the north of the state. At the time when funding was approved, the service agreements were written up in such a way that these services would be only delivering services to the indigenous community and not to the wider community. However, due to the low number of referrals, one of the organisations decided to withdraw. The State Reference Group reviewed the original policy decision and agreed that, to ensure its viability, the other organisation could extend its services to the wider community.

It was reported that, in South Australia, there were plans to address issues surrounding the provision of services to rural and remote areas. At the time of the field interviews, the health department was in the process of assisting regional health authorities to establish coalitions of government and non-government agencies to access funding. Their aim was to establish 30 or 40 agencies to address identified gaps. In one remote Aboriginal community in South Australia, collaboration was taking place with the health department to train workers to provide assessment and treatment for community members who had received a drug diversion.

### **Capacity, funding and training**

Adequate *capacity*, *funding* and *training* are critical to the overall effectiveness of drug diversion strategies in each state. The following section discusses how each state fares in relation to each of these three factors.

In regard to *capacity*, service providers in Victoria perceived the capacity of their assessment and treatment services as higher than that of other states. The perception in Victoria was that, while some funds had been directed into the development of the NGO sector through accreditation, capacity was not a major issue in the implementation of the strategy. This view is illustrated by the following quotation:

*I think here ... knowing the national scene ... we are better off with our treatment services than any other state or territory. They exist and, now with the capacity building because of the money coming in, you are more likely than not to get into treatment quickly ... there are about twenty-seven agencies spread right across Victoria doing young people from 10 through to 21. There's only one which is specific for Aboriginal/Torres Strait Islanders and there's 67 agencies and growing ... probably 70 now for all other people. There are drug and alcohol specific agencies that are sanctioned by Human Services.*

(Victoria)

Notwithstanding this view, the government funds a number of agencies across the state to provide drug treatment services to indigenous people. Many of these agencies are Aboriginal co-operatives, though there are generalist agencies funded to provide culturally specific services to people who identify as Koori.

In South Australia and Victoria funds were directed to improve the capacity of the NGO sector in the initial phases of implementation of the drug diversion strategy. However, in Tasmania the predominant view was that the NGO services were adequately funded to access training independently. All of the states had developed models of accreditation for workers or services to address issues of capacity. The following comments are illustrative of these views:

*Most of the non-government organisations have developed harm minimisation as their kind of modus operandi and I don't think there's been a need to do a lot of capacity building in that regard because I think that, certainly in recent times, that philosophy has been run out through the national drug strategy, which has been embraced pretty readily by the alcohol and drug sector generally.*

(South Australia)

*We've had a range of services in place, but I think that certainly, like over the last twelve months, they've actually skilled up even more and organisations have actually had to go and do some training around assessments and assessment skills and they're all actually certified assessors.*

(Victoria)

*There are a range of non-government providers who – whose workers are supposed to be accredited as service providers under IDDI and therefore should have the knowledge and the services and I think that the monitoring group that ... presides over, brings that group together, and they kind of pick up issues around their professional service delivery.*

(Tasmania)

In regard to *funding*, field interviews indicated all states had service agreements in place for the delivery of assessment and treatment services. As illustrated by the following quotations, for many this funding was provided in the form of a retainer:

*I think it varies. I mean each organisation has an agreement to provide the treatment services they're contracted for.*

(Victoria)

*... all of them are funded on the one retainer basis anyway, so we said look, you know, here's whatever – it might be \$10,000 but you need to take whatever clients come your way and some of them have had a small number of clients.*

(South Australia)

*The money we paid for them, that effectively served as a retainer and that's basically it.*

(Tasmania)

There were specific concerns raised in South Australia and Tasmania that the assessment and treatment services had been over-resourced. For example:

*I think, based on the numbers that go through, what worries me is it's almost over resourced. We've got people sort of sitting around just waiting for somebody to come through the door and the number of people who are getting diverted from the criminal justice system is pretty small in the scheme of things. Now I think that's starting to change a bit and it's starting to pick up on the fact that if you have access to the records of numbers of diversions and numbers of people going to counselling services and so on you can see that it's not huge.*

(Tasmania)

*... some agencies who were funded and being under-utilised are using those resources in other ways, which includes treating voluntary clients and also includes, as has been reported to me, the agencies are actively recruiting clients.*

(South Australia)

The concerns raised in relation to over-resourcing of this sector were related to the low number of diversions in these states when the policy was implemented and difficulties in estimating how many diversions there would be. This view is illustrated in the following quotations:

*... the judgement about likely numbers and so on was made by police and made by alcohol and drug services. They looked at what they thought, what the workload was likely to be as a consequence of adopting this model, and put in their bids accordingly and were pretty much funded accordingly as well. There were a lot of Commonwealth funds available.*

(South Australia)

*But originally the problem we had was ... is how you actually allocate the funding to those organisations when we had no idea or estimates of how many clients we were going to have. I mean, so you could hardly do it on a client service sort of ... a straight client service sort of basis, because some organisations may ... they'd be instructed to provide the services and they haven't got the clients.*

(Tasmania)

Concerns were also raised over the parameters of the tendering process and the capacity of particular groups to participate in increasing the geographical spread of services.

*... probably all governments ... have very strict rules around the tendering process and if a tender process gets contaminated then it has to be all withdrawn and re-started again and so there's great sensitivity about giving any agency or individual more information than any other agency or individual.*

(South Australia)

*Church-based community services. They're just better at being able to negotiate with bureaucracies and have the resource base and capacity to be able to submit tender documents and whatnot where smaller organisations aren't necessarily well tooled up to do that.*

(Tasmania)

The majority (63.5 percent) of treatment services that responded to the survey stated they were funded under a service agreement; 21.9 percent stated they were funded through a retainer, 3.1 percent fee for service, and 12.1 percent other funding arrangements. Just over half the services (51.5 percent) said that they received funding from sources other than those provided through the drug diversion strategy. For those services that received other funding, drug diversion funding ranged from 1 to 75 percent of their total funding, with a mean score of 13.8 percent. Services that responded to the survey had a range of 0.5 to 400 FTE staff with a mean of 39.6 staff. Between 1 and 10 FTE positions were employed specifically to provide counselling/treatment provision for the drug diversion strategy with a mean of 2.6 dedicated staff.

Treatment services were more likely to rate the resources provided to their organisation during the implementation stage (mean score of 86.1) as substantially higher than the resources currently provided (mean score of 59.2). Funding arrangements were also identified as being problematic vis-à-vis implementation processes. Specifically, funding concerns focused on who gets what, and why, and organisational dynamics stemming from the lack of recurrent funding. These issues are highlighted in the following interview excerpts:

*This state has its drug expertise concentrated in a state government funded health agency which conflicts with the Australian Government's insistence on the predominant proportion of funds going to non-government organisations. This becomes doubly problematic for rural areas which often have few NGOs of varying, size, stability and skill base. The delay in the release of funds caused by the stand-off between levels of government has hampered the development of the program.*

(Tasmania)

*Is it feasible for a service with non-recurrent funding to recruit and retain staff with these skills?*

(South Australia)

In short, while assessment and treatment services were perceived to be adequately funded (or more than adequately funded) in the initial phase of the implementation of drug diversion initiatives, assessment and treatment services perceive funding had declined since then. It was noted that with recurrent funding through short-term contracts, the ability to maintain the capacity and breadth of services was viewed as problematic.

In regard to *training* of service providers, it was reported in the field interviews in Tasmania that initial training was provided through a procedure manual with no formal training occurring. There was a perception by representatives from the health department that funding was adequate and that these service providers could access their own training. Currently, a face-to-face session is available for new staff and issues have been identified for ongoing professional training. Training issues are illustrated in the following quotations:

*As for formal training, we have not provided formal training, but in the funding ... the funding levels that go to the service providers are quite generous.*

(Tasmania)

*If an organisation got a new worker there was plenty of money within there for them to give them training.*

(Tasmania)

*... initially all endorsed service providers were provided with training sessions which currently is provided through a procedure manual. The procedure manual actually starts off from the background ... providing a background of the program ...*

(Tasmania)

*Ongoing professional development is an issue that we have been looking at for quite some time now. That's probably going to be addressed.*

(Tasmania)

In the field interviews in South Australia and Victoria, it was also reported that extensive training was undertaken in the implementation of drug diversion strategies and that ongoing training, related to the accreditation process, had continued:

*I think ... [name of organisation] were originally contracted to provide training and development to the non-government sector and then as part of the second tender round that training component was put out ... and they're now responsible for undertaking that role.*

(South Australia)

*Yeah basically we've actually ... there's an organisation called [name of organisation] ... and they've actually developed quite an extensive training package, so workers actually go for a few days training to actually be accredited and we can get you one of those training packages.*

(South Australia)

An average of five staff from each treatment service attended drug diversion training, with services reporting a range of zero to 25 staff members having attended training. Just over a third (34.6 percent) of staff had attended training in the three months prior to the survey being administered, with 26.9 percent having attended over two years ago.

Analysis of the open-ended answers in the survey of treatment service providers revealed a strong emphasis on the importance of training, continuing training, and targeted training when it comes to drug diversion activities.

In response to questions about how to improve drug diversion training, a series of interlinked responses were given by treatment services respondents that highlighted three significant issues:

- regular training;
- appropriate training for each particular group; and
- training about the client groups.

A majority of assessment and treatment services (84 percent) stated that staff had been able to use the knowledge and skills for drug diversion training in their organisation. For those respondents who were unable to use the skills and knowledge from training in the workplace, the most common reasons identified were:

- the need for further training (40 percent);
- it's not supported by senior employees (20 percent); and
- a lack of resources (20 percent).

In sum, analysis of data in the treatment survey demonstrates that ongoing, specialised training for assessment and treatment services is important in developing and maintaining a level of expertise in dealing with people who have been diverted.

### **Relationships between Police and the Health Sector**

In South Australia, representatives from the health sector reported good working relationships with police and the drug diversion initiative was seen as strengthening this relationship. This is evident in the following excerpts from interviews with service providers:

*I think our relationships with the police are just really quite unique. We've got great relationships with the police.*

(South Australia)

*We've run lots and lots of different things, but I think in terms of this it's probably even strengthened our relationship. But we've always had really good relationships with police over a range of issues.*

(South Australia)

*I think that of all the states that I'm aware of this one would be one where there is a particularly close working relationship. I'd be surprised if the police would see it that differently.*

(South Australia)

*Oh that's great. Yeah that's fantastic. I mean we have relationships where we can just ring or write or, you know, turn up and do things [with the NGO sector] and the same with the police as well. So that's actually been very good.*

(South Australia)

*I must say, you know, from the policeman's point of view, you know, the cops they're fantastic. We're really really lucky in this state to actually have a police drug unit that actually just works across government ... the unit is really good. So I think we're exceptionally lucky, you know, that we've got such a really good police drug action unit.*

(South Australia)

In Victoria, police perceived the relationship they had with the health department as strong. Police viewed the involvement of the health department as essential in the brokerage of treatment services when the first pilot drug diversion programs were run. Informal relationships between these two organisations were cited as particularly positive in enhancing communication and solving problems, as expounded in the following quotation:

*Now Health ring us daily and we ring them daily and we're in meetings three or four times a week and we get together and it just works because this has probably been the platform for it. Now we say, 'These are an issue. What do you reckon guys?' and away we go. So that's worked really well and everyone says the alcohol is probably a bigger problem. We are now going down the track and we're getting legislation, although it's not an offence, but we can take your glue and your paint and your butane off you.*

(Victoria)

### **State Reference Groups**

In South Australia, the State Reference Group was seen as a key body in coordinating the various agencies involved; it was seen as taking the lead in developing and managing Drug Diversion Initiatives. Being a small state was seen as conducive to the development of good working relations, as representatives from various departments had prior experience in working together. This view is illustrated in the following quotations:

*I think probably that the State Reference Group kind of, you know, leads the process in a way. It's been like a really good group and I think one of the interesting things I think with this state is because we have like a broader government drug strategy, and the way that our framework is set-up, it gives us all a chance to work together.*

(South Australia)

In South Australia, in addition to the State Reference Group there was a Senior Officers Group, often with the same representatives, which was viewed as enhancing working relations.



*There's a senior officers working group that has people from right across government that actually meets and partly their job is, for example, is to oversee the government drug strategy. Now a lot of those same people are actually on the State Reference Group as well and so what actually happens, I think, is because we actually work together at lot it means that the kind of, you know, strategies and the way we actually think is actually, you know, pretty much the same, the harm minimisation point of view, so when we actually come to running things like, you know, ... that will just be worked through really well.*

(South Australia)

It was reported that police were involved in all the South Australian structures involved in the implementation and management of drug diversion initiatives:

*So at all levels of the structure, police are heavily involved with us ... and driving what happens at a policy ... level.*

(South Australia)

In particular, it was noted that South Australia has a Ministerial Committee on Drugs, which has the Police Minister, the Aboriginal Affairs Minister, Justice, Education and Health as members and then a Chief Executives Co-ordinating Committee on Drugs, on which the Commissioner of Police sits.

In Tasmania it was reported that on most occasions any new drug diversion initiatives or proposals are brought to the State Reference Group where decisions are made. There is also a planning sub-committee of the State Reference Group where new initiatives are adopted and where specific services are examined. This sub-committee reports back to the State Reference Group. The State Reference Group included the Commonwealth Department of Health and Ageing, which was chaired by the Secretary of the Department of Premier and Cabinet (DPAC), the Deputy Commissioner representing the Department of Police and Public Safety, a Justice representative, an ANCD local representative, a representative of the NGO sector including a community representative that was nominated by the state and, more recently, a representative from the Alcohol and Other Drugs Council. It was reported that the committee membership and chair were determined as part of the original COAG agreement.

DPAC was seen as an appropriate lead agency to chair the State Reference Group in Tasmania during the implementation phase due to there being several departments involved in the drug diversion initiatives.

Tasmania, like South Australia, has a two tiered structure. There is the State Reference Group, which makes recommendations to ministers. It is supported by the planning sub-committee, chaired by DPAC, which has basically the same representation, but at a more operational level. This committee does most of the work around sorting out expressions of interest from the public and working through operational issues; for example, the question of compliance with diversion.

*So the Commonwealth are driving the State Reference Group and the state government are driving the planning sub-committee, so you've got two tiers. The sub-committee is really the foot soldiers for the State Reference Group and they make recommendations to the State Reference Group. The State Reference Group is not a decision making body. They can approve in principle any funding recommendations and then that then goes up to the minister and then there's a whole other process then around the approval of any, you know, allocation of funds to service providers here in the state.*

(Tasmania)



*... some of the people who should go to those meetings don't go any more. They really don't achieve very much to be perfectly honest with you. It's a matter of huge importance to the Commonwealth Government and it's a matter of very low importance to the rest of us.*

(Tasmania)

Like South Australia, Tasmania reported that being a small state assisted in the establishment and maintenance of working relationships as all of the representatives knew each other. There is also a group responsible for monitoring the diversion strategy from a health perspective. Nevertheless, there were concerns raised in relation to the ability of the State Reference Group to make decisions, especially in relation to gaining agreement on court diversion models. For example:

*... it got all unglued over an earlier version of the court diversion scheme. We put a lot of effort into devising a model and putting it up and getting that State Reference Group to agree to it. Then for a variety of reasons it didn't get up and we said, 'Well what's the point of this? If you'd told us much earlier on, you know, that this wouldn't get up, you know, we wouldn't have had to do all the work and all the rest of it'. So the consequence was that the level of support from the state withdrew and the Commonwealth said they'd pick it up. Since then, you know, it's sort of been getting back on it's feet I suppose, but it's not had an entirely illustrious history.*

(Tasmania)

When DPAC decided that it no longer wanted to chair the State Reference Group due to problems with the implementation, the state office of the Commonwealth department took over. This was seen as more appropriate than a chair from health or police who had a vested interest in the initiatives. But there were concerns raised over the lead role that the Commonwealth was taking on the State Reference Group in Tasmania:

*I'm not sure it's all that helpful ... When you're driving policy direction and then trying to fund it I think it's a conflict of interest. I'm just a Johnny come lately, so that's just my view.*

(Tasmania)

*The reality is they can't dictate or demand because I'll do in police what I want to do in police and they won't tell me what to do. The same with Health and the same with the other agencies.*

(Tasmania)

In Victoria, it was reported that the State Reference Group had good working relations and that these relationships were often informal as the representatives on the group all knew each other. There was no perceived leader in this forum:

*We also are very lucky because we have a State Reference Group that's ... exceptionally well. They're very happy to negotiate and work together ... and not necessarily, you know, as in a committee structure. We all knew each other because we're all the people in the ... I mean yes there is a fair amount of management of those relationships at the Director or Secretary level and so it helps.*

(Victoria)

*It's informal and it works very well. So what happens is ... is the contact in Human Services and I'm the contact for police and if there has ever been a problem and there's been very few we get a phone call immediately. We drop tools and we fix it then and there on the spot.*

(Victoria)

### 5.3 Socio-economic conditions and political support

Beyond the elements of the external environment (such as suppliers of services and resources) that directly impact upon the implementation process, socio-economic conditions and the general level of political support for the policy may also be important.

#### Socio-economic conditions

During the field interviews, there were no reported changes in the socio-economic conditions that affected the implementation of drug diversion policies. This view is confirmed by data from the Australian Bureau of Statistics on socio-economic changes in Australia. Over the period of 2000 to 2004 Australia saw a growth in real GDP per capita and a rise in average total weekly earnings from \$653 to \$757. However, the disposable income of people under 35 years of age did decline slightly. The proportion of people on a government pension declined from 28.7 percent in 2000 to 26.6 percent in 2003. While this indicates a growth period in the implementation phase of the project, there were some significant differences in the states' profiles. In 2003 the average weekly total earnings were above the national average in Victoria (\$759); they were lower than the national average in South Australia (\$679); and even lower in Tasmania (\$618). This is also reflected in comparisons of the number of people on government payments, with Victoria (25.8 percent) below the national average and South Australia (30.8 percent) and Tasmania (37.6 percent) higher than the national average (Australian Bureau of Statistics 2005a).

There are also some differences in the population profiles of the three states. In 2002–03 South Australia had the oldest population with 14.9 percent of the population aged 65+ years and the lowest crude birth rate in the nation. This is reflected in the low population growth rate of 0.5 percent in South Australia compared to the national average of 1.2 percent. Tasmania also has an ageing population with the second highest proportion of people aged 65+ years (14.1 percent) and a population growth rate (1 percent) marginally lower than the national rate. Victoria had a population growth rate of 1.1 percent. Victoria also had a high net migration rate which was almost all due to overseas migration. This differed from the other two states where there had been a small increase in gains from overseas migration, but nowhere near the numbers in Victoria. In this period, South Australia experienced a population decline due to inter-state migration (Australian Bureau of Statistics, 2005b, 2005c, 2005d).

#### Political support

In South Australia there was a view that political initiatives had contributed to the state being seen as a leader in social reforms. The following extracts from interviews in South Australia indicate the view that political support for the initiatives had already existed prior to the NIDS:

*South Australia took the lead a long time ago.*

(South Australia)

*South Australia led the rest of Australia in terms of social reform. Whether others would agree that this is a particularly good or not good social reform is a moot point. South Australia was very much leading the way and the CEN notice system for cannabis was another example of South Australia trying to deal with a social issue as a health and welfare issue rather than let's say a law enforcement issue.*

(South Australia)

It was also notable that the Premier chaired the Drug Summit in South Australia:

*... some very strong community-based progressive thinking initiatives that were ... and the Premier was brave enough to have a very broad representative group ... community representatives came up with recommendations and he committed this government beforehand, that those recommendations will be taken on board. How they'd be actioned was another matter, but that was quite a, you know, brave move ...*

(South Australia)

One respondent, however, argued that drug diversion has not been driven by politics *per se* but through agreements between the police and Health:

*Well it's not politics, it's just police policy on how we deal with them and Health on how they receive them, because it'll change the numbers that they get, which might have an effect on some things ... they've got to provide the services. Well cabinet has funded them to do it, so it's not a problem. As long as Health and us agree it's okay.*

(South Australia)

In the field interviews in South Australia there were strong views expressed that the political environment that they worked in was contradictory and confusing, especially for police and justice.

*So out of the Drug Summit you get all these recommendations about, you know, diversion on greater emphasis on treatment and all of that and then, on the other hand, you've got all the sort of political public rhetoric about tough on crime. So it's ... yeah, it creates complexities.*

(South Australia)

In Tasmania it was reported that there had been political support in the development of drug diversion initiatives:

*There was fairly bipartisan support.*

(Tasmania)

*I think there was fairly good support. We already had gone down the path of looking into diversion as far as cannabis cautioning was concerned, so philosophically there was no problem in extending that and the drug philosophy here I think was pretty much along harm minimisation lines anyway.*

(Tasmania)

However, there were strong views that the state government had not driven the initiative – rather, that it was a police initiative:

*But it wasn't a government initiative. It was something that the Commissioner persuaded the government to allow him to do. That laid the groundwork ...*

(Tasmania)

Furthermore, in Tasmania, the poppy industry provided a unique aspect of the environment within which the drug diversion strategy was implemented. Tasmania has an established opium poppy industry which is monitored by the International Narcotics Control Board (INCB), the international body that reports on narcotic drugs to the United Nations on the development of drug policies in Australia. In Tasmania there was a wider understanding of how this international dimension might affect policy development. As reported in the field interviews (see quotations below), discussions with representatives from the INCB made it clear that they did not support certain types of policies:

*INCB takes a very strong view about trials and heroin trials and all that sort of stuff and there's no doubt, in discussions we've had with them when they've been here to look at the Tasmanian poppy industry, they've made it pretty clear that they don't view those things as a sensible way to manage drug policy.*

(Tasmania)

*Look, there is no doubt that when New South Wales wanted an injecting room and the CMD group came out ... Three of them came and they came and inspected our crops and our protection. And there was no doubt Tasmania was very supportive of a tough on drugs approach and we didn't want an injecting room in New South Wales because the CMD were saying 'Well wait a minute, this may impact on your licence to grow opium poppies'. I went to [X] and was party to the debates around the table about, you know, this happening in Australia. You know, we can't have legal growing of this drug if they're going to provide to people in an injecting room. So, yeah, that does have a very significant impact in Tasmania and it could result in the withdrawal of our licence to grow.*

(Tasmania)

However, others noted that this international board would have very little issue with drug diversion initiatives:

*They don't impact on things like drug diversion initiatives at the levels that we're talking about.*

(Tasmania)

In Victoria, the Premier's Drug Advisory Council had been looking at a range of options prior to the National Drug Strategy. They had implemented a cannabis cautioning system and run two pilot drug diversion programs. In the field interviews it was noted that there had been unprecedented state government support for the proposed drug diversion model:

*And away it went ... our Premier had it ... these are the only two programs I know operationally in my life in the police force ... I've been in 29 years ... that were actually agreed to by our command as well as government ... Cabinet ... it actually went to a Cabinet meeting, which is very unusual, and they agreed to it. They said, 'Go for it ... fabulous'.*

(Victoria)

## 5.4 Conclusion

This chapter has sketched out the characteristics of the external context affecting the implementation of the drug diversion initiative. It has provided evidence of the impact of the key bodies in the external environment (the ANCD, the health sector and the State Reference Groups). The ANCD has shaped the development and funding of the NIDS. Interviewees in all states identified the contradictory nature of the objectives of the NIDS at a national level, whilst also noting the flexibility afforded each state to develop state-specific drug diversion strategies.

In the health sector, the significant role played by the assessment and treatment services was identified and adequate capacity, funding and training were discussed as critical to the effectiveness of the drug diversion strategies in each state. Police and relevant staff in other government agencies viewed the shift towards an emphasis on NGOs as preferred suppliers of the assessment and treatment services as problematic because of the negative impact on capacity in the state sector. While outside the specific scope of this study, it is to be expected that these concerns would have an influence on the implementation of the drug diversion strategy. Similarly, the geographical distribution of treatment services, together with the extent of the catchment area, is likely to impact on implementation practices. Funding was identified as a significant driver affecting the distribution of treatment services whilst training was viewed as appropriate.

The State Reference Groups were identified as playing a key role in coordinating the implementation of the drug diversion strategies. The specific membership of these groups contributed to different experiences in the three states. Overall, however, they were identified as forums that enabled good working relationships to be established and maintained among the key stakeholders. Finally, the fact that NIDS received strong political support in all three states was identified as a significant factor in shaping its implementation.

As discussed in the conceptual framework, the context within which a policy is developed is critical in its implementation. While this chapter has focused on the external context, the following chapter explores the organisational context.

## Chapter six: Organisational context

Research questions that guided this aspect of the project included:

- What were the major structural characteristics of the three focal police organisations during the implementation phase of the drug diversion strategies?
- Were the drug diversion strategies embedded in performance management systems?
- Do police officers agree with the general public regarding drugs of most concern?
- How supportive are police officers of their state's drug diversion strategies?
- What factors influence police officers' consideration of the appropriateness of diversion strategies?

An important factor that shapes the policy implementation process concerns two key contextual characteristics of an organisation charged with implementing a policy strategy – its *formal structure* and the *attitudes of its members* towards their work and towards those involved in their work.

### 6.1 Structural context – theoretical rationale

Like most public sector agencies, police organisations are characterised by their bureaucratic nature – they are *hierarchically structured and rule-governed*. In Western liberal democracies they tend to share a quasi-military organisational structure with a hierarchical chain of command, authoritative leadership, top-down communication by means of orders and directives and down-up reporting, internal control over rank-and-file by commanders through strong internal discipline (Bittner, 1995; Bordua and Reiss, 1966; Roberg and Kuykendal, 1993).

Moreover, police organisations belong to a distinctive sub-set of bureaucracy – they are '*punishment-centred*' *bureaucracies* (Kelling and Kliesmet, 1996; Waddington, 1999). This '*punishment-centred*' nature derives from the so-called '*invisible*' exercise of discretionary authority by police officers that leaves more senior officers unable to extend effective control over their subordinates at all operational times (Bordua and Reiss, 1966; McCormack, 1996; Waddington, 1999). Consequences of this include, on the one hand, the mushrooming of rules and procedures formally articulated in police manuals or general orders and, on the other hand, the development of working rules that guide the routine accomplishment of police tasks as the complex and extensive collection of formal rules becomes too difficult to comprehend and/or apply. The disjuncture or slippage that occurs between official rules and working rules is said to foster an organisational environment characterised by endemic organisational rule bending or breaking. If such rule breaking is detected and not considered justifiable in the circumstances, the ready application of disciplinary measures by senior officer's follows – hence the punishment-centred label. If left undetected, extensive rule breaking makes the effective implementation of policy strategies problematic.

Performance management is one measure that has been introduced into most contemporary policing organisations in Western liberal democracies over the past decade to gain more control of operational officers, and thereby enhance organisational effectiveness. This management approach (which has been adopted throughout Western public services, in general) involves three major components:

- i) the establishment of a set of coherent objectives;
- ii) the development and implementation of programs (or policy strategies) to achieve these objectives; and
- iii) the identification and use of performance indicators that involves the benchmarking of outputs in terms of specified targets and the evaluation of outcomes in terms of effectiveness in achieving program objectives (Hughes, 1998).

## 6.2 Structural context – an overview

As discussed previously, the South Australian illicit drug diversion program was implemented in two phases beginning in early September 2001 (for young people) and in October 2001 (for adults); Tasmania Police commenced implementation of its program in February 2000 and Victoria Police began 'roll-out' of its program in November 2000 and this was completed 12 months later in November 2001.

During this period:

- South Australia Police comprised approximately 3,100 police officers and 350 non-police personnel serving a population of approximately 1.5 million people. In terms of operational policing, South Australia Police was organised into two regions (Northern Operations Service and Southern Operations Service – each subdivided into Local Service Areas). An assistant commissioner headed each of these regions and both of these officers were responsible to the Deputy Commissioner.
- Tasmania Police comprised approximately 1,100 police officers and 350 non-police personnel serving a population of nearly 500,000 people. In terms of operational policing, Tasmania Police was organised into four geographical districts (Southern, Northern, Eastern and Western Districts – each subdivided into divisions). A commander headed each of these districts and all four of these officers were responsible to the Assistant Commissioner – Crime and Operations on operational matters.
- Victoria Police comprised approximately 10,400 police officers and nearly 2,000 non-police personnel serving a population of approximately 5 million people. In terms of operational policing, Victoria Police was organised into five regions – each divided into divisions. An Assistant Commissioner headed each of these regions and all five of these officers were responsible to the Deputy Commissioner. An Assistant Commissioner, Crime, also led state crime squads. Corporate governance in Victoria Police changed, however, in 2003–4 when (i) the hitherto rules-based Victoria Police Manual was rewritten reflecting a principles-based approach, (ii) greater autonomy was given to departmental heads and (iii) heads of Regions became directly responsible to a corporate committee and to the Chief Commissioner.

During the 1990s, each jurisdiction had established drug and alcohol policy and coordination positions (and subsequently expanded these to sections) to provide policy advice on drug and alcohol issues, coordinate the development of drug and alcohol policies and liaise with operational sections.

By the time of implementation, all jurisdictions had adopted performance management systems but, at a corporate level, no targeted benchmark numbers of diversions were set when rollout of the policy strategies commenced. In subsequent years, Tasmania Police had a corporately endorsed formal target to increase the number of eligible offenders diverted.



This discussion of the major structural characteristics of the three police organisations sketches the background context within which the drug diversion policy strategies were adopted and implemented. A more thoroughgoing analysis of the key coordination, communication and control mechanisms and organisational resources brought to bear to implement the strategies is presented in Chapter 7.

### 6.3 Attitudinal context – theoretical rationale

The *attitudes of organisational members* towards their work and towards those involved in their work can be conceived as constituting an organisational culture:

*... a pattern of basic assumptions – invented, discovered, or developed by a given group as it learns to cope with its problems of external adaptation and internal integration – that has worked well enough to be considered valid, and, therefore, to be taught to new members as the correct way to perceive, think, and feel in relation to those problems.*

(Schein, 1985: 9)

It is often assumed that a police organisational culture encompasses what is known as the police occupational culture, although, as Chan (1999) notes, it is not equivalent. Indeed, the extent to which a police organisational culture incorporates the elements that are said to make up police culture is a matter that can only be determined by empirical investigation of particular police organisations.

The set of beliefs, values and assumptions frequently assumed as police culture is summarised by Reiner (1992) as involving the following:

- a sense of mission about police work (particularly in regard to law enforcement and crime-fighting);
- a desire for action and excitement;
- an 'us/them' division of the social world which involves a strong code of solidarity with other police officers and a clear categorisation of the public between 'the rough' and 'the respectable';
- a conservative stance towards politics and morality;
- a cynical perspective about their social environment; and
- a general attitude of suspiciousness.

The concept of police culture is controversial. The extent to which police culture shapes behaviour is more often asserted than demonstrated. It has often been implicated in the development of dysfunctional police behaviour such as the so-called 'code of silence' that protects deviant officers, discriminatory practices, excessive use of force, noble-cause corruption and other procedural abuses of authority (Chan, 1999). It is important to note, too, that researchers have also cautioned about the dangers of seeing police culture as homogenous and monolithic, with distinctions drawn between 'management cops' and 'street cops' (Holdaway, 1983; Reuss-Ianni, 1983; Punch, 1983); between those engaged in routine patrolling and community policing (Fielding, 1995); between those engaged in routine operational policing and special operations (Jefferson, 1990) and criminal investigation (Hobbes, 1988); and between male and female officers (Martin, 1979; Fielding, 1994).



Police culture has been identified as a factor hindering the implementation of harm minimisation strategies – particularly in regard to the perceived primacy of the law enforcement/crime-fighting role of police (especially at operational levels) that conflicts with the role police are expected to play in harm minimisation strategies such as drug diversion (Sutton and James 1996; Fowler et al, 2000). In 1996, commenting on this issue in regard to the National Drug Strategy, Richard McCreadie (then Deputy Commissioner, Tasmania Police) noted that

*Clearly it will take a very strong commitment to not only educate but to challenge and ultimately change the cultural attitudes that currently dominate* (cited in Fowler et al, 2000).

Nearly ten years further on, the nature of police attitudes towards drug use in general and the diversion policy strategies are unclear. The following sections of this chapter explore the attitudes of police towards illicit drug use and measures to deal with the issue and legitimacy of drug diversion strategies.

## 6.4 Attitudinal context – findings

### Prohibition of cannabis

In regard to attitudes towards the prohibition of cannabis (Question 25 in the Police Survey), 68 percent of the total sample indicated that possession of small amounts of cannabis for personal use should remain an offence (with the remainder, 32 percent, disagreeing). This finding replicates results obtained in the Australian Survey of Social Attitudes who agreed that smoking cannabis should not be a criminal offence (Indermaur and Roberts, 2005). In the Police Survey there was less support for such prohibition among constables and non-police personnel than from sergeants and commissioned officers. Those who had received no training were also significantly less supportive of the continued prohibition of cannabis than those who had received training. From a state perspective there was significantly less support for prohibition in Victoria (61 percent) than in South Australia (76 percent).

### Legalisation of illicit drugs for personal use

In regard to attitudes towards the legalisation of illicit drugs for personal use (Question 26 in the Police Survey), 17.7 percent of respondents supported the legalisation of cannabis. Support ratings for the legalisation of other drugs (heroin, amphetamines and cocaine) were less than 2.2 percent.

These scores indicate less support for legalisation than that evident in the general community as reported in the AIHW's National Drug Strategy Household Survey. There the level of support for the legalisation of the personal use of marijuana/cannabis was 27 percent (in 2004) and 29.1 percent (in 2001). The levels of support for other drugs in this survey included heroin (7.6 percent in 2001 and 5 percent in 2004), amphetamines (6.8 percent in 2001 and 4.7 percent in 2004) and cocaine (6.6 percent in 2001 and 4.7 percent in 2004) (see AIHW, 2002a, 2005a).

### Intravenous drug use

In regard to support for various approaches to intravenous drug use (Question 23 in the Police Survey), respondents recorded mean scores ranging from a low 30.5 for trials of prescription heroin to a high of 73.9 for rapid detoxification and treatment with naltrexone. It appears that most support emerges for medicalised treatment options rather than for harm reduction approaches such as regulated injection rooms and heroin prescription.

From a state perspective, support for methadone maintenance programs by Tasmanian respondents and Victorian respondents was significantly lower than by South Australian respondents. This was also the case for detoxification therapy where support was lower from Victorian respondents and Tasmanian respondents than from South Australian respondents. Generally, Victorian respondents recorded significantly less support for most intravenous measures listed than South Australian respondents.

In regard to rank, constables recorded significantly less support than sergeants in the following intravenous drug use initiatives: trial prescription of heroin and the use of naltrexone and alternative treatments.

Finally, very little difference was recorded between those who had received training and those who had not, with the exception of rapid detoxification therapies about which significantly less support was recorded by those with no training.

### **Drugs of community concern**

In regard to perceptions about which drugs are the most serious concern for the general community (Question 20 in the Police Survey), 31.5 percent of the total sample selected alcohol as the drug of most concern. Other respondents recorded cannabis (21 percent), heroin (15.8 percent) and tobacco smoking (12.6 percent) as the drug of most serious concern. A significantly lower proportion of respondents in Victoria and Tasmania identified cannabis as the matter of most serious concern than in South Australia, while smaller proportions of those in South Australia and Tasmania saw heroin as the most serious. Amphetamine was identified by more respondents in Tasmania as the cause of most serious community concern than in South Australia and Victoria.

In terms of rank, significantly fewer constables cited cannabis use as the most serious cause of community concern than did sergeants, while fewer constables viewed tobacco smoking as the most serious cause of community concern than did commissioned officers. Furthermore, significantly fewer commissioned officers perceived heroin use as the most serious cause of community concern than did constables, while fewer sergeants perceived alcohol as the most serious cause of concern than did commissioned officers.

In respect of training, significantly fewer of those with no training cited cannabis use as the most serious cause of community concern than those who had received training, while fewer of those who had received training cited heroin use as the most serious cause of concern than those who had not received training. Lastly, significantly greater numbers of those who had received training perceived ecstasy/designer drug use as the most serious cause of community concern than those who had not received training.

### **Regular use of particular drugs by adults**

In regard to respondents' approval or disapproval of the regular use of particular drugs by an adult (Question 21), 67 percent of the total sample disapproved of tobacco/cigarette smoking; 87 percent approved of alcohol use; and 62 percent approved of methadone use for opiate withdrawal. For all other listed drugs (including cannabis, heroin, amphetamine, cocaine, ecstasy) approval percentages were very low, with most registering less than 10 percent approval.

These overall percentages are similar to those recorded in the AIHW's National Household Survey – except in regard to the regular use of cannabis. In this particular survey, the regular use of alcohol by adults was approved by 74.7 percent of Australians (in 2001) and 77 percent of Australians (in 2004) aged 14 years and over; regular tobacco use was approved by 39.7 percent (in 2001) and 39.3 percent (in 2004); and regular marijuana/cannabis use was approved by 23.8 percent (in 2001) and 23.2 percent (in 2004) (AIHW, 2002a, 2005b).

From a state perspective, significantly fewer respondents of the Police Survey in Tasmania and South Australia approved of regular tobacco/cigarette use than in Victoria. In relation to methadone use for opiate withdrawal, significantly fewer Victorians and Tasmanians approved of its use than South Australians.

Significantly fewer sergeants, commissioned officers and non-police personnel approved of the regular use by adults of tobacco/cigarettes than did constables who also were less supportive of methadone use for opiate withdrawal than commissioned officers. Significantly fewer officers who received training agreed with the regular use of analgesics than those who had not received training and this was also the case for the regular use of tranquillisers.

From these data three main points emerge. In the first place, the attitudes of police respondents in relation to cannabis are different from that of the general community. Secondly, as drugs become 'harder' it appears that attitudes about their use and possession become 'harder', too. Thirdly, significant and subtle differences in attitudes towards drug use and measures to deal with the issue emerged between respondents in the three states, between ranks and between those that have been trained and those that had not.

## 6.5 Legitimacy of the drug diversion strategies

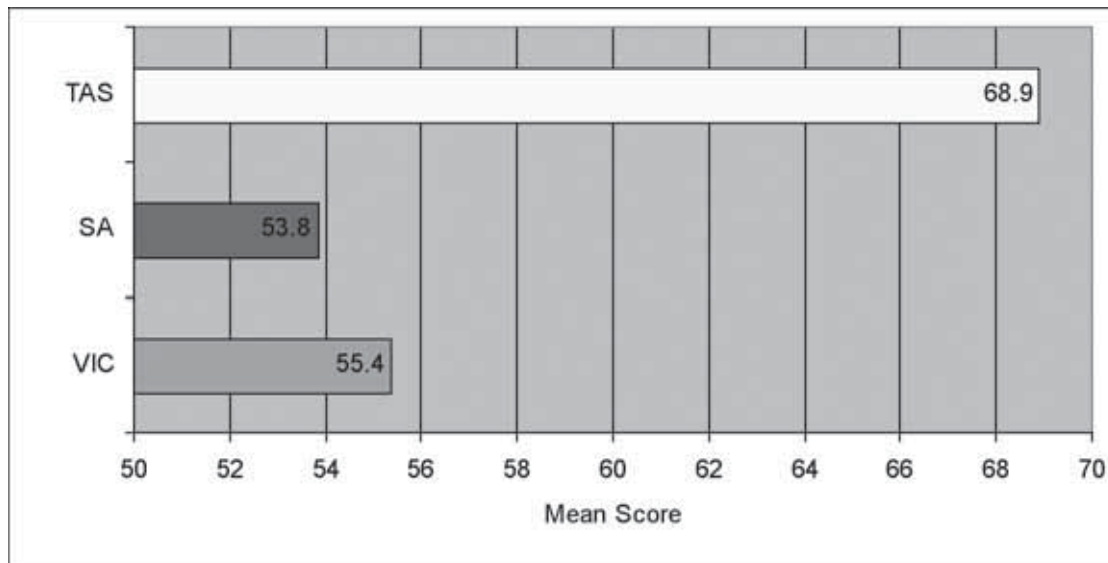
Police attitudes toward the drug diversion strategy also say something significant about its legitimacy as a policy instrument. The legitimacy of a policy strategy is often identified as a significant factor in the implementation process (Kanter, 1983; Pettigrew, 1987), but seldom is the meaning of the term defined in a clear and explicit way.

In simple terms a policy strategy can be considered to be legitimate when those addressed by it consider its norms, procedures and role assignments proper or appropriate. Moreover, it can be hypothesised that the more legitimate the policy (that is, the more it is perceived or believed to be appropriate), the more compliance pull it exerts and, obversely, the less legitimate the policy, the less compliance pull it exerts. This type of reasoning, based on the work of Franck (1990), suggests that the more legitimate implementing officials consider a policy strategy to be, the more likely they are to comply with implementation prescriptions or guidelines.

### Appropriateness of the strategies

Question 30 of the Police Survey sought to ascertain the extent to which respondents consider their state's drug diversion strategies are appropriate. An overall score of 57.5 was recorded from respondents in all three jurisdictions in regard to the appropriateness of local drug diversion strategies. From a state perspective, the mean score for Tasmanian respondents (68.9) was significantly higher than that for Victorian respondents (55.4) and South Australian respondents (53.8). This is shown in Figure 6.1

Figure 6.1 Appropriateness of the drug diversion strategy



Constables (55.7) assessed the appropriateness of diversion significantly lower than commissioned officers (78.4). No differences were recorded between those who had received training and those who had not.

Another question (Question 31) asked whether respondents thought the diversion strategies were or were not appropriate for their local area. In South Australia the responses to this question by sergeants and commissioned officers who believe that the strategy is appropriate indicates that they see it as being effective in the following ways:

- reducing drug use and associated crime;
- bringing a health focus to the issue of drug use; and
- providing education, treatment and guidance which is more effective over the long term.

Many of these same respondents did, however, also identify several issues as qualifications to their belief in the appropriateness of the strategy: a lack of resources and funding, a lack of follow up and feedback, a lack of treatment available and the absence of a limit on the number of times an offender can be diverted.

The responses given by those who believe the strategy is not appropriate were based on a combination of two different underlying issues. Some respondents in all three jurisdictions commented that the policy was misguided:

*offenders can manipulate the system;*  
*they flout the laws repeatedly;*  
*soft option;*  
*offenders treat it as a joke;*  
*doesn't work for repeat offenders and/or addicts.*

Others, as with those who believe the strategy is appropriate, believe that the implementation of the strategy was, and is, flawed due to a lack of funding and resources to make it work and insufficient compliance, monitoring and restrictions.

The responses by constables in South Australia to the above question indicate that those who consider the strategy appropriate did so for the same sorts of reasons as their sergeants and commissioned officers. Many of the responses given by those who believe the strategy is not appropriate feel that the strategy has suffered due to lack of resources, and the vast majority indicated that they were opposed to the philosophical approach of the diversion strategy. The strategy was consistently referred to as 'weak, soft, a joke, a slap on the wrist' and 'sending out the wrong message'.

It was also seen to fail in differentiating between 'dealers' and 'users', with the former being seen as manipulating the process by only 'possessing' quantities that would attract a 'diversion'.

In Tasmania, the responses to Question 31 by sergeants, commissioned officers, constables and non-police personnel indicate that those who believe the strategy is appropriate do so for the following reasons:

- education, treatment and rehabilitation are first options;
- it is a graduated response appropriate for the nature of the offence;
- it frees up the court system and saves police time; and
- it brings a health focus to the issue of drug use.

Many of these same respondents did, however, also identify the following issues as qualifications to their belief in the appropriateness of the strategy: a need for more resources and funding, a need for greater follow up and the perception that the strategy is not as appropriate for adults and/or long term users as it is for youth and those experimenting.

Those Tasmanian respondents who believe the strategy is not appropriate indicated that they see it as too lenient, too complex and inflexible, that there is poor compliance and that there is a lack of resources and funding to make it work. For a number of respondents in Tasmania, the diversion strategy was seen, however, as a pragmatically flexible approach to a complex social issue, taking into account factors such as health and education. As one respondent commented:

*I mean the police in Tasmania are pretty clued up about those sorts of issues. I think they take a sensible pragmatic view about that. They don't take a hard fast law and order type thing and I think that's a reflection of the leadership role they've played in relation to drug policy generally. I don't think you could say it's the health people who are the only ones who think about the social policy issue; police do that as well.*

(Tasmania)

In Victoria, the responses by constables to Question 31 indicate that those who believe the strategy is appropriate do so because they see the:

- utility of the strategy for first time low-level offences by youth;
- freeing up of the court system; and
- saving of police time.

Those Victorian respondents who believe the diversion strategy is not appropriate do so because they consider the approach:

- too lenient  
... *a waste of time.*  
(Victoria)  
... *treated as a game.*  
(Victoria)  
... *no one takes notice.*  
(Victoria)  
... *too soft.*  
(Victoria)
- leads to some dealers being incorrectly treated as users;
- removes deterrent penalties and sends the wrong message;
- has poor compliance;
- does not work; and
- leads to confusion over the rate of change in procedures.

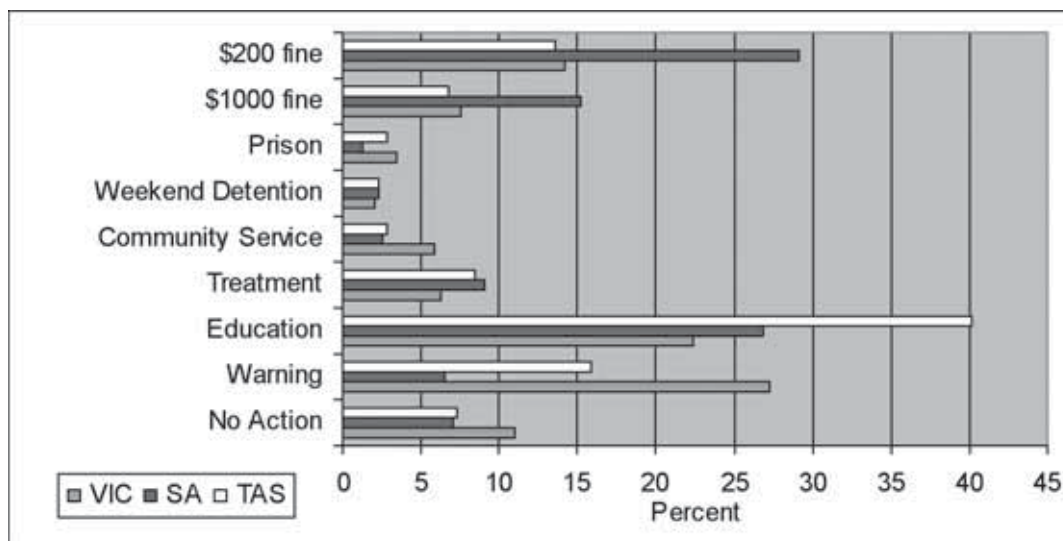
With the aim of reducing or alleviating any psychological pressure respondents may have felt to 'toe the organisation line' when asked about their views concerning the appropriateness of the diversion policy strategies, the following two questions exploring the legitimacy of the strategies in a more indirect way were asked: one about 'single best action' response and the other about 'money spent on reducing drug use'.

### **'Single best action' response**

Respondents to the Police Survey were asked (in Question 27) what 'single best action' they would undertake for anyone found in possession of small quantities of cannabis, heroin, ecstasy/designer drugs, and amphetamines.

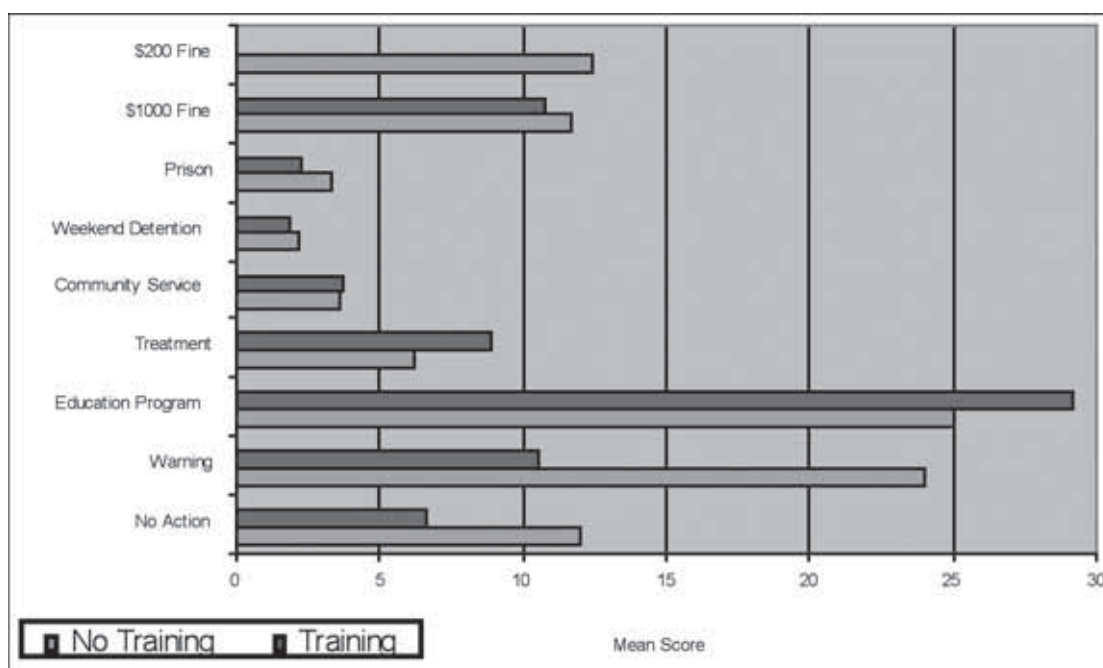
In regard to *cannabis possession*, 8 percent of the total sample recorded that they thought that 'no action' was the single best response; 52 percent preferred some sort of non-criminal action (16 percent a caution; 28 percent diversion to education and 8 percent diversion to treatment) and 40 percent preferred more punitive sanctions (8 percent detention or prison), and 32 percent some sort of financial penalty.

Figure 6.2 Single best action (cannabis)



Significantly fewer officers in Tasmania (16 percent) and South Australia (7 percent) recorded that a warning for the possession of cannabis was the single best action than those in Victoria (27 percent); fewer Victorians (22 percent) and South Australians (27 percent) preferred diversion to an education program than Tasmanians (40 percent), while significantly fewer Victorians (14 percent) and Tasmanians (13 percent) preferred the imposition of a \$200 fine for the possession of cannabis than South Australians (29 percent). These responses are shown in Figure 6.2. Constables were significantly less supportive of education options than sergeants, while significantly lower proportions of those respondents who had received training preferred to take no action or issue a warning for cannabis possession than those who had not received training (see Figure 6.3).

Figure 6.3 Single best action (cannabis); by training



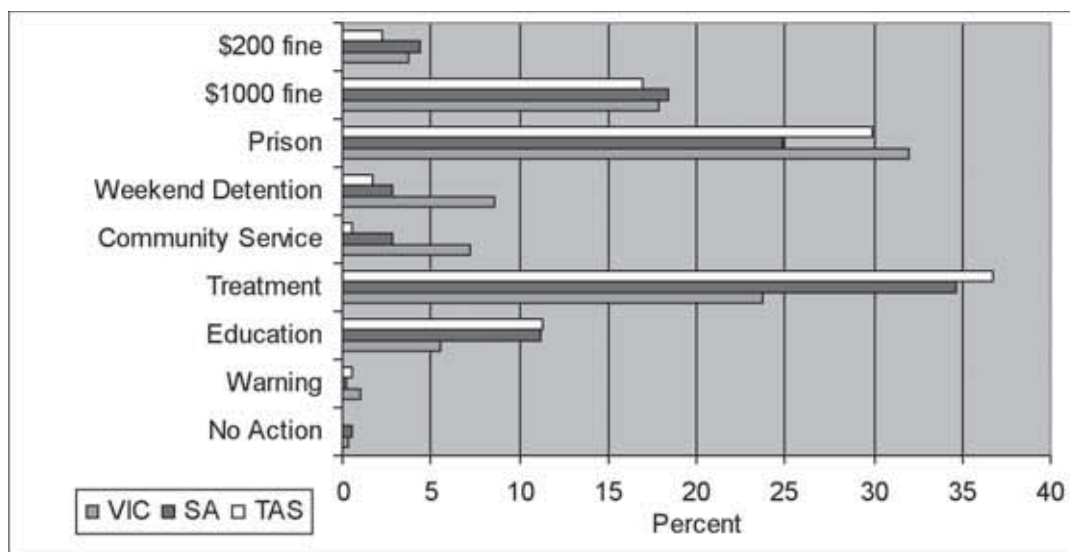


In regard to *heroin possession*, overall just one percent of respondents stated that they thought that no action should be taken or that a caution should be issued, while 9 percent indicated that they preferred diversion to an education program with a further 31 percent indicating that they preferred diversion to treatment.

Significantly fewer Victorian respondents (24 percent) stated that they preferred the diversion of a person possessing heroin to treatment than those in Tasmania (37 percent) or South Australia (35 percent). Support for a \$200 fine was low whereas respondents in all states (Victoria 17 percent, South Australia 18.4 percent and Tasmania 16.9 percent) saw a \$1,000 fine as appropriate. Incarceration was rated highly (Victoria 32 percent, South Australia 24.9 percent and Tasmania 30 percent). These responses are shown in Figure 6.4.

Significantly fewer constables stated that they preferred the diversion of heroin offenders to an education program than sergeants, while significantly fewer constables indicated that they preferred diversion of offenders to a treatment program than commissioned officers. Furthermore, significantly fewer sergeants and commissioned officers indicated that they preferred weekend detention than constables. Commissioned officers were significantly less likely to prefer a prison sentence than constables. Finally, no differences were recorded between those who had received training and those who had not in regard to the single best action in response to heroin possession.

**Figure 6.4 Single best action (heroin)**



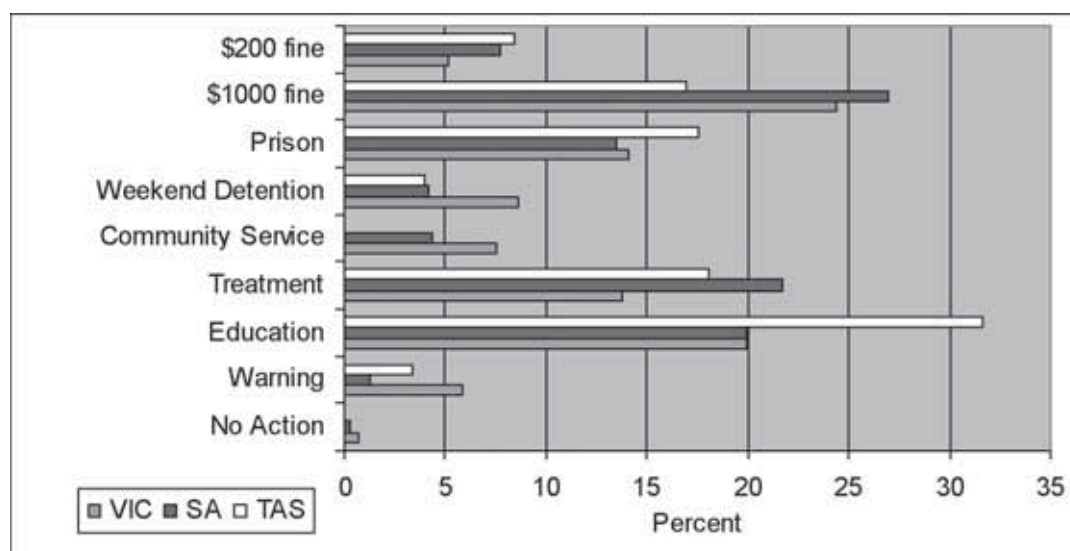
In regard to *ecstasy/designer drug possession*, overall 7 percent of respondents selected either no action or a warning as their single best action for the possession of ecstasy. A further 22 percent indicated that they preferred the diversion of offenders to an educational program, 18 percent preferred diversion to treatment, 26 percent preferred the imposition of some sort of punitive sanction such as incarceration and the remainder (31 percent) preferred the imposition of a fine.

Significantly fewer South Australian (1 percent) respondents recorded that they preferred the issue of a warning for possession of ecstasy than would those in Victoria (6 percent). Both Victorians (20 percent) and South Australians (20 percent) recorded significantly smaller proportions of those who preferred diversion to an educational program than in Tasmania (32 percent). Support for a \$200 fine was low whereas respondents in all states (Victoria 24 percent, South Australia 26.9 percent and Tasmania 17 percent) saw a \$1,000 fine as appropriate. Incarceration was also rated highly (Victoria 14 percent, South Australia 13.4 percent and Tasmania 17.5 percent). These responses are shown in Figure 6.5.



Constables were significantly less supportive of education than were sergeants, and constables recorded significantly less support for treatment than both sergeants and commissioned officers. No differences were recorded between those who had received training and those who had not in regard to the single best action response to ecstasy possession.

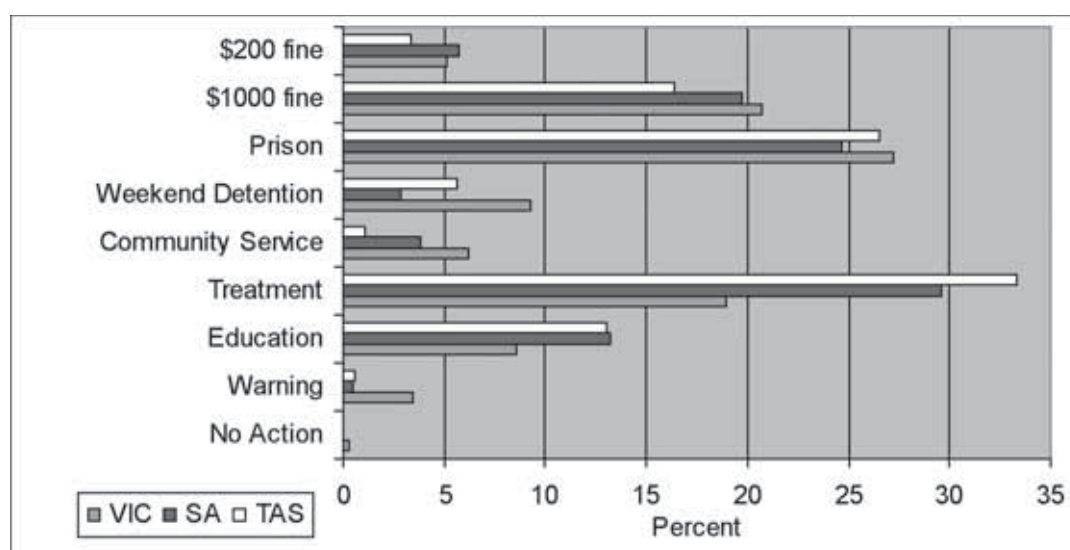
Figure 6.5 Single best action (ecstasy)



In regard to *amphetamine possession* it is significant that both Tasmanian (33 percent) and South Australian (30 percent) respondents preferred the diversion to treatment than those in Victoria (19 percent), community service was more preferred among Victorians (6 percent), while weekend detention was less preferable in South Australian (3 percent) than in Victoria (9 percent).

Support for a \$200 fine was again low whereas respondents in all states (Victoria 20.6 percent, South Australia 19.7 percent and Tasmania 16.4 percent) saw a \$1,000 fine as appropriate. Incarceration was rated highly (Victoria 27.2 percent, South Australia 24.6 percent and Tasmania 26.5 percent). These responses are shown in Figure 6.6.

Figure 6.6 Single best action (amphetamine)

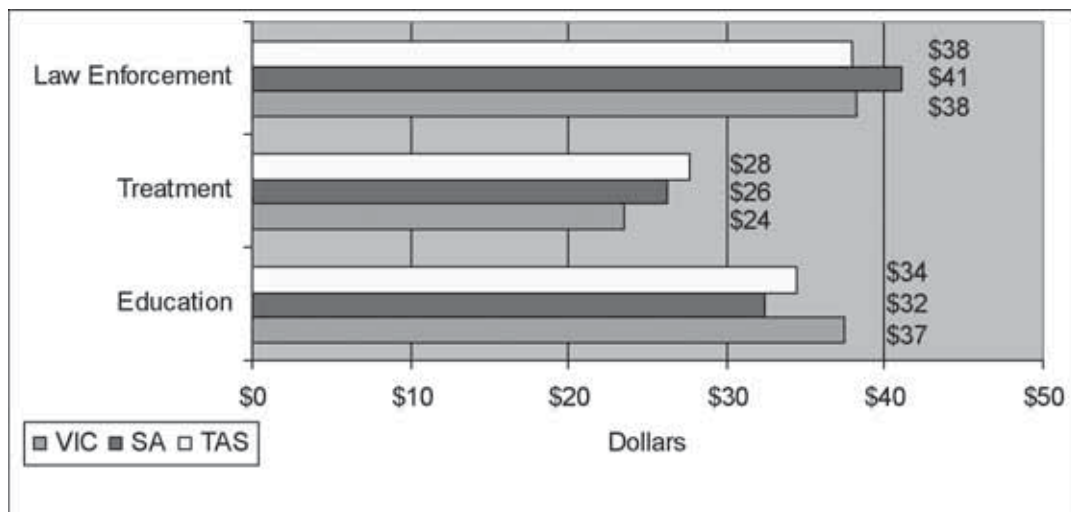


### Money spent on reducing drug use

Respondents to the Police Survey were also asked how much money would they allocate to education (e.g. information service), treatment (e.g. counselling, therapy), and law enforcement (e.g. stopping illegal sale and use) if they were given \$100 to spend on reducing marijuana/cannabis use (asked in Question 28) and \$100 to spend on reducing heroin use (asked in Question 29).

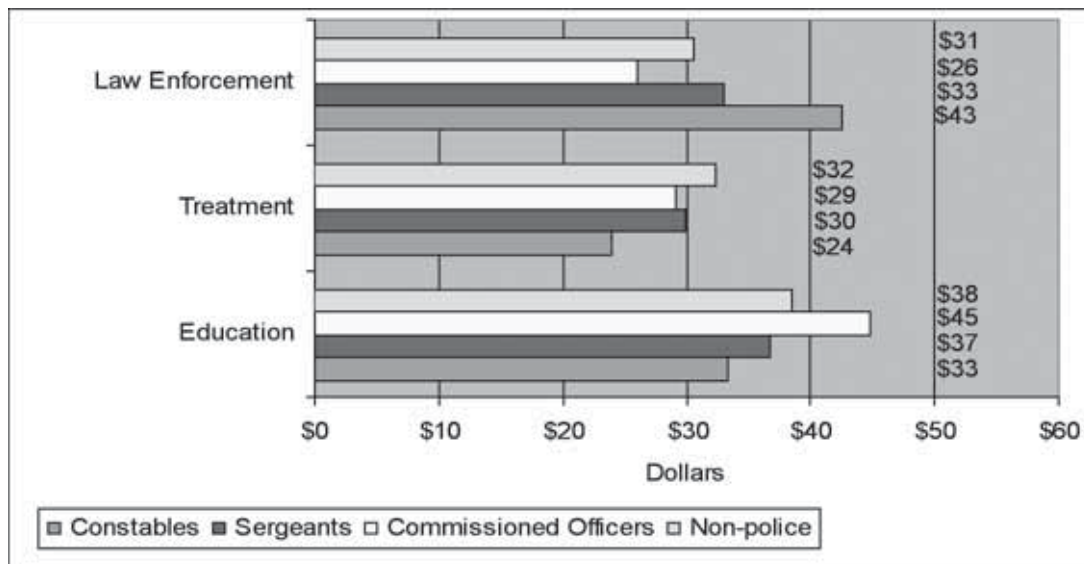
Overall, of the three options for the allocation of funds to reduce cannabis use, \$35 was allocated to education, \$26 was allocated to treatment and \$39 was allocated to law enforcement. As education and treatment constitute diversion options, \$61 was allocated for this purpose. Figure 6.7 details the allocation on a state basis.

Figure 6.7 Allocation of \$100 to reduce cannabis use (by state)



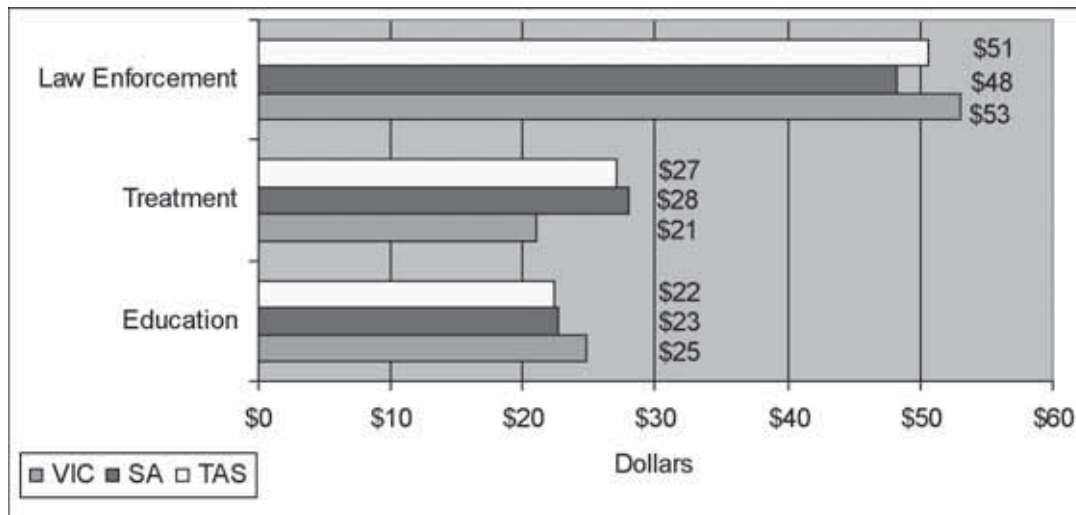
When examined in the context of rank, allocation of the \$100 to reduce cannabis use was concentrated in specific areas. The constable's allocation to law enforcement (\$43) was higher than their allocation to treatment (\$24) and education (\$33). Sergeants allocated their funding to law enforcement (\$33), treatment (\$30) and education (\$37). The commissioned officers' allocation was \$26 to law enforcement, \$29 to treatment and \$45 to education (see Figure 6.8).

Figure 6.8 Allocation of \$100 to reduce cannabis use (by rank)



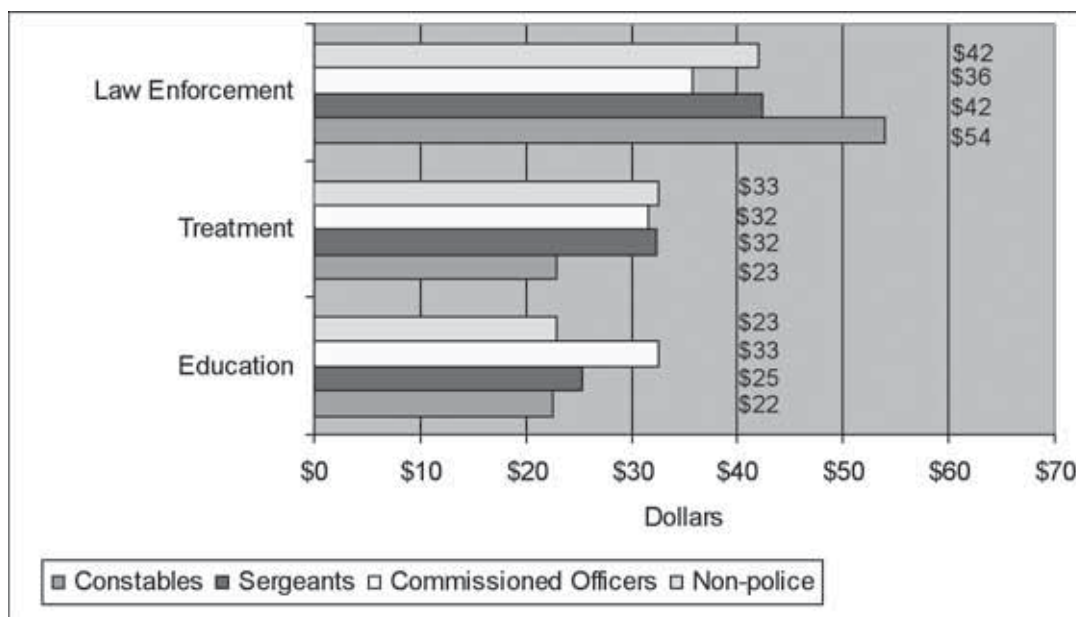
Overall, in regard to the reduction of heroin use, \$23 was allocated to education, \$25 was allocated to treatment and \$50 was allocated to law enforcement. Figure 6.9 details the allocation on a state basis.

**Figure 6.9 Allocation of \$100 to reduce heroin use (by state)**



When examined in the context of rank, allocation of the \$100 to reduce heroin use was concentrated in specific areas. The constable's allocation to law enforcement (\$54) was significantly higher than their allocation to treatment (\$23) and education (\$22). Sergeants allocated their funding to law enforcement (\$42), treatment (\$32) and education (\$25). Commissioned officers' allocation was more equally weighted with \$36 allocated to law enforcement, \$33 to education and \$32 to treatment (see Figure 6.10).

**Figure 6.10: Allocation of \$100 to reduce heroin use (by rank)**



As indicated (refer Table 6.1 below), police officers' attitude to the allocation of funding for illicit drug diversion strategies varied by state, type of drug and rank. The amount respondents would allocate indicate that jurisdictional differences exist and, hence, that policy makers must be cognisant of these. Whilst the amount that respondents would allocate for law enforcement was roughly equal, difference did appear in relation to where priorities lie in respect of treatment and education (for instance, Victorian respondents allocated more funding for heroin education than treatment).

**Table 6.1 Allocation of \$100 (by state)**

Strategy	Victoria		South Australia		Tasmania	
	Cannabis	Heroin	Cannabis	Heroin	Cannabis	Heroin
Law Enforcement	\$38	\$53	\$41	\$48	\$38	\$51
Treatment	\$24	\$21	\$26	\$28	\$27	\$27
Education	\$37	\$25	\$32	\$23	\$34	\$22

When examined on a rank and drug type basis (refer Table 6.2 below), there is a discernable difference. Constables allocated more funds to law enforcement than did sergeants: both of these allocating considerably more than commissioned officers. Indeed, commissioned officers were far more focussed on treatment and education options than their counterparts. Also, sergeants and commissioned officers, unlike constables, prioritised funding for cannabis on education rather than law enforcement.

**Table 6.2 Allocation of \$100 (by rank)**

Strategy	Constable		Sergeant		Commissioned Officer	
	Cannabis	Heroin	Cannabis	Heroin	Cannabis	Heroin
Law Enforcement	\$43	\$54	\$33	\$42	\$26	\$36
Treatment	\$24	\$23	\$30	\$32	\$29	\$32
Education	\$33	\$22	\$37	\$25	\$45	\$33

In sum so far, then, on the basis of the foregoing analysis about the legitimacy of the drug diversion policy strategies, two main points can be highlighted. Firstly, it can be said that all three states' diversion strategies appear moderately legitimate with the Tasmanian strategy enjoying a higher level than both the South Australian and Victorian strategies. This finding is based on respondent answers to both direct and indirect questions that sought to tap their attitudes about the question of legitimacy. To reiterate, when asked directly whether their states' strategies are appropriate, the mean score of Tasmanian responses (68.9) was significantly higher than those of Victorian responses (55.4) and from South Australian responses (53.8).

This finding is also confirmed through further analysis of the two questions asked. Apart from 'no action', all of the other options listed in the 'single best action' question and listed in the '\$100 spent on cannabis and heroin use reduction' question can be allocated into two categories – the options of warning, referral to education and referral to treatment are 'diversion options' and the options of community service order, weekend detention, prison sentence, \$1,000 fine and up to \$200 fine can be termed 'punitive law enforcement sanctions'. When diversion option responses are combined and totalled and when punitive law enforcement sanction responses are combined

and totalled a comparison can be made between the two. This approach aimed to provide an indirect way of tapping respondents' attitudes towards diversion and towards punitive law enforcement sanction outcomes for the possession of small quantities of these particular drugs and for the allocation of \$100 to spend on reducing cannabis and heroin use.

The results of this comparative analysis are:

- In regard to cannabis possession, 55 percent of Victorian respondents and 65 percent of Tasmanian respondents selected diversion options as their single best action. This percentage is significantly higher than South Australian responses (43 percent).
- In regard to heroin possession, 46 percent of South Australian respondents and 49 percent of Tasmanian respondents selected diversion options as their single best action. These percentages are significantly higher than Victorian responses (31 percent).
- In regard to ecstasy/designer drug possession, 53 percent of Tasmanian respondents selected diversion options as their single best action. This percentage is significantly higher than the South Australian responses (43 percent) and Victorian responses (40 percent).
- In regard to amphetamine possession, 44 percent of South Australian and 47 percent of Tasmanian respondents selected diversion options as their single best action. These percentages are significantly higher than the Victorian responses (32 percent).

In regard to money spent on cannabis use reduction, there were no significant differences between respondents from the three states – South Australian respondents indicated that they would spend \$59, Tasmanian respondents would spend \$62 and Victorian respondents would spend \$61.

Finally, in regard to money spent on heroin use reduction, again there was no significant difference between respondents from the three states – South Australian respondents indicated that they would spend \$51, Tasmanian respondents would spend \$49 and Victorian respondents would spend \$46.

The second point to highlight is that those respondents who consider their strategy appropriate do so largely because they believe it to be an effective way to reduce drug use (especially for first-time low-level offences by youth) and that it frees up the court system and saves police time. Those who consider their strategy not appropriate do so largely on philosophical and practical grounds, stating that it is misguided, too lenient, flawed due to lack of funding and resources, and that it does not work for adults and/or long-term users.

A third point to make concerns the questions posed at the end of Chapter 4 about the relationship between prior consultation and the level of legitimacy (i.e. appropriateness) of the illicit drug diversion strategy and the relationship between the usefulness of the information on proposed changes and the level of legitimacy (i.e. appropriateness) of the strategy. Cross-tabulation of these variables reveals (i) no significant difference between those who were consulted prior to the implementation of the strategy and those who were not consulted with regard to the perception of appropriateness (i.e. legitimacy) of the diversion strategy; and (ii) those who rated the usefulness of the information as low or neutral rated the appropriateness of the diversion strategies significantly lower than those who rated the usefulness of the information as high.

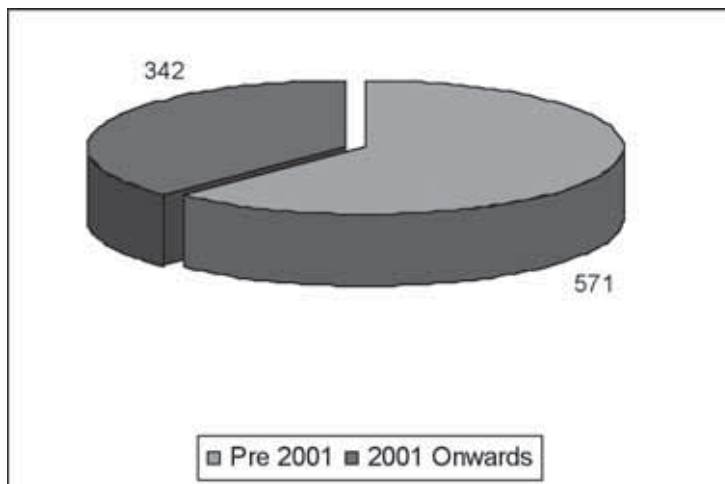
In other words, whilst information on proposed changes did enhance the likelihood that those charged with implementation of a new initiative will consider it legitimate (as expected in the theoretical literature on change management), prior consultation *per se* did not.

## 6.6 The next generation cohort

Whilst the research incorporates various methods (e.g. survey, semi-structured interviews), it includes, by design, police members who commenced their service *after* the policy was introduced and implemented. This enables an examination of the beliefs and attitudes of the *next generation cohort*: police officers who joined in or after 2001. This group is considered of great import to the acceptance of restorative justice and diversionary principles that underlie current policing and governmental strategies.

As Figure 6.11 reveals, the *next generation cohort* comprised 37 percent of the total sample. Sixty-two percent of the *next generation cohort* had undertaken training compared to 62 percent of officers who joined before 2001 – representing no significant difference between pre- and post-2001 cohorts.

Figure 6.11 Respondents (pre-2001 and 2001 onwards)



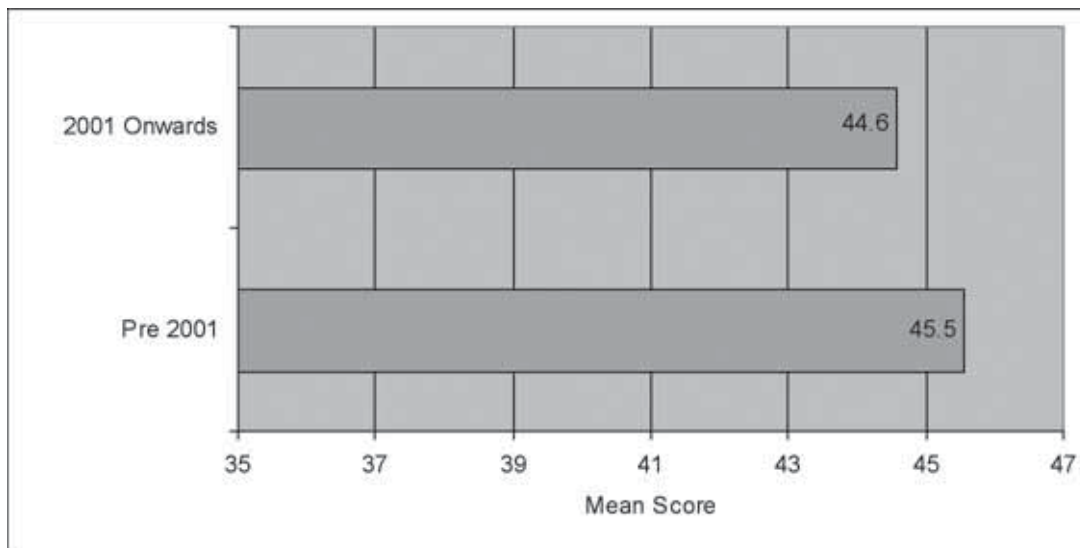
### Tolerance rating (of drug use)

The analysis of the *next generation cohort* responses provides evidence that they are more aligned to the traditional law enforcement model and the associated traditional notions of police culture. This is of significance when consideration is given to the areas impacted upon. These included:

- tolerance of drug use; and
- single best action for drug users.

The *next generation cohort* also exhibited a slightly lower tolerance of drug use (Figure 6.12) when compared with their longer serving counterparts.

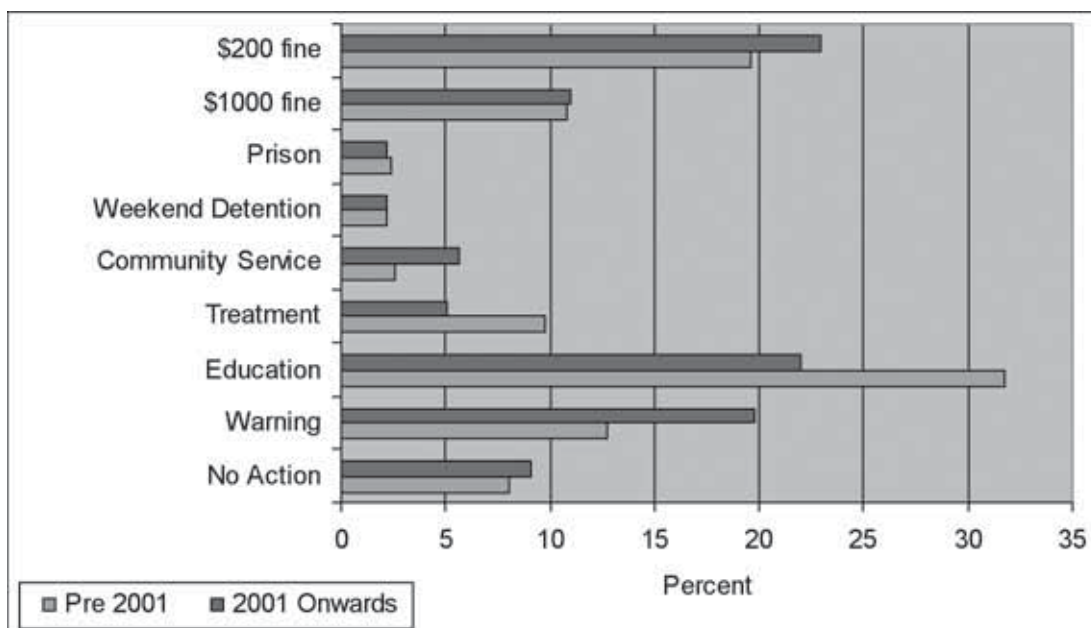
Figure 6.12 Tolerance rating (of drug use)



Whilst the mean score difference was less than 1.0, it is an interesting attitudinal indicator when combined with, for example, the single best action for cannabis users (Figure 6.14 below).

Over recent years, police organisations have altered their recruitment practices (e.g. away from employment of 16 year old cadets) and removed, for instance, height, weight and age restrictions. This has led to a *next generation cohort* that is, overall, fundamentally different in life experience to their predecessors. Notwithstanding this, the traditional 'crime-fighting' culture appears to be ingrained in this cohort and is worthy of further examination.

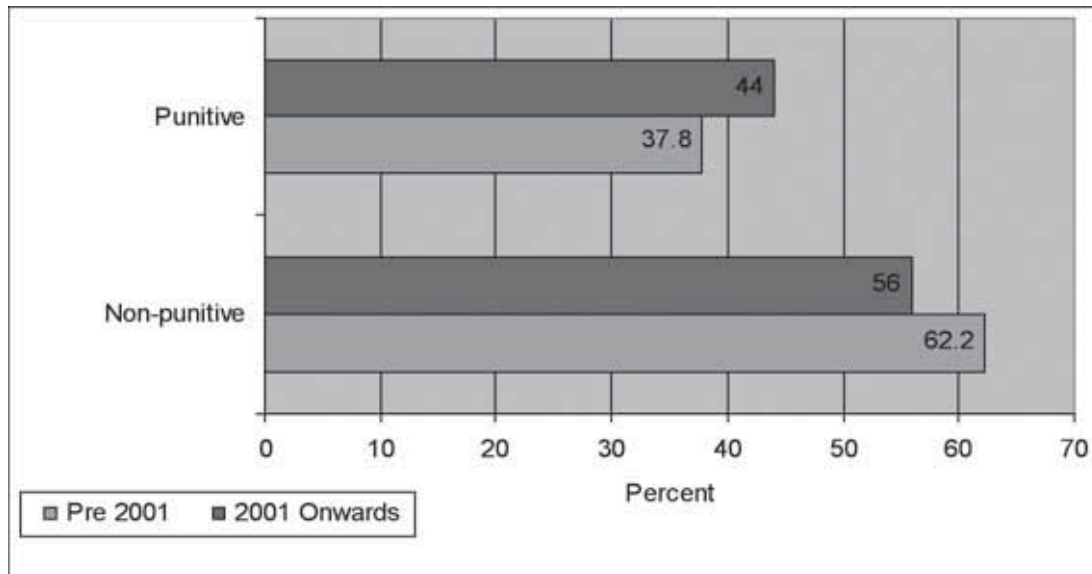
Whilst the *next generation cohort* advocated continuing prohibition of cannabis (69 percent) at a lower level than their counterparts (74 percent) they were more likely (Figure 6.13) to support financial penalties, community service orders, warnings and the taking of no action. They were also less likely to recommend education or treatment as a 'best' action.

Figure 6.13 Single best action (cannabis); *next generation cohort*



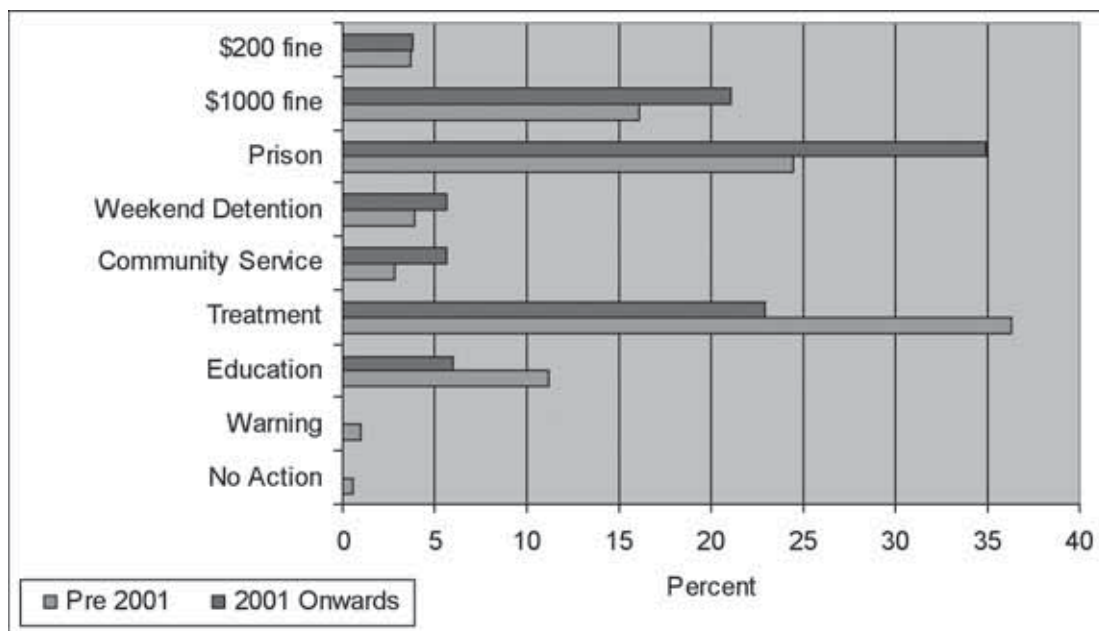
The percentage of the *next generation cohort* supporting warnings and no action for cannabis use might be considered counter intuitive given they appear more likely to support punitive action. Grouping of the 'punitive' (community service, weekend detention, prison, \$200 fine and \$1,000 fine) and 'non-punitive' (no action, warning, education and treatment) elements enables the discerning of overall views. Figure 6.14 reveals that, in relation to cannabis use, overall the *next generation cohort* is more likely than their longer serving counterparts to see punitive action as a 'best' action, but both groups are more supportive of non-punitive action.

Figure 6.14 Total of non-punitive action for cannabis users



The comparison of the single best action for heroin users is also instructive (see Figure 6.15). Again, the *next generation cohort* is more supportive of punitive action (71 percent) than their longer serving counterparts (51 percent). There were no significant differences between the next generation cohort and their longer serving counterparts for heroin, ecstasy and amphetamine.

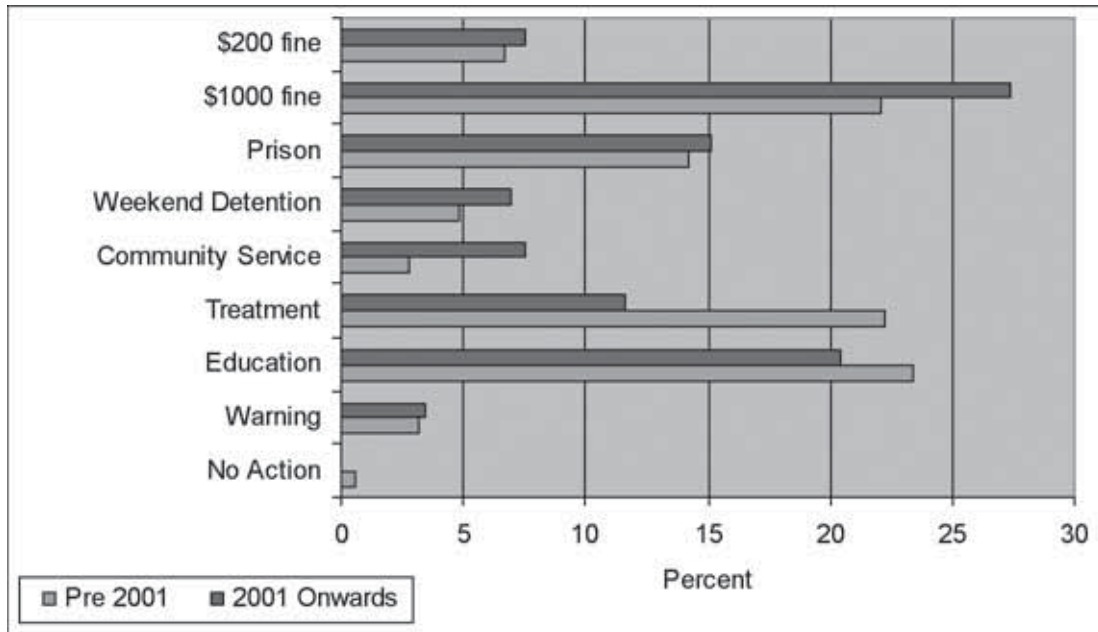
Figure 6.15 Single best action (heroin); *next generation cohort*





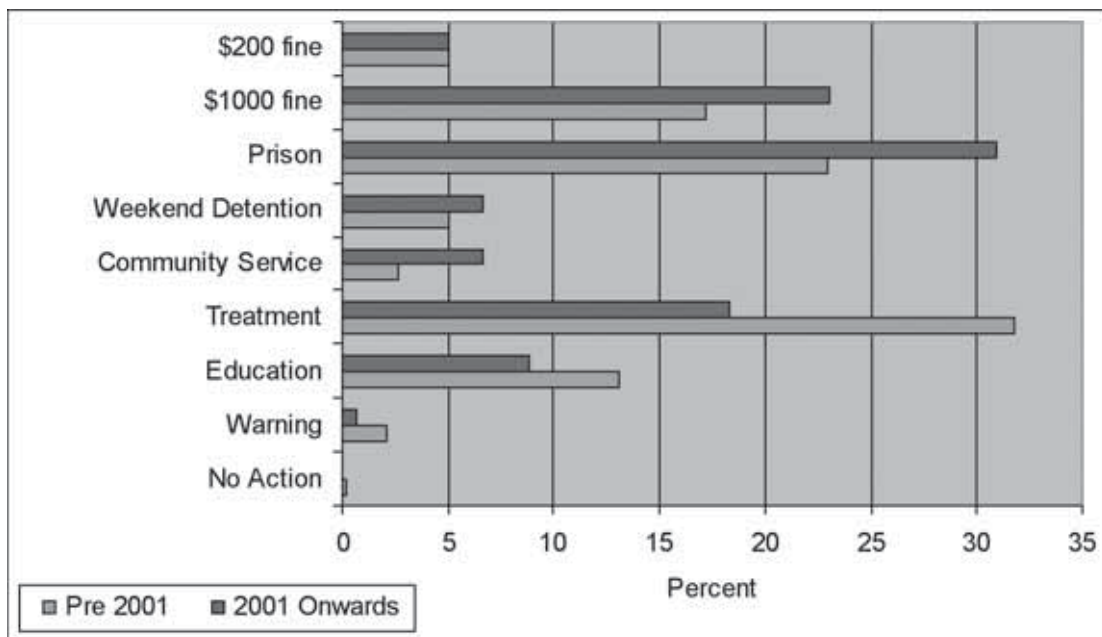
The comparison of the single best action for ecstasy users demonstrates (see Figure 6.16) that the *next generation cohort* is more supportive of punitive action (64 percent) than their longer serving counterparts (51 percent).

Figure 6.16 Single best action (ecstasy); *next generation cohort*



The comparison of the single best action for amphetamine users (see Figure 6.17) also demonstrates the *next generation cohort* is more supportive of punitive action (72 percent) than their longer serving counterparts (53 percent).

Figure 6.17 Single best action (amphetamine); *next generation cohort*



Overall then, the *next generation cohort* is far more likely to see punitive action as appropriate compared to their longer serving counterparts.

## Knowledge of problems associated with drug use

The *next generation cohort* (mean score of 65) rated their knowledge of problems associated with drug use significantly lower than the pre-2001 respondents (mean score of 73). Whilst this might be reflective of their limited experience in dealing with people with drug problems, it also indicates that there is scope to increase police officers' knowledge in this area.

## Drug diversion guidelines

Interestingly, and notwithstanding that drug diversion is embedded in the induction training for police, the *next generation cohort* rated their knowledge of the drug diversion guidelines significantly lower (mean score 57) than their longer serving counterparts (mean score 63).

## 6.7 Conclusion

By way of conclusion, two other considerations concerning the notion of police culture and the drug diversion initiatives that emerged from the field interviews merit mention.

Firstly, numerous comments critical of the diversion policy strategies were expressed indicating that there are strongly held views of opposition towards them. These comments – particularly from Victoria and South Australia – reflect attitudes that the strategies are antithetical to the law enforcement/crime-fighting role that is widely cited as a major long-standing element of police culture. Characteristic comments are ones such as the following:

*It's a health problem and they're not really offenders, let's hug them all and give them all lots of kisses and make them feel better about themselves and divert them away, and we'll take you out of the court system ... and all that sort of garbage and rhetoric.*  
(South Australia)

*I think the culture is lagging behind amongst the troops on the ground because I think that there's good understanding about that in the hierarchy of police in South Australia at least, so there's strong endorsement of diversion at the higher levels, but that doesn't exist on the ground.*  
(South Australia)

*Our diversions, when they started, they went up slowly and they plateaued nicely and then went down and a lot of it is attitude. Coppers don't think it's a good idea. It's not what we're here for and all that sort of stuff.*  
(South Australia)

*I think it's fair to say that there's been a history of a level of police dissatisfaction of the police drug diversion initiative because they see referral as, um, not executing justice and it grates on them that somebody who has committed a criminal offence by being in possession of an illicit substance and they're sent off to a health counsellor and that's a continuing issue that really needs to be reconciled with police ... But that's certainly been a continuing issue and police attitudes have in practical terms had considerable influence in the way those programmes are actually implemented on the ground.*  
(South Australia)

Secondly, and somewhat obversely, many comments also expressed the view that police cultural attitudes towards diversion are changing. The following comments are illustrative in this respect:

*I do think there has probably been a change in attitudes over that period, too, with police, so there might be more willingness to sort of realise that they might be better off sending someone off for treatment rather than either ignoring them or sort of putting them through the court.*

(Tasmania)

*We believe that the police culture and attitude to this particular programme is changing, but there's still feeling that there needs to be a lot of work done to that aspect and they have actually employed a new co-ordinator to undertake co-ordination within the police to look at these issues – training issues as well as co-ordination for the police.*

(Tasmania)

*We're actually a bit more knowledgeable now and a bit more open to people from outside the organisation to give us advice on some of these things and we're not quite so insular.*

(Tasmania)

*I mean that's a decade now of cultural change. Then when the cannabis cautioning started and then into the drug diversions and then if you actually look at how many police officers have come into the organisation in the last ten years and how many know nothing but drug diversion it's a significant change that's been building for some time.*

(Tasmania)

*I think the younger ones, and it's not all the younger ones ... it's a proportion of the younger ones ... understand the harm minimisation and understand what we are trying to achieve and the opportunities and that's what it's all about.*

(Tasmania)

*Now I have a tool to use ... before I had to waste time.*

(Victoria)

*Now I have an option to help and they see a different approach by police.*

(Victoria)

*Five years ago I would have said f... off, but now I see it as a health issue. Give it five more years and we will have social workers in the police, and that's the way to go. Change has been good, as dealing with druggies has been frustrating – a court penalty is no help medically.*

(Victoria)

These remarks suggest that diversion is becoming more widely understood and accepted as a legitimate police role.

Overall, however, comments such as those listed above, together with the foregoing quantitative evidence, suggest that there appears to be two contrasting attitudinal orientations police officers in the three states have towards their diversion strategies: one which is antithetical to diversion that endorses the law enforcement/crime-fighting role of police and punitive criminal justice system

outcomes for minor drug use/possession offences; the other which emphasises the appropriateness of diversion as part of a legitimate harm minimisation strategy compatible with what Reiner (1997) and Maher and Dixon (1999) term the (public order maintenance) mandate of police organisations.

The extent to which both sets of these attitudinal orientations shape decisions about diversion is a question to be addressed later in this study.

## Chapter seven: Agency administrative capacity

Research questions that guided this aspect of the project included:

- Were adequate resources allocated for implementation?
- What communication strategies were used and were these successful?
- Was implementation of the policy strategy monitored and, if so, what type of information was collected?
- Were there any changes to the strategy as a consequence of monitoring and/or control mechanisms?
- Did training occur and, if so, what forms of delivery and content were used and at what times?
- What process factors influence uptake of the strategy?
- What is the general level of satisfaction with the strategy?
- Are any improvements identified by police officers?

### 7.1 Theoretical rationale

The administrative capacity of an organisation is a key determinant of the success, or otherwise, of transferring policy into practice. This research, through an examination of three Australian police organisations charged with implementing a similar policy, provided an opportunity to examine the implementation process holistically and on a state-by-state basis. Whilst the innate differences between the organisations (e.g. culture, size), coupled with differing implementation requirements (e.g. legal issues), render the comparative process difficult, it nonetheless provides a unique opportunity to discern the processes that influence policy acceptance and implementation.

Within the policy studies and management theory literature there are numerous lists that specify administrative preconditions that need to be satisfied for the achievement of effective implementation (Mazmanian and Sabatier, 1983; Hogwood and Gunn, 1984; Bridgman and Davis, 1998; Kanter, 1983; Child, 1984). Generally, these state that sufficient resources (financial, legal, technological, time, skilled personnel) together with leadership and appropriate coordination, communication and control mechanisms are key considerations in providing an agency with the capacity to implement change.

Kanter (1983) highlights the importance of leadership, training, communication and consultation as integrative actions that can help weave an innovation into the fabric of an agency's expected operations. Any new strategy requires someone with power pushing it, otherwise there is a good chance of it not being implemented fully. In addition, learning how to use or perform new practices is aided by appropriate training for any new skills required while communication and feedback procedures help spread information about them and help transfer experiences from earlier users to newer ones.

Similarly, Hogwood and Gunn (1984) emphasise the importance of appropriate implementation processes and procedures that, after policy formulation, involve such sequential steps as:

- i) design of a program incorporating coordinated task sequences and clear statements of objectives, performance standards, cost and timing;
- ii) executing the program, by mobilising appropriate structures and staffing, funding and resources, procedures and methods; and

- iii) build in appropriate scheduling, monitoring, and control devices to ensure that the program proceeds as intended or, if deviation occurs, that appropriate corrective action is quickly taken.

In this chapter, such administrative resources, processes and procedures deployed in the implementation of the drug diversion strategies in the three jurisdictions are explored.

## 7.2 Resources

### Financial, legal and timing

A number of comments can be made in relation to financial, legal and timing issues that were identified by respondents. In the main, few negative comments were made regarding resources (excluding financial resources) for implementation and for operational purposes. Generally, comments made during the field interviews indicated that resources were considered satisfactory with few gaps. Whilst some issues impacting upon delivery were identified (e.g. not knowing where to access the resources) these were considered to be low-level and not the norm.

All states reported a lack of funds in the first phase of the drug diversion strategy. It was felt that some of these issues were due to the National Strategy guidelines which directed funding towards assessment and treatment services. Whilst there is a pragmatic acceptance of the role of the Commonwealth in funding the strategy (in effect, a specific purpose grant), there was a perception in Tasmania that the initial funding allocation to police was minimal, with

*A lot of it [going] to health services and to community providers and ... very little actually [going] to police.*

(Tasmania)

There was also a belief amongst respondents in the field interviews that the Commonwealth was reluctant to fund co-ordinator positions within police organisations and that this adversely impacted upon policy development and implementation processes, since resources could not be dedicated to the task. In Victoria and Tasmania this situation has been addressed through the provision of funded co-ordinator positions within drug and alcohol policy units.

In South Australia, legislative and funding delays were also identified as substantial issues that led to a significant gap between when the initial training occurred and the policy was implemented.

*... there were people that had gone through a training initiative, but then nothing happened for a long period of time ... almost 12 months ... because of the delays that occurred.*

(South Australia)

In regard to timing, there was general agreement in Tasmania that the timeframe for implementation of the drug diversion initiatives under the National Strategy was too tight. A change in the implementation phase of the timeframe meant that police training had to be held close to Christmas, which was perceived as a bad time of year.

*Through DPAC there was deadline as I recall ... But I think from memory what happened was we were travelling quite well. Then they changed the timeframes and ... that meant that the training had to be compressed into a much shorter period of time and it was a bad time because it was the lead up to December/January.*

(Tasmania)

In all three jurisdictions, an overall satisfaction rating of 45.2 was recorded for the length of time taken for the implementation of diversion (Question 39 of the Police Survey) with no difference recorded between the states in the Police Survey. This, not surprisingly, indicates that implementation timeframes were problematic, especially in Tasmania.

### **Human resources – knowledge and skills**

Amongst other things, the Police Survey examined the respondents' perceptions of their knowledge of problems associated with drug use (Question 15). Overall, a mean score of 70.4 was recorded which indicates respondents have a level of comfort with their understanding of drug use issues, both personal and social. Tasmanian respondents returned a mean score of 66.0 which was significantly lower than South Australian (73.0). The capacity of respondents to transfer this knowledge to the skill domain was examined through measurement of their skills associated with dealing with people with alcohol and drug problems (Question 16). South Australian respondents reported a mean rating of 69.3 and Victorian respondents 69.4. Tasmanian respondents reported a mean rating of 63.8 which is significantly lower than the other jurisdictions.

Respondents' self-reported knowledge of drug counselling and treatment services revealed a mean score of 48.4 and their knowledge of treatments for drug dependence reported 41.8. Victoria's score for knowledge of drug counselling was significantly lower than South Australia. Given (refer below) the respondents' apparent desire to be provided with more feedback on individual clients and the efficacy of the treatment process, this is an area that would benefit from further attention.

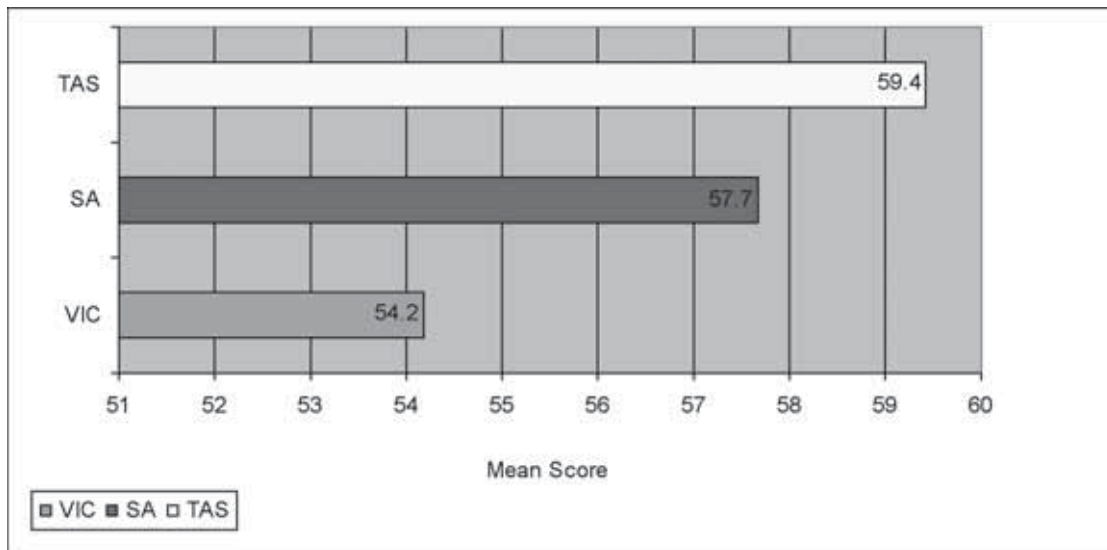
In all areas of knowledge listed in the Police Survey, constables and non-police personnel reported significantly lower levels of knowledge for all areas than did sergeants and commissioned officers.

Respondents were also asked to rate their skills in a number of key areas. These included: dealing with people from non-English speaking backgrounds (NESB); dealing with young offenders; conflict resolution skills; and dealing with indigenous persons.

Mean scores ranged from 55.1 for dealing with people from NESB to 76.1 for conflict resolution skills. Tasmania's mean score (66.4) for skills in dealing with young offenders was significantly lower than Victoria (73.9). Further, Tasmania's rating for dealing with people from NESB was also significantly lower than Victoria and South Australia. Tasmania and Victoria reported significantly lower ratings for dealing with indigenous peoples than did South Australia. Constables and non-police personnel reported a significantly lower level of skill when dealing with aggressive clients, indigenous peoples and conflict resolution skills than did either sergeants or commissioned officers. A preliminary examination of these issues suggests that they are reflective of demographic conditions. These conditions lead to increased exposure to the issues and this experiential difference is a likely explanation for the increased skill and confidence levels.

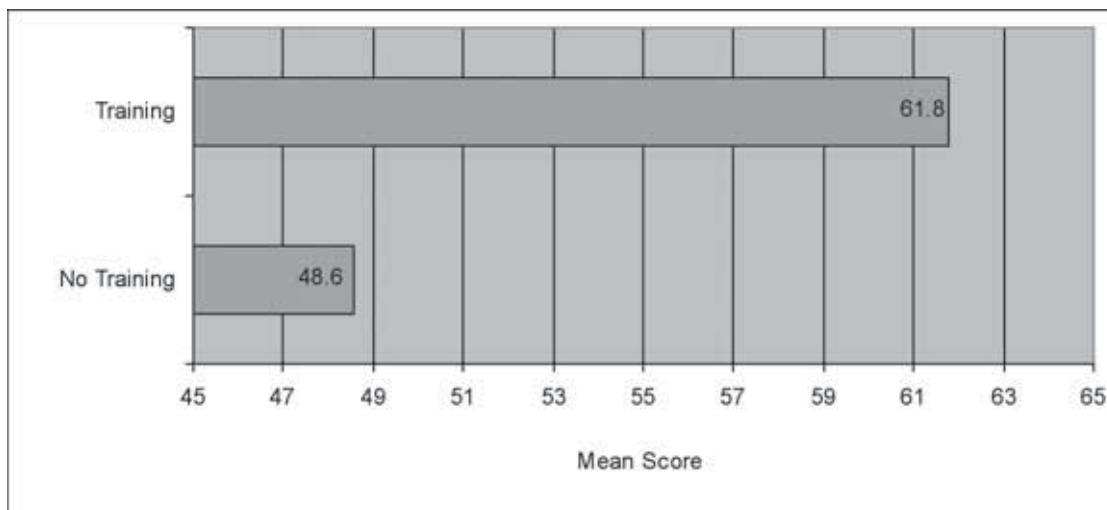
Respondents were asked to rate their skill level in administering drug diversion strategies. Tasmanian (59.4) and South Australian (57.7) respondents rated their skills higher than Victorian (54.2) respondents although only moderately so (see Figure 7.1).

Figure 7.1 Skill in administering drug diversion strategies (by state)



When considered within the parameter of those who had received training and those who not received training, there is a significant difference in skill levels. Those who had received training rated their ability at 61.8, while those who had not received training rated their ability at 48.6 (see Figure 7.2).

Figure 7.2 Skill in administering drug diversion strategies (by training)



## Leadership

In all states, leadership was commented on as a factor that impacted on the uptake of the IDDI. In particular, leadership was seen as coming from the Commissioner level (including Deputy Commissioner and Assistant Commissioner) and, more generically, senior officers (both in rank and within rank).

The Police Survey and semi-structured interviews sought to elicit responses that dealt with leadership during the policy formulation and implementation stages as well as during more recent times. Leadership was also commented upon by the health, justice and other sectors with many (in all states) asserting that the diversion initiative had its origins in, and owed its success to, the leadership demonstrated by their organisation. It is clear that the agency reported as 'driving'



the policy varied – for instance, it was seen to be a health initiative in South Australia whereas Tasmania and Victoria saw it as more of a police initiative.

In Tasmania, for example, it was well known that drug diversion was an area of interest to the Commissioner and the Deputy Commissioner. Both were seen to be strongly supportive of the initiative. Through their involvement in the Inter-Governmental Committee on Drugs (IGCD), both were also seen as taking the lead role in the development of diversion initiatives.

*... [T]he police in Tasmania ... take a sensible pragmatic view ... They don't take a hard fast law and order [view] and I think that's a reflection of the leadership role they've played in relation to drug policy generally.*

(Tasmania)

*It's not a Commissioner's Folly ... [It] basically means the Commissioner says 'These are the rules. If you break 'em, you're in strife'.*

(Tasmania)

In Victoria, prior to the National Strategy the Premier's Drug Advisory Council was considering a range of options. The Commissioner of Police briefed the Drug Policy Unit and they took the leadership in the development of initiatives.

*There were a number of research papers around and people were talking about cannabis. They were talking about a whole range of things, which created an impetus for change. It created ... a licence for police to look outside the barriers and say, 'Well okay ... you know the national drug strategy says a user is a health issue and a dealer is a crime issue.' And [the Commissioner] was pretty brave and said 'All right. Go for it. Come back to me and give me some advice and some recommendations and something that's workable'.*

(Victoria)

Victorian police officers were of the opinion that the policy emanated from the highest levels in their organisation. A constable stated:

*Those high up pushed it at command level and all the way down. 'Try and use it if you can' – pushed from above. Probably wouldn't happen if it wasn't pushed.*

(Victoria)

The Police Survey sought, through an exploration of respondents' knowledge of the internal workings of the drug diversion strategy (Question 35), to determine whether respondents were cognisant of where 'ownership' of the strategy and its implementation rested. Nearly 40 percent of all respondents stated that there was a person responsible for the implementation of drug diversion strategies. On a state-by state basis significantly fewer personnel from Victoria (9%) stated that there was a person responsible for drug diversion than in South Australia (59%) or Tasmania (52%).

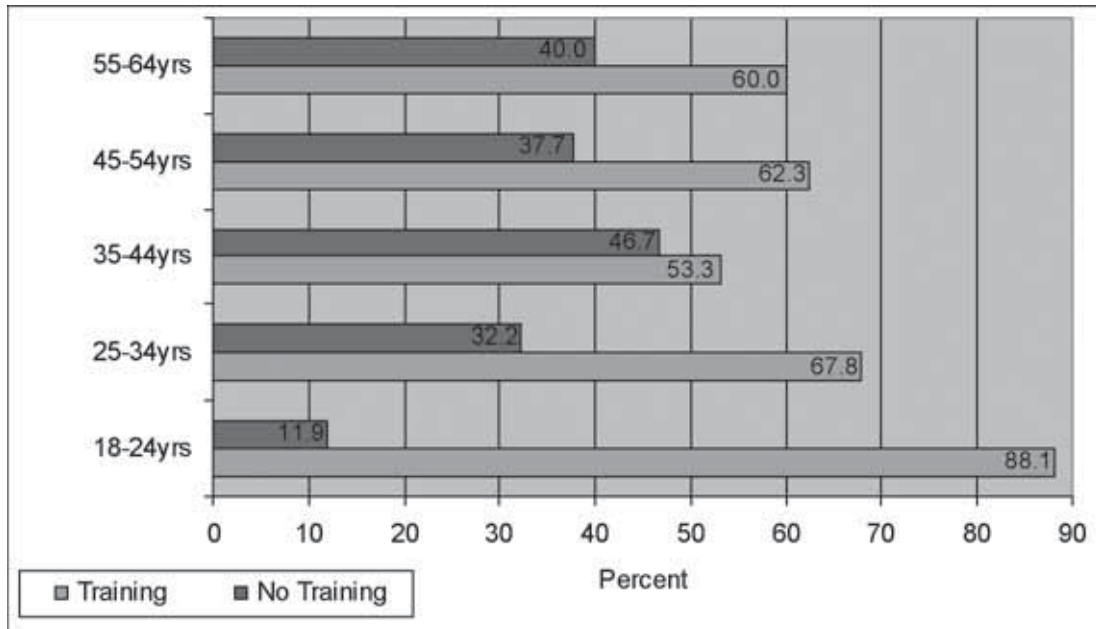
## 7.3 Processes and procedures

### Training

A critically important process in the implementation of any innovatory policy is training which provides not only a medium to communicate new procedures but opportunities for learning new skills required to perform them.

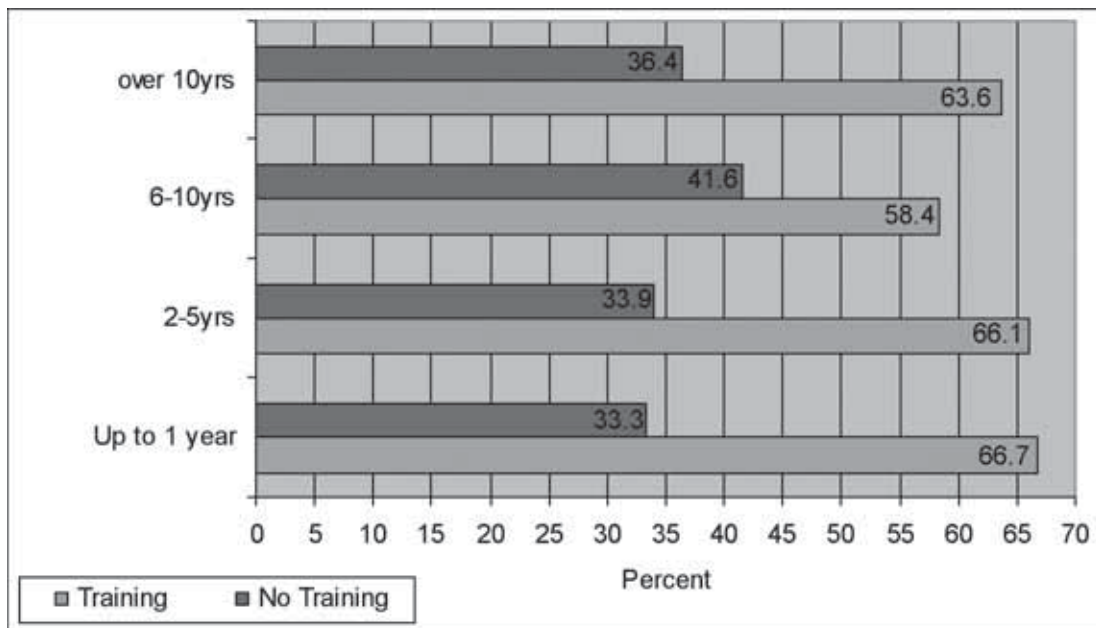
In all three states, younger officers were much more likely to have had diversion training (see Figure 7.3). A significantly greater proportion of those between the ages of 18 and 34 years had received training than those in the older age groups.

**Figure 7.3 Training received (by age group)**



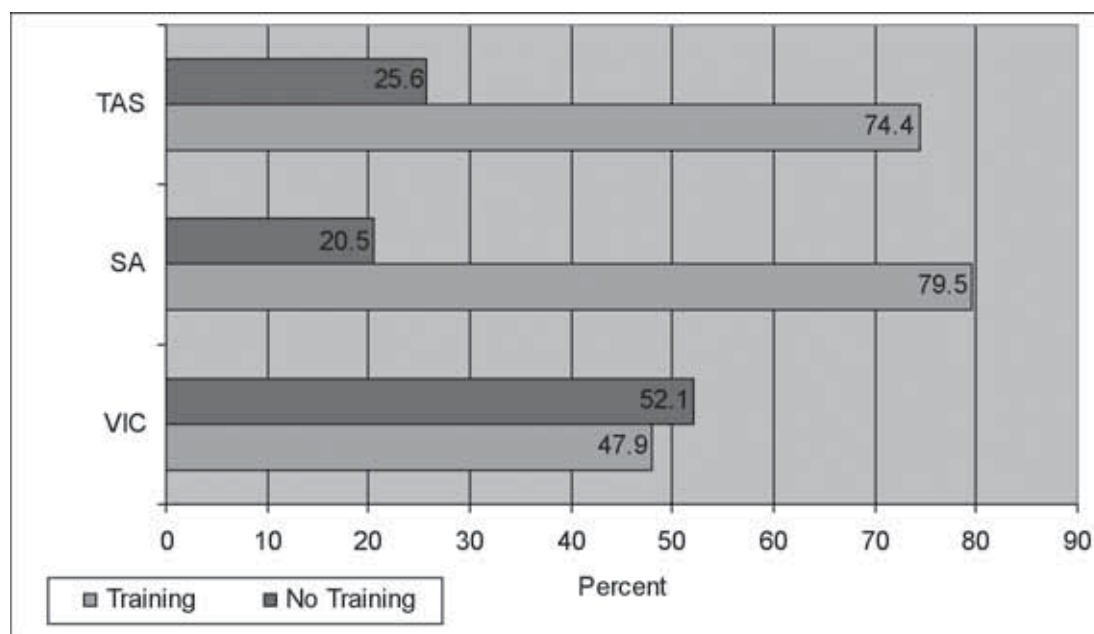
When examining the length of service of respondents and comparing that with whether or not they had received training, the analysis (see Figure 7.4) reveals that 58 percent (6–10 years service) and 63–66 percent (all others) had been trained.

**Figure 7.4 Training received (by length of service)**



Whilst nearly 64 percent of the total sample had undertaken training in illicit drug diversion, Victoria (48 percent) was significantly lower than South Australia (80 percent) and Tasmania (74 percent). South Australia's level of training is significantly higher than both other states (see Figure 7.5).

Figure 7.5 Training (by state)



Over half of those who had received training (53 percent) did so as part of a training day, with a further 16 percent receiving specific local area drug diversion training. Nearly 15 percent received training in drug diversion as part of cadet training (Police Survey).

There has long been an attitude within policing that there is a nexus between drugs and crime: that persons involved in drugs are involved in crime; and persons involved in crime are involved in drugs. There is much literature (see, for instance, Fink, 1962; Inciardi 1981; Weston and Cole 1973; and Bush 1983) that examines the correlation and, notwithstanding the eligibility criteria for drug diversion, there is benefit in being able to demonstrate to police practitioners some tangible reward for not taking more punitive action. Invariably,

*... some police do see this as a soft option, so if it is introduced it has to be sold in the right way and the right time and what we've done, to a degree, is play catch up. So after the horse has bolted we've then tried to close the gate and appease people.*

(South Australia)

Garnering support for diversionary practices through education and awareness-raising provides the opportunity for police officers to have a sense of ownership of the strategy. Fundamentally, diversion is at odds with the traditional 'crime-fighting' role that, for many practitioners, has been their *raison d'être*. Moreover, community interaction invariably involves public consternation over (court and other) penalties being insufficient and offenders 'getting off lightly'. Indeed amongst elements of the community there is still great store in the seemingly romanticised 1950s notion of police being purveyors of 'size 12 boot' corporal punishment regimes. It is necessary, therefore, to equip police officers with knowledge and insight that enables them to deal, at both the cognitive and emotional levels, not just with their own uncertainties but also with community concern. It is not to suggest that the awareness-raising need to convince the police officers of the efficacy of the strategy, but instead to equip them with underpinning knowledge.

In South Australia, the business process was documented and provided to local service area training officers (senior sergeants) to develop a presentation. The presentation was validated to ensure it properly reflected the process. The training was then conducted in each local service area by the training officer.

*It was very much based on the operational process. ... in these circumstances you fill out form A and fax it to this number and a copy of it goes in this file here ... the training was based on that sort of administrative level.*

(South Australia)

There is a perception that many police officers did not embrace the concept of drug diversion in South Australia. This perception is supported by the evidence from the field interviews. This has manifested itself, to an extent, as a critique of the initial training and has provided an important opportunity to examine what is a fundamental difference between the training provided by the other states (Tasmania and Victoria) and that provided by South Australia.

South Australia's focus at the procedural level (rather than on the philosophical underpinnings of the strategy) is important as the data suggests an attitudinal difference between South Australian police and their counterparts in Victoria and Tasmania. It is not suggested that the policy suffered at the consultation level, or indeed that consultation was required, but that the implementation of the policy required participation in both awareness-raising (philosophical) *and* process oriented training. Kanter (1983: 243) advocates this position, seeing that innovation demands participation 'especially at the ... implementation stage'. Moreover, participation in both domains is essential as a 'way of confronting the political issues involved in change, not ... of avoiding or smoothing over them' (Child, 1984: 286). It enables the recognition and mitigation of anxieties and conflicts and offers the prospect of developing an 'adaptive learning capacity' (Child, 1984: 286).

Comments acknowledging the importance of awareness-raising came from within and without South Australia Police. The following comments are illustrative:

*It stems from that strategic mistake of not bothering to honour their intelligence and to tell them what it's all about. That was a police culture thing. It wasn't us ignoring police. It was police ignoring police.*

(South Australia)

*Not only in relation to the police drug diversion initiative, but a whole range of diversion programmes in South Australia that utilise police diversion ... some work is occurring on that at the moment (to) improve training and education of police to explain the rationale and the philosophy behind diversion.*

(South Australia)

*... not enough of the philosophical and political level (was given) to give police the opportunity to better understand how it fitted in with the larger illicit drug strategy and that I think has subsequently had consequences in a way that police have embraced that programme.*

(South Australia)

*Everyone thinks in an organisation where there's a hierarchical structure you can say, 'Do this. Do that.' Yeah great, but with something as delicate as this and as controversial you need to be able to be selling it.*

(South Australia)

It is clear that South Australian respondents wanted evidence of the efficacy of the policy. The absence of this in the initial training has, clearly, impacted perceptions of the validity of the drug diversion initiative process. This has manifested itself in a variety of ways; the most significant of which has been the strength of feeling of some South Australian respondents who suggested that training could be improved by 'getting rid' of the diversion strategy itself.

*Get rid of it.*

(South Australia)

*Tell us it's been scrapped.*

(South Australia)

*Abolish it and go back to arresting/reporting criminals.*

(South Australia)

*Scrap drug diversion!*

(South Australia)

This overtly negative approach was not as evident in the answers of either the Tasmanian or Victorian respondents.

A second phase of training was being undertaken in South Australia to address the deficiencies of the initial training program at the time this research was conducted. Some positive effects were reported, as illustrated:

*(T)he benefits of that are just starting to show ... and the referrals are starting to increase in the geographical areas where [health] and the DASC staff have undertaken that training and that has also ... that was initiated through some of the evaluation that was done of the police drug diversion initiative that identified the problem with police understanding of the rationale of the programme and it's also reflective of the gaps in the initial training that police received.*

(South Australia)

*... the basic message to them is that treatment is the most effective crime reduction strategy for drug users... [W]e've had officers turn round and say to us they've been dead against it and they've never done it, but now they're going to and that's reassuring.*

(South Australia)

Victoria and Tasmania incorporated both the harm minimisation philosophy and the actual drug diversion process in its training. Importantly, harm minimisation was not a new concept for Tasmania Police. Since the early 1990s Tasmania Police had advocated harm minimisation externally and (to a more limited extent) internally. Drug education in schools and the general community was re-focused from the traditional 'show and tell' to harm minimisation and raising awareness of legal consequences. Specific officers were identified as being suitable for the role of drug education officers. They then undertook a specially designed course focused on harm minimisation. Over time, some sixty police officers were trained. This led to the philosophy permeating Tasmania Police and providing a solid platform for its extension. This was further capitalised upon with the introduction of the Cannabis Caution Program that was introduced prior to the IDDI. Notwithstanding this, the initial IDDI training

*... was very much focused on changing attitudes in relation to treating people as not offenders that needed to be punished, but going for education and treatment. So that was the focus of the first round and then that ... by the time that we got to the second stage of the diversion process the attitude had changed substantially and they were realising that people had to be diverted.*

(Tasmania)

The initial education and information sessions were conducted by one officer. That officer had drafted the policy and procedures and had prior experience as a drug education officer. Given the size of Tasmania Police, the education and training sessions were able to reach a considerable proportion of operational officers in a six week period.

*(The two hour presentation) ... got through about 60 percent of officers ... The first part was talking about the harm minimisation philosophy and ... the philosophy of the programme and then the remainder was the nuts and bolts of how you do it ... how you actually write it up.*

(Tasmania)

Whilst there was some informal input into training from the health and NGO sector, their involvement has increased over the years with

*... NGOs ... going to the Police Academy and (elsewhere on) what they actually do and how they actually deal with clients as such. So they give (police) an understanding of what ... services are delivered by NGOs. But we are going to be addressing this issue of training. It's about having input from Health into the police training programme.*

(Tasmania)

Since the initial training, two additional refresher programs have been developed. Ongoing training is considered a priority.

Given the known link between attitudes and action, the Police Survey also sought to elicit attitudinal responses from participants. This included an examination of the impact of training on respondents' tolerance of drug users (Question 40.7). Those who completed training recorded a tolerance score of 53.4. Victorian respondents recorded a significantly lower level of tolerance for drug users since training than South Australian or Tasmanian respondents. Overall, constables exhibited significantly less tolerance of drug users since training than sergeants.

## Improving training

Respondents to the Police Survey were asked to provide suggestions for improving training (Question 40.5). The responses concerning the timing of training were substantially consistent across the states. Characteristic comments were:

*Training was good but it was implemented before the program started so it was confusing when trying to police and use the initiative.*

(South Australia)

*Time it so the training is done almost immediately before it is introduced.*

(South Australia)

*[We heard about it] after it had been introduced ... It was just implemented and then we got trained.*

(Tasmania)

*Was trained after I used [the diversion process] – already had used it, so not really useful.*

(Victoria)

*Examples of correct/incorrect diversions made by officers.*

(South Australia)

Timing of the provision of training and information sessions continues to be an issue not easily addressed. It is difficult to envisage a training strategy that would suit all, with some preferring to be trained before they encounter the strategy, and others expressing discomfort regarding the provision of training in isolation (i.e. without a practical context). Certainty of commencement date and a clearly defined strategy for moving to the new process are fundamental.

Utilisation of dedicated staff (with credibility in the field) for training purposes appears highly valued. Whilst some police place great value on training from police officers, there is a general recognition that policy developers, augmented by practitioners (e.g. drug squad members) can add considerably to the development and presentation of the overall strategy, procedures and training modules.

*Have a dedicated officer/civilian assigned primarily to dealing with cautioning/diversion.*

(Tasmania)

*Have specifically trained officers present on all operational [training] days.*

(Tasmania)

*A more thought out package, sufficiently funded.*

(Victoria)

*Quick reference guides to members.*

(Victoria)

The provision of training was valued in all states. As was noted:

*It reminds you it is there.*

(Victoria)

*[The trainer] explained it, I adopted it because of its simplicity.*

(Victoria)

*I wouldn't have used it if I hadn't had it.*

(South Australia)

*The training was good – the person doing the training was in the drug squad for a long time, it taught me something. I didn't know it was there.*

(Tasmania)

*Showed us exactly what to do, the criteria, a cheat sheet to make it easier.*

(Tasmania)



Others, however, had criticisms of the training.

*Not detailed enough to tell you what to do. There is a problem with a lot of training ... They gloss over, powder puff, they don't include the ins and outs of what to do, so you just say it is too hard to do.*

(Victoria)

*There was not a lot of follow-up or refresher courses – I might jump on the intranet when I need information for most programs.*

(Victoria)

*I think the initial training for ... implementing the drug diversion strategy was 'absolute crap'.*

(South Australia).

*I can't remember receiving any training as to why we're doing it like this.*

(South Australia).

Many commented that the training is less useful when provided in the context of an intensive program at the academy, when an examination output is the main focus, rather than operational issues.

Notwithstanding these views, the inclusion of drug diversion and harm minimisation training during induction demonstrates that the policy is embedded in the mainstream training. Care should be taken to ensure that the procedural detail is not lost in the volume of information provided. To this end, appropriate formalised strategies should be utilised to consolidate learning once police officers commence operational duties.

Respondents were asked to rate how appropriate they thought the information provided to them at training was (Question 40.3). An overall score of 75.8 was reported for the appropriateness of training information. From a regional perspective, Victoria's rating of 67.5 was significantly lower than South Australia's 78.7 and Tasmania's 84.5 (Police Survey).

### **Guidelines and paperwork**

An important issue is the number of respondents who indicated they had seen the current guidelines for diversion (discussed more fully in Chapter 9). Only 44 percent indicated that they had seen them, with significantly fewer officers from Victoria seeing the guidelines than in South Australia or Tasmania. Significantly fewer constables had seen the guidelines than had sergeants and commissioned officers. Respondents rated their knowledge of drug diversion guidelines at 61.1. Victoria's rating was significantly lower than that of South Australia and Tasmania (Police Survey).

Respondents rated the ease of understanding the guidelines at 70.5 with no significant differences emerging between states. The usefulness of diversion guidelines recorded an overall mean score of 60.1. Again, there was no significant difference between states.

In the Police Survey, participants were also asked if the paperwork (i.e. forms) associated with the diversion process was hard or easy. The mean score of 59.51 suggests that the paperwork is at the easier rather than harder end of the scale. From a regional perspective both Tasmania (50.52) and Victoria (58.0) rated the ease of paperwork involved in diversion significantly lower than South Australia (64.1). Notwithstanding this, there was a diversity of opinion within states, as illustrated by:



*Make the process simple to use. At the moment a drug diversion takes more time than a violent offender with a DV [domestic violence] history! We are not where we should be.*

(Tasmania)

*Simple up to date referral information, readily available simple pro-forma forms.*

(Victoria)

*Easier forms.*

(Victoria)

*Still time consuming for police.*

(South Australia)

*Complicated, lengthy, administrative process. Too much involvement by police.*

(South Australia)

Importantly, it is clear that all states moved to amend the operational delivery of the policy based on feedback provided. That this occurred reflects that the organisations monitored the policy implementation process and were responsive to feedback from the field. In South Australia

*... you couldn't identify the officer who was actually initiating the diversion so trying to record it and follow it through at the local level created problems. These weren't user friendly for police officers operationally. That has changed to a degree, but there are still some issues.*

(South Australia)

The Tasmanian situation was particularly insightful. During the original development of the forms, the process was designed to fulfil two discrete aims: the diversion process and, in the event of a default (failure to comply), the court process. This led to the de-facto development of a pro-forma 'court brief' which, in hindsight, complicated both the process and the forms and resulted in unwieldy legalistic documentation. Whilst the intention was sound, the practical application was not and the complexity of the documentation served to disincline police officers to divert – or to provide them with justification for not diverting. As reported:

*Despite the very best of intentions I think we created a system ... that hindered the uptake of attitudinal change.*

(Tasmania)

*There was an evaluation that we undertook and ... we sort of had feedback from people in the field and part of the commentary coming back was ... that the size of the pads was sort of an issue in terms of their acceptance and so ... one of the options was something you could put in your pocket.*

(Tasmania)

*I had the occasional complaints from people who were in cars saying 'Oh this is all too complex. We can't do it' and I stepped them through the process. In fact I suspect, and we'll never know, that some people were possibly using that argument because in fact they did philosophically not fully support our proposals. So I think we've got to be careful.*

(Tasmania)

The perceived ease of paperwork (when compared with completing a court file) influenced officers' attitude towards diversion in all three states. Of those sampled, 78 percent stated that the diversion process did not take as long as the court system. On a state-by-state basis the figures were: South Australia 21 percent, Tasmania 34 percent, and Victoria 15 percent (Police Survey). The following extracts from interviews are illustrative:

*There were three different pamphlets, two for adults and one for juveniles. So when you diverted somebody you had to give them this information ... with the juveniles you had to determine ... whether you could divert them or whether you couldn't and that created problems for police because they had to carry this extra material.*

(South Australia)

*The attitude of many police was an interesting one, and quite often it wasn't ... a philosophical position ... it was 'Well which activity generates the most work?' So they saw it in terms of cost/benefit arrangements ... Some of their attitudes were really quite pragmatic as opposed to sort of deep felt ... positions one way or the other.*

(Tasmania)

*They only need two forms. ... Two pieces of paper – the job's done.*

(Victoria)

*A lot less. Much less. They fill that in ... fill that blue one in and that goes to the offender. They fill in the top half, ring up the appointment line, the appointment line will give them an appointment and they know where the person is going.*

(South Australia)

*Not like you can cut any corners. It's the quickest way to do it and I have never had one come back.*

(Tasmania)

## Communication, information systems and feedback

As indicated above, a major communication strategy utilised in all states was training. To identify other methods of communication utilised, respondents were provided with a list and asked to identify from where they received information on the proposed changes (as discussed in Chapter 4). The respective *Police Gazettes* were overwhelmingly identified (60 percent of respondents) as the most popular source of information in relation to the diversion strategy. Media reports (23 percent) and newsletters (22 percent) also played a role. Drug strategy officers (19 percent), commissioned officers (16 percent) and other staff (15 percent) were also frequent choices. There was very little variation between ranks in relation to information sources with all sources listed above spread fairly evenly between ranks (Police Survey).

Tasmania also reported utilising a network of 'change agents' to communicate the strategy.

*But there was also the other side of the coin where the change agents were out there actively trying to get into the minds of these people to say 'Look this is better. This diversion process is far better ... [a] it's far less work once we started to iron out the bugs, but secondly we're going to stop these people from coming back time and time again and re-offending and therefore you're not going to pick up the extra workload around. You might get it next time, but then you won't get it the time after'. And it took 'em a while, but I think with the two-pronged approach we reduced the number of recalcitrant's early in the piece and we increased the combined volume of clients significantly by virtue of just eventually convincing people that it was the right thing to do.*

(Tasmania)

The Change Agent network in Tasmania had been utilised for a number of years. It acts as a sounding-board and enables the organisation to utilise both vertical and horizontal avenues to inform, obtain advice, seek feedback and quell rumours.

In regard to the use of formal information systems recording relevant activities, 71 percent of respondents stated that they had to submit information into an information system on offenders diverted (Question 45). South Australia Police and Victoria Police exhibited significantly lower proportions submitting information on offenders diverted than Tasmania Police.

An overall score of 62.5 was achieved in relation to the ease of using the information system (Question 45.1). No difference emerged in rating scores between ranks. Tasmania's rating of 54.3 was, however, significantly lower than South Australia's 64.9 and Victoria's 64.0 (Police Survey).

South Australia Police and Victoria Police entered information onto an existing information system and no issues were reported. Tasmania Police developed a new information system for drug diversion – the Drug Offence Recording System (DORS). This system was initially problematic for a number of reasons and resulted in an array of issues that impacted on the implementation of the strategy. Field interviews indicated that design (e.g. user-interface) and functionality (e.g. searchability) problems magnified cynicism and impacted on the proper reporting of diversions, leading to under-reporting. The problems were identified and, over a period of time, DORS modified. Some issues, however, remain outstanding:

*We went through a stage where I think DORS was something and then we got something else and that was different and then we got something else and that was different again and we're now very much recognising we need a user interface ... and ... searchability functions that are consistent across the organisation.*

(Tasmania)

*We have been experiencing some problems with the data system ... We've had ongoing consultations with the Police IT.*

(Tasmania)

The accuracy and completeness of data entered onto the systems remains an issue for drug diversion. All states reported that data integrity and the accuracy of information entered into the system were problematic – human data entry errors and omissions were the most prevalent. Supervisors' and commissioned officers' capacity to correct errors was also an issue. The following comments from Tasmanian respondents are illustrative:

*Yes and there were some problems there because there were ... not enough mandatory fields that had to be filled in, so some police officers would just rocket through the thing with the barest amount of information that wasn't sufficient ... for Health or for us to actually search the data base quickly.*

(Tasmania)

*We have got other issues about the information not necessarily being correctly entered because police officers generally enter the information. They actually provide the data. They feed it back to the central office and there's somebody responsible to actually enter it. This is about police training, which they are currently addressing.*

(Tasmania)

Whilst nearly 60 percent of respondents stated that they received occasional information on offenders diverted, only 18 percent reported receiving regular information. Significantly fewer sergeants (24 percent) and constables (11 percent) reported receiving information on a regular

basis than did commissioned officers (56.3 percent). No differences emerged in relation to occasional information (Police Survey). Respondents recorded an overall rating of 45.4 for the usefulness of information received on offenders who were diverted. No significant difference emerged between states in relation to ratings. Sergeants (44.7) and constables (43.3) rated the usefulness of information received significantly lower than commissioned officers (66.3).

Police from the three states reiterated their dissatisfaction with the amount of feedback provided to them and saw this as impacting on operational police acceptance of the initiative. Characteristic comments were:

*Updates – there is never any feedback.*

(South Australia)

*Regular updates would be advantageous.*

(Tasmania)

*Better feedback to members.*

(Victoria)

This area is of some interest as, historically, the role of police was conceived as being at the beginning of the justice delivery chain: getting transgressors to court was the police role; the outcome for the transgressor a matter of limited consequence to police. In effect, the police did their job and the court did theirs. Whilst this view might have been more prevalent in the bigger stations where the transgressors maintained a degree of anonymity for police, the move towards 'partnerships' and 'joined-up' government has meant that police have a greater role and greater interest in efficacy and outcomes. These comments capture the desire to be informed of the efficacy of the strategy:

*Case studies on individual people to show that diverting them for counselling does work.*

(South Australia)

*Yeah, exactly, and that's one of the interesting things because if it's not working, you know, should we continue it, but if it is then you should encourage your operational police by saying 'What you're doing is a good job. It has an impact, so carry on the good work guys'. If it's not, then don't.*

(South Australia)

*It's not only the thing about the benefits of the programme for them, but they were also quite interested in the benefits for the offender too. You know, whether it worked, if people were less likely to re-offend and all of that stuff. Yeah they were really interested in ... being part of that process.*

(Victoria)

It was noted that all states identified demonstrating the efficacy of the strategy was an important determinant of police action and had moved to increase the flow of information. This was evidenced, in South Australia, by the move to use Drug Action Sergeants to improve the dissemination of information;

*What we're going to do is utilise the Drug Action Sergeants in each region to specifically ensure that each diverting officer gets direct feedback about the diversion ... and given that particularly with young people such a high proportion of them comply we believe that will encourage them (police) to do additional diversions.*

(South Australia)

Significantly, the provision of feedback on the efficacy of the strategy and outcomes for individuals prompted comments from police advocating increased resources for treatment and rehabilitation programs. This is reflective of an attitudinal shift that, implicitly, acknowledges such programs have potential benefits for drug users and recognises that drug use involves health consequences and is not purely the domain of the criminal justice system.

### Control and evaluation

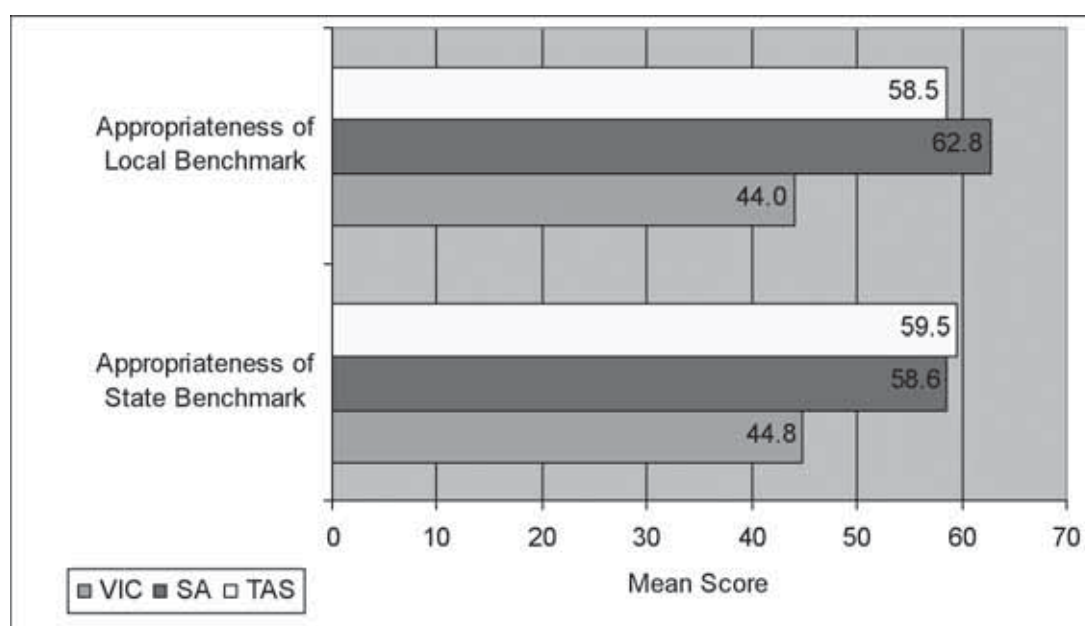
Each state monitored the development and implementation of the strategy through the use of standard reporting processes. These included progress reports on development, structured feedback mechanisms (e.g. through change agents, focus groups) and training reports (strategy and progress).

Within the drug diversion framework, monitoring of performance has occurred through managerialist devices such as benchmarks or performance indicators. In this context, a benchmark is set and, for corporate reporting purposes, can result in a command being determined to have achieved/not-achieved an area of corporate priority. Performance indicators are different in that they do not result in 'achieved/not-achieved' but serve to reflect, in a comparative sense, the local area command's performance with previous performances or other command performances.

On a state-by-state basis, the figures for those who reported there was no state benchmark were 97 percent for Victoria, 89 percent for South Australia and 24 percent for Tasmania (Police Survey). The Victorian figures were supported during the field interviews where respondents confirmed their belief that there were no benchmarks.

The Tasmanian respondents who suggested a state benchmark was in place recorded an overall appropriateness rating of 59.5 (see Figure 7.6) and the South Australian respondents a rating of 58.6. Tasmanian (58.5) and South Australian (62.8) respondents also rated the appropriateness of local level benchmarks at similar levels. Victorian respondents (acknowledging that reported benchmarks were not in existence) rated their appropriateness significantly lower than the other states.

**Figure 7.6 Appropriateness of benchmarks for diversion strategy**



In South Australia, it was reported in the field interviews that benchmarks had been set for one particular region and in a local area command due to the low number of diversions. While there were no direct consequences for not meeting set benchmarks they were seen as instrumental in improving the number of diversions:

*... things weren't going as well as they could, so he started setting benchmarks ... now the OCs ... are reporting weekly how they're going with diversions.*

(South Australia)

*Well they're not real benchmarks, it's just that the Commander ... said that he looked at the stats and there's only five done ... and he said right ... you did five last month, I want five a week. And once the stick starts getting brought out they'll find 'em.*

(South Australia)

*If they didn't [get them]... there's nothing that'll be done about it. ... But while the boss is asking questions it keeps it in the ... out there for everyone to notice and people start.*

(South Australia)

In Tasmania, a range of compliance strategies were used. Tasmania Police respondents demonstrated a degree of confusion over whether or not benchmarks or performance indicators existed for drug diversions. A review of corporate performance reporting data indicates that drug diversions have, since the strategy was introduced, been (at various times) subject to both benchmarking and performance indicators. There was also confusion within affiliated agencies:

*Well my understanding is that the benchmarks only apply ... if they are indeed benchmarks ... but they're more by way of performance indicators ... and they only apply to ... there's a range of them and they apply to things like numbers of cases finalised and prosecution.*

(Tasmania)

*Well the only benchmark I'm aware of was the original estimate we came up with when the original programme was being done back in 2000. In 2000 we thought there might have been about 600 diversions a year.*

(Tasmania)

*No. It's something that's not benchmarked.*

(Tasmania)

In Victoria, compliance strategies were seen to be within the development of complaints mechanisms and monitoring of 'net-widening' activities. Victorian respondents indicated that the policy did not have any net-widening effects. They noted that existing mechanisms for complaints were sufficient and they also reported that focus group discussions on the matter indicated general satisfaction with the arrangements.

All states also reported having conducted an evaluation of their IDDIs. Characteristic comments included:

*... we had regular reviews. We were the first people to find out where we weren't doing it right.*

(Victoria)

*Well what happened was everyone was required to provide corporate management with stats in relation to the number of drug diversions they were doing and people just weren't embracing it ... so [we were] questioned ... as to why ... people weren't doing it, and the main reason was ... the fact that the forms were too cumbersome.*

(Tasmania)

*But now with their bosses looking at them, saying we want numbers, because all the stats say drug use is up and if you're not getting druggies you're just not coming across people and that means you're just not doing your job.*

(South Australia)

*There was some compliance checking as well. [Drug files submitted for court were audited] to see whether or [they should] have been diverted ... [C]ompliance was about 99 percent or 97 percent ... The compliance at that time was very, very high.*

(Tasmania)

## 7.4 Improvements to the diversion process

Respondents were also asked to make suggestions on how the diversion process might be improved. Whilst the comments covered an array of areas, they were principally focussed on punitive action, education, and resource issues. Respondents from all states also advocated a 'tightening' of the policy, particularly for repeat offenders and drug dealers. Illustrative comments were:

*Only be diverted a certain number of times before criminally being charged.*

(South Australia)

*One chance only for a diversion.*

(South Australia)

*Not try to rehabilitate hardened drug users; should be first offenders only ...*

(South Australia)

*There need to be more strict ways of dealing with drugs, especially heavy drug users and dealers.*

(South Australia)

*Penalties for breaching treatment.*

(Victoria)

*More support programs, harder line if they drop out.*

(Victoria)

Some respondents (primarily Tasmanian and Victorian) also advocated increasing the amount of training that is available to police officers and suggested extending education to the public.



## 7.5 Conclusion

The drug diversion initiatives in each state have developed iteratively. Whilst much of this has been a refinement of process and system, the overarching policies remain largely intact. Notwithstanding the size of the organisations and the obvious challenges that the introduction of the drug diversion strategy presents, each organisation has the administrative capacity to implement policies of this scale. An important consideration, however, given the breadth of matters that police organisations deal with, is what other major policy, operational, procedural or legislative issues are occurring concurrently. From a strategic perspective, the development of an implementation plan must be cognisant of these factors.

Moreover, implementation strategies must incorporate a myriad of opportunities to 'capture' the audience. Permeation is unlikely through 'one-off' training. Information supporting the efficacy of the strategy is required on an ongoing basis. Clear easy-to-use business processes that are capable of diagrammatic representation (flowcharts, modelling, 'cheat-sheets') are most likely to be effective for police: in essence success is more likely to be achieved if the 'Keep it Simple' principle is applied. A willingness to change processes in response to feedback is also essential. Another consideration is the impact that a new process will have in terms of resources or material that individual officers are required to carry – 'less is best' given the amount of equipment already carried.

Instructively, police officers prefer to understand the philosophical basis for such a major policy shift. Arguably, in respect of the drug diversion initiative, this preference has its genesis in the drugs and crime nexus and it is unlikely to be as evident in less controversial or personally (for some) challenging matters: for example, the introduction, across all Australian policing jurisdictions, of a reporting regime and register for convicted sex offenders has not, anecdotally, required the philosophical element to be addressed as it is consistent with individual, organisational (and societal) expectations.

There is also an overt desire for police to receive regular and ongoing advice as to the success or otherwise of the policy initiative – both at the level of individual offenders and overall.



## Chapter eight: Street-level police behaviour

Research questions that guided this aspect of the project included:

- What discretion do police officers believe they have in deciding who to divert?
- What rate of compliance with strategy guidelines exist?
- Is there a group of offenders that police would be unlikely to divert?
- Do police officers believe that the drug diversion strategies are focused at appropriate offender types?
- Is there any dissonance between the policy strategy and police culture?

### 8.1 Theoretical rationale

Discussions about agency administrative capacity are generally pitched at the organisational level of analysis that assumes that individuals in those organisations follow organisational interests in doing their work. As Winter (1990) points out, when the level of analysis is changed to the individual level, field workers (generally known as street-level police) may often, however, follow different rationales from the organisational ones.

The term 'street-level bureaucrat' was coined by Lipsky (1980) and refers to those public officials who (i) directly deliver services to or regulate the behaviour of the target group (offender); (ii) often enjoy considerable discretionary powers; (iii) often work beyond the direct control of their superiors. Police officers, social workers, teachers and other quasi-professional officials are examples of such bureaucrats even though the services may be delivered in other places such as classrooms, consulting rooms or at field sites.

One feature of the work of so-called 'street-level bureaucrats' is that often the activities they actually perform may be different from those activities they are expected to perform according to the prescriptions articulated in policy strategy documents. When this occurs, what they do becomes the public policy. This is not to imply that all street-level police act in ways different from such organisational prescriptions. The extent to which this occurs is an empirical matter and will vary from bureaucracy to bureaucracy, and from time to time, depending upon a number of factors and circumstances.

There are various reasons that have been proffered to explain why some 'street-level bureaucrats' do things differently from that which is expected. One reason is that they often feel that the resources provided for them to deliver the services prescribed are chronically and seriously insufficient to meet the demands placed on them and/or that workloads are excessive (Lipsky, 1980; Winter, 1990). Realising that they often work beyond the gaze of their supervisors, one response of 'street-level bureaucrats' who feel this way is to employ a number of conscious or subconscious coping strategies (such as only concentrating on a limited number of selected clients, types of programs and solutions). When this happens, the implementation of policy strategies is distorted in a systematic way. Moreover, such distortion may also be brought about by 'street-level bureaucrats' adopting similar coping strategies to deal with any dissonance that might arise between the prescriptions of a new policy strategy and elements of a strong organisational culture (Winter, 1990).

Before going on to outline the findings concerning the street-level behaviour of police in regard to diversion, it must be recognised that gaining a thorough understanding of the nature of this behaviour in the three jurisdictions is a difficult task. To study such behaviour in a more satisfactory way would have called for systematic observational studies. This was not within the purview of this research. Accordingly, cognisance of this should be taken into account in any consideration of our findings.

## 8.2 Diversion and discretion

The diversion of eligible offenders is a core aim of the diversion strategies. As discussed in Chapter 7, responses to Question 52 in the Police Survey (Have you diverted anyone?) show that Tasmanian respondents recorded the highest rate of diversion with 88 percent having diverted at least once. This rate was significantly higher than the Victorian rate (47 percent) and the South Australian rate (78 percent).

Discretion, in simple terms, refers to the freedom or liberty in deciding what one thinks fit (absolutely or within limits). As discussed above, a central feature of police street-level behaviour involves the exercise of discretion. Police officers do not mechanically enforce the law or follow guidelines: they pay attention to some incidents and not to others; they pay more attention to some people than to others; they invoke their authority against some suspects or offenders but not against others (Waddington, 1999). In the main, it is seen as both necessary and desirable that police officers make choices about which offences they should attend to and expend resources on, and which should be subject to police discretion involving judgements concerning whether or not to proceed by way of the prosecution or diversion of suspects and offenders (Reiner, 1997). After all, police officers, as street-level police, often work in situations too complicated to reduce to programmatic formats. And, as Waddington (1999) succinctly notes, the law applied without discretion would be a very blunt instrument. Moreover, it is important to recognise that while discretion hinges on a number of personal and situational factors; its existence is founded in the constable's oath of office and accepted in law.

### Level of discretion

In the Police Survey, participants were asked a number of questions about discretion. One question (Question 43) asked participants how much discretion they have in deciding which drug users to divert. The overall mean score for the extent of discretion was 38.5 but, from a regional perspective (see Table 8.1 below), South Australian respondents (mean score of 22.7) reported a significantly lower level of discretion than Tasmanian respondents (mean score of 44.3) who, in turn, reported a lower level than Victorian respondents (mean score of 54.3). This accords with the reality that the South Australian officers are legally required to divert.

The level of discretion respondents recorded as having in dealing with drug offenders since diversion strategies have been implemented (Question 42) returned a mean score of 49.6. From a state perspective, South Australian respondents (38.1) recorded significantly less discretion than Tasmanian respondents (54.7) and Victorian respondents (60.7).

**Table 8.1 Reported level of discretion (deciding which drug users to divert)**

Question No	Variable Name	Mean			
		Overall	SA	TAS	VIC
Q42	Discretion since drug diversion introduced	49.6	38.1	54.7	60.7
Q43	Discretion in deciding whom to divert	38.5	22.7	44.3	54.3

In addition, those who had received training (see Table 8.2) rated their level of discretion at 35.8 compared to those with no training (45.3). Those with training scored significantly lower levels of discretion since implementation of the diversion strategies than those who had not.

**Table 8.2 Reported level of discretion (by training)**

Variable Name	Mean Overall
Discretion level if completed training	35.8
Discretion level if <i>not</i> completed training	45.3

Cross-tabulation of the level of discretion and the rate of diversion reveals that there is an inverse relationship between the level of discretion an officer says he or she has and the likelihood of diverting an offender. Those who rated their level of discretion as high were 18 percent less likely to divert an offender than those who rated their level of discretion as low. In the light of this finding, an understanding as to why and how discretion is exercised at the street-level is a necessary step to identify inappropriate discretionary practices that restrict the number of eligible offenders from being diverted. Without such an understanding, efforts to maximise the number of eligible offenders diverted may reduce the efficacy of the strategy.

### How discretion is exercised at the street level

Two questions sought to find out how discretion is used – Question 44 asked this directly and Question 49.3.1 asked about the circumstances when participants do not follow strategy guidelines. Many respondents to the first of these questions (in all three jurisdictions) claimed that they did not have any discretion in regard to diversion while those who acknowledged the use of discretion reported that they did exercise it depending upon:

- the quantity and type of drug;
- the number and seriousness of other offences committed; and
- whether or not the offender is a known user without convictions.

These replies were similar to those given by respondents to the question seeking to identify the circumstances when participants do not follow guidelines. Time constraints and workload matters were also listed as such a circumstance. These particular responses were articulated in the form of brief, bald statements. The replies given to the Question 50 'Are there certain types of drug users who you would not divert?' and to Question 51 'Are there certain types of drug users who you would divert?' provide a more comprehensive picture about how discretion is exercised and how diversion is applied.

In reply to Question 50, a significantly lower proportion of South Australian (61 percent) and Tasmanian (62 percent) respondents reported that they would not divert certain types of drug users than Victorian respondents (76 percent). In reply to Question 51, a significantly lower proportion of South Australian respondents (63 percent) reported that they would divert certain types of drug users than Tasmanian (69 percent) and Victorian (75 percent). There were no significant differences in responses according to rank with 72 percent of commissioned officers, 69 percent of sergeants and 70 percent of constables indicating that they would divert certain types of drug users.

The respondents in all three jurisdictions identified six types of drug users that they would not divert:

- dealers and traffickers;
- repeat offenders and habitual users;
- offenders with drugs other than cannabis/marijuana (for example – heroin, amphetamines, cocaine, ecstasy);
- offenders committing other offences to support addiction;
- criminals; and
- all offenders.

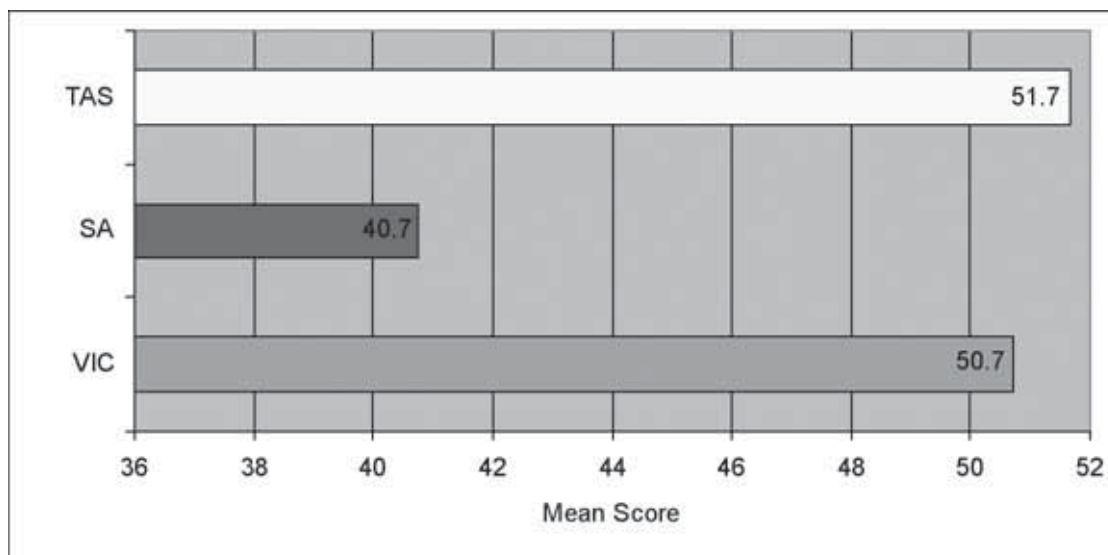
Victorian respondents added to this list ‘offenders not interested in rehabilitation’ and ‘offenders involved in violence’. Consistent with our findings, South Australian respondents also added ‘adults with cannabis or other drugs’ as equivalent to heroin, amphetamines, cocaine and ecstasy.

The respondents in all three jurisdictions indicated that they would apply diversion strategies for the following categories of drug users:

- first-time offenders;
- youth, young, child offenders;
- minor and occasional users;
- first-time offenders – cannabis/marijuana only;
- cannabis/marijuana users;
- small quantity of drug users;
- offenders covered by the guidelines; and
- all offenders.

Respondents in the Police Survey were also asked two other questions concerning the nature of the offender: ‘Do you think appropriate offenders are being diverted?’ (Question 56) and ‘Who do you think should be diverted?’ (Question 57). An overall mean score of 46.5 was recorded for Question 56. From a state perspective, the South Australian mean score of 40.7 was significantly lower than the Victorian (50.7) and the Tasmanian (51.7) mean scores, as shown below in Figure 8.1. Constables rated the appropriateness of offenders being diverted at 45.4 which is significantly lower than sergeants (50.9) and commissioned officers (54.2).

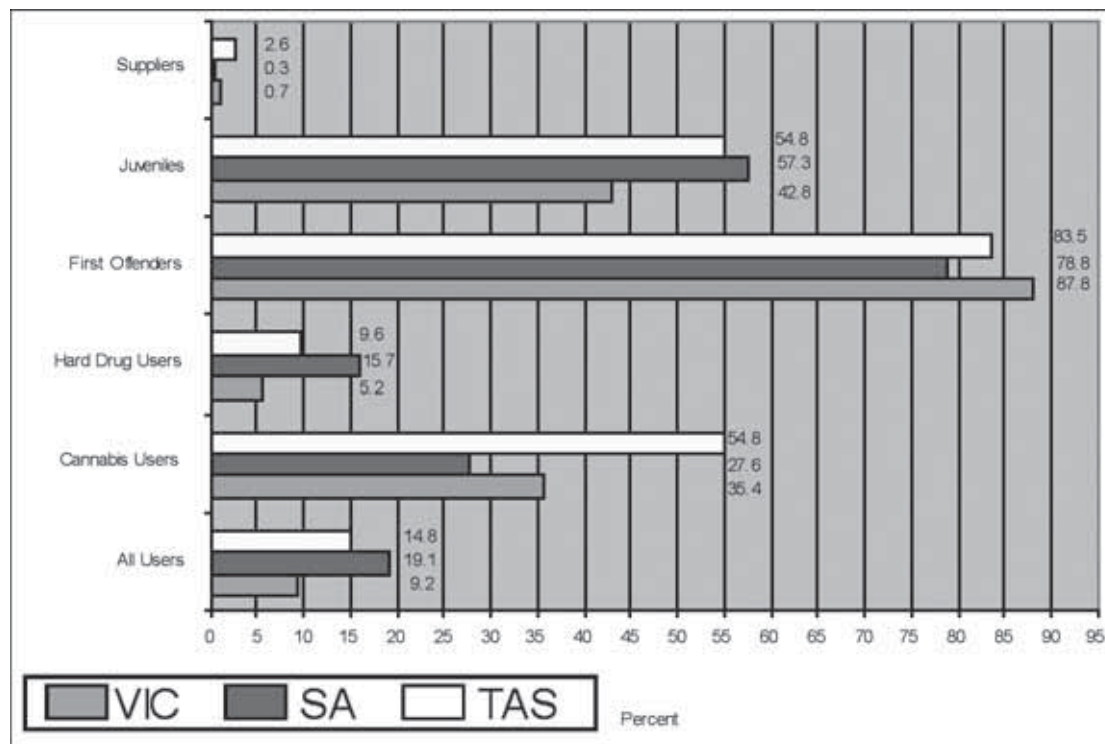
**Figure 8.1 Appropriateness of offenders being diverted (by state)**



In reply to Question 57 (about whom they thought should be diverted), overall 14 percent of all respondents indicated that they would divert all users; 83 percent of all respondents selected first-time offenders; 51 percent of all respondents selected juvenile offenders and 35 percent of all respondents selected cannabis users as appropriate candidates for diversion.

Finally, from a state perspective, as shown in Figure 8.2 below, a far greater proportion of Tasmanian respondents indicated that cannabis users should be diverted than the respondents in the other two states.

**Figure 8.2 Candidates for diversion**



In sum, then, clear distinctions were drawn in the data between those offenders who should not be diverted and those who were seen as prime candidates for diversion. It is worth noting, too, that in the field interviews, participants frequently made comments about several other factors that shaped their decisions to not divert eligible offenders.

### Other factors affecting non-diversion at the street level

As discussed in 8.1, Theoretical rationale, studies of 'street-level bureaucratic' behaviour have identified a number of factors that trigger some of these officials to do things differently from that which is expected (i.e. to diverge from procedural guidelines). One factor identified in these studies is the perception by such operatives that the resources provided for them to deliver their services are insufficient and/or that workloads are excessive. Coping mechanisms to deal with these insufficiencies and excesses such as rationing attention to selected clients, types of programs and solutions are often employed (Lipsky, 1980).

In the Police Survey, two questions were asked to ascertain the level of support officers have received in diverting offenders. Question 36 asked 'What was the level of support you received in diverting an offender when the strategy was first implemented?' An overall mean score of 52.6 was

recorded from responses and there were no significant differences between jurisdictions or ranks. From a state perspective, the South Australian mean score of 40.7 was significantly lower than the Tasmanian (51.6) and the Victorian (50.7) mean scores. A follow-up Question 37 asked 'What is the current level of support in diverting an offender?' and a slightly higher overall mean score of 59.1 was recorded.

While these scores do not imply that the level of support officers have received is either high or low, the issues of sufficient resources and excessive workload do not figure prominently in respondents' comments about the exercise of discretion in regard to the diversion strategy (although time constraints and workload matters were listed as a circumstance when guidelines are not followed). It should be noted, however, that the lack of resources and funds were often expressed by those respondents (in all jurisdictions) qualifying their belief that the diversion strategy is legitimate and by those who expressed their belief that the strategy is not legitimate (as noted in Chapter 6).

Two factors that were commented upon extensively by respondents in regard to the exercise of discretion and non-diversion concern:

- dissonance between the policy strategy, on the one hand, and attitudes about what are considered by many to be the legitimate (law enforcement/crime-fighting) police role, on the other; and
- the attitude of the offender.

Respondents, particularly those in Victoria, said that what triggers their decisions not to divert eligible offenders was the negative attitudes held by the offenders towards the police and their immediate situation. In relation to attitude, Morrison and Burdon (2000) concluded that police can feel disinclined to use discretion when offenders are aggressive or rude. But the evidence suggests the reverse: that in regard to discretion about diversion some street-level police officers can feel inclined to use discretion when eligible offenders express negative attitudes, by charging them with drug use and/or possession.

In Tasmania, the exercise of discretion to charge and not divert is made by notifying a senior officer (in writing) of the reasons for not complying with the diversion policy and seeking their endorsement of the intended action. This formalisation of the discretion process may explain the absence of comments about offender negative attitudes from Tasmanian participants.

### 8.3 Conclusion

In summary, this chapter has provided evidence of the nature and dynamics of street-level police behaviour in the area of drug diversion. They have to make a number of decisions, from moment to moment, that shape directly how the drug diversion policy strategy is translated into practice. Close consideration of what police say they do suggests that a low level of discretion is exercised in South Australia (as required by state legislation) and moderate levels are exercised in Tasmania and Victoria. Qualitative interview and focus group evidence indicates that the decision to divert or not is a complicated matter that hinges on a number of factors, the main ones being the nature of the offender (their age, record and attitude) and the type of drug used/possessed (soft or hard).

Another relevant factor in deciding whether to divert or not is the presence or absence of a benchmark. Although this consideration was not addressed in the Police Survey, the evidence of the Tasmanian situation (as indicated in Chapter 7 where 76 percent of respondents recorded that they perceived that a benchmark was in place) suggests that this is a significant factor in explaining its high level of diversion. Additionally, as discussed in Chapter 10, multivariate analysis reveals that when benchmarks are perceived to be in place the likelihood of diversion is approximately four times greater than when benchmarks are perceived not to exist.

## Chapter nine: Implementation results

Research questions that guided this aspect of the project included:

- Has the policy met the original objectives?
- Are officers complying with the new policy?
- Are appropriate offenders being diverted?
- Are offenders receiving treatment?
- Is the referral process working?

### 9.1 Theoretical rationale

It is important to emphasise that the dependent variable of this study is the output of the implementation process – what is actually delivered, as opposed to what was promised, intended and/or authorised. In short, output refers to the activities of the implementing agency (or set of agencies) and the attitudes of those implementing the policy (towards those activities) at the point of delivery. This is different from the outcome of a policy strategy which is concerned with the impact of these activities (Hogwood and Gunn, 1984).

This chapter explores the extent to which respondents have understood the policy implementation process as it occurred and its effect on their application of the policy. Whilst previous chapters have teased out salient points, here we bring together implementation results, using data from the survey.

### 9.2 Drug diversions completed

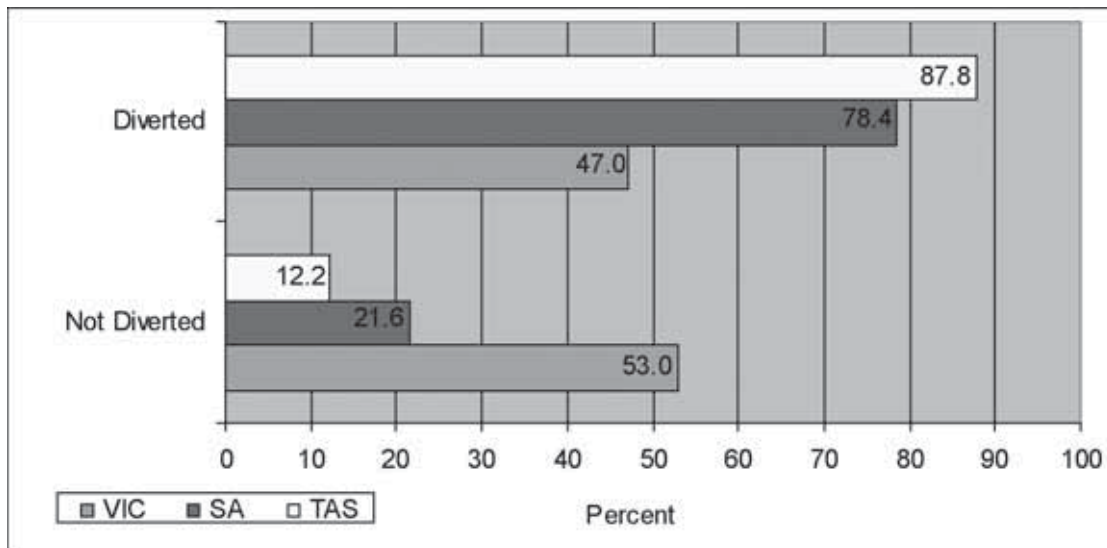
Whilst the measurement of project outcomes is problematic, outputs (e.g. number of drug diversions completed, number of drug matters dealt with at court, police officers who undertook training) are readily discernable. Measurement of outputs is an inherent feature of project plans and an examination of some outputs is now considered.

#### Rate of diversion

Tasmania recorded the highest rate of diversion (Question 52), with 88 percent of officers having diverted at least once. This was significantly higher than South Australia's 78 percent and Victoria's 47 percent (Figure 9.1). There was little difference in the total number of diversions conducted by sergeants and constables.



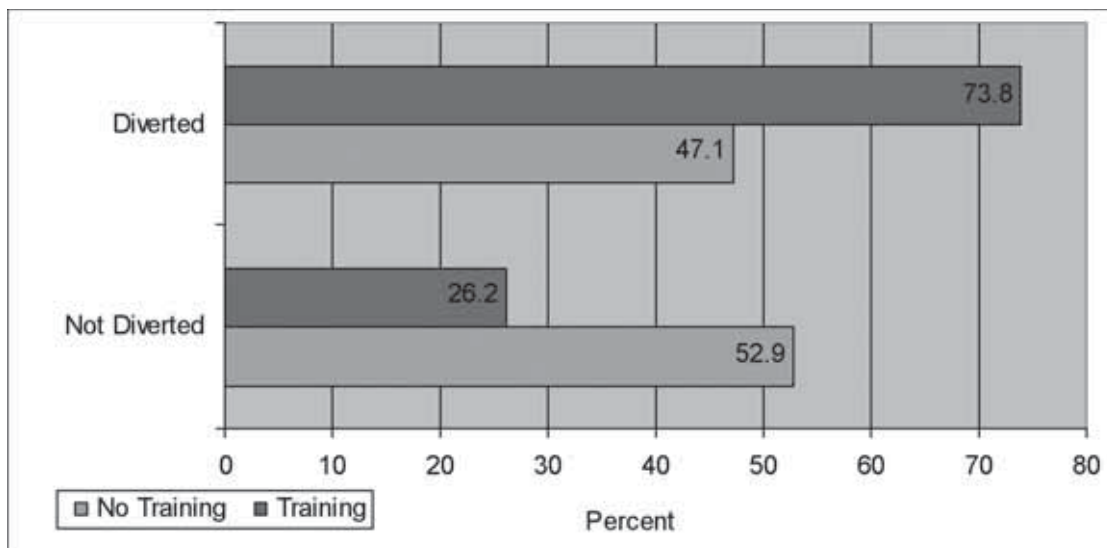
Figure 9.1 Rate of diversion (by state)



### Number of diversions (by training)

As might be expected, a significantly greater proportion of those who had undertaken training had diverted an offender compared to those who had not undertaken training (Figure 9.2).

Figure 9.2 Diversion by training

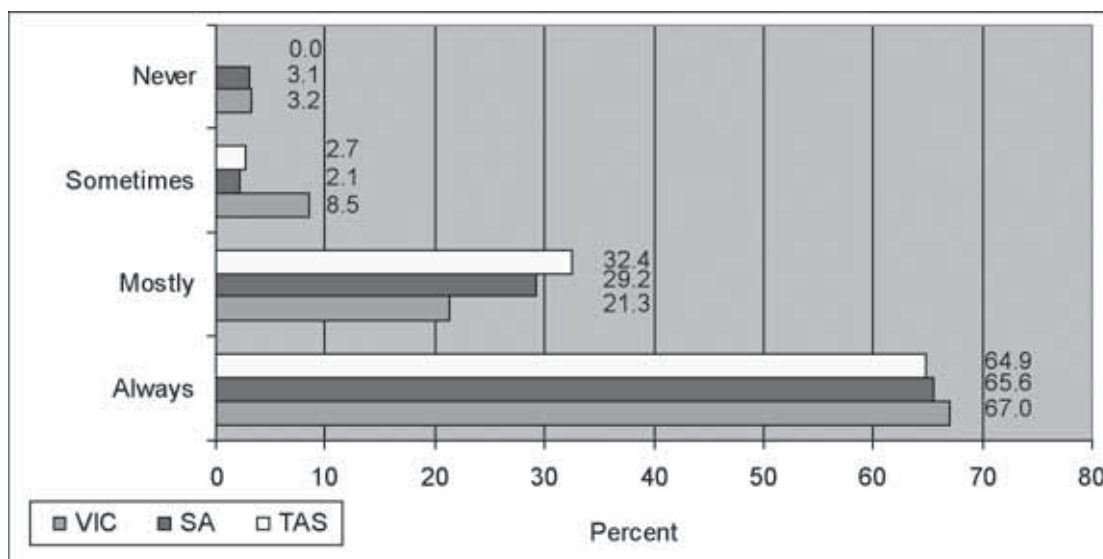


### The guidelines

Notwithstanding any misgivings about the diversion strategy that police officers might have, 92 percent of respondents indicated that they followed the guidelines (Question 49.3) (Figure 9.3 – 66 percent always, 26 percent mostly). The numbers of constables always complying with guidelines was lower than commissioned officers, but not significantly so.

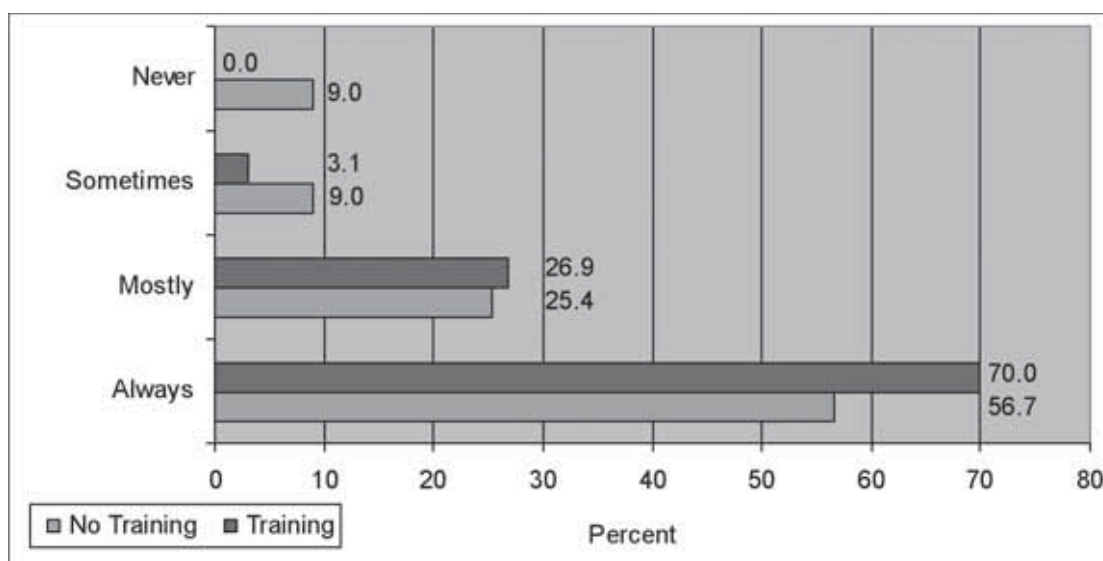


Figure 9.3 Compliance with guidelines (by state)



Interestingly, responses to the survey indicate that levels of compliance with guidelines remain high, whether or not the respondent has received training (Figure 9.4) – with 97 percent of those who have received training complying with guidelines most or all of the time and 82 percent of those who have not received training still complying with guidelines most or all of the time.

Figure 9.4 Compliance with guidelines (by training)



Overall, South Australian and Victorian officers had a more regulatory view of the diversion strategy and believed that there would be negative consequences for not complying. In this context, several respondents cited particularly pragmatic reasons for diverting:

*Don't want to get 'in the shit'.*

(South Australia)

*That's what they are there for – I don't want to be charged with an offence by the department.*

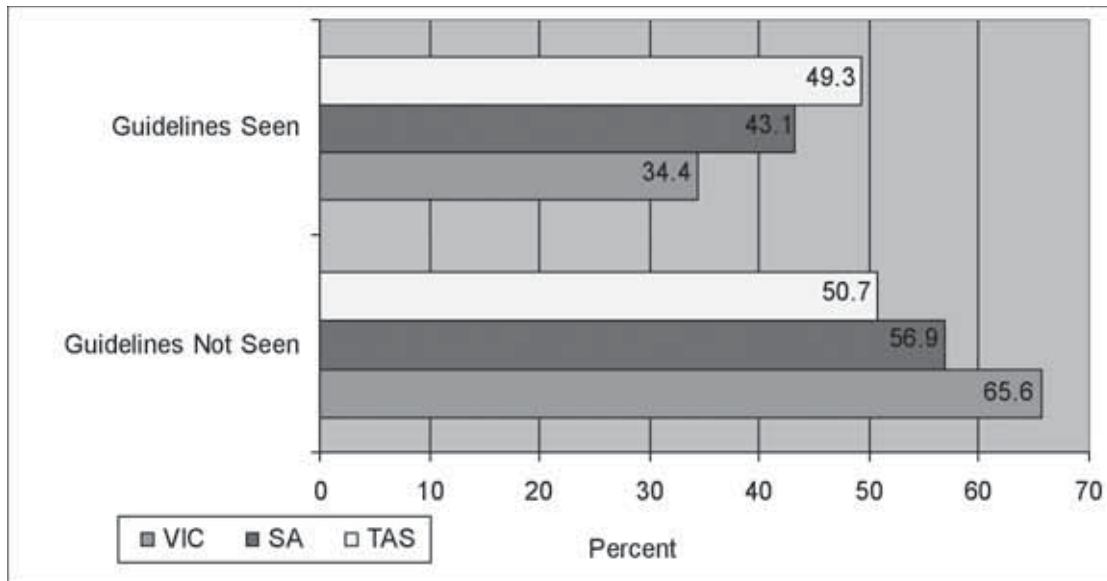
(Victoria)

*Because they are the procedures, they are the guidelines. I don't see the point in not following them.*

(Victoria)

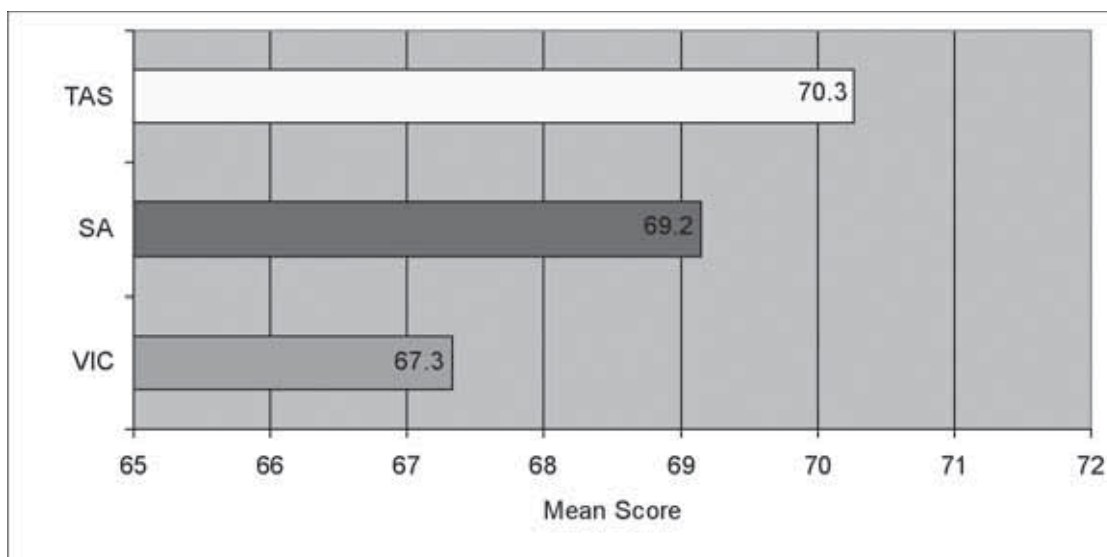
Interestingly, less than 50 percent (Figure 9.5) of respondents in all states reported that they had seen the guidelines (Question 49). This is somewhat surprising given, for instance, the number that reported they had diverted. This suggests that police officers follow the process without necessarily having seen the guidelines.

**Figure 9.5 Seen drug diversion guidelines (by state)**



The respondents that had seen the guidelines rated their ease of use highly (Question 49.1). This indicates that, whilst the extent to which the guidelines had permeated the organisations was less than expected, the formulators had captured the process and explained it in a user-friendly manner (Question 49.2) (see Figure 9.6).

**Figure 9.6 Guidelines ease of use (by state)**



### 9.3 Satisfaction with the diversion strategy

A mean score of 49.81 was recorded for overall satisfaction with the drug diversion strategy: 46.9 in South Australia and 55.2 in Victoria. Both were significantly less satisfied than Tasmania which had a mean score of 61.9 (Question 58).

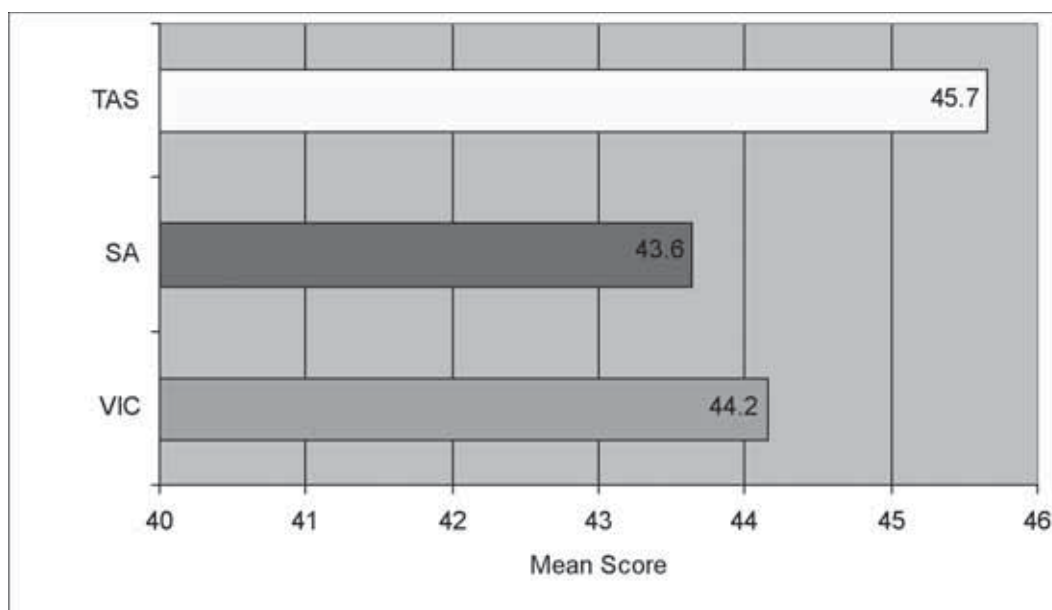
Respondents in all three jurisdictions provided examples of what they perceived as weaknesses of the policy (Question 61). Generally, the examples related to procedures, technological issues and the availability of resources (as mentioned in Chapter 7). In the main, strengths reported were aligned to process issues such as ease of paperwork (Question 60).

### 9.4 Purpose of drug diversion strategy

An overall mean score of 44.1 was recorded in response to the Police Survey question: Has drug diversion met its purpose? (Question 53 – see Figure 9.7). Very few officers commented with any certainty in the semi-structured interviews that they believed the purpose of the drug diversion initiative was being met.

Whilst there was no difference between the states or between ranks in relation to this question, there was between those who had not received training and those who had. If not trained, the perceived success of diversion strategies was rated significantly lower than if trained.

**Figure 9.7** Has the diversion strategy met its purpose?



Respondents were asked to describe what the purpose of drug diversion was (multiple responses were possible). Notably:

- 73 percent reported it was to provide treatment for people with drug problems;
- 72 percent reported it was an early intervention strategy; and
- 72 percent reported it was to provide education to drug users.

Very little difference was apparent between states, and rank did not appear to affect the response.

## 9.5 Conclusion

It is apparent that, through training, information dissemination and other measures, such as Tasmania's requirement to justify in writing a decision to charge rather than divert, drug diversion strategies are well entrenched within the three jurisdictions. Whilst the extent to which they have permeated the organisations differs (especially in terms of philosophical acceptance and access to guidelines) there is a clear indication that all jurisdictions have fulfilled the objective of implementation. Despite this, valuable lessons exist that would enhance future diversion implementation and the next chapter draws together the salient points.

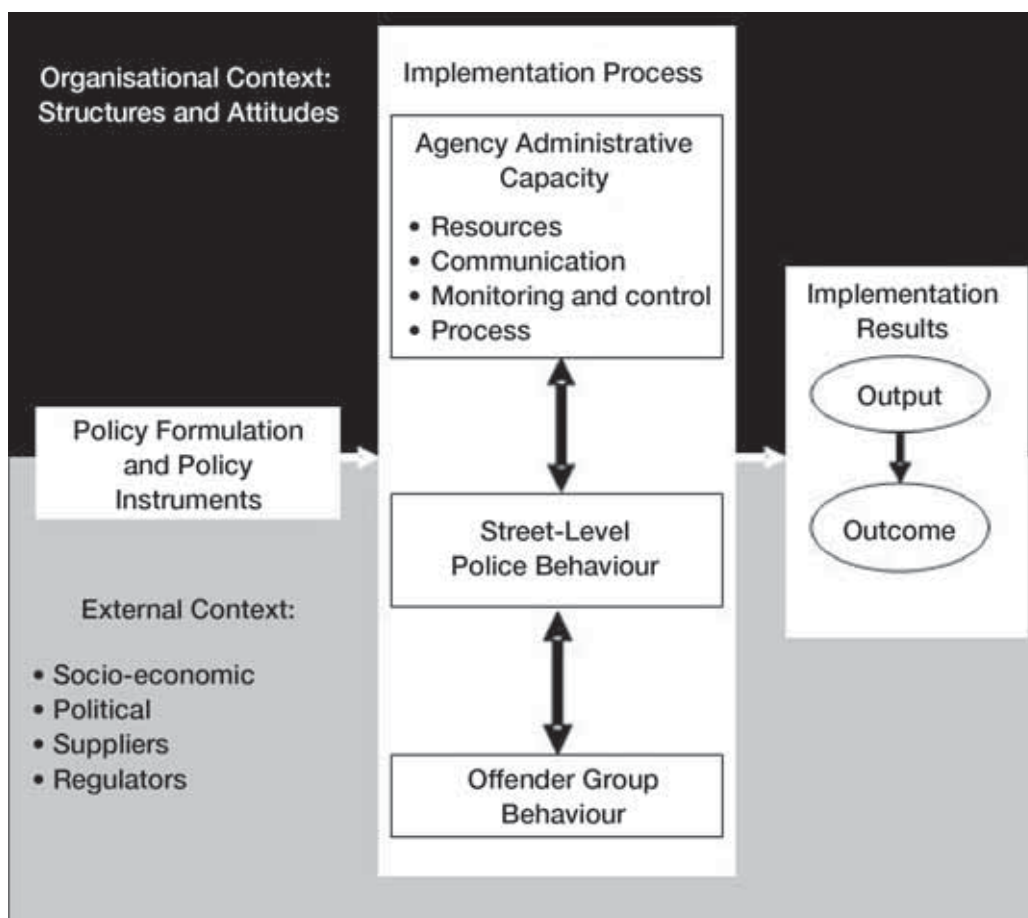
## Chapter ten: Products

### 10.1 Evaluation model

In this project an evaluation model was conceived to provide a framework of analysis (see Figure 10.1 below). According to this model, the key factors that determine policy implementation outputs and outcomes are to be found in six main socio-political processes: the policy formulation process and the characteristics of the policy instrument, the external context, the organisational context, agency administrative capacity, street-level police behaviour and offender group behaviour. Analyses of offender group behaviour and policy outcome are beyond the scope of the project.

To determine the key factors that facilitate and impede the implementation and management of the illicit drug diversion strategies – based on the analysis of the implementation of these strategies by South Australia Police, Tasmania Police and Victoria Police – multivariate analysis of responses to a police survey conducted in the three jurisdictions was undertaken. The factors identified from this analysis provide the basis for the implementation and management matrix.

Figure 10.1 Evaluation model



## 10.2 Multivariate analysis

In the context of this report, to divert is taken as meaning a formal caution or referral to education or treatment programs. To not divert would mean either (a) to take no action or (b) charge with drug use/possession.

Three separate questions from the Police Survey were used as dependent variables in order to identify and explain key components of the illicit drug diversion strategies. These were:

- whether an officer had diverted an offender (Question 52);
- the perceived appropriateness of diversion strategies (Question 30); and
- overall satisfaction with the diversion process (Question 58).

Each of these variables was subjected to multivariate analysis. Each question was analysed separately to identify the variables that contribute significantly, and to what extent. It should be emphasised that the two multivariate models and the multivariate table need to be read separately. Thus, the first multivariate model deals with predictors of *a decision to divert or not* and the second identifies those variables that contribute toward *perceptions of appropriateness of diversion strategies*. The multivariate table identifies the variables that contribute significantly to *levels of overall satisfaction with the diversion process*.

In the multivariate models and table developed, the above-mentioned variables (a decision to divert or not; perceptions of appropriateness of diversion strategies; and levels of overall satisfaction with the diversion process) were also included as independent variables but each did not impact significantly on the other. For example, in the diversion model, Question 30 of the Police Survey (appropriateness of diversion strategies) was used as an independent variable to ascertain its impact on the decision to divert or not. Results showed that perceptions of the appropriateness of diversion strategies did not impact significantly on a decision to divert or not. In other words, whether an officer viewed the diversion strategies as appropriate (or not) did *not affect* his or her decision to divert (or not). The same result emerged for the impact of a decision to divert or not on the perceived appropriateness of diversion strategies (Question 30). In other words, there was no relationship between the decision to divert or not and whether the officer perceived the diversion strategies as appropriate.

### Diversion

Street-level police impact on the implementation of any policy. It is they who directly deliver service or regulate the behaviour of the offender group, who exercise considerable discretionary power and who often work beyond the direct control of supervisors. Thus the decision to divert or not is an important predictor of the success or otherwise of any policy approach to a defined social problem.

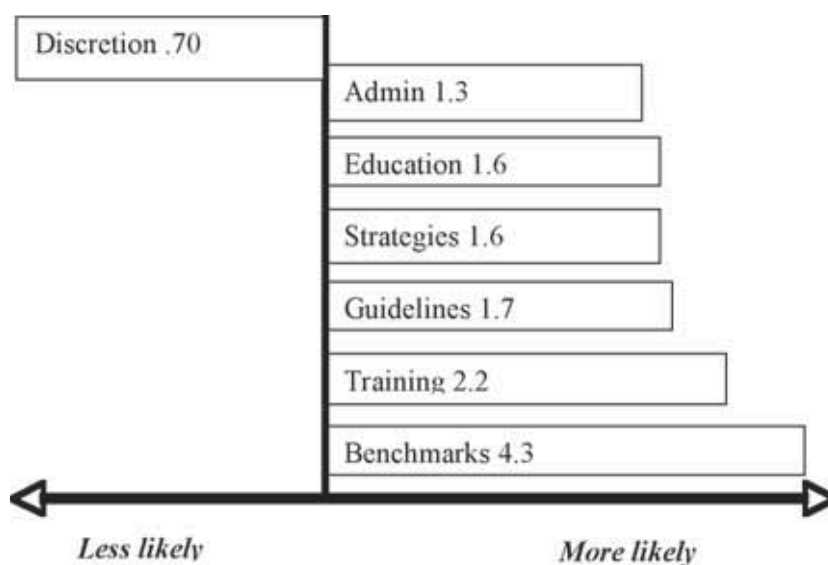
### Explaining diversion decisions

Multivariate analysis (logistic regression) was conducted to determine which variables contained in the Police Survey are strongly linked to a diversion occurring or not, and further, how likely (or unlikely) is the decision to divert or not given a particular characteristic (e.g. education) or set of characteristics (e.g. rank, attitudes towards drugs, knowledge, skills). How much does any characteristic, in isolation, or in concert with others, contribute to the likelihood of a diversion occurring?

Figure 10.2 (below) illustrates those variables found to be significantly linked to the likelihood of diversion. They are:

- *The perception of benchmarks.* Where benchmarks are perceived to be in place, the likelihood of diverting is approximately four times that than where benchmarks are perceived not to exist.
- *Training.* Those who have undertaken training are twice as likely to divert as those who have not undertaken training.
- *Access to guidelines.* Those who have accessed guidelines are approximately one and a half times more likely to divert than those who have not seen the diversion guidelines.
- *Skills related to diversion strategy.* Those who rated their skills in administering diversion strategies as high were approximately one and a half times more likely to divert than those who rated their skills as low.
- *Education.* Those with a tertiary education are approximately one and a half times more likely to divert than not divert.
- *Administration.* Those who rate paperwork associated with diversion as easy are nearly one and a half times more likely to divert than those who rate paperwork as hard.
- *Discretion.* An inverse relationship exists between the level of discretion an officer has and the likelihood of diverting an offender. That is, those officers who rated their level of discretion as high were 30 percent less likely to divert an offender than those who rated their level of discretion as low.

Figure 10.2 Multivariate model – predictors of diversion



This multivariate model indicates that the decision to divert or not is based primarily on pragmatic issues relating to the process (e.g. training, access to guidelines, administrative skills and ease of paperwork) rather than a normative commitment to diversion strategies (e.g. perceived legitimacy and/or appropriateness of diversion). How discretion is used is linked to training and skills as well as exposure to guidelines. For example, if an officer attended training, had been exposed to guidelines and was able to administer them, then there would be less likelihood that discretion would be used to not divert. However, the very large influence of perceived benchmarks on the likelihood of diverting suggests that using discretion to not divert has its limits. In other words, using discretion to not divert is much less likely when an officer perceives that benchmarks exist.

## Positive predictors of diversion

### *Perception of benchmarks*

From a 'top down' approach, benchmarking can be viewed as a means of minimising any implementation deficit, which may emerge from any number of sources including a situation where the policy is perceived as being invalid or lacks legitimacy. Where there is not voluntary compliance, benchmarks force compliance by setting targets for street-level police. Benchmarks can be seen as an attempt to rectify compliance problems by reducing the level of discretion available. Benchmarks reduce discretion because performance becomes measured by the number of diversions undertaken. It then becomes a situation of pragmatic acceptance of the policy rather than voluntary compliance or philosophical agreement. In effect, 'what gets measured gets done'.

The model demonstrates the very significant impact of a perception of the existence of benchmarks on the decision to divert or not. It is important to note here that an officer may perceive the existence of benchmarks even where such benchmarks do not formally exist. In other words, an officer may interpret the existence of informal or formal 'quotas' or performance indicators at a local or regional level as evidence of the existence of benchmarks.

Importantly, the effect of a *perception* of the existence of benchmarks over-rides the influence of any of the other variables (i.e. training, access to guidelines, skills, education and ease of paperwork). In other words, compliance with the diversion policy is high when there is a perception that benchmarks exist, regardless of the level of training, access to guidelines, skill level, educational level and ease of paperwork. Furthermore, using discretion to not divert is much less likely when an officer perceives that benchmarks exist.

### *Diversion training*

Training has obvious importance in relation to learning how to use or perform new practices which in turn impacts on translating policy strategy prescriptions into practice. It is also a means by which voluntary compliance can be achieved by using training, not only as a means of increasing skill levels but also by instilling legitimacy into the policy. As such, officers' willingness to participate (or otherwise) in the implementation is influenced. Training also serves to provide rules by which the policy is to be implemented. In this way, training is an attempt to reduce any ambiguity in the process, thereby increasing compliance.

### *Drug diversion guidelines*

It is clear that access to guidelines has a significant impact on whether an officer diverts. Guidelines are a means by which policy is translated into practice and also a means of reducing the likelihood of a situation where an officer may be unclear about how to proceed. Guidelines increase clarity of procedures (translating policy into practice) and reduce ambiguity or elasticity by providing clear and concise rules about how to proceed. Ambiguity of guidelines coupled with discretion may reduce the likelihood of diversion. Guidelines can be seen as management tools that seek to minimise deviations from policy strategy and ensure that the policy is implemented in intended ways.

### *Skills in administering diversion strategies*

Skill levels and compliance with procedures are linked to a decision to divert, with those rating their skill levels as 'high' being 1.6 times more likely to divert an offender than those who rated their skills as 'low'. It could be assumed that those who rate their skills in administering diversion as 'high' have undertaken training in diversion, including how to use guidelines. Conversely, it is likely that those who rated their skills as 'low' have not attended training and as a result have not been trained in the use of guidelines or been made familiar with the policy or procedure.



### *Education*

Those with a tertiary education are 1.6 times more likely to divert than not divert.

### *Administration*

The amount of resources available to undertake diversion impacts on the likelihood of diversion. Thus, those who rate paperwork associated with diversion as 'easy' are 1.3 times more likely to divert than those who rated paperwork as 'hard'.

## **Appropriateness**

Perceptions of the appropriateness of diversion strategies (Question 30) provide a measure of the extent to which drug diversion is normatively accepted by police officers – in other words, the extent to which it is considered legitimate. Thus it is useful to identify those variables which contribute to a perception of whether diversion is viewed as appropriate or inappropriate. Once again, appropriateness needs to be looked at independently of a decision to divert or not. They are separate issues and, as mentioned above, no significant relationship exists between perceptions of appropriateness and a decision to divert or not divert which is pragmatically (rather than normatively) based.

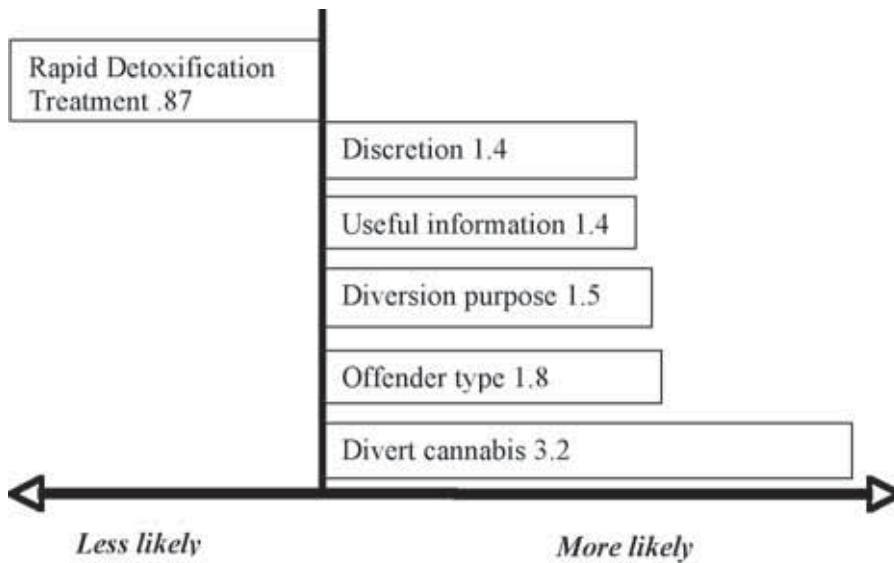
### **Explaining perceptions of the appropriateness of diversion strategies**

Multivariate analysis (logistic regression) was conducted to determine which variables in the survey were strongly linked to a perception that diversion is appropriate. The analysis sought to determine which variable(s) contribute to the likelihood of the diversion strategies being perceived as appropriate.

As shown in Figure 10.3 (below) the strongest predictors of appropriateness are:

- *Cannabis diversion.* Those who divert for cannabis are three times more likely to define diversion strategies as appropriate than those who do not divert for cannabis.
- *Offender type.* Those who thought that appropriate offenders were being diverted were 1.8 times more likely to think diversion strategies are appropriate than those who did not.
- *Diversion met purpose.* Those who thought that diversion had met its perceived purpose(s) were almost one and a half times more likely to see diversion as appropriate than those who thought it had not achieved its purpose. Therefore this needs to be demonstrated by feedback to police officers.
- *Usefulness of information.* The extent to which information provided *prior* to implementation is considered useful impacts on perceptions of appropriateness. Thus, those who rated the information as useful were almost one and a half times more likely to describe diversion as appropriate than those who thought the information was not useful.
- *Discretion.* Those who rated their level of discretion as 'high' were 1.4 times more likely to perceive diversion as appropriate than those who rated their discretion as low.
- *Rapid detoxification treatment.* Those who were supportive of rapid detoxification were 13 percent less likely to view diversion strategies as appropriate than those who did not support it. Thus, those with a treatment bias are at odds normatively with those who would see diversion and education as appropriate responses to drug use.

Figure 10.3 Multivariate model – predictors of appropriateness



### Overall satisfaction

How satisfied personnel are with any program has implications for how well it operates and the extent to which it achieves objectives. Identifying the determinants of satisfaction can be useful as a management tool. It can give planners insights into those areas of diversion where strengths can be built upon and weaknesses improved.

### Explaining overall satisfaction with the diversion policy

Multivariate analysis was undertaken to determine which variables contained in the survey are strongly linked to overall satisfaction with the diversion policy. As noted earlier, statistical analysis determined that there is no significant relationship between overall level of satisfaction and the decision to divert or not.

Only those questions which employed a scale were used in this analysis because the analytic method undertaken (linear regression) only accepts variables which employ some sort of scale. All other variable types violate the basic assumptions of this analytic method and therefore were not used.

Table 10.1 (below) illustrates the key predictors of overall satisfaction with the implementation of diversion. The four major predictors are:

- *Supportive of diversion.* Support for diversion contributes to 20 percent of overall satisfaction with diversion.
- *Usefulness of guidelines.* The usefulness of information prior to implementation contributes 15 percent to overall satisfaction levels.
- *Appropriate offenders.* Whether offenders are deemed appropriate for diversion contributes to 14 percent of overall satisfaction.
- *Appropriate strategy.* The perceived appropriateness of diversion strategies also contributes 14 percent to overall satisfaction.

Additional variables include:

- *Referral services.* The ease with which officers can contact referral services impacts on overall satisfaction levels. In relation to the ease of contacting referral services, ease of contact contributes 10 percent to the overall level of satisfaction.
- *Purpose of diversion.* If individuals thought that the perceived purposes of diversion were being met, then they are more likely to be satisfied with diversion, which also contributes to 9 percent of the overall level of satisfaction.
- *Alternative treatments.* An inverse relationship exists between support for alternative treatments and overall satisfaction. Thus, the greater the support for alternative treatments, the lower the level of overall satisfaction. Alternative treatments contribute 7 percent to the overall satisfaction level.

**Table 10.1 Multivariate table - Overall satisfaction with diversion**

Question No.	Variable Name	Contribution
Q40.9	Supportive of Diversion	.201**
Q49.2	Usefulness of Guidelines	.154**
Q56	Appropriate Offenders	.145**
Q30	Appropriate Strategy	.142**
Q34.2	Useful Information	.102**
Q52.2	Referral Services	.088*
Q54	Purpose of Diversion	.086*
Q23.7	Alternative Treatments	.073*

\* Significant at .05 level of significance

\*\*Significant at .01 level of significance

Overall satisfaction with diversion appears to have two themes or dimensions: normative and pragmatic. That is, the major contributions to overall satisfaction emanate from the degree to which police normatively accept diversion strategies and from administrative or resource issues.

From a normative commitment perspective, four factors appear influential. These are:

- being supportive of diversion since training;
- that appropriate offenders are being diverted;
- that diversion is an appropriate strategy; and
- whether diversion strategies have met perceived purposes.

From a pragmatic or administrative/resource perspective the usefulness of guidelines, usefulness of information prior to implementation, and the ease of contacting referral services were significant contributors to overall satisfaction levels.

### 10.3 Implementation and management matrix

We are confident that, although the foregoing multivariate analysis is based on data from the three jurisdictions, the findings are valid more generally. As noted in Chapter 3, Methodology, the sample size of 917 was statistically robust, providing good levels of confidence and confidence intervals. We do recognise, however, that local conditions are always important, so that replication of the study in other jurisdictions would provide a more robust model incorporating their contextual aspects.

Most of the evidence-based good practice measures identified in the Implementation and Management Matrix which follows were based on this multivariate analysis. Whilst most seem self-evident and/or intuitive, the research has provided empirical evidence to substantiate their validity.

The Implementation and Management Matrix should be read in conjunction with the Evaluation Model. Together they provide a comprehensive framework for managers to use in the development and implementation of drug diversion policy initiatives.

#### Policy formulation and policy instrument

Policy Formulation and Policy Instrument	
Strategy	Information on proposed policy.
Pre-implementation	<ul style="list-style-type: none"> <li>• Wide dissemination and awareness-raising.</li> <li>• Consultation, whilst useful, is not expected by police officers. Greater emphasis is placed on informing rather than consulting.</li> <li>• The <i>Police Gazette</i> is the most popular information source.</li> </ul>
Implementation	<ul style="list-style-type: none"> <li>• Monitoring of intended and unintended consequences of policy instrument.</li> </ul>

#### External context

Policy Proponents	
Strategy	Engagement and advocacy with national and state policy proponents (e.g. national committees, state reference groups, welfare bodies, and NGOs).
Pre-implementation	<ul style="list-style-type: none"> <li>• Identification of key stakeholders and interest groups.</li> <li>• Collaboration in development of policy parameters.</li> <li>• Establish cohesive cross-agency reference group with members who have appropriate decision-making authority within their agency.</li> </ul>
Implementation	<ul style="list-style-type: none"> <li>• Maintain cohesion of reference group.</li> <li>• Coordinate feedback on implementation and policy efficacy.</li> </ul>
Ongoing management	<ul style="list-style-type: none"> <li>• Monitoring implementation.</li> <li>• Formalised reporting mechanisms.</li> </ul>

Service Delivery	
Strategy	Sufficient resources to enable all those involved in policy delivery to fulfil the intention of the policy (relates to credibility).
Pre-implementation	<ul style="list-style-type: none"> <li>Audit of the availability, capacity and range of assessment and treatment services.</li> <li>Cohesive implementation and training program that involves all actors (including police) thereby enabling a cross-agency understanding of policy and practice, roles and responsibilities.</li> </ul>
Implementation	<ul style="list-style-type: none"> <li>Reinforcement of training.</li> </ul>
Ongoing management	<ul style="list-style-type: none"> <li>Identify gaps in capacity, geographical coverage, and appropriateness and efficacy of intervention.</li> </ul>

### Organisational context

Attitudinal Context	
Strategy	Identify attitudinal orientation towards policy.
Pre-implementation	<ul style="list-style-type: none"> <li>Conduct survey/focus group to identify existing attitudinal orientation of police officers.</li> <li>Determine strategy to cater for issues identified.</li> <li>Provide varied avenues for feedback.</li> </ul>
Implementation	<ul style="list-style-type: none"> <li>Monitor implementation strategy.</li> <li>Identify level of dissonance.</li> <li>Amend implementation strategy if required.</li> <li>Provide varied avenues for feedback.</li> </ul>
Ongoing management	<ul style="list-style-type: none"> <li>Monitor attitudinal orientation by identifying changes over time (individual and organisational).</li> </ul>

Efficacy and Legitimacy of Policy	
Strategy	Demonstrate evidence to support efficacy and legitimacy of policy.
Pre-implementation	<ul style="list-style-type: none"> <li>Foster legitimacy through the provision of evidence that validates policy.</li> </ul>
Implementation	<ul style="list-style-type: none"> <li>Collect organisation-specific evidence of efficacy.</li> <li>Provide 'success' vignettes illustrating individual impact.</li> <li>Provide evidence of overall 'success'.</li> </ul>
Ongoing management	<ul style="list-style-type: none"> <li>Monitor national and international trends to ensure policy maintains support.</li> </ul>

### Agency administrative capacity

Resources	
Strategy	Consider financial, legal and timing issues.
Pre-implementation	Ensure policy design is cognisant of financial, legal and timing issues.
Implementation	<ul style="list-style-type: none"> <li>Monitor to enable early identification of financial, legal and timing issues.</li> <li>Negotiate solutions to issues identified.</li> </ul>
Ongoing management	<ul style="list-style-type: none"> <li>Continue monitoring to identify unintended consequences.</li> </ul>

Resources (cont)	
<b>Strategy</b>	Consider impact on, and needs of, human resources.
<b>Pre-implementation</b>	<ul style="list-style-type: none"> <li>Identify organisational leader (high-level) to demonstrate leadership support for policy.</li> <li>Design business processes that map the impact on human resources.</li> <li>Engage with operational police officers to foster ownership.</li> <li>Map training needs (consider issues of timing, nature of training, skill levels, mode of delivery and composition of training group).</li> <li>Ensure training is incorporated in the regular training curriculum (in-service, promotional, and regionally based).</li> </ul>
<b>Implementation</b>	<ul style="list-style-type: none"> <li>Leadership to sponsor change.</li> <li>Listen to feedback.</li> <li>Implement and review business process. Modify if required.</li> <li>Deliver supplementary and refresher training.</li> <li>Negotiate solutions to issues identified.</li> </ul>
<b>Ongoing management</b>	<ul style="list-style-type: none"> <li>Continue monitoring to identify unintended consequences.</li> </ul>

Communication	
<b>Strategy</b>	Devise communication strategy.
<b>Pre-implementation</b>	<ul style="list-style-type: none"> <li>Determine most appropriate communication strategy.</li> <li>Use appropriate internal and external mechanisms to facilitate the dissemination and reception of information.</li> </ul>
<b>Implementation</b>	<ul style="list-style-type: none"> <li>Monitor communication strategy.</li> <li>Negotiate solutions to issues identified.</li> </ul>
<b>Ongoing management</b>	<ul style="list-style-type: none"> <li>Continue monitoring to identify unintended consequences.</li> </ul>

Monitoring and Control	
<b>Strategy</b>	Provide succinct and unambiguous guidelines.
<b>Pre-implementation</b>	<ul style="list-style-type: none"> <li>Involve operational police officers in the development of succinct and unambiguous guidelines.</li> </ul>
<b>Implementation</b>	<ul style="list-style-type: none"> <li>Monitor effectiveness of guidelines.</li> <li>Promote police officers' knowledge of guidelines (including how to access them).</li> <li>Pro-actively manage any dissonance between practice and guidelines.</li> <li>Negotiate solutions to issues identified.</li> </ul>
<b>Ongoing management</b>	<ul style="list-style-type: none"> <li>Ensure knowledge of guidelines has permeated agency.</li> <li>Continue monitoring to identify unintended consequences.</li> </ul>

Monitoring and Control (cont.)	
<b>Strategy</b>	Determine appropriateness of benchmarks and performance indicators.
<b>Pre-implementation</b>	<ul style="list-style-type: none"> <li>Identify whether benchmarks and performance indicators are appropriate.</li> </ul>
<b>Implementation</b>	<ul style="list-style-type: none"> <li>Monitor performance against benchmarks and performance indicators.</li> <li>Monitor effectiveness of benchmarks and performance indicators.</li> </ul>
<b>Ongoing management</b>	<ul style="list-style-type: none"> <li>Continue monitoring to identify unintended consequences.</li> </ul>

Administrative Process	
Strategy	Ensure the administrative process (e.g. forms, data collection, etc) is straightforward, fulfils the intention of the policy unencumbered by complexity or dual purposes, and facilitates accuracy of information capture.
Pre-implementation	<ul style="list-style-type: none"> <li>Involve operational police officers in the development and piloting of the administrative process.</li> <li>Compare existing process (if any) with proposed process and overcome anomalies and ambiguities and encourage uptake by identifying benefits to individual officers (e.g. less complex, takes less time).</li> <li>Design a process (and system; electronic or paper-based) that facilitates accuracy of information capture.</li> </ul>
Implementation	<ul style="list-style-type: none"> <li>Monitor effectiveness of administrative process.</li> <li>Pro-actively manage any dissonance between practice and process.</li> <li>Negotiate solutions to issues identified.</li> </ul>
Ongoing management	<ul style="list-style-type: none"> <li>Continue monitoring to identify unintended consequences.</li> </ul>

### Street-level police behaviour

Application of Discretion	
Strategy	Understand the potential impact of a police officer's use of discretion on the policy.
Pre-implementation	<ul style="list-style-type: none"> <li>Identify the potential impact of use of discretion.</li> <li>Determine strategies to enhance compliance with policy.</li> <li>Foster understanding of organisational commitment to policy.</li> <li>Promote willing cooperation rather than blind obedience.</li> </ul>
Implementation	<ul style="list-style-type: none"> <li>Monitor exercise of discretion.</li> <li>Conduct audit to determine adherence to guidelines.</li> <li>Remedy dissonance between practice and policy.</li> <li>Negotiate solutions to issues identified.</li> </ul>
Ongoing management	<ul style="list-style-type: none"> <li>Continue monitoring to identify unintended consequences.</li> </ul>

Application of Discretion (cont.)	
Strategy	Understand the factors that influence a police officer's decision-making (e.g. age, attitude and prior convictions of offender, type of drug used, amount of drug possessed, attitude of police officer to policy).
Pre-implementation	<ul style="list-style-type: none"> <li>Identify cultural and attitudinal considerations that may influence decision making.</li> </ul>
Implementation	<ul style="list-style-type: none"> <li>Monitor performance against organisational and community expectations.</li> <li>Monitor customer service and internal investigation complaints related to policy application.</li> </ul>
Ongoing management	<ul style="list-style-type: none"> <li>Continue monitoring to identify unintended consequences.</li> </ul>

## Chapter eleven: Conclusion

The objectives of this research were:

1. Assess systematically how law enforcement drug diversion strategies in Victoria, South Australia and Tasmania have been implemented and managed.
2. Identify organisational procedures and systems and individual practices that facilitate or impede the implementation and management of drug diversion strategies.
3. Identify evidence-based good practice of strategy implementation and ongoing management.
4. Develop an implementation matrix that identifies key success factors and critical impediments affecting the implementation and management of diversionary strategies.
5. Develop an evaluation model that fosters transparency, strengthens performance with drug diversion initiatives and propels effective change.

The research has identified a number of factors that have been pivotal in determining the degree of success in implementing the illicit drug diversion strategies in the three jurisdictions. It has *not* – it should be emphasised again – sought to evaluate the effectiveness of illicit drug diversion as a policy, nor to study in detail the manner in which police administer the policy in individual cases. There are doubtless many interesting aspects of illicit drug diversion which we have not studied, and which merit study, but that was not the focus here. Rather, this research set out to identify the key factors in the successful implementation of the illicit drug diversion policy strategies in South Australia, Tasmania and Victoria. The research allows conclusions to be drawn about how such strategies can be managed, with potential benefits to the jurisdictions covered in this study. Benefits can also accrue to all police jurisdictions charged with implementing other policies (including drug diversion strategies). This is especially so where there might be potential conflict between ‘harm minimisation’ and what is often seen as the core business of police services and a culture of law enforcement and crime fighting.

What, then, can be concluded on the basis of this research?

First, in relation to *the policy formulation process and the characteristics of the policy instrument*, it is clear that the level of consultation prior to the implementation of the illicit drug diversion policy strategies was low, although the usefulness of information provided to officers on the proposed changes was rated ‘moderate’ in Victoria Police and South Australia Police and ‘high’ in Tasmania Police. Cross-tabulation of these variables in regard to the perceived level of legitimacy of the local strategy reveals:

- i) that there is no significant difference between those who were consulted and those who were not in regard to the perceived level of legitimacy of the strategies, and
- ii) those who rated the usefulness of the information as ‘low’ or ‘neutral’ rated the legitimacy of the diversion strategies significantly lower than those who rated the usefulness of the information as high.

In other words, whilst information on proposed changes did enhance the likelihood that those charged with implementation of a new initiative will consider it legitimate (as expected in the theoretical literature on change management), prior consultation *per se* did not. Qualitative analysis of the field interview data from South Australia also suggests that many are critical of their state’s illicit drug diversion policy instrument, expressing concerns about dealers and adults manipulating the system, the unlimited number of diversions allowed, the leniency of financial penalties imposed on cannabis offenders, and equity issues relating to details of the diversion process for indigenous offenders and other offenders whose first language is not English.



With respect to the *external context*, the significant role played by the assessment and treatment services was identified and adequate capacity, funding and training were discussed as critical to the effectiveness of illicit drug diversion implementation in each state. Police and relevant staff in other government agencies viewed the shift towards an emphasis on NGOs as preferred suppliers of assessment and treatment services as problematic. State reference groups were identified as playing a key role in coordinating the implementation of the illicit drug diversion strategies and, overall, they were seen as enabling good working relationships to be established and maintained among the key stakeholders.

In regard to *organisational context*, we found that the attitudes of police respondents to the Police Survey appear to be similar to those held by members of the general public, although the attitudes of police respondents were generally more conservative. Their attitudes about the use and possession of drugs become harder as drugs become harder, and that significant and subtle differences in attitude towards drug use and measures to deal with the issue emerged between respondents in the three states, between ranks, and between those who have been trained and those who had not.

We also found that the three states' diversion strategies are considered by the respondents, overall, as being moderately legitimate. The Tasmanian strategy enjoys a higher level of legitimacy than both the South Australian and Victorian strategies. Those participants of our field interviews and the respondents to the Police Survey who consider their strategy legitimate do so largely because they believe it is an effective way to reduce drug use (especially for first-time low-level offences by youth) and that it also frees up the court system and saves police time. Those who consider their strategy not legitimate do so largely on philosophical and practical grounds, expressing views that it is 'misguided', 'too lenient', 'flawed due to lack of funding and resources' and that it 'does not work for adults and/or long-term users'. Finally, contrary to any view that police attitudes are changing away from the traditional police cultural orientation of law enforcement and crime fighting towards a more sympathetic appreciation of harm minimisation, qualitative analysis suggests that there appears to be two contrasting attitudinal orientations of police officers in the three states – one that is antithetical to diversion that endorses the law enforcement/crime-fighting role of police and punitive criminal justice outcomes for minor drug use/possession offences; the other which emphasises the appropriateness of diversion as part of a legitimate harm minimisation approach compatible with the public order maintenance mandate of police services.

The illicit drug diversion strategy is inherently complex and involves a number of governmental agencies in each state. This necessitates co-ordination within and between agencies, states, the Commonwealth, and treatment service providers. The police jurisdictions' *administrative capacity* is, therefore, fundamental to the successful implementation of the initiative. The research has revealed that the drug diversion initiatives in each state have developed iteratively, mainly as a refinement of business processes and systems. The overarching policies remain largely intact.

Notwithstanding the size of the organisations and the obvious challenges that the introduction of the drug diversion strategy presented, each organisation has demonstrated that they have administrative capacity to implement policies of this scale. Permeation is unlikely through 'one-off' training. Information supporting the efficacy of the strategy is required on an ongoing basis. Clear easy-to-use business processes that are capable of diagrammatic representation (flowcharts, modelling, 'cheat-sheets') are most likely to be effective for police: in essence, success is more likely to be achieved if, to use policing parlance, the 'Keep it Simple' principle is applied.

Instructively, police officers prefer to understand (or at least be informed of) the philosophical basis for such a major policy shift. Arguably, in respect of the drug diversion initiative, this preference has its genesis in the drugs and crime nexus and it is unlikely to be as evident in less controversial or personally (for some) challenging matters; for example, the introduction in all Australian

policing jurisdictions of a reporting regime and register for convicted sex offenders. There is also an overt desire for police to receive regular and ongoing advice as to the success or otherwise of the policy initiative – both at the level of individual offenders and overall. Whilst pragmatically this must be tempered with the broad brush of feasibility there is little doubt that individual success stories are highly persuasive, as is the need to demonstrate what the medium to long-term impact on policing is likely to be (e.g. fewer offenders re-entering or remaining in the system).

In regard to *street-level police behaviour*, Tasmanian respondents to the Police Survey recorded the highest rate of diversion with 88 percent having diverted at least once. This rate was higher than the Victorian rate (47 percent) and the South Australian rate (78 percent). A central feature of street-level behaviour involves the exercise of discretion, and South Australian respondents to the Police Survey reported a significantly lower level of discretion (as required by state legislation) than the moderate levels reported by Tasmanian and Victorian respondents.

Analysis of the overall level of discretion and the overall rate of diversion reveals that there is an inverse relationship between the reported level of discretion an officer says he or she has and the likelihood of diverting an offender – those who rated their level of discretion as high were 30 percent less likely to divert an offender than those who rated their level of discretion as low. Qualitative interview evidence suggests that the decision to divert or not is a complicated matter that hinges on a number of factors including the nature of the offender (their age, their record, their attitude), the type of drug used/possessed (soft or hard), the attitude of the police officer to diversion (positive or negative) and the presence or absence of a benchmark.

In the Police Survey hardly anyone in Victoria and South Australia believed that there were state benchmarks, while three-quarters in Tasmania said there were. (The use of benchmarking in this area has, in fact, varied over time in Tasmania). And while six out of ten of those in Tasmania and South Australia who thought there were benchmarks said this was appropriate, fewer than half of those in Victoria said so.

From an *implementation results* perspective it is apparent that, through training, information dissemination and other measures, drug diversion strategies are well entrenched within the three jurisdictions. Whilst the extent to which they have permeated the organisations differs (especially in terms of philosophical acceptance and access to guidelines) there is a clear indication that all jurisdictions have fulfilled the objective of implementation.

As was evident in the discussion of the *next generation cohort*, the policy shift to diversionary practice and restorative justice principles that underpin current approaches to policing present fundamental challenges to police officers. Despite changes to recruitment practices, those that self-select (apply) for inclusion within policing organisations still appear to have a ‘traditional’ law enforcement/crime-fighting bent. Anecdotally, we understand that current induction (cadet) training in all states focuses upon law, policy and procedure whilst scant regard is paid to the philosophical basis of policing. With policies (such as drug diversion) that challenge traditional notions there is a need to, as Chatterton (1976) suggests, contest the conventional idea that laws exist to be enforced. This can only be achieved through extending the theoretical and practical appreciation of the role of police in contemporary society. Much remains to be done in this regard. Whilst the more pragmatic views of longer serving officers appear to indicate that the traditional view is mitigated over time, early exposure to underlying philosophical principles is considered more likely to enhance strategy outputs and outcomes.

This is all to underscore the problematic nature of implementation. This report has sought to identify evidence-based good practice – what worked and why – in the implementation and management of illicit drug diversion strategies in three state jurisdictions. These observations have been brought together in two products based upon the research: an evaluation model and an implementation and management matrix, both of which are presented in Chapter 10.

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## Appendix A: Police Survey

### Tasmanian Institute of Law Enforcement Studies



UNIVERSITY  
OF TASMANIA

**Have your say and a chance to win a double pass to the movies!**

**It will only take 10 minutes of your time....**

Victoria Police, South Australia Police and Tasmania Police have agreed to participate in this National Drug Law Enforcement Research Fund (NDLERF) evaluation. This is being conducted by the Tasmanian Institute of Law Enforcement Studies (TILES), which is part of the University of Tasmania.

This is an independent evaluation that is assessing the implementation and management of drug diversion strategies and identifying evidence-based good practice. All information collected will be confidential, that is, we will not record your name on the information that we collect and any data published in reports will not divulge the identity of anyone who chooses to participate.

Participation in this project is voluntary. All information collected will remain confidential and you are not required to provide your name. The questionnaire responses will only be accessible to the research fellow conducting this evaluation for analysis. Consent to participate in the study is implicit in the return of the completed questionnaire.

This evaluation has received ethical approval from the Southern Tasmania Social Sciences Human Research and Ethics Committee. Data will be kept in secure storage for 5 years per the requirements of the NH&MRC Act 1992. If you have any further questions or concerns please contact:

Research Fellow  
Ms Marnie Bower  
Email: [Marnie.Bower@utas.edu.au](mailto:Marnie.Bower@utas.edu.au)  
Phone: (03) 6226 2739

## 1. Rank

Constable	<input type="text"/>	<sup>1</sup>	Superintendent	<input type="text"/>	<sup>6</sup>
Senior Constable	<input type="text"/>	<sup>2</sup>	Commander	<input type="text"/>	<sup>7</sup>
Sergeant	<input type="text"/>	<sup>3</sup>	Commissioner	<input type="text"/>	<sup>8</sup>
Senior Sergeant	<input type="text"/>	<sup>4</sup>	(Assistant, Deputy, Chief)		
Inspector	<input type="text"/>	<sup>5</sup>	State service personnel (un-sworn)	<input type="text"/>	<sup>9</sup>

## 2. Total number of years employed by the Police Service

(If less than 6 months enter 0, if over 6 months but less than a year enter 1)

## 3. Has this been continuous employment?

yes  <sup>1</sup> no  <sup>2</sup>

## 4. Current Region

Region 1	<input type="text"/>	<sup>1</sup>	Region 4	<input type="text"/>	<sup>4</sup>
Region 2	<input type="text"/>	<sup>2</sup>	Region 5	<input type="text"/>	<sup>5</sup>
Region 3	<input type="text"/>	<sup>3</sup>			

## 5. District

## 6. Length of time (years) that you have worked in this region

(If less than 6 months enter 0, if over 6 months but less than a year enter 1)

## 7. Station (e.g. Uniform, Drug, Prosecution, Crime, Traffic)

## 8. Your age (years)

## 9. In what year did you undertake graduate training?

## 10. Gender

Male  <sup>1</sup> Female  <sup>2</sup>

**11. Are you an Aborigine or Torres Strait Islander?**

yes ☐ <sup>1</sup> no ☐ <sup>2</sup>

**12. Were you born in Australia?**

yes ☐ <sup>1</sup> (go to question 13) no ☐ <sup>2</sup>

**12.1 What is your country of birth?**

**13. Highest level of education completed (select ONE only)**

Less than High School (year 10)	<input type="checkbox"/> <sup>1</sup>	Go to question 14
High School (year 10)	<input type="checkbox"/>	Go to question 14
VCE (year 11 & 12)	<input type="checkbox"/>	Go to question 14
TAFE Diploma or Trade Certificate	<input type="checkbox"/>	Go to question 14
University Undergraduate Degree	<input type="checkbox"/>	↓
University Post-Graduate Qualification	<input type="checkbox"/>	

**13.1 Was this a specific police studies degree/diploma?**

yes ☐ <sup>1</sup> no ☐ <sup>2</sup>

**14. Are you currently undertaking any study?**

yes ☐ <sup>1</sup> (go to question 15) no ☐ <sup>2</sup>

**14.1 Is this study:**

TAFE Diploma or Trade Certificate	<input type="checkbox"/> <sup>1</sup>	(go to question 15)
University Undergraduate Degree	<input type="checkbox"/> <sup>2</sup>	↓
University Post-Graduate Qualification	<input type="checkbox"/> <sup>3</sup>	
Other	<input type="checkbox"/> <sup>4</sup>	

\_\_\_\_\_  
*Please specify*

**14.1.1 is this a specific police studies degree/diploma?**

yes ☐ <sup>1</sup> no ☐ <sup>2</sup>

**15. Please rate your knowledge in the following areas:**

**Knowledge is what you know about an area**

Please circle the appropriate number

		Low					High
15.1		1	2	3	4	5	6 7
	Problems associated with drug use						
15.2		1	2	3	4	5	6 7
	Drug counseling/treatment services						
15.3		1	2	3	4	5	6 7
	Drug diversion guidelines						
15.4		1	2	3	4	5	6 7
	The use of treatment to reduce drug dependence						

**16. Please rate your skills in the following areas:**

**Skill is your ability to carry out an activity**

Please circle the appropriate number

		Low					High
16.1		1	2	3	4	5	6 7
	Dealing with young offenders						
16.2		1	2	3	4	5	6 7
	Dealing with aggressive clients						
16.3		1	2	3	4	5	6 7
	Dealing with people from a non-English speaking background						
16.4		1	2	3	4	5	6 7
	Dealing with Aborigines and Torres Strait Islanders						
16.5		1	2	3	4	5	6 7
	Dealing with people with drug and alcohol problems						
16.6		1	2	3	4	5	6 7
	Conflict resolution techniques						
16.7		1	2	3	4	5	6 7
	Administering drug diversion strategies						

**17. Compared to 10 years ago is the general community more or less tolerant towards cannabis use?**

Please circle the appropriate number

Less tolerant

Same

More tolerant

1      2      3      4      5      6      7

**18. Compared to 10 years ago is the general community more or less tolerant of hard drug use?**

Please circle the appropriate number

Less tolerant

Same

More tolerant

1      2      3      4      5      6      7

**19. Which ONE of the following drugs do you think (directly or indirectly) causes the most deaths in Australia?**

Please select **one** only

- |   |                            |  |                            |
|---|----------------------------|--|----------------------------|
| Opiates (e.g. heroin)   | <input type="checkbox"/> 1 | Amphetamines (e.g. speed)                    | <input type="checkbox"/> 6 |
| Alcohol   | <input type="checkbox"/> 2 | Cocaine/crack                                | <input type="checkbox"/> 7 |
| Tobacco   | <input type="checkbox"/> 3 | Marijuana/cannabis                           | <input type="checkbox"/> 8 |
| Ecstasy/designer drugs<br>(e.g. pain-killers, Valium, Serepax,<br>sleeping pills) | <input type="checkbox"/> 4 | Hallucinogens<br>(e.g. LSD, magic mushrooms) | <input type="checkbox"/> 9 |

**20. Which ONE of these forms of drugs do you think is the most serious concern for the general community?**

Please select **one** only

- |                    |                            |  |                             |
|--------------------|----------------------------|--|-----------------------------|
| Marijuana/cannabis | <input type="checkbox"/> 1 | Non-medical use of barbiturates            | <input type="checkbox"/> 8  |
| Tobacco smoking    | <input type="checkbox"/> 2 | Non-medical use of steroids                | <input type="checkbox"/> 9  |
| Heroin use         | <input type="checkbox"/> 3 | Non-medical use of tranquilisers           | <input type="checkbox"/> 10 |
| Alcohol use        | <input type="checkbox"/> 4 | Non-medical use of pain-killers/analgesics | <input type="checkbox"/> 11 |
| Hallucinogen use   | <input type="checkbox"/> 5 | Sniffing glue/petrol/solvents/rush         | <input type="checkbox"/> 12 |
| Cocaine/crack use  | <input type="checkbox"/> 6 | Ecstasy/designer drug use                  | <input type="checkbox"/> 13 |
| None of these      | <input type="checkbox"/> 7 | Amphetamine/speed use                      | <input type="checkbox"/> 14 |

**21. For each of the following drugs do you personally approve or disapprove of their regular use by an adult?**

		Approve		Disapprove
21.1	Tobacco/cigarettes	<input type="text"/>	<sup>1</sup>	<input type="text"/>
21.2	Alcohol	<input type="text"/>	<sup>1</sup>	<input type="text"/>
21.3	Methadone for opiate withdrawal	<input type="text"/>	<sup>1</sup>	<input type="text"/>
21.4	Pain-killers/analgesics for non-medical purposes	<input type="text"/>	<sup>1</sup>	<input type="text"/>
21.5	Tranquilisers/sleeping pills for non-medical purposes	<input type="text"/>	<sup>1</sup>	<input type="text"/>
21.6	Steroids for non-medical purposes	<input type="text"/>	<sup>1</sup>	<input type="text"/>
21.7	Barbiturates for non-medical purposes	<input type="text"/>	<sup>1</sup>	<input type="text"/>
21.8	Marijuana/cannabis	<input type="text"/>	<sup>1</sup>	<input type="text"/>
21.9	Heroin	<input type="text"/>	<sup>1</sup>	<input type="text"/>
21.10	Amphetamines/speed	<input type="text"/>	<sup>1</sup>	<input type="text"/>
21.11	Cocaine/crack	<input type="text"/>	<sup>1</sup>	<input type="text"/>
21.12	Ecstasy/designer drugs	<input type="text"/>	<sup>1</sup>	<input type="text"/>
21.13	Glue/petrol/solvents/rush	<input type="text"/>	<sup>1</sup>	<input type="text"/>
21.14	Methadone for non-medical purposes	<input type="text"/>	<sup>1</sup>	<input type="text"/>
21.15	LSD/synthetic hallucinogens	<input type="text"/>	<sup>1</sup>	<input type="text"/>
21.16	Naturally occurring hallucinogens e.g. magic mushrooms	<input type="text"/>	<sup>1</sup>	<input type="text"/>

**22. Since drug diversion strategies were introduced have you become more or less tolerant of adult drug use?**

Please circle the appropriate number

Less tolerant

Same

More tolerant

1      2      3      4      5      6      7

**23. Thinking about the problems associated with intravenous drug use, to what extent would you support or oppose measures such as ...**

Please circle the appropriate number

		Strongly support	Support	Neither	Oppose	Strongly oppose	Don't know enough to say
23.1	Needle and syringe programs (e.g. needle exchange programs)	1	2	3	4	5	6
23.2	Methadone maintenance programs	1	2	3	4	5	6
23.3	Regulated injecting rooms	1	2	3	4	5	6
23.4	Trial of prescription heroin	1	2	3	4	5	6
23.5	Rapid detoxification therapy	1	2	3	4	5	6
23.6	Use of naltrexone, a drug that blocks the effects of heroin and other opiates	1	2	3	4	5	6
23.7	Treatment with drugs other than methadone or naltrexone	1	2	3	4	5	6

**24. Since drug diversion strategies were introduced have you become more or less supportive of alternative treatments?**

Please circle the appropriate number

	Less supportive		Same		More supportive	
1	2	3	4	5	6	7

**25. Do you think the possession of small quantities of marijuana/cannabis for personal use should be an offence?**

Yes ☐ <sup>1</sup>

No ☐ <sup>2</sup>

Unsure/don't know ☐ <sup>3</sup>

**26. Considering the following drugs to what extent would you support or oppose the PERSONAL USE of the following drugs being made LEGAL?**

Please circle the appropriate number

	Strongly support	Support	Neither	Oppose	Strongly oppose
Marijuana/cannabis	1	2	3	4	5
Heroin	1	2	3	4	5
Amphetamines/speed	1	2	3	4	5
Cocaine	1	2	3	4	5

**27. What SINGLE best action describes what you think should happen to anyone found in possession of small quantities of the following drugs?**

Please select **ONE** action only for each drug type

	Marijuana cannabis	Ecstasy designer drugs	Heroin	Amphetamines speed
No action	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1	<input type="text"/> 1
A caution or warning only	<input type="text"/> 2	<input type="text"/> 2	<input type="text"/> 2	<input type="text"/> 2
Referral to a drug education program	<input type="text"/> 3	<input type="text"/> 3	<input type="text"/> 3	<input type="text"/> 3
Referral to treatment	<input type="text"/> 4	<input type="text"/> 4	<input type="text"/> 4	<input type="text"/> 4
A community service order	<input type="text"/> 5	<input type="text"/> 5	<input type="text"/> 5	<input type="text"/> 5
Weekend detention	<input type="text"/> 6	<input type="text"/> 6	<input type="text"/> 6	<input type="text"/> 6
A prison sentence	<input type="text"/> 7	<input type="text"/> 7	<input type="text"/> 7	<input type="text"/> 7
A substantial fine, around \$1,000	<input type="text"/> 8	<input type="text"/> 8	<input type="text"/> 8	<input type="text"/> 8
Something similar to a parking fine, up to \$200	<input type="text"/> 9	<input type="text"/> 9	<input type="text"/> 9	<input type="text"/> 9

**28. If you were given \$100 to spend on reducing MARIJUANA/CANNABIS use, how much would you allocate to each of these areas?**

Enter **whole** dollars only

28.1	Education e.g. information service	\$ <input type="text"/>
28.2	Treatment e.g. counselling, therapy	\$ <input type="text"/>
28.3	Law enforcement e.g. stop illegal sale and use	\$ <input type="text"/>
<b>Total</b>		\$100 <input type="text"/>



29. If you were given \$100 to spend on reducing HEROIN use, how much would you allocate to each of these areas?

Enter **whole** dollars only

29.1	Education e.g. information service	\$ <input type="text"/>
29.2	Treatment e.g. counselling, therapy	\$ <input type="text"/>
29.3	Law enforcement e.g. stop illegal sale and use	\$ <input type="text"/>
<b>Total</b>		\$100

30. How appropriate are your state's drug diversion strategies for your local area?

Appropriate							Inappropriate	
1	2	3	4	5	6	7		

31. Why do you think the diversion strategies are or are not appropriate for your local area?

32. Do you think you should be consulted on your views when there are changes to drug strategy?

yes  <sup>1</sup>      no  <sup>2</sup>

33. Were you consulted on your views when drug diversion policies were developed in your state?



yes  <sup>1</sup>      no  <sup>2</sup> (go to question 34)

**33.1 How were you consulted?**

**33.2 How effective was the consultation process?**

Please circle the appropriate number

Effective						Not effective	
1	2	3	4	5	6	7	

34. Did you receive information on the proposed changes before drug diversion strategies were implemented?

All the time ☐ 1

Most of the time ☐ 2

Some of the time ☐ 3

Occasionally ☐ 4

Never ☐ 5 (go to question 35)

34.1 Through which of the following methods did you receive information on the proposed changes?

Select as many as appropriate

Formal consultation	<input type="text"/>	1 Drug strategy officers	<input type="text"/>	7
Gazette	<input type="text"/>	2 The media	<input type="text"/>	8
Newsletter	<input type="text"/>	3 Higher level officers	<input type="text"/>	9
Team meeting	<input type="text"/>	4 Other staff/officers	<input type="text"/>	10
Immediate supervisor	<input type="text"/>	5 Change agents	<input type="text"/>	11
Other	<input type="text"/>	6		

*Please specify*

### 34.2 How would you rate the usefulness of the information you received?

Please circle the appropriate number

Useful						Not useful
1	2	3	4	5	6	7

35. Was there a dedicated person/team/work-unit who was responsible for implementing drug diversion strategies?

yes ☐ <sup>1</sup>      no ☐ <sup>2</sup> (go to question 36)

Don't know ☐ <sup>3</sup>

### 35.1 Who was the person/team/work-unit responsible for the implementation?

### 35.2 How available were they to answer your questions?

Always available 1 2 3 4 5 6 7 Never available



**40.2 What type of training was this?**

Cadet/Recruit/Trainee  <sup>1</sup>      Specific state drug diversion training  <sup>3</sup>  
 Part of a training day  <sup>2</sup>      Specific local area drug diversion training  <sup>4</sup>  
 Other  <sup>5</sup>

\_\_\_\_\_  
*Please specify*

**40.3 How appropriate was the information provided?**

Appropriate      Inappropriate  
 1      2      3      4      5      6      7

**40.4 Was the training held at an appropriate time in relation to when the strategy was implemented?**

Too soon      Too late  
 1      2      3      4      5      6      7

**40.5 How could training for drug diversion be improved?****40.6 Have you used the knowledge and skills from this training in your workplace?**

yes  <sup>1</sup> (go to question 40.7)      no  <sup>2</sup>

**40.6.1 Why haven't you used the skills and knowledge from this training in your workplace?**

Select as many as appropriate

Not appropriate to current position  <sup>1</sup>      Situation has not occurred  <sup>4</sup>  
 Not supported by senior officers  <sup>2</sup>      Don't have the guidelines  <sup>5</sup>  
 Need more training  <sup>3</sup>      Lack of resources  <sup>6</sup>  
 Other  <sup>7</sup>

\_\_\_\_\_  
*Please specify*

**40.7 Did training make you more or less tolerant of drug users?**

Less tolerant

More tolerant

1      2      3      4      5      6      7

**40.8 Did training make you more or less supportive of the usefulness of treatment for drug users?**

Less supportive

More supportive

1      2      3      4      5      6      7

**40.9 Did training make you more or less supportive of drug diversion strategies?**

Less supportive

More supportive

1      2      3      4      5      6      7

**41. How would you rate the paper-work involved in administering a drug diversion?**

Easy

Hard

1      2      3      4      5      6      7

**42. Since drug diversion strategies have been implemented do you have more or less discretion in dealing with drug offenders?**

Less

More

1      2      3      4      5      6      7

**43. Currently, how much discretion do you have in deciding which drug users to divert?**

None

Total

1      2      3      4      5      6      7

**44. How do you use this discretion?**

<div></div>
-------------

45. Are you required to submit information into an information system on offenders diverted?

yes ☐ <sup>1</sup>      no ☐ <sup>2</sup> (go to question 46)

#### 45.1 How easy is it to use the information system?

Very easy    Very hard

1        2              3              4              5              6              7

45.2 Have you had training in using the information system?

yes ☐ <sup>1</sup>      no ☐ <sup>2</sup>

45.3 Is this a new information system that was implemented as part of the drug diversion strategy?

yes ☐ <sup>1</sup>      no ☐ <sup>2</sup>

45.4 Does it take longer to process a drug diversion than to put offenders through the court system?

yes ☐ <sup>1</sup>      no ☐ <sup>2</sup>

46. Have you received information on the number and/or types of offenders being diverted?

On a regular basis ☐ 1

Occasionally ☐ 2

Once only ☐ 3

Never ☐ 5 (go to question 47)

#### 46.1 How useful is the information you have received?

Not useful                      Very useful

1        2        3        4        5        6        7

#### 46.2 Which of the following information has it included?

Select as many as appropriate

Number diverted	<input type="text"/>	1	Age	<input type="text"/>	5
Number complied with diversion	<input type="text"/>	2	Ethnicity	<input type="text"/>	6
Type of drug	<input type="text"/>	3	Residential suburb	<input type="text"/>	8
Gender	<input type="text"/>	4	Suburb apprehended	<input type="text"/>	9
Aborigine & Torres Strait Islanders	<input type="text"/>	7	Other	<input type="text"/>	10

*Please specify*

47. Is there a state benchmark for the number of diversions?

yes ☐ <sup>1</sup>

no ☐ <sup>2</sup> (go to question 48)



**47.1 How appropriate is this state benchmark?**

Too low

Too high

1

2

3

4

5

6

7

48. Is there a benchmark for the number of diversions in your local area?

yes ☐ <sup>1</sup>

no ☐ <sup>2</sup> (go to question 49)



**48.1 How appropriate is this local area benchmark?**

Too low

Too high

1

2

3

4

5

6

7

49. Have you seen the current guidelines for drug diversions?

yes ☐ <sup>1</sup>

no ☐ <sup>2</sup> (go to question 50)



**49.1 How easy or hard are these guidelines to understand?**

Easy

Hard

1

2

3

4

5

6

7

**49.2 How useful are the guidelines?**

Not useful

Very useful

1

2

3

4

5

6

7

**49.3 Do you always comply with the guidelines?**

Never

☐ <sup>4</sup>

Some of the time

☐ <sup>3</sup>

Most of the time

☐ <sup>2</sup>

Always

☐ <sup>1</sup>

(go to question 50)



**49.3.1 In what circumstances don't you follow the guidelines?**

50. Are there certain types of drug users who you **WOULD NOT** divert?

yes  <sup>1</sup>      no  <sup>2</sup> (go to question 51)

50.1 Please provide further information

51. Are there certain types of drug users who you **WOULD** divert?

yes  <sup>1</sup>      no  <sup>2</sup> (go to question 52)

51.1 Please provide further information

52. Have you diverted anyone?

yes  <sup>1</sup>      no  <sup>2</sup> (go to question 53)

52.1 How many offenders have you diverted?

52.2 How easy was it to contact the referral service?

Very easy

1

2

3

4

5

Very hard

6

7

53.2 How easy was it to set background information on the offender to see if they were eligible to divert?

Very easy

1

2

3

4

5

Very hard

6

7



## 52.4 How often were offenders aware of the drug diversion strategy?

Never	<input type="checkbox"/>	1
Some of the time	<input type="checkbox"/>	2
Most of the time	<input type="checkbox"/>	3
All of the time	<input type="checkbox"/>	4 (go to question 53)

### 52.4.1 If offenders were unaware of the drug diversion strategy what did they think would happen?

They would be charged	<input type="checkbox"/>	1	They didn't know/care	<input type="checkbox"/>	5
The drug was legal	<input type="checkbox"/>	2	Other	<input type="checkbox"/>	4

*Please specify*

## 53. What is the purpose(s) of the drug diversion strategy?

Select as many as appropriate

To go soft on drugs	<input type="checkbox"/>	1	Provide treatment for people with drug problems	<input type="checkbox"/>	8
To save money	<input type="checkbox"/>	2	Free up police for more important work	<input type="checkbox"/>	9
Decrease court waiting time	<input type="checkbox"/>	3	Reduce state government involvement	<input type="checkbox"/>	10
An early intervention strategy	<input type="checkbox"/>	4	Provide education to drug users	<input type="checkbox"/>	11
Reflect community values	<input type="checkbox"/>	5	A move towards decriminalisation	<input type="checkbox"/>	12
Harm minimisation	<input type="checkbox"/>	6	Improve relationships with the community	<input type="checkbox"/>	13
Enhance community policing	<input type="checkbox"/>	7	Provide additional funding for health services	<input type="checkbox"/>	14
Other	<input type="checkbox"/>	16	Treat as a health rather than criminal problem	<input type="checkbox"/>	15

## 54. Do you think the drug diversion strategies have met this purpose(s)?

Not at all

Completely

1      2      3      4      5      6      7

## 55. What results has the drug diversion strategy delivered?

Select as many as appropriate

To go soft on drugs	<input type="checkbox"/>	1	Provide treatment for people with drug problems	<input type="checkbox"/>	8
To save money	<input type="checkbox"/>	2	Free up police for more important work	<input type="checkbox"/>	9
Decrease court waiting time	<input type="checkbox"/>	3	Reduce state government involvement	<input type="checkbox"/>	10
An early intervention strategy	<input type="checkbox"/>	4	Provide education to drug users	<input type="checkbox"/>	11
Reflect community values	<input type="checkbox"/>	5	A move towards decriminalisation	<input type="checkbox"/>	12
Harm minimisation	<input type="checkbox"/>	6	Improve relationships with the community	<input type="checkbox"/>	13
Enhance community policing	<input type="checkbox"/>	7	Provide additional funding for health services	<input type="checkbox"/>	14
Other	<input type="checkbox"/>	16	Treat as a health rather than criminal problem	<input type="checkbox"/>	15

56. Do you think appropriate offenders are being diverted?

Never All the time  
 1            2            3            4            5            6            7

57. Who do you think should be diverted?

Select as many as you think appropriate

All drug users	<input type="checkbox"/>	<sup>1</sup>	First time offenders	<input type="checkbox"/>	<sup>4</sup>
Cannabis users	<input type="checkbox"/>	<sup>2</sup>	Juveniles	<input type="checkbox"/>	<sup>5</sup>
Hard drug users	<input type="checkbox"/>	<sup>3</sup>	Suppliers	<input type="checkbox"/>	<sup>6</sup>
Other	<input type="checkbox"/>	<sup>7</sup>	_____		

*Please specify*

58. Taking everything into account, how satisfied were you in the implementation of drug diversion strategies in your state?

Satisfied Dissatisfied  
 1            2            3            4            5            6            7

59. How could the implementation process be improved?

60. What are the strengths of your state's drug diversion strategy?

Strengths:

61. What are the weaknesses of your state's drug diversion strategy?

Weaknesses:

62. What improvements could be made to the drug diversion strategy?

Thank you for your assistance

## Appendix B: Assessment and Treatment Services Survey



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### Tasmanian Institute of Law Enforcement Studies

The Tasmanian Institute of Law Enforcement Studies (TILES), which is part of the University of Tasmania, has received funding from the National Drug Law Enforcement Research Fund (NDLERF) to conduct the evaluation: Enhancing the implementation and management of drug diversion strategies in Australian law enforcement agencies. It takes approximately 20 minutes to complete this survey so your views can be incorporated. A report will be submitted to NDLERF in November 2005, which will include the findings from this survey.

We are interested in finding out the views of counseling and treatment organisations, like yours, on the way that diversion strategies were developed and implemented in your state as well as how the strategy is currently working.

This is an independent evaluation that is assessing the implementation and management of drug diversion strategies and identifying evidence-based good practice. All information collected will be confidential, that is, we will not record you or your organisation's, name on the information that we collect and any data published in reports will not divulge the identity of organisations who choose to participate.

Participation in this project is voluntary. All information collected will remain confidential and you are not required to provide your, or your organisation's, name. The questionnaire responses will only be accessible to the research fellow conducting this evaluation for analysis. Consent to participate in the study is implicit in the return of the completed questionnaire in the attached envelope.

The data from this study will be kept in secure storage for 5 years before being destroyed.

This evaluation has received ethical approval from the Human Research and Ethics Committee (Tasmania) Network. If you have any concerns of an ethical nature, you may contact the Executive Officer of the Human Research and Ethics Committee (Tasmania) Network, Amanda McAully (Ph (03) 6226 2763). If you have any further questions or other concerns please contact:

Research Fellow  
Ms Marnie Bower  
Email: [Marnie.Bower@utas.edu.au](mailto:Marnie.Bower@utas.edu.au)  
Phone: (03) 6226 2739

State	s
Org. no.	16

## Part A: Organisation characteristics

The following questions are about your organisation.

### 1. Position of the person who is completing this survey

Co-ordinator/Manager	<input type="checkbox"/> <sup>1</sup>	Chairperson of the Board	<input type="checkbox"/> <sup>4</sup>
Other staff member	<input type="checkbox"/> <sup>2</sup>	Other member of the Board/collective	<input type="checkbox"/> <sup>5</sup>
Volunteer	<input type="checkbox"/> <sup>3</sup>	Other	<input type="checkbox"/> <sup>6</sup>

*Please specify*

### 2. Did you consult with anyone else when completing this survey?

yes ☐ <sup>1</sup>      no ☐ <sup>2</sup> (go to question 3)



#### 2.1 Who did you consult with?

Management meeting	<input type="checkbox"/> <sup>1</sup>	Consultation with Board/collective	<input type="checkbox"/> <sup>4</sup>
Staff/team meeting	<input type="checkbox"/> <sup>2</sup>	Consultation with staff/volunteers	<input type="checkbox"/> <sup>5</sup>
Board/collective meeting	<input type="checkbox"/> <sup>3</sup>	Other	<input type="checkbox"/> <sup>6</sup>

*Please specify*

### 3. Is this organisation part of a larger organisation?

yes ☐ <sup>1</sup>      no ☐ <sup>2</sup>

### 4. How long has this organisation been operating for?

Year(s):

### 5. Which ONE of the following best describes the services provided by your organisation for drug diversion clients?

Select ONE only

Withdrawal management (detoxification)	<input type="checkbox"/> <sup>1</sup>	Counselling	<input type="checkbox"/> <sup>4</sup>
Support & case management only	<input type="checkbox"/> <sup>2</sup>	Rehabilitation	<input type="checkbox"/> <sup>5</sup>
Information & education only	<input type="checkbox"/> <sup>3</sup>	Assessment only	<input type="checkbox"/> <sup>6</sup>
Other	<input type="checkbox"/> <sup>7</sup>		

*Please specify*

6. Which **ONE** of the following best describes the geographical area covered by the services provided by your organisation?

Select ONE only

All of the state	<input type="checkbox"/>	1	A region or LGA	<input type="checkbox"/>	5
Capital city only	<input type="checkbox"/>	2	Rural/regional centre	<input type="checkbox"/>	6
Capital city & suburbs	<input type="checkbox"/>	3	Rural centre & surrounding area	<input type="checkbox"/>	7
Other urban area	<input type="checkbox"/>	4	Other rural/remote area	<input type="checkbox"/>	8
Other	<input type="checkbox"/>	9			

*Please specify*

7. What type of funding do you receive for drug diversion counselling/treatment provision?

A retainer	<input type="checkbox"/>	1
Service agreement	<input type="checkbox"/>	2
Fee for organisation	<input type="checkbox"/>	3
Other	<input type="checkbox"/>	4

*Please specify*

8. Do you receive funding for activities in addition to those provided through the drug diversion strategy?

yes ☐ <sup>1</sup>      no ☐ <sup>2</sup> (go to question 9)

↓

8.1 What proportion of your budget is provided through the drug diversion strategy?

Percent

8.2 From what other Commonwealth or state government programs do you receive funding?

Please specify source and program area.

9. How many full-time equivalent (FTE) staff does your organisation employ, including administrative staff?

Do not include volunteers

FTE:

10. How many of these full-time equivalent (FTE) staff are employed to work specifically on counseling/treatment provision for the drug diversion strategy?

Do not include volunteers

FTE:

## Part B: Drug diversion clients

The following questions relate to the drug diversion clients who have been referred to your organisation.

11. How many drug diversion clients have been referred to your organisation in the last financial year (2003-04)?

Number:	If your organisation has never had drug diversion clients referred please go to Part C, question 23
---------	---

12. In your view, how effective is the drug diversion referral process?

Please circle the appropriate number

Effective							Ineffective
1	2	3	4	5	6	7	

13. Are there any improvements that could be made to the referral process?

--

14. What percentage of drug diversion clients, referred to your organisation, attended their counselling/treatment appointments in the last financial year (2003-04)?

Percent:
----------

15. What percentage of drug diversion clients, referred to your organisation, are...

Juveniles (16 and under)		(Percent)
Youth (17-25)		(Percent)
Adult (26+)		(Percent)
<b>Total</b>	<b>100%</b>	



**16. What percentage of drug diversion clients, referred to your organisation are...**

Aborigines or Torres Strait Islanders	<input type="text"/>	(Percent)
From a Non-English Speaking Background	<input type="text"/>	(Percent)
Homeless	<input type="text"/>	(Percent)
Have a mental illness	<input type="text"/>	(Percent)

**17. What percentage of drug diversion clients, referred to your organisation, are ...**

Male	<input type="text"/>	(Percent)
Female	<input type="text"/>	(Percent)
Total	100%	

**18. Overall, how would you rate the willingness of the target group to be diverted?**

Willing						Not willing
1	2	3	4	5	6	7

**19. Overall, how would you rate the willingness of the target group to participate in treatment?**

Willing						Not willing
1	2	3	4	5	6	7

**20. Do drug diversion clients referred to your organisation ever seem embarrassed?**

Never						Always
1	2	3	4	5	6	7

**21. Who do you think should be diverted?**

Select as many as you think appropriate

All drug users	<input type="checkbox"/>	1	First time offenders	<input type="checkbox"/>	4
Cannabis users	<input type="checkbox"/>	2	Juveniles	<input type="checkbox"/>	5
Hard drug users	<input type="checkbox"/>	3	Suppliers	<input type="checkbox"/>	6
Other	<input type="checkbox"/>	7			

*Please specify*

**22. Do you think appropriate drug users are being diverted?**

Never						All the time
1	2	3	4	5	6	7

**22.2 Why are/are not appropriate drug users diverted?**

## Part C: Implementation of the drug diversion strategy

The following questions relate to your perceptions on the process that was used to implement drug diversion strategies in your state.

23. How appropriate are your state's drug diversion strategies for your local area? How appropriate are your state's drug diversion strategies for your local area?

Please circle the appropriate number

Appropriate

Not appropriate

1      2      3      4      5      6      7

24. Why do you think the diversion strategies are or are not appropriate for your local area?

25. How adequate were the resources provided to your organisation to implement the drug diversion strategy?

Please circle the appropriate number

Adequate

Inadequate

Don't know

1      2      3      4      5      6      7      8

26. How adequate are the resources provided to your organisation to administer the drug diversion strategy?

Please circle the appropriate number

Adequate

Inadequate

1      2      3      4      5      6      7

**27. What is the purpose(s) of the drug diversion strategy?**

Select as many as appropriate

- |                                |                             |   |                             |
|--------------------------------|-----------------------------|---|-----------------------------|
| To go soft on drugs            | <input type="checkbox"/> 1  | Provide treatment for people with drug problems | <input type="checkbox"/> 8  |
| To save money                  | <input type="checkbox"/> 2  | Free up police for more important work          | <input type="checkbox"/> 9  |
| Decrease court waiting time    | <input type="checkbox"/> 3  | Reduce state government involvement             | <input type="checkbox"/> 10 |
| An early intervention strategy | <input type="checkbox"/> 4  | Provide education to drug users                 | <input type="checkbox"/> 11 |
| Reflect community values       | <input type="checkbox"/> 5  | A move towards decriminalisation                | <input type="checkbox"/> 12 |
| Harm minimisation              | <input type="checkbox"/> 6  | Improve relationships with the community        | <input type="checkbox"/> 13 |
| Enhance community policing     | <input type="checkbox"/> 7  | Provide additional funding for health services  | <input type="checkbox"/> 14 |
| Other                          | <input type="checkbox"/> 16 | Treat as a health rather than criminal problem  | <input type="checkbox"/> 15 |

**28. Do you think the drug diversion strategies have met this purpose(s)?**

Please circle the appropriate number

Not at all Completely

1      2      3      4      5      6      7

**29. What results has the drug diversion strategy delivered?**

Select as many as appropriate

- |                                |                             |   |                             |
|--------------------------------|-----------------------------|---|-----------------------------|
| To go soft on drugs            | <input type="checkbox"/> 1  | Provide treatment for people with drug problems | <input type="checkbox"/> 8  |
| To save money                  | <input type="checkbox"/> 2  | Free up police for more important work          | <input type="checkbox"/> 9  |
| Decrease court waiting time    | <input type="checkbox"/> 3  | Reduce state government involvement             | <input type="checkbox"/> 10 |
| An early intervention strategy | <input type="checkbox"/> 4  | Provide education to drug users                 | <input type="checkbox"/> 11 |
| Reflect community values       | <input type="checkbox"/> 5  | A move towards decriminalisation                | <input type="checkbox"/> 12 |
| Harm minimisation              | <input type="checkbox"/> 6  | Improve relationships with the community        | <input type="checkbox"/> 13 |
| Enhance community policing     | <input type="checkbox"/> 7  | Provide additional funding for health services  | <input type="checkbox"/> 14 |
| Other                          | <input type="checkbox"/> 16 | Treat as a health rather than criminal problem  | <input type="checkbox"/> 15 |

**30. Has your organisation ever been a member of the illicit drug diversion state reference group?**yes ☐ 1      no ☐ 2 (go to question 31)**30.1 Are you currently a member of the illicit drug diversion state reference group?**yes ☐ 1      no ☐ 2

**31. In your opinion, how effective is the illicit drug state reference group?**

Effective

1

2

3

4

5

Ineffective

6

7

**32. Do you think your organisation should be consulted when there are government changes to drug policy?**

yes ☐ <sup>1</sup>

no ☐ <sup>2</sup>

**33. Was your organisation consulted on its views when drug diversion strategies were developed in your state?**

yes ☐ <sup>1</sup>

no ☐ <sup>2</sup> (go to question 34)

**33.1 How was your organisation consulted?**

**33.2 How effective was the consultation process?**

Please circle the appropriate number

Effective

1

2

3

4

5

Ineffective

6

7

**33.3 Rate the level of involvement of your organisation in the development of the drug diversion strategy in your state.**

Low

1

2

3

4

5

High

6

7

**33.4 Was the consultation held at an appropriate time in relation to when the drug diversion strategy was implemented?**

Too soon

1

2

3

4

5

Too late

6

7

34. How often did your organisation receive information on the proposed changes before drug diversion strategies were implemented?

All of the time ☐ 1  
 Most of the time ☐ 2  
 Some of the time ☐ 3  
 Occasionally ☐ 4  
 Never ☐ 5 (go to question 35)

**34.1 Through which of the following methods did your organisation receive information on the proposed changes?**

Select as many as appropriate

Formal consultation <input type="checkbox"/> 1	Other staff member <input type="checkbox"/> 7
Newsletter <input type="checkbox"/> 2	The media <input type="checkbox"/> 8
Team meeting <input type="checkbox"/> 3	State Health & Human Services <input type="checkbox"/> 9
Immediate supervisor <input type="checkbox"/> 4	Commonwealth Health & Ageing <input type="checkbox"/> 10
Police <input type="checkbox"/> 5	Other <input type="checkbox"/> 11

*Please specify*

**34.2 How would you rate the usefulness of the information your organisation received?**

Useful					Not useful	
1	2	3	4	5	6	7

**34.3 Was the information provided at an appropriate time in relation to when the drug diversion strategy was implemented?**

Too soon					Too late	
1	2	3	4	5	6	7

35. Was there a dedicated person/team/work-unit who was responsible for implementing drug diversion strategies in your state?

yes ☐ 1  
 no ☐ 2 (go to question 31)  
 Don't know ☐ 3

**35.1 What person/team/work-unit was responsible for drug diversion implementation?**

**35.2 How available were they to answer your organisation's questions?**

Always available					Never available	
1	2	3	4	5	6	7

36. What level of support did your organisation receive when the drug diversion strategy was first implemented?

Low

High

1      2      3      4      5      6      7

37. What is the current level of support your organisation receives for administering the drug diversion strategy?

Low

High

1      2      3      4      5      6      7

38. How many staff from your organisation have attended training as part of the implementation of drug diversion strategies in your state?

Number:

If none go to question 39

**38.1 How long has it been since staff last attended drug diversion training?**

In the last 3 months ☐ <sup>1</sup>18 months ☐ <sup>4</sup>6 months ☐ <sup>2</sup>2 years ☐ <sup>5</sup>1 year ☐ <sup>3</sup>Over 2 years ☐ <sup>6</sup>

**38.2 What type of drug diversion training have they attended?**

**38.3 How appropriate was the information provided?**

Appropriate

Inappropriate

1      2      3      4      5      6      7

**38.4 Was the training held at an appropriate time in relation to when the drug diversion strategy was implemented?**

Too soon

Too late

1      2      3      4      5      6      7

**38.5 How could drug diversion training be improved?**

**38.6 Have staff been able to use the knowledge and skills from drug diversion training in your organisation?**

yes ☐ <sup>1</sup> (go to question 39) no ☐ <sup>2</sup>

**38.6.1 Why haven't staff used the skills and knowledge from this training in your workplace?**

Select as many as appropriate

Not appropriate to current service	<input type="checkbox"/> <sup>1</sup>	Situation has not occurred	<input type="checkbox"/> <sup>4</sup>
Not supported by senior employees	<input type="checkbox"/> <sup>2</sup>	Don't have the guidelines	<input type="checkbox"/> <sup>5</sup>
Need more training	<input type="checkbox"/> <sup>3</sup>	Lack of resources	<input type="checkbox"/> <sup>6</sup>
Other	<input type="checkbox"/> <sup>7</sup>		

*Please specify*

**39. How would you rate the paper-work for drug diversions?**

Easy

Hard

1      2      3      4      5      6      7

**40. Are you required to provide drug diversion data for your organisation to any of the following ...**

Select as many as appropriate

Australian Institute of Health & Welfare (AIHW)	<input type="checkbox"/> <sup>1</sup>
Commonwealth Department of Health & Ageing	<input type="checkbox"/> <sup>2</sup>
State health department	<input type="checkbox"/> <sup>3</sup>
State police department	<input type="checkbox"/> <sup>4</sup>
State reference group	<input type="checkbox"/> <sup>5</sup>
Non-government organisation	<input type="checkbox"/> <sup>6</sup>
Other	<input type="checkbox"/> <sup>7</sup>

*Please specify*

**41. From which of these organisations do you receive organisational/state/national comparative data on drug diversion?**

Select as many as appropriate

Australian Institute of Health & Welfare (AIHW)	<input type="checkbox"/> <sup>1</sup>
Commonwealth Department of Health & Ageing	<input type="checkbox"/> <sup>2</sup>
State health department	<input type="checkbox"/> <sup>3</sup>
State police department	<input type="checkbox"/> <sup>4</sup>
State reference group	<input type="checkbox"/> <sup>5</sup>
Non-government organisation	<input type="checkbox"/> <sup>6</sup>
Other	<input type="checkbox"/> <sup>7</sup>

*Please specify*

42. How useful is the data you have received?

Not useful					Very useful	
1	2	3	4	5	6	7

43. Taking everything into account, how satisfied were you in the implementation of drug diversion strategies in your state?

Satisfied					Dissatisfied	
1	2	3	4	5	6	7

44. How could the implementation process be improved?

45. What are the strengths of your state's drug diversion strategy?

Strengths:



**46. What are the weaknesses of your state's drug diversion strategy?**

Weaknesses:

**47. What improvements could be made to your state's drug diversion strategy?**

## Part D: Perceptions of police attitudes

The following questions relate to your perceptions on police behaviour and attitudes towards drug diversion strategies.

48. Do you have contact with police in the delivery of your organisation's services?

yes ☐ <sup>1</sup>

no ☐ <sup>2</sup>

49. Since drug diversion strategies have been implemented do you think police officers have more or less discretion in dealing with drug offenders?

Less

More

Don't know

1

2

3

4

5

6

7

8

50. Currently, how much discretion do you think police officers have in deciding which drug users to divert?

None

Total

Don't know

1

2

3

4

5

6

7

8

51. In what ways do you think police officers use this discretion?

**52. To what extent do you believe the characteristics of clients influence police behaviour with regard to diversion?**

	To a large extent					Not at all		Don't know
	1	2	3	4	5	6	7	8
Gender								
Behaviour & attitudes								
Sexual orientation								
Ethnicity								
Age								
Disability								

**53. In your opinion, have police officers become more or less supportive of alternative treatments since drug diversion strategies were introduced?**

Please circle the appropriate number

Less supportive				More supportive				Don't know
1	2	3	4	5	6	7	8	

**Thank you for your assistance**

## Appendix C

### Field Interview Guide

#### Tasmanian Institute of Law Enforcement Studies

#### NDLERF Evaluation Drug Diversion Initiative

July 2005

##### 1. Demographic characteristics

State	Gender	Rank	Age	Length of service
1. SA	1. Male	1. Constable	(years)	(years)
2. TAS	2. Female	2. Sergeant		
3. VIC		3. Inspector		
		4. Commander		
		5. Unsworn		
Area	Specialist unit			
1. Rural	1. Drug squad			
2. Urban	2. Drug Action Team			
3. Capital city	3. Other			

---

##### 2. Did you attend training on drug diversion?

1. yes      2. no

What type of training was this?

Was it useful? (Why or why not)

**3. Have you diverted any drug users?**

1. yes      2. no

Number of offenders you have diverted:

What types of offenders? (e.g. types of drugs, age, ethnic group)

Do the attitudes of offenders affect your decision to divert?

1. yes      2. no

If yes, in what way?

**4. What are the procedures for a drug diversion?****5. Do you always follow the procedures? (why or why not)**

1. yes      2. no      3. sometimes

**6. Do you have adequate resources and information to divert a drug offender?**

1. yes      2. no      3. sometimes

What resources or information would assist you?

**7. Do you have discretion in who you divert?**

1. yes      2. no      3. sometimes

How do you use this discretion?

**8. Does your supervisor support the drug diversion initiative?**

1. yes      2. no      3. sometimes      4. Don't know

How does this affect you?

9. What do you think is the aim(s) of the drug diversion initiative?

Is this aim(s) realistic?

Is this aim(s) being met?

10. What are your attitudes toward drug users?

11. What are the strengths of the drug diversion initiative?

12. What are the weaknesses of the drug diversion initiative?

## Appendix D Information Sheet



### Tasmanian Institute of Law Enforcement Studies (TILES)

#### Enhancing the Implementation and Management of Drug Diversion Strategies in Australian Law Enforcement Agencies

##### INFORMATION SHEET

**Chief Investigator:** Professor Aynsley Kellow, Interim Director of the Tasmanian Institute of Law Enforcement Studies and Head of the School of Government at the University of Tasmania. If you require further information relating to the study or have any questions please contact the following investigators:

Dr Robert Hall  
Email: [H.R.Hall@utas.edu.au](mailto:H.R.Hall@utas.edu.au)  
Phone: (03) 6226 2319

Professor Aynsley Kellow  
Email: [Aynsley.Kellow@utas.edu.au](mailto:Aynsley.Kellow@utas.edu.au)  
Phone: (03) 6226 7895

We would like to invite your participation in research evaluating the drug diversion strategy employed by your Service.

You will be asked to be involved in a survey and/or interview which will explore your experience with the operation of the strategy. We can assure you of total confidentiality. While Tasmania/Victoria/South Australia Police support the project in principle, it is being undertaken independently of them.

The aim of the project is to assess how the drug diversion strategies in Victoria, South Australia and Tasmania have been implemented and managed. It seeks to identify those factors that have facilitated or impeded the implementation of these diversionary initiatives.

Your participation in the study will contribute to a greater understanding of this particular implementation process and the development of evidence-based good practices that will, in the future, foster more effective outcomes for all involved.

Your survey responses will not be identifiable – for the purpose of the study you will remain anonymous. The survey responses will be kept at the Tasmanian Institute of Law Enforcement Studies at the University of Tasmania in locked cabinets and secure servers. After 5 years, this material will be destroyed.



If subsequently interviewed, your identity will be known only to the interviewer. All references in reports of the study will be numbered officers and cases.

It is important that you understand that your participation in the study is entirely voluntary and that if you so decide, you can withdraw at any time without prejudice.

The study has received ethical approval from the Southern Tasmania Social Sciences Human Research Ethics Committee. If you have any concerns of an ethical nature or complaints about the manner in which the study is conducted, you may contact the Chair or Executive Officer of the Committee:

Chair: A/Professor Gino DalPont (6226 2078)  
Executive Officer: Amanda McAully (6226 2763)

Results of the investigation will form the basis of a report which will inform future law enforcement.

Would you like to be informed of the results?      Yes ☐ No ☐

You will be given copies of the information sheet and the statement of informed consent to keep.

.....

Professor Aynsley Kellow  
Chief Investigator

Date: .....

## Appendix E

### Consent Form

#### Tasmanian Institute of Law Enforcement Studies (TILES)

#### Enhancing the Implementation and Management of Drug Diversion Strategies in Australian Law Enforcement Agencies

#### CONSENT FORM

- 
1. I have read and understood the 'Information Sheet' for this study.
  2. The nature and possible effects of the study have been explained to me.
  3. I understand that the study involves face-to-face interviews.
  4. I understand that all research data will be securely stored on the University of Tasmania premises for a period of 5 years. The data will be destroyed at the end of 5 years.
  5. Any questions that I have asked have been answered to my satisfaction.
  6. I agree that research data gathered for the study may be published provided that I cannot be identified as a subject.
  7. I agree to participate in this investigation and understand that I may withdraw at any time without prejudice.

Name of Participant: .....

Signature of Participant: ..... Date: .....

- 
8. I have explained this project and the implications of participation in it to this volunteer and I believe that the consent is informed and that he/she understands the implications of participation.

Name of Investigator: .....

Signature of Investigator: ..... Date: .....