Illicit Drugs Initiative

AidWorks Initiative Number ING115

INDEPENDENT COMPLETION REPORT

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Aid Activity Summary

Aid Activity Name			
AidWorks initiative number	ING115, activity number 09A217.		
Commencement date	2006	Completion date	March 2009
Total Australian $	Up to AUD$4 million		
Other funds	UNODC projects were also supported by Italy, USA, Japan, Sweden and Luxembourg in relation to additional outputs and additional countries. Australian implementers and their counterparts also provided some co-funding and in-kind contributions.		
Delivery organisations	United Nations Office on Drugs and Crime (UNODC); Macfarlane Burnet Institute; Drug and Alcohol Services South Australia; Turning Point Alcohol and Drug Centre		
Implementing Partner(s)	**Regional:** WHO WPRO, UNODC Regional Centre EAP (Bangkok) **Burma**: Central Committee for Drug Abuse Control; WHO Myanmar; Ministry of Health **Cambodia**: National Authority for Combating Drugs, Ministry of Health, Friends International **Thailand**: Office of the Narcotics Control Board, Chiang Mai Drug Dependence Treatment Centre, Chiang Mai University Northern Substance Abuse Centre, Ministry of Public Health, Friends International **Vietnam**: National Committee on AIDS, Standing Office on Drugs Control, Ministry of Labour, Invalids and Social Affairs **Lao PDR**: National Commission for Drugs Control and Supervision, UNODC Country Office, Lao Youth Union, Lao University **China:** National Narcotics Control Commission, Shanghai Drug Treatment Centre, UNODC Country Program Office, Yunnan Institute on Drug Abuse		
Country/Region	Burma, Cambodia, Thailand, Vietnam, Lao PDR and China		
Primary Sector/s	Law and Justice / Health		

ACRONYMS

ACCORD	ASEAN and China Cooperative Operations in Response to Dangerous Drugs
AFP	Australian Federal Police
ANCD	Australian National Council on Drugs
AOD	Alcohol and Other Drugs
APAIC	Asia Pacific ATS Information Centre
ATS	Amphetamine Type Substance / Amphetamine Type Stimulant
CDC	US Centers for Disease Control
DASSA	Drug and Alcohol Services South Australia
GMS	Greater Mekong Subregion
HAARP	AusAID HIV/AIDS Asia Regional Program
IDI	Illicit Drugs Initiative
M&E	Monitoring and evaluation
MDGs	Millennium Development Goals
MMT	Methadone Maintenance Therapy
MOLISA	Viet Nam Ministry of Labour, Invalids and Social Affairs
MoU	Memorandum of Understanding
OST	Opioid Substitution Therapy
RTCU	HAARP Regional Technical Cooperation Unit
SMART	Global Synthetics Monitoring: Analyses, Reporting and Trends
STI	Sexually Transmitted Infection
TNA	Training Needs Assessment and Analysis
ToT	Training of Trainers
UNGASS	UN General Assembly Special Session
UNODC	UN Office of Drugs and Crime
WPQ	Work Performance Questionnaire
YIDA	Yunnan Institute for Drug Abuse

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IDI Projects

PROJECT 1. Toolkit for opioid dependence treatment and rehabilitation, and related HIV prevention. An integrated planning training implementation guide.	Drug and Alcohol Services South Australia
PROJECT 2. Regional ATS use: building research capacity to inform public health interventions.	Macfarlane Burnet Institute for Medical Research and Public Health
PROJECT 3. Building & sustaining training capacity for an alcohol and other drug workforce in South East Asia.	Turning Point Alcohol and Drug Centre
PROJECT 4. A capacity building regional initiative to increase the quality and penetration of substitution therapy for opioid dependence treatment in Asia.	Turning Point Alcohol and Drug Centre
PROJECT 5. Workforce development & local capacity building for improved drug treatment and HIV prevention among drug users.	UNODC Vietnam Office
PROJECT 6. Improving ATS data and information systems.	UNODC Regional Office
PROJECT 7. Regional co-operative mechanism to monitor and execute the ACCORD Plan of Action.	UNODC Regional Office
PROJECT 8. Improving access for young people with ATS abuse to effective treatment.	UNODC Regional Office

Evaluation Criteria Ratings

Evaluation Criteria	Rating (1-6)
Relevance	5
Effectiveness	4-5
Efficiency	4
Sustainability	3-4
Gender Equality	3
Monitoring & Evaluation	3
Analysis & Learning	5

6 = very high quality; 5 = good quality; 4= adequate quality; below 4 is less than satisfactory.

Executive Summary

The Illicit Drugs Initiative (IDI) goal was to strengthen regional responses to the development impacts of illicit drugs. IDI comprised eight projects in South East Asia and China, with the purpose of supporting regional and cross border linkages for organisations engaged in reducing the development impacts of drugs. Implementers were UNODC, three Australian technical organisations and local partners.

Three projects focused on responses to the escalating use of Amphetamine Type Stimulants (ATS), which has emerged as a significant health and security issue for the Asia region over the last decade. Two projects focused on opioid substitution therapy (OST) as an evidence-based approach to managing heroin dependency and preventing HIV transmission. One project included activities relating to use of licit drugs (alcohol, inhalants), reflecting the need for greater consistency in policy and program responses to the spectrum of illicit and licit drug use issues. All projects included capacity building activities.

IDI was moderately successful in achieving its objectives. Factors contributing to success included:

- innovative, strategically targeted interventions that influenced key institutions and senior officials;
- a regional focus, which helped to maximise the geographic reach of outputs and enabled sharing of lessons and promotion of best practice through training, management tools and service standards;
- a focus on using and promoting evidence based approaches;
- application of a broad range of capacity development approaches: participatory learning, training of trainers, mentoring and professional exchange, accreditation, strengthening national and provincial systems, initiating and developing regional partnerships and professional networks.

Factors that impeded IDI from more fully attaining its goal and objectives included:

- small scale of funding with short project timeframes, with no certainty of funding beyond two years;
- inconsistency regarding extent of counterpart government support for demand reduction and harm reduction approaches, rather than the dominant law enforcement approach;
- opportunities for collaboration between projects were not fully realised; and
- a climate of political instability, which interrupted activities in Burma and Thailand.

Key results

IDI was timely in that some IDI countries were actively debating their responses to drug use during the project period (e.g. Cambodia and Vietnam). Some countries were still wavering in their support for harm reduction during the project period. There was an opportunity to significantly influence new policies and programs. It was strategic to include China in IDI, as it is increasingly able to provide leadership to the region in areas such as methadone maintenance. IDI made good progress in addressing politically sensitive drug treatment and harm reduction issues. Despite the short timeframe and uncertain political environments, results were achieved at country and regional levels particularly in relation to (i) research and capacity building to inform improved responses to ATS; (ii) capacity building of the alcohol and other drugs (AOD) workforce; and (iii) promoting OST service standards, workforce capacity development and program governance tools.

IDI improved counterparts' understanding of drug treatment and harm reduction options, and focused attention to overarching program governance issues and the importance of professional development for the drugs sector. IDI laid the foundations for longer term capacity development in the use of evidence-based approaches.

IDI also supported some regional supply reduction activities, particularly sharing of operational intelligence by police. Although there are inherent tensions in incorporating policing and harm reduction activities within the one Initiative framework, relationships were developed that allowed implementers to learn from each other's perspectives and to consider the role of law enforcement as partners in harm minimisation programs. These relationships helped gain the support of national drug control agencies to the full spectrum of IDI activities. It was more difficult to demonstrate a direct link between IDI anti-

trafficking activities and the IDI goal of the reduction of the development impacts of drugs, as compared to treatment programs and harm reduction approaches that directly improve health outcomes.
IDI was intended to explore new approaches in a field that AusAID had otherwise only addressed in the context of HIV prevention. IDI delivered a more comprehensive response to drugs and development than had previously been possible in HIV programs. The six IDI countries benefited from being exposed to Australia's comprehensive response to drug use, which provides a model for the region because it addresses licit and illicit drugs, encompasses the three pillars of harm reduction, supply reduction and demand reduction, and is evidence-based.

IDI was too short in duration to be able to report with any certainty on impact. There are early indications that IDI will result in some enduring outcomes, including systemic improvements in national OST programs, improved ATS responses and AOD workforce capacity development. Some outcomes are likely to flow beyond the six IDI focus countries. The AOD workforce training is being implemented nationally by Thailand, which can provide a model for the Asia region. IDI outputs (Training Needs Analysis and Governance Toolkit) are informing Cambodia's new national drug treatment strategy and OST program. The OST Governance Toolkit is being disseminated to 15 Asian countries and has been championed by Vietnam's Deputy Prime Minister. The Training Needs Analysis, methadone standards and OST governance have potential for flow-on benefits to China's entire national OST program. This will support China in providing technical leadership to the region.

Ratings

In relation to quality of delivery, IDI was rated as of good or adequate quality in terms of relevance, effectiveness, efficiency and analysis and learning. Attention to sustainability was rated as borderline between unsatisfactory and adequate, as this varied considerably between projects and was impeded by the short timeframe. IDI was rated as less than satisfactory in relation to gender equality and monitoring and evaluation. There was no consistent approach to these aspects in the design and management of IDI as a whole. With few exceptions, gender and M&E issues were addressed poorly in the project reports.

Lessons and recommendations

IDI demonstrated that a regional project can deliver benefits in promoting common approaches to training, accreditation, service standards, program governance, comparative research and information exchange. Regional responses have potential for cost efficiencies (sharing lessons and avoiding duplication), can address cross-border issues and be responsive to regional trends and emerging issues.

AusAID should engage in dialogue with like-minded donors (e.g. DFID, Netherlands), UNODC and WHO as to how to further promote a comprehensive response to drugs and development. Australia should advocate for donors to coordinate support for programs that encompass licit and illicit drugs, and utilize a capacity development approach so that countries in the region can increasingly lead the agenda. The drugs sector is one in which Australia has a distinct comparative advantage. AusAID should explore how Australia can continue to provide technical leadership working with Asian partners.

Within this donor dialogue, strengthening the ATS response should be a priority. There is an urgent need for further work on ATS treatment and prevention in Asia including harm reduction approaches and research on ATS use to inform policies and programs. This needs to be within a broader context than the HIV implications of ATS, and should position law enforcement bodies as partners in harm reduction.

In relation to injecting drug use, it is recommended that AusAID incorporate regional activities on OST service quality and workforce development into the regional workplan of AusAID's HIV/AIDS Asia Regional Program (HAARP), utilising key IDI outputs including the Governance Toolkit, Methadone Maintenance Standards Framework, Training Needs Analyses and OST Training Modules.

It is recommended that AusAID explore technical and research partnerships with China to support its regional leadership on MMT and to develop China's capacity in other treatment and harm reduction approaches, building on existing partnerships between Australian and Chinese institutions. This recognizes China's emerging role as a donor and potential to be a provider of technical assistance to Asia.

At a policy level, Australia needs to continue to advocate for harm reduction and evidence-based responses in such fora as Commission on Narcotic Drugs, UNAIDS Programme Coordinating Board, UN Economic and Social Council and the UN Regional Taskforce on HIV and Injecting Drug Use.

1.0 Introduction

The Illicit Drugs Initiative (IDI) goal was to *strengthen regional responses to the development impacts of illicit drugs.* The purpose was to enhance regional and cross-border linkages for organisations engaged in reducing the development impacts of illicit drugs. IDI provided up to $4 million in grants for projects with a focus on six countries (China, Thailand, Vietnam, Lao PDR, Cambodia and Burma). Proposals were invited for funding of up to two years, with an emphasis on building regional links, technical assistance and training.

Funding was decided by a panel comprising AusAID, ANCD and AFP. Eight projects were funded to the sum of $3,497,514 (Annexure 4). Four projects were implemented by UNODC and four by Australian technical organisations. A ninth project was successful in the grant round but did not proceed (UNODC: MMT in compulsory drug rehabilitation centres). Six projects completed in 2008. One UNODC project and the Burnet Institute[1] project were extended and completed in early 2009.

Proposals were required to meet the following criteria:

(i) support regional linkages through information exchange, sharing experiences and best practices, joint training or other suitable approaches between national and/or regional agencies;
(ii) articulate objectives consistent with national and/or regional drug policies or strategies, where these exist, or support the development of same; and
(iii) support multi-sectoral approaches.

Three priorities were identified:

(i) advocacy and support for regional expansion of effective drug treatment and rehabilitation approaches to improve uptake of treatment and reduce recidivism;
(ii) developing capacity for data collection and sharing, or joint research capacities of national drug control agencies and/or key regional organizations for assessment of development impacts;
(iii) reducing development impacts of the illicit manufacture, trade and abuse of ATS.

Evaluation questions and methods

An Independent Completion Report was requested to assess performance, lessons learnt and to provide feedback to implementers, making reference to (i) quality of Final Reports; (ii) extent to which outputs have been completed and objectives met; (iii)changes to the original objectives and implementation methods; (iv)treatment of risk and the risk management strategy adopted; (v) successes; (vi) any positive and negative impacts and how they were assessed and managed; (vii) sustainability strategy and likely sustainability; (viii) identification of lessons learned; and (ix) contribution to poverty reduction.

This evaluation was conducted as a desk review in March 2009. Interviews were conducted with staff of the Australian implementers (Annexure 3). As primarily a desk review, the evaluation relied on the accuracy of the information provided in the implementers' reports. Validation of the self-reported performance data provided in the Final Reports and in interviews was restricted to review of a selection of key materials produced. The report is to be discussed with implementers at an AusAID workshop.

[1] Macfarlane Burnet Institute for Medical Research and Public Health ('Burnet Institute').

2.0 Evaluation findings: Overall observations

2.1 Relevance to AusAID policy and strategies

IDI was highly relevant to Australian Government policy. IDI was consistent with the *National Drugs Strategy 2004-2009,* which identifies the need for international cooperation to reduce drug demand and associated harms in Asia. The *National Drugs Strategy* provides the basis for integrated and coordinated action within and across jurisdictions to meet targets to reduce drug demand set by the UNGASS on Drugs.[2] IDI was a whole of government initiative involving ANCD and AFP, but managed by AusAID. IDI was consistent with the *National Drugs Strategy* in that it incorporated elements of the three pillars that underpin the Strategy (supply reduction, demand reduction and harm reduction), it emphasised evidence-based approaches, and addressed illicit drugs as well as licit drugs.

IDI was highly relevant to the AusAID *Asia Regional Strategy 2005-2009*. IDI was a regional initiative under the *Asia Regional Strategy* and aligned closely with the Strategy's objective of improving regional responses to transboundary development challenges, including drug control and HIV. IDI was also highly relevant to Australia's *International HIV/AIDS Strategy.*[3] Five of the eight IDI projects had an explicit HIV prevention component.[4] The reduction of the risk of HIV transmission associated with injecting drug use is one of the priorities for action of the *International HIV/AIDS Strategy*. IDI also contributed to meeting the commitments made at the 1998 UNGASS on Drugs by Australia and the other members of the UN to achieving significant and measurable results in demand reduction.[5] The IDI projects that supported the scale up of OST services also contributed to the commitments made by Australia and Asian countries to universal access to HIV prevention including harm reduction at the 2006 UNGASS on HIV/AIDS.[6]

IDI Project 2 (ATS research) was consistent with the *AusAID Research Strategy 2008-2010,* which commits AusAID to a research program that informs policies and programs and builds research capacity.

A cross-cutting theme of the aid program is reduction of corruption. IDI supported this theme, by promoting demand reduction through evidence based treatment. Reduction of demand for illicit drugs is likely to reduce opportunities for corruption, which is closely linked to black market drugs.[7]

2.2 Contribution to poverty reduction

IDI was premised on the assumption that drug use, economic development and poverty in Asia are linked, although the dynamics are not well researched.[8] It is problematic to attempt to identify specific poverty reduction outcomes as a result of short term projects of this nature. However, assuming some level of ongoing support for capacity building from national budgets and donors, the outputs produced by IDI have reasonable prospects of making a contribution to poverty reduction in the GMS and China.

Drug use affects worker productivity and undermines the health and wealth of individuals, households and communities. Indirectly, drug use undermines the potential of states to achieve the MDGs.[9] AusAID and other donors that are funding transport infrastructure and power in the GMS have a responsibility to understand and mitigate the harmful social impacts of rapid change and the opening of new markets. Drug use is associated with rapid development, as the drug trade expands in parallel to increased trade in other goods and services. Young people experiencing social dislocation by reason of the rapid pace of

[2] *Australia's National Drugs Strategy 2004-2009* p.13.
[3] *Meeting the Challenge, Australia's International HIV/AIDS Strategy*, AusAID, 2004 (superseded by *Intensifying the Response: Halting the spread of HIV,* AusAID 2009, which also gives priority to HIV associated with injecting drug use in Asia).
[4] Projects 1, 2, 3, 4, 5, had strong HIV prevention content.
[5] United Nations General Assembly Special Session on Drugs *Political Declaration* 1998.
[6] United Nations General Assembly Special Session on HIV/AIDS *Political Declaration* 2006.
[7] See e.g. Z Othman. Myanmar, Illicit Drug Trafficking and Security Implications, *Akademika* 65, July 2004 p.27..
[8] See e.g. *Illicit Drugs and Development: Critical Issues for Asia and the Pacific: Policy Round Table Discussions and Recommendations*, ANU, Canberra, 2005.
[9] See e.g. M Singer. Drugs and development: the global impact of drug use and trafficking on social and economic development *International Journal of Drug Policy*, Volume 19*,* Issue 6*,* December 2008, pp 467-478.

development, migrant workers and other mobile populations including sex workers and their clients make up markets for licit and illicit drugs.

Given the IDI focus on capacity building, poverty reduction impacts will only be realised in the medium to long term. Drug users in the IDI countries are often socio-economically disadvantaged. The Turning Point *Six Nation Situation Analysis* found that unemployed persons, street children, sex workers, prisoners and seasonal migrant populations have high rates of drug use.[10] The content of key IDI outputs are sensitive to social contexts of client disadvantage and have equipped workers to better address the needs of poor clients, for example:

- the OST *Governance Toolkit* (Project 1) refers to addressing needs of clients who are homeless, unemployed or experiencing family rejection,[11] and the needs of prisoners;
- a significant proportion of youth surveyed in the ATS research studies were unemployed or manual labourers (Project 2);
- the *Basic Addiction Training Package* (Project 3) sensitises workers to stigma issues, addresses psychosocial issues for low income patients and practical measures such as 'take away' doses of methadone for clients who have difficulty with travel to clinics;
- the *MMT Standards Framework* (Project 4) requires clinics to offer psycho-social support, referral and ongoing assessment of clients' social reintegration including employment and vocational training.[12]

In areas such as data exchange in relation to policing of ATS supply (Project 6) and implementing the law enforcement priorities of the ACCORD Plan of Action (Project 7) there was not as clear a link to poverty reduction outcomes, and analysis of development impacts was absent. The causal connection between anti-trafficking measures and poverty reduction is weaker or more remote than treatment and rehabilitation programs that directly improve health outcomes for poor drug users.

2.3 Effectiveness

IDI was moderately successful in strengthening regional responses to the development impacts of illicit drugs. Effectiveness was constrained by the short term nature of the Initiative, lack of certainty regarding future funding and the small scale of funding available for each project.

The eight IDI projects had the following objectives:

(1) Development of best practice drug substitution treatment for opioid dependence and related HIV prevention in areas of high prevalence and risk of opioid use and associated injecting (DASSA);
(2) To improve the body of knowledge in the region regarding ATS use (Burnet Institute);
(3) To develop the capacity of drug treatment organizations and staff to provide effective drug treatment through regional education and training opportunities (Turning Point);[13]
(4) Build capacity for sustainable, high quality and effective opioid substitution therapy for opiate dependence to enhance the regional response to opioid dependence (Turning Point).
(5) Improved effectiveness of drug treatment in Vietnam, Lao PDR and China (UNODC Vietnam);
(6) Infrastructure established for better understanding patterns of ATS use in the region and for exchanging data on ATS abuse prevention and control (UNODC Regional Office);
(7) To increase national, sub-regional and regional capacities for cooperation and collaboration by monitoring progress made by participating countries in implementing the goals and targets of the ACCORD Plan of Action (UNODC Regional Office);
(8) Comprehensive good practice treatment accessible and provided to young people with ATS abuse (UNODC Regional Office).

IDI achieved some progress in respect of all eight objectives, although with variable outcomes. Significant outcomes are likely to flow from Projects 1, 2,3, and 4 as a result of (i) research and capacity building to

[10] B Smith, J Hayter *Six Nation Situation Analysis and Training Needs Analysis* Turning Point, Melbourne 2008 pp. 41, 60.
[11] Toolkit on Governance of Opioid Agonist Medication Treatment, DASSA, Adelaide 2008, p.17.
[12] MMT Standards Framework: Final Report, Turning Point and YIDA, 2008 pp.18-20.
[13] Turning Point Alcohol and Drug Service ('Turning Point').

inform responses to ATS use; (ii) capacity building of the AOD workforce; and (iii) OST standards and governance tools. Outcomes were limited in extent in the first two years, but can reasonably be expected to continue in coming years, as trained workers pass on skills, further training occurs, professionals benefit from regional networks and standards are applied resulting in improvements to service quality.

Assessing effectiveness of the UNODC projects that included supply reduction activities is complex. Projects 5 and 8 partly achieved very ambitious objectives. Projects 6 and 7 included law enforcement activities such as exchange of intelligence regarding drug syndicates and training on undercover operations, as well as demand reduction activities. There is not a clear link between many of the ACCORD Plan of Action law enforcement activities and development outcomes. There is little consensus among experts as to whether law enforcement reduces the harmful impacts of drug use. The prohibitionist approach may aggravate the situation if opportunities are provided for corruption and if drug users are stigmatised and driven away from health care. Punitive drug control policies can lead to increased incarceration for minor offenses, human rights violations and escalated HIV spread.[14] However, good policing of trafficking (rather than use) can interrupt supply, with the consequence that less drug use may occur in specific communities, although success in reducing supply is often short lived, patchy or not at a scale sufficient to change national or regional trends (e.g. expanding ATS use) and the social impacts.

2.4 Sustainability

IDI projects were for 2 ½ years or less. The short-term, project-driven, vertical orientation of IDI is not likely to have assisted in promoting ownership and sustainable, long-term country-driven strategies. Despite the structural constraints, projects sought to maximise opportunities for sustainability by tapping into country systems, aligning with national and regional plans and by building networks and professional links that are likely to be ongoing.

Sustainability was supported through aligning activities with existing planning frameworks, such as national strategies and regional plans (e.g. ACCORD Plan of Action and UNODC MoU on Drug Control and Sub-regional Action Plan for GMS countries). IDI strengthened systems and supported officials and drugs sector workers to respond more effectively to drug use. However, whether this legacy will be lasting will largely depend on whether the countries' drugs sectors attract ongoing resources from donors, national budgets and regional organisations.

AusAID's definition of capacity building is the process of developing competencies and capabilities in individuals, groups, organisations and sectors which will lead to sustained and self generating performance improvement.[15] Capacity building acknowledges local knowledge and builds on local assets. The partnerships and networks built through IDI are early steps in the capacity building process. The IDI investment in CMU and YIDA as key partners recognises the human resource assets within these organisations and the value of their national and regional institutional linkages.

IDI could be criticised as a supply-driven form of technical assistance, with the implementers delivering a series of discrete products such as manuals, tools and websites. However this would be an inaccurate characterisation as there was a willingness to seek feedback from partners, to proactively engage partners in developing the outputs, to view the process as of equal importance as the products, and to adjust outputs in response to local needs. This approach supports national ownership and sustainability.

Capacity development requires not only skills transfer but also a process of influencing and reshaping professional and community norms through targeting leadership, culture, values and concepts of legitimacy,[16] all of which are critical factors when addressing the needs of marginalised and stigmatised drug using populations and the professional development needs of a marginalised profession. The projects provided opportunities to build leadership within the countries' drugs sectors and to expose sector workers and officials to new ways of thinking. Activities such as the Vietnamese Deputy Prime

[14] *At What Cost? HIV and Human Rights Consequences of the Global "War on Drugs"* Open Society Institute, New York, 2009.
[15] *Capacity Development Principles and Practices*, AusAID 2004.
[16] *Workshop on Systems Thinking and Capacity Development*, OECD and European Centre for Development Policy Management, Maastricht, March 2005.

Minister's advocacy of the OST Governance Toolkit and study tours of Australian agencies, which exposed senior officials to the full breadth of demand and harm reduction approaches, will have contributed to a growing cultural shift to more evidence-based and humane drugs policies and programs.

2.6 Gender equality

Effective responses to drug use require an understanding of gender differences in drug use patterns, support needs, and barriers to access to services. Programs need to respond to the cultural and economic factors that determine vulnerability of men and women to drug use harms. Gender analysis is highly relevant to drug users' reproductive and sexual health needs. There was little in the project reports and materials to indicate that gender was a major factor informing IDI activities. The project proposals generally indicated an intention to address gender, but the projects often failed to deliver on this intent. An example is the OST Governance Toolkit (Project 1). The proposal stated "the Toolkit will reduce stigma against drug dependent females and advocate for availability and access for drug treatment and HIV services for women equal to that of men." However, the Toolkit that was produced gives only superficial consideration to the needs of female drug users. Gender is only mentioned in passing in identifying that pregnant women have specific needs and that men may experience sexual dysfunction. The Toolkit section on outcome evaluations merely states that when conducting outcome evaluations "it may be worth determining whether gender, marital status... influence treatment outcome".

Burnet Institute's research studies (Project 2) collected data from male, female and transgender respondents and included some analysis of gender differences e.g. in condom use, STIs and exchange of sex for drugs.

Projects 3 and 4 were stronger on gender. The *Basic Addiction Training Package* provides some gender disaggregated data in country profiles, refers to pregnant women's needs and briefly discusses gender factors in terms of psychosocial issues, although more attention could have been given to linking alcohol and violence against women and ways in which to address access issues in organising clinical services, referrals and training. The OST *Six Nation Situation Analysis and Training Needs Analysis* (Project 4) gathered useful data relating to gender specific training needs and the gender profile of opioid use and the OST/MMT workforce, and provided detailed gender analysis of training needs data (by profession) for China. The report included recommendations for M&E of OST/MMT programs to incorporate gender data, and provided evidence for gender based training priorities in China. The work on the YIDA *MMT Standards Framework* for Yunnan identified gender as an issue in its literature review, but disappointingly did not sufficiently highlight gender or needs of women in the recommended standards and indicators.

UNODC did not report on gender analysis or demonstrate how activities addressed gender equality. It was not ascertained whether gender was addressed in training materials for drug counsellors in Vietnam (Project 5). UNODC encourages countries to submit gender disaggregated data but there was no evidence from Projects 6 or 7 of analysis of this data or materials to equip countries in gender analysis.

3.0 Key findings by project

3.1 DASSA: Toolkit for opioid dependence treatment, rehabilitation and HIV prevention

Outputs delivered and objectives met

The objective was to support the development of best practice drug substitution treatment and related HIV prevention. The focus was on Burma, Thailand, Cambodia and Lao PDR. The project was highly successful and achieved its objective through delivery of two project outputs: development of a governance toolkit and raised awareness of OST. The project proposed another output, 'to link organisations into drug treatment networks', which was only partially achieved. The Final Report states that there are no formal regional drug treatment networks, which seems to discount Turning Point's MMT Niramit network. Nonetheless, the project was able to link counterpart organisations informally through the process of development of the Toolkit, and there are good prospects for beneficial relationships between senior health and drug control officials to continue.

The principal output was the Governance Toolkit.[17] The Toolkit's audience includes senior officials and includes nine practical tools and three checklists, as well as a statement of ten principles for effective treatment and a discussion of issues regarding policy and program requirements. The Toolkit is of a high quality and fills a significant gap in terms of the regional roll out of OST. The Toolkit addresses macro-level issues such as legislative requirements and multi-sectoral responsibilities in planning, implementing and evaluating national programs, issues that are often overlooked in clinically focused guidance.

Although there was delay in development and distribution of the Toolkit, widespread uptake of the Toolkit indicates that the project is set to achieve more significant outcomes than the proposal initially foreshadowed. A participatory approach to development of the Toolkit generated country ownership of the product, which in turn is supporting its adoption by national authorities. An International Review committee was formed to provide input to the Toolkit's drafting, with experts from counterpart countries as well as UN agencies, China and Indonesia. A three day governance workshop was held in Adelaide with government counterparts, and a draft of the toolkit was workshopped. The workshop was reportedly valuable as an opportunity to expose officials to diverse models for MMT provision and to introduce the importance of non-rigid, flexible service models tailored to local contexts and needs. The meeting provided an opportunity to discuss, compare and problem-solve methadone regulation and supply issues.

A regional meeting was also held in Cambodia. The Toolkit was workshopped with all participants, enabling suggested improvements to be incorporated. Site visits to all the counterpart countries took place in 2007 to finalise the content and structure of the toolkit. The project benefited from investment in stakeholder engagement through field visits. This ensured that the Toolkit is sensitive to country contexts and pitched at the right level of sophistication. Following extensive national and international review, the Toolkit was published in hard copy and CD format. The study visit to Adelaide and workshop in Cambodia improved the understanding of drug treatment by counterparts and senior officials. The project also established a mutually beneficial relationship with Turning Point's OST project.

Sustainability and lessons learned

The project confirmed that strategies for good governance for drug substitution programs are lacking in the four countries. The project established that comprehensive drug treatment strategies are required, especially for Cambodia and Lao PDR where programs are yet to commence, and Burma where the program is yet to be scaled up. While countries such as China are implementing drug substitution programs on an increasingly large scale, monitoring and evaluation strategies have either not been developed or are weak. An evaluation section was added to the Toolkit to address this reality.

[17] *Toolkit on Governance of Opioid Agonist Medication Treatment*, DASSA, Adelaide, 2008.

Despite the constraints of a two year project, good progress was made in supporting counterparts to adopt the Toolkit and sustain its implementation, which in turn will support OST programs to scale up to more sustainable levels with important HIV prevention and broader health improvement outcomes.

The Toolkit has been translated for Lao PDR and Cambodia. It is being distributed in the four project focus countries, as well as Vietnam and China. The Toolkit has been reviewed by government officers in the counterpart countries and is already in use in Cambodia. WHO Vietnam translated the guidelines into Vietnamese. Vietnam's Deputy Prime Minister has agreed to the use of the Toolkit to inform Vietnam's approach to quality of new program currently being piloted at provincial level. China's National Addiction Agency has translated the Toolkit and is promoting its use within the national program.

The Toolkit is informing development of Cambodia's new national drug treatment strategy and MMT program. In 2009, DASSA will be involved in reviewing clinical guidelines in the light of the Governance Toolkit, on contract to Government of Cambodia. A regional symposium in Lao PDR in October will be further disseminating the Toolkit, with senior officials from 15 countries attending. IDI has laid the foundation for this degree of engagement.

The project confronted significant barriers to uptake of the Toolkit in Burma, where communication was fraught, the political context was difficult and Cyclone Nargis preoccupied partners. HAARP has an ongoing presence on Burma and may be able to promote the Toolkit with Burmese counterparts. The involvement of officials from Lao PDR in the project demonstrates its readiness to face a future heroin epidemic. However there is a risk that the Toolkit may not be applied in Lao PDR, given the understandably low priority given to addressing the small numbers of IDUs.

The project positioned Australia as a key partner in providing regional leadership on governmental responses to national OST programs. The project demonstrated that it is possible to influence senior government officials in relation to sensitive issues of introducing evidence based harm reduction approaches into national drug control policy and programs. The project promoted a multi-sectoral approach by bringing together senior officials from Ministries of Health (including those working in mental health), national AIDS authorities and national drug control agencies.

The project is likely to achieve very significant outcomes through being taken up by national authorities in Vietnam and China. China is implementing an ambitious national MMT program and is positioned as a regional leader on national program implementation issues. There is good potential for the Toolkit to have beneficial outcomes for China and, through China's leadership role, other Asian countries.

The Toolkit is highly strategic in that it provides a framework for officials to understand governance implications of moving from pilots to national scale up of OST and introduces programmatic options that may not have been considered, such as methadone in prisons. The project was important because it focused on quality assurance issues that are essential to underpin the successful roll out of national OST programs. OST is vulnerable to criticism where insufficient attention is paid to ensuring quality of services. This requires introduction of systems that provide safety and quality assurance safeguards, which need to be supported by the health and drug control officials at district, provincial and national levels. A quality assurance framework is essential to avoid community backlash and closure of programs, which is a risk if programs are substandard, patchy in effect or are understood as merely replacing one drug with another without therapeutic or social benefits.

The Project also filled gaps in understanding and clarified roles and responsibilities of national authorities on supply chain management and regulatory issues. Introducing counterparts to the importance of M&E of drug substitution treatment programs and the roles of different levels of government in monitoring will contribute to sustainability of OST programs.

3.2 Burnet Institute: Regional ATS use, building research capacity

Outputs delivered and objectives met

The project objective was to improve the body of knowledge in the region regarding ATS use. This was achieved, although as yet on a small scale. The project focused on Cambodia, Lao PDR and Thailand.

Three project outputs were fully delivered: a regional research network was established, training for researchers was conducted and research was undertaken.

The fourth output (informing development responses) was partially achieved, in that results have begun to inform responses to social impacts of ATS use, although in a limited way. As the research analysis and dissemination of findings is ongoing, the use of the results to inform responses is at an early stage. The International Harm Reduction Conference in 2009 will provide the first opportunity for findings to be presented to regional audiences and for stakeholders to have a dialogue on the implications of findings.

Prior to the project there was limited behavioural research conducted on ATS in the region, an absence of reliable data to inform programs and research capacity was under-utilized in the drugs sector. Through the project, capacity building links have been forged among a group of researchers and outreach services such that there are prospects for ongoing improvements to the body of knowledge about ATS users.

The project's studies introduced new methods of accessing drug user populations through peer based approaches. The project broke new ground. The Cambodian and Lao PDR studies are the first of their kind. Previously only rapid assessments of ATS use amongst young people had been conducted in these countries, with little behavioural data or analysis. Thailand is extending study sites to include geographical areas of concern, particularly border towns, to reach populations that have not previously been studied. Compulsory treatment centres were added as sites, on request of Cambodia and Lao PDR counterparts.

A regional technical meeting to inform design of the research agreed to use of a baseline survey instrument, began discussion of a regional research agenda, initiated the network and explored differences and commonalities in ATS use in countries across the region. The project then conducted baseline surveillance of ATS use and sexual risk behaviours of young people. A behavioural survey with biological markers was agreed as the research approach through which to explore ATS use and sexual health. Draft research reports for the three countries have been prepared. Researchers from other countries in the region are interested in participating in the nascent research network. Early findings have led to some discussions on policy and program implications by government and NGOs.

The project strengthened the research capacity of academic institutions, government agencies and NGOs to conduct research with vulnerable youth. A team of researchers was developed in each country, supported by Country Steering Committees. Partner agencies have developed country-specific protocols and instruments that can be applied in future drug use research and, through the project's work, have access to drug user peers who have been trained in data collection.

Sustainability and lessons learned

The research generated findings on drug use patterns, sexual risk behaviours, experiences with law enforcement and drug treatment experiences. Findings that have potential to inform policy and shape future research agendas include:

- Indications are that STI rates among ATS users are higher than the general population.
- The scale of ATS use was higher than expected, with users starting at a very young age.
- There is a lack of a comprehensive harm reduction understanding among counterparts that encompasses sexual health promotion, STI treatment and condom use.
- STI testing is not well established in the region and requires further support. There is a particular need for STI treatment and testing in drug rehabilitation centres.
- The project found that 'treatment' is problematic terminology in the context of ATS, as little is offered apart from withdrawal under compulsion.
- The studies confirmed a low rate of injecting in Lao PDR.

The three countries were initially reluctant to work together, however attitudes changed after regional meetings occurred and countries have agreed to maintain a regional network. The project has generated good will between researchers in the three countries. The regional network is also linked to a Melbourne University AusAID Development Research Awards project on law enforcement and harm reduction.

The project developed links with UNODC, WHO and US CDC who are interested in the findings. The project has been able to impress on UNODC the need to ensure behavioural data is included in UNODC

data collection projects. Investigators from UNODC projects attended Burnet Institute study visits, which provided exposure to comprehensive drugs programming incorporating harm reduction.

US CDC provided in-kind support to the project in Lao PDR (hand held computers). The regional network is still largely dependent on donor support and has limited functions except when Burnet Institute brings it together. There will be a roundtable at the International Harm Reduction Conference and meetings are planned at regional events.

The project worked with the UNODC SMART project, which monitors global trends regarding ATS supply and availability and provided information on drug seizures. There was good dialogue with projects focusing on drug supply. Burnet Institute presented on its IDI project plans to the SMART Regional Annual Meeting of Narcotics Boards. Burnet Institute's involvement with the SMART project focused on coordination with counterparts, emphasizing the need for surveillance and monitoring of drug supply while increasing the understanding of law enforcement officials of the need for ATS user behavioural data. The work with SMART prior to commencing the design of the survey gave the researchers an entry point with Lao and Cambodian drug control officials. The project was able to respond to begin to respond to the need for cross-border research in areas where responses had been limited to policing.

Sustainability will be a challenge. Regional training for researchers was conducted at the beginning of the project. Lessons learned from the research will inform future training. Working through country committees was an important sustainability strategy. The Thai country steering committee already existed but the Lao and Cambodia committees were new and involved drug control boards and national AIDS authorities as well as researchers. The research committees' main focus was ethical approval issues and also enabled a dialogue on policing issues, although this was not a significant barrier to implementation.

Burnet Institute is keen to provide ongoing support to ATS research and the network, and will seek donor funding. There is little other donor activity in ATS research with a regional focus in Asia. Country Steering Committees can be used to support other activities with drug users, including providing networks to AusAID initiatives, such as HAARP. Committees can also be used for advocacy for harm reduction and the rights and needs of drug users.

The capacity of local researchers to conduct analyses was overestimated; in particular, to do complex analysis of quantitative and qualitative data. The initial goals of the research were unrealistic given low existing capacity and resources.

The project timeline anticipated delays in the ethical approval for the research and dissemination of results, however underestimated the time needed for data analysis. Future research projects need to allow for more time and resources for data analysis.

Project staff worked with key counterparts, including law enforcement, to develop a communications strategy for dissemination of research findings so that results can inform the design of new programs.

The project helped to promote an evidence-based approach to ATS policy and programming, and the need for analytical rigour before conclusions from data can be drawn. The project has generated behavioural data and is increasing awareness of (i) public health impacts of ATS use and (ii) peer based approaches to accessing users, obtaining data and ultimately reducing harm. The project established a research network for development of alternative interventions for ATS use that reduce associated harms such as STIs and incarceration rates. It was important to include drug users' experience with police and incarceration in the research. The project modelled a public health and law enforcement partnerships, with public security officials fully consulted on all aspects of the project across each site.

The standardised approach to research design has potential to enable countries to make meaningful comparisons between behavioural findings which would be helpful to identify trends and shape country and regional responses. The strengthening of research networks is a project outcome that complements UNODC and Government data collection in the GMS.

The project demonstrated the need to continue capacity building activities to increase the quality of research and the size of the pool of researchers. Burnet Institute would like to see the network funded in a similar fashion to the ANCD/AusAID funded Pacific Drug and Alcohol Research Network.[18]

Burnet Institute reported that the 2007 AusAID meeting of IDI implementers provided an important opportunity to develop relationships: the meeting was considered a unique forum for discussions that promoted an understanding of different perspectives and aspects of a comprehensive approach.

3.3 Turning Point (TP): Building and sustaining training capacity for AOD workforce

Outputs delivered and objectives met

The project proposed to focus on six countries but this was reduced to Thailand, Lao PDR, Vietnam and Cambodia. China had already developed a training approach and permissions could not be obtained for Burma. The three proposed outputs were delivered: training needs assessments (TNAs), course curriculum development, and establishing a centre of excellence in drug treatment education at Chiang Mai University (CMU) with staff trained and supported to deliver courses. The project objective was partially achieved, being the development of the capacity of organizations and staff to provide effective drug treatment through regional education and training opportunities. The objective was fully achieved in Thailand, which is implementing the course developed by the project nationally, within the framework of an AOD Workforce Development Strategy endorsed by the Thai Narcotics Control Board.

A good foundation was laid for achievement of the objective in the future in the other countries. The timeframe was too short to achieve sustained capacity building in all four countries. The project aimed to build workforce capacity through the development of accredited drug treatment training courses. The approach was to improve the quality of services by ensuring that drug treatment is centred on evidence-based practice and provided by qualified staff. A major achievement was the development of the *Basic Addiction Training Package*, initially for Thailand but which can be adapted for each country. The project promoted understanding among key officials and sector workers on training needs and accreditation, and supported CMU to develop the capacity to play a leadership role as a centre of excellence. The project developed an accredited course curriculum and modularized content for face-to-face and on-line delivery.

Output One (TNA report) was amended to development of an Accredited Education Symposium.[19] The Symposium was a success, and was attended by country narcotic boards, drug treatment centres, UNODC and CMU. The Symposium discussed drug use trends, training needs and challenges in implementing national and regional accredited training. The four day symposium consolidated the work on TNAs, accreditation and quality assurance, and highlighted the role of CMU. Narcotic Boards discussed a regional approach to drug treatment and other project opportunities that could be utilised to support future implementation at country level e.g. HAARP.

The TNA that informed the content of the Training Package was based on a Work Practice Questionnaire (WPQ) model. The questionnaire was reviewed by a panel consisting of researchers, drug treatment clinicians and educators. The WPQ model was demonstrated to be a useful tool whereby individuals assess their confidence levels and locate their role on the clinical pathway so that training can be tailored to different roles. CMU is now able to conduct TNA using this approach.

The findings and recommendations from the TNA have been accepted by the country Narcotic Boards for Cambodia, Lao PDR, Thailand and Vietnam. A national training implementation plan is being established in Thailand, and Cambodia, Lao PDR and Vietnam are following this approach.

[18] Although this may not be feasible from Asia Trans-boundary Section funds, other sources could be explored e.g. AusAID Research Thematic Group, Health and HIV Thematic Group, and partnerships with ANCD.

[19] *Report on Accredited Education Symposium on Substance Use and Treatment in South East Asia*, Melbourne 17-20 November 2008 (available at www.turningpoint.org.au)

Course content was piloted in Thailand to sixty people who worked in health, custodial services and policy-making. The final course content is being delivered to all workforces in Thailand that work with alcohol and drug users. Evaluation of the training pilot found that:[20]

- doctors, nurses, pharmacists, educators, and law enforcers gained knowledge and skills;
- prior to the training, most learners rated their knowledge and skills as insufficient and limited;
- after the training, most learners rated their knowledge and skills as high;
- over 60% of learners will recommend the AOD course to colleagues;
- over 80% of learners will recommend the OST course to colleagues.

At the regional level, the intention is that the three modules of the Basic Addiction Training Package (Core Module, AOD Management Module and Opioid Management Module) are to be further developed for regional education and training opportunities for the other IDI countries, and that in addition to face-to-face delivery the courses will be delivered online. The Course Development Committee is to continue beyond the end of the Project, with a focus on developing advanced elective modules.

Sustainability and lessons learned

The project promoted awareness of the limitations of 'parachute-in' ToT models and the longer term advantages of an accreditation process so that workers are reliably qualified. The TNA and curriculum are cross sectoral, addressing training needs of health workers, drug control staff, parole officers and other justice ministry officials. An AOD workforce development strategy is important to legitimise AOD harm reduction and demand reduction work beyond the medical profession and to move to a continuous improvement approach to professional development, rather than one off training. The project provided a platform for promoting adaptation of the quality assurance methods used by the Australian AOD sector to regional contexts.

The project was ambitious in terms of obtaining endorsement for implementation within the six countries via MoUs driven by UNODC protocols. The process for endorsement by individual country Narcotics Boards utilising UNODC processes was unrealistic within the timeframe allocated. In future, preferred counterparts in such a project would be WHO or a UNODC country office rather than UNODC regional office. Working in partnership with UNODC regional office provided Turning Point with opportunities to provide training to UNODC staff working on other IDI projects on issues such as stigma and gender.

The project confirmed that very few AOD workers in the justice or health sectors have received training in drug treatment. Developing the course content and accreditation framework raised expectations of longer-term training and resources from Turning Point which the timeframe and budget did not allow. To fully achieve the project objective requires a longer term investment in institutional and policy reform at a country level to recognise the role of accredited courses within an AOD workforce development strategy.

Key lessons were that there is little recognition of alcohol as a significant public and personal health issue or recognition of the mental health issues that underlie AOD problems. There is an urgent need in the region to build indigenous capacity for training of the growing AOD workforce.

After 2½ years of implementation, the project was on the verge of major advances in terms of gaining commitment to establishing systems for promoting evidence-based practice through an accreditation process. At the Symposium, Narcotics Boards endorsed a regional response to workforce needs through the accredited course developed by CMU and Turning Point. In-principle support was given to the concept of establishing a formalised regional accreditation system, however this will require several years work and further resourcing to implement. To achieve sustainability, CMU needs to be able to support qualified trainers in each country so that countries can provide training to their service providers and the region can sustain expertise by exchanging training experiences in implementing programs and introducing accreditation systems.

[20] *Summary Report of the Pilot Training for Three Modules*, Turning Point and CMU, 2008.

The course is already being delivered in Thailand to the AOD sector with multi-sectoral reach. The project demonstrated that Narcotics Boards have the will to move to a regional workforce development approach, and Thailand has demonstrated that the approach is workable at national level. Without additional funding the ability of CMU to extend into the region is limited. A long-term strategy to embed accredited workforce development across the region in required. There is impetus as a result of project activities, but this momentum may soon be lost. Four countries were working towards an agreement for a regional approach, but this process has been postponed pending identification of an ongoing funding.

A key lesson learnt was that establishing a formalised regional accreditation scheme requires complex and long-term institutional reform at a country level. This was beyond the scope of the project timeframe and resources. Another key lesson was that teaching institutions across the region use predominantly didactic methods rather than interactive and participatory approaches to learning. In addition to transfer and exchange on technical content, new learning methodologies are required to strengthen communication.

Turning Point has formalised a partnership with CMU to maintain professional exchange for staff development and program collaboration. Sustainability was supported by two professional placements at Turning Point in Australia (2 months and 3 weeks).

3.4 Turning Point: Capacity building initiative, OST for opioid dependence

Outputs and objectives met

The objective was to build capacity for sustainable, high quality and effective OST to enhance the regional response to opioid dependence. The following outputs were achieved: establishment of a panel of Australian OST experts and a regional working party; conducting a TNA in six countries; development and implementation of a training program for OST prescribers and program managers; and development of a sustainable network of institutions responsible for OST policy and service delivery to increase regional OST advocacy. The Basic Addiction Training Package produced under project 3 incorporated OST i.e. these outputs were merged in the context of an integrated training approach. This was an efficient way to proceed, and conceptually sound given the importance of locating OST workforce training within a broader AOD context.

The following outputs were *not* delivered:

- Establishment of OST best practice guidelines - not pursued as WHO was developing guidelines.
- An OST accreditation process - this was untenable to pursue on a regional basis.
- Regional observational database of people treated with OST – this was assessed as inappropriate due to lack of support for a long term project.

A new output was introduced, being a *Standards Framework for MMT in Yunnan Province* addressing a programmatic approach to MMT/OST, clinical practice and organisational arrangements. This comprised an overarching standards framework (with 21 standards), and a detailed framework, which includes specific indicators of clinical activity, ways to measure that activity and data sources for use in M&E. Research was undertaken through a literature review, informant interviews, a survey of 61 clinic managers in Yunnan and patient consultations. Workshops were held to refine the framework. The participatory process of the framework development, and the thorough yet practical nature of the Standards, mean that this is an important model for Yunnan, China and the region.

The outputs achieved are likely to lead to medium term beneficial outcomes. The materials indicate that the partnerships with CMU and YIDA were particularly strong and the outputs produced through those partnerships are likely to lead to national and potentially also regional benefits. A training program for OST prescribers and program managers has been developed, with YIDA performing a national training function for China. The TNA provides an evidence base for future training. The OST training curriculum is comprehensive and well constructed and CMU is well placed to support delivery in Thailand and neighbouring countries, particularly Lao PDR.

A regional working party was established as a basis for a regional network of institutions and links between Australian and regional experts were documented. Advocacy discussions on the need for technical cooperation and capacity development were conducted. National leaders in IDI countries and WHO counterparts were identified to form the basis of a regional network of OST experts.

MMT Niramit was established in 2008 as a regional peer-based network for experts, practitioners and managers involved in OST . The network's website includes about 25 key documents on policy, research, guidelines, training curricula and OST programs. MMT Niramit supports professional exchange, visits and events for face-to-face contact for OST professionals. CMU's Northern Substance Abuse Centre technical leadership was supported through the project and it is now well placed to provide a regional leadership role.

The *Six Nation OST Situation and Training Needs Analysis* (TNA) provides a unique regional overview and was used as a tool in developing relationships and influencing policy. The TNA for Cambodia is providing the basis for a MMT training plan in the new national strategy to be implemented in 2009. This is a significant outcome. The TNA has proved to be strategically important step in raising the profile of the OST workforce and its needs. WHO have used the Burma TNA to inform training plans. The project worked with WHO, DASSA (in Burma) and Burnet Institute (in Lao PDR) to gain access to Ministries of Health. WHO distributed and promoted the TNA findings in Vietnam, Cambodia and Burma.

Sustainability and lessons learned

The timeframe was too short to establish a sustainable regional program, given that significant time is required to generate buy-in at national level before regional outcomes are likely to be sustained. Nonetheless, important outcomes are beginning to materialise at national and regional levels e.g. TNA recommendations have been incorporated into national training plans in Thailand, China and Cambodia. Lessons learned include:

- Developing a regional standard of training for OST that includes an accreditation process and ongoing supervision is a long term strategy.
- It is essential not only to transfer technical skills but also to ensure that partners have capacity for cross-cultural training and participatory learning, rather than use of orthodox didactic approaches.
- The Thai OST training model is suitable for adaptation regionally.
- The *MMT Standards Framework* provides a model for China and regional application.
- The project design was too ambitious for a two year project and required adjustment.
- Australian technical agencies with OST expertise are impeded in cooperating as a network due to the competitive commercial environment. Engagement of Australian participants in the network seldom goes beyond passive information sharing. Turning Point and DASSA collaborated in some practical areas e.g. in technical advice for IDI publications and access to Burma.

There is some self-sustaining progress at country level as a result of project activities e.g. Thai groups brought together for the first time have established cooperative arrangements and Thai government institutions are reportedly treating OST workforce development seriously and investing in support. The project shifted the capacity building approach away from one-off short courses to phased approaches that offer professional supervision or mentoring, and a more sophisticated understanding of capacity development as a two way learning process. Turning Point has ongoing relationships with YIDA and CMU for program collaboration and professional exchange. Maintaining momentum will be difficult. It is unclear how professional networks will be maintained. Turning Point will maintain the MMT Niramit website. Some interpersonal links may be self sustaining but, without a funded project, some relationships will likely drift or dissolve. The MMT Niramit website and associated on-line tools are not resource intensive and are continuing to be managed by Turning Point.

It is difficult to overestimate the importance of the work in China supporting YIDA's technical leadership. YIDA will perform a national training function drawing from the project's outputs. Eventually this may also result in regional outcomes given China's emerging leadership in MMT programs, providing opportunities for professional secondments, exchange and networks.

3.5 UNODC Vietnam: Drug treatment workforce development

Outputs and objectives met

The objective was improved effectiveness of drug treatment in Vietnam, Lao PDR and China. The project was executed by UNODC, in partnership with Government of Vietnam. The project targeted seven Vietnamese provinces. Activities focused on capacity building for the emerging drug treatment

workforce in Vietnam, with some regional activities involving drug sector workers from Vientiane and Shanghai. Four outputs were defined: a training needs assessment; a training plan on treatment approaches; field testing of the training plan by carrying out local workshops; and a regional ToT workshop based on the training plan.

All outputs were delivered. There is no data to confirm the desired outcome of improved effectiveness of treatment. It would be unrealistic to expect such data within the first three years given the lack of a trained workforce. The project was starting from a very low base. The drugs sector in Vietnam has been oriented to abstinence, detoxification and compulsory labour camps rather than evidence-based treatment. A training needs assessment was completed, on the basis of which a training plan, curricula and materials were developed and field tested. Following the training, the project set up community counselling clinics in three provinces. A mid-term evaluation in 2007 found evidence of positive changes in the knowledge and attitudes of service providers regarding best practice, evidence based treatment, counselling and behavioural therapies and the specialist role of drugs workers.

Turning Point was contracted to develop training handbooks. An *Advanced training curriculum for drug counsellors* was published, comprising modules on professional drugs work, clinical and client management skills, counselling skills, pharmacology, mental health and harm reduction. The training curriculum is printed into a set of handbooks for drugs counsellors. The handbooks address core skills, client management, best practice for training on drugs counselling and HIV harm reduction counselling. It used a format and language appropriate for grassroots service providers. The project distributed the curriculum for drugs counsellors with modules that can be used to structure professional training.

ToT workshops exposed trainees from Vietnam, Lao PDR, and China to practices of other countries and the specialist role of drugs workers. The project developed linkages between community-based and institutionalized drug use treatment services, as well as to general health and social services.

Sustainability and lessons learned

A key lesson was the need to go beyond a ToT approach for capacity building particularly if workshops are mainly attended by management staff who are not trainers. The project has identified challenges to sustainability that require institutional reform. Significant progress in addressing these challenges was not possible within the limited project term.

There is a need for advocacy for recruiting full time drug counsellors and to make the counselling clinics a permanent drug service within the national drug treatment system. The Vietnam government drug treatment agency lacks expertise in training drugs workers in improving or diversifying drugs services.

UNODC propose to use the training handbooks in other projects and distribute the training handbooks to other agencies working in drug rehabilitation. The Vietnam project provinces are committed to training drugs workers and to deliver drugs/HIV/harm reduction counselling. On the positive side in terms of sustainability the Vietnamese training handbooks can be easily used for national training of drugs workers entering the profession and Government treatment centres are reportedly using the training books.

Concerns were raised on the limited success of training alone to introduce and maintain counselling-based treatment programmes because there are no counselling positions within existing organizations. Staff who attended the training were managers rather than counsellors. There are no local experienced trainers in drugs counselling. Sustainability will require creation of new positions and budget allocations from national and local governments for delivering counselling services. The project workplan was modified to address human resource issues. To overcome the inherently weak human resource structure the project promoted drugs counselling as integral to a professional drugs service. A revised project work plan included the national training curriculum for drugs counsellors.

The project worked in three provinces to set up pilot community-setting counselling clinics located within Government premises and serves as training facilities for institutional and community drug workers. Government sector drugs workers were supported to plan drug services infrastructure in their province.

Lessons learnt from the project were shared at the Turning Point Accredited Education Symposium.

Progress was impressive within a short period. Although the focus was primarily on one country, progress at local and national level was achieved. The activity was Vietnam focused and many of the outputs could

have been produced through a national project. The project outputs have potential to provide benefits to the region more broadly, particularly the training curriculum but this potential was only partially realised. There was some dissemination of training approaches to drugs service managers from Vientiane and Shanghai. There is no evidence of the extent to which benefits flowed to the region beyond Vietnam, and the cities of Vientiane and Shanghai.

It is unclear to what extent UNODC or other agencies will be evaluating, further developing and promoting the resources. The resources drew on British models, rather than the Australian models used in Project 3. The project period of 2 ½ years was too short to expect certainty regarding achieving or sustaining improved treatment outcomes.

Professional drugs work and drug counselling are recent developments in Vietnamese drug services. The training curriculum is the first of its kind in Vietnam. The project went beyond the scope of the proposed outputs through expansion of the training modules, a second series of field workshops, a regional ToT workshop, and by publishing the training curriculum. The management structure may have assisted sustainability by including the Deputy Director of the Department of Social Evil Prevention as the National Project Director. At project sites, a coordination group was established to act as the advisory body for activities in the province, which again tapped into local systems.

3.6 UNODC: Improving ATS Data and Information Systems

Outputs delivered and objectives met

The objective was to establish infrastructure for better understanding patterns of ATS use and for exchanging data on ATS use, prevention and control. Project outputs were a review of ATS use data and ATS prevention work, prioritization of national and regional data collection and sharing needs, elaboration of a standardized methodology for data collection and sharing, and establishment of an ATS regional information clearinghouse. The project was co-funded by Japan, and ran from 2002-2007. The project was independently evaluated.[21] The project achieved its Objective, as evidenced by:

- generation of data through the Drug Abuse Information Network for Asia and the Pacific;
- accessibility of information through the Asia Pacific ATS website (APAIC);
- sharing of information through regional ATS data meetings.

The independent evaluation states that the project contributed to the drug control objective of the project design, through effectively promoting more evidence-based approaches to the formulation of ATS use control measures. The evidence for this is the reference that is being made to drug use data generated by the project at key high-level regional meetings on drug control issues. The evaluation concluded that the project was successful in maintaining a regional mechanism for ATS data exchange and an ATS information clearinghouse (APAIC).

Sustainability and lessons learned

The project appears to have been based on sound technical analysis. The independent evaluation found that the project gave priority to the collection and reporting of law enforcement data, rather than data with an epidemiological or harm-reduction focus. A key lesson is that future data collection and information sharing initiatives (e.g. UNODC SMART Programme for ATS) should give additional emphasis to the collection of drug treatment, harm reduction and health related information. The rationale for this is the historical failure of initiatives focused primarily on drug enforcement activities to achieve effective long term outcomes in reducing drug use and related harms.

Lessons from this project included:

- the importance of regional surveillance of drug related data due to the borderless nature of the issue and the rapid movement in ATS trends;
- the value of evidence based approaches to program design and M&E;

[21] Jonathan Hampshire, *Terminal Evaluation Report – Improving ATS data and Information Systems Project*

- the importance of establishing multi-agency networks to collect and use information;
- the need for qualified staff with responsibilities for data collection, who have support and incentives;
- the importance of regional collaboration to achieve the goals of drug control;
- the need for adequate funding to support the work of data focal points;
- the importance of ongoing follow-up by UNODC to sustain national level momentum;
- the importance of implementing regional initiatives in a way, and at a pace, which takes into account the needs of participants with weak institutional capacity.

There was little attention to sustainability in the project design. No sustainability strategy was developed. Little attention appears to have been given to UNODC's role in continuing the project beyond 2007. The trend data on the APAIC website relates to 2006 and its utility will quickly become dated. However many project activities are being continued through the UNODC SMART Programme which commenced in 2008 funded by Australia, Japan, New Zealand and Thailand to improve information sharing on ATS use and trafficking. This is intended to inform law enforcement and prevention. The Independent Evaluation found that the project promoted local ownership by working with and through local systems, taking account of different needs and institutional capacities, and supporting national workplans that avoid imposing external solutions.

Some of the activities conducted under this project (DAINAP, APAIC, regional meetings) were also conducted under the ACCORD Plan of Action project (3.7 below): UNODC IDI projects overlapped.

3.7 UNODC: Regional Co-operative Mechanism, ACCORD Plan of Action

Outputs delivered and objectives met

The objective was to increase national and regional capacities for cooperation and collaboration by monitoring progress (through data collection and exchange, documentation and dissemination) made by the ten ASEAN countries and China in implementing the ACCORD Plan of Action. AusAID provided funds to UNODC to support implementation in the six IDI countries. The project as a whole was a six year project co-financed by Italy, USA, Japan and Sweden with a budget of US$2.32 million.

The project established ACCORD as a working mechanism for eleven participating countries working with the ASEAN Secretariat. The Plan of Action rests on four pillars:

- advocating civic awareness on the dangers of drugs and social responses:
- building consensus and sharing best practices on demand reduction;
- strengthening the rule of law, enhanced network of control measures, improved law enforcement cooperation and legislative review;
- eliminating the supply of illicit drugs by boosting alternative development programmes and community participation in the eradication of illicit drugs.

The Plan includes targets for introducing drug treatment, HIV prevention and substitution therapy. However, since 2005 a priority has been given to law enforcement responses to ATS use.[22]

The project achieved progress in relation to the four project outputs:

(i) an information gathering and processing system is established;
(ii) Task Forces with specific terms of reference proactive in the participating countries;
(iii) an effective progress monitoring, reporting, documentation and dissemination system;
(iv) increased sub-regional and national capacities for cooperation, coordination, information sharing and networking as well as dialogue, action and mutual support amongst drug control bodies

The project has delivered the outputs in support of the project objective with the following results:

- increased ASEAN and China-wide information sharing, networking and communication on drug control needs and related mutual cooperation;

[22] *Beijing Declaration,* Second ACCORD International Congress 2005.

- Taskforces for each pillar of the Plan of Action are functioning;
- improved information processing and monitoring capabilities of the participating countries with respect to the ACCORD Plan of Action implementation;
- an increased flow of information on drug control readily accessible to the member states.

In relation to Output 1 (information systems) the project has established:
- A regional on-line data collection and sharing network: training was conducted for drug control agencies, 50 national staff trained.
- Drug Abuse Information Network for Asia and the Pacific (DAINAP): national drug control data is entered quarterly and data is viewable by all partners in report formats. DAINAP is reported to have 'significantly increased and streamlined national drug data collection and serves as a platform for up-to-date information exchange throughout the region.'[23]

On-line data collection gathered information on national progress made in implementing the Plan of Action. National progress reports allowed the project to better identify national and regional strengths, weaknesses and gaps in implementing the Plan of Action and to facilitate discussions for follow up action. The system is accessible to other regional drug control stakeholders. Since 2005 demand and supply-side data have been entered and verified. This data was the primary source for the UNODC Regional Centre report on ATS production, trafficking and use in Asia-Pacific.[24]

In addition to the regional on-line data collection network, a secondary system was put in place to access regularly published drug information and data. The project strengthened national data collection systems in Cambodia, Lao PDR, Burma and Vietnam. The project ensured that data on progress in the ACCORD countries was captured by the UNGASS 10-year review. Data collected by the project aided reporting that culminated in the Vienna Commission on Narcotic Drugs High Level Meeting in 2009.

In relation to Output 2 (proactive Taskforces), achievements included:
- Civic Awareness Task Force addressed public awareness and advocacy practices, ways to evaluate awareness campaigns and future regional capacity building initiatives;
- Demand Reduction Task Force emergence of substitution therapies as new drugs of dependence in Singapore and Malaysia, the development of national, cultural-specific plans addressing drug demand reduction and ATS treatment modalities.
- Law Enforcement Task Force considered patterns of ATS trafficking, regional precursor control initiatives, the challenges and opportunities of regional maritime cooperation, regional data collection and sharing issues, consolidating regional drug control mechanisms and identification of syndicates and fugitives for follow up joint actions.
- Alternative Development Task Force considered interventions to sustain advances in illicit crop eradication and humanitarian assistance to affected areas.

In relation to Output 3 (monitoring and reporting of Plan of Action progress):
- A dedicated website was established with monitoring tools created for each pillar, such as Progress report cards grading national and regional implementation of the Plan of Action.
- A monthly e-newsletter links partners through briefs and updates on the Plan of Action. Reports consolidating the outputs from Task Force Meetings and an ACCORD calendar were published.
- The project produced the progress report *Drug-Free ASEAN 2015 – Status and Recommendations* and its recommendations were endorsed by the ASEAN Ministerial Meeting on Transnational Crime.

In relation to output 4: Increased cooperation amongst the national and regional drug control bodies:
- A special initiative on joint actions against ATS crime in the region was endorsed and Standard Operating Procedures for operational collaboration were agreed upon. Countries shared operational intelligence. ATS target cases, syndicates and fugitives was identified for follow up joint actions. This

[23] UNODC Project F73 *Final Report* p.2
[24] *Patterns and Trends of ATS and Other Drugs of Abuse in East Asia and the Pacific*, UNODC Bangkok, 2006.

led to successful police operations e.g. a joint Philippine–China investigation and seizure of large quantities of amphetamines, precursor chemicals and lab equipment. In 2007 the project organized an update on transnational syndicates operating in the region, with a focus on movements between countries, which enabled exchange of operational information.

- Advocacy ensured that stakeholders including donors recognize the Plan of Action as the key regional drug control framework, however the level of participation of NGOs was limited.

Sustainability and lessons learned

It is not surprising that the project delivered on the four outputs given the scale of funds available and the six year timeframe, although the project was never fully funded. The project generated a range of outputs in relation to information systems, data collection and dissemination relating to supply and demand reduction. It is doubtful whether some awareness outputs addressed social impacts of drugs in any significant way e.g. publication of a calendar highlighting drug control themes. Concrete outcomes were achieved in relation to supply reduction (e.g. seizures and arrests), but less clearly in relation to demand reduction.

It is unclear how ACCORD will continue without donor support. An account established for national contributions has raised less than $250,000 in total from 11 countries. This has been invested in a range of demand and supply activities (e.g. workshop and study tour on treatment approaches; training on undercover policing). Activities relating to ATS including DAINAP are being continued through the UNODC Global SMART Programme, funded by Australia, New Zealand, Japan and Thailand.

The Final Report notes that the project failed to analyse and display data in a systematic way, and that there was not strong ownership in the project outside of drug control agencies (e.g. among health ministries, AIDS coordinating authorities, donors or NGOs).

There is a need for greater balance of policy and investment between supply and demand reduction in the way in which the ACCORD Plan is implemented. ACCORD is premised on a prohibitionist approach to drug control. ACCORD is framed within a paradigm of aiming for a drug free world by 2015 as an achievable goal. This paradigm is not shared by other IDI implementers. Such zero tolerance approaches tend to conflict with health and human rights-based approaches. This tension reflects conceptual contradictions within IDI as an initiative. Inclusion of this project within IDI leaves the initiative open to criticism as lacking coherence, given that in other respects IDI was championing harm reduction as key to evidence based programming. However, IDI demonstrated that it is possible to bring a range of approaches to drugs programming together in one Initiative, allowing for implementers to be exposed to different perspectives and priorities.

Given the emphasis of many ACCORD activities on policing issues, it is not recommended that funding for a further stage be given high priority by AusAID. The link to reduction of development impacts of drugs is much clearer in the IDI projects that are focused on building capacity for treatment of drug users, harm reduction and HIV prevention.

2.8 UNODC: Improving access to treatment for young people with ATS abuse

Outputs delivered and objectives met

The objective was comprehensive good practice treatment accessible and provided to young people with illicit ATS abuse. Output One was revision of national drug policies to incorporate ATS responses. It is not clear how this regional project added quality to national drug control policies or contributed to reviews. This seems to be almost wholly reliant on national government processes. Although it is difficult to tell due to limited information provided in the project reports, the extent of project support to national policy reviews seems to have been a request from the Project Advisory Committee to partner countries to revise their drug policies to incorporate ATS. No evidence is provided in the project reports as to ATS treatment or harm reduction policies being in place. It is not clear whether the project was significant to the national policy environment.

Output Two was staff training on ATS treatment. Reports on rapid assessment of treatment needs were produced for six countries, but were not available to this Independent Completion Report. A training manual was produced, field tested and revised. A regional ToT workshop was held, and 28 master trainers were trained. National training is yet to occur as the manual is awaiting translation. No information was provided as to country differences in training and professional development needs, or different trends and patterns of ATS use among youth in the six countries.

A study tour of Burnet Institute included lectures, seminars and site visits on a comprehensive response to ATS use in youth. Presentations included the Victorian Police and the Department of Education. Emphasis was placed on the role of multi-sectoral policies, guidelines and interventions. Participants were exposed to the range of treatment options available in Australia, including: home-based and in-house detoxification; community-based counselling; a youth specific long-term rehabilitation centre; a therapeutic community rehabilitation centre for adults and trials of pharmacotherapy specifically for ATS users. Issues discussed included human rights, stigma and discrimination, evidence-based approaches, substitution treatment, the role of school-based drugs education and the role of law enforcement in harm reduction programs.

The Burnet Institute study tour was evaluated and the participants rated the program as excellent and comprehensive with the opportunity to see service models in action and being exposed to harm reduction concepts. Participants showed a strong understanding and appreciation of the components of harm minimization and the need for a multi-sectoral approach to treatment services.

Sustainability and lessons learned

The lessons learned that were reported in the Final Report are unremarkable, viz. ATS use is increasing and there are very few trained staff to address ATS use.
An ATS training manual was prepared with inputs and participation from all countries, so as to instil country ownership and promote use of manuals.

AusAID funded two years of this four year project. Reporting was skeletal so it is difficult to determine whether any significant or lasting outcomes or impact have been achieved or are likely to be achieved. The developmental work on a ToT approach and the Burnet study tour may lay the foundation for training outcomes and treatment outcomes in later years, although there is little to show after two years. For the investment made, the outcomes to date have not been comparable in extent or significance to other IDI projects.

Establishing an operational training program appears to be taking a long time. The ToT approach may be inadequate in any event to ensure new issues taken on board and sustained without additional processes such as mentoring, supported professional networks, accreditation, supervision and professional exchange (which the other IDI projects have demonstrated as critical to capacity development in this field).

Effective ATS treatment options are still being explored. There are no pharmacotherapies that are suitable for use for substitution therapy,[25] and the effectiveness of detoxification and behavioral interventions are variable. Psychosocial interventions have limited reach. There is little in the project reports to indicate an understanding of these current constraints in offering ATS treatment solutions to youth, or what the policy response should be at the national or regional levels to these constraints.

3.0 Findings on other issues

3.1 Quality of final reports

The quality of Final Reports was highly variable. Australian implementers provided detailed reports of a high quality. For one co-financed activity (Project 6), UNODC provided an independent evaluation that was also of high quality. However reporting of other UNODC projects (particularly Project 8) was less

[25] See L Degenhardt (2008) *Global epidemiology of Amphetamine Use and HIV: what do we know? Paper presented at Global Conference on Methamphetamines* University of New South Wales.

robust. All projects would have benefited from a more detailed independent evaluation than was possible within the Terms of Reference for this Completion Report. Limited AusAID feedback on interim reports may have compromised quality of final reports. The projects would have benefited from independent evaluation. M&E was generally light and the M&E approach was inconsistent across IDI projects. The indication from AusAID at the 2007 Bangkok workshop that a further IDI phase was not to be considered was a disincentive to thorough reporting.

3.3 Risk management

Approaches to risk management were variable across the eight projects. Most Project experienced delays in the first year. Some serious risk events occurred, such as political turbulence in Thailand and Burma, and Cyclone Nargis, which delayed progress and frustrated achievement of outcomes. As a whole, reasonable efforts were taken to anticipate and mitigate risks. Project reports acknowledged that drug programs are often not a priority – the marginal nature of the sector and political sensitivity of subject matter were major risks particularly for demand and harm reduction activities e.g. Project 4 acknowledged in its Report that "OST is a narrow issue within a marginalised sector and unlikely to attract the required national resources for strategic and long term professional development and capacity development unless subsidised or supported by international organisations". Project 5 met resistance from the Government of Vietnam (Central Department of Social Evils Prevention) when incentives could not be provided by UNODC to central office. This required active management by UNODC Country Office and was reported frankly to AusAID. One UNODC project (ACCORD, Project 7) failed to report on risk management in its Final Report. In the case of Project 8, the risk analysis was superficial, with the risks identified limited to staff availability and national government delays in reviewing policies.

3.4 Evaluation Criteria Ratings

Assigning ratings is problematic in relation to an initiative comprising eight projects, as the quality of delivery varied across the eight projects. Nonetheless some overall observations can be made. Objectives were at least partly achieved was variable across the 8 subprojects. Some exceeded their objectives. All projects helped to lay the foundation for ongoing collaborations at regional level that are have potential to result in reduction of the adverse development impacts of drug use.

There was no M&E framework, there was a simple process of biannual reporting that was adequate for the task but could have been supplemented by independent evaluation. There was little or no attention to baseline data or information relevant to achievement of higher level capacity building outcomes.

In relation to quality of delivery, IDI was rated as less than satisfactory in relation to gender equality and monitoring and evaluation. There was no consistent approach to these aspects in the design and management of the Initiative as a whole and with few exceptions the way that these issues was addressed at project level tended to be superficial. Gender issues were either not addressed or treated superficially in most projects. None of the eight projects included a significant component to explore and address the different needs of women and men, such as barriers to accessing treatment and harm reduction services. Attention to sustainability was rated as borderline between unsatisfactory and adequate, as this varied considerably between projects and was significantly impeded by the short term nature of IDI.

IDI appears to have been efficiently managed by the implementers and with minimal AusAID active oversight. IDI was implemented by agencies with a high degree of technical expertise and was informed by sound analysis and a commitment to continuous learning. There was a strong commitment to evidence-based responses (e.g. TNAs, research capacity building, data exchange). All projects promoted the centrality of evidence based responses as underpinning program effectiveness. The regional focus meant that coverage of key outputs (e.g. dissemination of the Governance Toolkit and AOD/OST Training Package) was maximised, making efficient use of tight budgets. Some projects demonstrated more attention to efficient use of resources than others. Strategies that have increased efficiencies include:

- Distribution of resources through regional networks and maximising value from regional events.
- Donor coordination (e.g. multi-donor support to UNODC projects; US CDC support for research with ATS users by provision of hand held computers).
- Use of appropriate technology: UNODC information projects established data collection and information sharing networks and systems which are not complex, use open-source database

Evaluation Criteria	Rating (1-6)
Relevance	5
Effectiveness	4-5
Efficiency	4
Sustainability	3-4
Gender Equality	3
Monitoring & Evaluation	3
Analysis & Learning	5

6 = very high quality; 5 = good quality; 4= adequate quality; below 4 is less than satisfactory.

4.0 Conclusions and recommendations

IDI was AusAID's first program to systematically address the links between drugs and development within a framework that went beyond HIV. For over a decade, AusAID has been a global leader in harm reduction for HIV prevention, advocating harm reduction at multilateral meetings and providing support to harm reduction programs in China and South East Asia. The broader drugs and development agenda beyond HIV was explored at an AusAID funded conference in 2005.[26] IDI was a first step in pioneering a more comprehensive, programmatic response to drug use and its development impacts.

Through IDI, AusAID consolidated Australia's reputation for regional technical leadership on drugs and development. IDI has also raised expectations that Australia will continue to play a regional leadership role. IDI counterparts expressed the concern that donor resources are disproportionately focused on injecting of heroin and HIV prevention in Asia, while the expanding epidemic of ATS use is not being addressed.[27] Counterparts will be disappointed if Australia restricts its future drugs and development programs to HIV prevention.
IDI was conceived as a short term initiative to explore effective ways for Australia to make a contribution in the drugs field in Asia and to explore the advantages of regional approaches. The success of IDI projects relating to capacity building for treatment and harm reduction demonstrated that regional engagement has potential to be effective.

IDI was moderately successful in achieving its objectives. Factors contributing to success included:

- innovative, strategically targeted interventions that influenced key institutions and senior officials;
- a regional focus, which helped to maximise the geographic reach of outputs and enabled sharing of lessons and promotion of best practice through training, management tools and service standards;
- a focus on using and promoting evidence based approaches;
- application of a broad range of capacity development approaches: participatory learning, training of trainers, mentoring and professional exchange, accreditation, strengthening national and provincial systems, initiating and developing regional partnerships and professional networks.

Factors that impeded IDI from more fully attaining its goal and objectives included:

[26] *Illicit Drugs and Development: Critical Issues for Asia and the Pacific: International Conference* Canberra, 15–16 August 2005.
[27] Interview with Andrea Fischer (Burnet Institute) regarding feedback from Lao PDR counterparts, March 2009.

- small scale of funding with short project timeframes, with no certainty of funding beyond two years;
- inconsistency regarding extent of counterpart government support for demand reduction and harm reduction approaches, rather than the dominant law enforcement approach;
- opportunities for collaboration between projects were not fully realised; and
- a climate of political instability, which interrupted activities in Burma and Thailand.

A lesson learnt is that it takes several years to build a regional program that aims for capacity building outcomes. Trust needs to be built at country level before sustainable regional outcomes can be expected. Complex institutional capacity building is a long term enterprise. There are constraints on what can be achieved in two years. Five to ten years is more often needed to bring about change and to institutionalise new systems and approaches at the regional level. There was an inherent tension between the design of IDI as a mechanism for funding short term demonstration projects, and the desire of the projects to address long term capacity development needs.

The most significant work undertaken by IDI related to (i) research and capacity building to inform responses to ATS use; (ii) capacity building of the AOD workforce; and (iii) OST standards and governance tools.

IDI experienced the limitations of a project modality, but it was useful to kick-start donor interest in a new area of aid program focus and particularly to focus attention on the ATS epidemic as a development issue. ATS use continues to spread and there is a clear need for further ATS prevention and treatment work. This is not likely to be picked up by HIV programs.

IDI demonstrated the benefits of a regional program in promoting common approaches to training and service standards, planning and information exchange. IDI demonstrated that a regional approach has clear potential to add significant value to reducing impacts of drug use. IDI demonstrated the potential of regional responses for realising cost efficiencies, addressing cross-border issues and enabling identification of regional trends.

As a whole, the projects implemented by Australian agencies appear to have offered better value for money and more concrete developmental outcomes than the UNODC implemented projects. This finding is consistent with assessments of some UN agencies as relatively resource-intensive in program delivery.

IDI was timely in that IDI countries such as Cambodia and Vietnam were actively debating their illicit drugs policies during the project period. This meant that there was an opportunity to significantly influence policies and program priorities. Some countries were still wavering in their support for harm reduction during the project period (Vietnam, Thailand, Burma). It was strategic to include China in IDI, as it is increasingly able to provide leadership to the region in technical areas such as MMT.

IDI made significant progress addressing politically sensitive drug treatment and harm reduction issues. Results were achieved at country and regional levels in influencing officials across sectors and promoting evidence based approaches. IDI helped to shape a more supportive political environment and laid the foundations for longer term workforce capacity development outcomes in addressing drug treatment needs, including in the important area of OST.

The IDI countries benefited from being exposed to Australia's comprehensive response to drug use. Australia's response to drug use provides a model for the region because it is comprehensive in addressing licit and illicit drugs, it encompasses harm reduction, supply reduction and demand reduction, and is evidence based.

Increased workforce capacity will contribute to the provision of more effective drug treatment in the region. Improved treatment outcomes will have a direct effect on strengthening regional responses to the developmental impacts of illicit drugs. To sharpen the poverty reduction focus programs should give

greater consideration to reaching poor and marginalised communities. The association of rapid economic development in the GMS with drug use patterns needs to be recognised by donors.

An IDI meeting took place in Bangkok in 2007 bringing together project teams to discuss possible collaborations which was valued by participants. A direct connection between project activities and the higher level IDI goal was not consistently evident, particularly in respect of police intelligence sharing activities. Projects were largely implemented independently of each other, and with projects working within different philosophical frameworks. Collaboration between the Australian implementers could have been stronger.

Data collection and information sharing initiatives should give priority to the collection of prevention, drug treatment and health related information given the historical failure of initiatives focused primarily on drug enforcement activities to achieve effective outcomes. This should inform how the UNODC SMART Programme evolves.

Recommendations

It is recommended that Australia work with development partners including UNODC, WHO, ASEAN country partners and bilateral donors to ensure a long term, coherent regional response to the adverse impacts of drugs. It is recommended that AusAID continue to draw on Australia's technical expertise in evidence-based drug responses in contributing to a regional response.

AusAID should engage in dialogue with like-minded donors (e.g. DFID, Netherlands) as to how to further promote a comprehensive response to drugs and development, utilising a capacity development approach that supports Asian countries to increasingly lead the agenda.

AusAID should advocate a multi-faceted approach that deals in an integrated way with providing livelihood alternatives, reducing drug use and demand, reducing the harms caused by drug use and the provision of treatment and support for drug users.

The *Accra Agenda*[28] favours a more efficient division of labour between donors. The drugs sector is one in which Australia has a distinct comparative advantage and AusAID should explore how Australia can continue to provide a leadership role while coordinating efforts with like-minded donors. Within this dialogue, strengthening the ATS response should be a priority. There is an urgent need for further work on ATS treatment and prevention in Asia including harm reduction approaches and research on ATS use to inform policies and programs. This needs to be within a broader context than the HIV implications of ATS use, and should include addressing the role of law enforcement in a harm reduction approach.

Possibilities for integration of IDI's harm reduction activities into HAARP should be explored as a priority. AusAID should support further regional work on OST capacity building, OST program governance and standards. It would be a lost opportunity to fail to build on IDI's achievements in these areas. It is recommended that AusAID incorporate regional activities on OST service quality and workforce development into the regional workplan of AusAID's HIV/AIDS Asia Regional Program (HAARP), utilising key IDI outputs including the Governance Toolkit, MMT Standards Framework, TNAs and Addiction Training Modules.

It is recommended that any future program on drugs and development adopt a focus on building capacity for evidence-based drug treatment and harm reduction programs. This would be consistent with the outcomes of the 2009 High Level Meeting on Drugs, which called for an increased emphasis on treatment and health as a basis for international drugs policy.[29]

It is recommended that AusAID explore technical partnerships with China to support its regional leadership on MMT, building on partnerships between Australian and Chinese institutions.

At a policy level, Australia needs to continue to advocate for harm reduction and evidence based treatment programs in such fora as the Commission on Narcotic Drugs, UNAIDS Programme

[28] *Accra Agenda for Action*, Third High Level Forum on Aid Effectiveness, Accra 2008.
[29] *Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem*, Commission on Narcotic Drugs, Vienna, 2009.

Coordinating Board, the UN Economic and Social Council and the UN Regional Taskforce on HIV/AIDS and Injecting Drug Use.

Australia has modelled a comprehensive drugs response to drugs that encompasses supply, demand and harm reduction strategies. As a development agency, AusAID's focus should be squarely on the public health aspects of drugs. This should include multisectoral partnerships. AusAID programs should engage with the law enforcement sector to educate police about their role in harm reduction and treatment programs. This was demonstrated as an effective approach by AusAID's Asia Regional HIV Project.[30]

A whole of government approach should encourage police and health officials to work in partnership, while clarifying respective roles. Applying this model in the region provides opportunities to challenge myths (e.g. that harm reduction increases illicit drug use) and enlist police as champions of harm reduction. Although there are inherent tensions in incorporating supply and harm reduction activities within the one framework, some beneficial relationships were developed through IDI, allowing learning from differing perspectives and enabling harm reduction workers to improve credibility with, and access to, drug control counterparts.

Supply reduction regional activities are likely to continue through support from UNODC and other sources. Considerably more funds are available to the AFP and its counterparts for supply reduction[31] than is available to development agencies for harm reduction and demand reduction. To support a more balanced approach in the region, Australia should invest more funds in evidence-based treatment and harm reduction. AFP's regional programs (e.g. Law Enforcement Cooperation Program) are a more appropriate source of support for regional activities relating to policing. Since 2005, additional funds have been available through the Australian Government's *ATS Package* to AFP for sharing ATS intelligence.

IDI was implemented against a background of policies that position drug use as a public security issue. Problematic drug users are dealt with by criminal justice systems, which receive most resources. However, there is also a burgeoning drug treatment sector in Asia and an increasing willingness to address treatment needs outside of a correctional or compulsory context. It is recommended that AusAID encourage development partners to adopt holistic approaches that addresses licit and illicit drugs within the one framework and which ensure a clear focus on drug use as first and foremost a health issue.

[30] G Denham, *Engaging Law Enforcement in Harm Reduction: Advocacy Resources,* Presentation to IHRA International Harm Reduction Conference, Warsaw 2007.
[31] E.g. the annual budget of the Law Enforcement Cooperation Program is $6.2 million: www.afp.gov.au/international.html

ANNEXURE 1

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ANNEXURE 2

Project documents reviewed

- Full Proposal Forms for each of the eight IDI projects.
- Final reports for each of the eight IDI activities.
- IDI Project Proposal Guidelines

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Summary Report of the Pilot Training for Three Modules, Turning Point and CMU, 2008

Turning Point AOD Centre, *Chiang Mai University Staff Placement Report for Accredited Regional AOD Course,* 2008.

ANNEXURE 3

Australian Implementers Interviewed

Associate Professor Robert Ali	Drug and Alcohol Services South Australia and ANCD
Palani Narayanan	Drug and Alcohol Services South Australia (Consultant)
Andrea Fischer	Macfarlane Burnet Institute for Medical Research and Public Health
Joanne Hayter	Turning Point Alcohol and Drug Centre (Consultant)
Wendy Dodd	Turning Point Alcohol and Drug Centre

ANNEXURE 4: Summary of IDI funded projects

PROJECT 1. Toolkit for opioid dependence treatment and rehabilitation, and related HIV prevention. An integrated planning training implementation guide.	Drug and Alcohol Services South Australia	Burma, Cambodia, Lao PDR, Thailand	$479,000
PROJECT 2. Regional ATS use: building research capacity to inform public health interventions.	Macfarlane Burnet Institute for Medical Research and Public Health	Cambodia, Lao PDR, Thailand	$493,814
PROJECT 3. Building & Sustaining Training Capacity for an alcohol and other drug workforce in South East Asia.	Turning Point Alcohol and Drug Centre	Burma, Cambodia, China, Lao PDR, Thailand & Vietnam	$490,000
PROJECT 4. A capacity building regional initiative to increase the quality and penetration of substitution therapy for opioid dependence treatment in Asia.	Turning Point Alcohol and Drug Centre	Burma, Cambodia, China, Lao PDR, Thailand & Vietnam	$464,400
PROJECT 5. Workforce development & local capacity building for improved drug treatment and HIV prevention among drug users.	UNODC Vietnam Office	China, Lao PDR & Vietnam	$222,300
PROJECT 6. Improving ATS Data and Information Systems.	UNODC Regional Office	Burma, Cambodia, China, Lao PDR, Thailand, Vietnam	$350,000
PROJECT 7. Regional Co-operative Mechanism to Monitor and Execute the ACCORD Plan of Action.	UNODC Regional Office	Burma, Cambodia, China, Lao PDR, Thailand, & Viet Nam	$500,000
PROJECT 8. Improving Access for Young People with ATS Abuse to Effective Treatment.	UNODC Regional Office	Burma, Cambodia,China, Lao PDR, Thailand, Vietnam	$498,000
	TOTAL		**$3,497,514**

ANNEXURE 5: ICR Terms of Reference

ILLICIT DRUGS INITIATIVE

INDEPENDENT COMPLETION REPORT (ICR)

TERMS OF REFERENCE

The following is Terms of Reference (TORs) for an independent activity completion assessment of the Illicit Drugs Initiative (IDI).

1. BACKGROUND

Illicit Drugs Initiative (IDI)

The Illicit Drugs Initiative provided $4 million in grants for projects up to 2 years in duration to strengthen regional responses to the development impacts of illicit drugs and to increase Australia's engagement in combating the production, trade and use of illicit drugs in the South-East Asia region.

Applications for concept submissions were sought from:

- Australian Government departments, agencies and statutory authorities which are actively engaged in illicit drug control, treatment and related activities in South-East Asia;
- Regional and national organisations in the identified eligible countries, National organisations in the identified countries and Regional organisations, which are actively engaged in illicit drug control, treatment, and related activities in South-East Asia; and
- Australian peak bodies which are actively engaged in illicit drug control, treatment, and related activities in South-East Asia.

An interdepartmental assessment panel (consisting of Australian Federal Police, the Australian National Council on Drugs and AusAID) selected nine proposals from a pool of sixteen received, for support under the Initiative. A summary of the proposals is at Attachment A. One project, the UNODC "Pre-Release Methadone Maintenance Programs in Compulsory Drug Rehabilitation Centres in China" did not go ahead to the implementation phase. A list of IDI projects that were implemented is at Attachment 1.

The successful proposals covered the priority areas for the Initiative and were designed to:

- Improve amphetamine type substance (ATS) data and information systems;
- Improve access for young people with ATS abuse to effective treatment;
- Develop workforce and local capacities for improved drug treatment;
- Trial opioid dependence treatment and rehabilitation;
- Trial pre-release methadone maintenance programs; and
- Increase cooperation amongst participating drug control bodies.

Successful applicants include the United Nations Office on Drugs and Crime (UNODC) and three Australian organisations: Macfarlane Burnet Institute, Drug and Alcohol Services South Australia, and Turning Point Alcohol and Drug Centre.

Projects selected for funding under the Initiative commenced in July 2006 and were scheduled to be completed in 2008. One UNODC project and the Burnet project were extended to early 2009.

To complete mandatory quality reporting processes, AusAID is contracting a consultant to undertake an Independent Completion Report.

The Independent Completion report (ICR) is the initiative-level bedrock of AusAID's evaluation system, providing an independent assessment of the quality of our programs and identifying successes, challenges and lessons learnt.

Although the IDI is a monitorable initiative because the total funding is over $3 million, the IDI has been exempted from QAI Reporting and we do not have a monitoring and evaluation baseline. There are no plans to continue the IDI or to move on to another phase based on lessons learnt. However an ICR will be a useful tool for assessing the IDI's performance, looking at lessons learnt and providing feedback to the project implementers.

An ICR should be a stand-alone document that can be read by an outsider without ready access to the Project Completion Report (Final Report).

The ICR's target audience is the community of professionals implementing Australian aid, all of whom need credible, independent advice on the results of past efforts. This community includes stakeholders such as AusAID staff and management, counterpart governments, contractors, other donors, NGOs and universities. Accordingly, ICRs are published electronically.

AusAID requires an independent consultant to undertake a desk review of the Activity Completion Reports (Final Reports) and in accordance with the ICR guidelines and reporting template, prepare an Independent Completion Report (ICR) and providing ratings against various project dimensions. The ICR will directly serve the needs of AusAID by validating the performance data provided in the ACR and identifying lessons learnt from a broader perspective.

2. Purpose

The purpose of this activity is to :

Prepare an ICR in accordance with the requirements of the ICR guidelines and ICR template (current to 30/11/2009);

The outputs will be an ICR produced in accordance with the ICR Guidelines and template.

The ICR's target audience for the IDI ICR is AusAID management. The ICR directly serves the needs of AusAID by validating the performance data provided in the IDI ACRs (Final Reports) and identifying lessons learnt from a broader perspective.

3. SCOPE OF SERVICES

3.1 The consultant will:

Review relevant reports in relation to the Initiative including project monitoring and evaluation records, a draft QAI report (the IDI was exempted from QAI reporting), and Activity Completion Reports (Final Reports).

Consult with AusAID staff in Canberra and Australian program implementers if appropriate.

In doing this an assessment should be made of:

i. The quality of the projects' Activity Completion Reports (Final Reports);
ii. The extent to which planned outputs have been complete and agreed objectives met as agreed in the activity design, implementation documents, and delivery agreement;
iii. Any changes to the original objectives and methods of implementation;
iv. The treatment of risk and the risk management strategy adopted;
v. Successes;

vi. Any positive and negative impacts and how they were assessed and managed;
vii. Examination of sustainability strategy and likely sustainability;
viii. Identification of lessons learned; and
ix. Contribution made to poverty reduction

Produce a concise ICR on the AusAID ICR template (i.e. up to 25 pages long, plus annexes if appropriate)

5. TIMING AND DURATION

A total of up to 15 days work has been allocated:

Up to 14 days work has been allocated for the desk review and drafting the Independent Completion Report.

A workshop to discuss the Activities under the Initiative, provide feedback and collect information from the Australian program implementers will be held in April 2009 (date TBC) and 1 day has been allocated for the consultant to attend the workshop and provide feedback.

6. REPORTING REQUIREMENTS

The consultant will provide AusAID with the following report (both in hard copy and electronic copy):

A draft ICR within four weeks of commencing the desk review.

7. Key Documents

Progress reports and final reports for IDI activities
OPMU ICR template
IDI Project Proposal Guidelines
IDI Project Proposals
AusAID's "Quality Assessment and Analysis of Independent Completion Reports Prepared in 2007-08"