



·SIGGINS MILLER

Evaluation of the Australian Injecting & Illicit Drug Users
League

Final Evaluation Report

Name and signature of an authorised officer for submission:

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

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Main Messages

The Australian Injecting and Illicit Drug Users League (AIVL) is a well-recognised, well regarded, high functioning player in the blood borne virus (BBV)/ sexually transmissible infections (STI) and alcohol and other drugs (AOD) policy, representation and engagement space and in service delivery to member organisations and the community at large. They work alongside many other similar civil society organisations globally who assist people who use or have used drugs and governments to meet public health, human rights and anti-discrimination goals that are beneficial to the whole society.

The trends in drug policy globally towards acknowledging drug use as a public health and human rights rather than a criminal issue both enable and are enabled by the work of organisations such as AIVL. This changing policy landscape supports a broader community climate of opinion that encourages a virtuous cycle where people who use or have used drugs have higher levels of health and wellbeing and engage in behaviours that are protective of themselves and others.

AIVL has contributed significantly to the coordination and cooperation between related peak bodies in the BBV/STI and AOD space that have together and with government achieved and maintained the significant outcome of near zero transmission of HIV in their target population, the general population and responsiveness to outbreaks in the Indigenous community in recent times.

AIVL and other related peaks have worked together at multiple levels to make progress with the complex web of determinants of outcomes such as the elimination of hepatitis C. These determinants include work on an interconnected package of legislative, policy, service system design, human rights and anti-discrimination efforts. Like the multipronged successful efforts to reduce tobacco related harm, government investment has been and needs to remain long term.

AIVL is well managed and well governed but faces the usual challenges of small organisations working with marginalised and underserved populations of succession planning at its centre and in its member organisations.

AIVL's reliance on one funding source is both a risk and the reality of the virtual absence of private sector or philanthropic funds for their purpose and their target group.

AIVL has played a significant role in ensuring good return on investment for government in the large number of BBV and AOD research projects and programs through advice and assistance with the recruitment of hard-to-reach research participants.

AIVL is highly regarded in relation to their authoritative advice to Federal, State and Territory governments about their target population and emerging trends in drug use and most recently their advice on the impact of COVID-19 on the achievement of hoped for outcomes of strategies and the health and wellbeing of their target population.

The operating style of AIVL and its leadership in recent years, is one that is both proactive and responsive, evidence based and problem solving. Their willingness to put their hand up for work in national committees, and their high levels of productivity relative to constrained resources, makes it a sought-after partner in policy, strategy, and research efforts.

There is one significant and important working relationship with a member organisation that needs attention. The Board of AIVL is alert to this and is acting to remediate it.

The Constitution of AIVL is currently being reviewed and the Board and Management are progressing the updating of it in line with good practice.

There is strong support for AIVL (as resources allow) to become more active in providing support to member organisations and the AOD sector (in addition to the BBV/STI sector) to build a safe and skilled peer workforce and workplaces that are safe for them to operate in.

Building a culture of reflection, monitoring and evaluation will require the design of a monitoring and evaluation framework and implementation plan. This can build on the program logic developed for this evaluation. There would be sense in working with the Department on an overarching evaluation framework and plan for the BBV/STI strategies that individual peak bodies' evaluations roll up into at key evaluation and measurement points as the system moves towards 2030.

Executive Summary

Background

AIVL is a national peak body organisation that represents State and Territory peer-based drug user organisations and issues of national relevance for people with lived experience of drug use. The purpose of AIVL is to advance the health and human rights of people who use or have used illicit drugs.

Terms of Reference

Siggins Miller was engaged to evaluate AIVL, focusing on its Canberra-based national peak body work. The evaluation is both formative and summative in nature and sought to answer the following questions:

1. How worthwhile is AIVL overall?
2. How sound is the underlying program theory?
3. How suitable is AIVL's approach for the settings and the target populations?
4. Does it need to be amended? If so, in what way?
5. How well does AIVL deliver what is most needed, to the right stakeholders, at the right times and in the right ways?
6. What outcomes have been attained?
7. How worthwhile are they?
8. How strong is the evidence that the observed outcomes have been entirely or largely produced by AIVL's processes and operations?
9. Where do AIVL's services work best? Why?
10. For whom do AIVL's services work best? Why?
11. Where are the results weaker? Why?
12. How sustainable are AIVL's impacts?
13. How well do AIVL's structures, processes and operations fit with, engage with, and complement those of other organisations in the BBV/STI/drugs domains?

Methodology

The evaluation team used a participatory co-design approach, incorporating methods of contribution analysis. Both qualitative and quantitative data sources were collected and analysed to evaluate AIVL. The data sources included desktop and literature review and stakeholder consultations. The findings from each of these data sources were triangulated to answer the agreed evaluation questions. The process of triangulating the data ensured that no data source on its own was privileged and that the limitations of any one data source could be identified. Using this method, we could say not just *what* happened but *how* and *why*.

Conclusions

Value

All stakeholders who contributed to the evaluation perceived AIVL to be worthwhile, particularly as they represent and support a group of people who are often marginalised. AIVL's value was noted in representing vulnerable populations, being a voice for people who use or have used drugs, input into policies and strategies impacting people who use or have used drugs, input and support with relevant research, development of evidence based and quality resources and reports, support for peer-based organisations, coordination of national efforts and role in the response to BBVs and STIs.

Rationale

There is a broader network of peer-based organisations supporting people who use or have used drugs nationally and internationally, suggesting the work of AIVL is commonplace and appropriate. The program theory that underpins AIVL's approach is sound and makes sense for the hoped-for outcomes of improved health and human rights of people who use or have used drugs. It is important to note, however, that AIVL conducts a range of activities, particularly in the AOD sector, that are unfunded and while necessary to achieve BBV/STI and AOD outcomes, are implemented on the good will and pro bono contributions of AIVL and its staff.

Approach

AIVL's approach is appropriate in representing people who use or have used drugs. AIVL is consistently recognised as being a well-respected voice for people who use or have used drugs which is important for both the community and government. AIVL has recently expanded its focus from injecting drug use to drug use more generally, which

better represents people who use or have used drugs and improves the sustainability of AIVL's work. The strong evidence base used to inform AIVL's position and resources contributes to their credibility as an organisation.

AIVL's approach to work across the five National BBV/STI Strategies and the National Drug Strategy is appropriate and necessary given the impact of these national policies on people who use or have used drugs. In addition, as a peak body for State and Territory based organisations, AIVL plays an important role coordinating national efforts and establishing mechanisms for the sharing of information.

With additional funding and resources, AIVL could continue or expand efforts in the development of resources and guides for the employment of peer workers; reducing stigma and discrimination against people who use drugs; the development of ethical standards and guides for research involving people who use or have used drugs; drug law reform; the translation of research into practice; and working with vulnerable sub-populations such as people who use drugs from culturally and linguistically diverse backgrounds.

Implementation

AIVL's activities are appropriate in response to the identified needs of member organisations and of the broader population of people who use or have used drugs. AIVL continuously meets its contractual requirements by delivering planned activities and completes a range of activities in response to emerging needs within the sector. The appropriateness of AIVL's response is enabled by the frequent and continuous communication between AIVL and its member organisations about drug use trends and the needs of people who use or have used drugs.

Outcomes

There is evidence that AIVL contributed to several important outcomes for people who use or have used drugs such as improved treatment access, development of user friendly treatment guidelines, reduction in stigma and discrimination, greater coordination and collaboration across the sector, more inclusive and responsive policy in the BBV/STI sector, increased knowledge and awareness of issues impacting people who use or have used drugs, reduced human immunodeficiency virus (HIV) transmission among people who use drugs, among others. Stakeholders thought the longer-term outcomes of (1) improved health and human rights of people who use or have used drugs; (2) social justice, equity, and improved access to services for all people who use or have used drugs; and (3) AIVL and its member organisations achieve long term sustainability and growth, are foundational to and observable in AIVL's work.

All stakeholders agreed that the outcomes of AIVL are extremely worthwhile and that AIVL plays a critical role in the national response to BBVs and STIs. Ongoing, it will be important for AIVL to develop a monitoring and evaluation framework for measuring and reporting on outcomes, as well as building a culture of reflection and continuous improvement.

Attribution and Contribution

Across the BBV/STI and AOD sectors, there is an understanding of the complexity of determinants of the desired longer-term outcomes under the National BBV/STI and Drug Strategies. While AIVL has and will continue to play a significant role, they should not be held accountable to the wide-ranging, multi-faceted strategies that other players in the system have worked towards. There is evidence AIVL has directly contributed to several intermediate outcomes within the BBV/STI and AOD sectors that influence the achievement of the hoped-for outcomes of those strategies, but it will be important for AIVL to develop a monitoring and evaluation framework that is sophisticated enough and of an appropriate scale to track outcomes and address the complex issues of attribution and contribution in this space.

Lessons Learned

AIVL's services work best at a national level through the coordination and collaboration with member organisations and other peak bodies to inform policy and research relevant to people who use or have used drugs. While the communication between AIVL and its member organisations is mostly perceived as effective, there is one significant relationship that needs attention and AIVL is alert to this.

AIVL's services are thought to be appropriate across the range of issues impacting people who use or have used drugs, although continued resourcing is an important enabler for AIVL to continue working across the different areas of the relevant national strategies.

Sustainability

AIVL's impacts appear to be sustainable, with continued effort and resourcing. However, it is important to note that the delays in receiving contract funding and the short-term nature of contracts in recent years have limited AIVL's capacity to begin new projects, plan long term and recruit additional staff to meet the demand. In future, AIVL may

benefit from a greater focus on succession planning and diversifying funding to other areas within or across government departments.

Fit

There is evidence to suggest that AIVL's structures, processes and operations fit with and complement those of other organisations in the BBV/STI and drug domains. AIVL displays a high degree of coordination and collaboration with organisations working across relevant sectors and is perceived to play a leadership role in promoting this coordination. While the mission and purpose of AIVL displays similarities with other organisations, they all have a unique focus which contributes to the national response to BBV/STI and AOD in Australia. The coordination of effort occurs both nationally and internationally which promotes collaboration and sharing of information at a grand scale. In addition, interviewees across all groups (i.e., peak bodies, funders, researchers, external stakeholders) reported strong and positive working relationships with AIVL and were unable to identify any gaps in AIVL's structures, processes and operations that may adversely affect operations among organisations within relevant sectors.

Recommendations

AIVL staff and Board should be commended on the level of evidence-based input into policy and national strategies that has contributed to the achievement of outcomes in the BBV/STI and AOD sectors. AIVL should also be commended on its strengths in collaboration and coordination across relevant sectors, which helps it achieve overarching goals related to the improved health and wellbeing of people who use or have used drugs.

Based on the information available to the evaluation, we recommend that:

1. AIVL take the opportunity of the move to a company limited by guarantee to review the constitution to ensure it reflects the organisation as it stands, and its future needs.
2. AIVL work with the Department of Health to see how a move from a project-based funding model to a more outcomes-based funding model could benefit the sustainability of the organisation and its responsiveness to both government and member needs.
3. AIVL shift its focus towards the broader health and wellbeing of people who use or have used drugs rather than having a disease focus. In addition, AIVL should seek funding for its work in the AOD sector that aligns to this broader focus.
4. AIVL consider how to resource and develop guidance on the management and support of the peer workforce in both member organisations and in the broader BBV/STI, AOD and related sectors.
5. AIVL work with the support of the research community to become the generator of research and innovation, develop their own research agenda and research questions in consultation with and generated by people who use or have used drugs.
6. AIVL develop updated guidelines for researchers about how best to work with drug user organisations and people who use or have used drugs in research processes.
7. AIVL is resourced to invest in high quality recruitment processes and succession planning at both the Board and operational levels to build organisational capability and sustainability. Further, AIVL could support and build capacity for these efforts across member organisations.
8. AIVL expand its efforts for Aboriginal and Torres Strait Islander people who use or have used drugs and consider the appointment of an Indigenous identified position to the Board.
9. AIVL's Board reflect on and consider next steps to resolve or remediate the communication and engagement issues with one member organisation e.g., third party facilitated mediation or conflict resolution process.
10. AIVL develop a monitoring and evaluation framework and implementation plan that builds a culture of regular reflection at Board and operational levels. This work can build on the program logic developed for this evaluation. There would also be benefit in working with the Department on an overarching evaluation framework and implementation plan for the national BBV/STI strategies that the evaluations of individual peak bodies would contribute to.

1. Background

AIVL is a national peak body organisation that represents State and Territory peer-based drug user organisations and issues of national relevance for people with lived experience of drug use. AIVL's work spans both the BBV/ STI and AOD sectors and provides important linkages between the National BBV/STI and Drug strategies. This includes:

- Third National Hepatitis B Strategy
- Fourth National STI Strategy
- Fifth National Hepatitis C Strategy
- Fifth National Aboriginal and Torres Strait Islander BBV and STI Strategy
- Eighth National HIV Strategy
- National Drug Strategy

The purpose of AIVL is to advance the health and human rights of people who use or have used illicit drugs. In line with this purpose, AIVL believes people who use or have used illicit drugs should:

- Have autonomy over their own bodies;
- Be treated with dignity and respect; and
- Be able to live their lives free from stigma, discrimination and health and human rights violations.

The program logic and theory presented at *Appendix A* provides an overview of the scope and nature of AIVL's work and how this contributes to the hoped-for outcomes.

2. Terms of Reference

Siggins Miller was engaged to evaluate AIVL, focusing on its Canberra-based national peak body work. The evaluation is both formative and summative in nature. The key focus areas of the evaluation and the respective evaluation questions are outlined in the table below.

Table 1: Key focus areas and evaluation questions

Focus Area	Evaluation Question
Overall value	1. How worthwhile is AIVL overall?
Rationale	2. How sound is the underlying program theory?
Approach	3. How suitable is AIVL's approach for the settings and the target populations? 4. Does it need to be amended? If so, in what way?
Implementation	5. How well does AIVL deliver what is most needed, to the right stakeholders, at the right times and in the right ways?
Outcomes	6. What outcomes have been attained? 7. How worthwhile are they?
Attribution/ Contribution	8. How strong is the evidence that the observed outcomes have been entirely or largely produced by AIVL's processes and operations?
Lessons Learned	9. Where do AIVL's services work best? Why? 10. For whom do AIVL's services work best? Why? 11. Where are the results weaker? Why?
Sustainability	12. How sustainable are AIVL's impacts?
Fit	13. How well do AIVL's structures, processes and operations fit with, engage with, and complement those of other organisations in the BBV/STI/drugs domains?

3. Purpose of this Report

The purpose of this report is to provide findings and recommendations in relation to the agreed evaluation questions, outlined in *Section 2*.

4. Methodology

As outlined in the proposed methodology (see *Attachment 1: Evaluation Plan*), the evaluation team used a participatory co-design approach, incorporating methods of contribution analysis.

4.1. Data Sources

The evaluation team used a mixed methods approach to evaluate AIVL. This approach involved the concurrent collection and analysis of both qualitative and quantitative data. Incorporating best practice principles of contribution analysis, data from all sources was triangulated to form a contribution story that considered both program and non-program factors. Using this method, the evaluation could consider the limitations of any one data source (e.g., interviews) and say not just *what* happened but *why* and *how*. The data strategy matrix provided at *Appendix B* outlines the data sources that contributed to answering each evaluation question.

The following data sources were used to inform the evaluation:

- Desktop and Literature Review
- Stakeholder Consultations

4.1.1. Desktop and Literature Review

A rapid review was conducted to analyse the peer reviewed, grey literature, contracts, program and reporting documents related to the development, implementation, and delivery of AIVL's activities and those of other peer-based drug user organisations nationally and internationally. The literature component of the review sought to include information from previous evaluations of other drug user organisations internationally, however these were not available. Instead, the literature review focused on the broader landscape of national and international drug user and related organisations as well as the context of harm reduction efforts for people who use drugs. AIVL's program related documents were reviewed to understand AIVL's rationale, approach, the implementation of key activities, any outcomes achieved, and the overall sustainability of the organisation. The findings from the desktop and literature review were triangulated with other data sources and used as a basis to determine the overall appropriateness and effectiveness of AIVL as well as identify any recommendations for future improvement.

4.1.2. Stakeholder Consultations

The evaluation team conducted consultations with a range of key stakeholders to understand the delivery of key strategies and activities, as well as the outputs and outcomes achieved by AIVL. Stakeholder consultations provide in-depth insight into the overall operations and effectiveness of AIVL from the perspective of key stakeholders.

Virtual interviews were conducted during October and November 2020. Interviews were scheduled based on availability of stakeholders and all efforts were made by Siggins Miller to meet their availability and needs. Those who were unable to participate in interviews were also offered the opportunity of providing a written response to the interview protocol. All consultations were conducted in accordance with the Communication and Consultation Strategy (see *Attachment 2: Communication and Consultation Strategy*). The details of who participated in consultations is outlined in the table below. A list of stakeholders consulted is also provided in *Appendix C*.

Table 2: Stakeholders consulted

Stakeholder Group	Number participated
Funders	2
Policy Officers	3
National BBV/STI and AOD Peak Bodies	9
AIVL Board and Selected Member Organisations	10
AIVL Staff	6
External Stakeholder Organisations	8

Stakeholder Group	Number participated
Research Bodies	8
Total	46

The qualitative data collected from consultations was analysed using thematic analysis. Patterns and themes were noted; themes were counted to discern whether a theme was common or infrequent; a narrative was extracted from the data that was then checked against other data sources to address the evaluation questions.

5. Conclusions

The following section presents conclusions as they relate to each evaluation question. These conclusions are based on a triangulation of data from all available data sources.

5.1. Overall Value

1. How worthwhile is AIVL overall?

The triangulation of data from all sources suggests that AIVL is worthwhile. AIVL sits within a broader national and international network of organisations that represent and support people who use or have used drugs to achieve an optimal state of health and human rights. The work of AIVL, alongside the efforts of these other organisations is seen as crucial, given people who use or have used drugs are often marginalised and discriminated against within the community.

“Absolutely, yes [AIVL is worthwhile]. They are a proud and visible member of the community. It’s important for everybody to feel represented, especially groups who usually are not.”

- Peak Body Representative

Stakeholders noted the value of AIVL’s efforts in:

- Representing vulnerable populations
- Being a well-respected and consistent voice for people who use or have used drugs
- Informing policies and strategies with knowledge about the needs of people who use or have used drugs
- Providing advice about people who use or have used drugs
- Supporting research efforts involving people who use or have used drugs
- Providing access to the population of people who use or have used drugs
- Developing quality and evidence-based resources and research reports
- Coordinating national efforts among member organisations
- Connecting organisations across the BBV/STI and AOD sector
- Implementation of the BBV/STI response in Australia
- Supporting other peer-based organisations

“They [member organisations] often do feel stigmatised but having an organisation that represents them and has their best interests at heart is valuable.”

- Staff

The continued existence of AIVL provides an indication of the overall importance and value of AIVL in representing the needs of people who use or have used drugs within the broader BBV/STI and AOD sectors in Australia.

5.2. Rationale

2. How sound is the underlying program theory?

Based on international and national experience and evidence obtained during this evaluation, there is significant expert opinion that supports the importance of the ongoing existence of peer-based organisations to support the development and implementation of policy in the BBV, STI and AOD space as well as to support the appropriateness and success of research and evaluation efforts involving people who use drugs. AIVL’s efforts in this regard are considered appropriate and important.

There is also evidence that AIVL exists within a broader international network of user-based organisations representing people who use or have used drugs which further implies the normalcy and need for such organisations. These organisations internationally, have a similar purpose to that of AIVL which is to engage and represent people who use or have used drugs.

The program theory and logic developed for the current evaluation makes sense for the achievement of hoped for outcomes and aligns to the purpose and activities of AIVL as demonstrated by activity reporting and in consultation with key informants. Of note, there is evidence that AIVL completes a range of activities that are unfunded, particularly their efforts in the AOD sector. While it is important to capture these activities in the program theory and logic to demonstrate the full breadth and depth of AIVL's work, the concern is that this signs AIVL up to a scope of work that whilst necessary to achieve BBV, STI and AOD outcomes, is running on the good will and pro bono contributions of members, staff, and the Board because the funding supplied is highly project based and annualised.

“Without organisations like AIVL and its member organisations, we would be really remiss because we would not be able to support this particular community to the extent that they should be supported.”

- External Stakeholders

5.3. Approach

3. How suitable is AIVL's approach for the settings and the target populations?

A synthesis of evidence from all sources suggests that AIVL's approach is appropriate in representing the needs of member organisations and the broader community of people who use or have used drugs. AIVL was most consistently recognised for being a well-respected voice for people who use or have used drugs which aligns to the intended purpose of the organisation and responds to the needs of government and other stakeholders in understanding this voice.

In recent years, AIVL expanded its focus from people who inject drugs to people who use drugs more generally. This shift in focus was thought to better represent the target population and ensure the continued sustainability of AIVL's work as the elimination goals for BBVs and STIs are achieved. While AIVL has a place in the AOD sector given its relevance to people who use or have used drugs, their work in this space is unfunded which poses challenges for the sustainability of these efforts.

“They work in a complex space and do some pretty heavy lifting on behalf of the field. They straddle both BBV and AOD and both spaces have high expectations of what they will deliver and issues they are able to be across. They do it well, it is impressive. They have played a role in getting these sectors to talk to each other.”

- Peak Body Representative

Several stakeholders noted that AIVL has a population focus which means they are required to operate across a suite of strategies impacting people who use or have used drugs. There is evidence that AIVL played a key role in the development and implementation of the National BBV and STI Strategies which was perceived as appropriate given the target population. AIVL's role in the harm reduction pillar of the National Drug Strategy was also perceived as important and should remain the focus of continued efforts.

AIVL's approach to representing and coordinating the efforts of member organisations is important and appropriate. AIVL has established communication mechanisms which allow the ground up translation of knowledge about the needs of the target population and promote the sharing of information between member organisations. It was perceived as valuable that all member organisations have access to nationally consistent resources and materials.

“From a state point of view having a national peak body for state-based organisations is quite critical. What AIVL does as a national body is provide an opportunity for jurisdictions to be able to interact and share information and develop best practice and nationally consistent policy positions.”

- Policy Officers

The evidence base used to inform the position of AIVL in response to issues impacting people who use or have used drugs was seen as a strength of the organisation, which contributes to its credibility as an organisation and the overall utility of the advice and information it provides.

"I have always encountered X [CEO of AIVL] and AIVL to be collaborative, effective in advocating issues relevant to people who inject drugs and that is always delivered. A good evidence base is used to drive the public health policy conversations that X [CEO of AIVL] delivers and all the position papers that they develop. I'm impressed by AIVL's focus and the issues that they take on board to amplify, to get more attention for."

"I've benefited from the policy and research papers they have developed ... I have relied on the work of AIVL to help inform jurisdictional positions but also help inform the committee's policy discussion about what could be done to ensure supply chain is adequately maintained... they are always evidence informed so there's intellectual and research rigour there... the involvement of affected community in the policy consideration is the strength of AIVL."

- Policy Officers

AIVL and its predecessor organisations in Australia have provided examples of how user-based organisations can make a significant contribution to the whole continuum of prevention, harm reduction and treatment of drug related harm and public health outcomes in the BBV and STI space. As a global leader of harm reduction policy and practice, AIVL in the past few years covered by this evaluation (2017-2020) continues to contribute to, participate in, and is informed by many similar groups nationally and internationally. The purpose, strategic direction, and operational focus of AIVL are commonplace globally and inform work at national government levels and into internationally focused bodies.

It is also common that organisations like AIVL operate using a peer workforce model and a user-centric philosophy. While the value of the peer workforce has not been well understood in the past, there is growing evidence for the effectiveness and appropriateness of this approach when representing and working with people who use or have used drugs.^{1,2}

4. Does it need to be amended? If so, in what way?

While AIVL's approach does not need to be amended, there are areas where AIVL could continue or expand its efforts in future with the necessary funding and resources. These areas include:

- The development of training, resources, and guidelines for the employment of peer workers
- Continued efforts to reduce stigma and discrimination against people who use or have used drugs
- The development of ethical research standards and practices for research involving people who use or have used drugs
- Continued focus on drug law reform
- Increasing their role in the translation of research into practice
- Continued work to support sub-populations of people who use drugs such as those from culturally and linguistically diverse communities

"Peer work is on the rise so it strikes me that AIVL would be in an excellent position if it had the training for all the peer workers. Could get more revenue by charging people outside the organisation for the training."

- Board and Member Organisations

Member organisations also suggested that more frequent reflection on who is the target priority population and what is the best focus to support them would be beneficial to ensure AIVL continues to adequately respond to the most pressing needs for people who use or have used drugs.

5.4. Implementation

5. How well does AIVL deliver what is most needed, to the right stakeholders, at the right times and in the right ways?

¹ Marshall, Z., Dechman, M. K., Minichiello, A., Alcock, L., & Harris, G. E. (2015). Peering into the literature: A systematic review of the roles of people who inject drugs in harm reduction initiatives. *Drug and Alcohol Dependence*, 151, 1–14. <https://doi.org/10.1016/j.drugalcdep.2015.03.002>

² Treloar, C., & Abelson, J. (2005). Information exchange among injecting drug users: A role for an expanded peer education workforce. *International Journal of Drug Policy*, 16(1), 46–53. <https://doi.org/10.1016/j.drugpo.2004.07.004>

Consolidating data from all sources, there is evidence that AIVL's activities are an appropriate response to the identified needs of the target population and that AIVL delivers these activities in a timely way. During the period under evaluation (2017-2020), AIVL met its contractual requirements by delivering a range of activities contributing to the improved health and human rights of people who use or have used drugs. In addition, AIVL completed several activities that were unfunded, and which were important for responding to emerging needs in the sector. For instance, AIVL provided input into treatment guidelines to ensure continued access to services for people who use drugs during the COVID-19 lockdown. While these reactionary efforts were perceived as important, stakeholders noted the need for funding and resources so that AIVL can continue these efforts and adequately contribute to the availability of AOD services that currently do not meet the demand.

"I have always encountered X [CEO of AIVL] and AIVL to be collaborative, effective in advocating issues relevant to people who inject drugs and that is always delivered. A good evidence base is used to drive the public health policy conversations that X [CEO of AIVL] delivers and all the position papers that they develop. I'm impressed by AIVL's focus and the issues that they take on board to amplify, to get more attention for."

- Policy Officers

The findings suggest that the appropriateness of AIVL's response to the needs of the target population is enabled by frequent and continued communication with member organisations about the needs of people who use drugs across different States and Territories in Australia. There is evidence that AIVL has established communication mechanisms for the translation of this information and the processes by which AIVL communicates with its member organisations have improved in recent years.

"The response to the need is good as it comes from feedback from members and member organisations and given that most of the Board is made up of representatives from member organisations, there is not much opportunity for things to get lost in translation."

"At the moment I think they have the best communication they ever had with their member organisations, so the national peer network and stuff like that has made for a lot more timely communication between the member organisations and the peak body in both directions."

"The whole process has become much more efficient and much more effective over the last few years."

- Board and Member Organisations

5.5. Outcomes

6. What outcomes have been attained?

Taking together data from expert opinion, reporting documents and experience there is evidence that AIVL has achieved several intermediate outcomes that contribute to the overall health and human rights of people who use or have used drugs.

During interviews, stakeholders noted AIVL's direct impact on the achievement of the following outcomes:

- Presence of a well-respected voice for people who use or have used drugs
- Improved treatment access for people who use or have used drugs
- Development of consumer centred treatment guidelines
- Reduction in stigma against people who use or have used drugs
- Greater coordination of national efforts responding to the needs of people who use or have used drugs
- More inclusive and responsive policy regarding the needs of people who use or have used drugs
- Increased knowledge and awareness of issues impacting people who use or have used drugs
- Reduced HIV transmission among people who use or have used drugs

“AIVL has made a contribution to more progressive policy discussion about drugs versus criminalisation as the only response... alternatives to criminalisation are rising in public acceptability as is the acknowledgment of the importance of harm reduction and prevention.”




- Policy Officers

“There is virtual elimination of HIV transmission among people who inject drugs in Australia and that cannot be said for other places in the world and the reason that this is the case is because you have AIVL and its constituent member organisations doing work in that space so I think it’s a testament to its effectiveness. I think one of the reasons why AIVL still does exist is because we have such great outcomes for people who use drugs in Australia.”

- Peak Body Representative






It is difficult for the evaluation to comment on outcomes given AIVL’s reporting to date has been activity based rather than outcome based and because the limited funding and the purposes for which it is given (i.e., highly prescribed projects) means there is limited capacity for AIVL to focus on the measurement of outcomes. However, based on the activities and outputs delivered, we can infer AIVL’s impact on the achievement of the outcomes described in the table below.

Key for Table 3:






There is no evidence available that AIVL contributed to the achievement of this outcome*	There is some evidence that AIVL contributed to the achievement of this outcome	There is strong evidence that AIVL contributed to the achievement of this outcome
		

*It should be noted that no evidence means no available evidence rather than no impact.

Table 3: AIVL's contribution to intermediate outcomes

Outcome	AIVL's contribution to outcome	Strength of evidence
Improved peer leadership development and community supported employment pathways for peers	AIVL established a peer workforce knowledge sharing network across member organisations and delivered a series of workshops to present the peer workforce capability building training framework	
The presence of member organisations in each State and Territory	AIVL has established a network of member organisations across all States and Territories across Australia	
Improved communication and information sharing between AIVL and its member organisations	AIVL established the National Peer Network and receives regular reports from member organisations that are discussed in Board meetings. Stakeholders report that communication has improved	
The voices of people who use or have used drugs in communities are heard and acted upon by AIVL at the national level	AIVL receives information from member organisations about the needs and views of people who use or have used drugs in each State and Territory and translates this information to government and other relevant stakeholders	
Enhanced knowledge and awareness of stigma and discrimination of people who use or have used drugs	AIVL delivered training to health professionals regarding stigma and discrimination against people who use or have used drugs and consistently discusses the issues of stigma	

Outcome	AIVL's contribution to outcome	Strength of evidence
	and discrimination throughout submissions and media releases	
National advocacy and engagement activities address key issues for members	AIVL seeks the feedback of members to inform topics addressed in policy papers and other advocacy and engagement efforts	
Improved public education and awareness of issues faced by people who use or have used drugs	AIVL develops and disseminates communication materials, media releases and research reports which discuss key issues faced by people who use or have used drugs	
Improved understanding of the experiences, issues, challenges, and gaps in service delivery for people who use or have used drugs	AIVL develops and disseminates communication materials, media releases and research reports which discuss experiences, issues, challenges, and gaps in service delivery for people who use or have used drugs	
Policy makers and key stakeholders have access to latest information on BBV/STI risks and issues	AIVL develops informational resources and reports about BBV/STI risks and issues which are disseminated in both hard copy and via e-lists to policy makers and other key stakeholders	
Improved capacity of peer educators and other health professionals to provide education and support to people who use or have used drugs	AIVL delivered training to health professionals regarding stigma and discrimination against people who use or have used drugs	
Reduction in occurrences of stigmatising behaviour within the health system	AIVL delivered training to health professionals regarding stigma and discrimination against people who use or have used drugs	
Improved access to nationally consistent resources	AIVL develops and disseminates resources and materials to member organisations and key stakeholders reported that member organisations have access to nationally consistent resources and materials	
Improved uptake of resources by target audience	AIVL developed resources such as posters and brochures to be displayed within member organisations and to be disseminated during events. The uptake of these resources was not measured.	
Improved access to NSPs	AIVL continuously updated and maintained the NSP directory	
Improved BBV outcomes for people who use drugs in priority populations	AIVL engages and represents priority populations and communicates about issues impacting these priority populations (e.g., access to pharmacotherapies in aged care facilities). Stakeholders reported that AIVL has a direct impact on improved BBV outcomes amongst people who use drugs in Australia, such as near zero HIV transmission.	

Outcome	AIVL's contribution to outcome	Strength of evidence
AIVL's activities align to funding sources	AIVL delivered planned activities specified in contracts in the years covered by this evaluation (2017 and 2020)	
Improved financial stability	AIVL maintained an operating surplus during the years covered by the evaluation (2017-2020) and secured additional contract funding	
Enhanced capacity and capability of staff	AIVL staff had access to a range of training and professional development opportunities in the years covered by this evaluation (2017-2020)	
Enhanced capability and collaboration of national peak BBV and STI organisations to deliver evidence based BBV/STI strategies	AIVL collaborated with a range of other peak body organisations to advance priorities of the national BBV/STI strategies. AIVL was recognised as playing a leadership role in the coordination of these efforts. A sound evidence base is used to inform AIVL's communication and engagement activities.	
Sustained effort in the interest of the health and wellbeing of people who use or have used drugs	AIVL continues to operate and represent the interests of people who use or have used drugs	

AIVL aims to achieve the following longer-term outcomes:

- Improved health and human rights of people who use or have used drugs
- Social justice, equity, and improved access to services for all people who use or have used drugs
- AIVL and its member organisations have achieved long term sustainability and growth

While these outcomes are complexly determined and AIVL's contribution to these outcomes are therefore difficult to measure, expert stakeholders agreed that these goals are foundational to and observable in all AIVL's work. We can also say that based on the achievement of intermediate outcomes, it is likely AIVL contributes to these outcomes through its work to support policy and program design and guidelines that are user friendly.

Ongoing, it will be important for AIVL to work with the Department of Health to develop a monitoring and evaluation framework that aligns with the reporting requirements of service agreements and contributes to an overarching evaluation framework that covers the work of the National BBV/STI Strategies as a whole. This will be important for monitoring and reporting on outcomes and building a culture of reflection and continuous improvement. Of note, any measurement of outcomes will need to consider the immediate and continued impact of COVID-19.

7. How worthwhile are they?

There was universal agreement that the outcomes of AIVL are worthwhile and that its work is crucial to the national response to BBVs and STIs. AIVL was recognised for its grass roots engagement and capacity to advise policy planning and service delivery that attracts and retains the highest possible proportion of people who use drugs, supporting the overall achievement of longer-term outcomes.

"Yes [the outcomes of AIVL are worthwhile]. It is a complex environment they work in and their funding is value for money. They get a small amount of money and it is being used well. As far as the government is concerned, it's good bang for their buck."

"These outcomes are vital, everyone deserves the right to health, human rights, dignity and respect."

- External Stakeholders

5.6. Attribution/Contribution

8. How strong is the evidence that the observed outcomes have been entirely or largely produced by AIVL's processes and operations?

Using the example of other national strategies such as the National Tobacco Strategy and the iterations within those strategies over the last 40 or more years, the evidence suggests that successful responses are multi-faceted, long-term, and require sustained investment across government and non-government sectors. The National Tobacco Strategy provides a good example of where the solution requires a combination of legislative, public information and education, monitoring and surveillance, investment in development of therapeutics, increases in availability of treatment, and workforce development. In addition, it has required the identification of particularly vulnerable sub-populations and underserved locations geographically.

The BBV/STI and AOD space has reflected this understanding of the complexity of the determinants of the desired long-term outcomes. AIVL has and will continue to play a significant role in the achievement of outcomes due to its very strong connection with the target group directly and through the support of its member-based organisations. However, AIVL cannot and should not be held accountable for those aspects of the necessary, multifaceted strategies (e.g., legislative change, investment in research and development, delivery of treatment services) that other players in the system must and have to varying extents over time worked towards. As was described in the section above, there is evidence AIVL has directly contributed to several intermediate outcomes within the BBV/STI and AOD sector that influence the achievement of the hoped-for outcomes of those strategies. In the future it will be important to develop a monitoring and evaluation framework that is sophisticated enough and of an appropriate scale to track outcomes and address the complex issues of attribution and contribution in this space.

5.7. Lessons Learned

Given the overlap in answering the following three questions, we have combined the conclusions for ease of reading.

9. Where do AIVL's services work best? Why?

10. For whom do AIVL's services work best? Why?

11. Where are the results weaker? Why?

Taking together the data from all sources, the findings indicate that AIVL's services work best at the national level through their coordination and cooperation with member organisations and other peak bodies in the BBV/STI and AOD sector. In this way, AIVL draws upon established two-way reciprocal relationships to work collectively towards common goals. AIVL's role in gathering information from the target community and translating this to government through briefings, submissions and informational resources was seen as an important source of information for policy and decision makers to ensure the voice of people who use or have used drugs is captured and that policies are implemented through the target community. Of note, there is universal agreement amongst researchers that without the contribution of AIVL to their work, the timeliness, quality, and validity of the significant investment by government into research would not be as high as it currently is.

While the communication between AIVL, its member organisations and other organisations in the sector is seen as effective (see Section 5.9 for more detail), there is one significant and important working relationship with a member organisation that needs attention. The findings from consultations with key informants suggests that AIVL is alert to the communication issues that exist and are acting to remediate them. It is important the Board continue these efforts into the future.

The findings suggest that AIVL's services are appropriate across the full scope of areas impacting people who use or have used drugs. Although, given the limited resources AIVL receives and the constrained purposes for which they receive these resources (i.e., predominantly for projects related to BBVs and STIs), their capacity to work across all of the areas that impact people who use or have used drugs is limited. It was also noted by stakeholders that each of these respective areas have high expectations of AIVL. The potential of AIVL to assist governments to achieve policy outcomes in the AOD area is underutilised and dependent on the good will and commitment of the staff and Board of AIVL. The necessary work to not just achieve the elimination of BBVs/STIs but to enhancing the overall health and well-being of people who use or have used drugs will need further discussion and resourcing. If people who use drugs have better overall health and well-being outcomes, the costs to them and to society will be reduced through lower avoidable hospital and health service utilisation.

“Any factor that affects their target population, AIVL has a role... if any of these other sectors for whatever reason didn't recognise the value of AIVL, that's a detriment and it is going to ultimately impact on the patients they care for because I just think that there's so much insight that you can gain from AIVL, so from my perspective you know all of those things that you've mentioned [HIV, BBV, STI, Hepatitis, AOD] are areas where AIVL can play a role, possibly some more than others, but you would be remiss if you didn't have them at the table if you were looking at developing services or policies or whatever it may be.”

- External Stakeholders

5.8. Sustainability

12. How sustainable are AIVL's impacts?

As noted earlier, sustained outcomes in complexly determined areas of health and social policy require sustained effort. Some stakeholders commented that AIVL and the other peak bodies should seek to diversify their funding base from only one section of one government. In principle, AIVL agrees with this but AIVL, researchers and member organisations recognise that there are almost no other sources of funding that can be used for the maintenance of core activities for people who use or have used drugs. Peak bodies also raised concerns that replacing Commonwealth funding with other sources would not align with the purpose and focus of the organisation. However, it was thought that AIVL could expand its funding base from one area of one government department to other areas of other government departments.

“There's a constant refrain that comes from various places that our organisations are too reliant on the federal government and that we should seek alternative sources of funding, but I personally think that it's not really appropriate because that mischaracterizes what our organisations are, why they were set up and how they came about...Supplementary money, we should try and get but it is never going to be able to replace the Commonwealth money.”

- Peak Body Representative

The findings suggest that the nature of funding agreements and the processes surrounding them in recent years has impacted the sustainability of AIVL and its impacts. The short-term nature of the contracts was perceived to hinder long term planning and capacity as AIVL staff are required to spend more time preparing and negotiating contract terms. In addition, the recent delays to the provision of contract funding hindered AIVL's ability to begin new projects and recruit staff. Fortunately, AIVL was able to maintain its level of productivity in the absence of receiving these funds as it was able to draw on organisational reserves, but the uncertainty of receiving funding was a risk to the overall operations of the business.

“What has currently saved AIVL (despite the lack of funds) is that they are good at keeping retained earnings and keeping a surplus in the bank so that in situations like this where money does not come in a timely manner, AIVL has the money to continue. However, if they did have the money come through in a timely manner AIVL would have been able to have more staff on board and undertake take more projects.”

- Staff

Several stakeholders noted the need to focus on succession planning both within AIVL as well as across member organisations to support the continued sustainability of AIVL's impacts. AIVL's role in succession planning at the local level was supporting member organisations to build capacity amongst the peer workforce so people can progress through senior roles of member organisations and into AIVL's board if they choose to. In addition, continued efforts to build capacity amongst member organisations in governance and management was recommended.

Funders did not think that there were any current threats to long-term sustainability of AIVL as AIVL is an important source of information about the population of people who use or have used drugs that is needed by government to realise their strategic objectives. In addition, harm reduction policies and practices were noted as being very much a permanent part of the policy landscape across the National BBV/STI and Drug Strategies.

The only risk to sustainability is the impact of COVID-19 on government budgets which highlights the need for AIVL and funding bodies to ensure that all their investment results in value for money. This observation supports other views expressed and recommendations made later in this report about the need for AIVL to be part of the

development of an overarching monitoring and evaluation framework for the policy areas it interacts with and for it to develop its own monitoring and evaluation framework building on the work of this evaluation that can feed up into the broader national evaluation.

5.9. Fit

13. How well do AIVL's structures, processes and operations fit with, engage with, and complement those of other organisations in the BBV/STI/drugs domains?

Based on a triangulation of data from all sources, there is evidence to suggest that AIVL's structures, processes and operations fit with and complement those of other organisations in the BBV/STI and drug domains.

The ongoing coordination and collaboration between AIVL and other peak bodies appears to be effective in coordinating a national response to BBVs and STIs. Through consultation with peak body groups, evidence suggests there is a high level of communication with AIVL through platforms such as the Blood Borne Viruses and Sexually Transmissible Infections Standing Committee (BBVSS) as well as regular meetings between representatives from relevant peak bodies. AIVL reportedly takes on a leadership role in this space by connecting groups across relevant projects, communicating about joint projects, participating in a variety of meetings, and generally through the establishment of important relationships. Collaborative activities described by peak bodies include project collaboration, joint media releases and submissions, co-hosting, and co-presenting at relevant events (such as World Hepatitis Day).

"All of the peaks play a critical role across the different pillars of the national response and this will need to continue to not lose outcomes."

- Peak Body Representative

Interestingly, external stakeholders reported that the AOD sector was previously very siloed but in recent years, the communication between this sector and others has improved. Additionally, AIVL is reported to be a key organisation participating in joint discussions with the AOD sector through their participation in relevant coalitions and groups. It was also noted by policy officers that AIVL plays a significant leadership role in the space; one such example is the important role AIVL played in leading the AOD harm reduction elements of the National BBV/STI Strategies.

Interviewees also reported that AIVL collaborates with a range of other external stakeholders across the BBV/STI and AOD sectors such as health services, research institutes and universities, and other national and international not for profit organisations (e.g., NOFASD Australia). External stakeholders reported that the broader collaboration efforts between AIVL and other organisations in relevant sectors rely on established and ongoing communications mechanisms (such as meetings and groups) that are working well.

Interview data suggests that AIVL contributes heavily to the effective coordination of effort between member organisations. Board members, who are largely made up of representatives from member organisations, reported that communication between groups is the best it has ever been. AIVL has been instrumental in developing mechanisms to bolster information sharing, improve the overall general coordination of effort, and ensure consistency across resources and materials. Such mechanisms include the board structure being largely made up of member organisation representatives, delegate reporting processes which ensure important information and outcomes are communicated upward from member organisations, and the National Peer Network which improves communication between relevant organisations. However, interviewees did suggest one instance where communication issues exist, although this is currently being addressed (see Section 5.7 for more detail).

The mission and purpose of AIVL appears to complement the work of organisations in related sectors. Data from interviews suggest that related organisations display unique, but relevant, focuses that intersect with AIVL, which provide an overarching effort to ensure all relevant priority areas are targeted and responded to adequately across the National BBV/STI and Drug Strategies. External stakeholders reported that all organisations are imperative components of the system to ensure there is a national response to relevant issues. Further, Board Members reported that roles are clear, and overlaps are discussed and managed appropriately when they arise. An enabling factor to coordination is that there is a shared understanding of when certain organisations will display leadership on issues most relevant to their mission and purpose. This best positions all organisations to address the relevant issues impacting their target group, ultimately improving efficiency and the overall efforts of the BBV/STI and AOD sectors and ensuring consistent messaging to government. Funders acknowledged that peak bodies present a united front on common issues, which was appreciated.

“There is a really good level of respect. If it is an issue that primarily affects sex workers, then we take the lead and are supported by AIVL but if it primarily affects people who use drugs then AIVL will take lead and we support. There is a really good understanding and respect in terms of primacy of the community and respect for expertise and agency in respective areas of work.”

- Peak Body Representative

Additional to national efforts, the presence of AIVL has also been noted internationally. Evidence suggests that AIVL collaborates with international organisations that work across the BBV/STI and AOD and other sectors to ensure information, efforts and resources are shared on a grand scale. AIVL contributes internationally by sitting on a range of conference organising committees, boards and advisory groups including the International Network on Hepatitis in Substance Users, the Australasian Viral Hepatitis Elimination Conference, the Australasian Professional Society on Alcohol and other Drugs Conference Organising Committees and Harm Reduction International, among others.

All peak bodies, policy officers, funders, researchers, and external stakeholders interviewed described a positive working relationship with AIVL and its staff. Key enablers to this effective working relationship included trust, reciprocity, good rapport and personal relationships, shared vision, open lines of communication, platforms to share information, respect for each other’s individual mission and general inclusiveness. Additionally, the current CEO of AIVL was commended for their strengths in collaboration and strategic coordination across the sector. This suggests that groups can work effectively together to reach shared goals, and there are no observed barriers between working relationships, generally.

“Enablers are reciprocity, accountability, trust building, relationship management. X [CEO of AIVL] does all of those things very well. She also demonstrates leadership in relationship to the crunchy policy issues e.g., NSPs in custodial settings.”

- Policy Officers

Of all groups interviewed, there were no identified gaps in AIVL’s structures, processes and operations that may affect how AIVL fits with, engages with, and effectively complements the work of other organisations in the BBV/STI and AOD sectors. As such, the current operational nature of AIVL is effective in ensuring AIVL provides a united front with other organisations to not only reach common goals, but to support similar organisations in achieving individual goals that contribute to the human rights and wellbeing of people who use or have used drugs.

6. Recommendations

AIVL staff and Board should be commended on the level of evidence-based input into policy and national strategies that has contributed to the achievement of outcomes in the BBV/STI and AOD sectors. AIVL should also be commended on its strengths in collaboration and coordination across relevant sectors, which helps it achieve overarching goals related to the improved health and wellbeing of people who use or have used drugs.

Based on the information available to the evaluation, we recommend that:

1. AIVL take the opportunity of the move to a company limited by guarantee to review the constitution to ensure it reflects the organisation as it stands, and its future needs.
2. AIVL work with the Department of Health to see how a move from a project-based funding model to a more outcomes-based funding model could benefit the sustainability of the organisation and its responsiveness to both government and member needs.
3. AIVL shift its focus towards the broader health and wellbeing of people who use or have used drugs rather than having a disease focus. In addition, AIVL should seek funding for its work in the AOD sector that aligns to this broader focus.
4. AIVL consider how to resource and develop guidance for the sector on the management and support of the peer workforce in both member organisations and in the broader BBV/STI, AOD and related sectors.
5. AIVL work with the support of the research community to become the generator of research and innovation, develop its own research agenda and research questions in consultation with and generated by people who use or have used drugs.
6. AIVL develop updated guidelines for researchers about how best to work with user organisations and people who use or have used drugs in research processes.
7. AIVL is resourced to invest in high quality recruitment processes and succession planning at both the Board and operational levels to build organisational capability and sustainability. Further, AIVL could support and build capacity for these efforts across member organisations.
8. AIVL expand its efforts for Aboriginal and Torres Strait Islander people who use or have used drugs and consider the appointment of an Indigenous identified position to the Board.
9. AIVL's Board reflect on and consider next steps to resolve or remediate the communication and engagement issues with one member organisation e.g., third party facilitated mediation or conflict resolution process.
10. AIVL develop a monitoring and evaluation framework and implementation plan that builds a culture of regular reflection at Board and operational levels. This work can build on the program logic developed for this evaluation. There would also be benefit in working with the Department on an overarching evaluation framework and implementation plan for the National BBV/STI Strategies that the evaluations of individual peak bodies would contribute to.

Appendix A: Program Logic

Program logic is a way of presenting clearly on one page the logic of an organisation. It describes graphically how the organisation is expected to achieve its intended outcomes. The program logic spells out the underlying assumptions about how the organisation will achieve the intended outcomes, i.e., the theory of change, describing how the organisation is supposed to work. The program logic will also identify the main external factors at play that might account for the outcomes observed.

Program Logic Statement

AIVL was established in response to the need to have a national voice for people who use or have used drugs and to build capacity for the development of that voice in the interest of improving the social and health outcomes for people who use or have used drugs.

AIVL aims to achieve improved health and human rights of people who use or have used drugs; social justice, equity, and improved access to services for all people who use or have used drugs; as well as long term sustainability and growth of AIVL and its member organisations. Within the timeframe of 2017-2020 and with the resources available, AIVL has focused its efforts on:

- Advocacy and engagement on issues relevant to people who use or have used drugs;
- Capacity building efforts to improve outcomes for people who use or have used drugs;
- Strategic leadership and coordination of national action on BBV/STI and AOD; and
- Efforts that contribute to the financial viability and continuous improvement of AIVL.

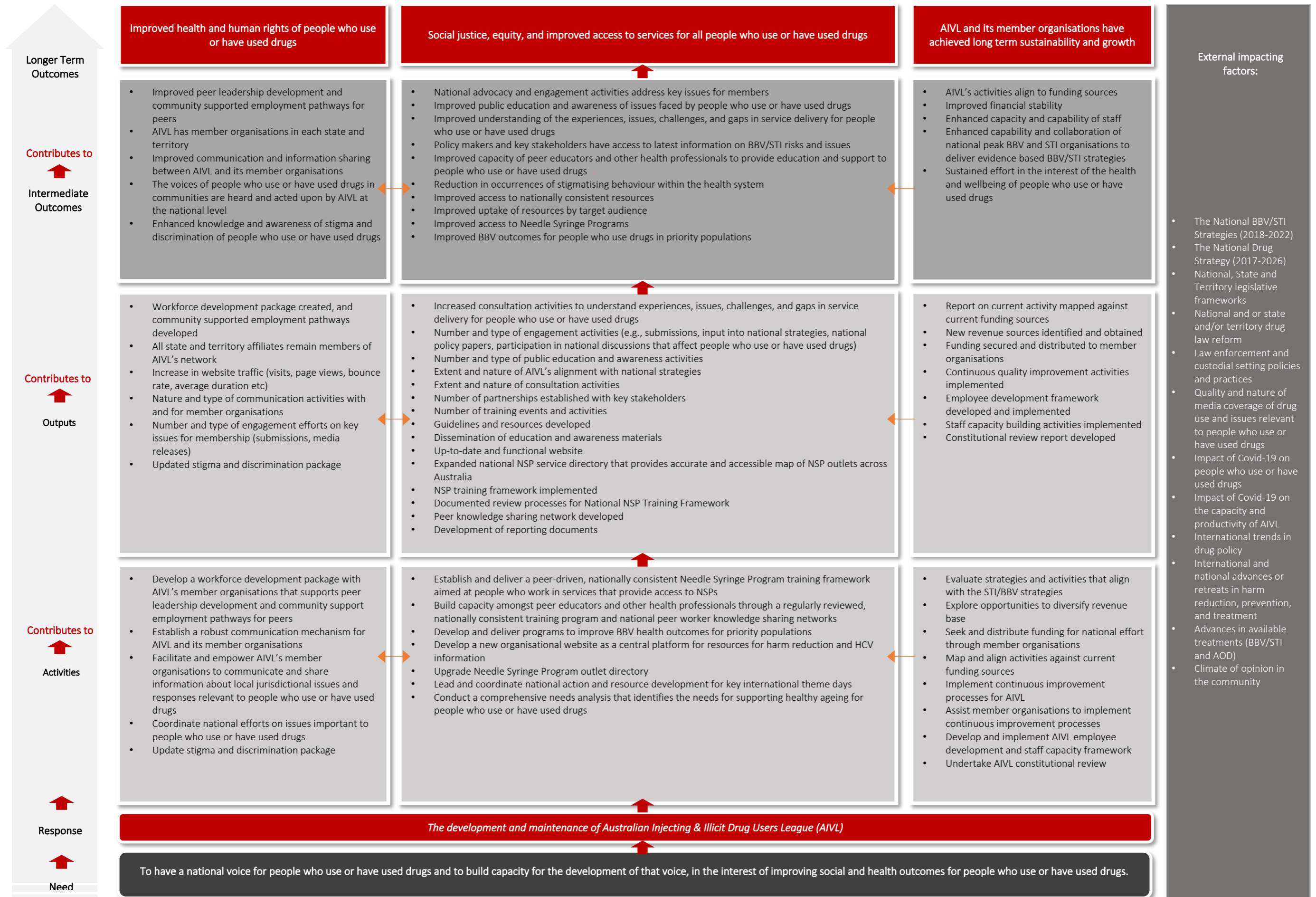
The program logic pictured in the figure below describes in more detail the activities of AIVL, the outputs achieved and how they contribute to the hoped-for outcomes.

It should be noted that the efforts to support the sustainability of AIVL and its member organisations are foundational enablers to the short, medium- and long-term capacity of AIVL to continue its work in the pursuit of the outcomes listed above. It is also noted that the efforts of AIVL to improve the health and human rights of people who use or have used drugs and to achieve social justice, equity/access and change for people who use or have used drugs are inter-related in achieving the hoped-for outcomes.

Lastly, we note that the work of AIVL does not exist in a vacuum and there are several factors outside the scope of AIVL and this evaluation that may enhance or detract from AIVL's contribution to the hoped-for outcomes. These factors include:

- The National BBV/STI Strategies (2018-2022)
- The National Drug Strategy (2017-2026)
- National, State and Territory legislative frameworks
- National and or state and/or territory drug law reform
- Law enforcement and custodial setting policies and practices
- Quality and nature of media coverage of drug use and issues relevant to people who use or have used drugs
- Impact of Covid-19 on people who use or have used drugs
- Impact of Covid-19 on the capacity and productivity of AIVL
- International trends in drug policy
- International and national advances or retreats in harm reduction, prevention, and treatment
- Advances in available treatments (BBV/STI and AOD)
- Climate of opinion in the community

The Evaluation has been mindful of these factors in building the contribution story for the outcomes achieved by AIVL.



Appendix B: Data Strategy Matrix

Topic Area	Evaluation Questions	Indicator	Data source
Overall value	<ul style="list-style-type: none"> How worthwhile is AIVL overall? 	<ul style="list-style-type: none"> AIVL's activities and processes are an appropriate response to the need AIVL is producing desired outcomes Usefulness of AIVL's activities and resources AIVL's activities are valued 	<ul style="list-style-type: none"> Desktop review (program documents and data, activity reports, board papers) Stakeholder interviews Triangulation of data
Rationale	<ul style="list-style-type: none"> How sound is the underlying program theory? 	<ul style="list-style-type: none"> The program theory aligns to the purpose and activities of AIVL The program theory aligns to the activities set out in the National BBV/STI Strategies and the National Drug Strategy External influences are appropriately scoped Links between inputs, outputs and outcomes are practical The outcomes are specific, measurable, achievable, and relevant 	<ul style="list-style-type: none"> Desktop review (program documents) Findings from co-design workshop Triangulation of data
Approach	<ul style="list-style-type: none"> How suitable is AIVL's approach for the settings and the target populations? Does it need to be amended? If so, in what way? 	<ul style="list-style-type: none"> AIVL's approach aligns to the evidence base for the target setting AIVL's approach aligns to those set out in relevant national strategies AIVL's approach considers the needs of target populations Evidence of improvements 	<ul style="list-style-type: none"> Desktop review (program documents and data, activity reports) Literature review (review of other approaches/models nationally and internationally) Stakeholder interviews Triangulation of data
Implementation	<ul style="list-style-type: none"> How well does AIVL deliver what is most needed, to the right stakeholders, at the right times and in the right ways? 	<ul style="list-style-type: none"> AIVL's approach is aligned to the needs of key stakeholders AIVL's activities are an appropriate response to the need AIVL provides timely support 	<ul style="list-style-type: none"> Desktop review (activity reports, program data) Stakeholder interviews Triangulation of data
Outcomes	<ul style="list-style-type: none"> What outcomes have been attained? How worthwhile are they? 	<ul style="list-style-type: none"> Evidence of intermediate outcomes Evidence of longer-term outcomes <ul style="list-style-type: none"> Improved health and human rights of people who use or have used drugs Social justice, equity, and improved access to services for all people who use or have used drugs AIVL and its member organisations have achieved long term sustainability and 	<ul style="list-style-type: none"> Desktop review (program documents and data, activity reports) Stakeholder interviews Triangulation of data

		growth	
Attribution/contribution	<ul style="list-style-type: none"> How strong is the evidence that the observed outcomes have been entirely or largely produced by AIVL's processes and operations? 	<ul style="list-style-type: none"> Outcomes achieved are valued Strength of internal/ external influences in achieving program outcomes 	<ul style="list-style-type: none"> Triangulation of data from all sources (including desktop and literature review, and stakeholder interviews)
Lessons learned	<ul style="list-style-type: none"> Where do AIVL's services work best? Why? For whom do AIVL's services work best? Why? Where are the results weaker? Why? 	<ul style="list-style-type: none"> Evidence of outcomes varies by location/stakeholder group Enablers to achieving outcomes Barriers to achieving outcomes 	<ul style="list-style-type: none"> Desktop review (program documents and data, activity reports) Stakeholder interviews Triangulation of data
Sustainability	<ul style="list-style-type: none"> How sustainable are AIVL's impacts? 	<ul style="list-style-type: none"> AIVL's activities and processes are producing long-term and sustainable outcomes AIVL's activities and processes align with the evidence base for achieving short- and long-term outcomes Evidence of organisational sustainability 	<ul style="list-style-type: none"> Desktop review (activity reports, program data, board papers) Literature review Stakeholder interviews Triangulation of data
Fit	<ul style="list-style-type: none"> How well do AIVL's structures, processes and operations fit with, engage with, and complement those of other organisations in the BBV/STI/drugs domains? 	<ul style="list-style-type: none"> AIVL engages and works collaboratively with other organisations in the BBV/STI/drugs domains AIVL's structures, processes and operations support collaborative ways of working AIVL's activities complement activities of other organisations in the BBV/STI/drugs domains AIVL's activities are unique and fill a gap compared to those of other organisations in the BBV/STI/drugs domains 	<ul style="list-style-type: none"> Desktop review (program documents, activity reports, board papers) Stakeholder interviews Triangulation of data

Appendix C: List of Stakeholders Consulted

Stakeholder Group	Organisation/Department
Funders	<p>Blood Borne Viruses, Sexually Transmissible Infections, and Torres Strait Health Policy Section, Australian Government Department of Health</p> <p>Alcohol, Tobacco & Other Drugs Branch, Australian Government Department of Health</p>
Policy Officers	<p>Sexual Health and Viral Hepatitis, NSW Department of Health and Human Services</p> <p>Sexual Health and Blood Borne Virus Program, Health Department of Western Australia</p> <p>Public Health Regulation and Projects, Health Protection Service, Public Health, Protection & Regulation, ACT Health Directorate</p>
National BBV/STI and AOD Peak Bodies	<p>Hepatitis Australia</p> <p>National Association of People With HIV Australia</p> <p>Scarlet Alliance, Australian Sex Workers Association</p> <p>Australian Federation of AIDS Organisations</p> <p>Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine</p> <p>Australian Alcohol and other Drugs Council</p> <p>Western Australian Network of Alcohol and other Drug Agencies</p> <p>Queensland Network of Alcohol and other Drug Agencies Ltd</p> <p>Network of Alcohol and other Drug Agencies (NSW)</p>
Internal Staff	AIVL Board and Staff
Selected Member Organisations	<p>Peer Based Harm Reduction WA</p> <p>Harm Reduction Victoria</p> <p>Canberra Alliance for Harm Minimisation and Advocacy and The Connection</p> <p>Northern Territory AIDS and Hepatitis Council</p> <p>Queensland Injectors Health Network</p> <p>Hepatitis SA Clean Needle Program Peer Projects</p> <p>New South Wales Users and AIDS Association</p>

Stakeholder Group**Organisation/Department**

External Stakeholder Organisations

Uniting Sydney Medically Supervised Injecting Centre

Pennington Institute

St Vincent's Health Australia

Harm Reduction International

NOFASD Australia

Department of Public Health La Trobe University

Indivior

MSD

Research Bodies

National Drug and Alcohol Research Centre

National Centre for Clinical Research on Emerging Drugs

Burnet Institute

Kirby Institute

Medical School, Australian National University

Social Policy Research Centre, UNSW FASS, UNSW Sydney

Central Clinical School, University of Sydney