

This entry is our account of a study selected by Drug and Alcohol Findings as particularly relevant to improving outcomes from drug or alcohol interventions in the UK. Entries are drafted after consulting related research, study authors and other experts and are © Drug and Alcohol Findings. Permission is given to distribute this entry or incorporate passages in other documents as long as the source is acknowledged including the web address http://findings.org.uk. However, the original study was not published by Findings; click on the Title to obtain copies. Links to source documents are in blue. Hover mouse over orange text for explanatory notes. The abstract is intended to summarise the findings and views expressed in the study. Below are some comments from Drug and Alcohol Findings.

Click HERE and enter e-mail address to be alerted to new studies and reviews

## ▶ Review of the Glasgow & Fife drug courts.

Scottish Government Community Justice Services. Scottish Government, 2009.



For Britain, US-inspired drug courts seemed a way to meld justice with treatment in to a more powerful anti-crime force than looser liaisons. But this Scottish study found no detectable anti-crime benefit; instead the main impact seems to have been to substantially raise costs.

Abstract Britain's first pilot drug courts opened in Glasgow in 2001 and a year later in Fife. Based on a model widely implemented in the USA, their aim was to reduce crime by treating the drug problems driving the offending of adults who have committed serious and/or repeated offences. The expectation was that the effectiveness of sentences such as drug treatment and testing orders (DTTOs) would be improved by extra treatment resources and intensified and specialist judicial supervision conducted in the spirit of collaborative dialogue and therapy rather than adversarial confrontation and punishment. In the courts specialist sheriffs (judges) hear cases, sentence offenders and regularly review their progress, maintaining continuity of contact. Drug court supervision and treatment teams consisting of social workers (who in Scotland also act as probation officers) and drug treatment staff assess the offender, test their urine for drugs, supervise and treat or arrange their treatment, and report back to the courts. To be placed on an order, offenders must plead guilty and agree to accept the order's requirements including treatment and drug testing; most do so mainly in order to avoid imprisonment.

#### Background to the featured study

In the first months and years of the courts, implementation of this new form of justice was relatively smooth. As intended, court reviews replaced the normal adversarial atmosphere with problem-solving dialogue directly between sentencer and offender. Both felt this led to better decision-making. Offenders felt listened to and treated 'as a human being' and motivated to do well. Sheriffs accented the positives, accepted that progress

might be incremental and bumpy, and set achievable goals for the next review. Pre-court meetings between the judge and the multidisciplinary team working with the offender usefully set the agenda for the reviews. Perceived shortcomings related to the lack of comprehensive, individualised and flexible service provision for the offenders.

While generally appreciated by offenders and staff, crime impacts were questionable. Within a year 50% of drug court offenders had been reconvicted and within two years 71%, and the average frequency of reconvictions only slightly dipped in the two years after the order was imposed compared to the two years before. There was no clear crime-reduction benefit from supervising DTTOs through the drug courts (at an average cost of nearly £18,500 per order) as opposed to normal adjudication. However, this might have been because the courts had not been working long enough for a robust analysis. In 2006 the Scottish Government extended the courts for three years subject to a further evaluation, the results of which are documented in the featured report.

## Findings of the featured study

Interviews with staff showed that the generally positive views of the courts documented earlier had been sustained and some teething problems had been resolved. Perceived advantages over usual procedures included more in-depth assessment, intensive treatment by a specialist multidisciplinary team, the continuity of supervision by the sentencing judge, their specialisation in drug cases, and the fact that the courts improve efficiency by dealing in a single hearing or series of hearings with all outstanding offences, warrants and complaints.

Over the years 2005 to 2008 (when data was available from both courts), on average 267 offenders a year were assessed for their potential receptiveness and suitability for a drug court order. Of these, on average 60% were sentenced to an order, of which nearly three quarters were drug treatment and testing orders, accounting for about a quarter of all such orders in Scotland. Over the years 2004 to 2008, 47% of the 779 finished drug court orders had been completed successfully without being revoked or irretrievably breached due to non-compliance. By way of comparison, over roughly the same period, across Scotland 35% of DTTOs had been successfully completed; this figure includes orders made by drug courts.

However, the main indicator of recidivism – convictions – was less promising. Within a year, 70% of drug court offenders had been reconvicted and within two years 82%. Offenders who had successfully completed their orders were less likely to be reconvicted – 62% were within one year compared to 78% whose orders were breached or revoked; by two years the figures were 74% and 89%.

The critical question was how these rates compared to those of offenders *not* processed through the drug courts. In summary, the answer was very little, and not always in the direction of fewer convictions. To improve comparability, the analysis focused on offenders given drug treatment and testing orders either by drug courts or by other courts. This should have ensured that both groups were serious drug-related offenders facing possible custodial offences, considered suitable for and prepared to accept the drug treatment and testing regimen. In the same areas (Fife and Glasgow) in the two years before drug courts were established, 66% of these offenders had been reconvicted within a year and 80% within two years; once drug courts were operational, the figures

were slightly worse – 70% and 82%. Another comparator was offenders given drug treatment and testing orders across Scotland from 2002 to 2006. Here too reconviction rates (72% at one year and 82% at two) were virtually identical to those of the drug courts (70% and 82%).

Even if they had not kept more people free of convictions altogether, it remained possible that the courts had reduced the number of convictions. This too did not seem to be the case. Neither in comparison with the same areas before the drug courts, nor with Scotland as a whole, had drug court offenders consistently or substantially been less frequently reconvicted.

Implementing orders through drug courts cost substantially more than similar orders imposed by other courts. In 2007/8 each order made by the Glasgow court averaged £23,742, by the Fife court, £16,386, while a drug treatment and testing order made by other courts cost on average £12,205. This differential carried through to the cost per successfully completed order; around £50,000 in the drug courts and £36,000 in other courts.

The conclusion was that there was no reliable evidence that orders imposed by drug courts were more effective than similar orders imposed by other courts. Both the proportion of offenders reconvicted, and the frequency of convictions, were very similar to those of offenders on drug treatment and testing orders imposed by other courts. It was, however, clear that orders imposed by drug courts cost substantially more per order and per successfully completed order, a gap which might best be narrowed by streamlining assessments. Nevertheless the courts enjoyed overwhelming support from staff and stakeholders. The report stressed that offenders targeted by the drug courts are extremely challenging, often living chaotic lives and with a long history of drug misuse and offending; their rehabilitation is likely to be a long-term process with many setbacks.

rindings These comments are documented and expanded on in the background notes. For one eminent authority, drug courts seemed a potential way to forge the strong working relationship between criminal justice and treatment systems so far lacking in Britain. Such a relationship was seen as essential to the implementation of programmes which seek to marry the two in a mutually reinforcing crime-reduction partnership, court supervision helping place and keep offenders in treatment, treatment helping them overcome the dependence which drives their offending. Disappointingly however, the featured study found no detectable crime-reduction benefit from adding drug court enhancements to sentences which already involve the close supervision and treatment requirements of drug treatment and testing orders. Instead the main impact seems to have been to substantially raise costs. Studies of drug courts in England have not been able to answer questions about their effectiveness compared to normal proceedings, but did confirm that there too they cost several thousand of pounds more per offender ▶ background notes.

The Scottish findings were a surprise because generally it is thought that helping more offenders complete treatment and supervision programmes (as the drug courts did) will also mean these programmes have greater benefits, including the reduction of crime. A possible explanation is that actually there were crime-reduction benefits, but these were not picked up by the conviction indicator and might, for example, have been reflected in arrests. More radically, it could that the experience of being sentenced and supervised by

a drug court was less important than what the offenders themselves brought to the process (such as motivation and social and psychological resources) or the treatment and monitoring imposed by the comparison drug treatment and testing orders. For more ▶ background notes.

If (as it seems) drug courts did not improve on DTTOs imposed by normal courts, it could mean these options were equally effective, or that they were equally *in*effective compared to alternative procedures. Pilot DTTO studies in the same Scottish areas and in England suggest (but the evidence is methodologically very weak) that offenders given DTTOs are convicted less often than during the corresponding period before the order, and in England that they improved on probation with a treatment requirement. Another comparator for DTTOs is treatment entered in to via non-criminal justice routes. British studies and studies of similar programmes elsewhere suggest (but in the case of the UK, again only weakly) that given the same sort of treatment, the characteristics of the patient are more important than whether they have opted for this treatment by agreeing to a court order or in some other way. For more \times background notes.

### International experience and research

Beyond Britain (> background notes) the evidence almost entirely derives from the USA. It also features few and sometimes flawed randomised trials, yet these are the best way to isolate the impacts of the courts uncontaminated by differences in the offenders seen by these as opposed to other courts. Across all the studies, drug courts have significantly outperformed normal adjudication in reducing indicators of crime (mainly arrests), but in the stronger randomised trials the effect was weaker and no longer statistically significant, meaning that chance variation could not be ruled out. This pattern suggests that non-randomised studies have suffered from various forms of bias which elevated outcomes from drug courts, but that some real advantage probably remains even after these biases have been eliminated.

A randomised trial of the Baltimore City Drug Treatment Court stands out as the most convincing demonstration that drug courts *can* exert a lasting anti-crime impact background notes. Over the three years after offenders were allocated to the court or to normal proceedings, the average numbers of new arrests and charges were significantly fewer among drug court offenders. However, confidence that the court caused these gains is weakened somewhat by two other features or findings of the study. First, though all but one of the other crime indicators favoured the drug court, none did so to a statistically significant degree and differences were in some cases minor. In particular, the average number of new convictions was almost identical in drug court and normally adjudicated offenders. Second, there is a risk that some of the many differences the study tested for might crossed the line in to statistical significance purely by chance. Importantly, this study did convincingly confirm that benefits relative to normal proceedings are concentrated among the more serious offenders, and that frequent resort to short prison terms as a sanction can eliminate the cost advantages of drug courts.

Other mainly US studies ( background notes) offer further clues about what makes for an effective drug court. Courts which predictably levy sanctions for non-compliance by waving prosecution or waving the imposition of a suspended or deferred sentence are

significantly more effective than courts with less clear-cut sanctions. Also, the intensity of supervision of typical drug courts is **generally wasted** on low-risk offenders. More broadly, **international experience and research** suggests it is important for courts to emphasise rewards as well as punishments, see offenders frequently enough to apply these swiftly in response to progress, deploy a range of rewards and sanctions short of revocation which are consistently applied, have a strong and sure ultimate sanction when the programme fails, make these consequences absolutely clear to offenders, have rapid access to a range of treatment options, maintain continuity in the judge dealing with the case, and attend to the range of the individual's needs. Willingness to continue despite some initial offending makes the structure imposed by stringent requirements and monitoring a positive feature rather than one which leads most offenders to fail. Consistent judicial supervision, the fact that this forces addicts (back) in to treatment, and drug testing which provides a shared measure of how treatment is progressing, probably all play their parts.

Last revised 20 June 2010

- Background notes
- ▶ Comment on this entry ▶ Give us your feedback on the site (one-minute survey)

Unable to obtain the document from the suggested source? Here's an alternative.

# Top 10 most closely related documents on this site. For more try a subject or free text search

Treatment and testing orders should make a substantial dent in drug-related social costs NUGGET 2001

Dedicated drug court pilots: a process report STUDY 2008

First test for the DTTO KEY STUDY 2001

Drug court passes rare randomised trial NUGGET 2003

Treatment with drug testing promises to cut national burden of drug-related crime NUGGET 2000

Flexible DTTOs do most to cut crime NUGGET 2005

DTTOs: the Scottish way cuts the failure rate NUGGET 2003

Reducing drug use, reducing reoffending: are programmes for problem drug-using offenders in the UK supported by the evidence? REVIEW 2008

Force in the sunshine state OLD GOLD 2000

Motivational arm twisting: contradiction in terms? THEMATIC REVIEW 2006