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► [Dedicated drug court pilots: a process report.](#)

Matrix Knowledge Group.
[UK] Ministry of Justice, 2008.

Following the Scottish example, England has piloted drug courts using specially trained magistrates to closely supervise treatment-based community sentences. This initial report found no major glitches but low throughput and uncertain cost-benefits.

Abstract The Dedicated Drug Court framework for England and Wales provides for specialist courts which exclusively handle cases relating to drug misusing offenders from conviction through sentence to completion (or breach) of a community order with a Drug Rehabilitation Requirement (DRR). Two magistrates' courts (Leeds Magistrates' Court and West London Magistrates' Court) have been piloting drug courts implemented in line with the Ministry of Justice's framework.

The critical factors for implementation success are an understanding of local context and scale of need, the enthusiasm of the local judiciary and partner agencies, good partnership working, availability of resources to deliver the drug court and its associated treatment services, the depth of understanding by all staff of offender motivation and, in particular, recognition of the points at which an offender is most likely to make progress in reducing or stopping drug use. Continuity of judiciary is key to successful implementation of a drug court. It provides the focus for communication between the court and the offender and across magistrate panels. Continuity of judiciary was a strong planned feature of both courts. Based on analysis undertaken with data from the Leeds pilot, there is strong evidence that continuity of magistrates has a statistically significant impact on several key drug court outcomes. Greater continuity of magistrates experienced by offenders is associated with their being less likely to miss a court hearing, more likely to complete their sentence, and less likely to be reconvicted.

Break-even analysis showed that (compared to normal adjudication) an extra 8% of offenders seen by the courts would need to stop taking drugs for five years or more following completion of the sentence to provide a net economic benefit to the wider society, and 14% in order to provide a net economic benefit to the criminal justice system. A robust quantification of impact was not possible because of the difficulties in collecting sufficient data on a comparison group of offenders not processed through drug

courts.

FINDINGS Commissioned by the UK Ministry of Justice, the report describes the implementation rather than the outcomes of England's pilot drug courts. In line with international understandings, the courts were intended to specialise in drug-related offenders, presided over by sentencers specially trained for this task who order treatment-based sentences and closely supervise the offender's progress, aided by regular tests for illegal drug use. The aim is maximise the rehabilitative impact of the sentence by increasing compliance and engagement with treatment through criminal justice pressure (ultimately the prospect of receiving a more typical punishment-based sentence if the drug court's order fails) and rewards (of which one of the most powerful seems to be the unfamiliar experience of being congratulated by a judge or magistrate).

The report identified no critical fault lines in the implementation of the courts. However, these were particularly promising sites: the Leeds court built on a pre-existing system and in London, court staff were enthusiastic about the proposal and had already been working towards creating a drug court. Nevertheless, offender throughput was lower than expected. Over the 17 months of the evaluation, the London court sentenced just 60 new offenders while in Leeds the total was 276. Low throughput raised costs per offender. Compared to a standard 12-month drug rehabilitation requirement order implemented through normal adjudication, supervising the order through the drug courts cost £4633 extra per offender.

With no comparison group of normally adjudicated offenders, the evaluation was unable to say whether this was money well spent. They were, however, able to calculate the drug use reductions the courts would have to 'buy' in order to meet their extra costs – as noted in the abstract, the answer was 8% of offenders ceasing drug use for at least five years compared to the numbers doing so on a normally adjudicated drug rehabilitation requirement order. This calculation though excludes the base costs of normal adjudication and of a normally supervised drug rehabilitation requirement order. This seems to mean that the 8% would *also* have to be over and above the proportion of offenders who remain abstinent after normal judicial processing. The report gives no indication of how much success would be needed to match the total costs incurred by the criminal justice system in implementing all the elements of a drug court-supervised drug rehabilitation requirement order.

The report's emphasis on offenders seeing the same magistrate(s) for their sentencing and throughout subsequent progress reviews is backed by evidence from Leeds that continuity is substantially associated with better compliance and drug use and crime outcomes. Steps were taken to reduce the risk that continuity was *caused* by high compliance and good progress rather than vice versa. However, without actually allocating offenders at random to see or not see the same magistrates, it is impossible to eliminate this possibility. Assuming the effect was real, it is of concern that organising continuity was a challenge, and especially so for 'breach' hearings dealing with unacceptable failures to comply with the order, which national regulations required to occur within a set period. Unfortunately, these crucial junctures are just when continuity is most needed, requiring an understanding of whether the offender will do better on a revised order, or the order has failed and should be revoked, often resulting in imprisonment.

A final caution over **any such report** is that some leading criminologists accuse the UK government of manipulating and distorting criminological research for political gain, to the point where the professor of criminology at the Open University **has called** for a boycott of government-commissioned work. The featured report was commissioned by the UK Ministry of Justice, a ministry carved out in part from the Home Office, one of the main targets of these accusations.

Scotland preceded England in formally piloting drug courts in Glasgow from 2001 and in Fife the following year. As in England, implementation was not entirely smooth but better than might have been expected. There was a high but **it was thought** acceptable **failure rate**, probably aided by Scotland's **more flexible** application of drug treatment and testing orders, predecessors to the drug rehabilitation requirements used later by the English courts. However, crime impacts were questionable. Within one 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 the orders through the drug courts (at an average cost of nearly £18,500 per order) as opposed to normal adjudication. But, as in England, the costs imposed on society by persistent, high-rate offending and drug-related mortality and morbidity, are such that even modest improvements might be cost-beneficial overall.

International experience and research relating to drug courts 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 to 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.

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