

10.10 Drug courts can work in Britain

Findings Affirmative answers have been provided to the first two questions about drug courts in Britain – whether they can be made to work and whether offenders can be retained on the courts' orders.

Drug courts opened in Glasgow in 2001 and a year later in Fife. Their aim is to reduce offending by treating serious drug-related adult offenders. Specialist sheriffs (judges) hear cases and regularly review the progress of the offenders they sentence. Drug court supervision and treatment teams consisting of social workers (who in Scotland also act as probation officers) and drug treatment staff assess, urine test, supervise and treat or arrange treatment of offenders, and report to the courts. [Reports](#) based on the first six months of the courts indicate that implementation had been relatively smooth and there was optimism that they would reduce drug use and crime. As intended, reviews replaced the normal adversarial atmosphere of courts 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. There was some evidence from urine tests and from small samples of offenders interviewed while on the orders that illicit drug use substantially declined.

Expectations in Glasgow of referrals from police custody officers proved unrealistic because they were not in a position to identify suitable offenders. In Fife, other courts who already had reports on the offender referred to the drug court, but at the cost of extending the time between arrest and treatment. The courts found ways (using deferred sentences on other counts, public praise or admonishment, adjusting the intensity of the main order) to reward effort and sanction non-compliance without terminating (revoking) the order. In the first six months none had been revoked. However, these 'workarounds' did not meet the need for a range of sanctions and rewards. Treatment was usually based on methadone maintenance. There was concern over how to respond to stimulant users or opiate users who did not want methadone, and that treatment was not matched to each offender's needs. In Glasgow interviews with offenders suggested that more emphasis should be placed on promoting social inclusion and productively occupying the offender's time.

In context In its first 18 months the Glasgow court made 86 drug court orders (mostly involving DTTOs) of which four had been revoked. This 5% revocation rate compares to 46% over the same time at pilot DTTO schemes in England. In England revocation is strongly linked to reconviction. This may not be the case in Scotland, but if it is the prospects are considerably brighter than the 80% reconviction record in England. However, the courts' impressive retention records must be seen in the light of the exclusion of mentally ill offenders and an extended assessment which would tend to filter out those less stable and committed. Some officials also excluded offenders whose housing, employment and social support **LINKS** [Nuggets 9.9 8.11](#) • [First test for the DTTO](#), issue 6 reduced the chances of success.

Practice implications The courts' operations were generally in line with international experience on what produces good outcomes, especially in terms of the continuity and style of the interactions between offenders and sentencers. Lack of formal sanctions short of revocation has been rectified through the Criminal Justice (Scotland) Act 2003 which provides drug courts with the power to impose short prison sentences or community service orders. If reconviction results are good, there will be a case for bringing procedures in the rest of the UK (especially probation and DTTO requirements which create high failure rates) closer to those in Scotland. Weaknesses in the referral process could be addressed by using arrest referral workers to make the initial referral and by using the results from drug tests conducted on suspects arrested for certain drug and property offences.

Featured studies ① Eley S. *et al.* [The Glasgow drug court in action: the first six months](#). 2002 ② Malloch M. *et al.* [The Fife drug court in action: the first six months](#). 2003 ③ Mclvor G. *et al.* [Establishing drug courts in Scotland: early experiences of the pilot drug courts in Glasgow and Fife](#). 2003. All published by Scottish Executive Social Research. Download from www.scotland.gov.uk.

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