

### 3.12 Treatment with drug testing promises to cut national burden of drug-related crime

**Findings** An interim evaluation of pilot drug treatment and testing order (DTTO) schemes helped persuade government to implement the orders nationwide from October 2000. The key finding was a dramatic reduction in offending.

The orders are community sentences combining treatment for drug-taking offenders with regular drug testing and review by the courts to assess whether their progress requires a change in the order. Orders can be applied to offenders aged 16 or over whose drug misuse requires and is susceptible to treatment. The intention is to tackle high-rate property offending to finance drug use. To make an impact the orders had to be convincing enough for sentencers to use them yet not so onerous that offenders would refuse them.

Researchers evaluated three pilot schemes in areas where the orders became available for offences committed after 1 October 1998; the interim report covers up to 30 June 1999. In each area DTTO teams consisting of probation officers and clinical staff assessed referred offenders and decided whether to recommend an order to the court. Out of 233 referrals, 94 recommendations were made resulting in 78 orders averaging 13 months in two areas and 17 in the third. The profile of the 78 offenders broadly matches that of criminally active drug treatment clients – young white men convicted of shoplifting who were (urine tests suggest) mainly using opiates and cocaine.

Interviews with 55 during the first month of their order revealed a pre-sentence weekly drugs bill averaging £400 and an average 107 acquisitive crimes in the month before sentence. In the four weeks before the interview these figures had fallen to £30 and 10 crimes and (although half the urine tests on the 78 offenders had been positive for opiates and 4 in 10 for cocaine) drug use had been substantially reduced. Failure to meet the conditions of the order was common. Clashing professional traditions and values were a serious obstacle to the inter-agency working integral to the schemes.

**In context** The teams successfully targeted high-rate offenders and their recommendations were largely accepted by the courts. Pre-sentence offending rates were comparable to those of drug users picked up by arrest referral schemes and over five times higher than criminally active drug treatment clients in general. Reductions in crime among high-rate offenders account for most of the savings due to treatment; the current study suggests that drug treatment and testing orders effectively fast track such offenders into treatment. However, the 3 in 10 not interviewed might have given a less positive impression. A throughput per scheme of 35 orders a year is far below the nearly 100 a year anticipated in the report and would not meet government expectations of 6000 nationwide in 2001–2002. Of 180 orders made up to May 2000 a third had been revoked, expected to rise to perhaps one in two.

**LINKS** *Nuggets 2.10 3.11*  
*Pressure pays*, issue 2, p. 4

**Practice implications** Even at current modest caseloads, DTTOs should pay for themselves by reducing health and crime-related costs imposed by drug using offenders. Performance will be improved by careful staff recruitment and training (both of which should focus on the ability to forge partnerships and enthusiasm for working with problem drug users) and by greater clarity over roles and responsibilities. Local multi-agency steering groups allow some of these issues to be addressed before teams start their work. Time absorbed in processing inappropriate referrals should be reduced by developing and publicising referral criteria.

Urine testing has proved a poor indicator of crime reduction and therapeutic progress. Before the pilots there were concerns that regular testing would provide such frequent opportunities for offenders to fail that many fundamentally doing well would have to be returned to court for resentencing. The high rate of revocations despite facilitated access to treatment, legal supervision, and the incentive of avoiding a harsher sentence, may indicate that this concern was well founded. Alternative indicators may be needed.

**Main sources** Turnbull P.J. *Drug treatment and testing orders – interim evaluation*. Home Office, 1999. Copies: Home Office, phone 020 7273 2084 or download from <http://www.homeoffice.gov.uk/rds/publf.htm>.

**Contacts** Paul Turnbull, Criminal Policy Research Unit, South Bank University, London, phone 020 7815 8459, fax 020 7815 5822, e-mail [turnbupj@sbu.ac.uk](mailto:turnbupj@sbu.ac.uk).