

5.6 Treatment and testing orders could make a substantial dent in drug-related social costs

- **Findings** Findings from pilot schemes suggest that drug treatment and testing orders will make a substantial contribution to reducing drug-driven crime and net considerable cost savings for society.
- The **featured study** covered the full 18 months of the three pilot schemes from which interim findings were reported in *Nugget 3.12*.
- The schemes received 554 referrals and proposed 288 orders, of which 210 were accepted by the offender and the court. Though most were opiate addicts, just a fifth of the offenders received maintenance treatment. Sentencers said the testing requirement gave them confidence to use the order as an alternative to custody, a role consistent with the fact that most revocations were followed by a custodial sentence. Clashing professional traditions and values were a serious obstacle to good team and inter-agency working. However, one of the sites showed that with high quality management and staff, the issues could be resolved sufficiently to build an effective team.
- Interviews with 132 offenders six weeks into their orders showed that before arrest 91% had been using heroin daily and three-quarters using crack. 4 out of 5 had never been formally helped with their drug problems. A typical weekly drug spend of £400 was funded mainly through crime. After this short time on the order, a third no longer bought illicit drugs and the typical drug spend of the remainder had fallen to £70. Two-thirds had stopped committing acquisitive crimes and a fifth had reduced their offending. Interviews at six months and at the completion of orders showed that offenders retained to these points made further progress and crime and illicit drug use were rare.
- Another 19 whose orders had been revoked on average eight months earlier were now committing on average 48 acquisitive crimes a month compared to 190 before arrest.
- Failure to comply with attendance requirements and expectations of reductions in drug use were common. By the end of the study nearly half the orders had been revoked, largely due to the 60% revocation rate at a scheme which insisted on offenders becoming drug-free within weeks, and where long distances and travel times made it harder for offenders to keep appointments. In Liverpool just 28% of orders were revoked.
- **In context** Though sufficient to support the following conclusions, evidence from the featured study is relatively weak. Importantly, the new orders seem acceptable to sentencers. At anticipated intake levels (not reached by the pilot schemes) and with the funding available to them, nationwide the schemes could process about 6000 offenders and rival prison and voluntary treatment in their impact on drug-driven prolific offenders. Even assuming the modest throughputs of the pilot schemes, the orders should net considerable savings

The findings and implications of this of important study will be covered more fully in a future issue as a **FINDING Key Study**

- for society by reducing health and crime-related costs.
- Unlike the options available in the UK, drug courts in other countries emphasise rewards as well as punishments and apply these swiftly and sensitively in response to the offender's progress, procedures likely to maximise behaviour change. The pilot schemes' focus on abstinence-oriented non-residential treatments is not consistent with evidence that most heroin addicts do best in maintenance programmes. The high revocation rate seriously undermined the effectiveness of the orders. Less onerous and individualised testing and attendance requirements, together with some tolerance of continued drug use, provide fewer opportunities for offenders to fail and therefore fewer failures.

LINKS *Nuggets 4.12 3.12 3.11 2.10* • *Pressure pays*, issue 2 • *Force in the sunshine state*, issue 4

- **Practice implications** Many recommendations from the featured study have been incorporated in new guidance ► *Additional reading*.
- Outcomes might improve if each scheme accessed the full range of treatment options and matched these to individual need. One impediment is the fixed length of the order which discourages open-ended treatments such as maintenance prescribing. Effectiveness would also improve and revocations might be fewer if courts could levy graduated sanctions and rewards short of revocation, preferably applied by the original sentencer. Regular court sessions and specialist magistrates dedicated to the orders help achieve the latter objective. Time absorbed by inappropriate referrals (over 40% in the pilots) should be reduced by sharpening acceptance criteria and publicising these to staff who refer directly or indirectly into the schemes. Clearer guidelines for breach and revocation are needed which go beyond national probation standards. Strictly adhered to, these would result in wholesale revocation and subsequent imprisonment. The researchers' recommendation that testing be individualised in line with goals agreed between the team and the offender, and that relapse be seen as a prompt to increase rather than withdraw support, can be implemented only to a limited degree without the credibility of the orders suffering in the eyes of sentencers and the public.

- To help overcome deficits in inter-agency working, scheme sponsors will need to invest heavily in intensive, high quality management, and in staff recruitment and training, with an emphasis on the ability to forge partnerships and enthusiasm for working with drug users.

- **Featured studies** Turnbull P.J., *et al. Drug treatment and testing orders: final evaluation report*. Home Office, 2000. Copies: RDS Communications Development Unit, Home Office, phone: 020 7273 2084, fax 020 7222 0211, e-mail publications.rds@homeoffice.gsi.gov.uk, or download from <http://www.homeoffice.gov.uk/rds>.

- **Additional reading** Home Office Criminal Policy Group. *PC43/2000(rev): Drugs: advice on national roll out of the new orders*. Probation Circular, June 2000.

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