

Crime and Criminal Justice Research Programme

The Glasgow Drug Court in Action: The First Six Months

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Main Findings

- Fewer referrals were made by the police than had been anticipated, though the referral process otherwise appeared effective in identifying offenders who met the Drug Court criteria.
- In the first six months of operation, 68 offenders had been referred for a Drug Court assessment and 31 Drug Court Orders had been made. Seventeen offenders were given a Drug Treatment and Testing Order (DTTO), 9 a probation order with a drug treatment requirement and five both a probation order and a DTTO.
- Substitute prescribing (using methadone) constituted the core treatment of the Drug Court Supervision and Treatment Team. There was consensus that a broader range of treatment services should be made available to the Drug Court, including residential rehabilitation services and both rehabilitation and community-based services that met the needs of women.
- Pre-court review meetings were viewed as enhancing the review process. Sheriff-client dialogues were at the heart of the actual reviews, ranging from 20 per cent to all of the review time. Shrieval oversight appeared to be a critical element of the Drug Court process.
- The range of sanctions and rewards available to the Drug Court Sheriffs was perceived as inadequate. In particular, sheriffs would have welcomed having the option to impose short prison sentences for non-compliance without prejudice to the continuation of an Order.
- There was a general optimism among those involved in the operation of the Drug Court that it would be successful in reducing drug use and associated offending and broad support was voiced for the existence of a specialist Drug Court.

Introduction

Drug Courts aim to reduce drug misuse and associated offending by offering treatment based options outwith the traditional court setting. Scotland's first Drug Court was established in Glasgow Sheriff Court in October 2001, operating under summary proceedings. Its objectives are to:

- reduce the level of drug-related offending behaviour;
- reduce or eliminate offenders' dependence on or propensity to use drugs; and
- examine the viability and usefulness of a Drug Court in Scotland using existing legislation, and to demonstrate where legislative and practical improvements might be important.

The Drug Court is aimed at offenders aged 21 years or older of both sexes, in respect of whom there is an established relationship between a pattern of serious drug misuse and offending. Offenders referred to the Drug Court must otherwise have been facing prosecution in the Sheriff Summary Court and should normally first appear before the summary court from custody.

The Glasgow Drug Court is staffed by two sheriffs on a part-time basis. Other members of the Drug Court team include a Co-ordinator, a procurator fiscal, a sheriff clerk and a Supervision and Treatment Team. The latter consists of a team leader, supervising social workers, addiction workers, treatment providers and medical staff who are located together in shared premises.

This paper summarises the findings from a formative and process evaluation of the Drug Court's operation in the first six months. The aim was to document the operation of the Drug Court during this initial period with a view to identifying any changes that might be required to enhance its operational effectiveness.

Methods

A variety of qualitative and quantitative research methods were employed. They included: interviews with 38 professionals associated with the Drug Court; interviews with 8 Drug Court clients; collection of information from Drug Court records; and observations of screening group meetings, first callings, pre-court review meetings and review hearings between February and April 2002.

Referral to the Drug Court

When the Drug Court was established it was envisaged that the main referral route would be through the 'flagging up' of custody cases by the police. In practice, however, just over

one-third of the cases referred to a screening group were identified in this way. Referrals appeared to rely upon the knowledge and enthusiasm of individual police officers and were variable across the city.

Cases considered potentially suitable for the Drug Court by the Drug Court Procurator Fiscal were referred to a screening group attended by the Fiscal, the defence agent, a social worker, a police officer and, on occasion, an addiction worker. The screening group was viewed as an effective mechanism for filtering out inappropriate referrals.

The Drug Court referral criteria were thought by most of those associated with the Drug Court as realistic and appropriate, especially since offenders under 21 years of age were unlikely to be sufficiently motivated or mature to cope with the Drug Court regime. Some concern was expressed that women were not being referred in sufficient numbers because their offences were often dealt with by the district court.

By early May 2002, 77 cases had been referred to a screening group, 61 of whom were considered potentially suitable for the Drug Court. It appeared that the criteria were being appropriately applied in the filtering out of inappropriate cases at this stage. By mid-May, 68 cases had been referred for a Drug Court assessment.

Whilst assessment reports were usually available at the first calling of the case in the Drug Court, this sometimes did not happen as a result of staff shortages, or the failure of the individual to attend the assessment appointments. There was a general desire among those involved in the Drug Court to reduce the four-week assessment period, though this was not considered to be feasible within existing resources.

Sentencing

By May 2002, 31 offenders had been made subject to a Drug Court Order. Seventeen offenders were given a Drug Treatment and Testing Order (DTTO), 9 a probation order with a drug treatment requirement and five both a probation order and a DTTO. In addition, deferred sentences were seen by sheriffs to afford some flexibility in sentencing in the event of multiple or outstanding charges.

The range of sentences available to Drug Court Sheriffs – the same as that available to the sheriff court under summary proceedings – was considered by professionals to be effective and appropriate. The Drug Court was, however, perceived by professionals and clients alike to be less punitive and more constructive in its ethos.

Offenders were willing to accept the requirements of a Drug Court Order for a number of reasons, including a desire to avoid imprisonment, though additional motivation was

required to ensure compliance with the stringent demands made by these Orders.

Sheriffs believed that their sentencing decisions were better informed than in the Sheriff Court as a result of the more comprehensive and focused drug assessments that were made available to them.

Treatment and Testing

Treatment services were provided both in-house and by external service providers. They included counselling, prescribing, access to day programmes and primary medical care. Substitute prescribing (using methadone) constituted the core treatment in practice.

Members of the Supervision and Treatment Team and clients expressed some concern that the treatment regime lacked flexibility and that levels of medication provided did not always take account of the wishes of individual clients. While prescribing was clearly a matter for the medical profession, increased dialogue in monitoring and reviewing patterns of prescribing would have been beneficial.

There was consensus that a broader range of treatment services should be made available to the drug Court. Treatment and Supervision staff identified the need for increased rehabilitation services and, in particular, rehabilitation and community-based services that met the needs of women.

Drug testing formed a key component of Drug Court Orders. Clients were tested twice weekly at the beginning of an Order, though allowance was made for the need for clients to stabilise their drug use before reducing or ending it. Clients saw testing as a largely positive element of the Order, viewing it as a significant factor in sustaining motivation.

Some practical issues relating to the testing procedure were, however, identified. These included the lack of waiting room space and other facilities (including drinking water) and delays in obtaining test results for samples sent for external analysis.

Reviews and Enforcement

The Drug Court Sheriff who imposed the Order reviewed offenders on Drug Court Orders at least monthly in the initial stages of the sentence. Pre-court review meetings attended by the sheriff, procurator fiscal, defence agents (on occasion) and members of the Supervision and Treatment Team preceded court reviews and were perceived to be a positive feature of the review process.

The thorough private exchanges of information informed and shaped the nature of the dialogue between sheriff and client

in the subsequent review. While some offenders wished they were able to attend pre-court review meetings, all were confident that their progress was discussed in a fair and appropriate manner.

Review meetings were held in open court, offering a degree of transparency that was perceived by the Drug Court Sheriffs as necessary for maintaining public confidence in the Drug Court in its pilot phase.

Sheriff-client dialogues were at the heart of reviews, ranging from 20 per cent to all of the review time. The sentencers generally offered words of encouragement and the clients were generally open, responsive and co-operative. The concept of drug use as a relapsing condition was recognised by sheriffs and emphasised in shrieval dialogue.

Members of the Supervision and Treatment Team took active steps to respond to instances of non-compliance. The Drug Court Sheriffs had a limited range of sanctions available to them, short of revoking the Order and re-sentencing the offender for the original offence, and would have welcomed having the option to impose short prison sentences for non-compliance without prejudice to the continuation of the Order. They would also have welcomed a more sophisticated system of rewards to enable good progress to be recognised.

During the first six months of the pilot, only one Order had been breached and few amendments had been made to Orders to encourage compliance.

Effectiveness of the Drug Court

There was a general optimism among those involved in the operation of the Drug Court that it would be successful in reducing drug use and associated offending. The clients who were interviewed reported significant reductions in drug use and offending and were positive overall about their experience of Drug Court treatment and supervision. Boredom was, however, a common problem and Drug Court clients indicated that they would welcome more organised structure in their lives.

There was broad support for the existence of the specialist Drug Court, which was not believed to have impacted significantly – in either a positive or negative way – on the workload of the sheriff court.

The main strengths of the Drug Court were perceived to be the ‘fast-tracking’ of offenders, the existence of a trained and dedicated team in regular contact with each other and the system of pre-court review meetings and reviews.

On a less positive note, however, the management arrangements were said by staff to be unnecessarily

complex, the premises were inadequate and the staffing levels were too low, resulting in unrealistic workloads. These factors tended to undermine opportunities for a genuinely collaborative, multi-disciplinary approach.

Conclusions

The establishment and early operation of the Glasgow Drug Court was deemed largely to have been successful. Procedures had been established that were, on the whole, operating smoothly and professionals and clients alike were optimistic that the Drug Court would have a positive impact upon drug use and drug-related crime. The combination of treatment, testing and supervision and the role of the Drug Court Sheriffs appear to have been critical in this respect.

The enthusiasm and commitment of those involved in the operation of the pilot Drug Court was apparent. Since this phase of the research was completed, active steps have been taken to address the various operational issues identified by the research. In addition, the relocation of the Supervision and Treatment Team to more spacious and better-equipped premises adjacent to the Sheriff Court has ameliorated the difficulties created by their accommodation during the early phase of the pilot.

Whilst the effectiveness of the Drug Court in reducing drug use and associated offending remains to be established, these initial findings provide cause for some optimism that the Glasgow Drug Court will prove a valuable resource for responding to drug-related crime.

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