

Crime and Criminal Justice

The Operation and Effectiveness of the Scottish Drug Court Pilots

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A pilot Drug Court was introduced at Glasgow Sheriff Court in November 2001 with a second pilot becoming operational in Fife in August 2002. The Drug Courts aim to reduce drug use and drug-related offending through access to treatment and other services, ongoing supervision and judicial oversight of Orders. The pilots also aimed to examine the viability of Drug Courts in Scotland especially, in the case of Fife, in a non-urban centre.

Main Findings

- there were 872 referrals involving 382 individual offenders to the Fife Drug Court between September 2002 and October 2004 and 271 referrals to the Glasgow Drug Court between November 2001 and November 2004. In Fife 205 referrals resulted in Drug Court Orders being made while 150 referrals resulted in Drug Court Orders being made in Glasgow.
- substitute prescribing (using methadone) constituted the core element of the treatment service. Clients and staff expressed some concern about the inflexibility of the treatment regime but clients overall were satisfied with the treatment and other services they received.
- Drug Courts require effective multi-professional work. Some tensions surfaced with respect to the philosophical underpinnings of different professional groups, though these had reduced over time and did not hamper effective co-ordinated work at the individual case level.
- pre court review meetings and court-based reviews were a crucial element of the Drug Court process, with the dialogue between Sheriffs and clients serving to encourage, motivate and sanction those who were and were not making progress on their Orders.
- in Glasgow 47 per cent of clients had completed their Orders. This compared to a completion rate of 30 per cent in Fife.
- in both Glasgow and Fife there was a steady decrease over the course of an Order in the proportions of clients testing positive for opiates and benzodiazepines.
- despite their lengthy history of offending, 50 per cent of Drug Court clients had not been reconvicted within one year and 29 per cent remained free of convictions for at least 2 years. Clients who completed their Orders had fewer convictions in the 2 years after being made subject to an Order than in the 2 years immediately before.

Background

Scotland's first Drug Court was established in Glasgow Sheriff Court in October 2001 and a second pilot Drug Court was introduced in Fife in August 2002, making its first order on 9th September 2002. The Fife Drug Court sits in Dunfermline and Kirkcaldy Sheriff Courts. Both Drug Courts are aimed at offenders aged 21 years or older in respect of whom there is an established relationship between serious drug misuse and offending. They aim to reduce drug use and drug-related offending and to examine the viability and usefulness of a Drug Court in Scotland.

All Orders made by the Drug Court are subject to drug testing (urinalysis) and regular (at least monthly) review by the Drug Court Sheriffs. The Glasgow Drug Court has the Shrieval capacity to operate on 4 days a week, with 2 Sheriffs covering it on alternate weeks. In Fife, one Sheriff presides over the Drug Court for 2 days per week in Kirkcaldy and for one day per week in Dunfermline.

Other designated staff include Sheriff Clerks, court officers and, in Glasgow, a Procurator Fiscal and Co-ordinator. In both Drug Courts a Supervision and Treatment Team was established to support the Drug Court in all aspects of assessment, supervision, treatment, testing and reports to the court.

Methods

A variety of qualitative and quantitative research methods were employed. They included: interviews with professionals associated with the Drug Courts and with Drug Court clients; collection of information from Drug Court records; observation of the Drug Courts in action; and the completion of individual client questionnaires by members of the supervision and treatment team.

Referral to the Drug Courts

Potential candidates for the Fife Drug Court were usually identified by Sheriffs or by defence agents. In Glasgow, referrals, particularly from the police, remained lower than expected. Most were referred by marking deputes or by other Sheriffs. Here an initial screening of cases was undertaken (initially by a screening group and latterly by a social worker) to filter out inappropriate referrals.

In September 2002, 73 existing DTTOs were transferred into the Fife Drug Court. A total of 872 additional referrals involving 382 individual offenders were made during the pilot period (September 2002 – October 2004). In Glasgow, 271

cases were referred between November 2001 and November 2004. Most of those referred in both courts were male.

Drug Court assessments involved the client attending multiple appointments and submitting to a drug test. Sheriffs were content to continue cases on bail to obtain a more realistic test of motivation and willingness to comply. In Fife, 205 (24%) referrals resulted in Drug Court Orders being made. Most Orders imposed (78%) were DTTOs with an average length of 18.7 months. The average age of those given a Drug Court Order was 26 years. In Glasgow, 150 (55%) referrals resulted in Drug Court Orders being made, most of which were DTTOs (73%) with an average length of 18 months. The average age of Drug Court clients was 31 years. In both sites most clients were male and nearly all of those given Orders had an extensive history of previous offending.

Drug Court Sheriffs were satisfied with the range of sentences available and believed that their sentencing decisions were well informed by the highly comprehensive and focused reports provided.

Supervision and treatment

The services available to offenders were comprehensive. They consisted of a range of services and treatments provided by the Drug Court Teams and external service providers and included counselling, prescribing, access to day programmes and primary medical care. Participants were generally satisfied with the treatment and other services that they had received.

In practice, substitute prescribing (using methadone) formed the core element of the treatment service. In Fife the availability and management of substitute prescribing became the focus for internal frustrations over different treatment philosophies and management systems. Staff and clients expressed some concern that prescribing regimes lacked flexibility.

Drug testing is a key component of Drug Court Orders, with participants tested twice weekly at the beginning of an Order. Clients saw testing as a largely positive element of the Order, viewing it as a significant motivator as well as a deterrent. Obtaining negative test results was a clearly defined goal, particularly given the prominence of this issue in reviews.

Multi-professional and multi-agency working are key characteristics of the Drug Court. Multi-disciplinary teamwork had been identified as less effective than it might be in the early stages of both pilots. It had remained a

difficulty for the Fife Drug Court where the development of effective, multi-disciplinary approaches to treatment were not assisted by the existence of duplicate case management systems and the lack of coherent linkage between weekly case discussions and clinical meetings. Despite this, a great deal of excellent work had been accomplished with individual clients and practitioners had clearly found practical ways of working together effectively.

Two particular issues presented ongoing challenges to the Drug Courts: the increasing incidence of cocaine use (especially in Glasgow) and the use of random drug tests. The latter had been used with some success in Glasgow but had not been used in Fife.

Reviews and enforcement

Pre-court review meetings involving Sheriffs and members of the Supervision and Treatment Team informed and shaped the nature of the dialogue during the court-based review and enabled discussion of highly sensitive issues that it would be inappropriate to air publicly in open court.

Review meetings were held in open court. Sheriff-client dialogues were at the heart of reviews and were regarded as a distinguishing feature of the Drug Court approach. Clients were very positive about this aspect of the Drug Court and regarded continuity of sentencer as important.

Social workers responded swiftly to instances of non-compliance. The Sheriffs had limited options in the event of non-compliance but disposed of deferred sentences in such a way as to sanction lack of effort or reward progress. Intermediate sanctions (imprisonment and Community Service) became available to the Drug Court in July 2003 but little use was made of them. Participants were generally accepting of the sanctioning role of the Drug Court Sheriffs and were positive about receiving praise for progress made.

Procedures for ensuring that outstanding charges were rolled up and new offences brought to the Drug Court were considered to work well, especially in Glasgow, which had a dedicated Procurator Fiscal.

Forty-seven per cent of clients in Glasgow and 30 per cent in Fife completed their Orders. This was commendable given the high tariff nature of the Drug Court orders.

Outcome of Orders

Professionals were optimistic that the Drug Court was effective in addressing drug use and offending. Most participants reported that they had reduced their use of drugs and involvement in drug-related crime. Most saw the Drug Court as an opportunity for change and many said that being on an Order had brought about other improvements in their lives.

In both Glasgow and Fife there was a steady decrease over the course of an Order in the proportions of clients testing positive for opiates and benzodiazepines.

Fifty per cent of Drug Court clients had been reconvicted within one year and 71 per cent within two years. Clients who completed their Orders had fewer reconvictions after being given an Order than in the two years immediately before. Reconviction rates in the first year of the Drug Courts were similar to the first year of operation of DTTOs.

Costs

The average cost of a Drug Court Order was estimated to be £18,486 compared with the average costs of a non Drug Court DTTO at £14,085. Drug Court unit costs could be reduced through an increase in the level of referrals in Glasgow and through the introduction of a more efficient assessment process in Fife.

Conclusions

Drug Courts cannot provide a panacea for the problem of drug-related crime. However, there is evidence that a sizable proportion of clients made subject to Drug Court Orders were able to achieve and sustain reductions in drug use and associated offending behaviour.

Operational difficulties were encountered during the establishment and operation of the pilots but there was widespread support for the Drug Courts both from those working within them and from other criminal justice professionals. The main strengths of the Drug Court include the 'fast-tracking' of offenders (in Glasgow), the existence of a trained and dedicated team with regular contact with participants, and the system of pre-court review meetings and reviews.

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