

**REVIEW OF THE  
DRUG TREATMENT COURT**

*Department of Justice, Equality and Law Reform  
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# **CHAPTER 1**

## **INTRODUCTION**

### **1.1 INTRODUCTION**

The Drug Treatment Court (DTC) was established on a pilot basis in 2001. It was initially evaluated in 2002 and a further short review was carried out in 2005. The court was placed on a permanent footing in 2006 as recommended in the 2005 review. The Agreed Programme for Government 2007-2012 contained a commitment to expand the court. However, in the light of concerns regarding the numbers being served by the court, the Minister for Justice, Equality and Law Reform directed that prior to any expansion a further review should be undertaken in order to evaluate its continued effectiveness. The object of the review is to identify the reasons behind the low number of referrals and examine how increased throughput could be achieved. The full terms of reference are set out in section 1.2.

### **1.2 TERMS OF REFERENCE**

The terms of reference of this review are as follows:

- (a) to determine the reasons behind the relatively low number of persons being dealt with in the Drug Treatment Court,
- (b) to consider measures to increase throughput including whether the criteria for qualification for the programme should be revised, and
- (c) to determine whether a further expansion of the Drug Treatment Court is desirable having regard to results to date.

These issues are evaluated in detail in Chapter 4, and the conclusions and recommendations in Chapter 6 are based on the results of that evaluation.

### **1.3 COMPTROLLER & AUDITOR GENERAL REPORT**

In March 2009 in the context of an examination of the publicly-funded treatment and rehabilitation services provided for persons with drug addictions the Comptroller and Auditor General produced a report which contained the following recommendation:

*"The effectiveness of the DTC needs to be evaluated, now that a significant period of operation has elapsed. The evaluation should compare the cost and effectiveness of the Court with the cost and effectiveness of orders made by other courts that include treatment of those sentenced to community -based orders. This should help identify the most appropriate way to develop the service in future."*

The evaluation recommended by the C&AG is clearly beyond the scope of this review. However, a limited examination of the DTC's cost effectiveness is presented in Chapter 5.

### **1.4 METHODOLOGY**

This review sets out the history of the Drug Treatment Court (DTC) in Chapter 2 and describes the current operation of the court in Chapter 3. Chapter 4 addresses the specific terms of reference in relation to the low number of referrals and throughput. Chapter 5 presents the information currently available in terms of cost effectiveness. Chapter 6 draws conclusions and

recommendations. This review is based on an examination of existing sources, data available from the DTC, and on discussions with stakeholders involved in the DTC. Appendix I lists people consulted for the study.

## CHAPTER 2

### HISTORY OF THE DRUG TREATMENT COURT IN DUBLIN

#### 2.1 BACKGROUND

The 1990s saw a marked increase in the number of drug related cases before the District Court. The 1997 Programme for Government included, in the context of measures to combat the drugs problem, the creation of a Drug Courts system which would involve court supervised treatment programmes for less serious drug related offences. The Minister for Justice, Equality and Law Reform requested the Working Group on a Courts Commission to consider and report on the feasibility of establishing a Drug Treatment Court. That Group, which reported in early 1998, strongly recommended the setting up of a Drug Treatment Court programme. The recommendations included:

- the commencement of a Drugs Courts Planning Programme
- the establishment of a Drug Courts Planning Committee to plan, establish and develop the Drugs Courts Programme
- the appointment of a Drugs Court co-ordinator
- the provision of training and education to all relevant judges, the drugs Court Co-ordinator, appropriate court staff and members of the Drugs Court Planning Committee. Training would include medical and social aspects of drug abuse, as well as legal issues and practice in running the Drug Courts
- that the Drug Court would be introduced and operate as part of the existing Courts structure. Trial Judges that have expressed an interest and received training would act as relevant judges for the programme.

- that a Drug Courts programme would be introduced as a pilot project in the District Court
- as Drug Court planning developed, consideration would be given to expanding the Programme to the Circuit Court.

Following on those recommendations a Drug Court Planning Committee was established in early 1999 to develop an integrated cross service strategic plan, involving court supervised treatment programmes as an alternative to custodial sentences on the basis of reallocation of resources (both budgetary and staffing) from other programmes, including programmes in the criminal justice area. The Committee, inter alia, recommended the establishment of a Pilot Project. It recommended that a pilot project would commence in early 2000 and operate for a duration of 18 months.

## **2.2 DRUG TREATMENT COURT PILOT PROJECT**

The Pilot Drug Court Project was established by the Courts Service in January 2001 in the Dublin District Court. The pilot phase programme, informed by best practice in other jurisdictions, was set to run for a period of 18 months. It was established on the basis that participating agencies would contribute the requisite staffing etc. from within existing resources during the pilot phase of the initiative. The Court uses a multi-disciplinary approach and involves a cross section of many of the key Government Departments and agencies charged with addressing the problem of drug misuse in Ireland. Treatment and rehabilitation are key features of the Project.

On its establishment strict criteria needed to be satisfied before an offender could be admitted to the Drug Court Programme.

Specifically the offender must:

- be 18 years old or older
- reside within the catchment area for a period of a minimum of one year
- have pleaded guilty or been found guilty in court of a non-violent criminal offence
- be liable to be sentenced to a term of imprisonment if convicted
- be dependent on the use of prohibited drugs and/or prescribed drugs
- have a clear understanding of the implications of participation with the Drug Court, and
- be willing to co-operate with supervision, stop offending, avail of appropriate drug treatment and participate generally on the programme put in place.

### **2.3 CATCHMENT AREA**

The programme was intended for offenders, residing in the Dublin 1 and part of Dublin 3 catchment areas, who were before the District Court on non-violent criminal charges related to dependency on or abuse of drugs, where a custodial sentence was likely. As indicated, participants were required to be 18 years of age or older and to be willing to co-operate with supervision, avail of drug treatment, stop offending and participate fully in the programme put in place for them. In general, the people coming before the court are young



unemployed men from difficult backgrounds who generally present with other underlying problems including alcohol dependency and in some cases prior history of physical and/or sexual abuse.

## **2.4 RESOURCES**

The team involved in the programme included the Judge, Drugs Court co-ordinator, Probation Officers, Gardaí, nurses, community welfare officers and education co-ordinators. Some of these were involved on a part-time basis, others were full-time. See Chapter 3 for current composition.

## **2.5 EVALUATION OF PILOT PROJECT 2002**

The Courts Service commissioned an evaluation of the pilot by expert consultants at the end of the eighteen month period in July 2002<sup>1</sup>. The report recommended that the Pilot Project (covering offenders residing in Dublin 1 and part of Dublin 3) catchment area be extended to include the Dublin 7 area for the period of the extended Pilot Project. This recommendation was implemented by the Courts Service Board. It was intended during this phase to focus on the research and development activity necessary to roll-out the Drug Treatment Court more widely and to refine the emerging model and address difficulties which had been identified.

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<sup>1</sup> <http://www.justice.ie/en/JELR/finalevalpilotdrug.pdf/Files/finalevalpilotdrug.pdf>

## **2.6 COURTS SERVICE REVIEW 2005**

A further review of the extended pilot was undertaken in 2005<sup>2</sup>. This report recommended, inter alia, that the court should cease to be a pilot and that the necessary resources should be put in place to allow the scheme to be extended to the entire Dublin Metropolitan District (DMD). It was also recommended that the Judge assigned to the Drug Court should be a Judge assigned to the DMD or, at least, assigned to the DMD for several months at a time. The Judge should also preside regularly in the Chancery Street Courts - dealing with criminal cases - so that the link between these courts and the Drug Court would be affirmed and developed.

## **2.7 PERMANENT DRUG TREATMENT COURT**

In 2006, following consideration of the aforementioned review, the Courts Service considered that the court was operating satisfactorily and that it should be placed on a permanent footing. A decision regarding extending the court beyond its existing geographical boundaries was deferred for further consideration.

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<sup>2</sup> Report -Drug Treatment Court - Jim McCormack September 2005

## **CHAPTER 3**

### **OPERATION OF DRUG TREATMENT COURT**

#### **3.1 THE PROGRAMME**

The regime prepared and implemented in respect of each participant requires him/her to pursue a holistic programme which includes health, education, training, counselling, and probation appointments. The programme is specifically tailored to meet the needs of the individual offender.

There is a requirement on participants to, inter alia;

- Attend court hearings as required
- Provide frequent and regular urine samples for analysis (2 per week in the early stage)
- Pursue the steps required to secure appropriate entitlements such as welfare payments, medical, housing.
- Attend for medical (including psychiatric and dental) appointments and treatment
- Attend counselling sessions
- Attend frequent appointments with the Probation Officer
- Pursue an educational or training programme - daily or as otherwise directed.

The programme comprises three phases which are geared towards establishing, maintaining and securing stability and improvement and success of the participant in pursuing and achieving the goals of every aspect of each phase as the participant progresses from Phase 1 to Phase 3.

## **Phase 1 - Stabilisation and Orientation**

In this phase the expectation is that the participant will have:

- Reduced their illicit drug use, ceased all use of hard drugs like heroin and cocaine,
- Improved their general physical health,
- Ceased criminal and antisocial behaviour,
- Engaged in a process of formal counselling
- Engaged in education and initiated a career plan. This involves daily attendance at Parnell Adult Learning Centre or other training/education programme,
- Demonstrated consistent commitment to all DTC team appointments,
- Begun to engage in addressing offending behaviour in a structured programme.

## **Phase 2 - Continuation and Progression**

In this phase the expectation is that the participant will have:

- Ceased all illicit drug use with the exception of cannabis (if used) but must be committed to reducing cannabis use,
- Ceased all use of all non-prescription tablets
- Maintained good physical health,
- Stabilised home circumstances,
- Demonstrated pro-social and anti-criminal attitude and behaviour,
- Worked on a career plan, engaged in education/work,
- Addressed life and addiction issues through counselling,
- Established a personal process of practising new habits and learning.

### **Phase 3 - Reintegration and self-management**

In this phase the expectation is that the participant will be/have:

- Consistently free of all illicit substances including cannabis,
- Demonstrated ability to respond to and manage relapse,
- Consistently free of all criminal activity,
- Demonstrated pro-social and anti-criminal attitude and behaviour,
- Established long term study/vocational training/work commitment,
- Demonstrated an ability to effectively manage home and relationship circumstances,
- Prepared a life plan in consultation with the DTC team,
- Presented a plan on graduation,
- A referral to Rehab Integration Service, for follow up.

### **3.2 CURRENT TEAM COMPOSITION**

The Drug Treatment Court Team currently comprises a Judge, Probation Service Liaison Officer, Garda Liaison Officer, Liaison Nurse, Education Co-ordinator, Court Co-ordinator. There has been a reduction in the number of Probation and Garda Officers involved and in the grade level of the court coordinator.

### **3.3 COSTS OF DTC**

The Drug Treatment Court was established from within existing resources across a number of service providers. Each is responsible for funding in respect of its own area of responsibility. The DTC team reports that offenders are predominantly persons entitled to and, in many cases, are existing clients

of the services provided by the Probation Service, the Health Services Executive or the Vocational Education Committee.

The cost of the Programme to the Justice Sector since 2001 is set out in Table A.

**Table A: Justice Sector costs 2001 - 2008**

Year	Total
2001	€355,228
2002	€354,135
2003	€293,663
2004	€294,381
2005	€302,670
2006	€314,561
2007	€315,507
2008	€303,999
2009	€139,722

*Note: The higher costs in 2001 and 2002 reflect consultancy fees incurred in the context of the first review of the operation of the court. The decrease in cost in 2009 was mainly attributable to the DTC reducing the number of sittings to one day per week, prior to that it held two sittings per week.*

The costs reported in 2009 in relation to educational and treatment aspects of the programme are as follows;

<b>City of Dublin VEC</b>	€421,307.
<b>Health Services Executive</b>	€ 89,644

## CHAPTER 4

### LOW NUMBER OF PARTICIPANTS

#### 4.1 INTRODUCTION

From its establishment in 2001 to end December 2009, a total of 374 offenders were referred to the Drug Treatment Court. Of those, 174 (47%) were found to be unsuitable for the programme during the assessment phase. A total of 200 progressed from assessment to Phase 1 of the programme. However, of those 200, only 29 participants (14%) have graduated from the programme. These numbers are obviously very low and need to be increased if the programme is to fulfill its objective more effectively.

#### 4.2 REFERRALS

An analysis of the total of 374 referrals (see Table B) shows that annual numbers of referrals have varied between a high of 54 in 2001 and 2006 to a low of 25 in 2004. Even in the absence of data showing the total number of drug-related offenders in the areas of Dublin covered, the level of referrals to the DTC seems very low.

**Table B: Numbers referred to DTC 2001-2009**

Year	Referrals
2001	54
2002	35
2003	43
2004	25
2005	39
2006	54
2007	47
2008	40
2009	37
<b>TOTAL</b>	<b>374</b>

This review suggests that the reasons why the number of referrals are so low include:

- DTC criteria exclude offenders under 18;
- DTC criteria exclude offenders whose offences involve violence;
- Offenders can only be referred to the DTC at the post-conviction stage;
- Lack of awareness among judges and other legal professionals of the DTC as an option; and
- Need for management support in the DTC.

### **Young offenders**

The offenders before the DTC are predominantly young males with serious histories of drug and, in some cases, alcohol abuse. It has been observed that by the time they are before the Drug Treatment Court they present with serious addictions with histories of prior failed treatment. Such characteristics are consistent with those of the overall drug involved offender population (Belenco 1999<sup>3</sup>). The participants have been locked in a cycle of drug use, crime, poverty and imprisonment for most of their adult lives. The vast majority come to the courts with very low levels of educational attainment. The average age of participants leaving state schools was 14 years. Making a successful intervention in these circumstances takes time, care, patience and is difficult to measure. Earlier intervention could yield better outcomes and the possibility of extending the programme to offenders under the age of 18 before the Children Court should be examined.

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<sup>3</sup> Research on Drug Courts -a critical review (1999) Belenko. S  
<http://www.npcresearch.com/Files/RDC.pdf>



## **Violent offences**

The programme excludes offenders where there is an element of violence in the crime. In the past year or two the Drug Treatment Court team has already endeavoured to be more inclusive in relation to admittance to the programme by considering offenders where there was evidence of a propensity for violence and risk of violent behaviour in circumstances where the team judged that the risk of a repeat of such behaviour was low. This resulted in a small increase in participation rates in 2008 which was not reflected in the 2009 figures.

## **Post-conviction referral**

Internationally, drug courts operate under several models and placement can occur at various stages of the process – pre-plea, post plea, pre-sentence and post sentence. In Ireland, the offender must plead guilty and/or have been convicted of certain offences where a prison sentence is likely. Some jurisdictions allow defendants to enter the programme without a guilty plea and the charge is dismissed on completion of the programme. This approach gets the offender into the programme quickly and may reduce court preparation time for prosecutors and defence. This approach would need to be carefully considered before being adopted but it could perhaps be an option in the case of first time offenders. There is a suggestion that with the post sentence model there is little legal reward and less incentive to complete the programme. The Dublin DTC model appears to strike a balance in that when the person is accepted on the programme the charges are put on hold. If they are successful in the programme they will graduate and the charge (s)

will be struck out with leave to re-enter within 12 months should the participant commit a new offence.

### **Awareness by judges and other legal professionals**

There is scope for improved coherency in relation to how cases are referred to the DTC. The system of referral is unchanged since the court was established. Where a drug dependent offender has either entered a guilty plea or been found guilty, it is open to the defence solicitor to request a referral to the DTC. Alternatively, a Judge can either immediately refer a case to the DTC or request a pre-sentence Probation Report before deciding to refer to the DTC. It is a matter for the Judge to decide whether to refer offenders to the DTC.

Efforts have been made by the Presiding Judge of the DTC to highlight the work of the court in order to improve referral numbers. This involved writing to individual Judges, a presentation to the District Court Judges Conference and a presentation to solicitors facilitated by the Law Society. Regrettably, this alone has not produced sufficient referrals. The present review considers that there is scope to improve the promotion of information about the court and the criteria for suitability for the programme.

In addition to the work which has already been done to publicise the work of the court it is considered that it would be useful to prepare a protocol for Drug Treatment Court referral for the assistance of Judges.

## **Management support**

Improving linkages with other District criminal courts in the Dublin area should increase the number of referrals to the DTC. The presiding Judge is the leader of the Drug Treatment Court Team in terms of the court hearings and the pre-Court meetings. However, there is scope for a strong management role to be undertaken by the Drug Treatment Court Co-ordinator in conjunction with the Judge.

This review noted that there was a high level of turnover in the co-ordinator post. While it is inevitable that there will be changes in personnel the frequency noted was not conducive to the co-ordinator building up the level of expertise that would be required to effectively provide the kind of strong management support envisaged. Appropriate supports and necessary training should be provided.

### **4.3 OFFENDERS DEEMED UNSUITABLE**

Since the DTC was established in 2001, 174 of the total 374 referrals have been deemed unsuitable. This represents 47% of total referrals. The percentage of those found unsuitable each year varies from a high of 59% in 2006 to a low of 30% in 2009 (see Table C).

**Table C: Numbers found unsuitable as percentage of referrals**

	<b>Referrals</b>	<b>Found unsuitable</b>	<b>Unsuitable as % referrals</b>
2001	54	17	31%
2002	35	19	54%
2003	43	13	30%
2004	25	12	48%
2005	39	22	56%
2006	54	32	59%
2007	47	26	55%
2008	40	13	33%
2009	37	20	54%
<b>TOTAL</b>	<b>374</b>	<b>174</b>	<b>47%</b>

Of the referrals found unsuitable, over 90% were found unsuitable due to their addresses falling outside the confines of the allowed catchment areas. The catchment areas have not changed since 2005, when the court expanded to include Dublin 7 as well as Dublin 1 and part of Dublin 3. This restriction means that many possible participants referred to the DTC did not get past the initial assessment stage. Of the other 10%, some failed to show the motivation to undertake the programme and to attend appointments; and in a very small number of cases, participants were ineligible due to their previous charges or convictions.

This evidence confirms that the small catchment area for the DTC is a significant factor in the low number of offenders participating in the DTC programme. Expanding the catchment area would significantly increase the number of people accepted on the programme.

#### 4.4 THROUGHPUT OF PARTICIPANTS

Of the 200 referrals deemed suitable for the DTC programme, 29 (14%) have graduated, 131 terminated without completing all phases of the programme, and 39 are still engaged in one of the three phases of the programme. A further 5 are in assessment.

**Table D: Throughput of programme participants**

	<b>Suitable - programme participants</b>	<b>Terminated</b>	<b>Graduated</b>
2001	37	6	-
2002	16	8	4
2003	30	19	4
2004	13	16	3
2005	17	20	-
2006	22	16	4
2007	21	13	4
2008	27	14	5
2009	17	19	5
<b>TOTAL</b>	<b>200</b>	<b>131</b>	<b>29</b>

It is disappointing that only 14% of programme participants have graduated. However, participation in the programme has been shown to have a positive effect on offending behaviour, even where the participant does not complete the programme (see Chapter 5.2 and Appendix II). Many participants take several years to work through the first phases of the programme. The focused attention and support they receive during this period has a positive effect on their offending behaviour, as well as on their health and personal relationships, even if they do not complete the programme.

## **4.5 FUTURE REQUIREMENTS**

### **Improving numbers**

If DTC is to operate effectively, it needs to increase the number of referrals, increase the catchment area and improve the number of participants who graduate from the programme. This review recommends the establishment of an Advisory Committee from the participating agencies, to advise the DTC team and to assess requirements, including resources, on an ongoing basis. In addition, this Committee should comprise members who are in a position to resolve any issues that arise between the organisations.

### **Resource requirements**

Since the DTC was established as a pilot project, it has operated with no additional dedicated resources provided, other than the normal budgets of the agencies involved. Expanding the catchment area of the programme, accepting different types of offenders and extending the DTC to young people under 18 will have resource implications, which need to be examined. However, this review suggests that these measures are necessary in order to increase the number of participants and ultimately make the DTC a cost effective option in addressing drug related crime.

### **Data and research requirements**

In order to understand whether the DTC is being utilised fully, data needs to be collected and analysed in relation to:

- Total number of drug-related offenders<sup>4</sup> appearing in Dublin criminal courts annually;
- Number of offenders referred to the DTC programme;
- Numbers deemed suitable (presumably this would increase significantly if the catchment area for the DTC is increased);
- Reasons for deeming unsuitable;
- Number of participants at each stage of the programme;
- Reasons for termination before completion of the programme;
- Length of time taken to progress through each phase; and
- Length of time taken to complete the programme.

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<sup>4</sup> including drug abusing offenders appearing on non-drug related charges, i.e. larceny

## **CHAPTER 5**

### **COST EFFECTIVENESS**

#### **5.1 INTRODUCTION**

The 2002 evaluation of the Dublin DTC identified, as a matter of priority, the need for dedicated research to support the DTC service in Dublin. The 2009 C&AG report (see Chapter 1.3) recommended an evaluation to compare the cost and effectiveness of the DTC with the cost and effectiveness of orders made by other courts. To date this research has not been conducted and the necessary data has not been collated. However, this chapter presents the evidence currently available in relation to the cost effectiveness of the DTC.

#### **5.2 RECIDIVISM**

There can be marked differences in the selection of target participants, qualification criteria and graduation standards. Some DTC's in other jurisdictions target the more difficult and harder to treat offenders, so while their recidivism levels appear higher such courts may, in fact, demonstrate a more significant contribution towards reducing overall criminal offending. The Dublin DTC could well fall into that category as its demographic is predominantly unemployed drug-addicted offenders from deprived and unstable backgrounds. In general, the offenders are drawn from the lowest socio-economic group, have low educational attainment and difficult personal histories. Most of the participants have had previous failed treatment interventions. It would not be appropriate to compare the outturn here with a DTC where a significant number of the drug-users are professional and/or



employed people, not involved in other crime, who participate in the programme while still in employment. Also, in order to graduate from the Dublin DTC the participant must be completely free of all non-prescription drugs whereas some DTCs tolerate some usage of soft drugs.

There are strong indicators that the offenders who receive the focused attention of the DTC, including the educational interventions, setting of on-going targets and monitoring do have improved outcomes. However, a robust quantification of impact was not achievable due to difficulties in identifying and collecting data on a control group of offenders for comparison purposes.

The low throughput of participants itself militates against a full and detailed statistical analysis. However, from the samples examined, the Dublin DTC seems quite effective in assisting participants to improve their overall personal circumstances and decrease their involvement in criminal activity.

The majority of graduates of the programme desist from further involvement in criminal activity. There is also a reduction in offending levels in respect of participants in all phases of the programme, who do not complete the programme. An Garda Síochána report very positive results for those participants who fully engage in the programme.

The Garda attached to the DTC team conducted a study which demonstrated a significant positive effect on levels of offending. The results of this study are presented in Appendix II.

While it is difficult to draw definitive conclusions from such a small sample, it is clear that significant declines in offending behaviour were demonstrated while offenders were on the programme, when compared with their offending pattern in the period prior to treatment.

The study also compared random samples of DTC participants with offenders before the District Court who had similar offending patterns before sentencing/entry to the DTC programme. In comparison with offenders who received either a term of imprisonment or a Probation Bond in the District Court, the DTC participants showed a significantly lower level of offending in the 18 months after entry to the programme.

An examination of the recidivism levels of 26 graduates of the DTC programme is encouraging. Sixteen graduates did not re-offend following graduation, representing a 62% success rate. Six graduates were convicted of a road traffic offence or a single isolated offence (23%). Four of the graduates returned to their former offending patterns (15%).

A further 29 participants completed phase 2 of the programme but did not complete phase 3 and progress to graduation level. The reasons cited for failure to graduate include inability to quit addiction to soft drugs or non-prescription tablets and/or a lack of motivation to engage with the programme. Notwithstanding the failure to complete the programme, the participation through phase 2 and some of phase 3 had a positive effect on offending rates.

There were no recorded convictions for nine participants. A further seven participants had one or two convictions. Five participants had between three and six offences and eight had more than six offences recorded. Of the twenty nine participants three went on to be convicted of more offences after their participation in the programme than they did before.

### **5.3 SAVINGS TO THE STATE FROM DTC PARTICIPATION**

Where an offender has participated in but not completed the DTC programme, the progress made and time spent on the programme may be taken into account by the sentencing judge resulting in a reduction in the period of imprisonment. The offenders before the DTC are generally charged with non-violent offences. It is likely therefore that any prison sentence would be of relatively short duration. The Prison Service has indicated that the annual cost of a prison space in 2008 was €92,717; this equates to a weekly cost of €1,783 (this figure does not include the salary costs of teaching staff in the prisons). The cost for processing a case through the District Court could not be quantified with any accuracy since there are so many variables with each individual case. In the case of the DTC, estimated total expenditure in 2008 was €650,673. This equates to an annual cost per offender of €16,684 or a weekly cost per offender of €320 (inclusive of education provided by the CDVEC). This is a crude comparison but nonetheless worth stating.

Apart from this, there are other clear benefits, in terms of a reduction in offending by the DTC participants, for the State and the general public who may become victims of crime or are paying for the costs of crime through

taxes. There are also savings in terms of Garda costs of investigating crimes and bringing to court repeat offenders. The DTC participants demonstrate improved health while on the programme with potential reduction in health sector costs in terms of visits to doctors and hospitals, accident and emergency.

The DTC education programme is designed specifically to meet the needs of the DTC participants. Since 2001 a high level of participants with low literacy skills has been noted (42%) and extra literacy tutorial support has been provided. Participants have an opportunity to study towards achieving a Further Education Training Award Certificate (FETAC). All students work at FETAC level courses in communications, maths, computer literacy, I.T. skills, health and fitness, art, preparation for work and personal effectiveness. Since the DTC was established 149 certificates have been achieved. All participants are supported with ongoing career guidance and tutorial support. The programme is designed to support students in finding a way to reintegrate in a productive way into the community. Several graduates have completed apprenticeships in plumbing and painting and decorating and are in full-time employment. Two graduates progressed to University. A significant advantage of the education programme is that the participants are under daily supervision Monday - Friday and are required to sign in each morning.

The HSE and Education sectors involved in the programme have pointed out that the participants would be entitled to avail of their services whether or not they are involved in the programme. However, it is reasonable to suggest that

there is a difference between entitlement and actually engaging with services which is what the programme encourages participants to do. The DTC team report improved outcomes, both in terms of remaining drug free and in the level of engagement with the support services where the offender receives the close supervision of the DTC programme rather than where he/she is operating under District Court supervision.

The Courts Service indicated that there are savings in judicial and staff time used in processing repeat offenders through the Courts system.

The Judges of the District Court also draw heavily on the services of the Probation Service and treatment options for drug-using offenders. The courts monitor the offender and adjourn the sentencing to check that the offender is complying. This system results in a series of adjourned cases which attract an additional cost in terms of criminal legal aid as the solicitor must appear at a cost per appearance. In general, solicitors do not appear in the DTC except perhaps on the initial hearing or where the offender is likely to be excluded from the programme.

#### **5.4 INTERNATIONAL TRENDS**

The concept of drug courts was first initiated in the United States 20 years ago. The courts have been progressively rolled out and there are currently over 2,200 in 50 States. The United States National Drug Control Strategy states that research shows that drug courts work better than prison, better than probation and better than treatment alone. It also indicates that

comprehensive research has shown the cost effectiveness of drug courts<sup>5</sup>. In 2009, drug courts in the United States received significant increases in funding over the previous year's allocation.

In the UK, following an evaluation that indicated that dedicated drug courts can have a positive impact on court attendance and compliance by offenders, the pilot drug court programme (located in Leeds and West London) was extended to a further four courts in England and Wales in 2009 (Barnsley, Cardiff, Salford and Bristol). In January 2010, the Justice Secretary recognised the contribution of the Leeds Dedicated Drug Court for its groundbreaking work to protect the public and reduce offending.<sup>6</sup>

The United Nations Office on Drugs and Crime also supports the effectiveness of drug courts generally<sup>7</sup>.

## **5.5 FUTURE RESEARCH**

The absence of detailed statistical data in relation to participants in the Drug Treatment Court and comparable offenders in the District Court means that the cost effectiveness of the programme cannot currently be evaluated. Mechanisms for improved data collection and collation should be put in place as a matter of urgency. A research project could assist in determining which offenders are likely to benefit most from the programme.

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<sup>5</sup> <http://www.whitehousedrugpolicy.gov/publications/policy/ndcs09/index.html>

<sup>6</sup> <http://www.justice.gov.uk/news/newsrelease140110b.htm>

<sup>7</sup> [http://www.unodc.org/pdf/drug\\_treatment\\_courts\\_flyer.pdf](http://www.unodc.org/pdf/drug_treatment_courts_flyer.pdf)

## CHAPTER 6

### CONCLUSIONS AND RECOMMENDATIONS

#### 6.1 CONCLUSIONS

The limited evidence available suggests that the Drug Treatment Court has had a positive effect on offenders participating in the programme, in terms of lower rates of recidivism, and in terms of improved quality of life for the participants, their families and the wider community.

However, the number of referrals to the DTC and the number of participants who graduate from the programme remain very low. The recommendations listed in section 6.2 below set out the steps which should be taken to increase referrals and throughput of participants to graduation. Improved management support, co-ordination and promotion of the DTC are vital to the success of the programme. Data collection and primary research capacity should form an integrated ongoing part of the work of the DTC in order to meaningfully evaluate the programme.

**The DTC team has pointed out that unlike many comparative Courts internationally the Dublin DTC does not have access to residential treatment facilities to which a participant may be ordered and this hinders success rates and impacts on the length of time taken to complete the programme.**

The National Drugs Strategy 2008-2016 sets out the considerable demands on treatment services. It notes that gaps in the provision of services persist, particularly in regard to attracting (and retaining) drug users with complex needs into treatment<sup>8</sup>. The DTC can play a role in delivering improved outcomes where drug addicted offenders come into contact with the criminal justice system.

This review concludes that the DTC should be afforded an opportunity to continue its operations for a further two years, with an interim assessment in twelve to eighteen months to ensure that the number of participants has significantly increased.

## **6.2 RECOMMENDATIONS**

### **Recommendation 1**

Actively promote use of the DTC by generating strong links between District Criminal Courts and DTC.

### **Recommendation 2**

Introduce a protocol which would assist judges in determining whether defendants before them might qualify for participation in the DTC programme.

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<sup>8</sup> National Drugs Strategy 2008-2016 pg 47



### **Recommendation 3**

Advise the legal practitioners about the programme as an option for suitable clients.

**Action by:- The Courts Service in consultation with the President of the District Court and in conjunction with the DTC team.**

### **Recommendation 4**

Existing catchment area boundaries should be removed on a phased basis.

### **Recommendation 5**

Participants who may be borderline cases under the existing scheme parameters should be facilitated, where possible.

### **Recommendation 6**

The programme should be extended to offenders in the 16-18 age group bracket from the Children Court.

### **Recommendation 7**

The programme should be extended to suitable cases before the Circuit Court.

**Action by:- The DTC and other stakeholders and agencies following consideration and consultation.**

### **Recommendation 8**

The co-ordinator post should be staffed at an appropriate level by an individual with the relevant skills and training specific to the role should be provided.

### **Recommendation 9**

Data and statistics relating to the DTC should be gathered and collated through the use of ITC and other pathways to provide an evidence base for primary research and future decision making.

**Action by:- The Courts Service and the DTC team**

### **Recommendation 10**

Establish an Advisory Committee drawn from the participating agencies.

### **Recommendation 11**

Monitor the implementation of the recommendations of this Report, should they be accepted.

### **Recommendation 12**

Assess, on a regular basis, the requirements of the DTC team in consultation with the Judge and the team itself and advise, support and publicise the work of the DTC team.

**Action by:- The Advisory Committee, subject to acceptance of Recommendation 10.**

**APPENDIX I**  
**STAKEHOLDERS CONSULTED**

*The following people were consulted in the course of this review:*

Judge Miriam Malone, President of the District Court

Judge Bridget Reilly, Presiding Judge, Drug Treatment Court

Judge William Earley, District Court

Judge Cormac Dunne, District Court

John Coyle, Director of Circuit & District Court Directorate, Courts Service

Tom Ward, Chief Clerk, Courts Service

Suzanne Vella, Probation Service

Vivian Geiran, Probation Service

Inspector Mel Smyth, Garda Siochana

Inspector Ann Markey, Garda Siochana

The DTC team

Evan Buckley, CDVEC

Mary Fanning, Assistant Director of Nursing, HSE

Marian Horkan, Acting Area Operations Manager, HSE

Gerry Reid, Area Operations Manager, HSE Addiction Services

## APPENDIX II

### RECIDIVISM STUDY OF DTC PARTICIPANTS

A Garda member of the DTC team conducted a study examining the effect of participation in the DTC on subsequent levels of offending. While it is difficult to draw definitive conclusions from the small sample involved, it is clear that demonstrable improvements in offending behaviour were evident whilst offenders were on the DTC programme when compared with their offending pattern in the 18 months prior to treatment.

For comparison purposes a random sample of 10 offenders with similar backgrounds and offending histories who were sentenced through the District Court were also selected by the Garda and their offending patterns examined.

#### **1. Analysis of offending patterns of DTC participants**

##### **1.1 Participation in the programme for 6 Months - reduction in offending\* behaviour - 67% (Table 1.1)**

###### 10 Participants

**39** offences committed before entry into DTC

**12** offences committed after entry into DTC

[\*Offending behavior: The offending behaviour presented includes data in relation to arrests/Charges. The cases may not have resulted in a conviction.]

The statistics demonstrate a reduction in the offending pattern. Property offending continues to be prevalent in the context of the offenders before the

Drug Treatment Court as there is a strong correlation between property offending, drug use, economic decline and social deprivation.

### **1.2 Participation in the programme for 12 Months shows reduction in offending behaviour of 63%. (Table 1.2)**

#### 4 Participants studied

**8** offences committed before entry into DTC

**3** offences committed after entry into DTC

The levels of offending behavior apparent for the sample who were 12 months in the programme are too low to make an accurate assessment in regards the effectiveness of the Drug Treatment Court over a 12 month period. There were a total of 8 offences committed by 4 participants prior to them beginning the Drug Treatment Court programme, while following commencement of the Drug Treatment Court levels dropped from 8 offences to 3 offences. The results almost mirror the results of the broader sample over the 6 month period.

### **1.3 Participation in the DTC Programme for 18 Month shows reduction in offending behaviour of 78% (Table 1.3)**

#### 10 Participants studied

**133** offences committed before entry to the Drug Treatment Court

**29** offences committed after entry to the Drug Treatment Court.

The statistical analysis of the offending behavior 18 months before entry into the DTC and 18 months after entry into the DTC is a good means of analysing the effectiveness of the DTC in relation to its diversion to a therapeutic system. It is clear from the analysis of these overall statistics that the reduction in offending behaviour is high. Of particular note was the major reduction in property offending which was demonstrated.

The decrease in property offences from the 18 months period prior to appearance in the Drug Treatment Court and the 18 month period after appearance in the DTC is substantial. Eighteen months prior to involvement with the DTC there were 56 alleged offences, while 18 months after involvement this figure fell to 4 alleged offences. This decline in property offences was apparent in the individual statistics of each participant too. Alleged drug offences also showed a considerable decline, with 25 offences alleged before DTC participation and 6 offences after DTC participation.

## **2. Analysis of comparison sample of similar type offenders receiving sentencing outcomes of probation order, imprisonment and DTC.**

An Garda Síochána selected random samples of offenders with similar offending patterns. It would be difficult to draw firm conclusions in the absence of more detailed information in relation to the selection criteria. However, the tables are interesting as a snapshot of offending patterns through the different sentencing streams. Where the offender received a probation bond the data demonstrates that recidivism rates were similar to the

offending rate pattern prior to entering into the probation bond. On the other hand the results for DTC participants demonstrate a real decrease in recidivism levels.

### **2.1 Comparison with sentence of imprisonment - Tables 2.1 and 2.2**

A comparative analysis of a DTC participant sample and an offender who received a term of imprisonment before the District Court, both of whom had demonstrated similar offending patterns, demonstrates that an offender who received a term of imprisonment in the District Court went on to commit 12 offences within a short period following release. The pattern of offending is synonymous with previous offending. This shows a clear recidivism pattern with no real rehabilitation been achieved in the short period of time incarcerated. By contrast, the DTC participant had committed 24 property offences in the 18 to 6 months prior to entry into the DTC. Six to 18 months after entry into the DTC the same participant had committed 1 property offence and had not committed any other form of offence. With the emphasis being placed on achieving freedom from drug use, there is a marked decrease in property related offending in the DTC in comparison to that of the District Court where the offenders were also drug users, albeit using the small sample of offenders available.

### **2.2 Comparison with sentence of probation bond - Table 2.3**

Examining offenders placed on a Probation Bond, the sample demonstrates some improvement in the period following the signing of the bond but 7-18 months later the level of offending mirrors that of 7-18 months prior to the

signing of the bond. By contrast the outcomes following participation in the Drug Treatment Court programme are significantly better.

The statistics available demonstrate a significant potential difference between the offending behaviour pattern in the Drug Treatment Court programme than in the District Court, be it probation bonds or imprisonment. Recidivism rates in the Drug Treatment Court programme are significantly lower than that of the District Court sample.

**Table 1.1**  
**6 Month Programme shows 67% reduction in offending behaviour**

10 Participants

**39** offences committed before entry into DTC

**12** offences committed after entry into DTC

	Prior to DTC engagement		Date enters DTC	During DTC Programme	
	1-6 month	1 month		1 month	1-6 month
Property: 21 before/ 8 after	21	0		0	8
Person: 0 before/ 0 after	0	0		0	0
Public Order: 4 before/ 2 after	3	1		1	1
Other: 8 before/2 after	7	1		1	1
Drugs: 6 before/ 1 after	5	1		0	1
	36	3		1	11
<b>Total</b>	<b>39 offences</b>			<b>12 offences</b>	



**Table 1.2**  
**12 months in the Programme shows 63% reduction in offending behaviour**

4 Participants

**8 offences committed before entry into DTC**

**3 offences committed after entry into DTC**

Prior to DTC engagement				Date enters DTC	During DTC Programme		
	6-12 months	1-6 months	1month		1 month	1-6 months	6-12 months
Property: 2 before/ 1 after	2	0	0		0	1	0
Person: 0 before/ 0 after	0	0	0		0	0	0
Public Order: 0 before/ 0 after	0	0	0		0	0	0
Other: 2 before/ 0 after	1	1	0		0	0	0
Drugs: 4 before/2 after	3	1	0		0	1	1
	6	2	0		0	2	1
Total	8 offences				3 offences		

**Table 1.3**  
**18 months in the Programme shows 78% reduction in offending behaviour**

offences	Prior to DTC engagement			<u>Date enters DTC</u>	During DTC Programme		
	6-18 months	1-6 months	1 month		1month	1-6 months	6-18m
Property: 76 before/ 15 after	56	19	1		7	4	4
Person: 1 before/ 0 after	0	1	0		0	0	0
Public Order: 8 before/ 4 after	6	2	0		1	1	2
Other 23 before/ 4 after	15	6	2		4	0	0
Drugs: 25 before/ 6 after	21	4	0		0	1	5
	98	32	3		12	6	11
<b>Total</b>	133 offences				29 offences		

**Table 2.1 Drug Treatment Court (12 months)**

	-18 to -7 months	-6 to -2 months	-1 month	DTC	1 month	2 to 6 months	7 to 18 months
<b>Total Alleged Offences</b>	<b>100</b>	<b>68</b>	<b>3</b>		<b>13</b>	<b>11</b>	<b>14</b>
<b>Property</b>	57	38	1		8	7	6
<b>Person</b>	0	1	0		0	0	0
<b>Public Order Offences</b>	7	2	0		1	1	2
<b>Other</b>	15	22	2		4	2	0
<b>Drugs</b>	21	5	0		0	1	6

**Table 2.2 Imprisonment in District Court**

	-18 to -7 months	-6 to -2 months	-1 month	Prison	1 month	2 to 6 months	7 to 18 months
<b>Total Alleged Offences</b>	<b>184</b>	<b>47</b>	<b>4</b>	\	<b>2</b>	<b>15</b>	<b>45</b>
<b>Property</b>	130	35	1	\	1	8	24
<b>Person</b>	5	0	1	\	0	0	3
<b>Public Order Offences</b>	13	5	2	\	1	4	12
<b>Other</b>	28	6	0	\	0	2	1
<b>Drugs</b>	8	1	0	\	0	1	5

**Table 2.3 Probation Bond in District Court**

	-18 to -7 months	-6 to -2 months	-1 month	Bond	1 month	2 to 6 months	7 to 18 months
<b>Total Alleged Offences</b>	<b>44</b>	<b>28</b>	<b>7</b>	\	<b>4</b>	<b>17</b>	<b>46</b>
<b>Property</b>	32	13	3	\	2	5	26
<b>Person</b>	0	0	0	\	0	1	0
<b>Public Order Offences</b>	6	3	0	\	0	4	6
<b>Other</b>	2	5	1	\	1	1	1
<b>Drugs</b>	4	7	3	\	1	6	13

