COURTS SERVICE

Final Evaluation of the Pilot Drug Court

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0. EXECUTIVE SUMMARY

0.1 PREFACE

The purpose of the executive summary is to briefly set out the main findings, conclusions and recommendations arising from our Evaluation of the Pilot Drug Court during the period 16 January 2001 to 31 January 2002 inclusive. The early sections of the report collate and expand on some of the material contained in the reports of the Working Group on a Courts Commission and the Drug Court Planning Committee and describe in detail the planning and operations of the Drug Court. This is necessary to contextualise the evaluation findings presented in later sections of the report. The report represents the culmination of 18 months qualitative and quantitative research. The process has involved the design of a Performance Monitoring System (PMS), the collation and analysis of data across a range of indicators, regular observation of the operations of the Court, consultation with stakeholder organisations, the Drug Court Team and Drug Court participants as well as an examination of the Drug Court's effectiveness in terms of resource inputs.

0.2 SECTION 1 INTRODUCTION

Section 1 sets out the methodological approach to the evaluation which was based in the first instance on a review of the evaluation methodologies that had been employed in Drug Courts in other jurisdictions. The methodology framework set out in Section 1 was agreed with the Steering Committee in the initial phase of the evaluation period and incorporates a process evaluation, an impacts/outcomes evaluation and an evaluation of the cost effectiveness of the pilot Drug Court. The process evaluation is essentially aimed at determining whether or not the Drug Court Programme successfully met both the procedural and administrative goals, as well as identifying the processual strengths and weaknesses of the Programme. The outcome / impact evaluation was designed to determine whether the Drug Court Programme has achieved its long term goals such as a reduction in recidivism, decreased substance dependency *etc.* Finally the cost-effectiveness methodology was based on the compilation of an Average Standard Cost for participants going through the Drug Court Programme, and compared against a similar cost profile compiled for a control group made up of similar offenders going through the traditional justice system.

Section 1 also highlights a number of limitations on the reliability of the quantitative findings. Both the short timeframe for the pilot and the number of participants are relevant in this regard. These constraints are not unique to the Irish evaluation and the methodology employed has facilitated the establishment of key impacts and enabled the overall effectiveness of the Court to be assessed.

0.3 SECTION 2 ORIGINS OF THE IRISH DRUG COURT

Section 2 reflects on the origins of the Irish Drug Court and describes the parameters under which the pilot Drug Court operated. The Irish Drug Court was developed in response to the high numbers of drug related offenders presenting in the Irish Justice System in the mid 1990's and was influenced by the strong evidence from other jurisdictions in support of the approach. The resulting model, developed initially by the Drug Court Planning Committee and further refined by the Steering Committee, was informed by best practice in other jurisdictions. The rational for selecting ICON as the area in which to operate the Pilot Drug Court was based on the existence of a relative comprehensive availability of treatment programmes as compared to other areas throughout the EHB geographic area (now ERHA). The resource implications of operating the Irish Drug Court were not quantified during the planning phase, although it was recognised that direct access to treatment and rehabilitation was a key component of the Drug Court approach and that there was an important correlation between the success or otherwise of a Drug Court and the resources allocated to it. The pilot Irish Drug Court had access to targeted and dedicated services although no additional resources were to be provided during the pilot phase. It was also acknowledged from the outset that this situation would need to be reviewed after the pilot phase.

0.4 SECTION 3 OPERATION OF THE IRISH DRUG COURT

Section 3 describes the detailed operation of the Drug Court and outlines the various structural elements and operational changes that have evolved over the pilot period, including an ancillary Team which provides additional support to the Team and the Drug Court Managers Group which has been meeting on a regular basis to help the Team overcome various challenges experienced over the pilot period. Unlike Drug Courts in many other jurisdictions, which comprise representatives of the treatment and justice systems, the Irish Drug Court Team is a truly multi-disciplinary grouping. The inclusion of an Education co-ordinator on the Core Team and the availability of a Community Welfare Officer on a part-time basis have meant that the Team has been able to adopt a holistic approach to participants' needs. Section 3 recognises that each of the service providers involved in the Pilot Drug Court made a significant input to the development of the Drug Court Programme through a wide range of measures. It describes the roles played by each of the Team members, the approach to case processing and the phases involved in progressing through the Drug Court Programme. In keeping with the voluntary nature of the Programme, the Treatment Plan and subsequent PPPs, which participants agree to at the start of the Programme, outline the specific goals that a participant must achieve to progress through each stage. In many ways the initial model and the refinements that have occurred are comparable to models operating in other jurisdictions however, the Irish Drug Court, through, for example, the inclusion of an Education Co-ordinator and a Community Welfare Officer on the Team has adopted a genuinely holistic approach.

0.5 SECTION 4 EVIDENCE FROM ABROAD – DRUG COURTS INTERNATIONALLY

Section 4 provides an overview of the operation and evaluation findings of a range of other Drug Courts and highlights their relevance to Ireland. The models include the USA, New South Wales, Toronto, Scotland, and early experiences of Drug Treatment and Testing Orders (DTTOs) in the UK. Drug Courts and the way in which they operate, depend largely on the jurisdiction in which they were established, as such, some international Drug Courts are not directly comparable to the Irish Court. This is particularly the case with models employed in the USA where the drug use history of participants and law enforcement regimes are in some cases very different to those applying in the Irish context.

Nevertheless, in terms of objectives and underlying approaches a number of characteristics are shared by Drug Courts internationally and as this brief review of Drug Courts and analogous strategies indicates, the profile of participants in other jurisdictions is broadly similar. It is also worth noting that many Drug Courts operating in other countries have had low numbers of referrals and a relatively low rate of participation in the initial stages. Initial tensions between service providers are evident in other Drug Courts as are delays in accessing necessary treatment and other rehabilitative services.

The review of international evaluations indicates that the desired reduction in recidivism and substance abuse are achieved in-programme, however, the findings are less conclusive with regard to post-programme recidivism and substance abuse. On the basis of its success in addressing recidivism and drug misuse among offenders the Drug Court approach has made significant advances into the mainstream of the federal justice system and its less structured analogue, the DTTO, is now increasingly deployed in the UK. As the programmes become more embedded in the criminal justice domain the ethical and resource implications are being given more consideration.

These findings are included In Section 4 on the basis that both at the planning stages and during the pilot period the Irish Drug Court has been informed by the approach adopted by international Drug Courts. The evaluation findings also provide a context for the findings from the evaluation of the Irish Drug Court.

0.6 SECTION 5 RATIONALE

Section 5 sets out the rationale for the establishment of the Drug Court system in Ireland. An analysis of the key statistical sources indicates that there was, at the time of its inception and continues to be, a strong rationale for the Drug Court Programme. Although it is not possible to accurately state the number of problem drug misusers in the population, the association between drug misuse and crime has long been established in Ireland.

The most extensive study conducted in Ireland on the link between drug use and crime was a report conducted by the Garda Research Unit in 1996. However, the research concentrated solely on the Dublin Metropolitan Area (DMA) and was not a reflection of the country as a whole. Never the less the main findings indicated that 43 *per cent* of the individuals apprehended for crime in 1995/'96 were known drug users and were responsible for 63 *per cent* of all detected crime. Using a model based on the amount of larceny-type crime drug users commit in order to feed their drug habit, the report estimated that drug users commit 42 *per cent* of all crime. Offending was also one of the main sources of income identified by the majority of drug-using offenders surveyed. Other surveys conducted on a sample of the prison population and on offenders in contact with the Probation and Welfare Service in Ireland, support the association between drug use and criminal activity.

It should be noted that the existing statistics available do not enable the determination of the percentage of offenders that would be eligible to participate in the Drug Court. Prior to the establishment of the Drug Court a range of non-custodial options were available to the Courts. In effect, prior to the establishment of the Drug Court, the existing legislation was enabling the operation of a quasi-Drug Court system in the District Court, whereby judges could adjourn cases for a specified period to give the accused sufficient time to engage in treatment or complete a course as advised by the Probation and Welfare Service. Numerous recent reports on various aspects of the Justice system have consistently urged greater use of non-custodial options. Based on the international evidence, in theory at least, the Drug Court system provides a viable alternative to prison for certain categories of drug misusing offenders.

0.7 SECTION 6 PROCESS EVALUATION

Section 6 sets out the main issues, identified by the Steering Committee, the Drug Court Team and the Drug Court Participants during consultations undertaken as an aspect of the process evaluation. It highlights the key strengths and weakness of the Drug Court approach to date and also identifies challenges which will need to be addressed going forward. All interviewees believed that there continues to be a strong rationale for the Drug Court and were concerned at the relatively low number of referrals during the pilot period. In this regard the expansion of the catchment area is viewed as both a contributory factor to the low number of referrals and a possible solution to improving the throughput of offenders to the Drug Court.

There was less clarity in relation to some of its subsidiary objectives. Some members of the Steering Committee suggested that the Drug Court was a way of better integrating existing services while some members of the Team cited the lack of an agreed mission statement as the source of some conflict. The lack of a clear identity for the Drug Court was also cited as a possible contributory factor for the low number of referrals and several commentators suggested that there was a need to better communicate the objectives and modus operandi of the Drug Court to all of the constituents involved.

The Team have recognised the need to further develop various aspects of the process, for example they have suggested possible improvements to decrease the time offenders spend in the assessment process and have identified the need to make greater use of incentives, *etc*. A striking feature of this section of the evaluation is the fact that many of the difficulties that have been identified over the first 12 months have been experienced in other jurisdictions and may be intrinsic to the pilot nature of the project which necessarily requires the refinement of processes and the delineation of roles as the Drug Court begins to take shape.

Consultation also took place with participants attending the Programme, in terms of their experience. Although participants do not believe that the Drug Court is an easy option, they were hugely supportive of the approach and the chance that it offered them, and could offer others, to address both drug misuse and offending behaviour. They were also fully supportive of the Team and greatly respected the approach to case processing adopted by the Drug Court Judge.

Perhaps the most important issue - one which was highlighted by all of the constituents interviewed - is the difficulty that has been encountered in providing participants with access to full treatment services within the reasonable standard time frame of 1 month. Many stakeholders believed that the Drug Court cannot continue to operate without access to full treatment within a reasonable time period.

0.8 SECTION 7 OUTCOME/ IMPACT EVALUATION

Section 7 describes in considerable detail the main impacts and outcomes of the Drug Court in the first 12.5 months of operation. Of the 61 offenders that were referred to the Drug Court, 37 were found both *eligible* and *suitable* to enter the Programme. The detailed baseline position of those 37 Drug Court participants is provided in Section 7. The participants were primarily male, in their late 20's unemployed and had a low level of educational attainment. Between them 35 of the participants had a total of 872 prior convictions and the majority presented a very high risk of reconviction. The main drug of addiction for the majority of participants was heroin. Overall participants had/were using an average of 5 different illicit drugs at the time of entering the programme.

Progress across a range of indicators was monitored over the pilot period, however, limitations imposed by the short time period of the evaluation and the low numbers of referrals in the Programme were evident. The main findings indicate that although a number of participants continued to exhibit offending behaviour during their time in the Drug Court Programme, the rate at which participants were arrested charged and had their bail revoked declined the longer the period within the Programme for the majority of participants. Considering the short time within the Programme for most participants, and the fact that charges are not an indication of guilt, it was not possible to estimate the rate of offending for participants at such an early stage.

In terms of substance abuse, the percentage of clean (negative for opiates) urines increased significantly as the programme progressed from 42 *per cent* over the first 3 months to 82 *per cent* for the last 3 months. At the end of the evaluation period 11 of the 37 participants (30 *per cent*) were clean of all illicit drugs. Drug Court participants had also engaged in a range of classes designed to assist them through the Drug Court Programme, *e.g.* Peer Support, Health and Fitness, Literacy, the recently developed Skills Programme *etc.* At the end of the pilot period, as anticipated, there had been no graduations, however compliance had improved significantly; 1 participant had moved to Phase 3 and a further 7 had successfully entered Phase 2.

As the Programme evolved, the full range of issues impacting on participant progress became evident to both the Judge and the Drug Court Team. In response to this the Team have had to develop mechanisms to assist participants who are/become homeless, are abusing alcohol or whose progress has been otherwise affected by a range of personal problems.

It is far too early to comment conclusively on the overall effectiveness of the Programme, particularly as it was not possible, due to the lack of appropriate information, to compare outcomes against a similar control group. However preliminary results outlining the marked decline in offending behaviour and increase in compliance as the pilot progressed suggests that the Drug Court will have the desired impact if it can succeed in retaining participants over the early months.

0.9 SECTION 8 COST EFFECTIVENESS

Although the evaluation findings from Drug Courts operating in other jurisdictions indicate that Drug Courts can be less cost intensive than traditional case processing, the savings are often associated with Courts processing very high numbers of offenders and in jurisdictions where there are higher rates of imprisonment and longer average periods of custody imposed. The literature suggests that the cost–effectiveness of Drug Courts is best assessed through an analysis of post-programme recidivism *i.e.* if the Drug Court can be shown to eliminate or dramatically reduce recidivism it will result in significant long-term savings particularly to the justice system.

In the context of the Irish Drug Court significant limitations were experienced in term of conducting and completing an accurate cost-effectiveness evaluation. Most notably the establishment of a control group which was an integral aspect of the cost-effective methodology proposed was not possible due to the limited data available on the group. However, analysis of the preliminary data and observations throughout the evaluation period highlighted a number of areas where the efficiency and effectiveness, and ultimately the economics, of the Programme could be refined and enhanced.

There were three main areas were the efficiency of the Court could have been improved. First the assessment phase was quite lengthy (27 days) and did not fully capitalise on the "crisis" of arrest. Second, bail was revoked with some frequency during the early stages leading to a reduction in potential savings in terms of prison costs. Third, due to the low-number of referrals the Team were operating below capacity for much of the pilot period. This enabled them to develop and refine processes but they could now cope with an increased case load.

A methodology was developed to compare the cost effectiveness of the Drug court with traditional case processing. However, the selection of an appropriate control group was problematic due to the limited data pool available from which to choose a representative group of similar offenders. Furthermore, the quality of information available on those offenders selected for the control group was not adequate enough on which to base an accurate control cost. In the event, a comparison of the participants attending the Drug Court vs. participants going via the traditional system was not possible. Further limitations were imposed by the fact that not all of the service providers involved in the Drug Court collect data in ways which are suitable for the identification of resource use or the calculation of exact costs per Drug Court participant. Although service providers did provide salary costs for the relevant professionals involved, together with overhead and other administration costs[1], these costs did not accurately reflect the true and full costs associated with the Drug Court in the evaluation period.

The early indication is that the operation of the Court over the first 12 months has not afforded the justice system significant cost savings. There are a number of reasons for this including the relatively low numbers involved in the Programme and the fact that for much of the pilot the Team were not operating at full capacity. A second contributory factor was the amount of custody time amassed by participants. For a number of participants the revocation of bail was not used as a sanction in the traditional sense. For instance the lack of availability of suitable short-term residential accommodation meant that in some instances prison was the only option to stabilise those participants whose behaviour could no longer be managed in a community setting.

Notwithstanding this and despite the relatively high number of prison nights amassed by early participants during a short time in the Programme – there are strong indications based on available information that the Drug Court will result in cost-savings over time.

The analysis highlights the need for the Judge and the Team to find the right balance in their approach to non-compliance and decisions relating to participant termination. It also indicates that improvements to the assessment process and the provision of the necessary ICT infrastructure and facilities could significantly enhance the efficiency and effectiveness of the Programme.

[1] The costs supplied are not listed here as they do not reflect the full costs involved.

0.10 SECTION 9 CONCLUSIONS

Section 9 draws together the findings from each of the previous sections of the report and apprises the pilot Drug Court Programme with reference to the key success factors associated with the operation of Drug Courts internationally. The key success factors addressed in the report include:

- Effective judicial leadership
- Strong interdisciplinary collaboration
- Good team knowledge of addiction, treatment and recovery.
- Operational manual
- Clear eligibility criteria and screening
- Detailed offender assessment
- Fully informed and document consent of each participant
- Speedy referral top treatment and rehabilitation
- Swift, certain and consistent sanctions and rewards
- Ongoing programme evaluation and improvement
- Sufficient, sustained, dedicated funding
- Changes in underlying law, where necessary or appropriate

The concluding section indicates that the Irish Drug Court has all of the key elements associated with international best practice and that the stakeholders involved have already identified and started to address the weaknesses and challenges highlighted.

Furthermore, assessing the key success factors in the context of the Irish Drug Court indicates that there are compelling reasons to continue to support, develop and expand the Irish Drug Court. Reasons include the success of Drug Courts in other jurisdictions in dealing with similar categories of offender, as well as the frequency with which greater use of non-custodial sentences are being urged in the Irish context.

0.11 SECTION 10 RECOMMENDATIONS

The recommendations outlined in Section 10 are based on a consideration of the evaluation findings throughout the pilot evaluation period, as well as the Planning Committee's requirements from both the pilot Programme and the evaluation. They are also informed by the evaluation findings from Drug Courts internationally and are based on a culmination of the perspectives of the many stakeholders consulted, the detailed data analysis and ongoing observations of the Drug Court. The research suggests that there continues to be a strong rationale for the Drug Court approach and that there is significant support for its continuation and possible mainstreaming. Our preferred approach to the way ahead is designed to further strengthen and refine the Drug Court model that has developed over the pilot period and to enable necessary research and planning exercises to be undertaken before the Drug Court can be mainstreamed.

As this is a pilot project, a number of options have emerged at the end of the evaluation period. This section deals with each of the identified options and culminates in a recommended approach. Within this recommended approach, potential areas of concern are identified and considered.

Option 1 – Discontinue: the option to discontinue the Drug Court Programme is not considered an appropriate action at the end of the evaluation as there is no reason to discontinue at this point. A decision to discontinue the pilot at this point would have to be weighed against the considerable energy that has been expended on developing and implementing the Programme to date, the lessons learnt and the potential within the target population that has been tapped. The work to date has led to a refining and standardising of processes to the point where the Court is now poised to deliver its services more effectively.

Option 2 - Immediate Mainstreaming: Immediate mainstreaming is an option which, given the histories of the participants and the totality of their needs, we would strongly recommend were it not for the considerable and complex groundwork that would need to be undertaken to roll-out the Programme nationally. A detailed court planning programme would need to be initiated prior to any consideration of the mainstreaming option. This process would need to cover the operational and procedural refinement of the Programme as well as a number of high level issues identified in this report.

Option 3 - Continuation and Expansion of the Pilot and Development of a Drug Court Planning Programme: Given the nature and complexity of the work involved in mainstreaming the Drug Court our recommended approach is to adapt a dual strategy over the next 12-18 months. It is our view that the emphasis over the next year should be on the research and development activity necessary to roll-out the Drug Court more widely while at the same time continuing and expanding the current pilot to further test and refine the emerging model.

A number of recommendations have been made with regard to the continuation and expansion of the pilot Drug Court Programme. These look the relevant issues which need to be brought in line prior to the expansion of the programme. The issues covered here include: a Dedicated Treatment Service, Voluntarism, Strengthening the Structures, Assessing the Capacity of the Team, Case Processing, Additional Supports, Enhancing the Programme, Issues Impacting on Programme Effectiveness and Funding / resource implications. The most pertinent issues and concerns related to each of the above are examined and commented upon in this section also.

1. INTRODUCTION

1.1 BACKGROUND

The strong association between illicit drug use and criminal behaviour has long been acknowledged in justice systems throughout Europe and the United States[2]. The drug-crime nexus became particularly evident in Ireland in the mid 1990's when studies first attempted to enumerate the numbers of drug users presenting in the criminal justice system. One Irish study showed that approximately 66 *per cent* of a sample of prisoners in a main Dublin prison were heroin users[3]. This trend has remained within the criminal justice arena, to the extent that an informal estimate indicates that approximately 80 *per cent* of Dublin's indictable crime is drug-related[4]. It was within this context that in 1997, the Minister for Justice, Equality and Law Reform requested the Working Group on a Courts Commission[5] to investigate and report on the feasibility of establishing a Drug Court system in Ireland. A Drug Court Planning Committee was subsequently established and outlined a number of recommendations for setting up an Irish Drug Court in the First Report of the Planning Committee (Section 2.3). The ICON area in Dubin's North Inner City was chosen as the location from which to operate the Pilot Drug Court, mainly due to the relatively comprehensive availability of treatment programmes as compared to other areas throughout the EHB geographic area (now ERHA). The first participant was referred to the Drug Court on 16 January 2001. The Evaluation focuses on the achievements of the Court over its first year of operation.

1.2 EVALUATION OF THE IRISH PILOT DRUG COURT

Following an open competition Farrell Grant Sparks Consulting in association with Dr Michael Farrell were commissioned to conduct the Evaluation of the Pilot Drug Court in late 2000. This was in accordance with the recommendation outlined in the First Report of the Drug Court Planning Committee that a person or agency be appointed prior to the commencement of the Pilot Programme to monitor and evaluate the Pilot Drug Court. The evaluation was designed to provide a comprehensive and objective assessment of the operation of the Irish Drug Court over the 12 month pilot period. Based on a decision made by the Steering Committee in January 2001, it was decided that the evaluation would extend to cover the period 16 January 2001 to 31 January 2002 inclusive, just over the initial 12 month period originally intended.

[2] The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) has been collecting and analysing data on drug law offences since 1995. Other sources include the US Office of Justice Programs, Bureau of Justice Statistics and Crime in the United States Uniform Crime Reports of the Federal Bureau of Investigations.
3 O' Mahony (1997)
[4] O' Flaherty (2002)
[5] Details of the Working Group on a Courts Commission are contained in Appendix A

1.2.1 Limitations of the Evaluation Findings

The relatively short timeframe for the evaluation, *i.e.* 16 January 2001 to 31 January 2002, was identified from the outset as a potential constraint on the research findings. The international literature suggests that ideally evaluations of Drug Courts should include an assessment of post-programme recidivism and drug relapse. This was not possible in the evaluation of the Irish Drug Court as the first graduation from the programme occurred in March 2002 and was therefore outside the evaluation period. Depending on the number and type of outcome measures used, international experience also indicates that sample sizes of at least 100 clients and a similar number of comparison offenders, are required to allow reliable conclusions to be drawn about the impact of the Drug Court. However, it is recognised that such sample sizes are difficult to achieve in smaller jurisdictions unless evaluations are conducted over multi-year periods[6]. Despite these limitations, the evaluation of the Irish Drug Court has enabled the establishment of a number of impacts attributable to the Drug Court Programme and is designed to assist the Planning Committee and other stakeholders in their deliberations on the future of the Irish Drug Court.

1.3 DETAILED METHODOLOGY

A clear conceptual evaluation framework for the efficient production of knowledge is essential to enable reasonable inferences to be made about the impact of any Pilot Drug Court Programme. The Drug Court model developed and piloted in Ireland was informed by international best practice. The evaluation framework was similarly informed by a review of literature on methodological approaches employed to evaluate Drug Courts in other jurisdictions. Meetings, with both the Steering Committee and the Drug Court Team, allowed for the parameters of the evaluation to be refined, as well as the identification and resolution of problematic issues relating to the individual phases of the evaluation methodology. An evaluation framework for the evaluation of the Irish Pilot Drug Court was agreed with the Drug Court Steering Committee in March 2001 and is outlined in this section.

The evaluation methodology consists of three components; a process evaluation, an outcomes evaluation and a cost effectiveness analysis. The approach to each aspect of the evaluation is outlined in more detail in the following sections. All technical information was clarified with the Team on a regular basis throughout the evaluation period.

[6] Belenko (1998)

1.3.1 Process Evaluation

The aim of the Process Evaluation is to determine whether or not the Drug Court Programme successfully met both procedural and administrative goals, and to identify processual strengths and weaknesses. This required the collection of both quantitative and qualitative information on the operation of the Pilot Drug Court. From the outset, in order to assess the detailed and systemic operation of the Drug Court – the operation of the Team, the Court and interaction with participants- the evaluators observed pre-court meetings and sittings of the Drug Court and attended approximately 50 *per cent* of all Drug Court sessions. The evaluators also attended a number of Drug Court Team meetings, the Team Review day in December 2001 and the half-day Drug Court review session which was held in February 2002. This ongoing observational role enabled the evaluators to identify matters for further discussion with stakeholders during interviews and also allowed the evaluators to follow the Drug Court as it evolved from theory into practice in January 2001.

1.3.1.1 Baseline Data

In order to collect, collate and analyse quantitative information on the participants of the Drug Court Programme, the evaluators designed a questionnaire[7] to capture baseline information on each Drug Court participant. In conjunction with the Steering Committee and the Drug Court Team, the questionnaire was adapted and subdivided into four sections, which were then completed by relevant members of the Drug Court Team. The questionnaire was piloted initially on 5 Drug Court participants[8] and reviewed and modified with the Drug Court Team.

Overall the purpose of the Drug Court Programme is to reduce participants criminal offending as well as reducing their addiction / drug dependency and as such it was anticipated that throughout the Programme the drug use behaviour, criminal behaviour and lifestyles of participants would be affected. In order to capture this information and monitor the change on a regular basis, monitoring questionnaires were completed for each participant on a quarterly basis. In turn, this information was analysed and presented to the Steering Committee as part of a series of quarterly reports. Quarterly reports enabled the evaluators to inform the Steering Committee on the overall progress of the Programme and to monitor the quantitative progress of the participants in terms of offending behaviour and substance use throughout the evaluation period.

A database was designed to electronically store the information captured by the questionnaires and the data was analysed using the Statistics Package for the Social Sciences (SPSS).

[7] Appendix B.
[8] Drug Court participants that have a treatment plan allocated to them.

1.3.2 Outcome Evaluation-Progression from Baseline

Outcome / impact evaluation assists in determining whether the Drug Court Programme has achieved its long-term goals such as reduction in criminal recidivism, decreased substance dependency *etc*. It is designed to describe results that can be identified as being uniquely attributable to the Drug Court Programme, such as reduced criminal recidivism, reduced drug dependency / addiction *etc*. This aspect of the evaluation has enabled an assessment of the progress made by Drug Court participants over the lifetime of the pilot project. It is based on the cumulative analysis of monitoring data over the 12 month pilot period from February 2001 – January 2002.

1.3.2.1 Control Group Methodology

The selection of the control group for the evaluation of the Pilot Drug Court was discussed in detail with the Steering Committee at the outset of the Programme. The evaluators prepared a number of papers for the Steering Committee outlining in detail the potential methods and associated limitations of each of these methods. Regrettably there is no single source of data available on the full range of variables which ideally should be collated for a Control Group. Ultimately, An Garda Síochána and the Courts Service provided information on the offending behaviour of a group of known drug misusing offenders resident in the South Inner City. The results of this analysis are presented in Appendix C. Because the drug use and treatment status of this group is not known they are not a suitable control – the information is provided here merely as an indication of the offending patterns of a group of offenders broadly similar to those participating in the Drug Court.

1.3.3 Cost Effectiveness

It was envisaged that the establishment of the cost effectiveness of the operation of the Irish Drug Court would be based on the compilation of an Average Standard Cost for the processing of cases *via* the Drug Court and the development of a similar cost profile for the Control Group. However as previously highlighted there were difficulties in relation to both the information available on the Control Group and the financial information. Findings in relation to the cost effectiveness and efficiency of the pilot Drug Court are provided in Section 8.

SUMMARY

- This report sets out the findings from the evaluation of the pilot Irish Drug Court and is designed to assist the Planning Committee and other relevant stakeholders in their deliberations on the future of the approach in Ireland.
- The short timeframe for the pilot and the number of referrals limit the absolute reliability of the evaluation findings. These constraints are not unique to the Irish evaluation and the methodology employed has facilitated the establishment of key impacts and enabled the effectiveness of the Court to be assessed.
- Based on a review of the evaluation methodologies that had been employed in Drug Courts in other jurisdictions the approach taken incorporates a process evaluation an impacts/outcomes evaluation and evaluation of the cost effectiveness of the pilot Drug Court.

2. ORIGINS OF THE IRISH DRUG COURT

2.1 INTRODUCTION

In response to the growing number of drug related cases being processed by the District Courts in the mid-late 1990's, in 1997 the Minister for Justice, Equality and Law Reform requested the Working Group on a Courts Commission[9] to investigate and report on the feasibility of establishing a Drug Court system in Ireland.

2.2 DRUG COURTS - THE FIFTH REPORT OF THE WORKING GROUP ON A COURTS COMMISSION[10]

The Fifth Report of the Working Group on a Courts Commission, often referred to as the "Denham Report"[11], was published in February 1998. As part of the investigation the Commission researched a number of Drug Courts in the United States and analogous strategies that had been deployed in Germany, Sweden, England and Wales. International models of what may be referred to as "best practice" were analysed, in order to assess whether and how, such models could be adapted to the Irish Justice System. The Commission also examined the current Irish system and outlined the supporting infrastructure and resource requirements necessary to operate the Irish Drug Court. The Fifth Report was completed in February 1998 and made a series of recommendations to the Minister with regard to the establishment of an Irish Drug Court.

Some of the main recommendations outlined in the Fifth Report of the Working Group were:

- The commencement of a Drug Courts Planning Programme
- The establishment of a Drug Court Planning Committee to plan, establish and develop the Drug Courts Programme.
- The appointment of a Drug Court Co-ordinator.
- The provision of training and education to all relevant judges, the Drug Court Co-ordinator, appropriate court staff and members of the Drug Court Planning Committee. Training would include medical and social aspects of drug abuse, as well as legal issues and practice in running 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 extending the Programme to the Circuit Courts.

[9] Details of the Working Group on a Courts Commission are contained in Appendix A
[10] Working Group on a Courts Commission Fifth Report (1998)
[11] The Working Group on a Courts Commission was chaired by Mrs. Justice Susan Denham, Judge of the Supreme Court.

The Working Group concluded the report with a strong recommendation to commence a Drug Courts Planning Programme as soon as possible, in the belief that such a programme could make a contribution to reducing drug related crime in Ireland, partly on the basis that that "*the evidence from abroad is not merely persuasive: it is conclusive*".

2.3 FIRST REPORT OF THE DRUG COURT PLANNING COMMITTEE

Based on the recommendations of the Fifth Report of the Working Group on a Courts Commission, a Drug Courts Planning Committee was established in February 1999 by Mr. John O' Donoghue T.D., then Minister for Justice, Equality and Law Reform. The report outlined the recommended membership of the Planning Committee, details of which are outlined in Appendix A.

The main objectives of the Planning Committee were set out in a Terms of Reference outlined at the beginning of the First Report of the Drug Court Planning Committee. It identified the four main aims of the Drug Court Planning Committee. They were:

1) To initiate, develop and oversee a Drug Court Planning Programme.
2) To assess the adequacy of service provision available to support a successful drug courts programme.
3) To plan, establish and monitor a Pilot Drug Court Project which would commence in the Dublin Metropolitan District Court.
4) To investigate, advise and make recommendations on the Programme and report to the Minister for Justice, Equality and Law Reform on the above.

As well as outlining the operations of the Drug Court and the various service providers identified to work with the Programme, the report made a series of recommendations relating to the establishment and operation of the proposed Drug Court. The main recommendations stated that:

- A Pilot Project would commence in early 2000 and operate for the duration of 18 months.
- The Pilot Project would operate and only cater for drug misusing residents of Dublin's North Inner City.
- The Pilot Project would be a voluntary programme for persons aged 17 years or over, who have either been found guilty of, or pleaded guilty to, a drug related offence that would ordinarily warrant imprisonment.
- The Pilot Project would cater for a maximum of 100 people that would be inducted on a phased basis.
- A person or agency be appointed to monitor and evaluate the operation of the Drug Court, prior to the commencement of the Pilot Project.
- Services would primarily be provided by the Eastern Health Board, the Probation and Welfare Service, FAS and the Department of Education and Science. Further services could be sought as necessary.

- Services be available on a dedicated basis under the auspices and control of the Drug Court.
- A Steering Committee be established for the Pilot Project to implement and monitor the Pilot Project, as well as ensuring that the project operates successfully and, where necessary, provide fine tuning to the project to achieve this result.

2.3.1 Definition of a Drug Court

The Fifth Report of the Working Group on a Courts Commission on Drug Courts had described Drug Courts as:

> *"Treatment orientated courts where the Judge dispenses justice with the help of an integrated team of professionals who provide treatment to the defendant." (p.12)*

The First Report of the Planning Committee went on to define the proposed Irish Drug Court by outlining the primary aim and purpose of the Drug Court, stating that the Drug Court:

> *"…shall have as its primary aim, the reduction of crime through rehabilitation of the offender but not excluding punishment should the circumstances so warrant. The purpose of the proposed Drug Court is to provide a scheme for rehabilitation, under the auspices and control of the court, of persons who are convicted of, or have pleaded guilty……..." (p.15)*

2.3.2 Resources for the Pilot Drug Court

The Fifth Report of a Working Group on a Courts Commission on Drug Courts identified the importance of adequate resources from the outset. Although it was unable to quantify the resource implications at such an early stage it recognised that;

> *"The establishment of Irish the Drug Court will not only require that these supporting agencies*[12] *be adequately resourced, but also become part of an integrated court-centred treatment regime which works towards a common goal".*

The report of the Planning Committee also referred to resource implications acknowledging that the ultimate success of any anti-drugs strategy depends on the extent to which resources are made available to it by the Government. The report also pointed to evidence from Courts in the US that showed that a Drug Court's level of success related directly to the resources provided for it.

> *"The strengths and successes of the American model clearly show the court's direct access to treatment and rehabilitation services under the direction of the court is essential, and consequently the Drug Court will only be as strong and successful as the resources provided to it."*

[12] Agencies referred to here include the Courts, the Gardai, the Prison Service, the legal profession, the DPP, Health Boards and the Probation and Welfare Service.

For the purpose of the pilot project it was agreed that no ***additional*** specific resources would be made available to the Drug Court. As an alternative it was decided, based on the potential offered by the Drug Courts, that the agencies and service providers represented on the Planning Committee would allocate and target dedicated resources to the Drug Court Programme for the duration of the pilot project. However, it was emphasised that this would only be possible for the duration of the pilot project. It was accepted that should the Drug Court prove to be successful additional resources would be required to enable the Programme to be extended or mainstreamed.

SUMMARY

- The Irish Drug Court was developed in response to the high numbers of drug related offenders presenting in the Irish justice system in the mid 1990's.
- The decision to implement an Irish Drug Court was influenced by the strong evidence from other jurisdictions in support of the approach. The resulting model, developed initially by the Drug Court Planning Committee and further refined by the Steering Committee, was informed by best practice in other jurisdictions.
- The resource implications of operating the Irish Drug Court were not quantified during the planning phase, although it was recognised that direct access to treatment and rehabilitation was a key component of the Drug Court approach and that there was an important correlation between the success or otherwise of a Drug Court and the resources allocated to it.
- The pilot Irish Drug Court had access to targeted and dedicated services although no additional resources were to be provided during the pilot phase. It was also acknowledged from the outset that this situation would need to be reviewed after the pilot phase.

3. OPERATION OF THE IRISH DRUG COURT

3.1 STRUCTURES

In keeping with international models of best practice a number of structures were established to oversee, assist and implement the pilot project. The core structures for the Irish Drug Court include the Steering Committee, the Drug Court Judge and the Drug Court Team. However, as the pilot evolved a number of additional structures were required. The Drug Court Managers Group and a number of ancillary team members were required to address the needs of the team and the participants respectively.

3.2 THE STEERING COMMITTEE

The role of the Steering Committee as outlined in the First Report of the Planning Committee was primarily to implement and monitor the Pilot Project. The report went on to outline the function of the Steering Committee in ensuring that the project operated successfully and when necessary to provide "*fine-tuning*" to the pilot to achieve a successful result. In keeping with the inter-departmental approach fostered under the Strategic Management Initiative to tackling "cross-cutting" issues such as drug misuse, the membership of the Drug Court Steering Committee[13] comprises representatives of a cross section of many of the key Government Departments and agencies charged with addressing the problem of drug misuse in Ireland. The inclusion of representatives of the community / voluntary sector is also compatible with the partnership approach to addressing drug misuse that evolved in Ireland in the 1980s, and was more recently endorsed by the new National Drugs Strategy – *Building on Experience* (2001). The Steering Committee met on a number of occasions during the pilot period primarily to discuss the findings of the quarterly monitoring reports.

3.3 DRUG COURT JUDGE

The experience from international Drug Courts worldwide has highlighted the centrality of the Drug Court Judge to the success or otherwise of the Drug Court Programme[14]. For the purpose of the Pilot Project, a District Court Judge that had been involved with the Drug Court Programme from the planning stages was appointed to sit on the Drug Court bench twice weekly. Prior to each Drug Court sitting the Judge also attends pre-court meetings where he is briefed by the Drug Court Team on participants' progress through the Programme. The Judge bases all decisions on case processing on both information provided by the Team and a thorough hearing of participants' accounts of their own progress. As chair of the Steering Committee the Drug Court Judge has also had an ongoing role in planning, promotion and policy work for the Drug Court.

[13] Appendix A

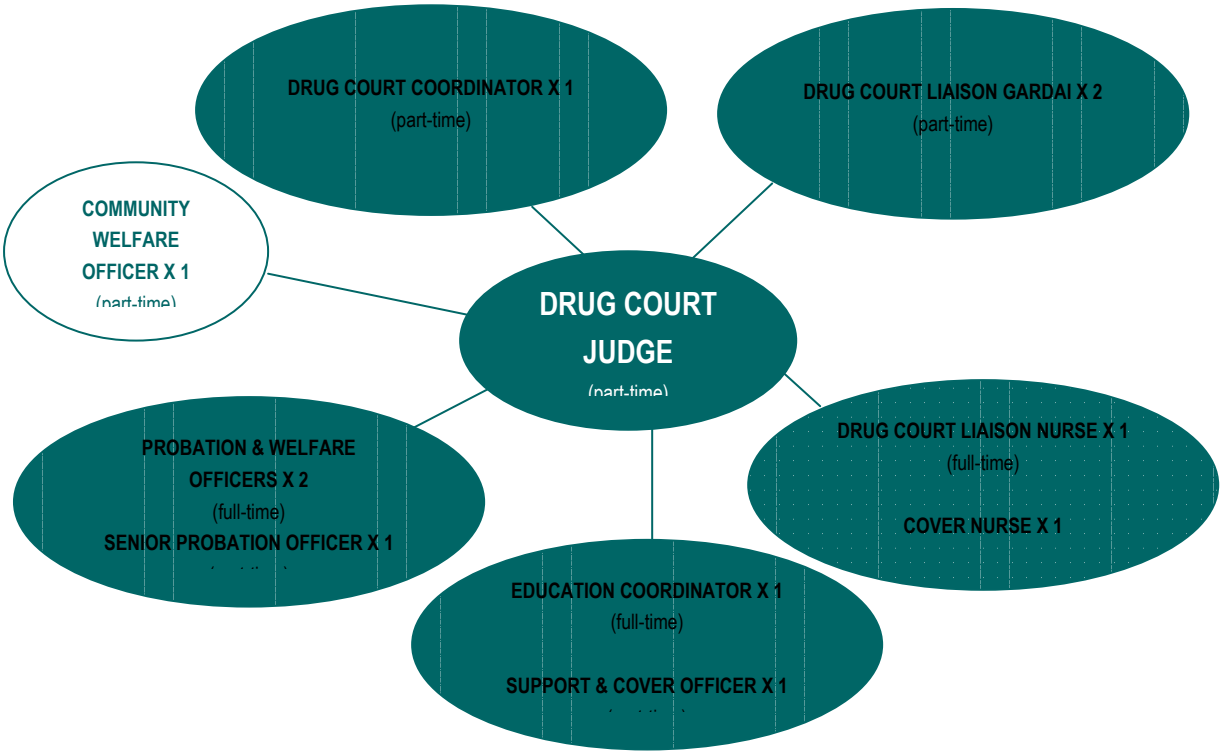
[14] The literature including (cf *Goldkamp et al. (2000)* and *Terry (1999)* suggests a new judicial role whereby "*the judge is part adjudicator but also part supervisor and dispenser of treatment*" (Terry (1999) p.169).

3.4 DRUG COURT TEAM

The establishment of a multi-agency Drug Court Team was an integral aspect to the operation of the Drug Court Programme. Throughout the pilot period the Drug Court Programme was serviced by a core team comprising representatives of the Probation and Welfare Service, the Northern Area Health Board, An Garda Siochana and the Vocational Education Committee (V.E.C.). To facilitate this multidisciplinary approach, the Minister for Justice, Equality and Law Reform appointed a Drug Court Co-ordinator in late 2000. In addition to their professional involvement with clients, the Team has been central to the development of the process and has reviewed on an ongoing basis, the working, development and operation of the Programme.

Each of the service providers involved in the Pilot Drug Court has made a significant input to the development of the Drug Court Programme throughout the pilot project. As the process evolved and the full range of requirements of participants became evident to the Team there has been a need to have immediate access to additional services. As a result an ancillary group has developed which provides assistance to the main Drug Court Team. The composition of both the core Drug Court Team and the ancillary group are illustrated in Figure 3.1 below.

Figure 3.1 - Drug Court Team



** The Drug Court Judge attends pre-court meetings and Drug Court hearings on Tuesday and Thursday afternoons.*

*** Although the Drug Court Co-ordinator is allocated full time to the Drug Court Programme, he is currently only utilised for 3 full days a week. It is anticipated that this will increase with increased capacity.*

**** The Drug Court Liaison Gardai attend pre-court meetings and Drug Court hearings on Tuesday and Thursday afternoons, and Drug Court Team meetings every Monday afternoon. Apart from this there is no specific time allocated to them for the Drug Court.*

The role of each of the Team members is outlined in greater detail in the following sections. It is important to note, however, that each of the roles detailed below are as originally outlined in the Drug Court Programme Participants' Handbook[15]. It is widely acknowledged by members of the Drug Court Team and their respective management that these roles need to be redefined in view of their experience of actual practice over the course of the Drug Court Programme. The process of rewriting and agreeing the role definitions for members of the Team is currently underway.

- **Drug Court Co-ordinator**

  In order to facilitate the successful operation of the Drug Court Team, a Drug Court Co-ordinator was appointed by the Minister for Justice Equality and Law Reform. It was envisaged from the outset that the Co-ordinator would not have responsibility for any area falling within the remit and responsibility of the other individual agencies involved. The Co-ordinator has been involved in the general administration of the project, chaired Team meetings, facilitated Team reviews and Team building exercises and promoted/publicised the Irish Drug Court locally and internationally.

- **Probation and Welfare Officers**

  The Probation and Welfare Service allocated a Senior Probation and Welfare Officer[16] (part-time) and two Probation and Welfare Officers (full-time) to the Drug Court Team. Their primary role is to work to maximise drug abusing offenders' motivation to change, and specifically to engage with drug treatment. They also facilitate interventions and treatment progression routes with and on behalf of the offender. They also link with the Probation Service and other appropriate programmes and resources for the enhancement of the Drug Court Programme and the benefit of programme participants.

- **Drug Court Liaison Nurse**

  There is one full time dedicated Drug Court Liaison Nurse on the Drug Court Team. A part-time nurse is available to provide cover during periods of leave. A secretary and part-time general assistant have also been appointed by the Health Board to assist the Liaison Nurse in the preparation of reports for the Drug Court. The Drug Court Liaison Nurse is involved in all of the clinical aspects of a participant's progress from the point of referral and ensures reports and results are available for pre-courts, develops links to other services and acts as an expert resource to assist the Judge in interpreting clinical information about participant progress.

- **An Garda Siochana**

  There are two part-time Drug Court Liaison guards appointed to the Drug Court Team. Unlike other members of the Team, the Liaison Guards do not have any specific time allocated to the Team. In addition to the execution of a range of enforcement duties (bringing participants in custody before the Drug Court, executing bench warrants *etc.*) the Liaison Guards play an important role in the assessment process, keep the team informed of activities of participants while on bail and provide professional advice to the Team on policing and criminal procedures.

[15] Team roles as outlined in the Handbook are described in Appendix D
[16] The Senior Probation and Welfare Officer is also a member of the Drug Court Steering Committee.

Education Co-ordinator

The Vocational Education Committee (VEC) originally allocated one full time Education Co-ordinator to the Drug Court Team. As the process developed an assistant Education Co-ordinator also joined the Team, to act as a substitute in the absence of the Education Co-ordinator. Throughout the pilot one addiction counsellor was also made available to the Drug Court and a second addiction counsellor was available when required. Addiction counsellors were allocated hours to specific Drug Court Programmes, all funded from a separate Drug Court fund. The agency also has access to contract teachers when and if required. The main role of the education co-ordinator within the Team is to make an educational and vocational career assessment of each of the clients once they have been found both eligible and suitable to enter the Drug Court Programme. Along with this the co-ordinator develops educational programmes designed to meet the specific needs of the Drug Court participants, such as the ongoing development of the Programmes outlined below. Where appropriate referrals are made and classes are organised in other centres and projects, such as the Pathways Project, Granby Homeless Project, Anna Liffey and the Saol project.

A number of dedicated classes for Drug Court participants have been developed during the pilot period they are summarised in the table below:

Table 3.1 – Timetable of Classes

Class	Timetable
Literacy (one to one and group)	Monday to Friday 12-2pm
Skills Programme	Monday 4pm-5.30pm/Wednesday 12.30am -2pm
Health and Fitness	Wednesday 3pm -5pm
Peer Support[17]	Friday 12am -1pm

Community Welfare Officer

Taking a holistic approach, the Community Welfare Officer provides advice, information and practical assistance where appropriate, on welfare issues, to the participants of the court. The Community Welfare Officer ensures that participants are made fully aware of their health, social service, and social welfare entitlements, and access to services is assisted, including medical cards, linkage to GPs, *etc*. Those with accommodation problems are linked to both emergency and long-term accommodation providers and provided with rent assistance and personal supports. The Welfare Officer will sometimes act as an advocate for the participant with other service providers/agencies.

[17] Attendance at Peer Support classes has now been made mandatory.

3.5 THE DRUG COURT MANAGERS GROUP

Comprising representatives of the Northern Area Health Board, the VEC and the Probation and Welfare Service and An Garda Siochana, the Drug Court Managers Group has been meeting regularly since mid - 2001. This group provides guidance to the Team on strategic issues and is assisting the Team to work through areas of role-overlap and duplication. In February 2002, the managers and the Team met jointly to review multi–agency working in the Drug Court pilot project and to identify challenges and solutions to various problems that had arisen.

3.6 CASE PROCESSING

3.6.1 Pre-Court Meetings

The relevant Drug Court Team members and the Drug Court Judge attend pre-court meetings prior to each Drug Court sitting. The pre-court meetings provide a forum for team members to share information on the weekly and overall progress of each participant appearing in the Drug Court that day. Based on a participant's progress, pre-court meetings also allow for discussion on the possible need for sanctions or incentives to be used. Although the use of sanctions and incentives is open for discussion at such meetings, the decisive action to either impose a sanction or award an incentive ultimately lies with the Drug Court Judge.

Detail relating to the screening of offenders referred for the Drug Court in terms of both eligibility and suitability is discussed at the pre-court sessions. Treatment plans, matters relating to the revocation of a participant's bail, potential problems arising for participants, and progression to the next Phase *etc* are all matters discussed during the pre-court sessions.

3.6.2 Drug Court Sittings

Drug Court sittings take place in Court 50 of the Richmond Courthouse at 3pm on Tuesday and Thursdays. The Drug Court Judge presides and the Drug Court Team also attend. The Team do not take an active role in the proceedings other than to provide clarification to the Judge. However, the presence of the Team in the Court means that participants are aware that the Judge is fully informed of their progress.

The participant comes before the Drug Court Judge to discuss progress and any difficulties or relapses which may have occurred between appearances at the Drug Court. Unlike a traditional Court hearing, solicitors or prosecutors are generally absent from the Drug Court sittings and participants always speak directly with the Judge. Although each participant is entitled to be accompanied by their solicitor at each sitting, defence solicitors generally do not attend apart from the initial appearance or for a termination hearing. Having discussed their case, the Judge will inform the participant of all of his/her upcoming meetings, where appropriate impose a sanction / provide an incentive and then remand the participant back to the next appropriate Drug Court sitting.

3.7 PARTICIPATION IN THE DRUG COURT PROGRAMME

The diagram on the opposite page traces participant progression through the Drug Court Programme. Each stage is described in more detail in the following paragraphs.

3.7.1 Initial Referral

When appearing on criminal charges before another District Court, having either pleaded guilty or been found guilty of drug related offences, other than violent offences, the defence solicitor acting for a drug dependent offender who meets the **eligibility**[18] criteria can request a referral to the Drug Court. Often the Judge will request a Pre Sentence Probation Report (PRS) in which the Probation and Welfare Officer may also recommend transfer to the Drug Court. The Drug Court is a voluntary programme and the offender must give consent prior to referral. On the grounds of such recommendations and/or requests and assuming the offender is **eligible**, in terms of the basic criteria, it is the final decision of the presiding trial Judge to refer offenders to the Drug Court Programme.

3.7.2 Eligibility / Suitability Assessment stage

Having been found **eligible** and referred to the Drug Court Programme, offenders automatically sign a release of information form whereby they consent to the release of information relating to previous treatment, educational and socio-economic status *etc*. to the Drug Court Team and the Drug Court Judge. Following this, offenders enter an assessment stage where they remain until they have been assessed by the relevant members of the Drug Court Team in terms of their **suitability**[19] for the Drug Court Programme. The Drug Court Liaison Guards research the criminal history of the offender and ensure that the Team are aware of all charges that the participant may have. Similarly, the Probation and Welfare Officers assess suitability, including motivation, past response to supervision and likely future response within the context of Drug Court Programme. Other criminogenic needs and protective factors are also assessed. Once assessed by both the Liaison Guards and the Probation and Welfare Officers, the Drug Court Liaison Nurse then conducts an assessment of the offender. Following a full medical health assessment[20] a treatment plan is formalised with the treatment team and the client. If, following assessment, the offender is deemed both ***eligible*** and ***suitable*** by the Team, he/she will then become a participant of the Drug Court Programme.

[18] Eligibility requires an offender to meet a range of selected basic criteria, such as age (be over 17 years), residency (living in the ICON area for a period exceeding 12 months), drug dependency and offence type, all of which are outlined in detail in the Drug Court Programme Participants Handbook.
[19] Suitability assessment aims to ensure that participants are adequately motivated and whether taking into account the offender's antecedents it is appropriate for them to participate in the Drug Court Programme.
[20] Full details of the Nursing Assessment are included in Appendix D under the role of the Drug Court Liaison Nurse.

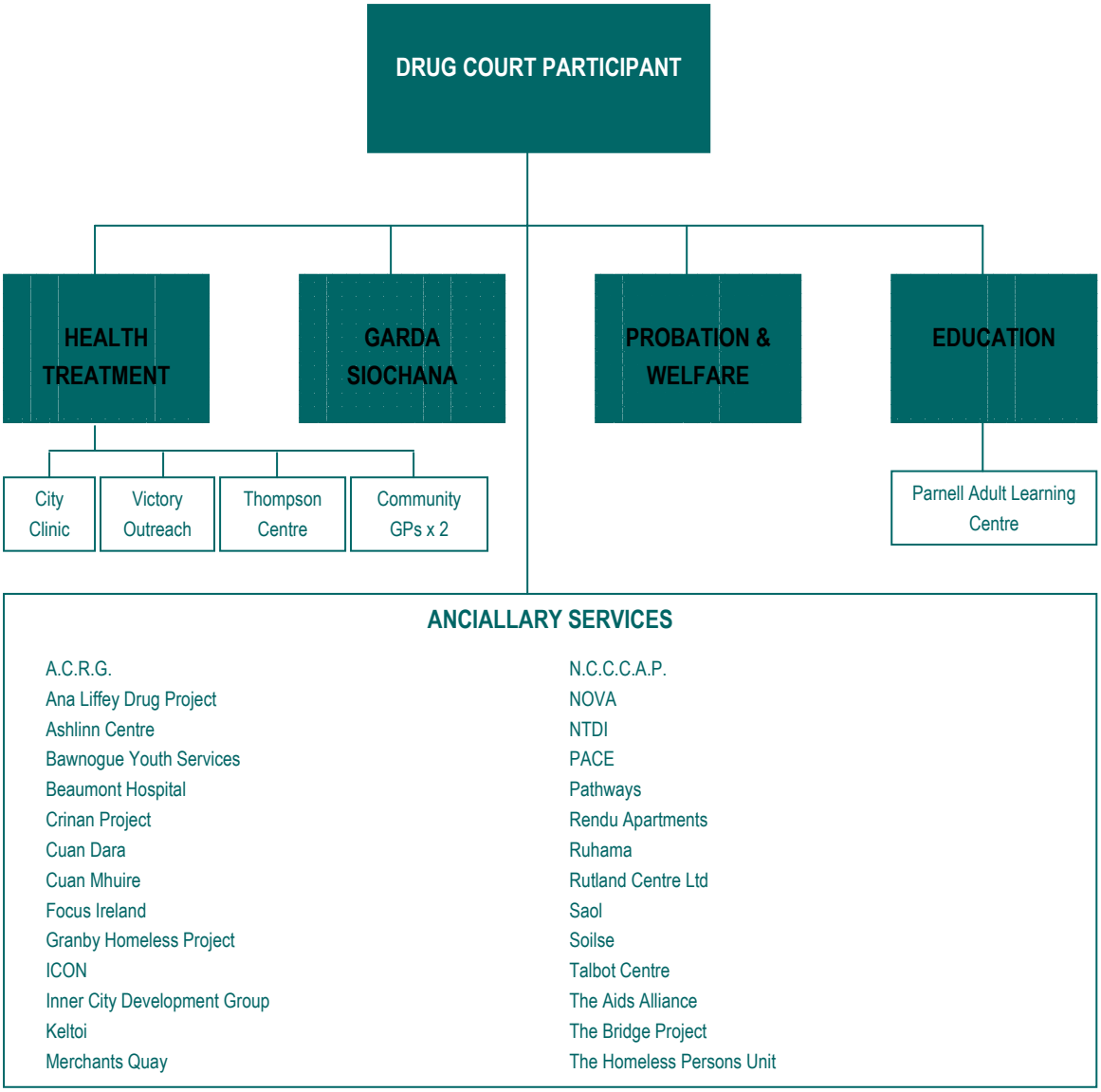
3.7.3 A Phased Approach

Having officially entered the Drug Court Programme, participants are then assessed by the Education Co-ordinator and an appropriate educational, vocational career plan is drawn up. As part of the Drug Court Programme, participants are expected to comply with the rules and regulations set out in their initial Treatment Plan, their subsequent monthly Personal Progression Plans (PPP) - which relates to all aspects of their rehabilitation - and their Drug Court bail bond. Participants are required to appear before the Court regularly, keep appointments with the individual team members and attend "3 Way" meetings convened jointly with the Education Co-ordinator, Probation and Welfare Officers and the Drug Court Liaison Nurse. As outlined in the Drug Court Participant's Handbook the Drug Court Programme was designed with three distinct phases in mind. They are:

1. Phase 1. – Stabilisation and Orientation
2. Phase 2. – Consolidation and Habituation
3. Phase 3. – Integration and Self Management

As well as the main service providers involved directly with the Drug Court Programme, there are a number of ancillary services which are utilised on a demand basis. Although the services are not available on a dedicated basis to the Drug Court, the Drug Court Team have developed networks with many groups / organisations which run programmes in the areas of drug misuse and offending to which participants are frequently referred.

Figure 3.2 Service Referral



3.7.4 Sanctions and Incentives

When participants volunteer to enter the programme they do so in the knowledge that a range of sanctions and incentives exist to encourage compliance with the Programme's objectives. The sanctions imposed include the revocation of bail, curfews and the requirement to sign-on daily at a local Garda station. Certificates are presented as one of the principal incentives to participants to complete phases and attend programmes. The Court has also permitted participants whose progress has been satisfactory to take holidays and has purchased small gifts in recognition of achievements.

3.7.5 Termination

On entering the Drug Court Programme, participants are expected to comply with the rules and regulations of the Drug Court. If the Drug Court Judge, on the basis of information provided by the Drug Court Team, decides that a participant is no longer complying with the Programme participation can be terminated. As the Programme is voluntary, participants can also decide at any point that they wish to leave the programme. In both cases a date is set for a termination hearing which the participant attends with the defence solicitor. Once terminated from the Programme the offender is then returned to the original referring District Court for disposal of all outstanding charges.

3.7.6 Graduation

Graduation occurs when a participant has, by achieving the objectives agreed under their Treatment Plan and Personal Progression Plan (PPP), successfully completed each Phase of the Programme. At the end of their time within the Programme participants will be expected to have ceased all criminal activity and to remain consistently free of illicit drugs. Graduation from the Programme results in a favourable disposition of the charges against the participant without a custodial sentence.

SUMMARY

- A number of structures have evolved to support Drug Court Participants and the Drug Court Team over the pilot period including an ancillary Team which provides additional support and the Drug Court Managers Group which has been meeting on a regular basis to help the Team to overcome various challenges over the pilot period.
- Unlike Drug Courts in many other jurisdictions which comprise representatives of the treatment and justice systems - the Irish Drug Court Team is a truly multi-disciplinary grouping. The inclusion of an Education co-ordinator on the Core Team and the availability of a Community Welfare Officer on a part-time basis have meant that the Team has been able to adopt an holistic approach to participants' needs.
- The operations of the Irish Drug Court are broadly comparable to many other Courts with Pre-Court Meetings providing the forum for the discussion of participant progress on a weekly basis. The Drug Court Judge listens to the views of the Drug Court Team and, at sittings of the Drug Court, to participants. Ultimately the Drug Court Judge is responsible for decisions about case processing.
- In addition to the core services to which the majority of Drug Court participants are directly referred, the Drug Court Team have, in attempting to address the full variety of participant needs, made referrals to a vast array of services throughout the Inner City.
- Progression through the Irish Drug Court is on a phased basis. In keeping with the voluntary nature of the Programme, the Treatment Plan and subsequent PPPs, which participants agree to at the start of the Programme, outline the specific goals that a participant must achieve to progress through each stage.

4. EVIDENCE FROM ABROAD - DRUG COURTS INTERNATIONALLY

4.1 INTRODUCTION

Originating in the USA, Drug Courts are now part of a growing international trend, with Australia, Canada and countries throughout Europe introducing Drug Court systems as a means of reducing the amount of crime committed by the drug misusing population. As previously highlighted, the impetus to establish an Irish Drug Court owes much to the evidence from other jurisdictions on the inroads being made by Drug Treatment Courts of various types on the escalating problem of drug-related crime.

4.2 CORE PRINCIPLES

Despite the homogeneity of their objectives, no single model has emerged or been deployed internationally. Newer models have learnt much from early experiences and those responsible for planning and implementing new courts acknowledge that what works in one jurisdiction may not in another. Although different models emerge distinctive to the country and, in the USA, the State and even the County, in which they are established, there are a number of features common to Drug Courts regardless of location, they include[21]:

- Immediate intervention
- Non-adversarial adjudication
- Structured treatment programmes that have clear objectives and goals set out for the offender
- A team approach, led by a judge, yet bringing together in an interagency approach the core agencies involved, such as the corrective services, health / treatment services and education services.
- A proactive judicial involvement in managing the offender and their treatment.

[21] As outlined in Freeman, 2002

4.3 US EXPERIENCE

The most evolved Drug Courts exist in the United States, where the concept was first initiated as a means of providing long-term judicially supervised treatment programmes for drug abusing offenders. In response to the growing number of felony drug cases in Miami in the mid-late 80's, a study was commissioned to research the problem and offer alternative approaches. The resulting proposal was the initiation of a Drug Court system, from which the first Drug Court was established in Dade County, Florida, in 1989. Since then Drug Courts have expanded to such an extent that they have been launched in all fifty states in the US. Today a total of 688 Drug Courts have been established, enrolling an estimated 220,000 adults and 9,000 juveniles. A further 432 drugs courts were planned at the end of 2001, at which stage an estimated 73,000 adults and 1,500 juveniles had graduated from Drug Courts throughout the States[22].

Since the establishment of the first Drug Court in Miami, a range of different models have developed throughout the States, generally reflecting both local drug misuse patterns and local law enforcement strategies. Although participants on various Courts share a number of common characteristics - clients are predominantly male, from socially disadvantaged backgrounds / unemployed / have low levels of educational attainment, extensive criminal histories, and have previously failed treatment *etc.* – the main drug of choice can vary depending on the state. While the majority of American Drug Courts tend to target so-called "hard drugs" such as heroin, methamphetamines, cocaine or crack, there are some Drug Courts that target marijuana and alcohol as the primary drug used and latterly several Alcohol and Other Drug (AOD) Courts have been established across the USA. Notwithstanding this, the overall concept remains – drug courts offer court-based treatment intervention for drug-involved offenders.

Despite the rate of expansion of Drug Courts throughout the States there is still a relative deficiency of comprehensive research on Drug Court operations and impacts. However, as Drug Court and other Problem Solving Courts move further into the mainstream "*bubbling up from the grassroots to the Federal Government*[23]"and begin to attract an increasing share of federal resources, evaluation is becoming an integral component of Drug Court Programmes.

[22] Belenko, 2001
[23] Murray, 1997

4.3.1 Evaluation Findings

Of the evaluation studies that have been conducted to date the majority focus primarily on the effectiveness of Drug Courts in reducing recidivism and illicit drug use. However, as Belenko notes in his 2001 Review of Drug Court Research, it is important to make a distinction between ***in***-programme and ***post***-programme recidivism. Based on analyses of re-arrest rates conducted by the National Centre on Addiction and Substance Abuse at Columbia University, the majority of evaluations indicated reductions in the criminal behaviour of offenders during their participation on the Drug Court Programme. A study of the Chester County Drug Court included a comparison group and concluded that offenders were less likely to be arrested for an offence (5.4 *per cent*) compared to that comparison group (21.5 *per cent*). Other studies showed similar results, such as that conducted in Polk County where a lower percentage of participants of a Drug Court (19 *per cent*) were reconvicted on a new offence while on the Programme, compared to a comparison sample of offenders (38 *per cent*). Similar results are evidenced as regards reductions in drug use when based on urine tests for many evaluations.

Several studies examined in the Belenko review found that average per-client drug court costs are lower than standard processing, primarily as a result of lower incarceration costs. However Belenko also notes that straight diversion may be both less expensive and intrusive for low risk offenders while achieving similar outcomes.

Finally, Belenko highlights the need for future research on drug courts to examine the client and the operational and treatment delivery characteristics that affect outcomes in order that the relative effectiveness of the various elements of the drug court model can be better understood.

4.3.2 Relevance to Ireland

Evaluations of US Drug Courts indicate that, broadly speaking, they do have the desired effect of reducing recidivism and drug misuse. They have also affected some savings on the costs associated with incarceration. While there is much to be learned from the experiences of US Drug Courts, important differences in the target population, the law enforcement process and the overriding objectives of some US Drug Courts mean that the outcomes are not directly comparable to the Irish situation.

4.4 NEW SOUTH WALES (NSW) DRUG COURT

In many ways the NSW model is a more suitable comparison to the Irish model than many of the Drug Courts in the US. Its eligibility, non-compliance, and graduation criteria are very similar to that of the Irish Drug Court. Both the pilot period (1998-2001) and the catchment area were more extensive than in Ireland and as a consequence the number of referrals to the NSW Drug Court was considerably higher. The baseline addiction and drug use profile of the offenders participating in the NSW Drug Court is similar to that of the Irish participants, which resulted in the use of similar treatment programmes. The impacts on recidivism and treatment results are also comparable.

4.4.1 Objectives

The NSW Drug Court is described as:

> "*..a special court with the responsibility for dealing with non-violent criminal matters committed by drug dependent offenders. The Drug Court provides intensive judicial supervision, treatment provision and individual case management for eligible offenders in a Drug Court program.*"[24]

The Court aims to reduce the level of criminal activity that results from drug dependency. The Court achieves that objective by establishing a scheme under which drug dependent persons charged with criminal offences can be diverted into programs designed to eliminate, or at least reduce, their dependency on drugs. The NSW Drug Court operates on the assumption that reducing a person's dependency on drugs should reduce the person's need to resort to criminal activity to support that dependency and should also increase the person's ability to function as a law abiding citizen.

4.4.2 Evaluation findings NSW

The evaluation of the NSW Drug Court involved each of the 3 elements incorporated in the methodology employed to evaluate the Irish Drug Court *i.e.* a process evaluation, an impact evaluation and a cost effectiveness evaluation. The main findings of each part of the evaluation undertaken by the NSW Bureau of Crime Statistics and Research are summarised below:

Process findings

In its first year of operation, the NSW Drug Court experienced a number of difficulties, however, many of these issues have been resolved or partly resolved, resulting in a much improved Drug Court Program in its second year of operation. The main challenges experienced are described below:

- Philosophical and professional differences between treatment providers and the Court were major obstacles during the early stages of the Court's operation, although the relationships have improved over time.
- Urine testing was a contentious issue, particularly in relation to responsibility for conducting the tests.
- Most interviewees suggested that alternatives to incarceration, such as community service, should be considered for breaches of a Drug Court program.
- Several interviewees suggested that the time served in prison on sanctions should not be deducted from the participants' initial sentence, as this encouraged some to 'work off' their sentence *via* 'periodic detention'.
- The failure to anticipate the high proportion of participants experiencing multiple health problems, most notably mental health problems, was raised.

[24] Drug Court New South Wales Australia *What We Do* :// www.agd.nsw.gov.au/drugcrt/drugcrt.nsf/pages/index

- The criteria for graduation were considered to be too onerous, resulting in the small number of graduates from the Program to date.
- Suggestions were made that the level of activities required on a Drug Court program resulted in difficulties for participants with the primary responsibility for childcare, the majority of whom are women.
- Several interviewees considered that there should be additional follow-up or aftercare for graduates, as the intensive supervision was removed too soon for many, resulting in an increased likelihood of relapses.

A number of positive aspects of the Drug Court Program were also highlighted by interviewees:

- The ability of participants to change the type of drug treatment they were receiving was seen as advantageous in a program of this type.
- The high level of supervision and the intensity of the Program was seen as one of its greatest benefits over other programs.
- The intersectoral approach adopted has led to some breaking down of barriers between professions and a better way of dealing with these offenders.

Several interviewees commented that the full range of benefits attributable to the Drug Court Program would not become evident immediately. However, introducing these offenders to treatment, addressing some of their long-term problems, requiring them to reduce their drug use and offending while remaining in the community, and improving their attitudes towards the court and police systems, were all suggested as benefits of the Drug Court Program

Cost effectiveness

The estimated total cost of the Drug Court program for the 309 participants who formed part of the cost-effectiveness analysis was $13,495,727 (€8,159,593). More than half of this amount ($8,805,146/ €5,323,641) was expended on individuals who were terminated from the Drug Court program. Although health care treatment ($3,352,341/€2,026,844) and court attendances ($2,846,362/ €1,720,926) were the single most important contributors to the overall cost of the Drug Court program, the cost of sanctioning those placed on the program ($1,417,677/€857,135.58) was also significant. The cost per day for an individual placed on the Drug Court program ($143.87/ €86.98) was slightly less than the cost per day for offenders placed in the control group and sanctioned by conventional means ($151.72/€91.7308)

Impact- Retention, Health, Well-Being and Participant Satisfaction

- Over 60 *per cent* of participants had their NSW Drug Court program terminated prior to being on the program for twelve months.
- Length of suspended sentence was the only factor found to predict retention on the program for at least twelve months (or graduation within this period). Of the participants who received a suspended sentence greater than six months, 47 *per cent* remained on the program for at least twelve months (or graduated within this period) compared with 25 *per cent* of participants who received a suspended sentence of less than six months.
- Strong support was found for improvements in each of the outcome measures examined: health, social functioning and drug use. These improvements were sustained over the twelve-month follow-up period.
- Significant improvements were found on all but one of the health dimensions examined. After twelve months on the program, male NSW Drug Court participants' health was rated as high as or higher than the Australian population norms on each of health dimensions examined.
- Social functioning significantly improved within the first four months of program participation, with further improvements by eight months.
- Illicit drug use was significantly reduced throughout participation on the program
- Overall, participant satisfaction with the NSW Drug Court program was very high.
- Participants most commonly rated the program as 'neither easy nor difficult', but as time on the program increased a larger proportion rated it as very difficult and a smaller proportion rated it as very easy.

4.4.3 Relevance to Ireland

The findings from the NSW evaluation are highly relevant in the Irish context as the development and evolution of the Irish Drug Court model owes much to the models developed in Australia. The overarching objectives, target population and drug misuse and offending behaviour of participants are all highly similar. The evaluation, which is amongst the most comprehensive undertaken in any country to date, highlights the early difficulties involved in establishing a Drug Court and the need to refine the model as the process evolves. Given the similarity of the graduation criteria the fact that they are proving overly onerous is also notable. The high correlation between length of sentence and retention/graduation is significant as participants on the Irish programme currently do not know the nature of the sentence they would receive in the District Court. Finally the assessment of the costs involved demonstrates that at least in the early stages, a considerable amount of resources are perhaps inevitably, invested in participants terminated from the programme. This underlines the fact that viewed in purely economic terms there is a level of risk attached to investment in the Drug Court approach.

4.5 ENGLAND AND WALES DRUG TREATMENT AND TESTING ORDERS

Influenced by evidence emerging from American Drug Courts, and having been piloted in a number of test–sites, Drug Treatment and Testing Orders or DTTOs were introduced to the UK in 2000 as a new community sentence, aimed at breaking the link between drug use and crime. According to the Home Office (1999) the purpose of the test is "*to reduce or eliminate the offenders dependency on or propensity to misuse drugs"*. A DTTO differs from the existing probation order in that the sentencing court checks progress and compliance throughout. Mandatory urine testing takes place at specified intervals and sentence plans may be altered in response to individual progress or problems. The results of the tests are shared between the treatment provider and sections of the criminal justice system. Courts can make an order requiring offenders to undergo treatment either as part of another community order or as a sentence in its own right. It is a high level, demanding and resource-intensive treatment order that can last from 6 months to three years. Participant compliance is assessed at regular Review Hearings designed to enable the Court to assess how well the objectives of the DTTO are being met. The views of all concerned, *i.e*. Probation, Treatment and the participant, are taken into consideration during hearings, however the sentencers retains the power to override all other opinions about the progress of a participant.

4.5.1 Main Evaluation findings

An evaluation[25] of the findings of the introduction on a pilot basis, of DTTOs in Croydon, Gloustershire and Liverpool, indicated that the profile of participants was very similar to that of the Irish Drug Court, although notably far fewer participants had previously received treatment or were in treatment at the outset of the Order. Another striking feature of the evaluation findings was the initially low number of DTTOs made in each of the pilot sites. The pace of referral accelerated later in the pilot period which ran between October 1998 and March 2000.

The self-report data on which the evaluation is based, indicated that there were substantial reductions in drug use and offending at the start of the order. There was a significant decline (94 *per cent*) in the self-reported average weekly spend on drugs in the first four to six weeks of the order. Polydrug use had become much less common; typically people stopped using crack or amphetamine, but continued to use opiates, albeit at a much reduced level. There were commensurate reductions in acquisitive crime which were largely sustained over time. The research findings suggested that if DTTOs can succeed in retaining offenders within the programme they seem likely to contain drug use and offending.

[25] Home Office Research, Development and Statistics Directorate, October 2000.

The introduction of DTTOs into mainstream judicial case processing has not been unproblematic and concerns about "fast-tracking" have also been raised. This issue has been highlighted most recently by the Select Committee on Home Affairs in its review of the UK Government's drug policy. With reference to DTTO's it states:

> *"We consider it highly undesirable that it should be easier for a drug addict to access treatment through the criminal justice system than in the community. This is a further reason, if any were needed, for the Government to provide more treatment in the community"*[26]

The point here is not that drug misusing offenders should be denied access to treatment but that the criminal justice system should not become the primary point of access to drug treatment.

4.5.2 Relevance to Ireland

While the ethos and approach of the DTTO is broadly similar to that of the Drug Court model there are important differences, notably the intensity of the supervision involved and the lower frequency of Review Hearings. Two features of the evaluation findings are relevant to Ireland. First, the low number of orders made in the early stages may indicate that it takes time to embed new initiatives in the justice domain. Second, the correlation between duration of retention and sustained reduction in drug use and offending would suggest that there is a pay-back for the time and effort invested in assisting participants to comply with court supervised treatment.

4.6 SCOTLAND[27]

In October, 2001, Europe's second Drug Court became operational in Glasgow, Scotland. Based largely on the international experience of Drug Courts in North America, Dublin and Australia the Drug Court was established as a two year pilot. The Glagow Drug Court has enabled the Scottish Executive to build on the successful experiences of the DTTO. As it has only recently become operational in Scotland, no conceptual outcomes are yet available to assess the "success" of the Scottish Drug Court. However, early indications of success, in terms of both uptake and retention have led the Scottish Executive to establish a second pilot outside of Glasgow.

The main features of the Scottish Drug Court are as follows:

- The Court operates with a specialist bench of two Sheriffs who will sit 4 days a week when working to full capacity.
- Referrals to the drug court are fast tracked by a pre-court screening group consisting of the Procurator Fiscal, police, social work and defence agent, which identify suitable candidates.

[26] House of Commons, 2001
[27] Morron, 2000

- Each offender is placed on an order(s) during their time in the Drug Court. There are four treatment orders available to the Drug Court, namely DTTOs, Probation Orders with a condition of treatment, concurrent DTTO and conditional Probation Orders and Deferred Sentences.
- Regular reviews are conducted by the Drug Court Sheriffs in the Drug Court at least once a month. As with most Drug Courts there is direct dialogue between the Sheriff and the participant at these reviews. Prior to the Review Courts, pre-Court meetings take place between the Sheriff, the prosecutor, the defence lawyer, the supervising probation officer and the drug treatment provider. Initially, Pre-Court meetings were omitted from the Scottish Drug Court planning stage, however, their inclusion as part of the Programme was strongly influenced by the experiences of the Irish Drug Court.
- Regular urinalysis is conducted to monitor participant's progress with treatment, which may result in the need for a sanction to be imposed, or an incentive of reduced urine tests.
- The Scottish Drug Court in Glasgow has ensured the rapid access to appropriate treatment from the beginning of the participant's involvement with the Drug Court. The treatment is provided by a dedicated treatment and supervision team which consists of specialist addiction workers and agencies working in partnership with doctors and nurses. Rehabilitation is designed to address the full range of needs, including accommodation, rehabilitation and employment training.
- The Programme is designed to target offenders with a known drug addiction whose offending behaviour is related to drugs misuse. Although all such offender are potentially eligible, only offenders prosecuted under summary procedures which carry a maximum of 6 months prison sentence will be dealt with. The Court is not designed to deal with offenders whose primary drug of misuse is cannabis.

Throughout the 2 year pilot, the Scottish Drug Court is being independently evaluated. Early monitoring data indicates high levels of retention and a second pilot has been initiated in Fyffe.

4.6.1 Relevance to Ireland

There are two notable features of the operation of the Drug Court in Glasgow. The first is the process through which eligible participants are identified by the police. It has now become standard practice for any arresting officer in Glasgow to notify the Court of an offender's eligibility for the Drug Court Programme. Second, the Glasgow Drug Court has its own prescribing GPs and despite the existence of waiting lists for Methadone Maintenance Treatment there have so far been no allegations of "fast-tracking".

4.7 TORONTO DRUG TREATMENT COURT PROGRAMME

4.7.1 Context

Numerous studies have shown that there is a connection between addiction to certain drugs, most notably cocaine and heroin, and criminal behaviour. Drug addiction in Toronto is also associated with unemployment, homelessness, violence, family discord and mental and physical health problems. Because the criminal justice system in Toronto offers little or no addiction treatment or after-care services in the community, prior to the initiation of the Drug treatment Court the rate of criminal recidivism among drug addicts was high.

4.7.2 The Drug Treatment Court Program

This program, an alternative to incarceration, is intended to reduce the number of crimes that are committed to support drug dependence by reducing drug addiction through treatment. The Drug Treatment Court has been designed to meet the needs of non-violent offenders who are addicted to cocaine or opiates, with a focus on youth, women and men from diverse and Aboriginal communities, as well as street prostitutes. In addition to judicially-supervised treatment, these offenders will be referred by the criminal justice system to a range of community-based social services adapted to enhance their social stability. Participants remain in the Drug Treatment Court program for an average of 12 to 16 months. They 'graduate' once they have been clean of drugs for three months, have completed employment and life-skills training and have a stable home and job. At that point, depending on the 'track' in which the offender entered the program, the charges are dropped or the person receives a non-custodial sentence followed by12 months of probation.

4.7.3 Evaluation Findings

Since the Drug Treatment Court began on December 1, 1998, 150 addicts have entered its program and 22 have successfully completed it. Nearly 90 *per cent* had a prior criminal record and 57 *per cent* were in custody at the time they entered the program. An article on the Toronto Drug Court describes the progress that has been made to date[28] as follows:

- Slightly more than fifty *per cent* of the participants required a referral to a community service as part of their treatment.
- In the first year of operation 56 *per cent* of those who had entered the program were still participating; nearly three-quarters of these people had not re-offended.
- Most of those who did re-offend committed drug offences or administration of justice offences.
- Significantly, nearly one-third of those referred to community services were not accepted because of lack of availability of the service or waiting lists.

Although it is too early to draw definitive conclusions about the impact of the Toronto Drug Treatment Court, the future is said to look promising.

[28] Simpson, 2001

4.7.4 Relevance to Ireland

The lack of availability of certain resources required by the Toronto Court indicates that Ireland is not unique in this regard. While the Toronto Drug Court has made a significant impact on the rate of in-programme recidivism, participation had also had an important but less tangible impact on the ***type*** of offences committed by those who continued to offend.

SUMMARY

- Drug Courts and the way in which they operate, depend largely on the jurisdiction in which they were established, as such, some international Drug Courts are not directly comparable to the Irish Court. This is particularly the case with models employed in the USA where the drug use history of participants and law enforcement regimes are in some cases very different to those applying in the Irish context.
- Nevertheless, in terms of objectives and underlying approaches a number of characteristics are shared by Drug Courts internationally and as this brief review of Drug Courts and analogous strategies has indicated, the profile of participants in other jurisdictions is broadly similar. It is also worth noting that many Drug Courts operating in other countries have had low numbers of referrals and a relatively low rate of participation in the initial stages. Initial tensions between service providers are evident in other Drug Courts as are delays in accessing necessary treatment and other rehabilitative services.
- The review of international evaluations indicates that the desired reduction in recidivism and drug misuse are achieved ***in-****programme****,*** however, the findings are less conclusive with regard to ***post-***programme recidivism and drug use.
- On the basis of its success in addressing the recidivism and drug misuse of offenders the Drug Court approach has made significant advances into the mainstream of the federal justice system and its less structured analogue the DTTO is now increasingly deployed in the UK. As the programmes become more embedded in the criminal justice domain the ethical and resource implications are being given more consideration.

5. THE IRISH DRUG COURT IN CONTEXT – RATIONALE

5.1 DRUG MISUSE IN IRELAND

The absolute number of individuals within the Irish population who are using hard drugs can never be established with 100 *per cent* accuracy. The main source of information is the National Treatment Reporting System (NTRS), however, its published data relate only to the persons who present themselves for treatment nationwide and may not include private hospitals and clinics, as the provision of information to the NTRS is voluntary[29]. It is widely acknowledged that there are many more drug misusers who do not present for treatment.

In recognition of the need for more comprehensive research to be conducted on all aspects of drug misuse in Ireland, the National Advisory Committee on Drugs (NACD) was established in July 2000. The Committee is currently overseeing a three-year research programme aimed at addressing the priority information gaps and deficiencies.

An estimate of the number of opiate users in Dublin in 1996 indicated that there was possibly up to 13,460 opiate users in Dublin at the time: a prevalence of over 21 per 1,000, aged 15 to 54 years (or 2.1 *per cent* of the population)[30]. Although this is the most widely used figure the actual figure could be significantly lower or higher. The NACD is currently up-dating this estimate to indicate more precisely the prevalence of opiate use in Ireland.

Other sources of information available on the extent of drug misuse in Ireland include treatment figures from the Health Boards and Garda statistics on drug seizures and drug related offences. The overall trend would indicate that cannabis is the most commonly used illegal drug in Ireland. Apart from pockets of reported use in Cork and more recently in urban towns such as Portlaoise[31] heroin dependency has been confined, in the main, to the Dublin area.

5.2 THE LINK BETWEEN DRUG USE AND CRIME

As well as gaps within existing information on the level of drug misuse in Ireland there is a dearth of information on the association between drug misuse and criminal activity. Although there is an acknowledged association there has been little empirical examination of the causal nature of the relationship.

[29] *Building on Experience,* National Drugs Strategy Ireland 2001 – 2008.
[30] Comiskey, 1998.
[31] Declan Fahy - *Judge warns of drug 'anarchy' in Portlaoise* 28/03/02 Irish Times

The most extensive study to date on the link between drug use and crime was conducted by the Garda Research Unit[32]; however the research concentrated solely on the Dublin Metropolitan Area (DMA). The research was conducted between 1995/'96 and is therefore unlikely to accurately reflect current trends. Nonetheless, the results are indicative of the high correlation between drug misuse and crime. Some of the main results[33] arising from the report are as follows:

- 7,757 individuals were apprehended for 19,046 crimes during the review period. Of these individuals ***3,365, or 43 per cent, were identified as known drug users***.
- Those identified as ***known drug users were responsible for 66 per cent of all detected crime*** in the Dublin Metropolitan Area (DMA) for that period.
- Based on detections, known ***drug users commit approximately 3 crimes for every one committed by a non-drug user***. For a known drug user the highest number of crimes detected was 147, compared to only 33 for a non-drug user.
- Drug users were responsible for **85 *per cent* of *aggravated burglaries*,** 84 *per cent* of detected offences of larceny from the person and larceny from unattended vehicles and 82 *per cent* of ordinary burglaries.

As part of the survey the Garda Research Unit went on to identify a group of 4,105 individuals from records held at station level. Each of these individuals was known with certainty to be involved in hard drugs. The ***majority (73 per cent) of these known drug users had a criminal record***, *i.e.* had been convicted before a court for a criminal offence. From the group a further sample of 352 individuals was selected to be interviewed by the Gardai using a questionnaire survey. Again the results of the second phase of the survey highlight the association between drug misuse and criminal activity:

- The profile of the drug users identified was similar to that presenting for treatment for problem drug use – the majority were male, unemployed, single and living at home. The main drug of choice for 96 *per cent* of the individuals was ***heroin***.
- The 2 principal sources of income identified were social welfare payments and crime. ***91 per cent of the respondents obtained money from crime, in particular burglary, shoplifting and drug dealing***.
- ***81 per cent of the respondents had been to prison*** at the time of the survey. Of these 49 *per cent* had received treatment for drug addiction while in prison.
- The mean ***age of the group for first getting into trouble with the law was 15 years old***. The first offence for the majority (65 *per cent*) of the sample was a larceny type offence.

[32] Keogh, 1997
[33] The results are valid from the period 1 September 1995 to 30 August 1996.

Using a model based on the amount of larceny-type crime drug users commit in order to feed their drug habit the report concluded with an estimate that ***drug users commit 42 per cent of all crime***. Although this figure provides a reasonable estimate for the amount of crime committed by drug users, the report urged caution in interpreting the findings due to the number of assumptions used.

5.2.1 The Prison Population

Additional evidence to support the link between illicit drug use and criminal activity can be found in reports[34] by the Department of Community Health and General Practice, Trinity College Dublin on the prevalence of use and risk amongst prisoners. Although somewhat outdated, as the research was conducted in 1996, the outcomes are significant in highlighting the prevalence of drug misuse among the prison population. Outcomes from the census survey[35] conducted on 1,205 prisoners from 9 prisons indicated that ***46 per cent of those prisoners had smoked heroin in the previous 12 months,*** the majority of these also having injected drugs in the past. The data also highlighted the level of initiation into injecting drug use while in prison, with over 20 *per cent* of the sample having started injecting in prison.

5.2.2 Probation and Welfare Survey

In 1998, the Probation and Welfare Service carried out a survey[36] on the number of problem drug users among offenders in contact with the Service in the Dublin region. The survey was based on Probation Officers' assessment of the offenders' drug use and was also informed by Officers' knowledge of current or previous drug use. Overall the survey included 2,183 offenders in contact / under supervision with the Service at the time. Results from the survey indicated that ***56 per cent of all surveyed had a known history of drug use***. Furthermore, heroin was the primary drug of choice for the majority of those offenders.

[34] Long et al. (2000), Alwright et al. (1999)
[35] Allwright et al. (1999)
[36] Probation and Welfare Service (2000)

5.3 ALTERNATIVES TO CUSTODY

A range of non-custodial options are available to the Courts and for a variety of reasons, numerous reports[37] on various elements of the Irish Justice System have urged greater variety and use of non-custodial options including most recently the National Economic and Social Forum (NESF) report on the *Re-integration of Prisoners*[38] which concludes that "*As few people as possible should be sent to prison".* While the level of indictable crime fell by 21 percent over the period 1995-1999 the prison population grew by 35 *per cent* over the same period[39]. Although there are a range of intensive probation programmes[40] and existing alternatives already available, the interagency approach when combined with the sharing of information between the membership of the Drug Court Team and the frequency of appearances before the Court, affords a greater intensity of supervision than other non-custodial options. However, this is underpinned by higher staff resources. Nevertheless in theory at least, the Drug Court Programme, provides a viable alternative to prison for certain categories of drug misusing offender.

The process involved in drug law enforcement from the initial intervention by the Gardai through to the sentencing procedures is outlined in Figure 5.1 opposite[41]. As reported in the Working Group Report[42] the legislative framework for a Drug Court was already in place by 1998, mainly in the form of Section 28 of the Misuse of Drugs Act, 1977, also referred to as a Recognisance Order. In addition there are a range of alternative non-custodial options available to the courts, particularly in relation to drug convictions. In effect, prior to the initiation of the pilot Drug Court, the existing legislation was enabling the operation of a quasi-Drug Court system in the District Court[43], whereby judges could adjourn cases for a specified period to give the accused sufficient time to engage in treatment or complete courses as advised and supervised by the Probation and Welfare Service. In situations where the accused was not following the directions of the Probation and Welfare Service or the conditions of the bond, the Probation and Welfare Service had the power to bring the accused back to court for their case to be dealt with.

[37] National Economic and Social Council (1984), National Economic and Social Council, Prison Service Operating Cost Review Group (1997), The Expert Working Group on the Probation and Welfare Service (1999)
[38] Forum Report No. 22 January 2002
[39] Barclay, G et al., (2001)
[40] Such as IPS / Bridge Programme.
[41] Moran et al. (2001)
[42] The Fifth Report of the Working Group in a Courts Commission 1998.
[43] The assertion that the nucleus of a drug court existed in Ireland prior to the establishment of the pilot rug Court was challenged. See Riordan (2000).

A sample of the non-custodial options available to the Courts is listed below[44]

- **Order of Recognisance (Misuse of Drugs Act, 1977, Section 28, as amended by the Misuse of Drugs Act, 1984):**

  A recognisance order requires the accused to undergo treatment and /or a course to deal with their drug addiction, in either a residential or community setting. It would appear that recognisance orders of this nature were rare and featured mainly, albeit at a low rate, in the early 1980s. In order to facilitate the wider use of the Order of Recognisance, the Expert Group on the Probation and Welfare Services recommended that the necessary Court Rules and Regulations be updated by the Court Rules Committees[45]. Table 5.1 shows the decline in the use of such orders.

Table 5.1 – Use of Recognisance Orders

Year	No. of Section 28, Misuse of Drugs Act, 1977
1985	24
1988	13
1990	2
1994	1
1995	0

- **Supervision during Deferment of Penalty / Intensive Supervised Probation:**

  Supervision during Deferment and Intensive Supervised Probation are effectively designed to increase the level of restraints on offenders within the community setting. Although most deferments from the District Court facilitate a monitoring function in terms of the offender's progress, they are not necessarily subject to an intensive supervision regime, unlike the Intensive Supervised Probation Orders. For both, however, a number of conditions are placed on the offender which can vary according to jurisdiction. Reporting for frequent urine testing is generally the most common of these.

- **Suspended Sentence:**

  This occurs when a court sentences a defendant to imprisonment, yet part or the entire sentence is suspended on the condition that the defendant enters into a bail bond not to re-offend and to be of good behaviour for a specified period of time. As with supervision during deferment, there is no statutory basis for a suspended sentence.

[44] Full details of relevant Irish drug legislation are provided in Appendix E.
[45] Expert Group on the Probation and Welfare Services (1999)

The system of a partial suspension of sentence and subsequent review of sentences imposed by the same sentencing court has proved problematic with respect to the extension of the duration of hearings and the lack of certainty and finality in the sentencing. This is particularly true in the case of the review practice which was expressly disapproved of by the Supreme Court when challenged in 2000[46].

- **Community Service Order:**

  As a direct alternative to custody the court can impose a community service order which requires the defendant to conduct unpaid work from a range of 40 to 240 hours.

- **Fine and Compensation Order:**

  A fine has statutory limits fixed for a particular offence, the proceedings of which go directly into Central Funds (administered by the Department of Justice, Equality and Law Reform). Non-payment of a fine can result in imprisonment. Alternatively a compensation order is related to the wrong done and the proceedings in this case go to the victim(s) as apposed to Central Funds. A court can order the offender to pay both a fine and compensation under two preceding penalties.

- **Release under the Probation of Offenders Act, 1907:**

  In this instance a decision is made not to proceed with the case to convict the accused, and the offender is released.

- **Probation Order under Probation of Offenders Act, 1907:**

  A Probation Order is generally the preferred procedure used by the District Courts in dealing with drug misusers as it focuses mainly on securing the rehabilitation of the offender, protecting the public and preventing the offender from committing further crime. Conditions which may be imposed on an offender include attendance at treatment and the provision of urine samples for urinalysis to monitor compliance and progress.

[46] People (DPP) v Finn (unreported, 24 November 2000, at p.43). The Supreme Court held that the review practice amounted to a breach of the doctrine of separation of powers. See O' Flaherty (2002).

SUMMARY

- It is not possible to accurately state the number of problem drug misusers in the population.
- The association between drug misuse and crime has long been established in Ireland. A report conducted by the Garda Research Division in 1996 estimated that drug users commit 42 *per cent* of all crime. Offending was one of the main sources of income identified by the majority of drug-using offenders surveyed.
- Existing statistics do not enable the determination of the percentage of offenders that would be eligible to participate in the Drug Court.
- Prior to the establishment of the Drug Court a range of non-custodial options were available to the courts. Recent reports on various aspects of the Justice system have consistently urged greater use of non-custodial options.
- Based on the international evidence, in theory at least, the Drug Court system provides a viable alternative to prison for certain drug misusing offenders.

6. PROCESS EVALUATION

6.1 PERSPECTIVES ON THE DRUG COURT

The process evaluation, while informed by the outputs of the data analysis and the review of the operation of Drug Courts in other jurisdictions, is based primarily on interviews with the Steering Committee, the Drug Court Team and participants. It concentrates on the evolution of the Drug Court, and aims to identify key processual strengths and weaknesses and lessons learnt over the duration of the pilot.

6.2 VIEWS OF THE STEERING COMMITTEE

The Steering Committee is, as outlined in Appendix A, a representative body comprising members with diverse and sometimes opposing positions on the treatment of drug misusing offenders. Our aim in meeting with the membership of the Steering Committee was to gain an insight into the parental and other stakeholder agencies perspectives on the Drug Court. The Steering Committee's perspectives on the Irish Drug Court are of necessity, preliminary in nature, and informed in the main by the information contained in the quarterly monitoring reports. Although individual agencies had reservations on particular aspects of the implementation of the Programme, which are discussed below, the membership fully endorsed the Drug Court ideal and articulated, from their own perspectives, the requirement for a Drug Court.

6.2.1 Function of the Drug Court

The Steering Committee were in agreement that the Drug Court had a role to play in bridging the gap between the justice and drug treatment services and, by addressing the source of the problem, had the potential to effect a reduction in acquisitive crime. There was also a strong feeling that the Drug Court offered a unique opportunity to address the offending behaviour of certain categories of drug misuser. Notwithstanding this, a number of commentators highlighted the fact that many offenders and in particular female offenders, might prefer to "*take their chances*" in the District Courts. The members of the judiciary we spoke to also suggested that, should the pilot prove successful, the potential of the approach to address the needs of juvenile offenders should be further examined. One of the unique advantages of the Drug Court highlighted in discussions with the Steering Committee is that it is highly focused on "*moving people on*" through the use of sanctions, incentives and the setting of key milestones – features not common to the mainstream services.

6.2.2 Purpose

The same degree of consensus did not apply to the purpose of the Drug Court. On one hand there were constituents who felt that the Drug Court approach could ensure greater integration and effectiveness of ***existing services***, while on the other, there were those who felt that the Drug Court ***was an entirely new approach*** to case processing and as such, to work effectively it would require ***additional dedicated resources.*** In practice, the Drug Court has been highly successful in making referrals to a vast array of relevant service providers; however the difficulties associated with treatment delays suggest that the Drug Court cannot operate without specific dedicated resources.

Some members of the Steering Committee were concerned that the objective of some American Drug Courts which is to "coerce" treatment might not be appropriate in the Irish context and might undermine relationships that have been built up between the Treatment providers, the community and those availing of treatment.

6.2.3 Referrals

A number of members of the Steering Committee expressed concern at the low number of referrals to the Drug Court over the pilot period. Most were of the strong view that there are significant numbers of offenders in the catchment area who would be eligible for the Drug Court. Interviewees highlighted the need to communicate the objectives and operation of the Drug Court to the eligible population and to all those interacting with drug misusing offenders[47]. Some interviewees suggested that there is already a very high level of service provision in the ICON area and there was a consequent need to create a clear and separate identity for the Drug Court. The non-statutory members of the Team felt that the Drug Court would have benefited from drawing on the experiences of the community at the planning and initiation stages[48] and needs to more proactively involve the community in any continuation or expansion of the Drug Court. Most of the Steering Committee believe that the enlargement of the catchment area would ensure a much greater throughput of participants to the Court. However, they also highlighted the fact that offenders might perceive the Drug Court to be more arduous than other non-custodial options or even imprisonment. On a related theme, some members of the Steering Committee felt that the rate of referral would increase if participants knew the nature of the sentence that would be imposed in the District Court.

[47] Details of the Information Meetings which the Drug Court Team have held with relevant stakeholder organisations are provided in Appendix F.
[48] It should be noted that was a delay in the appointment of a Community representative on to the Steering Committee.

6.2.4 Treatment

The issue of accessibility of treatment was discussed with the membership of the Steering Committee and the discussions highlight a number of difficulties which need to be resolved and clarified if the Drug Court is to continue, expand or become part of mainstream service provision. The issues raised are detailed below:

1. **The Treatment Providers Perspective**

   The suggestion in the First Report of the Drug Court Planning Committee that the pilot should operate in the North Inner City was based in part on the fact that the locality had "*a relatively well developed treatment infrastructure*" and at that time a number of developments were planned to increase capacity throughout Dublin. The Planning Committee went on to emphasise that the (then) Eastern Health Board "*must guarantee that dedicated treatment* services be available for the duration of the pilot". In the event, a second treatment centre purchased by the Health Board in Gardner Street, to increase capacity within City Clinic, did not become operational during the pilot period. In response to this the Northern Area Health Board leased premises in Buckingham Street in September 2001 which became operational in April 2002. This resulted in increased capacity within City Clinic and dramatically reduced the waiting period for Drug Court participants since that time.

   Furthermore, during the pilot period, the Northern Area Health Board reviewed on an ongoing basis the services provided to clients attending the Mobile Clinic. While partially in response to the needs of Drug Court Clients attending the Clinic, this is an aspect of wider Health Board policy to develop mobile clinics across a range of public health / treatment services.

2. **"Fast-tracking "**

   All Drug Court Programmes necessarily incorporate treatment as part of an overall package of activities designed to address the offending behaviour of drug misusers. However, in Ireland there is, and it seems likely that there will continue to be, a waiting list for treatment places, particularly, methadone maintenance treatment. The stated position of the Health Board and the Department of Health and Children is that where service demands exceed supply treatment is provided on a prioritised needs basis. Equitable access to treatment for persons with drug addiction is a principle on which all the NAHB's services are delivered and the NAHB's position is very clear in that fast-tracking clients from the Drug Court should not in principle be the access source.

   As such, the Drug Court could be viewed as a way of "fast-tracking" offenders to treatment and on this basis could meet with strong opposition from non-offending drug misusers, their families and communities. The Health Board values the relationships which have developed over time with the community and emphasise the requirement for the allocation of treatment to be underpinned by principles of transparency and accountability.

3. Public Safety

The Drug Court is a way of processing cases of offenders who would be likely to receive a custodial sentence *i.e.* in other circumstances there is a strong likelihood that participants would be in prison and therefore unable to commit crime. One of the key tools in the Drug Court's armoury is the use of treatment, which if it is effective, should negate the need for participants to engage in acquisitive crime. Participants not engaged in treatment may continue to commit crime, thereby both undermining the function of the Drug Court and posing a public safety risk not associated with imprisonment.

4. Participants' Perspective

In order to attract sufficient numbers of participants and maintain participant motivation particularly at the early stages, the Drug Court must be seen to be capable of addressing all of the needs of Drug Court participants, including access to full treatment within a standard time period of 1 month. Potential participants will not be attracted to, or engage fully with the Drug Court programme if they cannot avail of suitable treatment. From the participants' perspective the Mobile Clinic, which in the past, was used as a sanction by treatment clinics and was associated with low dose methadone, is potentially damaging to the profile of the Drug Court."

Throughout the pilot period Steering Committee members, participants and other stakeholders continued to regard the Mobile Clinic as an interim measure for participants awaiting access to full treatment services. Although from the Health Boards' perspective the only substantive difference for participants attending the Mobile Clinic was the interim dose of methadone provided, participants access to full treatment at a static clinic *i.e.* a place at City Clinic, was clearly the preferred option for the majority of stakeholders, including the Health Board. For this reason the majority of the Steering Committee felt that the Drug Court could not operate effectively if it encountered delays, in excess of the standard waiting times, in accessing full treatment.

While there are no easy answers to the treatment dilemma, and in particular the allegations of "fast-tracking", and in the absence of a guarantee to full treatment within a specific time-frame, some stakeholders felt that a Drug Court Programme with its own dedicated treatment resources, rules of engagement and compliance is not comparable to mainstream service provision. Furthermore, the development of such a service in consultation with the relevant agencies would overcome the perception that the Drug Court was a "Fast Track" to treatment.

6.2.5 Resources

Issues around the resourcing of the Drug Court – both during the pilot period and in the context of any future mainstreaming - are connected to the purpose of the Drug Court. As highlighted above some members of the Steering Committee regard the Drug Court as an integrated approach akin to the Integrated Services Process[49] which could assist in the more effective use of ***existing services,*** while others are of the view that the Drug Court represents a new departure for both the criminal justice and treatment services in Ireland and as such would require not just dedicated staffing, but dedicated treatment capacity, dedicated court facilities and perhaps a dedicated premises for the Drug Court Team. Some interviewees suggested that as the majority of participants were already in treatment at the point of entering the Programme the resource implications in this regard might not be too substantial.

6.3 THE DRUG COURT TEAM

6.3.1 Introduction

Despite their different professional backgrounds and associated world views, on-going observations of the Team indicated that a collaborative spirit was in place from the court's inception. Even in times of conflict the Team has been unified by a commitment to making the Drug Court work for participants. The following sections provide an overview of the main issues raised by the Drug Court Team during interviews which occurred in July 2001 and again in April 2002.

6.3.2 Continued Relevance of the Drug Court

Without exception the Drug Court Team believe that there is a continued requirement for the Drug Court. This belief is based to a large degree on their prior experiences of working with drug misusing offenders. The Team do not believe that the Drug Court is a panacea for drug related crime rather that it offers an alternative to the dominant justice paradigms which have not significantly impacted on the offending behaviour of certain categories of drug misusers.

[49] See Department of Tourism, Sport and Recreation, 2000

6.3.3 Induction and Training

Although members of the Drug Court Team have been afforded opportunities to attend training conferences and visit international Drug Courts, some members of the Drug Court Team did not receive any specific Drug Court training prior to the commencement of the Drug Court and in some cases Team members had very little time to prepare for their new roles. The NAHB seconded the New South Wales Drug Court Liaison Nurse for a period of two weeks, to provide support and guidance to the Irish treatment team. Furthermore, a number of team members, including the liaison nurse, the liaison Gardai, the probation and welfare officers, the education co-ordinator, the Drug Court Co-ordinator and the Drug Court Judge attended training conferences held by the National Association of Drug Court Professionals (NADCP) in America. Some of the Drug Court Team have had an opportunity to visit Drug Courts in other jurisdictions, such as Scotland, Toronto and Wakefield, and this has proved particularly useful as Team members have had an opportunity to discuss the challenges involved with their peers in other Courts. The Drug Court Team have all had an involvement with drug misusing offenders in the past, however, they all agreed that they would have benefited from some form of training or group induction to the Drug Court Programme. The Team agree that there is a requirement for ongoing group training and that there should be an opportunity to gain an insight into the practical and ethical aspects of each of the disciplines represented on the Team.

6.3.4 Making the Drug Court Work

The Drug Court Handbook which was prepared by the Steering Committee in advance of the Drug Court's implementation was a guide for the Team on their roles in meeting the objectives of the Drug Court. However, in practice and in attempting to meet the wider objectives of the Court each of the agencies was required to adapt their roles as the Programme progressed. This gave rise to a number of features that had not been outlined in the Handbook, *e.g.* Personal Progression Plans (PPPs) "3 Way" meetings, *etc.* One Team member commented: *"Prior to joining the Team I had an idea of what the client's needs might be but it is only by working with clients that you develop an understanding of what the needs actually are."*

The Drug Court Team acknowledge the importance of meeting as a group at the pre-court meeting to discuss each case, as this provides a much more holistic perspective of participant progress. For example, personal problems may impact negatively on treatment or contribute to a return to offending and because information is shared between the Team and the Judge each case can be treated on its own merits. The Team are fully aware that some participants could try to manipulate the Court in order to stay on the Programme and avoid imprisonment and have found that there is a delicate balance between providing the necessary support and understanding to committed participants and identifying participants who wish to subvert the goals of the Drug Court for their own purposes. The Team take their duty of care to protect the wider community very seriously and have experienced some difficulty in balancing this role with their obvious commitment to participants.

As they are drawn from different professional backgrounds the Team do not always agree on the priority to be accorded to the health, rehabilitation and educational needs of particular clients and this has been the cause of some conflict. Ultimately decisions with regard to sanctions, rewards, progression between phases and terminations are made by the Judge. Each case is different and the Team would be reluctant to adopt any hard and fast rules about case processing.

Not surprisingly, the gradual evolution of roles also gave rise to some conflict. Attempts to address the diverse needs of the Drug Court's clientele have led to some duplication of roles and overlap of responsibilities. For example, the role of the Probation and Welfare Service would routinely involve providing information and advice about treatment and education options and making the necessary referrals as an integral aspect of client supervision. In the Drug Court, responsibility for these aspects of a participant's progression falls to the relevant agencies and the Probation and Welfare Officers are primarily concerned with assisting clients to address offending behaviour. Similarly, at the planning stages it had been envisaged that there would be a requirement for educational support as participants entered Phase 2 of the Programme. In practice, there has been a requirement for educational support from Phase 1 and the Education Co-ordinator has had to develop and demark a role that was not envisaged in the Handbook. In this context it is acknowledged that the Handbook is now in need of substantial revision, not least because of the extra features of the Drug Court, but also to include the new role descriptions which are currently being reviewed.

The Team have been working with the Managers Group to overcome differences which some members of the Team attribute to the lack of an agreed mission statement[50]. There is also continued debate about the need to appoint a case manager/key worker to each participant and how these roles should be defined in the context of the Drug Court. There is, at present, a lack of clarity about how this approach can be reconciled with (i) the multi-disciplinary ethos which is at the heart of the Drug Court and (ii) the role of the Drug Court Judge in overseeing client progression.

6.3.5 Relationship to Parental Agencies

As participants in a new and innovative project the members of the Drug Court Team have encountered and had to address situations outside the remit of their prior experience. In attempting to work through these issues they have had sustained support from managers within their parent agencies who have provided guidance on ethical and practical matters associated with the Drug Court. This ongoing relationship is very important to the Team as they have often felt the need to have an external "*sounding-board",* especially, when the approach taken in the Drug Court goes against the grain of the approach they would have taken prior to joining the Team.

[50] The objective of the Drug Court is set out in the First Report of the Drug Court Planning Committee.

6.3.6 Processual Strengths and Challenges

The Team identified a number of aspects of the current operation of the Court which could potentially be strengthened. The following is a summary of the main points that arose:

- **Treatment**

  The Drug Court Team understand the causes of the delays in provision of immediate treatment to participants over the duration of the pilot phase. However, the delay in accessing suitable treatment for some participants has been identified as greatly undermining the potential and the efficacy of the Drug Court. Some members of the Team have felt professionally compromised because they have offered a Programme to participants which could not be delivered fully. The rate of recidivism amongst participants awaiting treatment programmes is a matter of particular concern to the members of the Team from the enforcement agencies. It is not the waiting list *per se* but the uncertainty about ***when*** the participant will secure a treatment place that is at issue. The Team have accepted participants on the Programme in the likelihood that a treatment place will soon become available and, as the analysis presented in Section 7 indicates, in some cases this can happen in a matter of days, but in others, it has taken several months.

- **Assessment**

  Some members of the Team believe that, subject to more detailed examination of progression and outcomes for the initial intake of Drug Court participants, the Drug Court should only target 'high tariff' offenders. Two suggestions were offered by different members of the Team in this regard; (i) that the Drug Court should be a post-adjudicative option and (ii) those who pose a relatively low risk of re-offending should be screened out at the assessment stage.

- **Urinalysis**

  Some members of the Team are of the view that given the importance of the results of urine screening in determining the allocation of sanctions and rewards and the frequency with which the results are disputed by participants, the current arrangements for taking and testing samples need to be reviewed[51].

[51] This situation was reviewed in April 2002 and is reportedly working much more efficiently since.

Incentives

Towards the end of the pilot period, and as participants behaviour became less chaotic and the Team became more confident of their ability to deal with non-compliance, they started to consider greater use of incentives both for individuals and to mark the progress that was being made by the participants as a group. One Team member has highlighted the fact that the Team were, for the most part, unaware of the extent of the resources available to it for incentives in the form of group outings *etc.*

Termination

The files of participants terminated from the Programme are sealed and no information relating to a client's progress on the Drug Court is provided to the District Court when the referring charges are being dealt with. Some members of the Drug Court Team believe that this fails to differentiate between participants that have deliberately and consistently attempted to subvert the Programme and those who for social, psychological or other reasons, could not comply with the Programme. Some Team members felt that the District Court should be able to take into account the progress that such participants may have made on the Programme.

Home environment

The Drug Court Team fully appreciate that they cannot attend to all of the participants needs. However, they are also very conscious of the fact that many participants come from environments in which both drug misuse and criminality are endemic. One team member commented, "*Their (*participants) *greatest difficulty is coping with every day life at home. In prison there is a structured day – we are asking clients to go back to the environment that made them what they are*." As such, for some participants the Drug Court Programme has been particularly difficult and there is anecdotal evidence that participants have been verbally abused by other offenders because they are attending the Drug Court. The Team also highlighted the difficulties faced by the many participants that reside with other drug misusers and/or have partners who are currently misusing drugs and /or alcohol. In this context, some members of the Drug Court Team suggested that it would be useful if participants could access "*half-way house type accommodation*" at least at the early stages of the Programme.

Although technically only offenders resident in the ICON area are eligible to participate in the Drug Court, a number of participants have become homeless while on the Drug Court. The Team are of the view that it is almost impossible to provide meaningful support in such cases as participants living in temporary / emergency accommodation are constantly exposed to drug misuse and the urgency of their accommodation needs takes priority over the rehabilitative goals of the Programme. As well as accommodation needs, the need for childcare facilities was also highlighted by both the Drug Court Team and Drug Court participants.

- **Facilities/Communication**

  With the exceptions of the Drug Court Co-Ordinator and the Drug Court Liaison Nurse, the Team members operate from separate locations. They meet in the Richmond Court House for Pre-Court meetings, Court sessions, weekly Team meetings and "3 Way" meetings. For the most part they communicate by phone. The majority of the Team believe that while they would require ongoing assistance and support from their own organisations the Team could operate much more effectively from one location. At a minimum, a base for the Drug Court Team would enable greater co-ordination and communication. Some members of the Team also believe that a number of the educational and support services that participants currently avail of in other locations could be more effectively delivered from a single base. At present only some members of the Team have e-mail facilities and many team members felt that the Team would benefit greatly from a shared ICT infrastructure and associated training.

6.3.7 Lessons for Mainstream

As there is no certainty as to the continuation of the Drug Court post-evaluation, the Drug Court Team were asked to comment on the lessons for mainstream service provision arising from the Drug Court. The major benefit of the Drug Court approach was the level and nature of communication it facilitated between agencies dealing with the same client group. One Team member commented: "*Because of the caseload and the issue of consent it would be impossible to replicate the level of communication facilitated by the Drug Court but there should be more communication. It is a huge advantage…".* The Team also believe that the development of relationships between the core service providers and the linkages made to the full range of services in the area have been very worthwhile.

6.4 DRUG COURT PARTICIPANTS

6.4.1 Introduction

Voluntary interviews were conducted with participants at the early stages of the Programme and again at the end of the pilot[52]. In addition, the evaluators were observers at two separate meetings convened by the Drug Court Judge and the Team with participants. Following a request from the Steering Committee the possibility of conducting a participant survey was examined, but because many of the participants have literacy difficulties this was not possible. Instead, interviews were semi-structured in format and designed to illicit information across a range of indicators. In total the evaluators met with 9 participants all of whom were at different stages of their progression through the programme.

[52] The list of questions and corresponding letter that was distributed to and discussed with participants prior to interviews being conducted is included in Appendix G.

6.4.2 The Drug Court Concept

Participants were overwhelmingly supportive of the Drug Court and were conscious of their own contribution to the success or otherwise of the Programme. They were of the strong view that the Programme should be extended, principally throughout Dublin but also to any other part of the country where there are offenders engaging in acquisitive crime. One participant commented: "*This is a pilot project – there needs to be a good success rate at the start so that other areas in Dublin and Ireland can have the Drug Court, it could get a lot of people with commitment off drugs, they could really expand it when the pilot is over .*"

Many of the participants we spoke to recognised that the Drug Court was a "*chance*" to change and was a real alternative to imprisonment and could do much for young people who were just beginning to use heroin. One participant said "*It gives you a chance. I'd been locked up before - gotten out - been locked up. This system realises that you might have a few slips but it lets you stop and get back on track*."

Some participants suggested that the Programme should specifically start to target cocaine and "Crack" use which they claimed are growing problems in communities outside the ICON area. The participants also highlighted the fact that the Drug Court would prove to be too hard for anyone who was not genuinely motivated and committed to addressing both their drug use and offending behaviour. Many participants felt that the Team would not find it difficult to identify anyone who was "*trying to pull the wool over their eyes*" and the Judge would deal swiftly and appropriately with people in this situation.

6.4.3 The Drug Court Judge and the Drug Court Team

The participants were very positive about the Drug Court Judge and the Drug Court Team. Many interviewees were familiar with individual Team members prior to joining the Drug Court and respected their professional knowledge of the issues involved. Participants felt that whatever problems they faced during the Programme there was someone to talk to. Comments made about the Judge and the Team included: "*The Team are very fair and the Judge tries to work out the situation in the best way possible.*"

6.4.4 The Referral Process

A number of the participants said that they had heard about the Programme and decided to participate as a result of conversations with existing participants. However, the primary point of initial information about the Drug Court for the participants interviewed was the Probation and Welfare Service.

6.4.5 Treatment

The participants firmly believe that the Drug Court has to be able to offer participants access to full treatment within the standard one month time-frame. One interviewee we spoke to had been waiting seven months to access full treatment and had picked up several charges during that time which he attributed to the fact that he was attending the mobile clinic. Although the participant was receiving an interim dose of methadone while attending the mobile clinic he commented that this dose was not enough to "hold" him[53]. There were mixed views about methadone maintenance treatment amongst participants. Some of those at the early stages of the Programme regarded the prospect of methadone treatment as one of the main incentives for joining the Programme. While at later stages of the Programme, some participants were less enthusiastic and eager to lower their dosage, citing methadone maintenance as a "*double addiction*".

6.4.6 Sanctions

A number of the participants stated that they felt the curfews were particularly harsh. However, they also acknowledged that the imposition of curfews had served a purpose in addressing non-compliance issues and that both curfews and the requirement to sign–on in the local Garda Station were better than being in prison. They also highlighted the positive impact that the imposition of curfews on ***other*** participants had on ***their own*** behaviour. One participant said that time in custody gave him the opportunity to really think through his decision to participate in the Drug Court Programme and was the turning point for him in committing fully to the Programme.

6.4.7 Attendance at the Court

Regular attendance at the Drug Court was regarded positively by participants. The realisation that in Court they would be held personally accountable for their actions put some pressure on them to avoid crime and taking drugs. Participants also highlighted the importance of the encouragement they received at Court. One participant commented: "*Well it's a bit mad but, coming each week its better that way, coming before the Judge is good, he gives you support if you're doing well, that's his job".* One female participant, who often brought her children to Court, said she found Drug Court appearances and other meetings problematic as she had difficulties arranging childcare and would be reluctant to leave her children in the care of her partner.

[53] Studies do show that patients who are put on a medium dose of methadone can often stabilise without much other input. See references: Strain et al. (July 1993, September 1993). Literature also suggests that therapeutic dosing is contingent upon individual patient needs, with the therapeutic dosage range generally between 80 – 120 mg. See reference: National Drug Court Institute - Drug Court Practitioner Fact Sheet, April 2002, Vol.III, No.1.

6.4.8 Progression through the Drug Court Programme

None of the participants we spoke to felt that the Drug Court was an easy route. One participant who had reached Phase 3 at the time of the second interview, had on more than one occasion been close to termination. He stated that it was the support of Drug Court Team, the goal of employment and the way in which the case had been dealt with by the Judge that had gotten him through. He said: *"I'm only young and I've wasted years, in and out of prison, taking gear, robbing every day of the week. This is the only thing that has worked out for me*".

Most participants believe that the wider community in the catchment area is aware of the Drug Court and broadly supportive of it. This was not the view of one participant who said that facts about her progression through the Programme had become known and talked about locally causing her and her family some embarrassment. Most participants claimed that the Drug Court has led to an improvement in their relationship with the community and in particular with the Gardai.

6.4.9 Living Arrangements

Some participants felt that their living arrangements (co-habiting with alcohol abusers, drug misusers, overcrowding, damp *etc.*) made it particularly difficult to meet the goals of the Drug Court, for other participants the support of parents, family, a partner, or the birth of a child had provided the impetus to progress through the programme.

6.4.10 The Role of Education

Most of the participants commented on the benefits of the educational aspects of the programme. The classes, especially literacy and health and fitness, had provided a goal and a pathway towards the longer-term objective of gaining employment. The classes also played an important role in filling their days and therefore assisted them to avoid drug misuse and crime. As one participant commented: *"For people who have nothing to do fighting boredom is the biggest problem. When I'm bored I think about drugs, when I'm not busy I think about crime and drugs more."*

SUMMARY

- There was full agreement amongst all of the stakeholders interviewed that the Drug Court could play an important role in addressing the causes of acquisitive crime and that it could significantly improve the situation of certain categories of drug misusing offenders.
- There was less clarity in relation to some of its subsidiary objectives. Some members of the Steering Committee suggested that the Drug Court was a way of better integrating existing services while some members of the Team cited the lack of an agreed mission statement as the source of some conflict. The lack of a clear identity for the Drug Court was also cited as a possible contributory factor for the low number of referrals and several commentators suggested that there was a need to better communicate the objectives and *modus operandi* of the Drug Court to all of the constituents involved.
- There were many different perspectives on the causes and effects of the difficulties posed by waiting lists to access full treatment but virtually all of the stakeholders are of the opinion that the Drug Court cannot proceed without having access to full treatment within the standard one month period. This is an issue that must be addressed as a matter of urgency. Many commentators suggested that the Drug Court regime is very different to mainstream service provision and that therefore the 'Fast-Tracking' argument does not properly apply. Based on the experience of the pilot Drug Court a number of interviewees suggested that the Drug Court needs to have its own dedicated treatment service if the standard waiting time of one month to access full treatment cannot be guaranteed within a specified time-frame.
- The low number of referrals was also a matter of some concern for the interviewees, but as the review of international models indicates, this has been a characteristic of other Drug Courts during the start-up phase. All of the interviewees agreed that there are, in the Dublin area at least, high numbers of drug misusing offenders who would both be eligible and stand to benefit greatly from the Drug Court Programme.
- One of the most striking features of the weaknesses and challenges highlighted by the Team over the pilot is their similarity to the issues that arose in the process evaluation in NSW Drug Court. While each of these issues needs to be resolved and the Team are already working with their managers in this regard, it appears that many of the challenges that have arisen may be attributable to teething difficulties that inevitably occur as agencies used to working in different ways begin to work together.
- Although participants do not believe that the Drug Court is an easy option, they were hugely supportive of the approach and the chance that it offered them, and could offer others, to address both drug misuse and offending behaviour. They were also fully supportive of the Team and greatly respected the approach to case processing adopted by the Drug Court Judge.

7. MONITORING REPORT / IMPACT EVALUATION

7.1 INTRODUCTION

As described in Section 1.3, outcome / impact evaluation assists in determining whether the Drug Court Programme has achieved its desired objectives such as reduction in criminal recidivism, decreased substance dependency *etc.* Through continuous monitoring and assessment of the progress made by Drug Court participants over the lifetime of the pilot project, the outcome evaluation aims to describe results that can be identified as being uniquely attributable to the Drug Court Programme. The first part of this section of the report describes in detail the baseline position against which progress has been measured. The outcomes referred to in this section relate to those participants that joined the Programme in the period 16 January 2001 to 31 January 2002. A further assessment of participants' progress up to 30 April 2002 is outlined in Appendix H.

7.2 DRUG COURT INTAKE

Although offenders can be referred from any of the District Courts to the Drug Court the majority of referrals to date have come from the Chancery Street Courts and in particular Court 44. This is mainly attributable to the eligibility criteria in place for the Pilot Programme, which requires participants to be resident within the Inner City Organisations Network (ICON)[54] area for one year prior to applying for the Drug Court Programme[55].

Throughout the initial 12.5 months of operation the main feature of the Irish Drug court, as highlighted in the quarterly monitoring reports, had been the low number of referrals to the Programme and the substantial rate of attrition during the intake process. The Planning Committee originally envisaged a potential enrolment of 100 participants to the Programme in the first year, however, this was never realised. At the end of the evaluation period a total number of 61 offenders had been referred to the Drug Court for assessment, of which 37 proceeded to join the Programme. A further 7 offenders were assessed by the Drug Court Probation and Welfare Officers throughout the evaluation period and found ineligible prior to referral to the Drug Court Programme.

[54] The boundaries of the ICON area are illustrated in the Drug Court Handbook.
[55] A full list of the basic eligibility criteria is outlined in the Drug Court Handbook.

Table **7.1** outlines the number of offenders referred to the Drug Court for assessment on a monthly basis, indicating the District Court from which they were originally referred. Court 44 accounts for 57 *per cent* of the referrals made to date.

Table 7.1 – Monthly Referrals from 16-01-01 to 31-01-02

COURT	JAN/FEB 01	MAR 01	APR 01	MAY 01	JUN 01	JUL 01	AUG 01	SEPT 01	OCT 01	NOV 01	DEC 01	JAN 02	TOTAL
Court 44	6	3	2	1	2	3	2	5	4	1	3	3	**35**
Court 45	1	1	1	1	1	0	0	0	1	0	1	0	**7**
Court 46	1	0	2	0	0	0	0	0	0	0	1	1	**5**
Court 50	2	0	0	0	2	1	1	1	2	0	0	3	**12**
Court 51	0	0	0	0	0	1	0	0	0	0	0	0	**1**
Total	**10**	**4**	**5**	**2**	**5**	**5**	**4***	**6**	**7**	**1**	**5**	**7**	**61***

** The Court from which one participant was referred was not specified.*

The low number of participants relative to that estimated by the Planning Committee as previously highlighted, undermines the reliability of the quantitative evaluation findings and also has a bearing on the cost-effectiveness of the pilot programme. This should not necessarily be seen as a failing of the Drug Court Programme[56]. Nor is it necessarily a reflection of the true level of demand for the Drug Court system in Dublin. As highlighted in the process evaluation, the Pilot Drug Court represents a new departure for the criminal justice system. It may be the case that certain categories of offender are unwilling to become involved until there is a more widespread understanding of what the Programme has to offer and the advantages and disadvantages of participation. Furthermore, at present successful entry into the Drug Court Programme is contingent on a number of variables including;

- the consent of the participant;
- the defending solicitor's advice;
- a positive report from the Probation and Welfare Service;
- and referral by the District Court Judge.

A participant must also meet all of the eligibility criteria and the Drug Court Team must also decide that the participant is ***suitable*** to enter the programme. There are therefore a variety of possible reasons for the low numbers being successfully referred. During the consultation with stakeholders the residency criterion and the fact that participants would be ***likely*** rather than ***certain*** to receive a custodial sentence were cited as the most probable reasons for the low number of referrals to the Drug Court.

[56] The Youth Drug Court in South Wales and the Bronx Drug Court also reported low numbers of referrals/participants during the early stages.

Furthermore, the experiences of other countries suggest that a projected figure of 100 was perhaps overly optimistic for the first 12 months of the Irish Court. The Glasgow Drug Court, for example, accepts participants from any part of Glasgow. Even though it was open to a much larger population of offending drug users, at the end of the first 6 months of operation the Scottish Pilot Drug Court had approximately 30 participants in the Programme[57]. Similarly, the New South Wales Drug Court had not reached its projected target for the Pilot Programme after the initial 2 year trial period, and as a result extended the Pilot for a further 6 months. Furthermore, a 1999 survey[58] conducted on 263 operating adult Drug Courts in the US indicated that 27 *per cent* of those Drug Courts were operating with less than 50 participants.

7.2.1 Potential Population for the Drug Court Programme

An estimation of the level of potential demand for the Drug Court is important to determine whether there is need to extend the Drug Court concept beyond the ICON catchment area. On this basis, the evaluators looked at the population of offenders going through the same Chancery Street Courts in the same time period *i.e.* 01 January 2001 to 31 January 2002. The aim was to establish whether there was in fact a sufficient population in the catchment area to serve the Drug Court Programme.

Data supplied by the District Court Office on the number of offenders appearing before the Chancery Street Courts between 1 January 2001 and 31 January 2002 indicated the following:

Table 7.2 – Cases /Offenders Chancery Street Courts from 01-01-01 to 31-01-02

CHANCERY STREET COURTS (COURTS 44, 45, 46)	BETWEEN 01/01/01 - 31/01/02
Number of Cases[59]	30,972
Number of Offenders[60]	19,713

** Source: IT Department of the District Court Office, February, 2002*

[57] Pers comms. Scottish Drug Court
[58] 1999 National TASC Survey.
[59] Cases between January 2001 and January 2002 may include adjournments from the previous years, referred cases, cases for hearing, and FTA cases.
[60] The number of offenders is lower than the number of offences due to the number of re-offenders who have multiple cases in the Courts.

In the 12 month period from January 2001 to January 2002 19,713 defendants / offenders appeared before the Chancery Street Courts. Table 7.3 shows a breakdown of the number of offenders and cases in each of the Chancery Street Courts compared to the number of referrals from that particular Court.

Table 7.3 – Number of offenders vs Referrals from Jan 2001 to end Jan 2002

COURT	NUMBER OF OFFENDERS 01/01/01 – 31/01/02	NUMBER OF REFERRALS TO DRUG COURT 16/01/01 – 31/01/ 02
Court 44	8,515	35
Court 45	4,425	7
Court 46	6,773	5
Court 50[61]	N/A	12
TOTAL	**19,713***	**61****

** Source: IT Department, District Court Office, February, 2002 * Includes 1 referral from Court 51*

*** Information was not available for one referral*

In an attempt to estimate the number of eligible offenders appearing over the relevant timeframe further analysis was conducted on the throughput of offenders through Court 44, as the main referring Court. The main results of the analysis are detailed below[62]:

- With respect to the residency criterion, which was clearly highlighted as the most restrictive of the criteria, only 15 *per cent* of defendants in Court 44 were found to have an address in Dublin 1. However, this is a loose estimation as not all offenders would have their address recorded. If Dublin 1 was not stated exactly on the system it would not have been included in this estimate. Furthermore, there are areas of Dublin 3 and 7 which fall within the ICON catchment area, which again were not accounted for. Therefore, it is highly likely that 15 *per cent* grossly understates the number of offenders from the ICON catchment area appearing in Court 44 in this timeframe.
- Ninety *per cent* of the 8,515 offenders appearing in Court 44 had their date of birth entered. Of these, 99 *per cent* were born prior to 01 January 1984, *i.e.* were aged over 18 years. Although the age criterion is to be over 17 years, this point illustrates the fact that the majority, at least 99 *per cent*, appearing in Court 44 were eligible for the Drug Court Programme as regards the age criterion.

[61] Data for Court 50 were omitted due to the fact that offenders seldom appear for the first time in Court 50. Excluding these data therefore avoids double counting.

[62] A number of other methods can be applied to further estimate the potential pool of eligible offenders appearing in Court 44. However the number of assumptions involved significantly undermines the reliability and accuracy of the calculations.

Although a number of considerations need to be borne in mind when assessing the data, particularly the eligibility criteria for the Pilot Programme, the number of referrals from each of the individual courts contrasts sharply against the actual number of offenders appearing before those courts in the same time period. Regrettably, due to the nature of the data routinely recorded by the Court Service on offenders it was not possible to further refine the analysis for the purpose of this report.

7.3 DRUG COURT PARTICIPATION

In total 61 offenders were referred to the Pilot Drug Court Programme from the District Courts in the initial 12.5 month period. Figure 7.1 illustrates the number of new referrals, as well as those that proceeded to join the Programme on a monthly basis throughout this period. The number of referrals generally ranged between 4 and 7 for most months, falling below this in May and November and highest in Jan/February 2001 and again in January 2002. The number of new participants entering the Programme has remained relatively low (1 in March and May, with a high of 6 in October). In all other months, the number of new participants ranged from 2 to 4 new entrants a month.

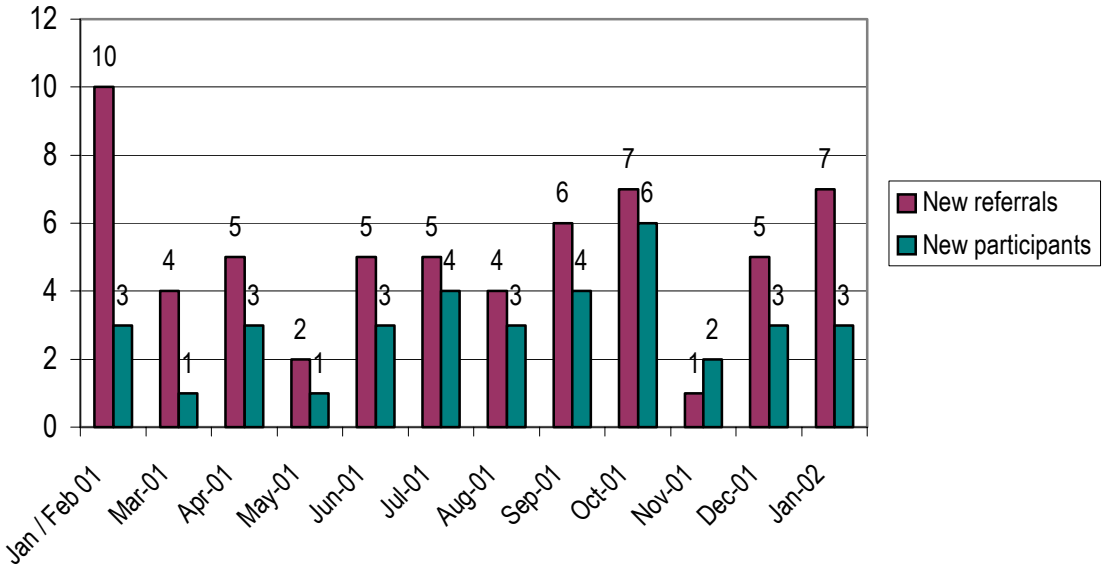


Fig 7.1 Refferrals/participants by Month 2001 / 2002

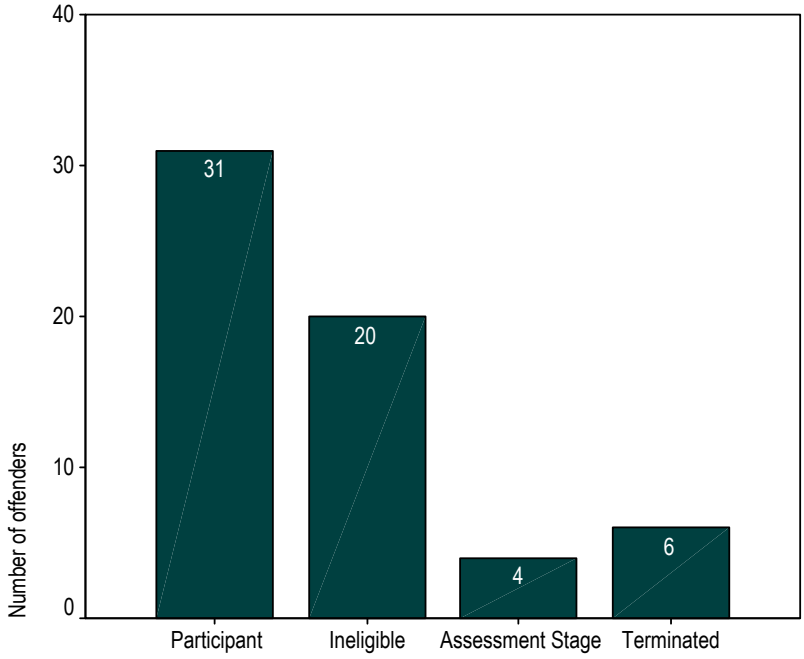
7.4 STATUS OF DRUG COURT REFERRALS AT THE END OF THE 12 MONTH EVALUATION PERIOD

As previously described, once referred to the Drug Court offenders must first enter an assessment stage where they undergo a series of assessments by members of the Drug Court Team. Following a successful assessment, offenders proceed to the Programme wherein they are expected to comply with the Programme rules and regulations. If they repeatedly fail to comply with the Programme rules, participants will be terminated from the Programme and referred back to the original referring Court.

In the case of the Irish Drug Court Programme, of the 61 offenders that have been referred between Jan/February 2001 and January 2002, 21 (33 per cent) were found unsuitable to enter the Programme. This figure is higher than that of the New South Wales Drug Court where 28 *per cent* were found either ineligible or unwilling to participate, either at initial phone call or during assessment, in the initial 12.5 months.

Four (7 *per cent)* of the offenders were still within the assessment stage awaiting a decision at the end of the evaluation period (31 January 2002). The remaining 37 (61 *per cent*)[63] were accepted to the Programme and became participants. Six of the offenders that became participants of the Programme had been terminated from the Drug Court at the end of first year. The status of the 61 referrals at the end of the evaluation period is outlined in Figure 7.2.

Figure 7.2 – Drug Court Status at 31/01/02



7.4.1 Assessment Period

As already outlined when offenders are first referred to the Drug Court they enter an assessment period in which it is decided whether or not they are ***both eligible*** and ***suitable*** to enter the Drug Court Programme (Section 3.7.2). Throughout the evaluation period, the time spent in the assessment period varied among the different participants. There were a number of factors which dictated the length of time offenders spent in assessment:

[63] The figure of 60 *per cent* of referrals becoming participants of the Irish Drug Court Programme compares favourably with the New South Wales rate, where only 47 *per cent* of the offenders assessed for the Drug Court had entered the Programme at the end of the first 12 months of the evaluation /period. (Unpublished quarterly report series, Drug Court of New South Wales evaluation).

- A participant's ability to keep assessment appointments with the Drug Court Team during the assessment period can and invariably has increased the time a number of participants spent in the assessment period. Where participants miss appointments with members of the Team, these appointments have to rescheduled in line with the schedule of the various Team members.
- One participant was at large on a bench warrant, which delayed their time in the assessment period.
- Waiting for the clearance of outstanding charges prior to being accepted to the Programme.
- The treatment status of an offender when referred to the Drug Court can also impact upon the time spent within assessment. For example one offender who entered the Programme and was not in treatment requested treatment with a community GP that was not involved with City Clinic. This resulted in some minor delay for the participant in waiting for a treatment plan to be prepared by the community GP. Until a treatment plan was prepared, the offender could not officially join the Drug Court Programme.

Overall the average time spent in assessment was 33 days, ranging from a minimum of 10 days for one participant to a maximum of 170 days for another. As there were 2 participants who spent an uncharacteristically high number of days in assessment, these outliers were removed. The revised average number of days in assessment was 27. As with many of the practices within the Drug Court the assessment process evolved, particularly in terms of increased efficiency, over the period of the evaluation. In this context the number of days in assessment decreased substantially as the programme progressed. Ensuring that issues regarding ***eligibility*** for the Drug Court Programme are clarified prior to offenders being referred to the Drug Court, and entering the assessment stage, is one way of ensuring that time in the assessment period is kept to a minimum.

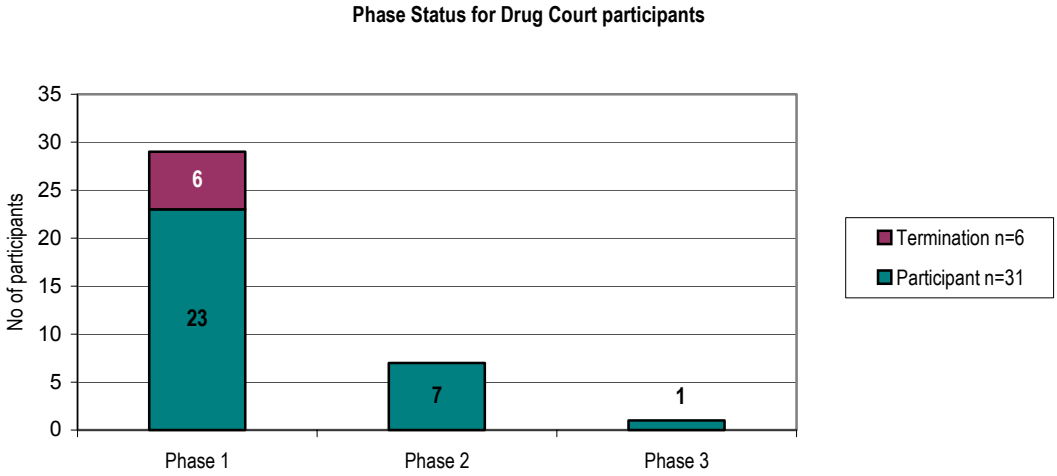
7.4.2 Phase Status of Drug Court Participants[64]

Once successfully assessed as eligible, offenders become official members of the Drug Court Programme, which essentially consists of the three distinct Phases outlined in the Handbook. Movement to the next phase of the Programme is based on a participant's progress in meeting programme objectives and those agreed to in the Personal Progression Plan (PPP).

At the end of the first twelve and a half months of the Pilot Drug Court evaluation, 37 offenders had become participants of the Drug Court Programme. At the end of the first year 23 (62 *per cent*) were still within Phase 1 of the Programme. A further 7 (19 *per cent*) participants had progressed to Phase 2 and one participant had gone on to Phase 3 of the Programme. At the end of the evaluation period there had been no graduations from the Programme, which is to be expected considering that the Programme is designed to last for approximately 12 months. This trend is mirrored in many international Drug Courts, both in the US and New South Wales, where few Drug Courts have any participants graduate from the Programme in the initial 12 months.

[64] There were a total of 37 participants at the end of the pilot period. Detailed data was only available for 36 participants.

Figure 7.3 – Participant Status



7.4.3 Retention

In situations where an offender does not want to continue with the Programme or if the offender's continuation in the Programme is not proving successful, the Drug Court can terminate the participant, resulting in a referral back to the District Court for disposal of the charges against them.

The retention rate of the Irish Programme to date remains significantly higher than the average rate for Drugs Courts in the US, where the average retention rates are 60 *per cent* over a one year period (Belenko, 2001)[65]. As the numbers were relatively low within the Programme for the initial 12.5 months, it cannot be assumed that this retention rate of 84 *per cent* would continue were numbers to increase. The Drug Court Team have also stated that they would now propose termination of non-compliant offenders at an earlier stage.

In the first 12.5 months of the Drug Court's operation 6 participants were terminated from the Drug Court Programme for non-compliance with the rules and regulations of the Drug Court. Each participant was still within Phase 1 of the Programme when terminated. The specific reasons for termination are outlined below:

- Repeated offending through the Programme.
- The possession of drugs for supply during a sitting of the Drug Court.
- Repeated breach of bail bond conditions *e.g.* repeated failure to keep appointments.

[65] Belenko, 2001

One of the eligibility criteria for the Drug Court Programme is that the offender has pleaded guilty to the charges before him / her and is ***likely to be sentenced to custody***. Only completion of the Drug Court Programme ensures that a participant will not receive a custodial sentence for those charges.

Table 7.4 outlines the sentence imposed on terminated participants post Drug Court. Of the 6 participants that were terminated from the Programme within the evaluation period, 5 received a custodial sentence. One of the offenders was unlawfully at large having not returned from temporary release at the end of the evaluation period. The other offender was on bail, remanded to appear in Court 44 in June '02, waiting Probation Reports.

Table 7.4 Status of Terminated Participants

CODE	DAY IN P1	NO OF REFERRING CHARGES	SENTENCE WHEN REFERRED BACK TO THE DISTRICT COURT AT 31 JULY 2001	SENTENCE WHEN REFERRED BACK TO DISTRICT COURT AT 31 OCTOBER 2001	SENTENCE WHEN REFERRED BACK TO DISTRICT COURT AT 31 JANUARY 2002
1	308	18	N/A	N/A	Sentenced to 9 mths in Dec.01
2	219	4	N/A	Sentenced to 12 months. Out on temporary release.	Released on TR in Jan 02. Presently unlawfully at large.
5	169	7	N/A	Custody, waiting to appear for sentencing.	Sentenced to 1yr 10 mths. in Sept.01.
8	231	15	N/A	N/A	Sentenced to 17 months in Jan 02
9	77	19	In custody, waiting to appear in Court 44.	Bail, waiting to appear in C 44 for Probation reports.	Bail, remanded to 10 June 02 for Probation reports.
23	75	22	N/A	Custody, waiting to appear in C44 for Probation reports.	Sentenced to 2 yrs. in Oct 01.

Number of days in assessment / Phase 1 is based on a 7 day week

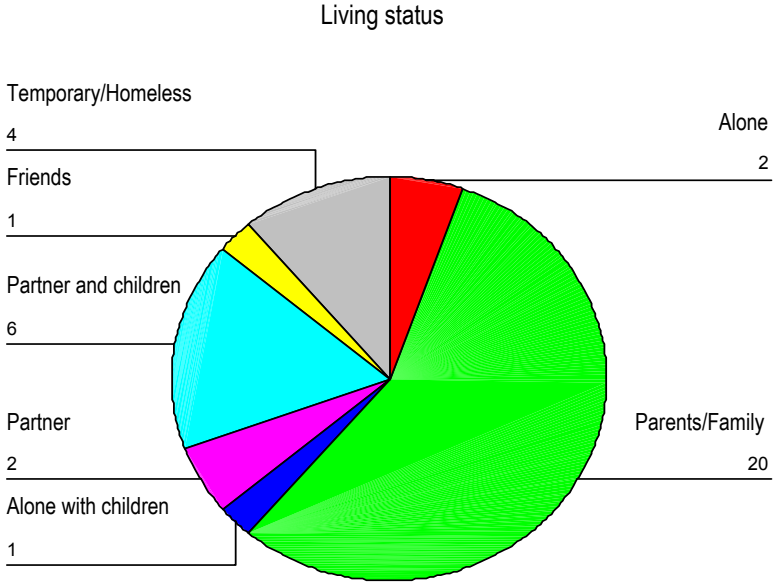
7.5 SOCIO-DEMOGRAPHIC INFORMATION

General: Overall the socio-demographic profile of the Drug Court participants in the Irish Drug Court is similar to that of participants in many International Drug Courts. Almost 70 *per cent* of the participants are male. The majority (86 *per cent*) of the group are single, the remainder either married (2 participants) or separated (3 participants). The average age of the group is 28 years, the youngest participant being 19 years of age, the oldest 45. Three quarters of the participants have children, the majority having one child. One participant had 6 children.

Living Status: From the outset, accommodation difficulties, particularly homelessness, were highlighted as significant issues for the Drug Court. International literature on Drug Courts indicates that participants experiencing difficulties with accommodation progress less quickly and less successfully through the Drug Court Programme. Similar trends are now being experienced in the Irish Drug Court, where the difficulty associated with accommodation was identified by the Drug Court Team as acting as a further barrier to a participant's progress. Tailoring the Drug Court to address this problem in the second quarter resulted in a Community Welfare Officer being made available to the Drug Court Team.

Figure 7.4 outlines the living / accommodation status of the Drug Court participants when entering the Drug Court Programme. The majority (57 *per cent*) of participants were living with parents / family on entry to the Programme. A further 11 *per cent* were living in temporary / homeless[66] conditions within the ICON area.

Figure 7.4 – Living Arrangements / Accommodation



Results also indicate that over one third (13) of the participants were living with other drug users when entering the Programme. When further assessed in terms of living status, over a third (7 of the 20) of the participants living with parents/family reported living with drug users. Three quarters (3 of the 4 participants) of the participants living in temporary / homeless conditions reported living with drug users. Again this highlights the nature of the accommodation difficulties facing Drug Court participants, in terms of potential barriers facing participants while on the Programme.

[66] Definition of Homelessness – "*Those who are sleeping in the street or in other places not intended for night time accommodation or not providing safe protection from the elements or those whose usual night time residence is a public/private shelter, emergency lodging, B&B or such, providing protection from the elements, but lacking the other characteristics of a home and or intended only for a short stay*". EHB. Recommendations of a Multi-disciplinary Group, March 1999

Table 7.5 Living Arrangements

LIVING STATUS (Q4)	% OF PARTICIPANTS LIVING WITH DRUG USERS
Alone	na
Parents/Family	35%
Alone with children	na
Partner	50%
Partner and children	22%
Friends	na
Temporary/Homeless	75%

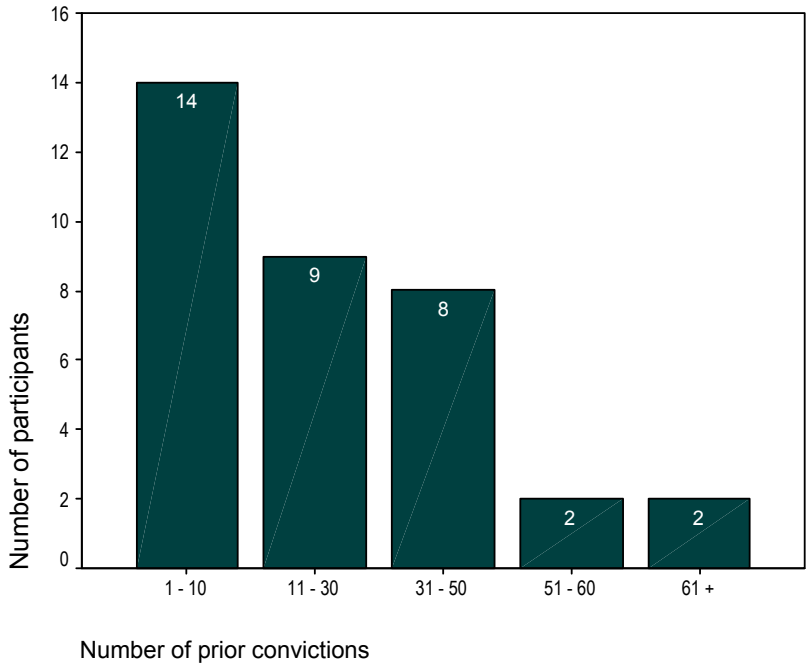
Employment: In terms of employment the majority of participants (80 *per cent*) were unemployed when entering the Drug Court Programme. Approximately 9 *per cent* were attending a FÁS training course and a further 9 *per cent* of participants were either retired / receiving Disabled Person's Maintenance Allowance (DPMA) / invalidity pension.

7.6 CRIMINAL PROFILE

7.6.1 Prior Convictions

Between them, the participants had a total of 872 prior convictions at the time of entering the Drug Court Programme, an average of 24 convictions per participant, a maximum of 85 for 1 participant, a minimum of 1 for another. Figure 7.5 groups the number of convictions by participant and highlights the fact that 60 *per* cent of the participants had over 11 convictions. A further 11 *per* cent had in excess of 51 prior convictions.

Figure 7.5 – Grouped Number of prior convictions[67]



[67] Information provided here for 35 participants.

Based on the information available a crude estimate was made to approximate the number of convictions per year per participant using the equation:

Number of convictions prior to DCP / (Age on entering the DCP - Age on first conviction)

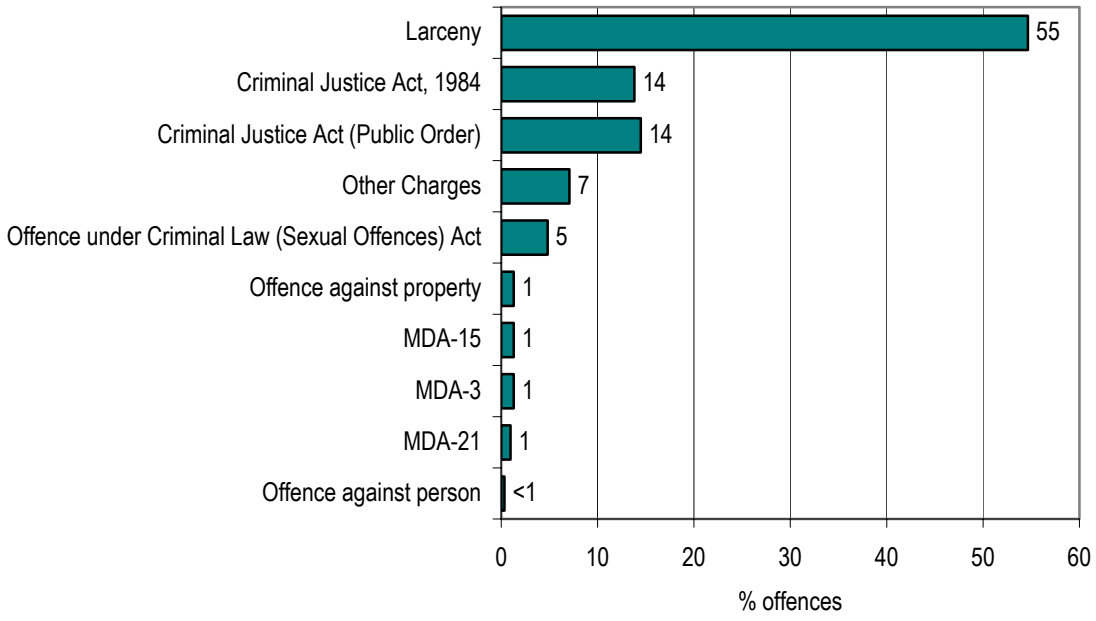
The result is an estimated average of 3 convictions per participant per year since the date of first conviction. This ranged from 12 a year for one participant to 1 for another. This estimate is based on real time as opposed to "free time" and therefore does not reflect the periods where participants may have spent a significant time in custody and were not free to offend.

7.6.2 Pending Charges Referred to the Drug Court

Many of the participants had been on remand for a significant time prior to entering the Drug Court. There was a considerable number of pending charges for each of the participants referred to the Drug Court in the first 12 months of operation. Overall there were 311 referring offences between the 36 participants, an average of over 8 offences per participant. The number of referring charges per participant ranged from a minimum of 1 offence for some participants to a maximum of 43 offences for another.

Of the pending offences, larceny was the most common for the majority of participants, accounting for over half of all pending charges. Offences against the Criminal Justice Act, 1984, and the Criminal Justice (Public Order) Act accounted for a further 14 *per cent* each. Figure 7.6 outlines the percentage of referring offences by type of offence.

Figure 7.6– type of offence, as a percentage of total referring offences



As well as accounting for over half of the offences referred to the Drug Court, over 92 *per cent* of participants in the Drug Court Programme had been charged with a larceny offence when entering the Drug Court Programme. Furthermore, 61 *per cent* of the group had also been charged with Criminal Justice Act, 1984 offences (Failure to Appear). This is outlined in greater detail in Figure 7.7. It is important to note that percentages do not total 100 *per cent* as the majority of participants have been charged with more than one category of offence.

Figure 7.7 Referring offences of participants, as a percentage of participants

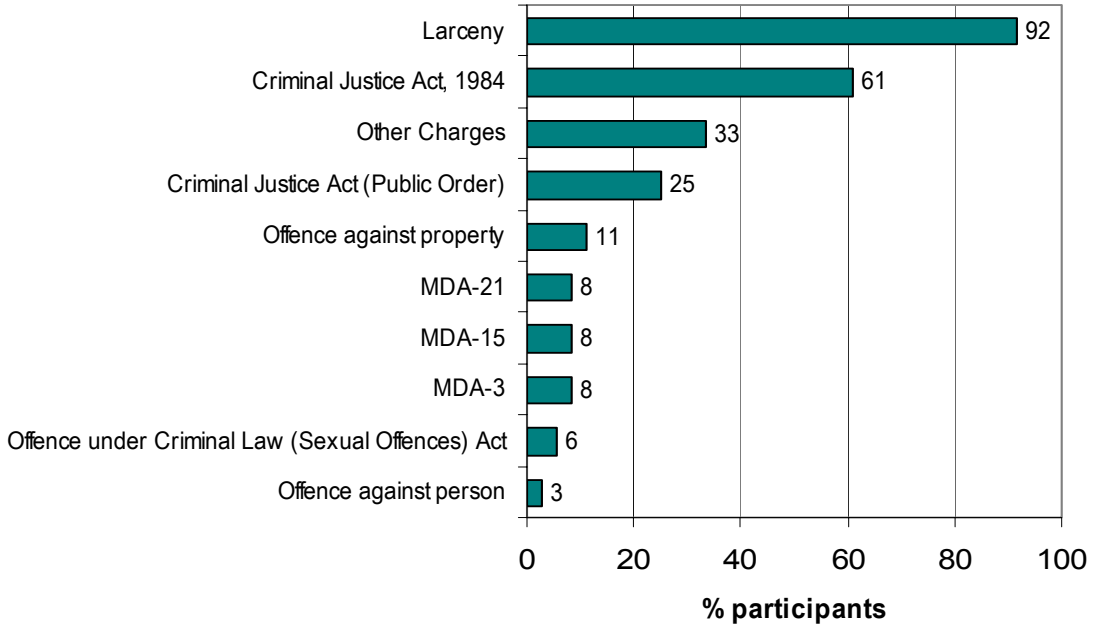


Table 7.6 provides a detailed account of both the minimum and maximum number of referred offences committed by the participants, prior to entering the Drug Court Programme. It highlights the fact that one participant had as many as 32 offences under the Criminal Justice Act (Public Order).

Table 7.6 Referring Offences by Type

CHARGE	MAXIMUM PER PARTICIPANT	TOTAL (FOR ALL PARTICIPANTS)
Larceny	21	170
Offence under the Criminal Justice Act (Public Order)	32	45
Offence under the Criminal Justice Act, 1984	5	43
Other*	6	22
Offence under Criminal Law (Sexual Offences) Act	9	15
MDA – 3	2	4
MDA – 15	2	4
Offence against the Property	1	4
MDA – 21	1	3
Offence against the Person	1	1
Total	**-**	**311**

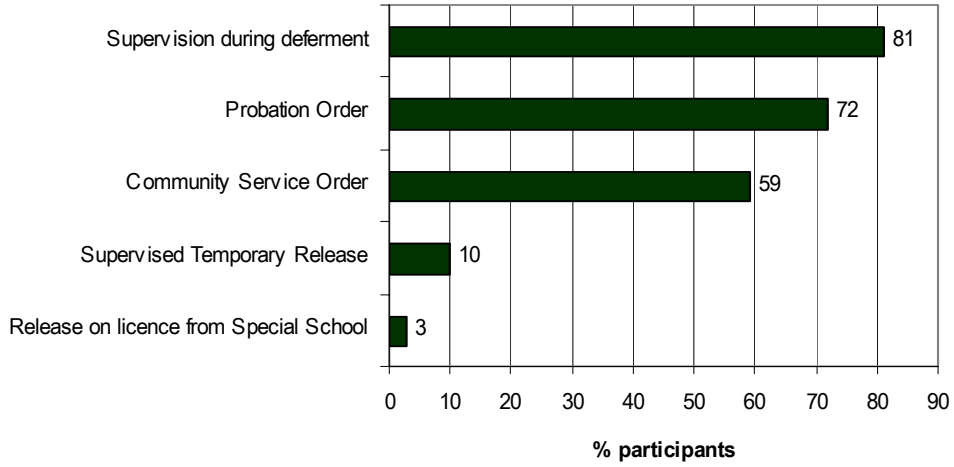
** Includes Road Traffic Act Offences etc.*

The pattern of offending behaviour of the Irish Drug Court participants is reflected in many international Drug Courts, where larceny type offences are generally the most common for Drug Court participants as they provide income which drug addicts generally use to support their addiction.

7.6.3 Probation and Welfare Supervision

In addition to having spent time in prison / detention, each of the participants had previous contact with the Probation and Welfare Service prior to entering the Drug Court. The nature of the various Supervision Orders, as a percentage of the participants is outlined in Figure 7.8.

Figure 7.8 – Previous Supervision Orders



The nature of each of the supervision orders is outlined in Table 7.7. Supervision under deferment is the most common order / supervision.

Table 7 .7 Nature of Supervision Orders

Order	Minimum / Maximum	Total
Supervision during deferment	0 / 32	201
Probation Order	0 / 4	46
Community Service Order	0 / 3	28
Supervised Temporary Release	0 / 1	3
Supervised release on licence from Special School	0 / 1	1
Supervision under a recognisance under an MDA	0	0

7.6.4 Level of Service Inventory – Revised (LSI-R) (Andrews & Bonta, 1996)[68]

The Level of Service Inventory – Revised (LSI-R) is one of the best known and evaluated psychometric assessment instruments used to measure risks of reoffending. Developed originally in Canada, it was introduced into Britain in 1996 and is currently being used by some staff in the Probation and Welfare Service in Ireland.

The LSI-R is a quantitative survey of attributes of offenders and their situation relevant to the level of service decisions. It is composed of 54 items which are grouped into the following ten subcomponents: criminal history; education / employment; financial; accommodation; leisure / recreation; companions; alcohol / drug problems; emotional / personal and attitudes / orientation. Many of the items within the subcomponents are dynamic and therefore offenders can be evaluated in terms of changes in risk and need levels over a time period.

The LSI-R score is used to assess a number of variables, including:

- Identifying treatment targets and monitoring offender risk while under supervision and/or treatment services.
- Making probation supervision decisions.
- Making decisions regarding placement into halfway houses.
- Deciding appropriate security level classification within institutions.
- Assessing the likelihood of recidivism.

When completed, the LSI-R should provide an accurate assessment of the offender's risk of reconviction through the assessment of dynamic risk factors (current factors associated with reoffending), as well as static items (such as fixed factors from the past) in addition to assessment of other needs. LSI-R scores have been categorised in terms of reconviction risk in England and Wales to give a general idea of the overall risk of the offender in question. This is outlined in Table 7.8.

[68] Andrews et al., 1996

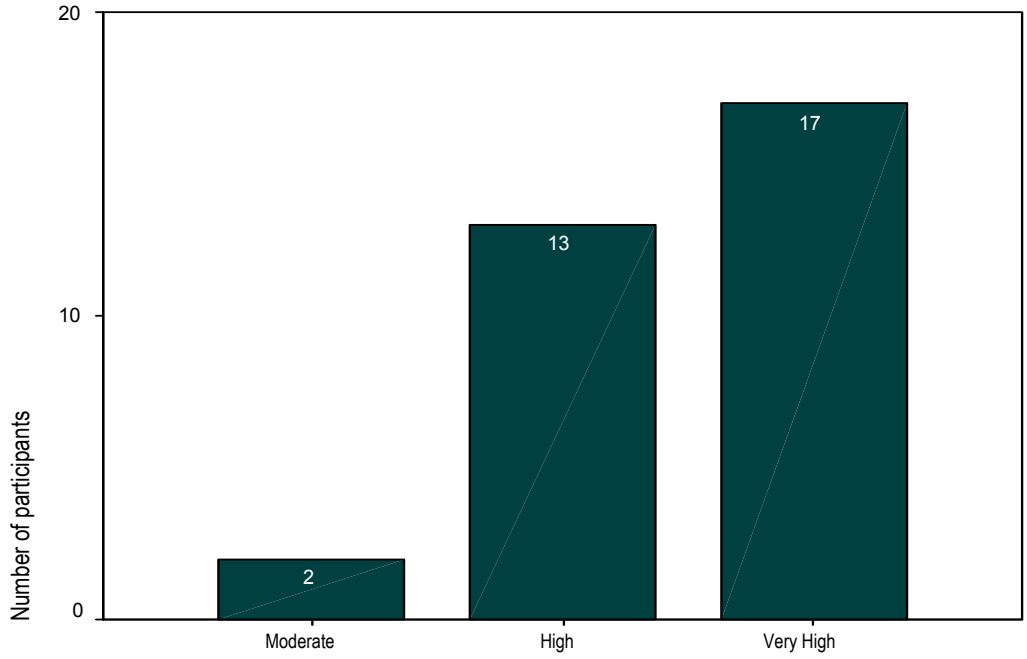
Table7.8 – Table of LSI-R Scores and Reconviction Risks for Standard List Offences in England and Wales

SCORE	ESTIMATED % RISK OF RECONVICTION IN 12 MONTHS	ESTIMATED % RISK OF RECONVICTION IN 24 MONTHS	OVERALL RISK
0 – 5	14	25	**Low** 10% of sample
6 – 10	22	35	
11 – 15	30	46	**Moderate** 45% of sample
16 – 20	39	56	
21 – 25	45	63	
26 – 30	50	68	**High** 33% of sample
31 – 35	54	72	
36 – 40	58	76	**Very High** 12% of sample
41 – 45	63	80	
46 and over	69+	85+	

Peter Raynor – September 1997

To relate this measure to the Irish Drug Court, LSI-R assessments were conducted for the majority of participants on the Programme. Figure 7.9 illustrates the LSI-R scores for 32 of the participants in terms of the overall risk as outlined in Table 7.8 above. Based on the available information, over half of the participants were considered to be in the "very high" risk category. The minimum LSI-R score was 16 for one participant, a maximum of 48 for another participant.

Figure 7.9 – LSI-R Risk Categories Drug Court Participants



7.7 ADDICTION PROFILE

The association between drug addiction and offending is one aspect of the rationale for the establishment of the Drug Court Programme. Accordingly, one of the main criteria for being referred to the Drug Court Programme is that an offender be dependent on illicit drugs. The treatment and addiction profile of participants has proven important in international courts, particularly when establishing and identifying factors which contribute to or detract from successful Programme outcomes.

7.7.1 Main Drug of Choice

The main drug of addiction, for the majority of the participants within the Drug Court Programme, is **heroin**. This is largely reflective of the catchment area in which the participants reside. Within Ireland opiate / heroin misuse still remains largely confined to the Dublin area, particularly socially disadvantaged areas, with over 80 *per cent* of those presenting for treatment in the Eastern Health Board region having heroin as their main drug of misuse[69].

The average age for participants' first use of their main drug was 17 years, a minimum of 13 years for one participant, a maximum of 25 years for another. The most common methods for administering the main drug were injecting (79 *per cent*) and smoking (43 *per cent).*

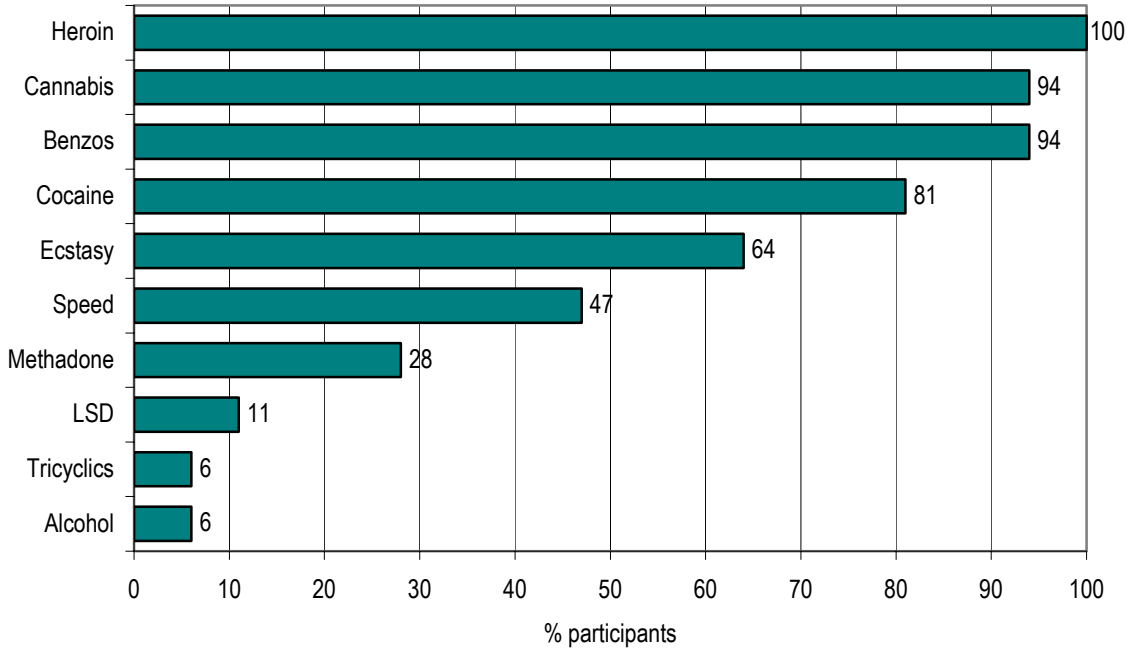
Cannabis was the first drug used by all participants. The average age for participants' first use of cannabis was 14 years, a minimum of 10 years for one participant and a maximum of 18 years for another. This was similar for the first time participants consumed alcohol, where the average age was again 14 years for first consumption.

7.7.2 Polydrug Abuse

Overall participants were using / had used, an average of 5 different drug types at the time of entering the Drug Court Programme, with a minimum of 3 for some participants and a maximum of 7 for others. This again highlights the polydrug using culture which is a characteristic feature among persons addicted to drugs. The type of drugs being used / used by participants on entering the Programme is outlined in greater detail in Figure 7.10.

[69] National Drug Treatment Reporting System, 2000

Figure 7.10 – Polydrug Abuse Among Participants



Methadone outlined in Figure 7.10 refers to non-professional methadone. Benzos refers to benzodiazepines. Alcohol refers to alcohol abuse in Figure 7.10.

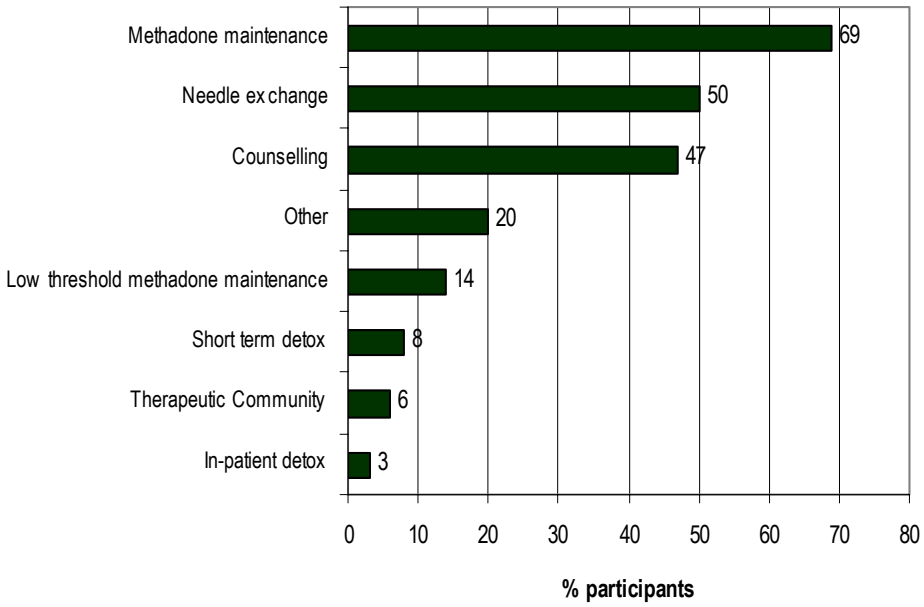
7.7.3 Treatment History

The majority (76 *per cent*) of participants were receiving treatment at the time of entering the Drug Court Programme and, therefore, are not new to the treatment services. This is an important factor particularly when considering the delays that can occur for participants accessing full treatment if not already registered with the treatment centre. Two of the participants that were in treatment on entering the Programme were attending the mobile clinic.

Each of the participants had availed of treatment / harm reduction services for problem drug use prior to joining the Drug Court. The average age of participants first presenting for treatment was estimated at 21 years, (15 years for one participant and 43 years for another). The most common forms of treatment availed of by participants were methadone maintenance (81 *per cent* of participants), needle exchange (70 *per cent*) and short term detoxification (66 *per cent*). Over half (58 *per cent*) of the participants had also attended counselling in the past.

Figure 7.11 details the treatment service availed of by participants in the 12 months prior to entering the Drug Court Programme. All but 3 of the participants had presented for treatment in the 12 month period prior to Progamme entry.

Figure 7.11 – Services attended in 12 months prior to Programme entry



As well as drug treatment, a quarter of the participants had received treatment for mental / psychiatric / emotional problems in the past and a further 8 *per cent* were receiving such treatment at the time of entering the Drug Court Programme. This is particularly relevant in terms of the international literature which highlights the problems that can be associated with Drug Court participants.

7.7.4 Risk Behaviour and Associated Blood Borne Diseases

Prior to entering the Drug Court Programme, a number of the participants had engaged in risk taking behaviours associated with their drug misuse. Almost 60 *per cent* of participants reported injecting in the month before entering the Programme. A further 16 *per cent* reported sharing injecting equipment again in the month prior to entering the Programme.

The majority of participants reported being tested for a number of blood borne diseases, namely HIV, Hepatitis B and Hepatitis C. Over 60 *per cent* reported that they had tested positive for Hepatitis C.

7.7.5 Educational Profile

An important aspect of the Drug Court Programme is the holistic approach taken to addressing participant's needs. As well as focusing on the participant's addiction and offending behaviour, emphasis is also placed on the educational requirements of the participant with a focus on providing participants with skills required to access employment and lead more productive lives.

One of the most prominent features of the profile of Drug Court participants is early school leaving. For over half (54 *per cent*) of the group primary education was the highest level of educational attainment. For a further 28 *per cent* secondary education to the Junior Certificate was the highest level attained. This is not surprising considering that the average age of the group for leaving school was 14 years, the minimum age being 11 years and the maximum 17 years.

7.8 IMPACT /OUTCOMES

7.8.1 Limitations

As previously outlined, the time period allocated to the evaluation of the Drug Court Programme was significantly limited, posed a number of constraints for the analysis of the effectiveness of the impacts/outcomes. This is particularly evident in the case of the Irish Drug Court where the majority of participants were in the Programme less than a year at the end of the evaluation period. Furthermore, the low number of offenders participating in the Programme could not be anticipated prior to the Programme. This has a significant effect in on the quantitative outcomes, particularly in terms of identifying factors which contribute to participants' success or failure within the Programme. Problems associated with low numbers are recognised internationally with research indicating that sample sizes of at least 100 clients and a similar number of comparison offenders, are required to allow reliable conclusions to be drawn about the impact of the Drug Court. Furthermore, it is recognised that such sample sizes are difficult to achieve in smaller jurisdictions unless evaluations are conducted over multi-year periods (Belenko, 1998)[70].

7.9 RECIDIVISM

A reduction in recidivism and criminal offending is one of the primary aims of the Drug Court Programme. Therefore, monitoring the recidivism rates among Drug Court participants is an extremely important aspect of the evaluation. Throughout the Programme the Drug Court Team, particularly the Probation and Welfare Officers and the Drug Court Liaison Guards, work closely with the participants in addressing their offending behaviour and other related issues.

The rate of in-programme recidivism is difficult to measure for the Irish Drug Court given the short time frame of the evaluation. Although the number of arrests, charges, time spent in custody *etc.* are used here to give an indication of the possible in-programme recidivism, it is important to emphasise that new charges are unproven allegations and cannot be taken as an indication of guilt. Table 7.9 outlines some of the key indicators of the offending behaviour of participants while in the Drug Court Programme. Over half of the participants have been arrested and picked up new charges. A third of the participants have had their bail revoked by the Drug Court Judge during their time on the Programme, ranging from a minimum of 2 days to a maximum of 40 days. Although the rate of in-programme recidivism is an important measure, many would argue that post-Programme recidivism is a more accurate measure of the effectiveness of the Drug Court Programme.

[70] Belenko, 1998

Table 7.9 In- Programme Recidivism

KEY INDICATOR	% PARTICIPANTS
% Arrested	53
% with new Charges	50
% with Bail revoked	33

Table 7.10 outlines the compliance of Drug Court participants throughout the first 12 months of the Programme. Overall participants' compliance with Programme objectives has consistently increased throughout the first 12 months of the Pilot Programme, evidenced by a reduction in the percentage that was arrested, acquired new charges, or had bail revoked. This is in keeping with the findings of the evaluations of Drug Courts in other jurisdictions which suggest that both the rate and risk of reoffending decline the longer participants are retained in the Programme.

Table 7.10 Declining Rate of In- Programme Recidivism

	% PARTICIPANTS			
	PERIOD 1 N=9	PERIOD 2 N=15	PERIOD 3 N=28	PERIOD 4 N=35
% Arrested	86%	47%	36%	31%
% with new Charges	86%	33%	36%	28%
% with Bail revoked	56%	47%	21%	19%

7.9.1 Rate of Conviction per Participant per Year

As outlined in Section 7.7.2, participants had an average of 24 convictions prior to entering the Drug Court Programme. In crude terms this was an estimated 3 convictions per participant per year since the age of first conviction. Considering the short time period in which the impacts of the Drug Court are being evaluated, it is unreasonable at this stage to try and compare the number of convictions pre and post-Programme. Given that most convictions generally occur many months after the charge was picked up, participants are unlikely to be convicted for charges accrued while on the Programme, or within the time frame of this evaluation.

As outlined in Table 7.10, 50 *per cent* of participants had accrued a total of 78 new charges since entering the Programme, an average of over 4 charges per participant. However, this was overstated by the fact that one participant had accrued as many as 10 charges and another participant had accrued a further 9 charges. Again, it is important to highlight that charges are not an indication of guilt and cannot be compared directly against the number of pre-Programme convictions.

7.9.2 Participants Compliance

Table 7.11 opposite outlines in detail the offending behaviour of Drug Court participants since they joined the Drug Court Programme. For those in the Programme since the first Period, it is possible to track the progress and changes in offending behaviour as they progress through the Programme.

The Drug Court Team admit that they were reluctant to terminate non-compliant participants at the early stage of the Drug Court. The Team now agree that there is little point in prolonging the termination of offenders who repeatedly fail to comply with the Programme.

7.10 ADDICTION / TREATMENT

On entering the Drug Court Programme each participant is individually assigned a treatment plan specifically tailored to meet his or her needs. Figure 7.12 outlines the main types of treatment participants received. Considering the opiate addiction of 97 *per cent* of the group, three quarters of the participants are receiving methadone maintenance by attending City Clinic, and in some cases the mobile clinic, on a daily basis. The majority (71 *per cent*) of participants are also attending counselling in conjunction with methadone maintenance. In cases where methadone maintenance is recommended as part of a treatment plan, but the participant was not receiving treatment at the time of entering the Programme, there has been a delay in attaining a place at City Clinic. In such situations, participants attend the mobile clinic while waiting for a place to become available at the Clinic. In the first 12 months, seven of the participants attended the mobile clinic when they first entered the Drug Court Programme, two of whom were already attending the mobile clinic prior to entering the Programme.

Figure 7.12 Participant Treatment Types

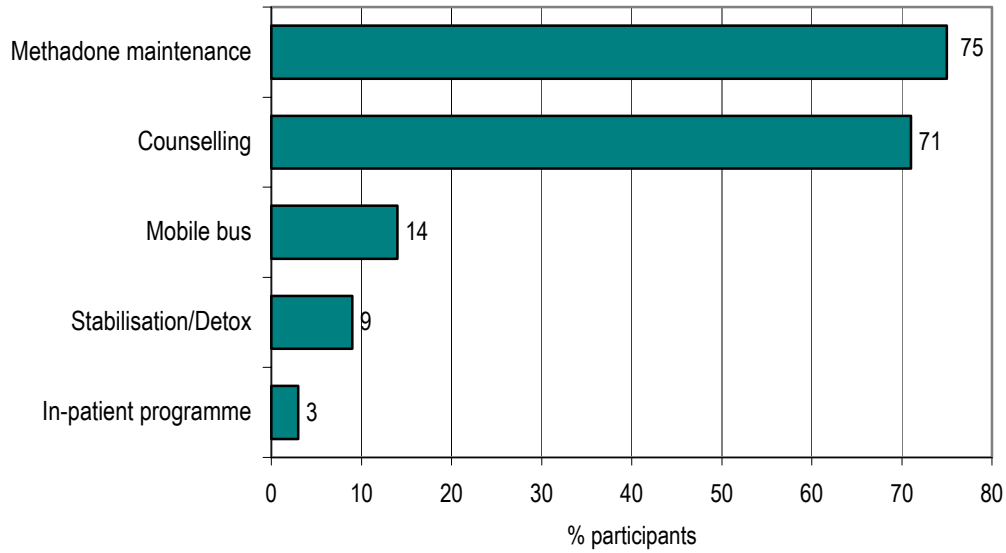


Table 7.11 Detailed Offending Behaviour by Participant

		QUARTER 1				QUARTER 2				QUARTER 3				QUARTER 4			
JOINED DCP.	CLIENT CODE	NO. ARREST	NO. CHARGE	TIMES BAIL REVOKED	CUSTODY	NO. ARREST	NO. CHARGE	TIMES BAIL REVOKED	CUSTODY	NO. ARREST	NO. CHARGE	TIMES BAIL REVOKED	CUSTODY	NO. ARREST	NO. CHARGE	TIMES BAIL REVOKED	CUSTODY
Q1 n = 7	1	2	2	1	7	2	2	2	10	3	3	1	43	2	3	2	40
	2	2	3	2	14	1	1	0	0	0	0	0	0	-	-	-	-
	4 ✓	1	1	2	21	0	0	0	0	0	0	0	0	0	0	2	12
	5	0	0	0	0	0	0	1	2	2	2	1	8	-	-		
	7 ✓	2	4	1	7	0	0	0	7	0	0	0	0	0	0	0	0
	8	1	1	0	0	3	2	0	0	3	4	1	34	2	2	1	25
	9	7	14	2	14	1	1	2	7	-	-	-	-	-	-	-	-
Q2 n = 8	11	-	-	-	-	1	0	2	2	1	1	1	12	2	2	1	1
	17	-	-	-	-	0	0	2	9	1	0	1	24	2	0	1	21
	18 ✓	-	-	-	-	0	0	0	0	0	0	0	0	0	0	0	0
	19	-	-	-	-	0	0	0	0	1	2	0	0	2	2	0	0
	20 ✓	-	-	-	-	0	0	0	0	0	0	0	0	0	0	0	0
	23	-	-	-	-	1	0	1	7	2	2	1	6	-	-	-	-
	24	-	-	-	-	1	1	0	0	1	1	0	0	0	0	0	0
	26 ✓	-	-	-	-	0	0	0	0	0	0	0	0	0	0	0	0
Q3 n = 13	10	-	-	-	-	-	-	-	-	4	2	0	0	2	1	0	0
	25	-	-	-	-	-	-	-	-	0	0	0	0	0	0	0	0
	27	-	-	-	-	-	-	-	-	1	1	0	0	1	2	0	0
	28	-	-	-	-	-	-	-	-	1	2	0	0	1	2	0	0
	29	-	-	-	-	-	-	-	-	1	1	0	0	0	0	0	0
	30	-	-	-	-	-	-	-	-	0	0	0	0	0	0	0	0
	31	-	-	-	-	-	-	-	-	0	0	0	0	0	0	0	0
	32	-	-	-	-	-	-	-	-	0	0	0	0	4	7	1	15
	36	-	-	-	-	-	-	-	-	0	0	0	0	0	0	0	0
	37	-	-	-	-	-	-	-	-	0	0	0	0	2	2	1	34
	39	-	-	-	-	-	-	-	-	0	0	0	0	0	0	0	0
	41	-	-	-	-	-	-	-	-	0	0	0	0	0	0	0	0
	43	-	-	-	-	-	-	-	-	0	0	0	0	1	2	0	0
Q4 n = 8	35	-	-	-	-	-	-	-	-	-	-	-	-	0	0	0	0
	42	-	-	-	-	-	-	-	-	-	-	-	-	0	0	0	0
	44	-	-	-	-	-	-	-	-	-	-	-	-	0	0	0	0
	46	-	-	-	-	-	-	-	-	-	-	-	-	0	0	0	0
	47	-	-	-	-	-	-	-	-	-	-	-	-	0	0	0	0
	48	-	-	-	-	-	-	-	-	-	-	-	-	0	0	0	0
	51	-	-	-	-	-	-	-	-	-	-	-	-	0	0	0	0
	52	-	-	-	-	-	-	-	-	-	-	-	-	0	0	0	0
	Total	**15**	**25**	**8**	**63**	**10**	**7**	**10**	**51**	**21**	**21**	**6**	**127**	**21**	**25**	**9**	**148**

*** Plus 7 days in custody from another court*

✓ indicates when a participant has progressed to Phase 2

Red indicates when a participant has been terminated from the Programme

Participants attending the mobile clinic during the Drug Court Programme were assigned a treatment plan in the same manner as all other participants within the Programme. Although participants attending the mobile clinic can access all of the services provided at City Clinic, such as counselling, urine testing, access to a GP *etc.*, it is worth noting that the mobile clinic only provides interim dose methadone maintenance[71]. The average time a Drug Court participant attended the mobile clinic while waiting for a place in City Clinic varied throughout the Programme. In total there were seven participants who attended the mobile clinic during the evaluation period, two of which were attending the mobile clinic prior to entering the Programme. The minimum period spent attending the mobile clinic for participants that started the mobile clinic after entering the Programme was 6 weeks for 2 participants, 8 weeks for another and as high as 27 and 29 weeks for the remaining two participants. Overall the average waiting time for all participants that attended the mobile clinic was 16 weeks. The mobile clinic administers an interim dose of methadone and some clients attending the mobile clinic use other drugs in conjunction with methadone. Drug Court participants would not generally become free of drugs while on such a low dose of methadone. One participant suggested it was due to the low dose he was receiving while on the mobile clinic that he had continued to engage in acquisitive crime. Therefore, it would be preferable for Drug Court participants to spend as little time as possible attending the mobile clinic to ensure equitable progress through the Drug Court Programme for all participants.

While acknowledging that places are limited in City Clinic due to the extensive population it is treating for drug addiction, it had been anticipated, in agreement with the Eastern Health Board that dedicated adequate services would be available to provide for 100 people on commencement of the Drug Court Programme. The demand for new treatment places in the initial 12 months of the Programme was low, as over three quarters of the participants were already in treatment when entering the Programme. However, when the premises purchased in Gardner Street did not become operational to increase capacity within City Clinic the supply of full treatment places was limited, indicating that the original commitment to provide for 100 participants may have been overestimated in the Planning Stage. Several stakeholders referred to this as a "failing" time and time again throughout the Drug Court evaluation. As already outlined in Section 6.2.4 equitable access to treatment for persons with drug addiction is a principle on which all the NAHB's services are delivered, so where service demands exceed supply treatment is provided on a prioritised basis.

[71] Interim dose methadone maintenance is 40mg methadone. As part of the ongoing developments within the Health Board the methadone dosage provided to clients attending the mobile clinic was increased to interim dose methadone. Up to 6 weeks before the end of the pilot the mobile clinic only provided 20mg., which is considered low dose methadone maintenance.

7.11 TREATMENT – PROGRAMME COMPLIANCE

Compliance with the Drug Court Programme in terms of treatment is generally assessed by Drug Courts through urinalysis. One of the conditions of the Drug Court is mandatory urine testing, generally on a weekly basis. As a participant progresses successfully through the Programme the frequency of the urine testing is reduced.

7.11.1 Frequency of Urine Screening of Participants in the Drug Court Programme

International Courts indicate that approximately 2 urines a week should be monitored for participants in Phase 1 of any Drug Court Programme. This stipulation is also outlined in the participants' handbook for the Irish Drug Court. As with many new, international Drug Courts the number of weekly urine tests was below the recommended number in the initial 9 months of the Programme. Although still not reaching the recommended 2 per week, the number of urine tests per participant did increase in the remaining 3 months during which the majority of participants had at least 1 urine test a week.

7.11.2 Urine Screening Results

Table 7.12 outlines the total number of urine tests taken per quarter during the pilot period, as well as the percentage of those urine tests that were "clean" (negative for opiates). As expected there has been a significant increase in the number of urine tests as the number of participants in the Programme increases. The percentage of those tests that are clean has also increased substantially as the Programme progresses, from 42 *per cent* in Period 1 to 82 *per cent* in Period 4. This would indicate an overall decrease in participant's drug use, and opiate use in particular throughout the first 12 months of the Programme. The last urine screens taken indicate that of the 23 urines that were tested, 11 tests were clean for all drugs except prescribed Methadone, 1 was completely drug free, 8 were opiate negative but positive for benzodiazepines and cannabis and 3 were opiate positive.

Table 7.12 Quarterly Frequency of Urine Screens and Results

	TOTAL NUMBER OF URINE TESTS TAKEN	NUMBER OF CLEAN* URINE TESTS
Period 1 n=9	100	42 (42%)
Period 2 n=15	144	81 (56%)
Period 3 n= 28	324	203 (63%)
Period 4 n=32	509	417 (82%)

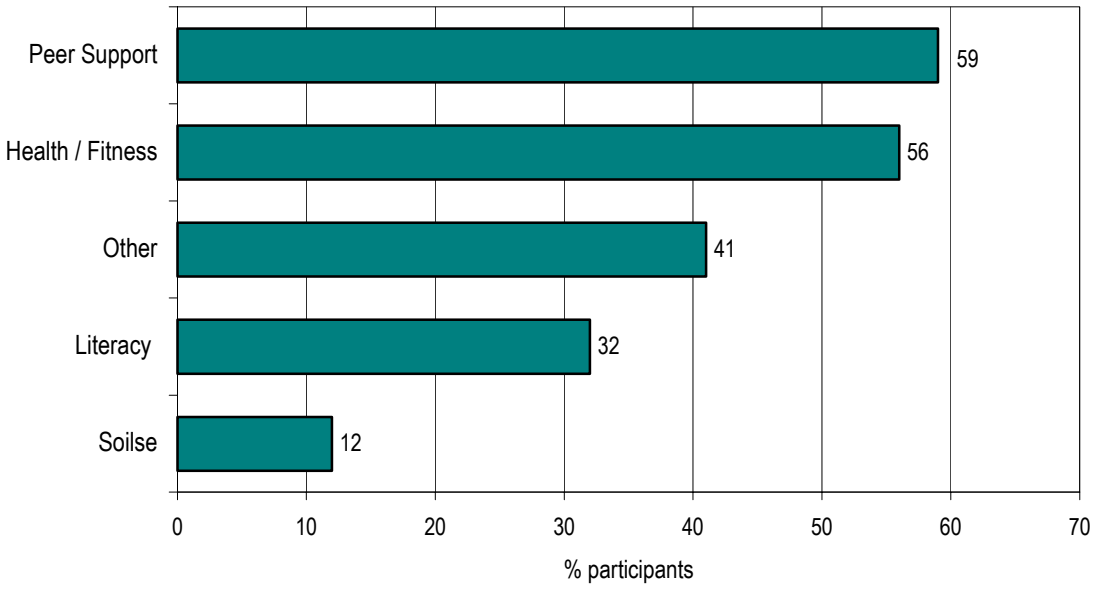
7.11.3 Education

The main forms of education and training attended by participants as part of their overall treatment plan are outlined in Figure 7.13. Over half of the participants are attending peer support and health / fitness classes, and almost a third of the group are attending literacy classes. Of the participants attending literacy classes, 50 *per cent* are at level 1 and the remaining 50 *per cent* are between level one and level two literacy. This reflects the fact that most participants would only have attained a primary level education. A further 12 *per cent* of the participants are attending Soilse.

Other courses attended / being attended includes classes in Junior Cert subjects, the NCCAP, ACRG, Saol and Aisling House. Participants also partake in the Transition Programme, which includes peer support, literacy, health and fitness and the recently developed skills programme. The Transition Programme was specifically designed by the Drug Court Team to help clients understand and cope with the Drug Court Programme.

The educational attainment of participants during the Drug court Programme is more difficult to quantify than impacts such as recidivism and urinalysis. However, comparing the low educational attainment of the majority of participants when first entering the Programme, with the classes attended during the Programme is a way of showing that the majority of clients will have significantly improved their level of education. Doing so will presumably increase the employment and training opportunities open to them at later stages of the Programme. Such effects are best measured post-Programme.

Figure 7.13 Types of Education and Training by Participant (%)



7.11.4 Use of Sanctions and Incentives

Drugs Courts use incentives and sanctions to encourage compliance with the Programme requirements. Sanctions vary according to the severity of the non-compliance and can include anything from more frequent drug testing and increased court appearances to the revocation of bail. Similarly incentives vary according to the participant and level of progress. Incentives can range from a reduction in court appearances to the presentation of gifts appropriate to the individual participant and their interests.

Overall the use of both sanctions and incentives has been consistent throughout the pilot period. This is illustrated in Table 7.13.

Table 7.13 Periodic Frequency of Sanctions / incentives

	% PARTICIPANTS			
	PERIOD 1 N=9	PERIOD 2 N=15	PERIOD 3 N=28	PERIOD 4 N=35
Number participants receiving Sanctions	n/a	8	13	23
No of sanctions imposed	n/a	23	20	52
Number of participants receiving incentives	n/a	10	9	9
No of incentives awarded.	n/a	14	12	12

n/a – Not available

In the first 12 months the Drug Court Judge imposed numerous sanctions, ranging in severity according to the participant and the level of non-compliance with the Programme. Sanctions imposed have included the following:

- Signing on daily at a local Garda Station.
- Imposing a curfew, for example from 8pm to 8am. The curfew can lengthen according to the severity of the breach.
- Revocation of bail for a period of days.
- Verbal warning of a curfew.
- Increased court appearances.

In recognition of the satisfactory progress within the Drug Court Programme the Drug Court Judge has also awarded a range of incentives to participants. As outlined in Table 7.13, significantly fewer incentives have been awarded to participants when compared to sanctions. This was highlighted throughout the evaluation, with the general recommendation that where possible more incentives should be awarded to motivate participants. The range of incentives awarded has included:

- Reduced court appearances.
- Removal of curfew.
- Week off court.
- Gifts appropriate to the participant.

7.12 FURTHER ISSUES

A number of issues were highlighted throughout the period of the evaluation which were worthy of further analysis.

7.12.1 Homelessness / Emergency Accommodation

The National Drugs Strategy highlighted the homeless population as an "at risk" group, among whom there is a perceived high prevalence of drug misuse. The Strategy also outlined the difficulties associated with quantifying such prevalence. Evidence from a survey conducted by Focus Ireland in 1999, found that 36 *per cent* of homeless people interviewed were using drugs. More importantly in the context of the risks homelessness may present for Drug Court participants, a report produced by the Merchant's Quay project in 1999, highlighted that 56 *per cent* of those surveyed reported a increase in their drug misuse as a result of being homeless.

The issue of homelessness among participants and the associated risks was highlighted as a serious problem from the outset of the Drug Court Programme. The Drug Court Team were unanimous in the fact that those participants who intermittently experienced temporary homelessness, or were living in temporary accommodation such as hostels and B&B's, progressed less quickly through the Programme. Linked to this was the fact that those experiencing homelessness or in need of emergency accommodation are more likely to be in contact with a drug using population and therefore, find it difficult to strictly follow the Drug Court Programme.

Evidence of this can be seen in the outcomes reported in this chapter. Of the participants, 11 *per cent* (4 participants) were either homeless or living in emergency accommodation when entering the Drug Court Programme. Of these 3 of the 4 participants reported living with other drug users. Furthermore, 3 participants would have sporadically experienced homelessness during their time in the Programme.

7.12.2 Alcohol

Figure 7.11 indicated that 2 of the participants were abusing alcohol, as well as other drugs. Furthermore, one offender referred to the Drug Court was found unsuitable in terms having a serious alcohol problem. International research has outlined the many problems associated with treating alcohol addiction parallel to drug addiction in a Drug Court setting. In the United States, special AOD and DUI (driving under the influence) Courts have been established to treat both addictions simultaneously.

7.12.3 Gender

The gender imbalance in participants of the Irish Drug Court is another factor mirrored in many international Drug Courts. Evidence has shown that women, particularly those with children, find it more difficult to engage in such an intensive Programme. The lack of adequate childcare facilities is often cited as one reason for this gender imbalance.

SUMMARY

- The number of referrals to, and participants on, the Irish Drug Court over the pilot period was lower than that anticipated at the planning stages. This, slow start is a feature of many Drug Courts internationally.
- The profile of Drug Court participants is analogous to that of Drug Courts in other jurisdictions – one difference is the high proportion of participants that were already in treatment. Participants were primarily male, in their late 20's unemployed and had low levels of educational attainment. Participants had accrued a high number of convictions prior to entering the Programme, a total of 872 prior convictions among 35 participants, and had extensive previous involvement with the criminal justice system. All of the participants were using heroin when they entered the Programme with an average of 5 different types of drug being used at that time. Over three quarters of the participants were in treatment at the time of entering the Programme. The majority of participants posed a high risk of reconviction.
- While it is far too early to comment on the overall effectiveness of the Drug Court – the early indications are that particularly towards the end of the pilot period the Drug Court had started to impact on the drug use and offending behaviours of participants. The rate of reoffending had declined substantially and at the same time the number of urines that were "clean" had increased significantly. There was also a high rate of participation in educational activities. Seven participants had moved to Phase 2 and 1 participant was in Phase 3 of the Programme.
- The Team and participants identified a number of issues that adversely impacted on progression through the Programme, these included alcohol abuse, homelessness and (possibly) gender and associated childcare difficulties.

8. COST – EFFECTIVENESS / VALUE FOR MONEY

8.1 INTRODUCTION

Although a number of assessments of the costs of programmes similar to the Drug Court have been published internationally, in particular America, drug courts have not, for the most part, been subjected to much systematic economic evaluation. The most comprehensive meta-analysis of the evaluation findings of Drug Courts internationally was conducted in the US by Belenko (2001). While much of the literature on the evolution of Drug Courts internationally highlights the sometimes dramatic costs savings effected by some US courts it should be noted that comparisons of cost savings on prison-bed nights are likely to be greater in the USA due to the greater use of incarceration within the American justice system. Furthermore, cost estimates that factor in treatment costs are also likely to indicate higher savings as the treatment types employed in many US courts are non-residential abstinence based programmes NA /AA *etc.* Additionally, in some of the evaluations we have reviewed the treatment costs have been financed by the offender. Belenko's study also found that several of the studies reviewed did not include sources of cost information making it difficult to establish the assumptions on which cost-savings effected have been based.

It had been envisaged that this section of the report would examine the cost-effectiveness of the Drug Court by comparison with a Control Group. However, for reasons already outlined the required information on the Control is not available. Furthermore, accurate costs of all of the services involved in the Drug Court could not be ascertained. Instead this section of the report focuses on what has been achieved to date, mechanisms for achieving greater efficiency/effectiveness and based on a consideration of the outline costs (salary costs, court costs, overheads) that were provided looks at the early indications of the overall cost–effectiveness of the Programme.

8.2 OVERVIEW

From a minimal investment at the start-up[72] in terms of staffing compliment, facilities *etc.*, the pilot Drug Court has achieved a number of outcomes that have been highlighted throughout this report. The Irish Drug Court - the first in Europe - is now up and running, it is beginning to develop a profile in the catchment area and has developed procedures of assessment, referral and case processing, as well as a strong network of referral contacts throughout the Inner City. The professionals involved have had an opportunity to develop and apply their core skills and to overcome many of the difficulties associated with interagency working. There were a total of 37 participants over the pilot period, of which, 7 had met the criteria necessary to progress to Phase 2. The rate of re-offending for participants still on the Programme at the end of the pilot period had declined significantly and the results of urinalysis indicate that at the end of the first 12 months, 11 participants had urine results clear of all illicit drugs. Participants had engaged in a range of educational programmes and, with the assistance of the Community Welfare Officer, were beginning to address a variety of broader health, social welfare and accommodation issues.

8.3 EFFICIENCY

The international literature, observations of the Drug Court in action and conversations with the Team, indicates that there are 3 main areas where greater efficiency could have been generated over the pilot period. These are described in more detail in the following paragraphs.

8.3.1 Assessment

As highlighted in Section 7, referrals currently spend a significant amount of time in assessment (an average of 27 days). A review of the international literature suggests that Drug Courts capitalise on a specific moment in the life of a misusing offender.[73] The "crisis" of arrest is identified as the point when offenders are most motivated to participate in the Drug Court. In describing the design principles of the Drug Court, Judge Jeffrey Tauber has suggested:

> *"A drug addict is most vulnerable to successful intervention when he or she is in crisis (i.e., immediately after initial arrest and incarceration) …Even the best-designed court-ordered drug rehabilitation program will be less than effective when intervention is delayed. Recognizing this, Drug Courts order participants to begin treatment immediately after their initial court hearing."*[74]

[72] While, by comparison to some existing alternatives *e.g.* standard probation, the Drug Court is resource intensive, when the Irish Court is compared with similar Drug Courts established on a pilot basis in other jurisdictions such as Scotland and New South Wales, the full-time staffing compliment and allocation of other facilities is low.
[73] Brumbaugh, (1994)
[74] Tauber, (1999)

The prolonged period between arrest and participation has meant that the Irish Drug Court did not harness the full potential of the crisis of arrest. Furthermore, during assessment the Team have tended to devote considerable time to sustaining the motivation of referred offenders. However, this investment of time and effort is not reflected in the quantitative data as it is only when participants enter the Programme that progress is measured[75]. The time spent on the 24 referrals that did not enter the Programme is not measured in the analysis. A reduction in the assessment phase would enable the Team to dedicate more time solely to participants.

8.3.2 Finding the right balance - revocation of bail *vs.* termination

A reduction in custody time is one of the main areas where Drug Courts represent a cost saving to the justice system. Over the early stages of the Programme participants bail was revoked with some frequency as a sanction. Furthermore, in a limited number of cases the decision was made to revoke bail because there was no other suitable alternative in terms of short–term residential accommodation. A review of the data indicates that bail was revoked with greatest frequency for participants who were later terminated from the programme – underlining the fact that the Drug Court approach is not a panacea for all drug misusing offenders. Revocation of bail occurred most often at the start of the Programme. Bail was revoked for only 2 of the 21 participants that entered the Programme in the last two quarters and as a consequence the average time spent in custody has declined significantly over the last two quarters. This changing trend may also indicate an improvement in the initial assessment process as the Team become more adept at assessing the motivation of referrals. It should be noted that the analysis also indicates that custody had a positive impact for one participant who made rapid progress after bail was revoked for a second time, demonstrating that for some participants at least, this sanction is effective.

For the Drug Court Judge and the Team the real challenge has been in finding the balance between the need to encourage and support participants who are prone to relapse and the need to coerce, sanction and ultimately terminate participants who clearly are not motivated. The Team agree that at the start of the Programme they spent a lot of time trying to assist participants that were not sufficiently motivated and now would propose termination at a much earlier stage. They also appreciate that Drug Courts are most (cost) effective when they successfully retain those offenders who pose the greatest risk of re-offending.

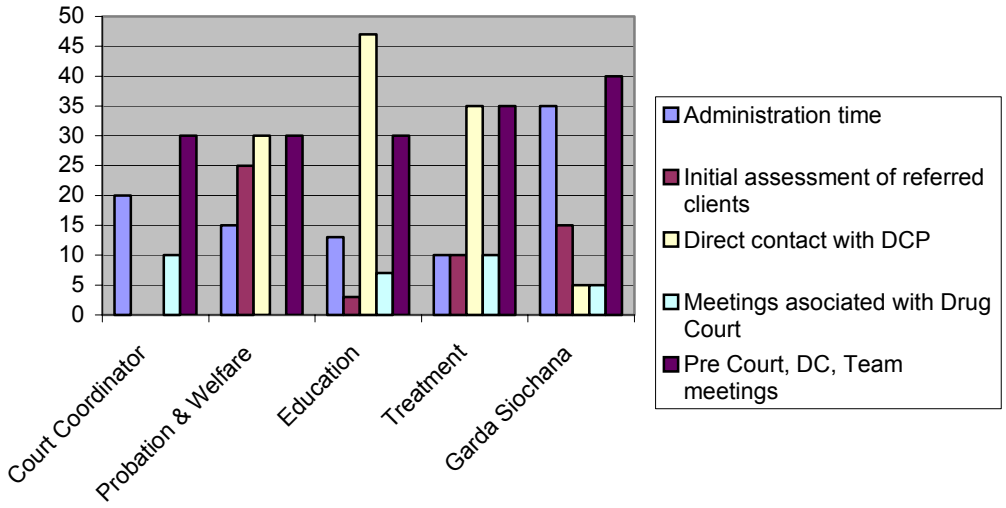
The Drug Court Team agree that they have become less inclined to revoke bail as the Programme has developed and have now started to use other sanctions and incentives with greater effect. The continuation of this approach, due to the reduced prison costs involved, would lead to greater overall efficiency in the operation of the Programme.

[75] Baseline and monitoring information across the full range of variables is only collected and analysed for participants.

8.3.3 Workload and Team Capacity

As part of the monitoring questionnaires, members of the Drug Court Team and the Drug Court Co-ordinator were asked to give an approximate account of the percentage of their time allocated to each of the different aspects of the Drug Court Programme in an average week. It should be noted that these percentages reflect the time the individual service providers have allocated to the Drug Court, and therefore are not directly comparable, *i.e.* the Drug Court Liaison Nurse is full- time and the Drug Court Liaison Guards are part-time. Furthermore, as already stated, the Drug Court Co-ordinator, although allocated full-time to the Drug Court, is as yet only utilising 60 *per cent* of that time. Allocation of time to the different aspects of the Drug Court Programme varies according to the specific service provider. This is to be expected as each of the service providers has a different role within the Drug Court Team and accordingly a different focus when dealing with Drug Court participants and referrals awaiting assessment. The Drug Court co-ordinator and the Liaison Nurse are the only two members of the Team to attend Court for both sessions with the Judge, *i.e.* every Tuesday and Thursday.

Figure 8.1 Team Workload



As Figure 8.1 indicates a considerable amount of the Team's time is spent on administration. A large volume of this time was devoted to the collation of monitoring information which could be much more readily collated using a computerised system. The considerable amount of time spent collecting information and preparing case-notes for Pre-Court meetings could also be reduced through the introduction of a dedicated Management Information System. The time involved in attending Pre-Court, Team and other meetings could also be significantly reduced if the Team were based in a single location in the vicinity of the Drug Court.

The Drug Court did not achieve the anticipated 100 participants over the pilot period and as a result in terms of caseloads, the Team were operating below capacity for much of the initial 12 months. The low number of referrals was perhaps fortuitous as it enabled the Team to devote necessary time and attention to the development of procedures and systems of referral over the duration of the pilot. Having conducted much of this initial developmental work, the Team could now feasibly deal with an increased caseload, and as highlighted above, the provision of shared office space and the necessary ICT infrastructure would enable a more efficient use of their skills and resources.

8.4 COST EFFECTIVENESS

A methodology for establishing the cost effectiveness of the Pilot Drug Court was agreed with the Steering Committee at the outset of the Programme. In the event, it was not possible to execute the methodology proposed and as a result a detailed cost-effectiveness appraisal could not be conducted. A number of limiting factors were identified in this regard.

Firstly and most notably, not all of the service providers involved in the Drug Court collect data in ways which are suitable for the identification of resource use or the calculation of exact costs per Drug Court participant. Although service providers did provide salary costs for the relevant professionals involved, together with overhead and other administration costs[76], these costs did not accurately reflect the true and full costs associated with the Drug Court in the evaluation period. Secondly, the selection of an appropriate control group was problematic due to the limited data pool available from which to choose a representative group of similar offenders. Furthermore, the quality of information available on those offenders selected for the control group did not provide an adequate basis for the conduct off detailed cost-benefit analysis. In the event, a comparison of the participants attending the Drug Court *vs.* participants going *via* the traditional system was not possible.

The scope for cost savings and effectiveness improvements within the Irish Drug Court have yet to be definitively outlined. Preliminary data indicate that the average number of prison nights amassed by Drug Court participants while on the Programme (14 days) was less than the average annual number of prison nights per participant in the 5 years[77] ***prior*** to entering the Drug Court Programme (2.6 months*, i.e.* approx 78 days). However, these figures are not directly comparable as annualised data was not available for Drug Court participants given the short time frame of 12 months for the evaluation, and therefore these figures cannot be compared in terms of assessing cost-effectiveness. One point worth noting in terms of prison nights was that the number of prison nights (*i.e.* time spent in custody for participants whose bail was revoked) reduced as the Programme evolved over time, a point which is particularly evident in the progress of participants beyond the 12 month period (See Appendix H). If this trend continues it seems likely that there would be a significant reduction in the annual average number of prison nights per participant, and subsequently, a significant cost-saving to the justice system.

[76] The costs supplied are not listed here as they do not reflect the full costs involved.
[77] Calculated by estimating the average time in custody per year in 5 years prior to entering the Drug Court (total time (months) spent in custody in past five years / 5 years, per participant).

Based on a review of the limited information available on the costs involved to the service providers and given both the low number of referrals involved and the relatively high number of prison bed nights accrued by participants in their short time within the Drug Court Programme the early indication is that over the pilot period the Drug Court did not effect significant cost savings to the justice system.

8.4.1 Determining Cost Effectiveness

One of the principle objectives of any Drug Court is to provide an alternative and more cost-effective means of reducing drug-related crime than the traditional / conventional system already in place. Ideally, to estimate the cost-effectiveness the average cost per participant within the Drug Court would have been compared with the average cost of a similar offender in a control group situation. However, as previously highlighted there are difficulties in a) sourcing comprehensive information for a control group and b) sourcing accurate and consistent costs for all of the services involved.

Based on the experience of the Pilot Drug Court evaluation it is recommended that a dedicated member from each of the service providers involved in the Drug Court is nominated to identify the exact costs associated with the Drug Court for their organisation. The Steering Committee should ensure that the manner in which all costs are estimated is consistent throughout each of the services involved.

Furthermore if possible, and if/when adequate data becomes available, an appropriate control group should be selected against which an accurate comparison can be conducted for the purpose of estimating the level of cost-benefit attributable to the Programme. It is envisaged that this will require a significant investment of time from both the Gardai (PUSLE) and the Courts Service (Court Records). Furthermore the development of a cost profile for a control group would also require that information on the treatment history of the offenders within the control would be available. In this regard, difficulties associated with data protection issues would need to be overcome in the first instance.

International literature suggests that the real benefits of a Drug Court programme and the savings accruing to the justice and other systems can only be measured through an assessment of post-programme recidivism. In this context firm arrangements need to be put in place **now** to assess the progress of participants both in-programme and post-programme.

SUMMARY

- Much of the international literature highlights the significant cost savings attributable to Drug Courts, in terms of prison beds nights- however some of these savings are in jurisdictions where incarceration is used with greater frequency furthermore many of the studies do not provide detailed cost information.
- By comparison with other International Drug Courts the initial investment in the Drug Court was low in terms of staffing, etc. Nevertheless significant progress has been made in establishing the Court and assisting 37 participants to progress through the Programme during the first year.
- There were three main areas were the efficiency of the Court could have been improved. First the assessment phase was quite lengthy (27 days) and did not fully capitalise on the "crisis" of arrest. Second, bail was revoked with some frequency during the early stages leading to a reduction in potential savings in terms of prison costs. Third, due to the low-number of referrals the Team were operating below capacity for much of the pilot period. This enabled them to develop and refine processes but they could now cope with an increased case load.
- A methodology was developed to compare the cost effectiveness of the Drug court with traditional case processing. However the information required for the Control Group is not available nor were the full costs of operating the Drug Court available. Notwithstanding this and despite the high number of prison nights amassed by early participants – there are strong indications based on available information that the Drug Court will result in cost-savings over time.

9. CONCLUSIONS

9.1 INTRODUCTION

In the earlier sections of this report, we have outlined the genesis of the Irish Drug Court and described in detail the operation of the pilot Drug Court since it became established in January 2001. The evaluation findings have been contextualised by reference to the findings of evaluations of Drug Courts operating in other jurisdictions and also by a review of the research on drug misuse and crime in Ireland. The analysis presented, in accordance with the proposed methodology, has focused on intrinsic factors such as the strengths and weaknesses of the approach and has also made reference throughout to international trends and models of best practice. The report brings together a wide variety of views on the virtues and shortcomings of the programme elicited from extensive consultations, structured interviews with the many stakeholder interests involved, participants of the Programme, responses to monitoring questionnaires issued, interaction with the Steering Committee appointed to oversee the evaluation, desk research, extensive documentation review, inputs from specialist international professionals in the Drug Court arena and ongoing observation of the Drug Court in action. All of this information has been brought together in developing our conclusions and framing our recommendations.

9.2 OVERVIEW

It is our view that there are compelling reasons to continue to support, develop and expand the Irish Drug Court. They include:

- The success of Drug Courts in other jurisdictions in dealing with very similar categories of offender.
- The frequency with which greater use of non-custodial sentences has been urged in the Irish context.
- The statistical relationship between crime and drug (particularly heroin) misuse evidenced in research on various aspects of the Irish criminal justice system.
- The compatibility of the Irish Drug Court with the collaborative interagency approach which underpins the Government's policy on drugs and its capacity to contribute to the overall strategic objective of the new National Drugs Strategy *i.e.*: *"To significantly reduce the harm caused to individuals and society by the misuse of drugs through a concerted focus on supply reduction, prevention, treatment and research."*
- The drug use and criminal histories of the first cohort of Drug Court participants which indicate that despite their previous involvement with the justice system and treatment services, their drug misuse and reoffending behaviours had, prior to entering the Drug Court, remained unaffected.

- The early indications that the Drug Court is effecting a reduction in the rate of reoffending and illicit drug misuse and is successfully channelling participants into educational and employment opportunities.

9.3 IS THE MODEL THAT HAS BEEN DEVELOPED A SUCCESS?

In the following sections we draw together our conclusions and examine the extent to which the key success factors associated with best practice models were evident in the operation of the Irish Pilot Drug Court.

SUCCESS FACTORS	
1)	Effective judicial leadership (together with regular review hearings)
2)	Strong interdisciplinary collaboration
3)	Good team knowledge (including the judge) of addiction, treatment and recovery
4)	Operational manual
5)	Clear eligibility criteria and screening
6)	Detailed offender assessment
7)	Fully informed and document consent of each participant
8)	Speedy referral to treatment and rehabilitation
9)	Swift, certain and consistent sanctions and rewards
10)	Ongoing programme evaluation and improvement
11)	Sufficient, sustained, dedicated funding
12)	Changes in underlying law, where necessary or appropriate

Source: Success Factors and Drug Court Key Elements identified by the United Nations Expert Working Group on 'Improving Inter-sectoral Impact in Drug Abuse Offender Casework', June 2000

9.3.1 Effective Judicial Leadership (together with regular review hearings)

Those who had an immediate involvement in the operation of the Irish Drug Court - the Team and the participants - were in agreement that the Drug Court Judge was fully open to the Drug Court Teams' perspectives on participant progress, based decisions on a full hearing of the available information and was fair in dealing with participants. The Irish Drug Court Judge does not engage in the "theatrics[78]" associated with some Drug Courts operating in the United States, however at each Court sitting, the scheduling of cases that involve the imposition of sanctions or incentives is designed to optimise the effect on the participants as a group. The Drug Court is qualitatively different to other District Courts, the formality and the authority of the Court are retained yet the dialogue between the Judge and the participant is both open and honest. The Judge has dealt expediently with participants that have obstructed the Court and responded swiftly to an episode of drug-dealing which occurred within the Court. The Judge was particularly interested in hearing the views of the Drug Court participants outside the Drug Court and initiated the informal joint meetings between the Team and participants. The participants commented on the importance of the Judge's involvement in their progression both as an incentive to progress and as a sanction against non-compliance. The Drug Court Judge also had an ongoing involvement in raising the profile of the Drug Court and was available on an ongoing basis to meet with and discuss the Programme with stakeholders in the local community.

[78] Nolan, (2001)

9.3.2 Strong Interdisciplinary Collaboration

The Team has worked extremely hard to develop their roles within the Drug Court and to overcome sources of recurring conflict. There have undoubtedly been tensions arising from the different perspectives and priorities across the Team. For example, in line with the health boards' mandate and policy the public health emphasis is on reducing drug dependency, harm minimisation and health maintenance while the criminal justice emphasis is on addressing all types of re-offending, drug offences, drug related and non-drug related offending and these objectives have sometimes been hard to reconcile. In the day-to-day operation of the Court the Team have done their utmost to ensure that these tensions do not interfere with the operation of the Court and that both the participants and the Drug Court succeed. As a group they have identified and attempted to overcome the sources of conflict and this has resulted in much smoother co-working and proposed changes to the job-descriptions in the Handbook. The Drug Court Team have also have worked with their managers to overcome these and other difficulties, such as the different meanings of "case manager" in the health and justice systems.

Some members of the Team have suggested that the difficulties they have encountered stem from the lack of a shared understanding of the primary objective of the Drug Court and the lack of an agreed mission statement. These issues may ultimately need to be addressed and overcome with the assistance of the Planning and Steering Committees. Despite these difficulties the Drug Court Team collectively and individually endorse the benefits for participants of the collaborative approach enabled by the Drug Court. During ongoing observation and one-to-one interviews with the Team there was little evidence that the Team is divided by the "*fundamental cultural differences*"[79] that are said to exist between the health and justice systems. Far from being adversarial the conflicts that have been experienced are a positive indication of attempts to jointly find the optimum approach to case processing.

9.3.3 Good Team Knowledge (including the Judge) of Addiction, Treatment and Recovery

As previously mentioned none of the Drug Court Team received any specialised training before the Drug Court Programme commenced. The Team now strongly believes that interdisciplinary training, comprising modules in treatment, education and enforcement, is essential to the more effective operation of the Team and the Court. There has undoubtedly been a learning curve involved but the Team are experienced professionals and the majority were accustomed to dealing with drug misusing offenders. They have also where necessary sought additional advice and support, for example, the Drug Court Liaison nurse works closely with a Consultant Psychiatrist in Substance Misuse, the Education Co-Coordinator works with a number of addiction counselors. The Probation and Welfare Service has also provided a training session on the nature of relapse for the Team. The Judge and the Team have never disputed the clinical decisions made by the treatment providers and they fully understand the relationship between relapse and recovery and are developing strategies to distinguish between, and deal with, genuine relapse and deliberate non-compliance.

[79] Butler, (2002) in: O' Mahony (ed) (2002)

9.3.4 Operational Manual

The Steering Committee put considerable effort into the collaborative production of the Drug Court Handbook, which served in the early stages as a guide to the operation of the Drug Court. However, as the Programme took shape it became clear there were several aspects of the Drug Court's implementation that were not provided for in the Handbook and the Team have worked with the Managers Group to substantially revise sections relating to participant progress. There has also been a need to review the roles of the various service providers not just to identify and eliminate role duplication but also to eliminate gaps and loop-holes in participant supervision. When completed and agreed this work will be reflected in a revised copy of the Hand-book.

9.3.5 Clear Eligibility Criteria and Screening

Considerable time was spent during the planning stage in determining eligibility criteria for the Drug Court. The resulting criteria, while modified to Irish circumstances, were strongly influenced by international models. The requirement that during the pilot phase participants could only be drawn from the ICON area has caused some difficulties. There were several occasions on which the boundaries of the catchment area were disputed and the Team has expended considerable energy verifying clients' claims to residency within the catchment area. This difficulty is further compounded by the fact that potential participants also had to reside in the catchment area for the previous 12 months. Participants, the Team and most members of the Steering Committee regard the residency criterion as somewhat arbitrary and in the context of future mainstreaming have suggested that, subject to more detailed examination of the association between heroin misuse and crime, the catchment area should include the Greater Dublin area, the 14 Local Drugs Task Force areas or to any area where there is evidence of the link between drug (particularly heroin and crack cocaine) misuse and high rates of related recidivism.

The second eligibility criterion that may need to be clarified is that eligible participants must be ***likely*** to receive a custodial sentence. A number of offenders have opted out early as they have been optimistic about their prospects in the District Courts. In New South Wales this criterion was changed to "***highly likely***" to receive a custodial sentence. It has also been suggested that the Drug Court should be a post-adjudicative option, *i.e.* the participants should be aware of the nature of the sentence they would otherwise receive in the District Court.

During the pilot period a considerable amount of time has been spent on eligibility assessments and the professional skills of the Team could have undoubtedly been better employed in dealing with participants. ***Eligibility*** in contrast to ***suitability*** should be (as it is in many other Drug Courts) a straightforward identification of recidivist non-violent offenders who are also known drug misusers. In this context of any future mainstreaming it may be possible for the CCTS or PULSE to identify eligible offenders, the involvement of the Court Presenters in eligibility assessment has also been suggested in this regard.

9.3.6 Detailed Offender Assessment

The full assessment procedure is, of necessity, a much more time intensive process than the assessment of eligibility and involves each member of the Team. The process has become more refined as the Programme has evolved and both the Judge and the Team have become more aware of the factors, *i.e*. nature of pending charges, lack of motivation *etc.* that will militate against successful participation on the Programme. A number of offenders were accepted onto the Programme with relatively few previous convictions and on the basis of relatively "low-tariff" referring charges. In the USA the success associated with the approach has begun to attract increasing numbers of participants whose drug use and criminal histories are less problematic and concerns have been raised about the *"net-widening effect"*[80] associated with the Drug Court movement there. Although the Team and the Judge wish to see an increase in the number of referrals to the Drug Court, they have also highlighted the need for it to continue to target relatively high risk offenders and some believe that lower risk offenders would benefit more from less intensive interventions and should be screened out at the assessment stage.

Other than highlighting the difficulties posed by prolonged assessment and the complexity involved in dealing with participants who are abusing alcohol, homelessness *etc*., the data analysis over the pilot period did not suggest any further refinements that could be made to the assessment process[81]. However, the continued collection and analysis of data could, by identifying key success factors, assist in the identification of the referrals most likely to benefit from the Programme.

9.3.7 Fully Informed and Documented Consent of Each Participant

Considerable attention was paid to the need for informed consent during the drafting of the Drug Court Handbook and as a result referrals are required to sign the Drug Court bail bond and to consent to release of information between the Team. So far, no difficulty has arisen in relation to consent. Some recent critiques of American Drug Courts have raised questions about possible violations of individual constitutional rights[82]. The US Supreme Court and other levels of the judiciary have dealt with these issues and found that pre-adjudicative programmes do not represent a violation or denial of rights because they are entirely voluntary. Similarly the voluntary nature of the Irish Drug Court has obviated these difficulties.

9.3.8 Speedy Referral to Full Treatment and Rehabilitation

As the quantitative analysis and discussions with participants, Team and Steering Committee have indicated, delays in accessing full treatment within the standard time period of 1 month, pose a significant threat to the effective operation of the Irish Drug Court. While waiting lists can and do apply to other types of treatment the greatest demand has been in accessing full methadone maintenance treatment. In this regard, the use of the mobile clinic, has, as previously highlighted been problematic in terms of waiting times.

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[80] Nolan, (*2001)*
[81] There were not enough cases to correlate outcomes with key variables.
[82] Boldt, (1998)

There is some circularity to debates about the provision of treatment in Ireland and elsewhere. Waiting lists are said to prohibit drug users from presenting for treatment, yet any diminution of waiting list results in an increase in the numbers presenting and a consequent reversion to waiting lists. In other words while substantial progress can, and is being made, to increase the number of treatment places available within mainstream services, waiting lists have been an almost constant feature of the provision of certain types of drug treatment and in particular methadone maintenance treatment. The logical conclusion is that the Drug Court or any analogous strategy[83] that necessitates provision of ***full*** treatment within the standard time period of 1 month for drug misusing offenders cannot rely on sequential allocation from mainstream services. In this regard the use of the mobile clinic while waiting to access full treatment and the delays experienced by some participants have threatened to undermine the objectives of the Drug Court and may have inhibited the flow of referrals during the pilot period.

In this context it is worth recalling the objective of the Drug Court as set out by the Planning Committee. *i.e.:*

> *"the reduction of crime through rehabilitation of the offender but not excluding punishment should the circumstances so warrant. The purpose of the proposed Drug Court is to provide a scheme for rehabilitation, under the* ***auspices and control***[84] *of the court, of persons who are convicted of, or have pleaded guilty……..." (p.15)*

During the pilot period the Drug Court has not been capable of providing a scheme of rehabilitation under its auspices and control and this is an issue which needs to be resolved in the immediate future.

As a larger number of options were available, the referral process to educational and other rehabilitation services/programmes has been swift and one of the key strengths of the approach to date has been the capacity of the Team to refer participants to suitable programmes. However, there are some supports *e.g.* anger management classes which can only be availed of on a periodic basis.

9.3.9 Ongoing programme evaluation and improvement

During the pilot period, the Team co-operated fully with the evaluation by providing the data necessary to produce baseline and quarterly reports. Both the Steering Committee and the Team noted the findings of the quarterly monitoring reports and with respect to the low number of referrals and the frequent revocation of bail took immediate action to modify the approach. The requirement for each of the core service providers to complete detailed baseline and monitoring questionnaires on a quarterly basis for each participant has been time-intensive. Nevertheless, this aspect of the Programme has been extremely valuable and, if sustained, could generate a much greater understanding of the relationship between drug misuse and offending in the Irish context and could also usefully inform other aspects of mainstream service provision.

[83] The introduction of Drug Treatment and Testing Orders is one of the proposals made in the Fianna Fail / Progressive Democrats Programme for Government 2002.
[84] Consultants emphasis

Drug Courts in other jurisdictions have bespoke computerised systems that automatically up-date the data entered by the Team and generate detailed reports for the Court on participant progress. The development of a similar system for the Irish Drug Court would eliminate a considerable volume of paper-work and would negate the need for the on-going monitoring function to be conducted by external evaluators. The Team and their managers also regularly review their approach and are open to self-evaluation. Notwithstanding this, internal and external evaluation of both in-programme and post-programme impacts is an essential feature of the operation of Drug Courts internationally, especially during the early stages of their formation and the Drug Court will need to put arrangements in place to ensure that this feature continues.

9.3.10 Swift, Certain and Consistent Sanctions and Rewards

The analysis indicates that throughout the Programme a range of sanctions has been imposed. In the early stages there was a strong tendency to revoke bail and this has a negative impact on the cost-effectiveness of the Programme over the pilot period. The Drug Court Judge and the Drug Court Team now recognise that other sanctions are effective and there has been a reduction in custody time as the Programme has progressed. The Team has now also become more familiar with the behavior patterns of non-compliant participants and considers termination at an earlier stage.

The monitoring reports consistently highlighted the infrequent use of incentives at the early stages of the Programme and it has been suggested that the Team were not aware of the resources available to provide group incentives. Furthermore, prior to the Drug Court, many of the Team members would not have considered the use of incentives or rewards in dealing with drug misusing offenders and it has taken the Team some time to recognise the value of incentives as a motivational tool and to become comfortable with this approach. Towards the end of the pilot period the Team was actively looking for opportunities to reward progress and incentivise compliance.

9.3.11 Sufficient, Sustained, Dedicated Funding

Due to the pilot nature of the Irish Drug Court and the requirement in the report of the Planning Committee that it should operate out of existing resources the issue of sufficient sustained and dedicated funding does not properly apply. Drug Courts in other jurisdictions *e.g.* Glasgow have developed dedicated budgets at the outset based on an estimation of the costs likely to be incurred in operating an effective pilot. The pilot Drug Courts operating in Glasgow and NSW have higher numbers of full-time staff, their own premises and dedicated treatment capacity.

The pilot Irish Drug Court has demonstrated that there is a resource commitment involved in terms of dedicated staffing, administration, evaluation, overheads and medical equipment. Although, as already outlined, the Pilot Drug Court was to operate out of existing resources it is worth noting that each of the service providers involved in the Programme have had to dedicate their own resources particularly in terms of staff, training and development. This commitment cannot be short-term or *ad-hoc* as participants undertake the programme for a minimum of 12 months and the resources must be in place to ensure that they can attain the goal of graduation. The investment made to date was the minimum required to operate the Drug Court over the pilot. Many members of the Drug Court Team have operated on a part-time basis and for the Drug Court Judge and the Drug Court Liaison Gardai in particular current arrangements may not be sustainable in the future. The Team and many members of the Steering Committee believe that the Pilot Drug Court Programme was undermined by the absence of additional supports in the form of timely access to full treatment places, dedicated Drug Court team facilities, and other supports.

In providing dedicated educational support, the services of a Community Welfare Officer (on a part-time basis) and involving the Drug Court Liaison Gardai in pre-court meetings and the overall operation of the Drug Court, costs have been incurred that are not associated with many international Courts. These innovations reflect the full range of needs of Drug Court participants, have proved to be worthwhile and should be sustained in the future.

The evaluation and the pilot project were designed to assist the Planning Committee in further addressing its terms of reference and in particular to identify: *"the scope for diverting resources arising from savings generated or likely to be generated in other programme areas through shifts in programme expenditure in the short, medium and longer terms"* . The evidence from international Courts suggests that savings can be achieved particularly in terms of savings on prison bed nights. However, these savings reflect a reduction in *post-programme recidivism* and only accrue *post-programme*. The criminal histories and LSI-R scores of participants on the Drug Court indicate that prior to entry they represented a considerable cost to the justice system and to society as a whole. Consequently it seems likely that should the Programme prove to be successful a strong justification for a diversion of resources may emerge in the longer term. In the interim, and as the Drug Court begins to consolidate the work of the first 12 months there are a number of additional operational resources that will be required, at a minimum they include increased staffing, the provision of facilities, investment in ICT and training.

9.3.12 Changes in Underlying Law, where Necessary or Appropriate

As the Drug Court is a voluntary Programme changes to the underlying law were not necessary. However, if in the future, as has been suggested, the Drug Court were to include juvenile offenders or become a post-adjudicative option, the ethical and legal basis for the Court would need further consideration.

9.4 CONCLUSION

In varying degrees all of the success factors associated with successful Drug Court models are apparent in the Irish context and those areas where weaknesses do exist have been identified and are being addressed or further considered by the Team, the Managers Group and the Steering Committee. Notwithstanding this, some of the difficulties encountered, especially with regard to the mission statement of the Drug Court and the need for rehabilitation to be under the "auspices and control" of the Court, may need to be resolved by the Planning Committee.

10. RECOMMEDATIONS

10.1 INTRODUCTION

The recommendations contained in this section of the report are designed to assist the Drug Court the relevant stakeholders in their deliberations on the future status of the Drug Court in Ireland. In framing our recommendations we have also been mindful of the contribution of the pilot project in providing the Planning Committee with the necessary information to more fully address outstanding matters in the Planning Committee's Terms of Reference[85]. In order to facilitate the debate on the future of the Drug Court and highlight the issues that will need to be addressed at this point, we have set out a range of possible options. The recommended option – continuation and expansion of the pilot and the concurrent development of a planning programme based on the evaluation findings - is discussed in more detail as are the proposed solutions to the various challenges evidenced over the pilot period.

10.2 OPTIONS

As with most pilot projects the range of options that emerge at the end of the pilot period falls under three headings each of which is discussed in more detail below.

10.2.1 Option 1 - Discontinue

The limitations applying to the findings from certain aspects of this evaluation have already been highlighted. Nonetheless, based on;

- a review of the recent international literature on Drug Courts,
- an assessment of the rationale for, and continued relevance of the Irish Drug Court,
- our discussions with key stakeholders and ;
- the outcomes achieved over the pilot period,

there is no reason to discontinue the Programme at this point.

[85] The First Report of the Planning Committee refers to the role of the pilot project in assisting it to more fully address the Terms of Reference that relate to the planning and resourcing of the Drug Court.

The evaluation has highlighted the fact that there is a range of challenges that need to be addressed and a number of areas in need of consolidation in the context of future continuation, expansion or mainstreaming of the programme. It has also identified the significant progress that was made over the first 12 months. A decision to discontinue the pilot at this point would have to be weighed against the considerable energy that has been expended on developing and implementing the Programme to date, the lessons learnt and the potential within the target population that has been tapped. This has, *inter alia,* involved bringing all of the key players on board, garnering acceptance amongst the target population, developing linkages to other service providers, involving the community, incrementally developing a profile for the Drug Court and refining and standardising processes to the point where the Court is now poised to deliver its services more effectively.

10.2.2 Option 2 - Immediate Mainstreaming

Immediate mainstreaming is an option which, given the histories of the participants and the totality of their needs, we would strongly recommend were it not for the considerable and complex groundwork that would need to be undertaken to roll-out the Programme nationally. There are a number of factors that would need to be considered in detail in advance of immediate mainstreaming. First, as outlined in Section 4 there is a lack of hard data on the relationship between drug misuse and crime in Ireland. The analysis of statistics produced by an Garda Siochana, the Prisons Service, the NDTRS and the Courts Service have not yielded any definitive estimation of the likely demand for the Drug Court Programme in the context of further expansion. Second, there are a number of measures that could be taken to stimulate demand for the Drug Court Programme, including actively generating awareness of the Drug Court Programme amongst the judiciary, defence solicitors and the target population. However, it would be unwise to embark on any measure to substantially increase the flow of referrals to the Drug Court until it is adequately resourced to make timely referrals to the necessary full treatment and rehabilitation services when required. Third, mainstreaming of the Drug Court Programme would involve making a significant resource commitment to participants and arrangements would need to be in place to ensure this commitment could be fulfilled perhaps on a nationwide basis in the medium and longer terms. In addition to the need for specific operational and procedural refinement of the Programme highlighted elsewhere in this report, there are a number of high level issues that would need to be addressed prior to mainstreaming. They include *inter alia* :

- A review of the current eligibility criteria based on which a realistic estimation of potential demand and associated resource requirements could be made.
- Mapping the location of additional Drug Courts against demand and consideration of whether any additional Courts and Teams should be mobile, part-time or served by smaller Drug Court Teams.
- The recruitment and training of additional Drug Court Judge(s) to preside in Drug Courts throughout the country.

- The identification and provision of courtrooms and facilities to conduct pre-court meetings in Courts in other parts of the country.
- Formalisation of arrangements for disclosure of information with ancillary service providers outside the current catchment area.
- The development of training programmes/modules for each of the services involved that could be rolled-out nationally.
- Consultation with and involvement of the community and voluntary sector nationally.
- Identification and resolution of any IR issues that might be involved in the roll-out of the Programme nationally.
- Ensuring that access to full treatment services is available within the standard 1 month period in all areas where the Drug Court may be established.
- The development of an ICT infrastructure and data collection protocols to support ongoing monitoring of the programme at national and local levels.
- Putting in place the necessary structures at national level to oversee the operation of the Programme.

Prior to mainstreaming, these and other matters would have to be addressed as part of a detailed Drug Court Planning Programme.

10.2.3 Option 3 - Continuation and Expansion of the Pilot and Development of a Drug Court Planning Programme

Given the nature and complexity of the work involved in mainstreaming the Drug Court our recommended approach is to adapt a dual strategy over the next 12-18 months. It is our view that the emphasis over the next year should be on the research and development activity necessary to roll-out the Drug Court more widely while at the same time continuing and expanding the current pilot to further test and refine the emerging model. Such an approach would enable many of the matters identified above and elsewhere in this report to be further examined and resolved as part of a detailed Drug Court Planning Programme. The phased expansion of the pilot, in keeping with the approach that has been adopted in Scotland and New South Wales, would also enable a more rigorous analysis of the different aspects of the pilot Programme as it expands.

Research and development

A much more detailed examination of demand and supply is called for to ensure that the necessary infrastructure to deliver the Programme can be put in place, not just in Dublin but perhaps Cork and other areas where the relationship between drug misuse (heroin dependence in particular) and high rates of recidivism is proven. Our recommendations in this regard are as follows:

- As a matter of priority, dedicated research should be conducted to more accurately estimate the scale of likely demand for the Drug Court, particularly in the 14 Local Drugs Task Force areas but also in the Regional Drugs Task Force areas established under the new National Drugs Strategy. Given the pressures on existing treatment resources, the correlation between heroin use and recidivism and the consequent need to avoid the "*net-widening"* effect that has been associated with Drug Courts in the USA we believe that the Drug Court should continue to target high-tariff offenders who are primarily dependent on heroin. In this context the forthcoming research of An Garda Siochana, which is essentially an update of the research presented in Section 4 reflecting trends in drugs misuse and crime ***nationally*** will be of particular relevance, as will the ongoing research programme of the National Advisory Committee on Drugs.

- Having identified any areas where the Drug Court approach could usefully contribute to a reduction in crime, it will be necessary to assess the true capacity of the local treatment providers to meet that demand and to put in place the necessary infrastructure to ensure that rehabilitation is genuinely under the "***auspices and control"*** of the Drug Court.

Based on the detailed research findings and drawing on the experiences of pilot Programme the complex matters identified in section 10.2.2 can begin to be substantively addressed.

Continuing and Expanding the Pilot

The relatively low number of referrals to, and participants on, the Programme over the duration of the pilot period is not unique to the Irish context and is a characteristic common to both other interventions of a pilot nature and Drug Courts internationally. As previously highlighted, ideally evaluations of this kind should focus on sample and control populations of at least 100 cases. The low numbers therefore pose serious constraints on the inferences that can be made from the quantitative analysis. Despite these misgivings, there are early indications that the Programme will be successful. The Drug Court is now beginning to gather some momentum and for the most part, the infrastructure is in place to support expansion on a phased basis. Our recommendations in this regard are as follows:

- From the start, and while appreciative of the need to avoid overwhelming the treatment providers, a significant majority of the stakeholders consulted have suggested that the residency criterion should be immediately abandoned. As an interim measure and to facilitate the generation of more robust research findings we would strongly recommend that the pilot Drug Court Programme should continue until the upper limit of 100 participants anticipated by the Planning Committee is reached.
- In order to achieve this goal and to act as a pathfinder in overcoming the administrative difficulties that will undoubtedly be associated with any more widespread mainstreaming of the Programme the catchment area should be expanded for the period of the extended pilot.
- An expansion to include for example the GDA or Dublin County would be in accordance with the views of the participants and many members of the Steering Committee that there are many drug misusing offenders particularly in the Dublin area that could benefit from the Programme. It would also enable many of the key stakeholders involved to be brought on board in advance of wider mainstreaming. However, due to the complexity involved in terms of involving the other Health Boards comprising the Eastern Regional Health Authority and consulting and involving representatives of the relevant Local Drugs Task Forces *etc.,* many members of the Drug Court Steering Committee believe that the current catchment area should be expanded to include **only Dublin 7** for the duration of the extended pilot. We recommend that such an expansion should be reviewed after 3 months to ensure that it has the desired effect of increasing the number of referrals to the Drug Court. In addition incremental expansion should occur in tandem with a programme of planning to fully address the issues involved in wider mainstreaming.
- The collection and analysis of data across a range of indicators including the costs involved to the core service providers involved (the Courts Service, the Probation and Welfare Servcies, the VEC, the Northern Area Health Board, an Garda Siocahana, and the other agencies and Departments whose services are availed of *e.g.* the Prison Service) should continue and once 100 participants have joined the programme, the data should be analysed to more fully assess both ***in–programme*** and ***post-programme impacts.***

10.3 SUPPORTING THE EXTENDED/EXPANDED PILOT

The following sections outline our recommendations with regard to the continuation and expansion of the pilot Drug Court Programme.

10.3.1 Timely Access to Full Treatment Services

From the outset of the establishment of a Drug Court system in Ireland, it was made clear that people should not be deprived of treatment services because of the needs of the Drug Court. Concerns about "fast-tracking" Drug Court clients to treatment were evident in the early reactions of the local community to the Drug Court. Furthermore, the Health Boards' principle of equitable access to treatment for all persons with drug addiction prevents "fast-tracking" any Drug Court participants. The concerns are valid particularly in view of the important relationships that have been developed between the treatment providers and the local community.

Two important points need to be made in this regard. First, Drug Court participants are very much part of the fabric of the communities which the treatment providers serve and a high percentage (76 *per cent*) of the participants over the first 12 months were already in treatment. Second, the Drug Court is a holistic approach designed to address the needs of a particular population. Rehabilitation within the Drug Court comprises not just treatment but education and the requirement to stop offending. Progress across a range of lifestyle and behaviour indicators must be both consistent and verifiable and non-compliant participants are subject to a range of sanctions. As such, the term "fast tracking" may be a misnomer as there are important differences in the nature of the Drug Court participants' engagement with treatment, not least of which is the compulsion to cease all illicit drug misuse in order to graduate.

Waiting lists for methadone maintenance treatment are not unique to Ireland and many other Courts have experienced difficulty in accessing the necessary rehabilitative services. To overcome this difficulty Drug Courts in other jurisdictions, *e.g.* Toronto and Glasgow have brought the services they require "in-house" in order to meet the most pressing needs of participants. A number of options need to be taken into consideration in the context of the Irish Drug Court. As laboured throughout the evaluation period the timely access to full treatment for Drug Court participants is an essential element in the effective operation of the Programme. It is therefore recommended that the Drug Court and the Health Board examine in detail mechanisms through which this could be achieved, including for example, a Service Level Agreement, whereby the Drug Court can be guaranteed that participants will have access to full treatment within a specified time period, most likely within the standard one month time frame. Based on funding recently approved to provide treatment facilities at premises in Gardner Street, and the additional premises leased at Buckingham Street, treatment capacity may have increased sufficiently to ensure that such a guarantee can be provided. However, if ***no other way*** can be found to circumvent the difficulties that have been associated with the provision of timely access to full treatment we recommend that the Drug Court should be served by a dedicated Level 2 Prescribing GP who could also be a (part-time) member of the Drug Court Team[86]. Fundamentally, a mechanism must be found to provide both the Team and participants with the necessary certainty about the time period for accessing full treatment.

[86]It is worth clarifying that the primary role of a Level 2 GP would be to facilitate the provision of Methadone Maintenance Treatment in particular. It is envisaged that the role description would have to be developed prior to recruitment; however, no overlap with the role of the Drug Court Liaison Nurse is envisaged.

10.3.2 Voluntarism

The programme, as it is currently constructed, is voluntary and this is an important factor in contributing to the likelihood of success for suitably motivated participants. However, it has also provided an "opt-out" clause for participants that decide they would prefer to "take their chances" in the District Courts. At present eligible participants must be "***likely to be sentenced to custody***" and some stakeholders believe that this criterion does not provide an adequate incentive for the target population to opt for or complete the Drug Court Programme. Having experienced retention difficulties, the New South Wales Drug Court Programme has changed this criterion to ***highly*** likely, while in Glasgow the Drug Court operates in conjunction with a DTTO which may soon be replaced by a specific Drug Court Treatment and Testing Order. It has been suggested that participants ought to know the sentence they will receive if they do not participate in, and complete, the Drug Court Programme. On the basis that it would have the dual effect of increasing referrals and incentivising compliance we strongly recommend that this eligibility criterion should be revised. [87].

10.3.3 Strengthening the Structures

The following sections outline our recommendations in relation to the necessary enhancement of the Drug Court Structures for the expanded pilot.

- **Steering Committee / Managers Group**

  The continued involvement in an overseeing role of the Government Departments and agencies currently represented on the Drug Court Steering Committee would be essential to facilitate the continuation and expansion of the pilot. The expansion of the Programme would however require a review of the current Community / Voluntary Sector representation on the Steering Committee to reflect the expanded catchment area. The Drug Court Managers Group should also continue to assist the Team in overcoming the practical and strategic issues associated with effective interagency teamwork.

- **Drug Court Judge**

  The current Drug Court Judge should continue, initially on a part-time basis, to preside over the expanded Drug Court and should play a continued role in promoting the Programme and disseminating learning from the Pilot to his peers, the legal profession and to the wider community. It may be necessary as the pilot expands for a greater percentage of the Drug Court Judge's working week to be allocated to the Drug Court. We do not think that it will be necessary to appoint a second Drug Court Judge until such time as there is a sufficient caseload to justify the creation of a second Drug Court Team.

[87] International evidence suggests that certainty about the alternative sentence increases motivation see Lang et al. (2000)

- **Drug Court Co-ordinator**

  Throughout the pilot period a vital role has been fulfilled by the current Drug Court Co-ordinator in ensuring the efficient operation of the Drug Court, chairing Drug Court Team meetings, liaising with relevant stakeholders and promoting the Drug Court locally and internationally. In the context of an expanded pilot the Co-ordinator would become involved in facilitating the organisational and logistical aspects of expansion, further refining operational matters, effecting greater operational efficiencies and overseeing data collection and monitoring.

10.3.4 Assessing the Capacity of the Team

Due to the low numbers of referrals especially during the early stages, the Team were not working to full capacity for much of the start–up. The Drug Court Team have, as outlined in Section 8, also devoted a high percentage of their time to administrative tasks. There has also, over the initial 12 months, been a considerable investment in the development of processes and the resolution of difficulties associated with working effectively as an interagency team. It is difficult to estimate the true capacity of the Team as they have spent a significant amount of time motivating referrals during assessment and assisting participants that they now realise should have been terminated from the Programme at an early stage. However, the Team's current level of involvement with participants on the Drug Court Programme should gradually decrease as they progress through the Programme enabling the Team to work more intensively with new participants and to take on more cases. Our recommendations in relation to the Capacity of the Team are as follows:

- The role of the Drug Court Liaison Gardai has enhanced the effectiveness of the programme and the allocation of Garda time to the Court should be formalised/increased.
- While it is likely that a continuation of the pilot would require an incremental expansion of the Team the provision of facilities and ICT support would enable the Team to work more effectively. In this regard we recommend that the increasing caseload should be closely monitored before current composition of the Team is substantively revised.
- A second Team and Drug Court Judge may be required before the case load reaches 100 participants. However, as the full capacity of the Team cannot yet be estimated the stage at which a second Team or Judge may be required is uncertain. In this regard continuous monitoring of Team capacity is essential. Considering the extensive levels of skills currently within the core Team the current team may need to act as mentors to a second Drug Court Team as the process evolves.

10.3.5 Case Processing

In order to consolidate its emerging profile the Drug Court should continue to sit in the Richmond Court House. To meet the demands of an expanded caseload the time allocated to both pre-court meetings and sittings of the Drug Court may need to increase or as highlighted above a second Team may need to be recruited. However, as this can only be assessed as the process evolves, our interim recommendations are as follows:

- We recommend that at least for the interim, Court sessions should continue to be held twice weekly. The target caseload of 100 participants would, when attained, be split between the twice-weekly sittings of the Drug Court. As a consequence the pre-courts meetings catering for a maximum caseload of 50 would occupy a full morning *i.e.* (10am –1pm) while the Drug Court would need to sit for a full afternoon (2-5pm) on a twice weekly basis. While this may seem like a significant increase from the current caseload of approximately 18 cases per session, it is unlikely that the actual number of cases would be as high as 50. As they stabilise and the risk of re-offending begins to decline participants in the advanced stages of the Programme should be making less frequent appearances before the Court. Ultimately the Judge and the Team should determine whether there is a need for additional pre-court and Court sittings.

10.3.6 Additional Supports

In order to fulfil its potential the Drug Court now requires a number of additional supports. The following paragraphs outline our recommendations in this regard:

- **Shared Premises/Dedicated Facilities**

  The Team spend a considerable amount of time travelling between the Richmond Court and their respective offices to attend, pre-courts, Court, weekly Team meetings and "3 way" meetings. The provision of dedicated offices for the Team would enable this time to be devoted to professional duties as well as improving teamwork and communication. It would provide a single locus and identity for the Drug Court and enable participants to keep multiple appointments with Team members. Such an approach would also facilitate the interagency approach which is a cornerstone of the Irish Drug Court.

- **Training**

  The Team require on-going interdisciplinary training to enable more effective teamwork. Although they have received some limited training as a group, there is a need for the Team to receive practical training on relevant (professional, ethical, medical, legal) aspects of the full range of disciplines represented on the Team. The Managers Group may be the most appropriate forum for the development of a training programme. Furthermore, in order to increase the number of referrals it may be necessary to provide training perhaps in the form of an inter-disciplinary seminar for the relevant professionals involved *e.g.* the Judiciary, defence solicitors, an Garda Siochana, Probation and Welfare staff, representatives of core education and treatment providers *etc.*

- **Management Information System (MIS)**

  A Management Information System (MIS) based on that designed to facilitate the collection of quarterly monitoring reports should be introduced as a matter of urgency. The MIS should be kept up-to date by the members of the Team and it should be capable of generating reports for discussion at the pre-court meetings. The Team should have a role in developing the design specification of the new system. The introduction of an MIS would need to be accompanied by suitable training for the Team. The MIS could also be used to monitor costs to the services involved on a quarterly basis.

- **Publicity**

  There is an ongoing need for the aims and objectives of the Drug Court to be publicised particularly amongst the target communities. The Drug Court is a complex and detailed programme and its aims and objectives are easily confused[88]. Its title is ambiguous and to this end we recommend that in all future communications/publications it should be known as the Drug Treatment Court to reflect its emphasis on the wider goals of treatment and rehabilitation. A strategy should now be developed to publicise and promote the Drug Court throughout the Dublin area. As all of the agencies dealing with drug using offenders both *via* the Drug Court and in mainstream service provision have a role in disseminating information an initial promotional exercise should be conducted within the core agencies involved. The role that has been played by the Team and the Judge in promoting the Drug Court should continue in the context of any further expansion.

[88] The Glasgow drug Court has recently produced a promotional/educational video that shows the court in session and explains the process.

10.3.7 Enhancing the Programme

The evaluation has highlighted a number of areas where the delivery and operation of the programme could be enhanced. Our recommendations are set out below:

- **Eligibility**

  There is a need to further refine the eligibility assessment during the referral process. At present there can be a significant delay between initial identification and first appearance at the Drug Court. The assessment of eligibility should involve a relatively simple examination of whether or not an offender meets the basic eligibility criteria. This is followed, on referral to the Drug Court, by a more qualitative assessment of suitability. In Glasgow any arresting police officer can make the initial eligibility assessment. Consideration should be given to the adoption of a similar process in Ireland whereby the Court Presenters would assess eligibility possibly also utilising the CCTS or PULSE. This would ensure that only those offenders that are ***eligible*** appear before the Drug Court and the more detailed assessment which follows would only assess an offender's ***suitability*** for the Programme.

- **Incentives and Sanctions**

  As the Programme has progressed there has been a gradual decline in the use of custodial sanctions and if the Court is to achieve its desired effect in terms of cost-savings and also to provide a genuine opportunity for offenders to address their offending behaviour and drug misuse within the community, custody should be reserved as a sanction of last resort. Furthermore, there should be a dedicated budget for the provision of individual and group incentives and rewards. This budget would need to be estimated and agreed among the Drug Court Team and the Steering Committee.

- **Termination**

  Understandably, there was a reluctance to terminate non-compliant participants at the early stages of the Programme. The Team now firmly believes that there is little point in prolonging the termination of participants that repeatedly fail to comply. If the operations of the Court are to become more effective this trend should continue in an expanded Drug Court.

- **Post-Programme After-Care**

  Based on the experience of international Drug Courts, arrangements should be put in place to ensure that all Drug Court graduates have access to post-programme after-care. The requirement to engage with after-care services may need to be included as a graduation criterion.

- **Post-Programme Follow-up**

  At present no arrangements are in place to enable the effectiveness of the programme to be measured *post-programme.* The current consents should be reviewed to enable continued data collection for a 12 month follow–up period.

10.3.8 Issues Impacting on Programme Effectiveness

A number of issues have been identified as undermining the effectiveness of the programme over the pilot period. Our recommendations are documented in the following paragraphs:

- **Homelessness**

  There is no obvious or easy resolution to the difficulties that have been encountered in providing support to homeless participants. In this regard, the evaluators have noted that the Prison Service has offered to donate, without charge, a number of sites to Dublin Corporation to provide accommodation for homeless. There is also a proposal to develop a Directorate within the Probation and Welfare Service that would have responsibility for establishing partnership arrangements with the Local Authorities and Health Boards in the provision of accommodation for homeless offenders on a national level[89]. Consideration should be given to how the Drug Court could link in with these developments to provide supports to participants experiencing problems as a result of homelessness.

- **Gender**

  Although in the Irish context studies on women's experiences of prison are limited[90] a significant amount of research exists on the imprisonment of women internationally and there are strong arguments in favour of the more widespread use of non-custodial options in dealing with female offenders[91] The rate of participation on the Drug Court by females has been disproportionately low and two of the participants that have voluntary opted out of the Programme have been female. Female participants reported that their main difficulty with the Programme was accessing appropriate childcare while attending, Court, Treatment, and other appointments. The Drug Court should develop direct links with childcare providers to improve access to appropriate childcare services and make the Programme more attractive to female participants with childcare responsibilities.

- **Co-occurring Disorders/Alcohol Misuse**

  The Team have experienced difficulties in dealing with underlying psychiatric disorders and alcohol misuse however given the prevalence of both characteristics in the sample population it is likely that there will be a continued need to address these issues in the context of any further expansion or continuation of the Programme. The Drug Court Team may need specific training to assist them to support participants with psychiatric disorder and multiple addictions. The relative success of clients presenting with multiple addictions and co-occurring disorders should be continually monitored.

[89] National Economic and Social Forum (January 2002)
[90] A 1996 study of women prisoners in Mountjoy, found that 56 of the 100 prisoners studied were chronic drug users. See Carmody et al. (1996)
[91] Carlen, (1990)

10.3.9 Funding / resource implications

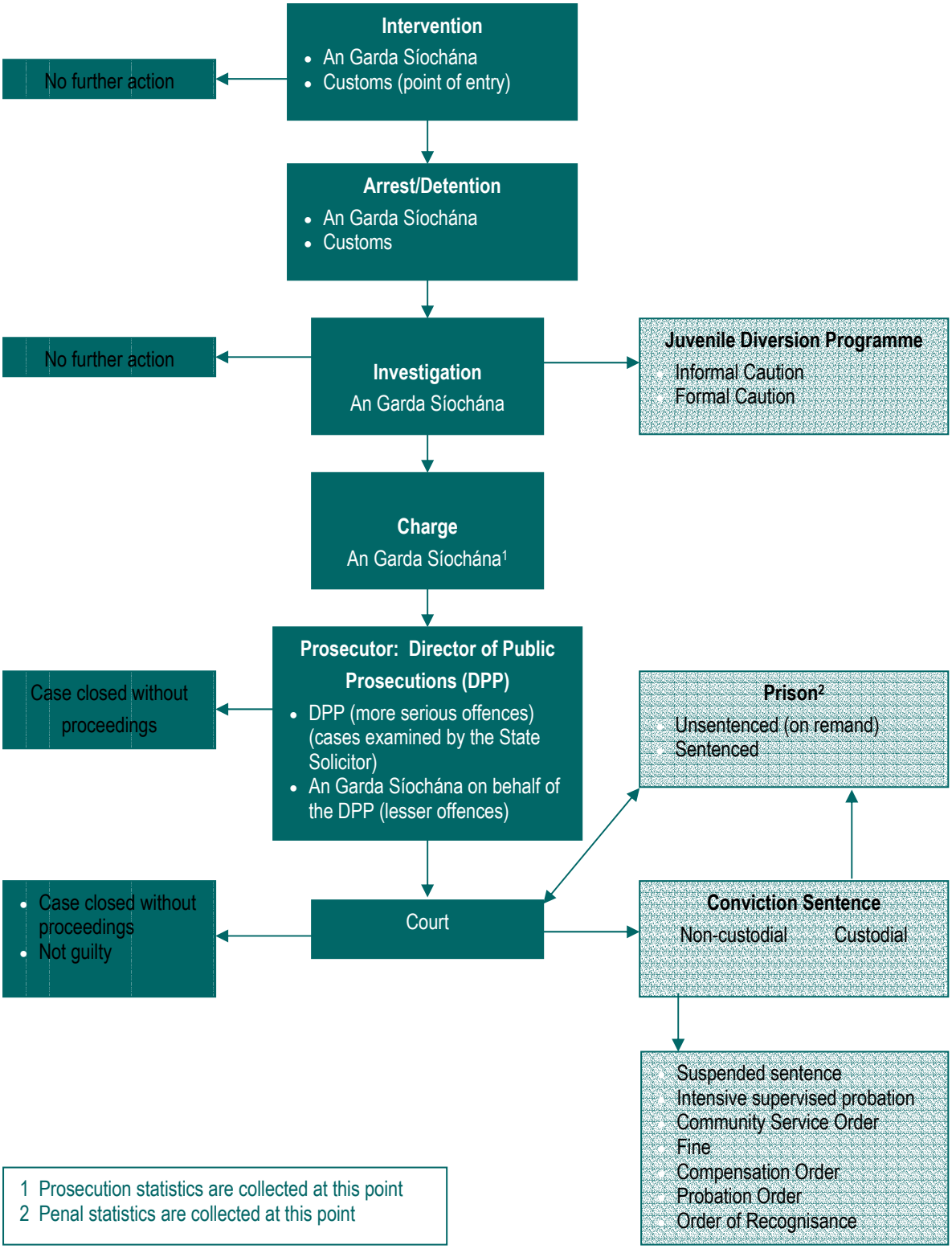
The funding implications of the recommendations arising from this evaluation are obviously a key matter for decision makers. The issues and options that arise in this regard are complex and given the level of demand on the resources involved also potentially sensitive.

The additional costs, which will arise in the phased approach recommended in the preceding sections, will come under a number of headings as follows:

- In the absence of a guarantee that the Drug Court can access full treatment within the standard 1 month period, other options will need to be examined including setting up a Service Level Agreement or the recruitment of 1 part-time dedicated Level 2 GP Prescriber. Such options would require additional staffing and resources
- Provision of office accommodation for the Team.
- Commitment of additional Garda support to the Team.
- Development of a dedicated MIS and associated ICT infrastructure for each member of the Team.
- Development and roll-out of an inter-disciplinary training programme.
- Provision of a dedicated budget, to be agreed with the Drug Court Team and the Steering Committee, for incentives and rewards.
- Development and implementation of a promotional strategy.
- Research to estimate national demand in advance of further mainstreaming.
- Costs associated with the possible need for the Court to sit for an additional session each week or the possible need for a second Drug Court Team.

Only some of the foregoing additional costs can be quantified at this stage. However, the early indications from our analysis of the profile of the participants ***prior to entering the Programme*** in terms of ongoing and uninterrupted drug misuse and offending, number of prior convictions and custody time amassed suggests that the costs which will arise into the future may be significantly less than those that would be incurred by the exchequer in the absence of the Drug Court Programme.

Figure 5.1 - Drug Law Enforcement Process



Drug Court Process