



SCOTTISH EXECUTIVE

Drug Treatment and Testing Orders: Evaluation of the Scottish Pilots

Crime and Criminal Justice



social
research

**DRUG TREATMENT AND TESTING ORDERS:
EVALUATION OF THE SCOTTISH PILOTS**

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EXECUTIVE SUMMARY

Background

Drug Treatment and Testing Orders (DTTOs) - which are aimed at providing courts with a further community-based option to deal more effectively with some serious drug misusers who commit crimes to fund their habit - have been introduced in the UK through provisions in the Crime and Disorder Act 1998. Under the relevant legislation, courts can require an offender to undergo treatment for his or her drug misuse, subject to the offender's consent to such an order being made. DTTOs - which can be for a minimum of six months and a maximum of three years - can be made as a 'stand alone' option or in conjunction with another community-based disposal such as a probation order. They differ from existing provisions insofar as the role of the supervising officer is limited, mandatory drug-testing is an integral component of the order and the courts have powers to review orders on a regular basis.

DTTOs were first introduced in the UK in three pilot schemes in Croydon, Liverpool and Gloucestershire. The first Scottish scheme was established in Glasgow in October 1999 when orders became available to the Glasgow Sheriff, Stipendiary Magistrate and (subsequently) High Courts. Initial implementation and uptake was slower than expected, with the first order being made in February 2000. The second pilot area began in Fife in July 2000 when DTTOs were made available to Cupar, Dunfermline and Kirkcaldy Sheriff Courts. The first order in Fife was made in August 2000 at Kirkcaldy Sheriff Court. The DTTO scheme in Glasgow consisted of criminal justice social workers and addiction workers, with treatment services provided by the Glasgow Drug Problem Service (GDPS) and Phoenix House. In Fife, the social workers, addiction workers and drugs workers were based together in two teams, with additional services provided by a consultant psychiatrist.

The Department of Applied Social Science at the University of Stirling was commissioned by the Scottish Executive to undertake an evaluation of the pilot schemes. The aim of the research was to evaluate the effectiveness of the pilot DTTOs in reducing drug misuse and associated offending and to assess the costs of DTTOs and alternative disposals.

Methods

A range of research methods was employed in the evaluation of the DTTO pilots. These included: the analysis of information collected from social enquiry reports and DTTO records, the completion of questionnaires by DTTO staff and treatment providers; interviews with social work managers, DTTO staff, treatment providers and sentencers; interviews with offenders given DTTOs and with a small sample of offenders who participated in the Fast Track Scheme in Forth Valley; observation of court reviews; and a costing of DTTOs and their alternatives. The amount and type of information available to the researchers was limited by the absence of planned monitoring databases in the two pilot sites by the conclusion of the fieldwork period. This also prevented some direct comparisons between the study sites since aggregate information provided was not always in a comparable format. It should also be

recognised that the evaluation focused upon an early stage in the operation of the pilots and practice is therefore likely subsequently to have evolved.

Selecting offenders for DTTOs

There was general agreement among professionals involved in the pilot that the primary purpose of the DTTO was to help bring about reductions in drug use and related offending among offenders given orders. DTTO staff preferred to conduct assessments for DTTOs in the community though some sentencers were reluctant to grant bail for this purpose. Drug testing (which was not a feature of the English pilots) was undertaken at the assessment stage to obtain information about the types of substances used. It was thought by managers to help bring home to offenders how seriously their behaviour was being taken by the courts and to provide a clear indication of the degree of intrusiveness that would be associated with a DTTO.

The assessment process was believed by staff to operate smoothly in most respects, though they acknowledged the two-week timescale to be tight, especially in Glasgow where offenders were separately assessed by a DTTO social worker, addiction worker and treatment provider. Sentencers were unanimously positive about the quality of DTTO assessment reports, which they compared favourably with assessments for other types of social work disposals.

There was a shared view among sentencers that the DTTO was a high tariff disposal to be used, in the main, when other options had been exhausted. DTTO staff emphasised that orders were appropriate for drug users who offended but less so for offenders who used drugs, since the latter were likely to continue offending even if they received treatment for their drug use. Motivation was a key factor in the assessment of offenders' suitability, albeit one that was difficult to assess. DTTO staff believed that DTTOs were most appropriate for offenders who were at least in their twenties, with a well-established pattern of drug use and a willingness to change their lifestyle. Young offenders (that is, those aged 16 and 17 years) and those with an absence of stability in their lives were considered less likely to complete a DTTO.

DTTOs were perceived by professionals as differing in a number of respects from probation orders with drug treatment requirements. The preference in the Scottish pilots was for DTTOs to be made as a stand-alone option, in contrast with the English pilots where in two schemes DTTOs were usually made alongside a probation order. DTTOs were believed by managers to be particularly appropriate for female offenders though, in practice, only 17 per cent of orders were made in respect of women.

Offenders given DTTOs

During the research fieldwork period (July 2000 to mid-April 2001 in Fife and between February 2000 and February 2001 in Glasgow) 96 DTTOs were made (47 in Glasgow and 49 in Fife). The conversion rate of DTTO recommendations to orders was very high in both pilot sites (92% in Glasgow and 94% in Fife). In Glasgow, the majority of referrals and orders emanated from the Sheriff Court. Offenders who were assessed for a DTTO but who received an alternative disposal were most often imprisoned or given probation orders (with or without additional requirements). The majority of DTTOs imposed were for 12 or 18 months. In Glasgow, there was a

tendency for women more often than men to be given a DTTO in addition to a probation order.

Most offenders given DTTOs were in their twenties or early thirties, with those in Glasgow older, on average, than those in Fife. More than two-thirds had ten or more previous convictions and a similar proportion had served at least one previous custodial sentence. Offenders received their DTTOs mostly for acquisitive property offences (such as shoplifting, theft from cars and housebreaking) and drug offences. Offenders in Fife were more likely than those in Glasgow to have a history of convictions for housebreaking and to have received their DTTO for this type of offence.

All of the offenders given DTTOs were using heroin, either alone or in combination with other substances. Most had used heroin within the previous 30 days (usually through intravenous injection) and pre-sentence expenditure was reported as being between £10 and £200 per day, with an average of £490 per person per week. None of the offenders was employed when given a DTTO and most were identified in their social enquiry reports as experiencing drug-related health problems.

Most offenders given a DTTO had tried to come off heroin in the past by accessing a range of services. Most offenders believed that they would have received a custodial sentence if they had not been given a DTTO and a few acknowledged that they had agreed to a DTTO primarily to avoid a prison sentence. However, most offenders had viewed the DTTO principally as an opportunity to get help to come off drugs and indicated that they would still have agreed to an order even if it had not been an alternative to imprisonment. Most offenders also believed that the length of order they had received was both proportionate to their offence and appropriate for the realisation of treatment goals.

Use of DTTOs by the courts

The use of DTTOs by the courts was initially lower than anticipated in Glasgow and higher than expected in Fife. The high usage in Fife from the outset was attributed partly to the fact that sentencers and others had been able to draw upon the experience of DTTOs in Glasgow and partly because they were keen to embrace a new disposal that promised to address an identified need. This was particularly important given the absence hitherto of treatment-focused options for dealing with offenders involved in substance misuse in Fife. Managers believed that the use of DTTOs might be adversely affected by the high unit cost of orders, the resource implications of reviewing orders, the low conversion rate of assessment requests to positive DTTO recommendations and concern about the validity of the order from a human rights perspective. However, it appeared that the use of DTTOs was steadily increasing in Glasgow as sentencers gained more confidence in them. Sentencers were unable to identify features of DTTOs that would discourage them from continuing to make orders.

Treatment provision

Treatment provision in Glasgow was mostly provided by GDPS, Phoenix House and the DTTO addiction workers. DTTO provision in Fife was in-house, with prescribing

provided by the offender's GP or a consultant psychiatrist. In both sites, the treatment providers undertook urine testing and provided a range of individual counselling, groupwork and other services.

Treatment providers felt sufficiently well informed about DTTOs, though those in Glasgow suggested that they were not given enough information about offenders at the assessment stage. Much of the communication between treatment providers and DTTO staff occurred informally and was generally believed to be effective, though treatment providers in Glasgow suggested that the timing and content of written communication could be improved and DTTO staff reported occasional tension arising with respect to communication from treatment providers. The co-location of the treatment providers and DTTO staff in Fife appeared to have circumvented the problems that sometimes arose in Glasgow. It also appeared to have prevented the blurring of established professional boundaries between the DTTO social workers and addiction workers.

Social work managers were broadly content with the range of treatment services available to offenders on DTTOs, though services were not uniformly available in different parts of Fife and some treatment providers in Glasgow had been reluctant to accept offenders as part of a DTTO. However, some gaps in services were identified. These included provision for women (in Fife); groupwork for offenders on methadone treatment (in Glasgow); short-term residential detox facilities; and facilities for drug users with a dual diagnosis.

Around one half of the offenders interviewed had accessed drug treatment in the past with varying degrees of success. Methadone prescription and associated counselling, which was the most common treatment offered in the pilots, was viewed by most offenders as a necessary first step to becoming drug free. Offenders did not feel coerced into treatments or activities though opportunities for choice were, in practice, limited. However most offenders reported being happy with the treatment they had received, with some stressing the importance of having access to a range of activities to occupy their time.

Drug testing

Drug testing is an integral part of DTTOs. Glasgow used laboratory testing (which meant that delays of up to two weeks for the receipt of results sometimes occurred) while a combination of laboratory and dipstick testing was employed in Fife. The percentage of positive tests for opiates decreased over time, especially in Glasgow.

Around two-thirds of drug testing appointments were attended, with higher rates of attendance in Glasgow, where the testing and the issuing of methadone took place at the same location. Testing was thought by managers to reinforce the authority of the order and to provide a more accurate indicator of offenders' drug use. However, treatment providers expressed concern that the frequency of testing, especially in the early stages of an order, might serve to decrease offenders' motivation to become drug free. Testing, moreover, could tell if a drug was being used, but could not show how often it was being used or in what quantities.

Offenders were generally sanguine about the frequency of testing to which they were subjected and most believed that testing would help them to reduce their use of drugs. Offenders viewed testing both as a deterrent to continued drug use and as an incentive to becoming and remaining drug free.

Reviews and enforcement

DTTOs must be reviewed by the court not less than monthly, either through a review hearing or a paper review. The dialogue between the offender and the sentencer is a distinctive feature of the DTTO and sentencers expressed a clear preference for hearings, which entailed face-to-face reviews. In Glasgow, the majority of review hearings were conducted in open court, with the court being cleared if issues of a sensitive nature were likely to be discussed. In Fife, sheriffs conducted the majority of review hearings with the offender in chambers, though the number of people present tended to undermine the informality of the process. Sentencers were divided in their views as to whether defence agents should be present at all review hearings. When they were present, the dialogue between the sentencer and the offender was usually restricted.

Professional respondents regarded reviews as an important mechanism for motivating offenders to complete their orders and in the majority of cases there was continuity of sentencer across reviews. The majority of reviews that were observed by the researchers were encouraging on the part of the sentencer and responsive on the part of the offender. Offenders were generally content with the frequency of reviews, believing that it kept them 'on their toes'. Reviews, like testing, were perceived by offenders both as a 'carrot' and as a 'stick'.

Sentencers had rarely made amendments to DTTOs at reviews and few orders had been revoked or breached. Sentencers stressed that they would be reluctant to revoke a DTTO without first giving the offender another opportunity to comply with the order. The DTTO was perceived by sentencers and by other professionals as a high tariff option and the former indicated that the likely outcome of revocation of a DTTO would be the imposition of a custodial sentence.

The breach rate in the Scottish pilots was low in comparison with the relatively high breach rates observed in the English pilot schemes, with only two offenders each having been breached in Glasgow and Fife. The low breach rate might reflect the quality of initial assessments and/or the approach to enforcement. The enforcement procedures were somewhat unclear and while most sentencers were satisfied with the flexibility afforded, some sentencers, treatment providers and offenders were concerned that too much leeway was given to offenders who failed to comply. Managers, on the other hand, believed that the flexible response to offenders on DTTOs was a strength of the scheme, avoiding the rigidity of enforcement evidenced in the pilots in England and Wales. Other features of the new orders that were thought to facilitate completion included stability in offenders' circumstances, a consistent approach by the different professionals involved in the DTTO and features of the order itself. Addiction workers stressed the importance of support networks to assist offenders in the longer term.

Effects of DTTOs on drug use and offending

Professional respondents considered a successful DTTO to have brought about a reduction in drug use and associated offending, though some sentencers believed that at the end of the order total abstinence should have been achieved. Factors that tended to undermine the success of the order included living in an area where drug use was rife. Professional respondents were optimistic (albeit cautiously so) that DTTOs could help bring about reductions in drug use and, as a consequence, drug-related offending. They were also optimistic that DTTOs, with their emphasis upon enhancing offenders' social inclusion, could also have a positive impact on other aspects of their lives. Staff attributed 'failures' on DTTOs – which they said were more likely among young offenders - to inadequate assessments or to DTTOs being made by the court against the advice of the scheme.

Questionnaires completed by DTTO staff and treatment providers at the start of a DTTO and after the offender had been on an order for six months indicated high levels of motivation among offenders to reduce their drug use and offending. Most offenders were said to have shown a positive or mixed response to treatment, most treatment objectives had been at least partially achieved and most offenders were said to have demonstrated reductions in their drug use, offending and other problems.

Offenders reported marked reductions in drug use and drug-related offending since being placed on a DTTO, with an average weekly expenditure of £57 on drugs six months into a DTTO, compared with a weekly expenditure of £490 before being given an order. Offenders identified abstinence as an ultimate goal of a DTTO along with the ability to lead a 'normal' life. Offenders were optimistic that they could become and remain drug free, though several had experienced a relapse around five months into their orders. Offenders also considered further offending to be unlikely, though some would not rule out the possibility of being convicted of other offences that were not related to drug misuse.

Overall, offenders were positively disposed towards the DTTO primarily because it offered them access to treatments and services to help get them and keep them off drugs. Family members were also reported to be positive about DTTOs, with some offenders reporting improvements in family relationships since being placed on an order.

The sample of offenders attending the Fast Track Programme in Forth Valley had been made subject to probation orders for similar offences to the offenders on DTTOs. The offenders attending Fast Track were equally positive about the experience and believed that it had reduced their likelihood of continuing to use drugs, though some were concerned that their orders would have ended before they had become completely drug free. Offenders were also critical of the lengthy assessment period, which resulted in an excessive delay between being placed on probation and accessing treatment.

The costs of DTTOs

The costs per month of DTTOs were very similar in the two pilot sites, at £503 in Glasgow and £487 in Fife. With indirect costs associated with review hearings added,

the cost of an average-length DTTO was estimated to be £9,129. However it was also estimated that the unit cost of a DTTO might reduce to just under £7,300 (£7,293) in established schemes. By comparison, a six-month prison sentence was estimated to cost £7,029 in 1999/00.

Conclusions

DTTOs had become well established in the pilot areas as an additional option for the courts in dealing effectively with drug-related offending. DTTOs were viewed as differing in purpose from existing disposals with respect to their direct emphasis upon the treatment of drug misuse as a means of reducing re-offending. Despite a slow start in Glasgow, a steady flow of referrals was being achieved in both study sites and the high conversion rate of positive recommendations for a DTTO to actual orders would appear to indicate sentencer confidence in the new measure. Drug testing at the assessment stage appeared to facilitate the subsequent retention of offenders in treatment and supervision. The available data also pointed to DTTOs having had a positive and dramatic impact on drug use and offending which was sustained for at least six months into the orders. The treatment that was provided to offenders given DTTOs – in most cases methadone prescription and counselling - appeared to have been the most important single factor in helping them reduce their use of illegal drugs, but the system of testing and reviews also appeared to have made some contribution in this respect.

A number of issues were identified that will need to be addressed by future DTTO schemes. These included: the limited range of treatment services available to the DTTO pilots and the likelihood that treatment was determined more by the treatment services available than by the treatment needs of offenders made subject to DTTOs; the resource-intensive nature of DTTOs and the resource implications of court delays; the limitations of drugs tests and resource implications of alternative testing methods; the balancing of an appropriately stringent and consistent approach to enforcement with a recognition of drug misuse as a relapsing condition; and the importance of ensuring that computerised systems are in place for monitoring gate-keeping and providing information about the progress and outcomes of orders.

Multi-agency working was, perhaps, the biggest challenge faced by the DTTO schemes. DTTOs required not only that different professionals worked together in a co-ordinated way; there was also some blurring of established roles and responsibilities. Careful planning with realistic timescales will therefore be required prior to the introduction of new DTTO schemes. For example, developing effective inter-agency protocols for the operation of DTTO schemes is essential and the energy invested in this at the developmental stage will pay dividends in the longer with respect to the operation and management of orders.

CHAPTER ONE: INTRODUCTION AND BACKGROUND

INTRODUCTION

1.1 Drug Treatment and Testing Orders (DTTOs) - which are aimed at providing courts with a further community-based option to deal more effectively with some serious drug misusers who commit crimes to fund their habit - have been introduced in the UK through provisions in the Crime and Disorder Act 1998. The limited effectiveness of community based supervision and testing with drug misusers in the absence of access to relevant treatment services has been highlighted in studies in North America (McIvor, 1990). Although there has been some debate with respect to the effectiveness of drug treatment in a mandatory context, Hough (1996) has concluded that legally coerced treatment need not be less effective than treatment which is free of such pressures, arguing that many people in treatment are often ambivalent about their drug use and many are coerced into treatment and kept there by pressure from partners, family or employers. Indeed, the experience of Drug Courts in the United States and elsewhere suggests that mandated treatment can result in reductions in drug use and associated offending (e.g. Belenko, 1998, 2001; Gebelein, 2000; Goldkamp, 2000).

1.2 Under the relevant legislation, courts can require an offender to undergo treatment for drug misuse, subject to the offender's consent to such an order being made. Drug treatment and testing orders - which can be for a minimum of six months and a maximum of three years - can be made as a 'stand alone' option or in conjunction with another community based disposal such as a probation order. They differ from existing provisions insofar as the role of the supervising officer is limited; mandatory drug-testing is an integral component of the order; and the courts have powers to review orders on a regular basis. The interaction and dialogue between the offender and the bench in the contexts of reviews (which are intended where appropriate to be facilitative and encouraging) is a distinctive feature of DTTOs which they share with the Drug Courts that have been established in other jurisdictions and, more recently, on a pilot basis in Glasgow.

1.3 While further offending during an order constitutes a breach of a probation order, reconviction for a further offence will not automatically result in breach and revocation of a DTTO¹. DTTOs can be imposed upon offenders aged 16 years and older whose assessment by the local authority DTTO team indicates that there is a dependence on or propensity to misuse drugs which requires and is susceptible to treatment and that the offender is motivated to undergo the treatment required (Home Office, 1998; Glasgow City Council, 1999).

THE ENGLISH PILOTS

1.4 DTTOs were first introduced in the UK in three pilot schemes in Croydon, Liverpool and Gloucestershire. The evaluation of the DTTO pilots (Turnbull et al., 2000) showed that a total of 210 DTTOs were made across the three schemes during

¹ DTTOs are, therefore, similar to community service orders in this respect.

the 18-month pilot period. Although many of the tests that were conducted on offenders showed positive results for opiates and cocaine, the rate of positive tests for opiates decreased over time. The revocation rate varied from 28 per cent of orders made in Liverpool to 42 per cent in Croydon and 60 per cent in Gloucestershire. Offenders given DTTOs reported substantial reductions in drug use and offending compared with before they were placed on an order, with reductions largely sustained over time. Even those who failed to complete their orders reported having benefited from being on a DTTO, though the researchers note that the non-completers could probably be best described as 'partial failures' and that those non-completers whom they were unable to recruit into the study were likely to have fared much worse.

1.5 The evaluation of the English pilots concluded that DTTOs had only been successfully implemented in one of the pilot areas and it identified a number of issues that needed to be addressed prior to any national rollout of orders. These included: ineffective inter-agency working; lack of knowledge of DTTOs among potential referrers; inefficient screening processes at the assessment stage; a lack of consistency in the matching of offenders to interventions; a lack of clarity regarding the objectives of intervention; differing expectations of progress towards abstinence; marked variations in frequency of urine testing; difficulties in ensuring continuity of sentencers across successive review hearings; and a lack of consistency in enforcement practices across the pilot sites. The evaluation also pointed to a need for schemes to implement monitoring arrangements to gather data on the referral and assessment process, offenders' level of contact with the programme and enforcement. As we shall see, the Scottish pilots were able to learn from the experiences of the pilot DTTO schemes in England and Wales and, consequently, avoid many of the problems they encountered.

THE SCOTTISH PILOTS

1.6 In Scotland DTTOs were introduced through the provisions of the 1998 Crime and Disorder Act. The first pilot scheme was established in Glasgow in October 1999 and orders became available to the Glasgow Sheriff, Stipendiary Magistrate and, subsequently, the High Court. Initial implementation and uptake was slower than expected, with the first order being made in February 2000. The second pilot area began in Fife in July 2000 when DTTOs were made available to Cupar, Dunfermline and Kirkcaldy Sheriff Courts. The first order in Fife was made in August 2000 at Kirkcaldy Sheriff Court. In Scotland, unlike in England and Wales, the use of probation orders with additional conditions to attend for drug treatment was already well established. In 1999-00, for example, 429 orders of this type were made in Scotland, representing the most common type of additional requirement after unpaid work (Scottish Executive, 2001a). However the two DTTO pilot sites differed in the use they already made of this option, with usage being well established in Glasgow but not in Fife. This reflected the existing availability of treatment services that could be accessed by offenders subject to court orders.

1.7 Offenders who were potentially suitable for a DTTO were identified either through a Social Enquiry Report (SER) or at the point at which the court requested an SER. A further continuation would be granted by the court to enable an assessment to be undertaken by the DTTO unit. Offenders who were made subject to DTTOs were

subject to regular mandatory drug testing and were provided with treatments deemed necessary to reduce or eliminate their dependency on or propensity towards misusing drugs.

1.8 The DTTO scheme in Glasgow consisted of a manager and two DTTO social workers who were based in the city centre plus four addiction workers who were based in local offices in Drumchapel, Easterhouse and Pollok. The workload was divided between the social workers equally, and between the addiction workers depending on the area of Glasgow in which the offender lived. The social workers were responsible for preparing reports for the courts, supervising offenders on orders and participating in court reviews. Addiction workers were responsible for providing one-to-one counselling for clients, for undertaking groupwork with methadone users and for linking offenders to other types of groupwork provision. They also undertook other tasks related to the offenders' addiction problems or needs. Urine testing was undertaken by treatment providers: Glasgow Drug Problem Service (GDPS) and Phoenix House.

1.9 The DTTO scheme in Fife consisted of one manager, three social workers, two addiction workers and 2.5 drugs workers. A consultant psychiatrist provided services to the pilot but was not formally part of the team. The drugs workers were health care professionals, employed by Fife Primary Healthcare Trust and their role was to provide urine testing and general healthcare to DTTO clients. The DTTO staff were based in two teams (in Buckhaven and Kirkcaldy) each of which had a social worker, addiction worker and drugs worker. The workload was allocated across the teams according to the area of Fife in which the offender resided. The tasks of the social workers and addiction workers were broadly similar to those in Glasgow, though in Glasgow addiction workers were also responsible for the offenders' overall care plans.

OBJECTIVES OF THE RESEARCH

1.10 The evaluation of the pilot DTTO schemes in England (Turnbull et al., 2000) provided a range of information that can inform conclusions about the operation of DTTOs both in that jurisdiction and more generally. However, the DTTO pilots in Scotland have features that differentiate them from their counterparts in England² and the characteristics of the populations in respect of whom DTTOs might be imposed are also likely to be different. Indeed, the study conducted by Turnbull et al. revealed wide variations in the operation of the three pilot schemes in England. It cannot be assumed, therefore, that lesson learned from the implementation of an innovative sentencing option in one jurisdiction can be readily transferred to another jurisdiction. Whilst the Scottish pilots did learn from the experiences of the earlier pilots in England and Wales and were, as a result, able to circumvent some the difficulties that the latter had encountered, the Scottish Executive considered it crucial that the Scottish experience of implementing DTTOs should be the subject of separate research. The findings of that research would be of particular value in informing any subsequent national rollout of orders in Scotland.

² For example, in Scotland the courts have the power to issue warrants if offenders fail to attend for reviews and drug testing forms an element of the assessment of suitability in the Scottish pilots.

1.11 The Department of Applied Social Science at the University of Stirling was commissioned by the Scottish Executive to undertake an evaluation of the pilot schemes. The aim of the research was to evaluate the effectiveness of the pilot DTTOs in reducing drug misuse and associated offending and to assess the costs of DTTOs and alternative disposals. The specific objectives of the research were to:

- evaluate the processes involved in implementing the pilot
- examine assessment, referral and take up rates for DTTOs
- examine the characteristics of the cases in which DTTOs and combined DTTOs and probation orders were imposed
- assess the impact of DTTOs on the frequency and nature of drug misuse and re-offending
- assess the contribution which DTTOs may make to other aspects of offenders' lives
- investigate the appropriateness and integrity of the treatment provided
- investigate the role of drug testing in relation to assessment, monitoring progress and securing compliance
- assess the role of court reviews and the frequency and reasons for variations to orders
- analyse breach and completion rates including reasons for and outcomes of breach applications
- where possible, compare the characteristics and outcomes of those given DTTOs and those assessed as suitable but given alternative community disposals
- identify the position accorded by sentencers to DTTOs in the sentencing framework and,
- assess the costs of DTTOs and alternative community based disposals and identify the cost implications of making DTTOs available nationally.

1.12 This report addresses each of the objectives outlined above. However, delays in the development of a computerised monitoring database in both pilot sites meant that comprehensive information – particularly about offenders assessed for a DTTO but given an alternative sentence – was not available. Furthermore, the initial, relatively slow take-up of orders in Glasgow and the relatively recent introduction of the second pilot site in Fife meant that by the conclusion of the main fieldwork period (in April 2001) very few orders (two in Glasgow) had been completed. This, as we explain in Chapter Two, places some limitations upon the conclusions that can be drawn about the operation and effectiveness of the Scottish DTTO pilots.

ORGANISATION OF THE REPORT

1.13 The remainder of the report is organised into six chapters. Chapter Two discusses the research methods adopted and the sample sizes achieved in different elements of the study. In Chapter Three the procedures involved in the selection of offenders for orders are examined and the characteristics of offenders given DTTOs are described. The services provided to offenders on DTTOs are discussed in Chapter Four while Chapter Five focuses upon drug testing, reviews and enforcement. Chapter Six considers the effectiveness of DTTOs with particular attention to their impact upon drug use and drug-related offending. In Chapter Seven we assess the costs of

DTTOs and alternative disposals and in Chapter Eight we conclude with some observations about the implications of the findings for the further development of DTTO schemes in Scotland.

CHAPTER TWO: METHODOLOGY

INTRODUCTION

2.1 A range of research methods have been used in the evaluation of the Scottish pilot DTTO schemes including the collection of information from files, the analysis of questionnaires and interviews with a range of professionals involved in the pilots and with offenders made subject to orders. This chapter discusses each of the research methods that have been employed.

RESEARCH METHODS

Information from DTTO schemes

2.2 From the outset it was anticipated that the researchers would have access to a range of detailed information on the characteristics of offenders given DTTOs and alternative sentences and on the process and outcomes of orders through a computerised database established and maintained by the social work departments in Glasgow and Fife. Both pilot schemes encountered delays in establishing such a database, largely as a result of the workload (primarily in Glasgow) and the fact that much of the information that would have been recorded in the database was already available from other sources (in Fife). In the absence of this information, the research team sought to obtain information from other sources subject, where appropriate, to the offenders' consent. These sources included aggregate statistical data produced by the schemes and 59 social enquiry reports/DTTO assessments (37 in Glasgow and 22 in Fife). In addition, DTTO staff made available (again with the offenders' consent) test results, details of attendance/non-attendance for testing and details of convictions libelled at the court appearance that resulted in the imposition of a DTTO. These latter data provided a fuller picture of the criminal histories of offenders made subject to orders, though comparable data were not available for offenders who were referred for a DTTO assessment but who were given alternative disposals and this limits what can be concluded about the 'targeting' of the scheme. The information gathered from various sources was obtained in respect of DTTOs made in Glasgow from February 2000 until February 2001 and in Fife from July 2000 until April 2001. However, the absence of a common approach to monitoring across the two pilot sites meant that the aggregate data accessed by the researchers were not always directly comparable.

Observation of court reviews

2.3 The monitoring databases were expected to furnish information about the review process, including the recommendations contained in review reports and the outcomes of reviews. In the absence of these data the researchers decided to attend court reviews to observe and document the process involved. In Glasgow, court observations of a sample of reviews were undertaken between 4/10/00 and 19/04/01. Forty-one per cent of the actual court reviews (43/105), across reviews 1-9 and final reviews, were observed by the researchers. Additionally, one first calling and one breach were observed. Observations of reviews in Fife were undertaken between 28/11/00 until 25/01/01. Of the 19 reviews conducted in court during this period,

seven were observed (37%), across the range of reviews 1-3³. The researchers used a pro forma to record details of who was present and the duration of the review. Brief notes were also taken of interactions occurring during the review (including, for example, the dialogue that took place between the sentencer and the offender).

Completion of questionnaires by social workers and treatment providers

2.4 Treatment providers and DTTO social workers in the two pilot areas were asked to complete questionnaires relating to individual offenders on orders at three points in their orders: shortly after the offender began a DTTO; six months into the order; and on completion. Treatment providers completed 45 initial questionnaires (35 in Glasgow and 10 in Fife) and 18 six-month questionnaires (all in Glasgow). DTTO social workers completed 47 initial questionnaires (23 in Glasgow and 24 in Fife) and 33 six-month questionnaires (17 in Glasgow and 16 in Fife). In addition, three completion questionnaires (relating to two individuals) were submitted. However in view of the small number of cases involved these are not discussed in this report.

2.5 The completion of questionnaires in Fife was an ongoing process. In Glasgow, however, staff workloads delayed the completion of questionnaires by DTTO workers. In the event, questionnaires were completed retrospectively which means that the initial questionnaires were, in many cases, completed several months after the offender started a DTTO. This clearly places some limitations upon the value of these data.

Interviews with social work managers, DTTO staff and treatment providers

2.6 Interviews were carried out with three social work managers in Glasgow and two in Fife who had operational or strategic responsibility for the DTTO pilots, with eight DTTO workers (three social workers and five addiction workers) and with six treatment providers from the two pilot sites.

2.7 The interviews explored their views about the assessment process, drug testing, reviews, the quality of treatment services provided and their perceptions of the effectiveness of DTTOs in effecting reductions in drug use and drug-related offending. Where appropriate, comment was also sought on how DTTOs differed from other community-based social work disposals and, in particular, probation orders with a drug treatment requirement. The interviews were tape recorded and fully transcribed.

Interviews with sentencers

2.8 Interviews were carried out with a group of sentencers in Glasgow and Fife who had some knowledge and experience of DTTOs. This included five sheriffs from Glasgow and four from Fife, three stipendiary magistrates in Glasgow and one high court judge who had imposed a DTTO in Glasgow High Court. The interviews explored their views about the assessment process, drug testing, reviews, the quality of treatment services provided and their perceptions of the effectiveness of DTTOs in

³ Since the Fife scheme began in summer 2000, offenders had had three reviews at most when the observations were carried out.

effecting reductions in drug use and drug-related offending. Where appropriate, comment was also sought on how DTTOs differed from other community-based social work disposals and, in particular, probation orders with a drug treatment requirement. The interviews, which lasted between 30-45 minutes, were tape recorded and fully transcribed.

2.9 The sentencers who were interviewed had made varying use of DTTOs. Two sheriffs in Glasgow and one in Fife had made only one order and one sheriff in Fife had made two. By contrast, three sheriffs in Glasgow estimated that they had imposed between five and ten DTTOs while one sheriff in Fife had made between six and eight and another estimated having made use of the order on at least 15 occasions. Two of the stipendiary magistrates had made one order each while the third had sentenced 'at least 18' offenders to a DTTO.

Interviews with offenders given DTTOs

2.10 A total of 38 interviews were conducted with offenders on DTTOs shortly after their orders were made and six months following the imposition of an order. One offender from Glasgow who was first interviewed after six months on a DTTO was, in addition, interviewed at the end of his 12-month order. However, since it would be inappropriate to make any inferences from the views expressed by a single respondent, the interview data from the completion interview are not reported here. As Table 2.1 shows, the majority of interviews took place shortly after sentence (in practice this was up to 3 months after the DTTO was made, since arrangements could only be made to interview offenders when their drug use was relatively stable and other immediate problems or crises had been addressed). Five offenders were re-interviewed at the six-month point in their order and five others, who had not previously been interviewed, were interviewed at this stage.

2.11 Difficulties were encountered in securing interviews since offenders frequently did not attend appointments that were arranged. The practice that was adopted was that following two or three failed appointments, no further attempts were made to interview the offender. In Fife the number of interviews that could be secured was also affected by the fact that some offenders did not give their consent to being approached for interview. The interview sample therefore comprises all those who could be interviewed within these constraints.

2.12 The majority of interviewees (35) were male. Three women (two in Glasgow and one in Fife) took part in initial interviews only. In Glasgow, the interviews were carried out in social work offices. In Fife interviews were carried out in the DTTO office, Social Work Area offices or the Health Centres used by the drug workers. All respondents agreed to the interview being tape-recorded and fully transcribed.

Table 2.1: Interviews conducted with offenders shortly after the order was made and at six months

	Glasgow	Fife	Total
Initial interview only	17	6	23
Initial interview (also interview at six months)	5	-	5
<i>Total initial interview</i>	22	6	28
six month interview only	3	2	5
six month interview (also initial interview)	5	-	5
<i>Total six month interview</i>	8	2	10
Total	30	8	38

Completion of the ASI-X

2.13 It had been the intention at the outset of the evaluation to administer the ASI-X to offenders at interview. The fifth edition of the Addiction Severity Index (Fureman et. al., 1990) is a semi-structured interview which offers a multidimensional profile of the client by covering problem areas or dimensions (medical, employment and support, alcohol, drugs, legal, family/social, and psychiatric) most often associated with substance abuse. The same instrument can also be used for outcome evaluation and enables the documentation of self-reported drug use within the previous month (c.f. Ramsay, 1997).

2.14 The ASI-X was, in practice, completed in Glasgow with 21 offenders at their initial interviews and with nine offenders at their six-month interviews (only six of whom also had an initial interview carried out). However it became apparent that the administration of the ASI-X resulted in a very lengthy interview in which it was difficult to sustain offenders' concentration and interest. Moreover some of the items contained in the instrument were perceived by offenders and by the researchers as inappropriately sensitive and intrusive in this context. Since most of the information to be gathered with the ASI-X could be gleaned from other sources (such as social enquiry reports, DTTO assessment reports and the semi-structured interviews with offenders) a decision was made by the research team to discontinue its use in Fife and to use only the sections on employment and addiction in Glasgow. However, relevant data that were collected using the ASI-X at the 21 initial interviews in Glasgow are presented in Chapter Three by way of providing some additional information on the characteristics of offenders given DTTOs in that pilot scheme.

Interviews with offenders given other sentences

2.15 Interviews were also planned with offenders who were assessed as suitable for a DTTO but who were given probation orders with a drug treatment requirement in order that features of the two types of disposal might be compared. In practice, however, only one offender assessed as suitable for a DTTO had been given a conditional probation order by the end of the main fieldwork period (as we shall see in Chapter Three, conversion rates from DTTO recommendations to orders were, in fact, uniformly high in both sites). It was therefore evident that an alternative strategy for identifying and recruiting a comparison sample would be required.

2.16 An alternative comparison group was provided by the establishment of the 'Fast Track' scheme in Forth Valley, which accepts offenders from the Stirling,

Falkirk and Clackmannan areas. The Fast Track scheme aims to provide rapid access to drug treatment services for offenders who are given probation orders with drug treatment requirements. Staff from the Fast Track scheme provided the research team with access to offenders who had been accepted onto the programme (and who had consented to being involved in the research). Interviews were conducted with ten probationers (all male) who were approximately six months into their orders. The interviews, which covered similar areas to those conducted with offenders on DTTOs, lasted between 25 and 45 minutes and were tape-recorded and fully transcribed. The data from these interviews are discussed in Chapter Six.

Obtaining the views of family members

2.17 The research team had intended carrying out interviews with family members of offenders given DTTOs, with these interviews carried out at the end of orders. The purpose of these interviews would have been to explore the impact of DTTOs on other family members and to obtain an additional perspective on the effectiveness of orders in reducing drug use and offending and addressing other problems.

2.18 Two factors impacted on this aspect of the study. First, the number of completed orders (including revocations and breaches) was very low. Second, many offenders on DTTOs had little or no contact with their families and the latter were therefore unable to offer an informed perspective on this new type of order. Instead, the effect of DTTOs on offenders' families was addressed indirectly, through interviews with offenders and with various professionals involved in the operation of the pilot schemes.

Costing of DTTOs and their alternatives

2.19 A costing was undertaken of DTTOs and alternative sentences. This aspect of the study drew upon the approach to the costing of DTTOs employed in the evaluation of the English pilots and upon the approach to the costing of other community-based social work disposals in Scotland (e.g. Barry and McIvor, 2000; Levy and McIvor, 2001). It also drew upon published costs of sentences (Scottish Executive, 2001b) to derive an indicative cost for a 'typical' alternative disposal. The average cost of a DTTO would normally take account of the indirect costs associated with the processing of, and alternative sentences received by, offenders who failed to complete their orders. However, this was not feasible in view of the low breach rate by the end of the fieldwork period.

CHAPTER THREE: SELECTING OFFENDERS FOR DTTOs

INTRODUCTION

3.1 This chapter examines the processes involved in assessing offenders for DTTOs and the criteria adopted by different professionals to decide which offenders are suitable for orders. Views about how a DTTO compares with a probation order with a drug treatment requirement are presented and the characteristics of offenders given DTTOs and other disposals are examined. This chapter also discusses offenders' reasons for agreeing to a DTTO and concludes by considering factors that have a bearing upon the use made of DTTOs by the courts.

SENTENCERS' KNOWLEDGE OF DTTOs

3.2 In both pilot areas the social work department had adopted a number of methods to ensure that sentencers were familiar with DTTOs and with the operation of the schemes and to keep them updated with respect to relevant developments. These methods included information packs, reports, briefing meetings and the involvement of sheriffs in the local DTTO steering groups. However managers recognised that keeping sentencers informed and updated was an ongoing process during the pilot period.

3.3 Sentencers in both Glasgow and Fife confirmed that they had received a range of information about DTTOs from the respective social work departments. Ongoing information and updates were provided through meetings between sentencers and social work managers, through presentations to sheriffs and through the participation of a sheriff in the local DTTO Steering Group. Information leaflets had also been provided for offenders and for the courts. Sheriffs in Fife also had the benefit of hearing about the operation of DTTOs in the Glasgow pilot and in the pilot schemes in England. Sentencers were content with the information they had received and felt sufficiently well-informed about the operation of their local scheme. One sheriff in Fife would have welcomed consultation about the introduction of DTTOs at an earlier stage (that is, more than one month prior to the introduction of the pilot scheme) but was, nevertheless, satisfied with the information subsequently received. Another sheriff – who sat in Glasgow Sheriff Court – suggested that the level of knowledge of DTTOs was such that if some sheriffs were not making use of them it was for reasons other than not knowing about them.

PERCEIVED PURPOSE OF A DTTO

3.4 Managers regarded the primary aim of the DTTO as the reduction of drug use and related offending through the provision of a high tariff alternative to custody. As one manager explained, the underlying premise of the DTTO is that there exists a group of individuals whose offending is a direct result of their drug use and who are likely to stop offending if their misuse of drugs can be successfully addressed:

“...there is a significant group of offenders who if they did not have a drug problem would be either minor offenders or wouldn't offend at all and therefore by treating that drug problem an impact will be made on offending.”

3.5 DTTO social workers and addiction workers had similar views about the purpose of the DTTO. As one DTTO staff member explained, the purpose was:

“...to achieve...some form of stabilisation...or minimisation of their drug misuse, reduction in offending, stable lifestyle, working towards achieving a stable lifestyle...to move on in their lifestyle, away from drugs.”

3.6 DTTO staff perceived DTTOs as high tariff orders that could provide offenders with the types of treatment that would not be available to them if they received a custodial sentence. As one addiction worker explained:

“The purpose of a DTTO is a diversion from a custodial sentence for people that have been offending because of their drug habit...going to jail's not the answer because there's not the resources in the jail.”

3.7 The DTTO was thought by addiction workers and social workers to be “unique” in the support that it offered drug-using offenders. Some suggested that there should be greater awareness among both sentencers and offenders of the benefits of a DTTO.

3.8 Sentencers were in agreement that in imposing a DTTO they were hoping to bring about a reduction in the individual's drug use and related offending. One sheriff, however, was sanguine about the possibility of a complete cessation of drug use or offending, in view of the relapsing nature of heroin use:

“If they stop altogether then that's ideal, that's the ideal target - complete abstinence from drugs and complete absence of recidivism. But realistically it is not going to happen.”

3.9 One sheriff pointed to the benefits to society (through reduced victimisation) if DTTOs were successful in enabling offenders to address their drug use, while another suggested that DTTOs could help offenders to do more positive things with their lives.

3.10 Sentencers were also generally agreed that probation orders with drug treatment requirements had similar purposes to DTTOs, though one expressed the view that the former also attempted to address wider issues and help offenders to sort out their ‘general lifestyle’. Another sheriff proposed that DTTOs had an advantage over probation orders because testing enabled a more accurate assessment to be made of how well offenders were progressing with respect to their use of drugs.

ASSESSING OFFENDERS FOR DTTOS

3.11 DTTO assessments were generally initiated through sentencers identifying potentially suitable cases and responding to recommendations for DTTO assessments contained in social enquiry reports (SER). Sheriffs in Glasgow observed that defence agents had rarely, if ever, requested that the court obtain a DTTO assessment. When the DTTO teams received a DTTO assessment request it would either be carried out by the team leader or allocated to one of the social workers. Social workers in both pilot sites preferred to assess in the community and by the end of the main fieldwork period all assessments in Fife had been carried out whilst the offender was on bail. In Glasgow, by the end of the main fieldwork period, 76 per cent of assessments had been carried out in the community while 24 per cent were undertaken in prison while the offender was remanded in custody. The proportion of offenders remanded for a DTTO assessment had, however, decreased over time, suggesting that the scheme had been successful in convincing sentencers of the benefits of community-based assessments.

3.12 One sentencer explained the reason for the court's reluctance to grant bail for the purposes of assessing some offenders for DTTOs:

“They [Glasgow social workers] consider that too many of the people they have to assess were having to be assessed in custody. They wanted them assessed at liberty. That's a very difficult thing for us because we place the public at risk if we send somebody out without knowing - and we don't know then if he is suitable [for a DTTO].”

3.13 Assessments for offenders on bail included appointments for the offender with the social worker, addiction worker and drugs worker, in Fife, or treatment provider in Glasgow. Only when all the professionals involved were satisfied that the offender was suitable would they be positively recommended for an order. In Glasgow, where a proportion of assessments had been conducted in respect of offenders who were remanded in custody, the offenders were interviewed by the DTTO social worker in the prison. When offenders were assessed in custody they could not be assessed for a treatment other than abstinence and, since Phoenix House provided non-resident abstinence-based treatment, they were automatically named as the main treatment provider (see Chapter Four). Ten offenders who were assessed in custody agreed to the researchers having access to their DTTO records. These revealed that one was given a detox script on release but started a methadone prescription at the fifth review, seven were reassessed by the Glasgow Drug Problem Service (GDPS) by the first review, one was reassessed by the second review and the other by the fourth review. All subsequently proceeded with a methadone prescription.

3.14 In the Scottish pilots, but not in the English pilots, urinalysis was an integral component of the assessment of suitability for a DTTO. Drugs workers in Fife and treatment providers in Glasgow undertook the drug testing at the assessment stage. Drug testing was believed by managers to be a useful component of the assessment process because it helped to “validate or contradict statements that are given to us in the assessment process”, though it was unable to provide an insight into the *pattern* of drug use. One manager suggested that testing at the assessment stage offered two additional benefits. Firstly it served to bring home to the offender how seriously their

offence was being taken by the courts. Secondly it gave a clear signal to the offender of the degree of intrusiveness that would be associated with the DTTO if an order was imposed. As we shall see, the revocation rate in the Scottish pilots was low, in comparison with the high revocation rates for DTTOs in the English pilot schemes (Turnbull et al., 2000). This may indicate that drug testing at the assessment stage improved the overall quality of the assessments and better enabled the schemes to screen out offenders who were unlikely to comply.

3.15 Urine testing for drug use at the assessment stage was seen by the addiction workers and social workers as crucial in establishing the legitimacy of offenders' claims to being drug users and in verifying which drugs they used. As one social worker explained, the purpose of testing was:

“...to prove the person's claims that they have...either a dependency or they have drug misuse difficulties...the drug testing at the assessment stage proves that there is either a substance in their...body or whatever.. that whatever a person says they are taking, that's exactly what it is.”

3.16 Test results would be combined with information from other sources to obtain a more accurate and rounded picture of the offender's drug use. As one addiction worker observed, “you're looking for patterns...other evidence from other sources, whether it be family, social work, GPs”. However social workers and addiction workers expressed some concern about the limits of the urine test results: that is, the fact that the urine testing was sensitive to the type of drug used but could not determine the quantity of drug use.

3.17 Drug testing at the assessment stage was perceived by sheriffs as a useful mechanism for establishing that the offender was using drugs (and was, therefore, potentially suitable for a DTTO) or, conversely, confirming or refuting the offender's claim to be drug-free. The introduction of drug testing at the assessment stage was also thought by some sentencers to be a useful mechanism for establishing a routine that would continue in the event of a DTTO being made.

3.18 Addiction workers reported that they sought at the assessment stage to determine the nature of the link between drugs and crime on an individual basis, to make a professional distinction between drug users who offended and offenders who used drugs. This they did in order to establish whether offending was likely to continue despite drug treatment. For most addiction workers, the DTTO was perceived as a last chance or “the last resort” for habitual chaotic drug users. Social workers reported that offenders' lifestyles and their motivation to change their lifestyles were the main factors in their assessment of suitability for a DTTO.

“You really need to be absolutely sure the client is fully prepared to take on the responsibility...to comply with the DTTO requirements because if we don't do that, then there is a greater chance of them failing and I wouldn't feel comfortable accepting somebody to fail knowing that at the assessment stage, that they might not survive.”

3.19 The addiction workers reported that DTTO social workers made a significant input at the assessment stage but that timescales at the assessment stage were very

tight if the most appropriate and reliable information available was to be collected. As one addiction worker commented, “there’s nowhere near enough time”. Key information in the assessment stage, from the addiction workers’ perspective, was previous treatment episodes, the client’s demonstration of commitment (or motivation) and their experience of previous community disposals. Addiction workers felt the DTTO was a highly intrusive and intensive programme. They considered it valuable for offenders to have support from family members. Equally, however, they recognised that family and friends could exert a less positive influence that could add extra pressure to the intensity of living on a DTTO.

3.20 Motivation was a key factor in the assessment of offenders’ suitability for a particular treatment for all treatment providers and some also stressed maturity as being important in this regard. A motivational interview would be conducted face-to-face with the offender and would constitute an assessment of suitability for that particular treatment rather than an overall assessment of suitability for a DTTO. However, one treatment provider expressed some reservations about relying too much on the assessment of motivation as an indicator of suitability for treatment:

“That’s quite a hot potato for me I have to say, ‘cause I don’t always think that motivation’s a good factor to assess people on, on the basis that motivation fluctuates.”

Another treatment provider commented that motivation might be difficult to assess because the offender might be motivated to avoid a custodial sentence rather than to address their drug addiction and related problems. A similar sentiment was expressed by staff involved in the pilot DTTO schemes in England and Wales (Turnbull et al., 2000).

3.21 The amount of time available to do an assessment was an issue for treatment providers just as it was for addiction workers and DTTO social workers, with one treatment provider expressing concern that “we only see people two or three times and that’s not really long enough to get a real handle on a treatment plan”. However treatment providers accepted that the tight timescales were intrinsic to the assessment for court orders:

“Criminal justice don’t really have a lot of control over this...if they get a continuance for a week... I think it’s just the way that the system works... time spans that they’re allowed to work with are part of the job, just got to get on with it.”

3.22 Social work managers suggested that when the assessment procedure was allowed to operate as intended, then it worked very well. The two-week continuation was said to be appropriate for conducting the type of assessment required and to test the offender’s commitment to an order, though the timescale was acknowledged to be tight, particularly in Glasgow where offenders were usually assessed separately and in different locations by the DTTO worker, a social worker and a treatment provider.

3.23 Sentencers were unanimously positive about the quality of DTTO assessments, which they regarded as detailed and of a high standard. As we shall see, sentencer satisfaction with the quality of assessments appears to have been

reflected in a high conversion rate of recommendations to disposals in both pilot sites and in a willingness to impose DTTOs in respect of high tariff offenders. A few sheriffs indicated that assessments they had initiated often did not result in a DTTO being recommended and pointed to this as constituting evidence of the thoroughness of the assessment process. The practice of proposing alternative disposals in the assessment report when a DTTO was not considered appropriate was highlighted by one sheriff as being particularly helpful:

“...one of the other satisfactory features is that on occasions where a DTTO is not considered to be the appropriate way of dealing with the offender as far the report is concerned, an alternative programme has been suggested for incorporation in a probation order. I am very much in favour of that approach.”

3.24 The issue of DTTO assessments for offenders who had been remanded in custody was raised by sentencers in both Glasgow and Fife. One sheriff in Fife expressed concern that the use of DTTOs was limited by the fact that social workers were reluctant to assess offenders in custody, though in practice when bail was requested for a DTTO assessment it was granted by the court. Some sentencers in Glasgow observed that offenders referred for a DTTO assessment in the community often did not attend the assessment interview and could not, therefore, be considered suitable for an order.

3.25 Sentencers compared DTTO assessments favourably with assessments for other types of social work disposals. Although the latter were considered, on the whole, to be good, DTTO assessments were described by some sentencers as both fuller and more concentrated on the relevant issues. As one sheriff indicated, sentencers, when considering a DTTO assessment report, also had the benefit of having available the original SER.

3.26 Almost without exception sentencers indicated that they would look to the person responsible for undertaking the DTTO assessment to provide advice regarding the appropriate length of the order. That said, there was, on balance, a preference for short-medium length orders (12-18 months) on the basis either that longer orders were more likely to be breached or that any positive changes in offenders' drug use and offending could be effected in this time period.

OFFENDERS FOR WHOM A DTTO IS APPROPRIATE/INAPPROPRIATE

3.27 In general, sentencers found it difficult to identify categories of offender for whom a DTTO was particularly appropriate or inappropriate. Instead, they indicated that they would tend to consider each case on its individual merits. The nature or gravity of the *offence* was more likely to be a determining factor, since certain types of offences – such as those involving physical violence and/or the use of weapons – would, sentencers suggested, almost inevitably result in the imposition of a custodial sentence. At the other end of the sentencing scale, DTTOs were not considered appropriate for first offenders. Sentencers were united in the view that the DTTO was a high tariff disposal, to be used, in the main, when other options had been exhausted. As such, it represented a “last chance” or the “last stop...before custody”. Some

sheriffs also thought that DTTOs might be used with offenders who had already been imprisoned on one or more occasions for drug-related offending in an attempt to break the “vicious circle” of offending.

3.28 Social work managers identified a range of offenders for whom a DTTO might be appropriate. This included individuals convicted of a serious offence linked to drug misuse (such as assault and robbery) even if they did not have an extensive criminal history and those with a history of less serious but persistent offending. Other factors that might make offenders suitable for a DTTO included evidence that they were contemplating change with respect to their drug use or had accessed drug treatment services in the past. This draws heavily on the Prochaska and DiClemente (1986) behavioural modification stages of change model. Managers suggested that DTTOs could be particularly appropriate for female offenders involved in the misuse of drugs, though in practice, as we shall see, relatively few women had been made subject to an order since the introduction of the pilot schemes.

3.29 Conversely, managers considered DTTOs to be inappropriate for low tariff offenders for whom such a relatively costly and intrusive intervention was not deemed necessary or for people whose offending was not related to the misuse of drugs. Managers also suggested that offenders with a lack of stability in their lifestyles (such as homelessness) would have difficulty completing a DTTO as would those who were living in circumstances where drug misuse was rife. Two managers believed that younger offenders (for example, those aged 16 or 17) might find it more difficult to comply with a DTTO, especially if they were immature and had a lengthy history of involvement in the care system. None of the managers indicated that sex offenders would automatically be considered unsuitable for a DTTO. However, in cases of sexual offending it was unlikely that drug misuse would be the main issue related to the offending. In circumstances such as these or where other needs had been identified, it was likely that an alternative disposal (such as probation) would be considered more appropriate.

3.30 Similar criteria were drawn upon by DTTO workers and addiction staff, with factors such as age, drug using history and ‘lifestyle’ cited as key factors in determining which offenders were suitable for a DTTO. Those whom staff considered particularly suited to a DTTO were offenders at least in their mid twenties, with a well-established pattern of chaotic drug use and a willingness to change their current lifestyle:

“People who have been using drugs and offending for a long period of time, many, many years... I would say that, people that are still quite young, you know, early twenties up to maybe twenty-two, twenty-three, are still quite enjoying it ... the using and the offending bit. Some people, they are at that age, they’ve not got to the bit where they’re totally scunnered by it. Whereas when you, if you go above that, maybe somebody that’s twenty-five, twenty-six, the chance is they have been using for ten years already, so you know, they’ve had enough physically and mentally.”

“It has to be somebody who has reached the stage in their life and it doesnae really matter why they got there, but they’ve got there. ‘I want

something else and I don't want to be doing this in two to three years time, I want to do something about it now'."

3.31 Young offenders, who were perceived as using drugs experimentally and to be in a 'honeymoon period' of drug use, were considered by social workers and addiction workers to be inappropriate for a DTTO:

"Certainly the people.. that wouldn't be appropriate would be 16-18 year olds...who don't seem focused enough and they enjoy taking drugs too much...It's highly unlikely they would ever be motivated to leave it."

3.32 Discussion of DTTO clients was largely gender blind as the social workers and addiction workers who were interviewed tended to talk about male clients. Gender of client and related suitability for a DTTO was only explicitly mentioned in terms of the higher 'risk' of custodial sentences for women in the two pilot areas, the nature of women's offending and their low representation in assessments for a DTTO. As one addiction worker commented:

"I have to relax my rules a wee bit for females because we don't have enough...I would take 95% female if it prevented the majority of them going to prison for...non-payment of fines and stuff like that...it's absolutely ludicrous...I'm a bit disappointed that we've...no' been pickin' them up."

3.33 Addiction workers perceived women offenders, particularly those charged with prostitution, as needing specialised services that address health needs in addition to groupwork aimed at addressing drug use and offending behaviour. Schedule 1 offenders (that is, offenders convicted of offences against children) and sex offenders were also perceived as requiring specialised services that were not currently offered by the DTTO pilots. For this reason some staff questioned whether it was appropriate that they be considered for a DTTO, even though their offending might have been connected with the misuse of drugs. Treatment providers voiced concern about working with sexual or violent offenders because of the risk that they might pose to staff and to other service users. Treatment providers were particularly concerned about involving offenders with these characteristics in groupwork on account of the way in which other service users might react to their inclusion.

3.34 Others who were also considered by social workers and addiction workers to be inappropriate for a DTTO included those who were likely to continue offending, regardless of whether or not they were using drugs:

"People that are offending who would continue to offend, whether they're taking drugs or not. It could be people that are breaking into cars, car thefts...a lot of young guys really quite enjoy that, and do that whether they have a drug problem or not."

"I think obviously it doesn't take into account those people who commit crime because it's a way of life and something they do, whether they wish to take drugs or not, and that's something would have to be measured separately. I'm not sure how that will be done."

3.35 Similarly, staff expressed reservations about the use of DTTOs with offenders who also had mental health problems or problems related to alcohol misuse:

“People who have alcohol problems that, you know, that might cause problems so that...we would be reluctant to kind of consider them for a DTTO...People who’s got alcohol problems...in addition to their drug misuse...it will cause a great difficulty for them to manage their treatment programmes and also from a safety point of view.”

3.36 Addiction workers and social workers also indicated that it was difficult to accommodate homeless offenders on DTTOs because their life on the streets would make it difficult for them to keep appointments and comply with an order, though a treatment provider observed that this would mean excluding many people because of the nature of drug addiction problems.

3.37 Treatment providers concurred with DTTO staff in suggesting that orders were most appropriate for older offenders who were motivated to stop using drugs and offenders who were committing minor, acquisitive, non-violent crimes to fund their habit. On the other hand, DTTOs were considered not to be appropriate for very chaotic drug users with very poor family support, even though, ironically, they potentially could have most to gain from being on an order.

DIFFERENCES BETWEEN A DTTO AND A PROBATION ORDER WITH A DRUG TREATMENT REQUIREMENT

3.38 Social work managers perceived the primary purpose of a DTTO as being to reduce or eliminate offending and, in so doing, to enhance public safety and promote social inclusion. In this respect DTTOs were seen by them not to differ significantly from a probation order with a drug treatment requirement, though some managers stressed that the DTTO would be regarded as a more intrusive option to be used only when all other options had been exhausted:

“I think it should be equivalent to community service or a direct alternative to custody. If they don’t have a substantial drug problem, then they should be doing community service. If they have, then they do a DTTO. I think it is a very expensive resource to target people who perhaps could be given other resources.”

3.39 Social work managers identified a number of differences between DTTOs and probation orders with drug treatment requirements. First, with DTTOs the emphasis was upon reducing offending directly via the provision of treatment services to deal with drug misuse, while probation orders contained a direct focus upon addressing offending behaviour through exploring and challenging the attitudes and beliefs that support it. Second, the supervision on DTTOs was perceived as involving more invasive demands than the supervision normally associated with a probation order. Third, offenders on DTTOs in Glasgow had more rapid access to treatment services because higher levels of funding were available to purchase them, while offenders on DTTOs in Fife were able to access services that would not otherwise be available to

offenders subject to court orders. Fourth, a DTTO involved the ongoing involvement of the court in monitoring progress of the order. Finally, one manager suggested that the possibility of a more timely response to instances of non-compliance with a DTTO could in some instances forestall the need for revocation and the imposition of an alternative penalty. Managers considered a probation order with a drug treatment requirement to be more appropriate for offenders who were identified as having a range of other needs and evidence of instability in their lives.

3.40 In two of the DTTO pilot schemes in England and Wales orders were imposed alongside probation orders. However, in Scotland, where the use of probation orders with additional requirements is well-established, managers expressed a preference for DTTOs to be made as a stand-alone option. Although in some cases it might be appropriate for a DTTO to be recommended alongside a probation order (for example where the offender fully met the criteria for a DTTO but other problems or issues were identified that might benefit from probation), managers pointed to a number of problems that could arise when a DTTO was not a stand alone option. For example, the complex combination of reporting requirements and reviews could make it more difficult for offenders to understand what was required of them and more likely that they would fail to comply with one or more requirements as a result. The frequency of contact could, in addition, result in offenders becoming demotivated and failing, as a consequence, to complete their orders. The demanding reporting demands placed upon offenders who were subject to both a probation order and a DTTO might have contributed to the high breach rates observed in the DTTO pilots in England and Wales.

3.41 The pilot DTTO schemes in both Glasgow and Fife were also reluctant to encourage the imposition of DTTOs alongside probation orders on the basis that the two orders were attempting to do different things and offenders were, therefore, unlikely to be suitable for or to require both. Sentencers were divided as to whether and under what circumstances they might impose a concurrent probation order. Two sheriffs in Glasgow expressed a preference for having a concurrent probation order because it provided the court with more options in the event of further offending and non-compliance. Another two sheriffs (one in Glasgow and one in Fife) indicated that they would use the DTTO as a stand-alone option unless there were recognisable issues (such as family relationship problems) that a DTTO – with its more restricted focus - could not adequately address. Four other sentencers (two in Glasgow and two in Fife) indicated a preference for stand-alone orders, suggesting that concurrent orders could result in a duplication of services, a lack of co-ordination in the supervision of the two orders and the placing of unrealistically intensive and rigorous demands upon the offender.

3.42 Sentencers were able to identify several features of the DTTO that distinguished it from a probation order with a drug treatment requirement. Reference was most commonly made to the drug testing element of the DTTO and the role of the court in reviewing the progress of offenders on orders. Sentencers also perceived the DTTO to be more directly focused upon the issues of drug use and related offending, to be more intensive in terms of the demands it placed upon offenders (vis a vis attendance for treatment and testing) and to be more rigorously enforced. One sheriff also suggested that offenders were more likely to comply with a DTTO and to refrain from offending while subject to an order. Sentencers in Glasgow identified the DTTO

workers as having a more limited role – involving monitoring the order and reporting back to the court – than social workers responsible for the supervision of probation orders. Probation supervision was regarded as involving a more holistic approach to offenders and their problems and to be more concerned than a DTTO in providing offenders with additional support.

REFERRALS, ASSESSMENTS AND ORDERS

3.43 Information about offenders referred for a DTTO assessment and made subject to orders was derived by the researchers from four sources: summary data provided by the DTTO schemes; previous convictions labelled when a DTTO was imposed; social enquiry reports (SERs) and DTTO assessments relating to offenders given orders; and the ASI-X, which was administered to 21 offenders in Glasgow.

3.44 Between July 2000 and mid-April 2001, 182 referrals for a DTTO assessment by the Fife DTTO team were made by the local courts. By mid-April 2001, 114 assessments had been completed, 29 were ongoing and 39 referrals had resulted in no further action by the DTTO team⁴. Since the commencement of the pilot project in Fife, there has been a consistently high conversion rate (94%) from suitable assessments to orders made, with 49 orders being imposed from 52 positive assessments. The number of DTTOs made in Fife in a nine-month period slightly exceeded the mean number of orders (47) imposed in 12 months in the English pilots (Turnbull et al., 2000). One of the offenders assessed as suitable but not placed on a DTTO died before returning to court and two received custodial sentences (one of whom was subsequently re-assessed for a DTTO and had an order imposed). The highest number of referrals and orders emanated from Kirkcaldy Sheriff Court (Table 3.1).

Table 3.1: Sentencing court

	Referrals	Orders Imposed
Stipendiary Magistrate	32 (21%)	10 (21%)
Sheriff Summary	97 (62%)	26 (55%)
Sheriff Solemn	17 (11%)	6 (13%)
High court	9 (6%)	5 (11%)
Glasgow Total	155	47
Kirkcaldy Sheriff	69 (60%)	32 (65%)
Dunfermline Sheriff	36 (32%)	13 (27%)
Cupar Sheriff	9 (8%)	4 (8%)
Fife Total	114	49

3.45 The Glasgow scheme also had a very high conversion rate, with 92 per cent of recommendations for a DTTO resulting in the imposition of an order. By the end of February 2001, 155 referrals had been received, with 112 (72%) emanating from the court, 42 (27%) from social work teams and one (1%) from another source. In fifty-one cases the offender was assessed as suitable for a DTTO at the first or second

⁴ Whilst this is the terminology employed by the Fife scheme to describe the status of ‘referrals’ these cases could be more accurately described as enquiries that did not proceed to the stage of a formal referral.

continuation and in 47 cases a DTTO was imposed. This is identical to the mean number of DTTOs made in 12 months across the English pilot DTTO schemes (Turnbull et al., 2000). Twenty-eight orders (60%) were made in respect of offenders referred by the courts, 18 in respect of those referred by social workers (38%) and one in respect of the offender who had been referred by another source.

3.46 The conversion rate of referrals to orders was higher for social work referrals than for court-initiated referrals with 43 per cent of the former but only 25 per cent of the latter resulting in the making of a DTTO. This might suggest that social workers were, on the whole, more familiar than sentencers with the DTTO criteria and therefore made more appropriate referrals. However, we suggest that it is more likely to reflect the fact that social work referrals would follow an initial assessment for an SER, which would have given the social worker an opportunity to gather a range of information about the offender.

3.47 The majority of referrals and orders in Glasgow related to offenders sentenced under summary proceedings in the sheriff court. A quarter of orders were, however, made by the high court or by the sheriff court under solemn proceedings, suggesting that the courts were willing to use DTTOs as a high tariff option. However the absence of a comparable breakdown of referrals and orders in Fife by the type of sheriff court proceeding (summary or solemn) makes it difficult to draw broader conclusions from these data about the tariff location of DTTOs in the two pilot sites.

3.48 The outcomes of cases in which a DTTO was not imposed are summarised in Table 3.2. Offenders in Fife were more likely than were those in Glasgow to receive a custodial sentence if not given a DTTO. Offenders in Glasgow, on the other hand, were more likely than those in Fife to receive a probation order with or without additional requirements, possibly reflecting the existence of alternative treatment services in Glasgow and their absence in Fife. In Glasgow, the use of probation orders with drug treatment requirements was already well-established and DTTOs were extending the range of available options. In Fife, on the other hand, the lack of treatment services for drug-misusing offenders meant that DTTOs were the primary vehicle for enabling offenders to access treatment services relating to their drug use. This difference between the two pilot sites in the availability of exiting treatment services is also likely to explain why take-up of DTTOs was particularly brisk in Fife.

Table 3.2: Outcome of cases in which no DTTO was imposed⁵

	Glasgow	Fife
Custody	17 (29%)	19 (51%)
Probation – plus conditions	15 (26%)	7 (19%)
Probation – other	10 (17%)	4 (11%)
Deferred sentence	12 (21%)	5 (14%)
Monetary penalty	2 (3%)	1 (3%)
Admonition	2 (3%)	1 (3%)
Total	58	37

⁵ Here we have excluded pending cases and cases in which a warrant was issued but the final disposal was unknown.

3.49 The lengths of DTTOs imposed by the courts in the two study sites are summarised in Table 3.3. The majority of orders in both study sites were for 12-18 months. A higher proportion of orders in Fife was for 24 months. The reason for this is not immediately apparent, but it may reflect differences between the study sites in sentencers' views about the most appropriate length of a DTTO. In Glasgow, women tended to be made subject to longer DTTOs than men: two women were given a 12 month order, four were given an 18 month order and three were given a 24 month order⁶. This compares with 19 men given a 12 month order, 16 given an 18 month order and two given a 24 month order. The longer orders imposed in respect of women in Glasgow appear to have been related to the fact that women were more likely to have received their DTTO in the High Court or in the sheriff Court under solemn proceedings (5/9). Three of the women had been sentenced in the High Court and two under solemn proceedings in the sheriff court. This compares with two men sentenced in the High Court and six under solemn proceedings (8/37).

3.50 In Fife, details of the length of DTTOs were only available in 33 individual cases to allow a breakdown by gender⁷. The three women for whom this information was available were given a 12-month order. Fifteen of the men received a 12-month DTTO, five received an 18-month DTTO and ten received a 24-month order.

Table 3.3: Length of DTTO

	Glasgow	Fife
6 months	0	1 (2%)
12 months	21 (45%)	22 (45%)
18 months	20 (44%)	12 (24%)
24 months	5 (11%)	14 (29%)
Total number of orders	46 ⁸	49

3.51 Five offenders in Glasgow were also made subject to probation orders and two offenders in Fife had been given two DTTOs. In Glasgow, women appeared more likely than men to be given a probation order alongside a DTTO (3/9⁹ women compared with 2/37 men).

3.52 The proportion of women referred for DTTO assessments in England and Wales differed across the pilot sites (Turnbull et al., 2000). Forty-four (16%) of the 269 offenders assessed for a DTTO in the Scottish pilots were women. Women constituted 14 per cent of offenders referred for an assessment in Glasgow (22/155) and 19 per cent of those assessed in Fife (22/114). Overall, sixteen (17%) of the 96 offenders made subject to DTTOs were women, with women comprising 21 per cent of offenders on DTTOs in Glasgow (10/47) and 12 per cent of those on orders in Fife (6/49).

⁶ Data missing in one case.

⁷ The data in Table 3.3 are based on aggregate data provided by the scheme. The researchers were not allowed access to individual Fife data by the remaining offenders in Fife.

⁸ Data missing in one case.

⁹ Data missing in one case.

3.53 The ages of offenders given DTTOs are summarised in Table 3.4¹⁰. The majority of offenders in both study sites were in their twenties or early thirties. However, offenders made subject to DTTOs in Glasgow tended to be older than those in Fife (mean age of 30 years compared with 25 years). The age range of offenders in Fife was 19-34 years and in Glasgow was 19-58 years. Women in Glasgow were slightly younger, on average, than men (31 years compared with 30 years) but men and women in Fife were similar in age (25 years, though this average was based on data for only three women). Overall, the mean age of offenders given DTTOs in Scotland was identical to the mean age of those given DTTOs in the pilot schemes in England and Wales (28 years).

Table 3.4: Ages of offenders given DTTOs

Age	Glasgow	Fife
16-19	2 (4%)	2 (4%)
20-24	7 (15%)	20 (41%)
25-29	19 (41%)	23 (47%)
30-34	8 (17%)	4 (8%)
35-39	9 (19%)	-
40+	2 (4%)	-
Total	47	49

Criminal history

3.54 Details of the criminal histories of offenders given DTTOs are shown in Tables 3.5 and 3.6. These data relate to convictions libelled by the procurator fiscal (and hence available to the sentencing court) rather than the full SCRO record. In both study areas more than two-thirds of offenders given DTTOs had ten or more previous court appearances (with an overall mean of 24 convictions) and a similar proportion in both Glasgow and Fife had previously served at least one custodial sentence. Women on DTTOs had significantly fewer convictions than men (a mean of 10 compared with 26, $p < .05$). Men on DTTOs in Glasgow and Fife had an identical mean number of previous convictions (26).

¹⁰ The data from Fife were pre-categorised which prevents the mean age being calculated. This also accounts for the age categories used in the table.

Table 3.5: Previous convictions of offenders given DTTOs

	Glasgow	Fife
None	-	-
Up to 10	15 (33%)	15 (32%)
11-20	8 (17%)	8 (16%)
21-30	8 (17%)	11 (22%)
31-40	4 (9%)	11 (22%)
41-50	3 (7%)	3 (6%)
51 or more	8 (17%)	1 (2%)
Total	46¹¹	49

Table 3.6: Previous custodial sentences served by offenders given DTTOs

	Glasgow	Fife
None	15 (32%)	16 (33%)
Up to 10	15 (32%)	21 (43%)
11-20	6 (13%)	6 (12%)
21-30	8 (17%)	5 (10%)
31-40	2 (4%)	1 (2%)
41 or more	1 (2%)	-
Total	47	49

3.55 Additional data available for Fife but not for Glasgow revealed that 76 per cent of offenders given DTTOs had previously been subject to probation orders (37/49) and 65 per cent had prior experience of undertaking a community service order (32/49). Analysis of convictions libelled in 50 cases across the two sites revealed that 70 per cent of offenders had previously been on probation orders (13/30 in Glasgow and 18/20 in Fife).

3.56 Detailed information about the types of offences in respect of which offenders were given DTTOs was not available in every case because a computerised monitoring system had not yet been established in either study site by the end of the research fieldwork. However details of the offences for which offenders received their DTTOs were available for 25 offenders in Glasgow up to July 2000. The majority of convictions involved acquisitive property offences such as housebreakings, thefts from cars and shoplifting (19 cases). Two offenders had received a DTTO following a breach of a previous court order, two for drug offences, one for attempting to pervert the course of justice and one for road traffic offences. Analysis of data from SERs revealed that offenders in Glasgow were most commonly sentenced for shoplifting while those in Fife most commonly received their DTTO for housebreaking.

3.57 Information about the types of offences in respect of which women received a DTTO was available in 12 cases (ten in Glasgow and two in Fife). The most common offences among the women were drug offences (six women) and shoplifting (four women). One woman each had been sentenced for assault and robbery, theft by

¹¹ Data missing in one case.

opening a lockfast place, housebreaking, fraud, breach of probation and wilful neglect of a child¹².

3.58 Analysis of data relating to previous convictions of 55 offenders given DTTOs revealed that 62 per cent had a previous conviction for a drug offence, 54 per cent had a previous conviction for housebreaking, 78 per cent had previously been convicted of theft, 54 per cent had one or more previous convictions for theft by opening a lockfast place, and 62 per cent had previous convictions for shoplifting. Sixty-seven per cent of offenders on DTTOs (for whom the relevant information was available) had previously been convicted of one or more breaches of the peace, 49 per cent had a previous conviction for assault and 67 per cent had convictions for bail offences. The nature of previous convictions differed somewhat between Glasgow and Fife. Offenders in Fife were more likely than those in Glasgow to have previous convictions for housebreaking (90% compared with 34%).

Drug use

3.59 Summary data provided by the Glasgow DTTO scheme also provided details of the 'index drugs' used by each offender given a DTTO. Thirty-three offenders (26 male and seven female) were recorded as using heroin, 13 (10 male and three female) as using heroin and benzodiazepines and one (male) as using heroin and cocaine.

3.60 Additional information about drug use among offenders given DTTOs was extracted from social enquiry reports and DTTO assessments. Heroin was the most commonly identified drug, with other drugs mentioned including street methadone, cocaine and diazepam. Pre-sentence expenditure on heroin was reported as being between £10 and £200 per day, while 'stabilised' expenditure on heroin was reported as being between £10 and £20 per day. In some cases SERs reported progress towards reduced drug use, such as the offender having succeeded in becoming drug free.

3.61 Typically, offenders were described as have progressed in their drug use from initial experimentation in the teenage years to the use of heroin (including injecting) in later years. Initiation into drug use was attributed to factors such as bereavement, rebellion against parents and the influence of older peers. The age at which offenders first used heroin was said to range from 14 to 20 years in Glasgow and 16 to 26 years in Fife.

3.62 Drug treatment services that were said in SERs/DTTO assessment reports as having been accessed by offenders previously included methadone, self detox, counselling (via addiction services) and hospital in-patient services. Periods on remand or custodial sentences were sometimes flagged up in reports as being episodes in their lives when the offenders were drug free.

3.63 Data obtained from the ASI-X – which was administered to 21 offenders in Glasgow – provides further information on drug use prior to being made subject to a DTTO. The age at which offenders first used a substance was reported as ranging

¹² These figures exceed the total number of cases since some women had been convicted of more than one type of offence.

from 8 to 20 years, with cannabis the most frequently reported first substance of choice (Table 3.7).

3.64 As Table 3.7 also indicates, most offenders had used heroin in the 30-day period prior to being given a DTTO. Nineteen of these 21 offenders had injected drugs at some point in their lives and 18 were injecting drugs intravenously when given a DTTO. The youngest age of first injecting was 15 years. Nine offenders reported that they had survived an overdose, four of whom indicated that they had overdosed on three or more occasions.

Table 3.7: Age of initiation into drug use and drug use prior to DTTO

	Age first used drug Mean age (min. age, max. age)	Used in the 30 days prior to being given DTTO (n=21)
Heroin	20 (14, 35)	16
Methadone, LAAM	25 (16, 39)	16
Other opiates, analgesics	16 (14, 31)	16
Prescribed medicine, pills	19 (14, 32)	10
Cocaine	22 (15, 35)	5
Amphetamines	17 (14, 32)	1
Cannabis	15 (10, 21)	16
Hallucinogenics	14 (13, 23)	0
Inhalants	9 (8, 16)	0
Daily polydrug use	19 (11, 28)	10

3.65 The services that had previously been used by this group of offenders included outpatient substitution (13 cases), residential detox (8 cases), outpatient detox (5 cases), residential drug free (4 cases), out-patient drug-free (3 cases), other hospital treatment (6 cases), day care (2 cases) and other treatment (3 cases). Self-reported periods of abstinence ranged from never (in 10 cases), a fortnight to three years. Expenditure on drugs ranged from £10 to £2180 in the previous 30 days, with a mean of £310 or approximately £10 per day amongst those who reported having spent money on drugs¹³. Seventeen offenders indicated that when they received their DTTO it was extremely important to them to obtain treatment for their drug problems.

Other characteristics of offenders given DTTOs

3.66 Most offenders were reported in SERs/DTTO assessments as living in tenancies shared with other family members, though some offenders were living in hostel accommodation when assessed for a DTTO and some were described as having a history of housing instability, including periods of sleeping rough. While reference was made in some reports to other family members being supportive, some reports documented family backgrounds characterised by violence, alcohol or drug abuse and bereavement. In around one third of the SERs, family relationships were said to have broken down and in a similar proportion of cases offenders were said to have no contact with their families as a consequence of their drug use.

¹³ It should be noted that the ASI-X was administered after the offenders had been on a DTTO for several weeks: these figures, therefore, represent post-sentence rather than pre-sentence expenditure.

3.67 The SERs indicated that none of the offenders were employed when given a DTTO, with most of their income (which ranged from £40 to £150 per week) deriving from benefits, including sickness or incapacity benefit as a result of long term drug use). The ASI-X data for 21 offenders on DTTOs in Glasgow showed that 18 had left school early. Work histories were characterised by long periods of unemployment, ranging from six months to 24 years and previous occupations were largely based in the manual labour trades and service sector. Seventeen of these 21 offenders indicated that they were not at all troubled by employment problems. Seven were claiming unemployment benefit, 14 were claiming income support, eight received money from pensions and other benefits, five received money from illegal activities and one received money from family and friends. Ten offenders reported that they had debts ranging from under £100 to more than £10,000.

3.68 Finally, physical health was mentioned in 48 of the 55 SERs and reported as good in only 11 cases. Health problems were frequently related to drug use and included Hepatitis B, Hepatitis C, abscesses, deep vein thrombosis and seizures. In 15 cases reference was made to concerns about the offender's mental health, including reference to past physical and emotional abuse, bereavement, memory impairment and blackouts.

SELF-REPORTED OFFENDING AND DRUG USE PRIOR TO RECEIVING A DTTO

3.69 Initial interviews revealed that offenders had been given a DTTO for drug offences (possession and/or supply) or, more commonly, for other offences committed in order to obtain money for drugs (shoplifting, housebreaking, theft from cars, fraud and assault and robbery). All of those given a DTTO had been using heroin (often in combination with other substances) in the recent past. Most were usually or always under the influence of drugs when they offended and all indicated that they offended to obtain money for drugs. Respondents reported that they were spending between £70 and £1400 per week on drugs prior to being sentenced to a DTTO (with an average of £490 per person per week), with all or most of the money needed to finance their drug use coming from offending¹⁴.

3.70 Differences emerged in offenders' self-reported patterns of drug use prior to receiving a DTTO. Eight offenders indicated that their drug use had been getting progressively worse over the previous year. As one explained, "It was spiralling upwards and it was getting out of hand again." Eight others suggested that their drug use had remained relatively stable over the previous 12 months, one of whom had been on methadone for the previous two years. Twelve offenders indicated that their drug use had, for various reasons, improved before they received their DTTO. In some cases this reduction in use had been enforced by the fact that offenders were in prison, either on remand for the charges for which they received their DTTO or under sentence. However several respondents indicated that they had been deliberately attempting to reduce their drug use prior to being made subject to an order.

¹⁴ Three offenders pointed out that they were not, for differing reasons, using drugs before they got their DTTO.

3.71 Offenders' offending in the previous year followed a similar pattern. Those who were using heroin indicated that they were offending, often on a daily basis, to finance their drug use while those who had reduced or ceased their drug use reported that their offending had decreased before they received a DTTO or that they were not offending at all.

AGREEING TO A DTTO

3.72 Most offenders who were interviewed recognised that the primary purpose of a DTTO was to help people get off drugs and to prevent further drug-related offending. Eight also identified a broader objective of helping people who had been using to have a 'better' life ("To help us stop offending and get wur lives back on track"), while three made specific reference to the DTTO being a mechanism through which they might, once their drug use had been stabilised, access education or work.

3.73 A few offenders indicated that they had agreed to a DTTO because they had been keen to avoid a prison sentence. Most, however, said that they had seen the DTTO as an opportunity to get help to come off drugs. Some suggested that they had reached a point where they realised the harm they were doing to themselves through drug use, while others indicated that they had had enough of the lifestyle that was associated with their use of drugs and wanted to turn their lives around:

"I wanted to change my life around. I was sick and fed up with what I was doing. I'm not getting any younger, so it was time for a change."

"I don't like that I get up in the morning and feel like an alien."

3.74 Others said that they had tried coming off drugs unsuccessfully in the past or had tried unsuccessfully to access treatment. For them, therefore, a DTTO was a mechanism for accessing the services and supports they already perceived themselves to need:

"I was looking for help to modify my behaviour because I'd tried to do it without help and couldn't do it and when this came along I thought I'd give it a try."

"I knew that I needed the help. I've never had any help at all in the last 8 years. I had a methadone programme but the doctor just gives you it an 'cheerio' – nae talkin', nothin'."

3.75 Some offenders who preferred the option of a DTTO over prison did so not because they were fearful of a custodial sentence, but because they believed that imprisonment made no impact on drug problems. They pointed out that former users would simply start using again when they were released (and in some cases continued to do so while they were in prison). A DTTO, on the other hand, was seen as presenting a more realistic prospect that offenders might successfully tackle their use of drugs:

“Because I knew I could better my life out of it. It doesn’t bother me going to prison because I know I can handle it. But any time I have come back out it’s just to the same old thing – using, offending, getting into bother.”

3.76 Only three of those who were interviewed within the first three months of their order believed that they would *not* have received a custodial sentence if they had not been given a DTTO. The rest estimated that they would have been imprisoned for periods of between six months and 12 years (most commonly between 18 months and three years). These estimates were based upon the seriousness of the offences for which they were sentenced, their previous convictions, advice from their defence agent or comments made by the sentencer in court.

3.77 Offenders heard about DTTOs from a variety of formal and informal sources. The former included defence agents, sentencers, social workers and DTTO staff. The latter included fellow prisoners in the case of some of those who were remanded in custody before receiving their order. Offenders generally believed that they had received sufficient information about what a DTTO would entail before consenting to undertake an order.

3.78 Reinforcing the finding that most offenders had agreed to undertake a DTTO to obtain help with their drug problem rather than to avoid a custodial sentence, almost all of those interviewed indicated that they would still have agreed to a DTTO even if they had not considered it to be an alternative to imprisonment. As one offender explained:

“It’s time I was off it...I just can’t get through my life living like this all the time, you know what I mean?”

3.79 Only one offender indicated that he would definitely *not* have agreed to a DTTO if imprisonment was not the alternative because he would have preferred an easier sentence to a DTTO. The only other respondent who would not have agreed to a DTTO in these circumstances indicated that this was because he had agreed to a DTTO for the very reason that the order was stringent and he could be imprisoned if he did not comply.

3.80 Offenders believed that they had been deemed suitable for a DTTO for a number of reasons, mostly centring around the fact that they met the relevant criteria (i.e. were committing drug-related offences) and showed some willingness to change. Several offenders suggested that sentencers had agreed to impose a DTTO because they were aware that the offender needed help to get off drugs and/or because they were aware that imprisonment was unlikely to be effective in this respect:

“I think even the judges see that if this does work it is more beneficial [than imprisonment], not just for myself but other people in the community.”

OFFENDERS' VIEWS ON THE LENGTH OF THE DTTO

3.81 Sixteen of the offenders who had initial interviews had received a 12-month order, eight had received an 18-month order and three had been given a DTTO of 24 months. Most offenders considered the length of order they received to have been appropriate in view of their offences. Other offenders were divided as to whether their sentence was disproportionately lenient or unduly harsh. Three offenders believed that the orders they had received were too long in view of the length of custodial sentence they could have received for their offences. Another offender believed that a shorter order would have been more appropriate because he had received his DTTO for an 'old' offence and had been drug-free and offence-free for almost two years. Three others, on the other hand, thought that their orders were too short, either because they felt that a longer order would be necessary if they were to successfully deal with their drug use or because they had expected to receive a lengthy custodial sentence: as one offender commented "I think I've been well let off".

3.82 Offenders were also asked to comment on the length of their orders with respect to the purposes of the DTTO. Consistent with the views expressed by sentencers about the most appropriate duration for a DTTO (see para. 3.27), most offenders believed that the order they had received was about right for them to address their drug use. As one offender observed, a 12-month order was "about enough time to figure out if the person is really serious about making another life". Some of this group speculated that if their order was longer there was a greater possibility that they might fail to complete it. A few offenders believed that the order they had received was perhaps longer than necessary, but some of this group pointed to the possibility of the order being revoked early if they made satisfactory progress. Another small group of offenders thought that their order was too short and that they would require support over a longer period of time, though some of this group indicated that they expected that they would receive such ongoing support if it were required. Overall, therefore, offenders' expressed preference for orders that were shorter rather than longer but nonetheless sufficiently long to enable treatment needs to be addressed.

FACTORS AFFECTING THE USE OF DTTOS BY THE COURTS

3.83 Prior to the introduction of the DTTO pilots, the social work departments in Glasgow and Fife had made estimates, for planning purposes, of the number of DTTOs that would be made by the courts. In practice, the use of DTTOs had initially been lower than expected in Glasgow and higher than expected in Fife, though usage in Glasgow appeared to have increased as sentencers and area team social workers became more familiar with the new orders and how they complemented the existing range of sentencing options.

3.84 Managers in Glasgow were satisfied with the usage now being made of DTTOs and pointed out that the conversion rate of recommendations to actual orders was high. This they attributed to the thoroughness of the assessments and the high thresholds that had been instituted with respect to offenders' motivation and readiness to embark upon a process of change.

3.85 Managers in Fife believed that the take up of orders had been high partly because sentencers had been well prepared for the introduction of the pilot and partly because they perceived DTTOs as providing another option for dealing with offenders who had already exhausted the full range of sentences available to the courts. The absence hitherto of treatment services in the context of probation for drug misusing offenders was also likely to have encouraged sentencers to make use of this new disposal.

3.86 Managers believed that the quality of assessment reports and the fact that DTTOs were dealing with a widely recognised and significant social problem encouraged sentencers to make use of orders. On the other hand, it was recognised that some sentencers were unlikely, for their own varying reasons, to make much if any use of the disposal. Other factors which it was thought might discourage the courts from imposing DTTOs included the high unit costs of orders, the time required to review orders and, in Fife, the low conversion rate of assessment requests to positive DTTO recommendations. Some sentencers were also believed by managers to be wary of imposing DTTOs because of doubts they held about the order's validity in the context of human rights legislation. Managers in Glasgow believed, however, that the use of DTTOs might further increase as sentencers obtained more evidence of successful outcomes, gained greater understanding of what could realistically be achieved in the context of a DTTO and became, as a consequence, more confident in imposing orders.

3.87 Whilst one might have expected a direct relationship to exist between sentencers' usage of DTTOs and their attitude towards this new sentencing option, such a straightforward relationship was not evident. For example, some sentencers who had made several orders indicated that they had yet to be convinced of their effectiveness. On the other hand, others who had made little use of orders attributed this not to an antipathy towards DTTOs but to having not had the occasion to impose many orders. One sheriff in Fife and two sentencers in Glasgow who had made little use of DTTOs had sought a DTTO assessment in several cases but had been informed that the offender was unsuitable for an order (either because s/he had failed to attend for an assessment, was on methadone or was remanded in custody and could not be properly assessed). However, another sheriff from Fife indicated that the majority of assessments had contained a positive recommendation for a DTTO.

3.88 Sentencers highlighted the importance of the assessment report in informing their decisions about whether or not to make an order and identified a range of factors that had a bearing upon their propensity to impose a DTTO. These included: the existence of a drug problem that was amenable to treatment; a clear association between drug use and offending; a willingness on the part of the offender to address his/her drug use; and a degree of stability in the offender's social circumstances (as indicated, for example, by the existence of family support). Several sentencers suggested that a DTTO was appropriate for offenders with a history of relatively minor drug-related property offences, while others stressed that a DTTO should only be imposed if the offender is otherwise at risk of attracting a custodial sentence. As one sheriff explained:

“I generally look at it as almost a last resort for people, people we might otherwise be sending to prison. It’s a fairly high tariff disposal as far as I am concerned.”

3.89 The fact that the DTTO was a limited resource was said by some sheriffs to have a bearing on their use of the order. They were reluctant to impose a DTTO unless they believed that there was a realistic prospect that the order might help bring about and sustain change. For this reason, one sheriff indicated that he would be reluctant to make a DTTO in respect of an offender who had outstanding charges for serious offences and who would in all likelihood receive a lengthy custodial sentence if convicted. Although the likelihood of the order succeeding was a prominent concern for sentencers when deciding whether or not to make a DTTO, one sheriff also emphasised that he would be prepared, in some cases, to impose a DTTO where the likelihood of success appeared somewhat more remote:

“I think one has to allow for the possibility that some people might succeed even though the omens are not particularly good. So if I see there is a decent prospect - not necessarily an excellent prospect but a decent prospect - of success then I will impose the order, provided of course the experts come down in favour of it.”

3.90 Almost without exception, sentencers were unable to identify features of DTTOs or the pilot schemes that discouraged them from making greater use of orders. However, one sheriff explained that the use of DTTOs was influenced to some extent by the fact that there were limited places available and another indicated that her/his attitude towards DTTOs might change if the enforcement of orders appeared not to be inspiring public confidence.

3.91 Some sheriffs suggested that they might in future make more use of orders if they became more confident in their effectiveness and if more were made available (through, for example, a widening of the criteria for suitability). Others, however, considered their existing use of DTTOs to be appropriate given the characteristics of offenders appearing before the courts, the demands made upon offenders by DTTOs and the importance of avoiding ‘net-widening’ by imposing such demanding orders upon offenders who might otherwise be suitable for probation or community service.

SUMMARY

3.92 There was general agreement among professionals involved in the pilot that the primary purpose of the DTTO was to help bring about reductions in drug use and related offending among offenders given orders. DTTO staff preferred to conduct assessments for DTTOs in the community though some sentencers were reluctant to grant bail for this purpose. Drug testing was undertaken at the assessment stage to obtain information about the types of substances used. It was thought by managers to help bring home to offenders how seriously their behaviour was being taken by the courts and to provide a clear indication of the degree of intrusiveness that would be associated with a DTTO. Drug testing (which was not a feature of the English pilots) appeared to improve the accuracy of assessments and, as we shall see, may have enhanced the ability of the schemes to retain offenders in treatment and supervision.

3.93 The assessment process was believed by staff to operate smoothly in most respects, though they acknowledged the two-week timescale to be tight, especially in Glasgow where offenders were separately assessed by a DTTO social worker, addiction worker and treatment provider. Sentencers were unanimously positive about the quality of DTTO assessment reports, which they compared favourably with assessments for other types of social work disposals.

3.94 There was a shared view among sentencers that the DTTO was a high tariff disposal to be used, in the main, when other options had been exhausted. DTTO staff emphasised that orders were appropriate for drug users who offended but less so for offenders who used drugs, since the latter were likely to continue offending even if they received treatment for their drug use. Motivation was a key factor in the assessment of offenders' suitability, albeit one that was difficult to assess. DTTO staff believed that DTTOs were most appropriate for offenders who were at least in their twenties, with a well-established pattern of drug use and a willingness to change their lifestyle. Young offenders (that is, those aged 16 and 17 years) and those with an absence of stability in their lives were considered less likely to complete a DTTO.

3.95 DTTOs were perceived by professionals as differing in a number of respects from probation orders with drug treatment requirements. The preference in the Scottish pilots was for DTTOs to be made as a stand-alone option, in contrast with the English pilots where in two schemes DTTOs were usually made alongside a probation order. DTTOs were believed by managers to be particularly appropriate for female offenders. In practice, 17 per cent of orders were made in respect of women, which is similar to the use of probation where, in 2000-01, 18 per cent of offenders given orders were women (Scottish Executive, 2001a).

3.96 During the research fieldwork period (July 2000 to mid-April 2001 in Fife and between February 2000 and February 2001 in Glasgow) 96 DTTOs were made (47 in Glasgow and 49 in Fife). The conversion rate of DTTO recommendations to orders was very high in both pilot sites (92% in Glasgow and 94% in Fife). In Glasgow, the majority of referrals and orders emanated from the Sheriff Court. Offenders who were assessed for a DTTO but who received an alternative disposal were most often imprisoned or given probation orders (with or without additional requirements). The majority of DTTOs imposed were for 12 or 18 months. In Glasgow, there was a tendency for women more often than men to be given a DTTO in addition to a probation order.

3.97 Most offenders given DTTOs were in their twenties or early thirties, with those in Glasgow older, on average, than those in Fife. More than two-thirds had ten or more previous convictions and a similar proportion had served at least one previous custodial sentence. Offenders received their DTTOs mostly for acquisitive property offences (such as shoplifting, theft from cars and housebreaking) and drug offences. Offenders in Fife were more likely than those in Glasgow to have a history of convictions for housebreaking and to have received their DTTO for this type of offence.

3.98 All of the offenders given DTTOs were using heroin, either alone or in combination with other substances. Most had used heroin within the previous 30 days

(usually through intravenous injection) and pre-sentence expenditure was reported as being between £10 and £200 per day, with an average of £490 per person per week. None of the offenders was employed when given a DTTO and most were identified in their social enquiry reports as experiencing drug-related health problems.

3.99 Most offenders given a DTTO had tried to come off heroin in the past by accessing a range of services. Most offenders believed that they would have received a custodial sentence if they had not been given a DTTO and a small number acknowledged that they had agreed to a DTTO primarily to avoid a prison sentence. However, most offenders had viewed the DTTO principally as an opportunity to get help to come off drugs and indicated that they would still have agreed to an order even if it had not been an alternative to imprisonment. Most offenders also believed that the length of order they had received was both proportionate to their offence and appropriate for the realisation of treatment goals.

3.100 The use of DTTOs by the courts was initially lower than anticipated in Glasgow and higher than expected in Fife. The high usage in Fife from the outset was attributed partly to the fact that sentencers had been well prepared for the introduction of the new orders - which had already been in operation in Glasgow for some time - and partly to the fact that there was an existing dearth of treatment services for offenders who misused drugs. Social work managers believed that the use of DTTOs might be adversely affected by the high unit cost of orders, the resource implications of reviewing orders, the low conversion rate of assessment requests to positive DTTO recommendations and concern about the validity of the order from a human rights perspective. However, it appeared that the use of DTTOs was steadily increasing in Glasgow as sentencers gained more confidence in them and sentencers were unable to identify features of DTTOs that would discourage them from continuing to make orders.

CHAPTER FOUR: TREATMENT PROVISION

INTRODUCTION

4.1 This chapter examines the range of treatment services available in the two pilot sites, explores issues associated with treatment provision, discusses perceived gaps in treatment services and considers offenders' views of the treatment and other services received.

TREATMENT PROVIDERS IN THE DTTO PILOTS

4.2 The two pilot sites had different systems of treatment provision, with the Glasgow scheme using existing Glasgow services and Fife setting up in-house treatment providers. The Glasgow DTTO scheme's main treatment providers were the Glasgow Drug Problem Service (GDPS) and Phoenix House, with counselling, groupwork and other additional services provided by addiction workers from Glasgow Addiction Services. Other treatment providers (such as Toby's, a groupwork project supporting methadone users) were used when appropriate and possible. The Fife DTTO scheme used for their treatment provision drug workers from Fife Primary Care Community Drugs Team, a consultant psychiatrist for prescribing, and a specialist counsellor from the voluntary sector.

Glasgow Drug Problem Service (GDPS)

4.3 GDPS was the main treatment provider for methadone substitution on the Glasgow DTTO project. Occasionally an offender's GP would provide the methadone prescription when use of GDPS was not possible. The aim was stabilisation on methadone, with gradual reduction to a drug free status. However, this was unlikely to be completed by the end of the DTTO sentence, at which stage the offender's GP took over the prescription. GDPS also offered detox prescriptions in some cases and carried out the urine drug testing for the DTTO offenders who attended their services.

Phoenix House

4.4 This particular Phoenix House programme was developed specifically for the DTTO project and was not, therefore, intended to be attended by non-DTTO service users. It was primarily a non-resident abstinence-based programme but had latterly changed to allow those on up to 40mls of methadone per day to attend. The programme included group work, social inclusion activities, pre-employment training and counselling. Phoenix House also carried out urine drug testing for those on the programme.

Fife Healthcare Team

4.5 The treatment provision in Fife had been set up in-house with prescribing provided either by the offenders' GP or the consultant psychiatrist. The drug workers offered a comprehensive physical healthcare package and therapeutic counselling. They also undertook urine testing for every offender on a DTTO in Fife. Counselling

was also provided by the addiction workers and the specialist counsellor, depending on the type of counselling required.

TREATMENT PROVIDERS' KNOWLEDGE OF DTTOS

4.6 All of the treatment providers were content with the information that they had received about DTTOs at the beginning of the pilot and some indicated that they had undertaken further reading to familiarise themselves with the philosophy and operation of this new order. However some lack of clarity existed among treatment providers with respect to the roles of the different staff members in the Glasgow DTTO scheme. As one treatment provider explained:

“I think that the more information that we could have about all different people, and what all the different people do and why in the DTTO team, I could have done with more information.”

4.7 Two of the treatment providers commented that more information needed to be provided to other groups of people, such as the social work area teams and sentencers:

“I would reckon a lot more PR, and sometimes when I hear what goes on in the courts an’ when I’ve been to a couple of court reviews myself, I think the sheriff’s needing more education on what these orders are about.”

“As time progresses this probably requires educating the sheriffs, they are going to have to be a bit more selective [with referrals].”

However, these concerns did not appear to be reflected by sentencers, nor did it appear that sentencers were making DTTOs in inappropriate cases as a result of their lack of understanding of the disposal. On the contrary, sentencers’ use of DTTOs appeared to be very much dependent upon the assessments carried out by and recommendations made by the DTTO team.

4.8 Treatment providers in Glasgow were critical of the amount of information they sometimes received about offenders at the assessment stage, stressing that the more information they had prior to seeing an offender, the easier the assessments were to conduct:

“Sometimes somebody appears and we have nothing and we just have to do it from scratch. So more written information would be better.”

“There’s been missing ... if you are requested to do an assessment at short notice, then you might not get an SER or... their criminal convictions.”

A similar view was not expressed in Fife, where the drug workers were satisfied with the information provided at the assessment stage.

TREATMENT PROVIDERS' VIEWS ABOUT THE PURPOSES OF THE DTTO

4.9 The overall view of the treatment providers was that DTTOs were intended to engage people in services to deal with their addiction. Whilst they emphasised the treatment aspect of DTTOs, treatment providers also recognised that the orders were intended to impact positively upon associated offending behaviour:

“To rehabilitate drug users, as an alternative to prison, to treat their drug problem if that’s what’s leading to their offending, stop it at the root cause of it rather than just imprison them, to break that cycle of re-offending.”

“To let somebody attempt to deal with their problems outwith prison... rehabilitation in the community. An extra strand probably to community service and probation, but something that’s a bit more pointed in dealing with addiction problems.”

4.10 One treatment provider mentioned the potential cost effectiveness of treatment in the community instead of custody:

“I don’t particularly think governments are interested in people reducing their drug use, what they’re interested in is the crime rates get reduced... it’s a lot cheaper as well to keep people in the community and treat them than it is to put them into prisons that are already over-crowded and bursting at the seams.”

COMMUNICATION BETWEEN DTTO STAFF AND TREATMENT PROVIDERS

4.11 Informal communication seemed to be an important way of sharing information between DTTO staff and treatment providers in both pilot areas. This was especially so in Fife where the team worked from the same office and informal communication was the preferred medium. However, formal communication also took place when required.

4.12 The Glasgow treatment providers similarly used informal communication, but they also had regular meetings with the DTTO staff and participated in any necessary case review meetings. Formal written information about positive test results and non-attendance were sent by the treatment providers to the DTTO team and court reports were sent each month from the DTTO staff to the treatment providers to provide information about individuals’ overall progress. However, the Glasgow treatment providers believed that the frequency and availability of written communication could be better, because they sometimes did not receive all the written information they required:

“We’re very good at passing information on to them [DTTO team]... however, it’s not reciprocated.”

“It could be better and I firmly believe that better communications is key to the whole thing. The difficulty lies with time, basically, more than anything else.”

4.13 These problems had been brought to the attention of DTTO staff and had lessened through the duration of the pilot. GDPS were also in the process of developing a dedicated DTTO team which they believed would impact positively on the exchange and processing of information. This might go some way to addressing the occasional tensions that DTTO workers reported as existing between themselves and medical staff involved in the treatment provision. For example, social workers expressed some frustration at communication between the DTTO team and the treatment providers:

“I don’t see the clients myself.. you don’t really know what exactly was done with that client and how it was done... as a social worker sometimes.. I find it hard to deal with that issue.. because I am used to working with the client myself, and not working with them [the treatment providers] and having to rely on other people for information...it makes my job a bit harder than if I was working with the clients myself.”

4.14 Communication with treatment providers in Glasgow was thought by managers to be adequate, taking place via a number of mechanisms including joint meetings. Goodwill was said by managers to exist on both sides, with treatment providers committed to working in partnership with the DTTO scheme. Any difficulties that had been encountered were attributed to the fact that treatment providers were not accustomed to having to provide the level and frequency of information required by a DTTO. This had occasionally resulted in the provision of late reports and test results, though managers suggested that this had improved over time. Moreover, the proposals by GDPS to have dedicated DTTO staff were thought by social work managers to be likely to further improve the efficiency and effectiveness of the service.

4.15 In Fife, the fact that the treatment providers and DTTO staff were in shared premises was thought by managers to expedite access to treatment services. Managers also regarded this arrangement as having promoted a greater mutual understanding of roles and responsibilities among different members of the team and having facilitated communication between different groups of staff at the assessment stage and during an order.

4.16 Most sentencers felt unable to comment on the effectiveness of communication between DTTO and treatment staff. Those who did offer comment believed that communication was very effective, basing their views on contacts with staff or on the information contained in review reports.

MULTI-DISCIPLINARY WORKING

4.17 In Glasgow, daily communication took place between DTTO workers and addiction workers by telephone, personal contact and in writing. Communication

centred around the assessment of offenders for orders and the supervision of orders in the event of a DTTO being made. Managers considered the level of communication to be adequate and suggested that any problems that had arisen in this respect had related more to professional cultural differences between addictions and criminal justice social work staff. However DTTO workers suggested that communication difficulties sometime arose because established professional parameters tended to be blurred by a DTTO (for example, social workers were in charge of treatment plans rather than addiction workers).

4.18 While there was cognisance of formal procedures within the DTTO teams, practice relied heavily on informal communication. Contact was typically made by telephone or by fax rather than formal exchange of letters. This was viewed both negatively and positively by addiction workers:

“I would say that communication between DTTO staff is bad, probably on both parts, but it’s quite bad at times, most of it’s done via telephone.”

“I like telephone calls because you often find you’re drowning in a sea of paper.”

4.19 The addiction workers in Glasgow expressed some concern that they did not supervise the clients on the orders, this having been identified as the role of the social workers:

“We should be the care managers... we are providing treatment...the social workers are quite clearly case managing and care managing.. they’re co-ordinating treatment which they shouldnae be.”

Instead, addiction workers reported that their role was “to chase them up basically”, that is, to respond to instances of non-attendance on the part of offenders on orders.

4.20 Social workers also reported some dissatisfaction with their role within the DTTO. As one social worker explained:

“It’s a new role..it’s very frustrating because in their particular role I am dependent on getting information from the other treatment providers. My role of working with the client is limited and there is no provision for us to directly work with the clients.. my role is to implement .. the treatment plan into action and once it’s done, I kind of take a back seat for two or three weeks, if things progress.”

4.21 Contact between DTTO social workers and area team social workers was generally confined to the assessment period and was believed by managers to work well on the whole in view of the existing time constraints. In Glasgow some tensions were said by managers to have arisen when area team social workers had difficulty contacting DTTO staff or the latter were unable to respond with the immediacy that area teams required. Managers attributed this to the small size of the DTTO team and their regular attendance at court. One manager also observed that some friction had been created between area team social workers and DTTO workers because the latter ultimately had the responsibility for deciding whether or not an offender was suitable

for a DTTO. This was perceived by some area social workers as undermining their professional capability at the assessment stage. The manager explained that the arrangement had been instituted to maximise the quality and thoroughness of DTTO assessments and would be reviewed at the end of the pilot.

RANGE AND QUALITY OF TREATMENT SERVICES

4.22 Information about the treatment and other services provided to offenders on DTTOs was made available to sentencers in review reports. Sentencers were broadly content with the services offered to offenders on DTTOs, while acknowledging that they had little detailed knowledge of the treatment services available. One sheriff in Fife, however, expressed concern that treatment services were not uniformly available across different geographical areas.

4.23 Social work managers were broadly content with the range and quality of treatment services available, though they similarly noted that the geography of Fife meant that services had to be taken to people in some parts of the authority who would otherwise be unable to access them. Managers in Fife also recognised that the development of services was still in its relative infancy following on from the introduction of the pilot DTTOs.

4.24 In Glasgow the range and quality of services available was also considered to be, on the whole, appropriate though some difficulties had been encountered with some organisations. For example, some agencies had been resistant to provide services for offenders on DTTOs because the orders contained a degree of compulsion and coercion that they perceived to be inconsistent with their treatment philosophy. The cultural divide between addiction services and criminal justice services in Glasgow was thought by managers to have stood in the way of fully effective partnership work. Some agencies were also said to be reluctant to accept offenders on DTTOs without assurances regarding payment, effectively making it more difficult for offenders to access services that they would have access to if they were not subject to orders.

4.25 Social workers suggested that treatment providers had a crucial role to play both in helping offenders become drug free and in helping them deal with the void in their lives that this created:

“By providing them intensive support and linking and filling their .. free time.. help them to structure their time which they were using for offending prior to being on DTTO.”

4.26 Whilst the range of services available to offenders on probation orders in Glasgow was similar to the range available to offenders on DTTOs, offenders on DTTOs were said by social work managers to have much faster access to treatment. For example, offenders on DTTOs could be referred directly to GDPS for methadone rather than having to be referred through their GPs and placed on a waiting list for a service. However, waiting times for some programmes were felt to be an issue by the DTTO workers since the most popular treatment programmes were reported as having

waiting lists up to three months long. This was felt by addiction workers to compromise the treatment plan of the offender on a DTTO:

“If you’ve got to wait, to wait two or three months, the notion might have worn off by that point.”

“There are the groups around, some of them better than others, and the ones that are, got a reputation, usually it’s hard to get people in places on them.”

4.27 Although methadone was the main treatment provided in both pilot sites (apart from Phoenix House which was abstinence-based) this was always accompanied by counselling. In Fife, specialist counselling for the DTTO offenders was carried out by a voluntary sector counsellor, with the drugs workers providing therapeutic counselling and addiction workers providing individual counselling. In Glasgow, however, addiction workers from Glasgow Addiction Services provided the individual counselling. One treatment provider commented that some offenders:

“...complain that they feel that the counselling is not helpful. They feel that, some of them feel that the problems they have are so specific or deep rooted or whatever, that they feel that the counsellors they see aren’t able to help them with that and they just don’t talk about their problems because they’re not just going to talk to somebody that they don’t feel is qualified to help them... they often say they feel the counselling is not effective or not helpful.”

4.28 Overall, however, the treatment providers in both pilot sites spoke very positively about DTTOs, including the operational procedures that had been put in place and their effectiveness for individuals and for society.

PERCEIVED GAPS IN TREATMENT PROVISION

4.29 The services available to offenders on DTTOs were considered by managers to be, in the main, appropriate to their needs. For example, although methadone substitution and counselling was the primary treatment method adopted in Glasgow, this was thought to appropriately reflect the characteristics of drug misuse in the city. One manager commented that at the local level few GPs in Glasgow were prepared to prescribe methadone, while another suggested that tensions sometimes arose between social workers and health workers regarding the termination of prescribed treatment: social workers were, apparently, concerned that if treatment was terminated too soon – before other aspects of the offender’s lifestyle had been stabilised – the DTTO might fail as a result. In Glasgow, where a dedicated project existed for female offenders involved in drug misuse, none of the managers identified gaps in provision for women. However services for women were said by a manager not to be well developed in Fife, largely because of the relatively small numbers spread across a wide geographical area.

4.30 DTTO staff in Glasgow identified the main gap in treatment provision for offenders on DTTOs as being the absence of groupwork provision for those on

methadone treatment. This was viewed as particularly significant in view of the fact that when offenders were attempting to abstain from illicit drug use “one of the biggest problems that they then face is boredom”.

4.31 DTTO staff in Fife echoed the views of managers that there was a general lack of services for drug users:

“I think we provide quite a quality service, I think we get somewhat let down by the broader range of services in Fife. I think I can honestly say that the people in the team try their best and do the best they can with what’s available.”

4.32 The absence of short-term residential detox facilities was perceived by DTTO staff as constituting a huge gap in services. The other main gap was considered to be services related to dual diagnosis (that is, co-existing drug and mental health problems) but this was identified as a problem for addiction services as a whole, and not just DTTO treatment provision:

“I don’t think, well... to my knowledge there isn’t really any project that deals with both... then they maybe come into a, a programme like this, and because they become clean the psychiatric problem explodes and we can’t deal with that... in a sense we’re excluding these people, we’re discriminating against them and I think that’s unfair.”

OFFENDERS’ VIEWS ABOUT TREATMENT

4.33 Around half of the offenders indicated at the initial interview that they had not previously received treatment for their drug use, though some had tried to come off drugs on their own and some had tried unsuccessfully to get onto a methadone programme. The latter highlighted the difficulty of accessing a methadone programme via normal channels. In Glasgow, for example, it was said to be difficult to find a GP who would make a referral to GDPS and even if such a referral was made, the waiting list for GDPS meant that several weeks could elapse before the offender received treatment.

4.34 Other offenders described a range of treatments and services they had received in the past, including detox (prison and hospital based detox and ‘blind detox’), methadone, drug counselling, rehab and attendance at day centres (which required that those attending were drug free). In most cases the treatments accessed had had at least a short-term effect on drug use, though several of those who had participated in an enforced detox programme reported that they resumed their use of drugs relatively quickly.

4.35 Methadone prescription and counselling was viewed by most offenders as being a necessary step towards becoming drug free. By taking away the ‘urge’ to use heroin it was also said by offenders to reduce their need to offend to get money to support a habit. All the offenders who were interviewed had been prescribed methadone and were participating in or expecting to participate in individual counselling and/or groupwork. As one respondent explained:

“When you are taking heroin all the time, your total time – from when you open your eyes in the morning ‘til you close your eyes at night – is spent on thinking where you can make money, where you’re going to get money. DTTO takes all that away from you, you know what I mean? When you get the methadone programme, it takes all that away...The self help groups, and that, is more to give you something to do with your time.”

4.36 Offenders on orders did not feel that they had been coerced into participating in treatments or activities that they did not want to take part in. However, some suggested that the treatment available was, for the most part, confined to methadone (with associated counselling) and that opportunities for choice were therefore limited¹⁵. This contrasts with the English DTTO pilots, where residential rehab was provided in around one third of cases and is likely to reflect the level and range of resources available to the Scottish pilots.

4.37 Offenders were generally positive about the treatment and other services they had received since starting their DTTO, though a few offenders expressed some anxiety about taking part in groupwork: as one offender commented, “I have not really spoken to anybody about dope problems”.

4.38 Methadone treatment and counselling were the services that offenders had most often received during the first six months of their orders, though some had taken part in groupwork or other activities. One offender reported that his ability to attend for treatment and other services had been restricted by health problems he was experiencing and housing difficulties that he had to resolve.

4.39 With only once exception – an offender who had expected to receive psychiatric treatment and a range of activities to keep him fully occupied – offenders interviewed at the six-month stage in their orders indicated that they were happy with the services they had received. As one respondent explained:

“I think I have come a long way, you know. I have not offended from being on the order so something must be working here.”

4.40 All but one of the offenders interviewed shortly after receiving their order believed that their drug use had improved since being given a DTTO and that this was wholly or partly attributable to the treatment they had received. All of the offenders interviewed after six months on an order indicated that they had either stopped offending or that their offending had reduced considerably since they began their DTTO and most attributed this to aspects of their order including the testing, court reviews, methadone treatment, counselling and groupwork. Half of the offenders interviewed at the six-month point in their orders said that through their DTTO they had also received other practical help in relation to issues like housing and employment.

¹⁵ Although counselling would also be provided to offenders given methadone it appears that offenders perceived methadone prescribing as the main component of treatment.

4.41 Four offenders who were interviewed after being on a DTTO for six months identified other treatments or services that they believed would help them stay off drugs including group counselling, Narcotics Anonymous, and rehab. One offender said he was keen to obtain a place in a residential respite facility to ease him off methadone because he understood that coming off methadone was more difficult than coming off heroin itself. Two offenders stressed the importance of having things to do to occupy their time, one of whom was critical of the fact that there were limited services available for people who were still undergoing methadone maintenance or reduction. This same offender said that he would welcome counselling to help him come to terms with feelings of guilt and remorse he was experiencing in connection with his previous offending.

SUMMARY

4.42 Treatment provision in Glasgow was mostly provided by GDPS, Phoenix House and the DTTO addiction workers. DTTO provision in Fife was in-house, with prescribing provided by the offender's GP or a consultant psychiatrist. In both sites, the treatment providers undertook urine testing and provided a range of individual counselling, groupwork and other services.

4.43 Treatment providers felt sufficiently well informed about DTTOs, though those in Glasgow suggested that they were not given enough information about offenders at the assessment stage. Much of the communication between treatment providers and DTTO staff occurred informally and was generally believed to be effective, though treatment providers in Glasgow suggested that the timing and content of written communication could be improved and DTTO staff reported occasional tension arising with respect to communication from treatment providers.

4.44 The co-location of the treatment providers and DTTO staff in Fife appeared to have circumvented the problems that sometimes arose in Glasgow. It also appeared to have prevented the blurring of established professional boundaries between the DTTO social workers and addiction workers.

4.45 Social work managers were broadly content with the range of treatment services available to offenders on DTTOs, though services were not uniformly available in different parts of Fife and some treatment providers in Glasgow had been reluctant to accept offenders as part of a DTTO. However, DTTOs offered offenders more rapid access to treatment services than did existing disposals.

4.46 Available treatment services were considered by managers to be appropriate to offenders' needs, though some gaps in services were identified. These included provision for women (in Fife); groupwork for offenders on methadone treatment (in Glasgow); short-term residential detox facilities; and facilities for drug users with a dual diagnosis.

4.47 Around one half of the offenders interviewed had accessed drug treatment in the past with varying degrees of success. Methadone prescription and counselling, which was the most common treatment offered in the pilots, was viewed by most offenders as a necessary first step to becoming drug free. Offenders did not feel

coerced into treatments or activities though opportunities for choice were, in practice, limited. However most offenders reported being happy with the treatment they had received, with some stressing the importance of having access to a range of activities to occupy their time.

CHAPTER FIVE: TESTING, REVIEWS AND ENFORCEMENT

INTRODUCTION

5.1 Drug testing and the system of regular court reviews are features of the DTTO that distinguish it from other community-based social work disposals. In this chapter the roles of drug testing and reviews are examined from a variety of perspectives and the enforcement of DTTOs is discussed. The chapter concludes by identifying aspects of DTTOs that appear to facilitate or impede the successful completion of orders.

DRUG TESTING

5.2 Drug testing is obviously an integral part of DTTOs and, broadly speaking, the two pilot sites had similar procedures for carrying this out. The testing requirements were stated on the order and any changes to the frequency were officially amended at court reviews. Everyone on a DTTO was entitled to contest a result, in which case a laboratory test would re-analyse the sample that had originally been given.

5.3 In Glasgow, random drug testing took place initially twice per week if the offender was attending GDPS and twice or three times per week if attending Phoenix House, with these treatment providers carrying out the urine testing. When an offender received a methadone prescription from their GP, the latter provided the testing services. At the beginning of the pilot, dipstick tests were used. However treatment providers questioned the reliability of this method and laboratory tests were introduced, despite the extra cost and delay in obtaining results.

5.4 In Glasgow, five main drug groups were tested, namely opiates (heroin), methadone, cocaine, amphetamines and benzodiazepines. Before testing, which was observed, offenders were asked to disclose which drugs they had taken. There was no specific period of time in which those on DTTOs were expected to be drug-free, however the treatment providers notified the DTTO team of any positive test results received. Phoenix House rules also specified that no one could attend their services whilst intoxicated.

5.5 In the Fife pilot scheme, urine testing was generally carried out twice per week by the drugs workers, at various locations across Fife, though staff commented that in practice, because of workload, it was difficult to ensure that three days elapsed between the tests. Since the tests were observed, offenders were offered a male or female worker at the outset of their order. As in Glasgow, the offender was asked to disclose any drug use prior to testing. Drugs workers in Fife reported a high correlation between reported and actual use of drugs. A combination of dipstick and laboratory testing was employed to test for the presence either of individual named drugs or a combination of drugs, namely methadone, opiates, cocaine, amphetamines, benzodiazepines and cannabinoids.

5.6 Table 5.1 shows the percentage of drug tests conducted from the introduction of the pilots that showed positive for the range of substances tested. Because testing

could be undertaken in Fife for individual drugs or for the full range, the data from the two sites are not directly comparable. It should also be noted that, especially in Glasgow, a not insignificant number of positive results for heroin (opiates) and benzodiazepines were produced by opiates present in legal painkillers and benzodiazepine prescriptions (such as Valium). The main observation to make about these findings concerns the relatively low use of amphetamines and cocaine and the relatively high use of benzodiazepines among the two groups of offenders.

Table 5.1: Percentage of urine test results showing positive for different substances

	Fife	Glasgow	Total
Heroin	79%	56%	62%
Methadone	34%	70%	61%
Cocaine	2%	2%	2%
Amphetamine	2%	<1%	1%
Benzodiazepines	58%	37%	42%
Cannabinoids	12%	N/A	N/A
Other Opiates	9%	N/A	N/A

5.7 It was not possible to chart any changes in drug use strictly on a month by month basis, since offenders often did not turn up for testing. Instead, however, we can examine the percentage of tests showing positive, according to the number of the test (1st, 5th etc) to discern any changes over time. The relevant data are shown in Table 5.2. Overall, there was a steady decrease in the percentage of positive tests for opiates. This pattern of steadily decreasing opiate use over time was found in Glasgow but the data from Fife were less clear cut in this respect, possibly as a result of the low number cases in which longer-term data were available. We would certainly be reluctant on the basis of these data to conclude that the two sites had been differentially effective in this respect.

Table 5.2: Percentage of positive tests for opiates at different stages in the order

Test	Glasgow		Fife		Total	
	Percentage	Number	Percentage	Number	Percentage	Number
1	76	28	83	20	79	48
5	64	23	76	16	68	39
10	52	16	100	16	68	32
15	46	12	75	9	55	21
20	48	11	68	4	52	15
25	45	9	100	1	48	10

5.8 In both sites the number of tests per week was reduced where there was felt to have been sustained progress on the order. Where such progress had been made a reduction in testing was recommended to the sentencer in the court review report. This had resulted in testing being reduced in some cases to once per week or once per fortnight.

5.9 Refusal to provide a urine sample was viewed extremely seriously by DTTO staff (as it also was in the English pilots) since it represented a failure to comply with the requirements of the order. On the other hand, how a positive test result was dealt

with would depend upon which stage of the DTTO the offender had reached. For example if someone attending the abstinence-based programme in Glasgow continually produced positive samples, they were swiftly reassessed for methadone treatment by GDPS.

5.10 Overall, offenders attended 67 per cent of appointments for drug testing. The levels of attendance for urine tests varied greatly between the two sites, with 62 per cent of appointments attended in Fife and 84 per cent in Glasgow. However, this may be explained by differences in the procedures by which offenders obtain their methadone in the two locations. In Fife, testing was carried out at various health centres or the DTTO office, but methadone was obtained from offenders' local pharmacies. In Glasgow, both the testing and the issuing of methadone took place at GDPS, therefore there was a greater incentive for offenders to attend scheduled testing appointments.

5.11 Social work managers in Fife were satisfied with the drug testing service and believed the frequency of testing to be appropriate, though one manager suggested that it would be useful if the tests were able to provide information about concentration levels to enable reductions in drug use to be monitored. Managers also pointed to the difficulty of identifying potential testing sites across the authority because hospitals and clinics were not 'geared up' to dealing with individuals who presented a high risk of re-offending and who could put staff or other patients at risk. Instead, testing was being carried out in two criminal justice social work offices and in the DTTO premises.

5.12 The arrangements for drug testing in Glasgow appear to have worked less smoothly. The issue of centralised testing sites arose in relation to offenders in the north of the city who often had to travel considerable distances to have their tests carried out. Managers also explained that GDPS had latterly become concerned about the accuracy of dipstick urine testing and had begun to send all urine samples to the laboratory for analysis. This was resulting in delays of up to two weeks before test results were being returned. This contrasted with the arrangements at Phoenix House where the volume of tests performed was lower and where laboratory results could be returned within two working days. Social work managers reported that lengthy delays made it more difficult to match treatment to offenders' needs and created gaps in the results being reported back to court at DTTO reviews.

5.13 One manager in Glasgow also indicated that the frequency of testing had attracted some comment from treatment providers. The frequency of testing was thought by managers to be appropriate for the purpose of monitoring progress and supervising the offender on the order but was thought by treatment providers to be too high to provide information that might be of use from a treatment point of view. One manager also questioned whether the frequency of testing at different stages in an order was appropriate. Whilst testing was more frequent at the early stages of the order and tended to be reduce as the offender's drug use began to stabilise, there was reason to believe that this might not be the most effective use of resources:

"I think it is worth noting that what we have done is built in very regular vigorous testing early on, when in actual fact the drugs teams will say really that it is only important at a later stage. Because early on you

expect things to be quite kind of chaotic and there won't be significant change. But once they become stable that's the time when we will need to do it more regularly because that's the time they actually need more support.”

5.14 One manager in Glasgow noted that some problems had been encountered in obtaining test results in a timely fashion at the assessment stage. This had occurred, it seems, partly because drugs workers were unfamiliar with the time constraints associated with court procedures and did not appreciate that the DTTO workers needed some time to consider the implications of test results before completing their assessment reports. The same manager observed that tensions had sometime arisen between treatment providers and DTTO staff because the former believed that their opinions had not been accurately represented in assessment reports.

PERCEIVED PURPOSE AND EFFECTIVENESS OF TESTING

5.15 Managers were divided in their views as to whether drug testing served to secure offenders' compliance with their orders. While one manager could not imagine “anybody not committing an offence or not doing what they want to do just because they are going to get a urine test”, others suggested that testing could serve to reinforce the authority of the order and reduce the likelihood that offenders would try to mislead DTTO staff and treatment providers about their use of drugs.

5.16 DTTO workers perceived urine testing to be a marker of an offender's progress on the DTTO, both personally and for the different professionals involved in the order. The addiction workers reported that the frequency of urine testing worked well as part of the monitoring of progress on the DTTO but that delays between urine testing and the test results were unsatisfactory. For example, it was reported that in some cases it had taken three weeks for test results to be produced which left only one week prior to the next court review.

5.17 All of the treatment providers agreed that the urine testing was an important part of the DTTO (for example, among other things it encouraged people to be honest about their drug use) but expressed concern about the emphasis placed on the results. Treatment providers regarded testing as important for motivating people and maintaining their confidence when they were doing well but less useful when they were doing badly. As one treatment provider commented, “you don't really need sixteen urine results to tell the person how bad they're doing - they know they're really bad anyway”. Treatment providers pointed to the potential for repeated testing to have a negative effect on the offender's motivation to comply with their order and to change, particularly since positive urine tests results for heroin are to be expected prior to stabilisation on methadone:

“I think you have to watch how many tests you have...sometimes you can make them feel punished because they're being tested continually.”

5.18 The frequency of testing demanded by the DTTO was said by treatment providers to put pressure on the medical staff because they saw more positive results

even though these results pertained to the same period of time as other service users who were tested less frequently.

“From our point of view there is probably too much drug testing in the initial stages and this hasn’t proved to be very useful at all.”

5.19 Staff at GDPS believed that testing offenders who were on methadone more than once per week was an unnecessary expense. The frequency of testing was also said by treatment providers to affect the turnaround times for test results. At the point of research interview GDPS were aiming to improve the turnaround times for test results from 10-14 days to 7 days. This compared with a turnaround time of two working days in Phoenix House and four in Fife.

5.20 Treatment providers in Glasgow believed that testing was useful in the context of abstinence based treatment but was less so where offenders had reduced their drug use but were still using. Some treatment providers believed that regular medical examinations were more important than testing while some questioned the accuracy of results and the amount of significance that was, apparently, attached to them:

“I think there’s always the element of false positives and false negatives and personally also I think some of the results come through from urine analysis are sometimes questionable.”

“I think the urine analysis should be used to enhance what you already know and I don’t think it should be used as something definitive to find anything particular out, I think there is too much emphasis placed on the urine tests.”

5.21 Treatment providers questioned, in particular, sheriffs’ understanding of the role of testing and the significance of positive tests. There was particular concern about how sentencers might interpret positive test results:

“Maybe I am doing sheriffs a discredit here, but I am not sure what their knowledge base is with regard to the treatments. I would hate to think if there is a whole load of positive urine results going back then that’s their measure of how effective the treatment actually is.”

“You just wonder sometimes does the sheriff realise that, you would like the sheriff to know that this looks really bad but really it’s no different to anyone else that is in a methadone programme.”

“Maybe there should be some sort of education in there, some form of education to the sheriffs to say... that the important thing here is reduced days of use, number of days abstinent which might not be reflected by continual urine analysis.”

5.22 Sentencers reported being content with the procedures for drug testing and with the frequency of testing, though one sheriff noted that offenders’ non-attendance for urine tests was a problem in some cases. Two sheriffs, while satisfied that the current arrangements were operating effectively (that is, results were

accurate and provided quickly), logistical problems might be encountered as the number of offenders subject to DTTOs increased.

5.23 Sentencers agreed that testing was an effective mechanism for monitoring an offender's progress on a DTTO but were more divided in their views as to whether or not testing helped to secure the offenders compliance with treatment. Some believed that regular testing helped to maintain offenders' commitment to reducing their drug use, though others questioned whether this was the case and suggested that offenders might find ways to 'beat the system'. Sentencers also tended to emphasise the importance of negative results rather than taking into account the fact that a substantial reduction in drug use could have been achieved even though the offender continued to have positive test results.

OFFENDERS' VIEWS OF DRUG TESTING

5.24 At initial interview all offenders considered the primary purposes of drug testing as being to establish whether people were using drugs and whether they were being honest about their drug use. Some perceived testing as having a primarily deterrent function while others defined its role in terms of monitoring. A few respondents suggested that testing was a tool for ascertaining whether offenders on prescribed methadone were placing themselves at risk by continuing to use heroin on top of their medication. In this context one offender observed that testing was a useful means for establishing whether the level of methadone prescribed was adequate:

“[The purpose of testing is] to make sure you are not taking anything stronger and if you are they can talk to you and see if they are not giving you enough methadone or what.”

5.25 At initial interview most offenders (22) were being tested twice a week and the remainder three times per week. One of the latter indicated that he could not understand why his testing had been increased from twice weekly since he had had no positive tests, but was reluctant to challenge the decision for fear of being considered unco-operative. On the whole, however, offenders were sanguine about the frequency of testing and some welcomed the fact that it gave them somewhere to go and something to do:

“People often moan about how many times you've got to see people in a week but I think that helps you...It keeps you occupied an' as long as you've got something to dae, in your heid you know you'll keep aff it.”

5.26 Twice weekly testing was said by most offenders to be sufficient to detect any continued drug use (and, hence, to deter such use), since heroin remained in the body for 3-4 days if smoked and for longer if injected. As one offender commented, “it doesn't give you much room for complacency”. However some believed that twice weekly testing, especially non-random testing, could fail to detect occasional heroin use because heroin could be flushed out of the system more quickly through the consumption of large quantities of fluid.

5.27 Six months into their orders, two offenders were being tested three times a week, four were being tested twice a week, two were being tested once a week and one was being tested fortnightly. One respondent – who was still using heroin, though less than before his DTTO - indicated that he had asked to be tested weekly on a random basis in the hope that that might help him to stop. On the other hand, those whose frequency of testing had been reduced were pleased that this had happened because it reduced the amount of time they had to spend travelling to and from the clinic and indicated that they were being shown some trust by staff. Offenders were still, in the main, sanguine about this aspect of their orders, though one expressed concern that offenders who repeatedly produced dirty samples were being let off too lightly by DTTO staff.

5.28 Some offenders suggested that testing was ineffective because it was unable to establish the *amount* of heroin used and could not, therefore, indicate whether the level of drug use was decreasing, increasing or remaining constant. However most of those who were interviewed towards the start of their orders considered testing to be useful as a means of monitoring progress and deterring potential drug use.

“It keeps me on my toes. I’m no’ saying it stops me fae usin’ but it’s a deterrent to using ‘cause you know you’re going to let yourself doon and let everybody else doon roon aboot ye if you test positive.”

“I don’t mind being tested..I don’t tell them lies. If my urine’s going to be positive I’ll tell them anyway..But, I’m no’ saying I wouldnae tell them lies if it wisnae gettin’ tested! Do you know what I’m talking about?”

5.29 Although a few offenders said that they had experienced some difficulty in producing urine samples, none reported having other concerns about the testing element of their order.

5.30 Four offenders indicated at initial interview that testing would have no effect on their drug use, two of whom suggested that what mattered was their personal motivation to come off drugs. However, most offenders (23) at initial interview indicated that testing would help them reduce their use of drugs. For many, the prospect of having their order revoked and being re-sentenced as a result of continued drug use was an important consideration:

“If you’ve got something like that in place, it’s a kind of fear factor as well...I have been using once or twice a month. There’s gottae be a cut off point where they say ‘no more’, you know what I mean?”

5.31 In other cases, regular testing was perceived as sustaining the offender’s motivation to remain drug free. Some offenders also indicated that testing helped them to avoid further drug use because if they had positive tests they would let themselves and other people (including DTTO staff and treatment providers) down:

“It’s taken me this long to get somebody that’s actually willing to help me. I don’t want to be letting them down...Also, I don’t want to be letting myself down.”

5.32 In a similar vein, most offenders believed that testing would increase their likelihood of co-operating with treatment, in some cases because access to certain resources and services was dependent upon offenders being able to demonstrate that they were drug free. One offender, however, thought that testing could have a mixed impact in this regard since having regular positive test results might make the individual dispirited and more likely to give up.

5.33 Most offenders did not, on the other hand, think that the fact that they were being tested would result in them changing the types of drugs they used. Those who continued to use other substances attributed this to personal choice rather than to the fact that they were being tested, with one offender commenting that “peeing in a bottle is not going to alter my choice of drugs if I want to take a drug”. Several offenders indicated that they had no desire to replace heroin use with the use of other substances because heroin was their “drug of choice.” As one respondent observed, “I’m not rattling, so that’s good enough for me”.

REVIEWS

5.34 The legislation requires that DTTOs are reviewed not less than monthly by the court, either through a review hearing or a paper review. The purpose of reviews is to enable the sentencer to monitor the offender’s progress on an order. On the basis of these regular reviews the sentencer may, among other courses of action, vary the conditions of the order (such as the frequency of testing, the type of treatment or the frequency of attendance at treatment), revoke the order on the basis that satisfactory progress has been made or, in the event of non-compliance, revoke the order and re-sentence the offender for the original offence.

5.35 Sentencers expressed satisfaction with the provisions for reviewing orders and with the content and quality of the review reports they received, though one sheriff commented that reports were, on occasions, not received until the morning of the review and indicated that he would welcome earlier receipt. Sentencers were likewise content, in the main, with the frequency of reviews, though one suggested that it might be useful to have the option of more frequent reviews (for example, weekly or fortnightly) in the early stages of an order.

5.36 The manner in which reviews were conducted differed across the two pilot sites. In Glasgow, review hearings were carried out in open court, though some sheriffs indicated that they would clear the court if issues of a sensitive nature were being discussed. In Fife, most review hearings were conducted in chambers in the presence of the offender, the DTTO social worker, the procurator fiscal and the defence agent. Review hearings would, however, be held in open court if it seemed likely that the DTTO would be revoked and an alternative sentence imposed.

5.37 Sentencers expressed a preference for face-to-face reviews via hearings, especially in the earlier stages of an order. Face-to-face contact with the offender could, they believed, serve to reinforce the authority of the order and also provided an opportunity for positive progress to be directly acknowledged. Paper reviews were considered appropriate only once sufficient progress had been made in stabilising the

individual's drug use and offending. Most of the sentencers who were interviewed had had no experience of conducting paper reviews. As one sheriff explained:

“I think when orders are nearing their end and if the person did particularly well then there will be little point in having him or her back in front of me and then it could be done in chambers. I haven't done it yet - it depends on how well the order is doing. There is little point in having someone come back to you if he or she is at a level where there has not been many significant changes, nothing you can say or do is going to alter it any.”

5.38 Sentencers identified advantages and disadvantages associated with conducting review hearings in chambers or in court. Those who advocated court-based hearings tended to do so on the basis that a DTTO is a court order and should, as such, be formally reviewed in a court setting. These sheriffs did not, on the whole, consider that the formality of a court setting inhibited the offender or detracted from the relationship between the sentencer and the offender. Indeed, one sheriff had been informed by DTTO staff that offenders may prefer to have review hearings conducted in open court rather than in closed court since the clearing of the court might be misinterpreted by the public as indicating that the offender had something to hide:

“In the cases where some sheriffs feel that they are entitled to close the court, the offender sometimes worries about this because he or she thinks that there is something wrong, that he or she is a sex offender or something of that nature and would actually prefer the matter to be in open court.”

5.39 Sheriffs who conducted review hearings in chambers preferred this approach because it allowed for less formality and less distance between the sentencer and the offender. However, two disadvantages of this arrangement were also noted. First, in-chambers hearings were perceived to present a higher security risk than hearings held in open court. Second, the private nature of the hearings precluded wider recognition of the progress made by offenders which, in some instance, might motivate other offenders in similar circumstances to address their drug use and related problems.

5.40 One sheriff believed that the informality of in-chambers hearings was sometimes undermined by the number of people present. Sentencers had differing perspectives on the value of defence agents being present at hearings, particularly in light of their generally limited contribution to the process. Whilst some considered it appropriate that offenders should be represented at all hearings – and one postulated that courts might be in contravention of the European Convention on Human Rights if this did not occur – others questioned the necessity of defence agents being present at all reviews because of the associated costs. One sentencer suggested that defence agents should attend hearings only if revocation was a possibility and the offender was, therefore, likely to be re-sentenced for the original offence.

5.41 During observation of review hearings it was noted that when defence agents were present they introduced the report to the sentencer. Subsequent discussions concerning the report were conducted between the sentencer and defence agent, thus

detracting from and restricting the interaction between the sentencer and offender. This also added to the formality of the reviews and was evident in both pilot sites.

5.42 Managers in both Glasgow and Fife were broadly satisfied with the arrangements for reviewing orders and with the frequency of reviews. However, managers in Glasgow observed that little use had been made of in-chamber, paper reviews and that that had implications in terms of staff time associated with attendance at review hearings. This was an issue particularly because reviews were sometimes rescheduled with the result that DTTO staff had to spent significant amounts of time at court waiting for the hearing to be convened. This was so even in the sheriff courts, where an agreement had been reached that reviews would be scheduled for 9.30 am (that is, before, the start of the court's other business). Managers speculated that sheriffs' reluctance to hold in-chambers reviews in Glasgow might have resulted from them confusing the concepts of paper reviews in chambers with face-to-face hearings involving contact with the offender in that setting.

5.43 With respect to the frequency of reviews, in two cases in Glasgow, sheriffs had scheduled reviews from the outset at three-monthly intervals and in both cases enforcement problems had occurred. Managers expressed a preference for monthly reviews in line with the legislation since this frequency of reviewing the order was considered appropriate for maintaining the offender's motivation and dealing timeously with instances of non-compliance.

5.44 Managers in Fife indicated that, following initial changes in procedures by the courts, the review process was settling down, though they also observed that sentencers varied in the way they dealt with offenders who appeared before them for review. Respondents suggested that some sheriffs perhaps felt less comfortable than did others with the less formal arrangements and greater sentencer involvement that was associated with reviews of DTTOs.

5.45 Social work managers, like sentencers, identified a number of advantages of face-to-face review hearings. They considered them a useful mechanism for conveying the seriousness of the offender's position, providing positive feedback on the offender's progress, building up a rapport between the sentencer and the offender and creating milestones for the offender throughout the order. Managers made reference to cases in which offenders had expressed a preference for face-to-face review hearings when it appeared that the court was prepared to consider changing to in-chamber reviews. Paper reviews, by contrast, were said by managers to provide no opportunity for discourse or discussion. However a shift from review hearings to paper reviews could give a clear message to the offenders that they had made good progress on their orders.

5.46 DTTO workers similarly believed that reviews performed an important role in motivating offenders to comply with their orders:

“Going back to court every four weeks is good, especially if the sheriffs are taken on board you know, encouragement, that, I mean they get a buzz out of that, they really do, you know, and “he was really pleased with me”, whereas before they were really dismissive

of them. But I think sheriffs are starting to come round to that way of thinking, that “aye this person is doing well - so why not tell them?”.”

“If somebody’s not doing well and the sentencer points that out...I think that can have a beneficial effect as well.”

OBSERVED REVIEWS

5.47 Forty-one per cent of the court review hearings (43/105 undertaken between 4/10/00 and 19/04/01) in Glasgow and 37% (7/19 undertaken between 28/11/00-25/01/01) of the review hearings in Fife were observed by the researchers. Brief details of those present and the interactions that took place were recorded. Several more reviews were attended but the review failed, for various reasons, to proceed. Offenders appeared at 96% of the reviews and where they failed to do so a warrant was issued for their arrest. This contrasts with the position in England and Wales, where the court does not have the power to issue a warrant in the event of an offender’s non-appearance at a review.

5.48 Other key participants in the reviews were offenders’ DTTO social workers (94% of reviews), solicitors (72%) and family members (22%). Although the number of reviews observed relating to the Fife pilot was small, on only a couple of occasions was the case reviewed in open court. This is in contrast to the Glasgow pilot where in 78 per cent of the observed reviews the offender was in the dock. Reviews were generally brief. In Glasgow the average review time was five minutes (ranging from 1 to 24 minutes duration) and in Fife the average length of review was two minutes (ranging from 1 to 3 minutes).

5.49 The majority of the 50 observed reviews (43) were conducted in sheriff courts. Six reviews were observed in the high court and one was observed in the stipendiary magistrates’ court¹⁶. A total of 18 sentencers presided over the reviews. Most offenders had ‘their own sheriff’ consistently. Research into Drug Courts in the USA found this to be a factor linked to their effectiveness (Goldkamp, 2000) though it was less evident in the English pilots. Although the average length of review was approximately 4-5 minutes (compared with around 8 minutes in England and Wales¹⁷), distinct approaches did emerge. In some instances these related to the presiding Sheriff and in other cases to the progress of the offender. In seven reviews, there was no advance reading of the report by the sheriff and these reviews were generally longer because the DTTO staff briefed the sheriff instead.

5.50 There was interaction between the sentencer and the offender in the majority of cases, with the offender being talked about rather than being talked to in only 5 reviews out of the 50 observed. Most of the 45 sentencer-offender interactions were encouraging (on the sentencers’ side) and responsive and co-operative (on the offenders’ side), irrespective of whether the review reports showed positive progress or not, though this may be because one sheriff – who was positively disposed to

¹⁶ The number of reviews that could be observed in the Glasgow Stipendiary Magistrate’s court was severely curtailed by ongoing industrial action in the district courts during the fieldwork period.

¹⁷ Turnbull et al. (2000)

DTTOs - was responsible for a high proportion of comments during the observed reviews.

5.51 For example, in one case the offender had achieved abstinence by the third review. The sentencer said to the offender at that review “this is obviously a completely successful report”. In many other cases the offender was continuing to use drugs but most likely in reduced quantities and with an associated reduction in expenditure. In cases such as these, sentencers’ responses included: “you failed to engage...I’m not expecting perfection, but I am expecting some progress”; “still some drug use but greatly reduced...[I] hope to see continued progress”; and “you have obviously continued to abuse drugs.. I accept there has been some stability”.

5.52 In some reviews, sentencers gave firm warnings. For example:

“I am quite satisfied this order should continue...It would be unrealistic that your drug problem would be solved within one month. However I wish to make it clear that compliance is essential...[otherwise there is]...a strong possibility you’ll go to prison for a number of years.”

“This doesn’t make good reading.. there comes a time when the court says “enough is enough”...Unless you show substantial improvement and motivation in the next review you are likely to face a custodial sentence.”

5.53 However, sentencers were generally encouraging, using a “keep up the good work” style of interaction with offenders. Offenders were noted as being “more than happy to continue the order”, as “trying hard” to stabilise their lives and as “doing really well” on the DTTO.

OFFENDERS’ PERSPECTIVES ON REVIEWS

5.54 When interviewed shortly after being made subject to a DTTO, most offenders (23) were subject to monthly reviews of their orders while five were having review hearings every three months. Most of those who were having monthly reviews were happy with the frequency of the reviews, believing it to be appropriate for monitoring progress and providing the offender with encouragement where progress had been made. Some offenders commented that the system of regular reviews helped to keep them “on their toes”, though a few thought that their orders should be reviewed less frequently. Several offenders indicated that the sentencer had told them that the frequency of review hearings could be reduced if they continued to make satisfactory progress on their order:

“...the sheriff himself actually says that as it goes on, the longer it goes on, the less often it will be reviewed by the court, providing that I’m given positive reviews a’ the time.”

5.55 Offenders were aware that the outcome of reviews was dependent upon how well they were seen as complying with their order and making progress in dealing with their drug use, leading one offender who had had a series of negative tests to

comment that he was “skating on thin ice”. All those interviewed in the early stages of their orders were fully aware that if they repeatedly failed to comply with their DTTO, their order would be revoked and they would in all probability be imprisoned as a result. All were optimistic that they would comply with their DTTO, in some cases because they wanted to avoid a custodial sentence, but more commonly because they wanted to take advantage of the opportunity they had been given to come off drugs:

“I’m that desperate tae get aff the drugs an’ I’ve no’ had any help an’ now I’m getting the help I’ve been lookin’ for.”

“I know for a fact that there’ll be nae hitches in my order all the way through...I’m gonnae do this and I’m gonnae achieve something ... I’m gonnae need a lot of support from them, but they’ll give me it.”

5.56 All of the offenders who were interviewed after completing six months of their DTTOs were still having their orders reviewed monthly, though in one case at least half of the reviews had taken place in chambers without the offender present. Reviews were perceived both as a means of informing the court of progress and as a deterrent to further drug use and offending, though fewer than half of those interviewed believed that reviews in practice made much impact on their willingness to comply. Practical arrangements for reviews attracted some comment. One offender, for example, stressed the importance of successive reviews being conducted by the same sentencer since this enabled them to assess over time how much progress the offender had made. Another offender – from Fife – expressed support for review hearings in chambers rather than in court because, as he explained:

“I don’t want everybody to see what my lifestyle is...and you get to know the sheriff better as well.”

5.57 A third offender noted that at one of his review hearings the sentencer had offered to change the arrangements to in-chambers paper reviews but that he had requested that his reviews continued to take place in court because going to court helped to “keep him on his toes”.

5.58 After six months, the offenders were mostly still happy with the length of DTTO they had received and did not anticipate major obstacles to completing their orders. One offender, however, who had received a concurrent probation order, complained that in his eyes he was “getting punished twice” while another, who was generally disappointed with the services he had received while on his DTTO, indicated that he would had preferred with hindsight to have gone to prison since his sentence would already have been served.

AMENDMENT AND REVOCATION OF ORDERS

5.59 Sentencers have the option of amending a DTTO to reflect the progress or lack of progress made by an offender on an order. This might involve varying the frequency of testing or the frequency or nature of treatment specified in the order. It might also involve reducing the length of the order (that is, discharging the order

early) in the event of satisfactory progress having been made. In practice, the sentencers who were interviewed indicated that they had rarely amended orders in this way, possibly because few orders had yet been in force long enough for the sentencer to be satisfied that treatment goals had been achieved. All of those interviewed indicated, however, that any decisions in this regard would be guided by the information and advice contained in the DTTO review reports.

5.60 Social work managers indicated that recommendations that orders be amended were unlikely to be contained in review reports in the first six months. They believed that it was appropriate for social workers to recommend amendments to orders if these were seen as necessary to head off relapse or to provide some additional momentum to progress already being made. Managers also indicated that the frequency of testing could be reduced if the offender was making satisfactory progress and that courts were prepared to endorse changes of this kind and make a formal amendment of the order.

5.61 Managers suggested that revocation of an order could be pursued for positive reasons, that is, because the offender had made enough progress that further supervision and treatment were not required. However, a recommendation that a DTTO be revoked was more likely to follow on from sustained reluctance on the part of the offender to comply with the order.

5.62 Revocation of an order – and re-sentencing for the original offence – would be considered when the offender was clearly not complying with the requirements of the order, though several sheriffs qualified this position by explaining that they would be reluctant to revoke a DTTO without first giving the offender a further opportunity to co-operate with the order:

“Basically if they are not compliant I tend to give them at least one further chance to do it, if they are not turning up I don’t expect miracles, I don’t expect people in the first few months to become completely drug free that would be being unrealistic. They will lapse because of the nature of them but if it’s apparent after a couple of reviews they are just not engaging with the order and it’s not doing anybody any good I will revoke it.”

“Well, if I keep notes on each order at each review and if there has been a failure to attend a significant number of meetings I would warn him or her that if that doesn’t improve over the next review period then the alternative will be considered, that is the order will be revoked... So I will take a considerable amount of time before I will revoke an order: only if I see that the offender is seriously not following the instructions and is clearly not committing any more to the order.”

5.63 One sheriff indicated that a DTTO would be revoked if the offender received a lengthy custodial sentence for a different offence, because it would be impractical for the order to continue in these circumstances. In both Glasgow and Fife, however, orders continued to be reviewed in the event of an offender being remanded in custody for a further offence (or for an old offence) since it was possible that, if

convicted, they may receive a short prison sentence or a non-custodial disposal, either of which would enable the DTTO to continue.

5.64 Sentencers identified two key respects in which revocation of DTTOs differed from revocation of a probation order with a drug treatment requirement. First, further offending constituted an automatic breach of a probation order but was not in itself a necessary ground for breach of a DTTO. Second, the delays inherent in the processing of breaches of probation meant that several months were likely to have elapsed between the incident resulting in the breach action and it being dealt with in court. In contrast, the system of reviews associated with DTTOs meant that issues that might point to revocation could be dealt with swiftly. In these circumstances the issuing of a timely warning at the next scheduled review might be sufficient to motivate the offender to comply and forestall the need for the order to be revoked.

5.65 Sentencers indicated that when revoking a DTTO and re-sentencing the offender, they would take account of the nature and gravity of the original offence and other relevant factors such as the offender's criminal and sentencing history. The most likely outcome of revocation would be the imposition of a custodial sentence, given that the DTTO had, effectively, been the offender's 'last chance':

“...custody has been hanging over them right from the start, and that was probably what would happen if the order was revoked. ...There may be an indictment, they may be facing serious charges or they may have so many summary complaints that have piled up that really your room for manoeuvre at that stage is going to be very limited.”

Some sheriffs, however, emphasised that although a custodial sentence was the likely outcome it was not always inevitable.

ENFORCEMENT

5.66 Broadly speaking, attitudes towards the enforcement of DTTOs were similar at both sites, though the absence in Fife of detailed records of instances of non-compliance and responses to them makes it difficult to comment on the similarity or otherwise of actual enforcement practices. The researchers were informed that in cases of non-compliance (such as non-attendance for treatment or testing), members of the DTTO team would telephone, home visit, or write to the offender, and ensure that every effort was made to help them stabilise and to access treatment. The amount of leeway and, for instance, the number of letters sent, would vary depending on the offenders' attitude, previous compliance and current circumstances, such as any bereavements or family problems. In Glasgow, treatment providers communicated instances of non-attendance by offenders to the DTTO workers in writing. In Fife, DTTO staff received verbal notification of non-attendance for treatment or testing by treatment providers.

5.67 As at the end of February 2001, Glasgow had submitted a total of seven breach applications: according to a statistical update supplied by the Glasgow scheme five of the breach applications were a result of non-compliance and two in response to

re-offending¹⁸. Five of the breaches were outstanding, one had been extended by three months, and one had been revoked and the offender given a custodial sentence. By 18th April 2001, Fife had had two breaches, both resulting from non-compliance and resulting in the offender receiving a custodial sentence. There had also been two revocations of orders: one had been requested by the offender and the other was a result of the offender's failure to comply and to provide samples. This offender was given a deferred sentence in order that an assessment could be made of his suitability for a probation order with a condition of drug treatment. The position in the Scottish pilots contrasts strongly with the breach rate observed in the DTTO pilots in England and Wales, where between 28 per cent and 60 per cent of orders were revoked. We will reflect further on these differences in the final chapter of this report.

5.68 The enforcement of orders in both Glasgow and Fife was said by managers to have progressed smoothly in most respects. In Glasgow, however, as the number of DTTOs had grown, so had the DTTO social workers found it difficult to respond immediately to reports of non-compliance by treatment providers by locating the offender and, where appropriate, issuing a warning. In some instances the addiction workers had had to step into this role, despite enforcement being outwith their remit. A manager in Glasgow suggested that additional resources were required to ensure that enforcement practices could consistently accord with the protocol that had been developed, possibly through the appointment of staff with an explicit responsibility for dealing with instances of non-compliance. The actual breach rate in Glasgow had been low but managers indicated that non-compliance with DTTOs was dealt with more swiftly by the courts in comparison with breaches of probation.

5.69 Managers in Glasgow also indicated that some difficulty had initially been encountered in convincing treatment providers of the necessity of providing swift notification of non-attendance and positive test results and, in the case of GDPS, of establishing effective enforcement protocols involving addiction workers, treatment providers and DTTO social workers spread across a number of locations. The rapid notification of non-compliance was easier with Phoenix House because the number of orders involved was low. However, DTTO staff had recently been made aware by staff at Phoenix House that the latter were disappointed not to receive feedback about the DTTO social worker's response to non-compliance. Social work managers now recognised that communication between DTTO social workers and treatment providers needed to be a two-way process and were taking steps to rectify this situation.

5.70 Treatment providers in Glasgow indicated that they would welcome the opportunity to be more involved in DTTO reviews because, despite having more ongoing contact with offenders on orders, their recommendations were often not included in review reports and this left them confused about enforcement procedures. As one treatment provider commented, "I am not sure what you have to do to get taken off the DTTO sometimes, put it that way". In Fife, on the other hand, the court review report was authored jointly by the social worker and drugs worker and this arrangement was reported to be working satisfactorily.

¹⁸ Although further offending does not automatically constitute grounds for breach, breach action will be initiated if further offending persists and is indicative of a lack of commitment to the order.

5.71 Overall, treatment providers had anticipated the courts being stricter with offenders who failed to comply with their DTTOs than they had actually been. Treatment providers were fairly satisfied with the enforcement procedures that had been adopted by the DTTO schemes but some expressed the view that, on occasion, they had expected stronger action to be taken by DTTO staff in the event of an offender's failure to comply:

“I think there have been two or three cases where I personally felt that stronger action should have been taken, however, it is a team decision.”

5.72 Two offenders who were interviewed after being on a DTTO for six months expressed a similar view. Both were critical of what they perceived as the unnecessary leeway that was given to offenders who continued to use drugs while on their orders and suggested that enforcement practices should be tighter in this respect.

5.73 Treatment providers also suggested that there was a time limit on how long treatment could be provided when it was apparent that it would not succeed. In these circumstances, revocation of the order might be a more appropriate course of action:

“I think it's fair to say that there are people who have been on an order three, four, five, six months and got to the stage where you think “no, there is not a lot we can do for that person”.”

“It becomes clearer I think within two or three months usually whether they are seriously addressing their problems. Attendance on time is a big factor in that. If they attend, they don't attend on the day when it's just a urine sample that... they're coming for a prescription, you have doubts about the motivation.”

5.74 Sentencers, on the other hand, had had little experience of enforcement procedures in relation to DTTOs but most were satisfied that the social work department would take appropriate steps to enforce orders if problems arose. The system of reviews was said by some sentencers to circumvent the delays that arose because of the administrative difficulties that were associated with getting breaches of probation to court. One sheriff, however, suggested that it would be useful to have an option of more frequent reviews if problems were arising in relation to compliance with a DTTO. Another respondent suggested that the process of DTTO reviews meant that the sentencer had more opportunity to initiate revocation of an order in comparison with probation, where the onus was upon the social worker to submit a breach application. Indeed, the potential for the sentencer to have an enhanced role in the enforcement of orders represented an important departure from traditional practice. However this remained an opportunity which, by the time the research was completed, had not been fully exploited.

BARRIERS AND BRIDGES TO COMPLETION

5.75 Social work managers identified a range of factors that they believed helped offenders to complete a DTTO. These included recognition by sentencers and by supervisors of the complexities associated with the provision of treatment to

offenders with long-standing and deep-seated drug problems, in order that goals were realistic and expectations of success were not unrealistically high. One manager suggested that the DTTO differed importantly from other community-based social work disposals in the extent to which it was capable of enabling a flexible response to inconsistent progress. Other factors included: a degree of stability in offenders' personal circumstances (for example, a stable address); consistency of approach between different professionals involved in the supervision and treatment of offenders on DTTOs; the provision of encouragement and support from sentencers through the review process; and the development of self-understanding and self esteem.

5.76 DTTO workers believed that avoiding a prison sentence was the main incentive for the offender at the beginning of a DTTO. Thereafter the emphasis was upon providing offenders with enough support to enable them to become "stable", with the surveillance element of the order being regarded by some DTTO workers as facilitating the management of the offender in the community.

5.77 Regular attendance for appointments was interpreted by DTTO workers as a marker of "things going well" on the order because if offenders were using drugs on a daily basis this would negate a desire to attend the DTTO office:

"We will encourage them to give negative samples, and that can be quite difficult for people if they have been using tremendous amounts, but are now only using maybe once or twice a week, and you can see the difference in them, and they're not offending, they're looking better and they're looking after their self and they're keeping appointments."

5.78 However, addiction workers also stressed the subtleties of support networks to offenders on a DTTO at their frequent meetings with the offender:

"The network's got to be there or the framework for that network, its got to be put in motion where that person has a support network... cause... we're a nine to five organisation,... five days a week and its not too good where that person is on their own, you know they cannae come into the office and cannae pick the phone up...a good support network...would be part of your assessment...Long term, people get bored...if there's nothing happening, things are no' changin', it's the same person, you know...you've got to speak, say you look great the day, you know you only seen him last week but...you look a lot of different, you got tae reinforce an say that you're doin' well and you've got to let them know there is change and that change is continuing."

5.79 The demanding nature of the order, including the commitment required of offenders to comply with its various requirements and the willingness of the offender to change, were identified by managers as making it more difficult for offenders successfully to complete a DTTO. Managers also identified instability in other aspects of offenders' lives – such as the existence of other problems and stresses (including mental health problems or low self esteem) or living in a household where others are involved in the misuse of drugs – as likely to detract from an offender's ability to complete an order.

5.80 The intensity of the commitment that was required from offenders on a DTTO was thought by DTTO staff to present challenges to family members or partners:

“You know they’ve got to be at a lot of places throughout the week. Got to be, should be at group-work, they should be at [name of treatment provider] twice a week, they should be at counselling twice a week. That might make it difficult because if they’ve...got a partner and...they were normally around for them to help with kids and different things like that, but they’ve now got to do that, the partners and mothers and fathers have got to be aware...that they’ve got to do this. That can be quite difficult for some people.”

5.81 However, family support was felt by DTTO workers to be a key to successful completion of a DTTO because the DTTO teams could not provide round the clock cover.

SUMMARY

5.82 Drug testing is an integral part of DTTOs. Glasgow used laboratory testing (which meant that delays of up to two weeks for the receipt of results sometimes occurred) while a combination of laboratory and dipstick testing was employed in Fife. The percentage of positive tests for opiates decreased over time, especially in Glasgow.

5.83 Around two-thirds of drug testing appointments were attended, with higher rates of attendance in Glasgow, where the testing and the issuing of methadone took place at the same location. Testing was thought by managers to reinforce the authority of the order and to provide a more accurate indicator of offenders’ drug use. However, treatment providers expressed concern that the frequency of testing, especially in the early stages of an order, might serve to decrease offenders’ motivation to become drug free. Testing, moreover, could tell if a drug was being used, but could not show how often it was being used or in what quantities.

5.84 Offenders were generally sanguine about the frequency of testing to which they were subjected and most believed that testing would help them to reduce their use of drugs. Testing was viewed by offenders both as a deterrent to continued drug use and as an incentive to becoming and remaining drug free.

5.85 DTTOs must be reviewed by the court not less than monthly, either through a review hearing or a paper review. The dialogue between the offender and the sentencer is a distinctive feature of the DTTO and sentencers expressed a clear preference for face-to-face review hearings. In Glasgow, the majority of review hearings were conducted in open court, with the court being cleared if issues of a sensitive nature were likely to be discussed. In Fife, sheriffs conducted the majority of review hearings in chambers, though the number of people present tended to undermine the informality of the process. Sentencers were divided in their views as to whether defence agents should be present at all reviews. When they were present, the dialogue between the sentencer and the offender was usually restricted.

5.86 Professional respondents regarded reviews as an important mechanism for motivating offenders to complete their orders and in the majority of cases there was continuity of sentencer across reviews, a factor shown in US research to be associated with the enhanced effectiveness of Drug Court orders. The majority of reviews that were observed by the researchers were encouraging on the part of the sentencer and responsive on the part of the offender. Offenders were generally content with the frequency of reviews, believing that it kept them ‘on their toes’. Reviews, like testing, were perceived by offenders both as a ‘carrot’ and as a ‘stick’.

5.87 Sentencers had rarely made amendments to DTTOs at reviews and few orders had been revoked or breached. Sentencers stressed that they would be reluctant to revoke a DTTO without first giving the offender another opportunity to comply with the order. The DTTO was perceived by sentencers and by other professionals as a high tariff option and the former indicated that the likely outcome of revocation of a DTTO would be the imposition of a custodial sentence.

5.88 The breach rate in the Scottish pilots was low in comparison with the relatively high breach rates observed in the English pilot schemes, with only two offenders each having been breached in Glasgow and Fife. However, the enforcement procedures were somewhat unclear and some sentencers, treatment providers and offenders were concerned that too much leeway was given to offenders who failed to comply. Managers, on the other hand, believed that the flexible response to offenders on DTTOs was a strength of the scheme. Other features of the new orders that were thought to facilitate completion included stability in offenders’ circumstances, a consistent approach by the different professionals involved in the DTTO and features of the order itself. Addiction workers stressed the importance of support networks to assist offenders in the longer term.

CHAPTER SIX: EFFECT OF DTTOs ON DRUG USE AND OFFENDING

INTRODUCTION

6. 1 This chapter focuses on the effectiveness of DTTOs in reducing drug use and associated offending behaviour and in helping to effect other positive changes in offenders' lives. In doing so it draws primarily upon interviews with different professionals involved in the DTTO pilots, on questionnaires completed by DTTO workers and treatment providers in respect of individual offenders made subject to orders and on interviews with offenders at the beginning of and six months into a DTTO.

WHAT CONSTITUTES A SUCCESSFUL DTTO?

6. 2 Social work managers considered DTTOs to be successful if they managed to achieve the desired changes in offenders' drug use and to impact positively upon their offending, though as one manager observed, "there has to be a degree of realism". Managers also expressed the hope that offenders on DTTOs might benefit in other ways through improved health, improved relationships and improved social circumstances.

6. 3 For sentencers, a DTTO would be defined as having been a success if it had impacted positively upon offenders' drug use and related offending behaviour. However sentencers varied with respect to whether they hoped for *total abstinence* or a *significant reduction* in the use of illegal drugs. Among the former group, one sheriff explained:

"A successful DTTO is one which demonstrates and proves and enforces the total withdrawal from drugs by an offender. That is probably asking too much...To my mind reducing programmes have value but the end result always has to be total withdrawal and unless there is a reasonable swift and steady reduction then you get the suspicion that they are not really wanting to come off."

6. 4 A slightly different perspective was expressed by another sheriff who in recognition of the relapsing nature of drug misuse noted:

"Well, that he continues to keep out of trouble and that he continues to reduce, if not stop his drug misuse. I mean, I don't feel that they should always be expected never to return to drugs. I mean there's bound to be the odd blip but if they can address that and get back off again then that's a success story."

6. 5 Two sheriffs also suggested that the success of a DTTO might be assessed in terms of other improvements having been brought about in offenders' lives, such as finding a job and staying away from their former peers.

6. 6 DTTO staff believed that completing a DTTO rather than a custodial sentence would be an incentive to offenders to maintain a low offending and drug using profile. Achieving that stability in offenders' lives, to the point that they were enabled to "lead normal lives" was the main criterion of a successful DTTO:

"A successful DTTO to me is somebody that makes positive lifestyle changes, stops offending, looks, starts looking after themselves, maybe re-establishes relationships with family members...leading a normal life."

"In the long term, if they manage to resolve whatever is going on in their lives, obviously it is going to improve things for them in the longer term. They might be able to...establish a long term relationship or stay in a long term relationship, which can lead to a permanent employment, housing situation and moving, moving gradually away from offending behaviour and developing more pro-social activities and returning to a normal lifestyle as a society would expect one to do or enter into."

6. 7 Elimination of anti-social behaviour and reduced expenditure on drug use were also reported by DTTO social workers to be markers of success of a DTTO. Some DTTO staff suggested that abstinence from drugs was not necessarily a marker of a successful DTTO and that in some cases a significant reduction in drug use would be considered a success.

"...if they are chaotic drugs users, for example, using drugs £200 a day, even if they are at the end of the DTTO, they're still using £10 a day and they're funding it through their benefits or whatever or their legitimate means ... then that is a success and that will play a major role...in crime reduction on a long term basis."

"We can't expect them a year down the line to be totally drug free, totally out of that culture and everything because it won't happen, and everything you do, you're setting people up to fail, so you can give them goals that they can reach...that's better."

6. 8 The impact on the community in terms of public safety was also mentioned by the addiction workers and social workers, who felt that the reduction in criminality and health issues that could be brought about by a DTTO would benefit many people living in the offenders' locales. One worker described this longer term and wider benefit of DTTO as being "like investing your one pound now and multiplying it by 10 next year, you know...whatever you invest now, it will have long term impact in the society". To achieve this, however, the social consequences of being a drug-using offender - such as stigma, marginalisation, lack of training, education or employment record - were all reported by DTTO staff as needing attention during and on completion of an order.

6. 9 When asked what constituted a successful DTTO, treatment providers, like social work managers and DTTO staff, made a distinction between the ideal and the achievable. A successful DTTO would be defined by someone:

“...maintained on a prescription only showing, when you do analysis, only showing positive for methadone, no evidence of drug use, no evidence of injectional sites, improved health gains and just completing their order.”

“... who completed their order, who was completely drug free, who had moved on in their life... had raised their standard of living and was not committing crime any more... [realistically] if they can at least reduce their drug use to recreational and non-destructive in their life.”

6. 10 The supportive nature of the order was viewed as highly beneficial by treatment providers, who also singled out specific features of it such as group work, challenging attitudes towards drugs, and social and leisure activities as being helpful. However, the motivation of the individual and the stage they were at in the “cycle of addiction” was thought to be the fundamental factor in enabling a DTTO to succeed.

6. 11 Treatment providers believed that housing had a major influence on offenders’ ability to complete DTTOs. As one explained:

“The only concern that we have is for those individuals that are homeless and living within the hostel accommodation... at the end of the day when all services have shut down, or whatever, and they have got to go back to the hostel population... there are large numbers of people who are using drugs there. I think it is a very difficult situation for somebody to maintain a drug free existence whilst still staying there.”

6. 12 Treatment providers believed that a range of social factors – such as living in an area where drug use was prevalent, having friends who used drugs and having drug-using partners - made it more difficult for offenders successfully to complete a DTTO. As one treatment provider remarked, “they’re still living in the same environment... they’re still surrounded by the same socio-economic problems”.

PERSPECTIVES ON THE EFFECTIVENESS OF DTTOS

Social work managers

6. 13 Social work managers believed that DTTOs could be effective in helping offenders to reduce their use of drugs and in some cases to become drug-free. They recognised that offenders were more likely to change their patterns of drug use and the types of substances used than to become completely drug-free. However this was regarded as a positive outcome so long as offenders were no longer offending to support their use of drugs. Some managers believed that DTTOs were better placed than other disposals to effect positive changes in drug use because of the accountability they demanded of offenders. Factors they thought made DTTOs effective in this regard included: the early and rapid engagement with treatment; the access to a range of treatment options that can be tailored to the individual’s needs; the clear framework of accountability associated with a DTTO; and the active involvement of both the offender and the sentencer in the review process. One

manager, on the other hand, stressed that the effectiveness of DTTOs was very much dependent upon the offender's own motivation to change:

“I think that people who are responding the best are people who are probably at a stage in their lives where they would like to change anyway, however maybe they're just needing that final step to help them across the bridge.”

6. 14 Managers also identified a number of factors that limited the effectiveness of DTTOs with respect to facilitating improvements in offenders' use of drugs. First, they pointed out that DTTOs were appropriate only for a rather narrow band of drug-misusing offenders with distinct profiles. Second, DTTOs, although relatively intrusive, were still nonetheless peripheral to offenders' lives and to other external influences upon their drug use and associated behaviour.

6. 15 Social work managers also believed that DTTOs could have a positive impact upon drug-related offending, though offenders sometimes continued to offend to pay off debts that had accrued while they were taking drugs. Managers believed that factors that accounted for the success of the DTTO in addressing drug misuse were also relevant to understanding how and why the orders might impact upon offending, given that the latter was a direct consequence of the former.

6. 16 Social work managers were generally optimistic that DTTOs could make a wider impact on offender's lives through assisting them to access accommodation, employment, health and other services and through improving their social functioning, their relationships and their personal coping mechanisms. In this respect DTTOs were perceived as fulfilling a similar function to probation, though with DTTOs drug misuse featured as the most dominant problem in the individual's life.

DTTO staff

6. 17 Staff in the two pilot areas believed that the unique emphasis of the DTTO on drug use and associated offending and the approach adopted towards offenders on orders were key to their success. As an addiction worker explained:

“We preserve the dignity, the respect...which is something drug-users have never even had or don't get a lot you know, they're treated extremely badly. So they get respect, they get dignity.. and we're able to divert a lot o' resources and time...to devote to people.”

6. 18 DTTO staff expressed a confidence that the 'lifestyle' of being on a DTTO would be maintained after completion of the order. In the addiction workers' view, longer term abstinence from drugs could not be guaranteed and relapse was a likely outcome, but there was optimism about longer term rehabilitation of drug using offenders who have had a DTTO.

“A lot of people get back positive relationships either be it family or pals they used to know before they ditched them and things like that so...it's giving somebody all the aspects of their lifestyle back...and they're even

looking at things like employment, college, which is something that was not available, wisnae an option for them before.”

Treatment providers

6. 19 The treatment providers spoke very positively about the reduction seen in drug use among offenders on DTTOs and reported having seen improvements in the physical health of offenders given DTTOs. They also observed that when relapses did occur, the amount of drugs used was greatly reduced compared to usage prior to the DTTO. The fact that the treatment was part of a court order was also seen as a “safety net” in the event of relapse, preventing people being lost to treatment services as usually occurs. Treatment providers also commented that prison sentences would not have been effective with people given DTTOs but that orders could be an effective form of intervention at the end of a drug-using career. However they qualified this by noting that the effectiveness of treatment “depends very much on the individuals themselves and how their life is at the time”.

6. 20 Treatment providers did not feel well placed to comment on whether DTTOs could help bring about reductions in offending, though their perception was that they were effective in this respect, not least because through being kept fully occupied offenders had little free time in which to commit crimes. Treatment providers also speculated that if their drug use had reduced, offenders could fund their use of drugs through legal avenues rather than through offending. Only one treatment provider pointed out that every time those on a DTTO used an illicit drug they were committing an offence.

Sentencers

6. 21 Sentencers were, on the whole, optimistic that DTTOs had the potential to bring about reductions in offenders’ drug use, though some also suggested that it was too early to reach a definitive conclusion in this respect. Several sentencers made reference to cases in which the offender’s drug use had ceased, reduced or changed (for example from heroin to diazepam) while they were subject to an order, while one stressed that the effectiveness of DTTOs was dependent upon offenders who were sufficiently motivated to change being made subject to orders.

6. 22 Most sentencers were cautiously optimistic that the experience of a DTTO could lead to a reduction in or cessation of drug use in the longer term. The frequency of testing, intensity of contact, explicit focus upon drug misuse and rapid access to treatment services were thought by some sheriffs to indicate that a DTTO was more likely to impact positively upon drug misuse than a probation order with a drug treatment requirement.

6. 23 The majority of sentencers were similarly optimistic that DTTOs were having a positive effect on drug-related crime at the individual level at least in the short term (that is, while offenders were subject to orders) and were hopeful that these benefits would be sustained in the longer term. Some sheriffs also pointed out, however, that in view of the modest scale of the DTTO pilot scheme, it was inappropriate to expect it to have a perceptible effect on levels of offending and drug use more generally.

6. 24 Sentencers identified a range of factors that they viewed as contributing to the effectiveness of DTTOs in reducing drug misuse and, by inference, drug-related crime. These included: the intensity of contact demanded by the order; the drug testing element; the involvement of the court in reviewing orders and adopting a stance clearly oriented towards rehabilitation; and the availability of professional support and treatment. Sentencers also suggested that the threat of a custodial sentence hanging over the offender and the motivation of the offender were significant factors in this respect. As one sheriff explained, ‘If they have the motivation, they then are in the age group that is likely to stop offending’. The addictive nature of illegal drugs and the prevalence of drug misuse and associated social problems, on the other hand, were regarded by some sentencers as detracting from the ability of DTTOs to bring about sustained changes in drug use among offenders given orders. Similarly, two sheriffs suggested that continued association with offending peers was likely to undermine offenders’ attempts to desist from further criminal activity in the longer term.

6. 25 Other potential benefits of DTTOs that were identified by sentencers included: improved family relationships as a result of the offender coming off drugs; enhanced ability to look after their children; help with housing and access to employment, accommodation, education and other relevant resources; improvements in general health; increased structure in offenders’ lives; and improved social functioning.

FAILURES ON DTTO

6. 26 DTTO workers were also able to comment on instances in which DTTOs had not been a success. For example, addiction workers suggested that in some cases offenders had effectively been set up to fail, either because they had not been properly assessed, because the recommendation in the SER was vague or open-ended or because the sentencer had decided to impose an order in the face of a clear recommendation for an alternative disposal.

6. 27 Younger offenders (for instance those in their teens), while suitable in many respects for a DTTO, were also perceived by staff as being more likely to have difficulties complying with the requirements of an order. They also attributed some offenders’ failures to comply to the intensity and intrusiveness of the order – as one worker explained “it’s not an easy road for them” – and suggested that offenders who refused to be assessed for a DTTO frequently cited the perceived intensity of commitment required.

DTTO WORKERS’ AND TREATMENT PROVIDERS’ PERSPECTIVES ON THE EFFECTIVENESS OF DTTOS IN INDIVIDUAL CASES

6. 28 Treatment providers and DTTO social workers in the two pilot areas were asked to complete questionnaires relating to individual offenders at three stages in their orders: shortly after the offender had begun a DTTO; six months into the order; and on completion. Treatment providers completed 45 initial questionnaires (35 in Glasgow and 10 in Fife) and 18 six-month questionnaires (all in Glasgow). DTTO

social workers completed 47 initial questionnaires (23 in Glasgow and 24 in Fife) and 33 six-month questionnaires (17 in Glasgow and 16 in Fife). In addition, three completion questionnaires (relating to two individuals) were completed. However, in view of the small number of completed cases for which data were available, the subsequent discussion will focus only upon the questionnaires completed initially and after six months.

Offenders' motivation to change

6. 29 The majority of offenders were viewed by DTTO staff and treatment providers as being very motivated or fairly motivated to reduce their drug use, offending and other problems at the start of their orders (Tables 6.1 and 6.2). In comparison with treatment providers, DTTO workers were more likely to indicate that offenders were highly motivated to address their drug use at the outset of their orders, though why this was so is difficult to explain. It is possible that offenders presented a more optimistic picture to DTTO workers because the latter had a direct role in reporting progress to the court. Alternatively, treatment providers may have been slightly more cynical about the potential for success in the context of 'coerced' treatment or on the basis of prior experience of treating people who misused drugs.

Table 6.1 Treatment providers' views of offenders' motivation at start of DTTO

	Very motivated	Fairly motivated	Not motivated at all
To reduce drug use	11 (24%)	31 (69%)	3 (7%)
To reduce offending	19 (42%)	23 (51%)	3 (7%)
To Reduce other problems	12 (27%)	33 (73%)	-

Table 6.2: DTTO workers' views of offenders' motivation at start of DTTO

	Very motivated	Fairly motivated	Not motivated at all
To reduce drug use	20 (44%)	22 (47%)	4 (9%)
To reduce offending	20 (44%)	21 (47%)	4 (9%)
To reduce other problems	15 (33%)	25 (54%)	6 (13%)

6. 30 Six months into their orders, treatment providers still believed that the majority of offenders were motivated to change (Table 6.3). Offenders' levels of motivation to change were also thought by DTTO workers to be high, though a higher proportion of offenders were thought not to be motivated to change after being on a DTTO for six months (Table 6.4). To facilitate comparison between these Tables we have included percentages, though it should be recognised that these are based upon very small numbers. They seem to suggest that at this stage, treatment providers were slightly more optimistic than DTTO workers with respect to offenders' potential to reduce their use of drugs while DTTO workers were more optimistic with respect to their potential to reduce their involvement in drug-related offending. These differences may reflect the varying emphases placed by treatment providers and DTTO workers on the reduction of drug use and offending behaviour.

Table 6.3: Treatment providers' views of offenders' motivation after six months

	Very motivated	Fairly motivated	Not motivated at all
To reduce drug use	5 (36%)	6 (43%)	3 (21%)
To reduce offending	4 (20%)	8 (57%)	2 (14%)
To reduce other problems	3 (21%)	9 (64%)	2 (14%)

Table 6.4: DTTO workers' views of offenders' motivation after six months

	Very motivated	Fairly motivated	Not motivated at all
To reduce drug use	9 (28%)	11 (34%)	12 (38%)
To reduce offending	12 (38%)	14 (44%)	6 (19%)
To reduce other problems	5 (16%)	13 (42%)	13 (42%)

Offenders' responses to treatment and to the DTTO

6. 31 Treatment providers' and DTTO workers expectations of how well offenders would respond to a DTTO and to the treatment provided are shown in Tables 6.5 and 6.6. Treatment providers were more likely than DTTO workers to anticipate a mixed response in both respects while DTTO workers were more likely than treatment providers to indicate that offenders would respond very positively to treatment and to a DTTO.

Table 6.5: Treatment providers' views of how offenders are likely to respond (at start of order)

	Response to DTTO	Response to treatment
Very positive	8 (18%)	9 (20%)
Fairly positive	13 (30%)	14 (32%)
Mixed	20 (44%)	18 (40%)
Fairly poor	3 (6%)	3 (6%)
Very poor	1 (2%)	1 (2%)

Table 6.6: DTTO workers' views of how offenders are likely to respond (at start of order)

	Response to DTTO	Response to treatment
Very positive	21 (46%)	18 (39%)
Fairly positive	14 (31%)	15 (33%)
Mixed	8 (17%)	12 (26%)
Fairly poor	1 (2%)	-
Very poor	2 (4%)	1 (2%)

6. 32 After the first six months on a DTTO, treatment providers and DTTO workers believed that up to half the offenders given orders had shown a positive response to treatment (Table 6.7). DTTO workers also believed that one half of the offenders had responded positively (16) to their DTTO, while seven had shown a mixed response and in nine cases the offender's response had been poor.

Table 6.7: Perceived response of offenders to treatment¹⁹

	Treatment provider	DTTO worker
Very positive	6 (43%)	15 (50%)
Mixed	6 (43%)	5 (17%)
Very poor	2 (14%)	10 (33%)

Achievement of objectives

6. 33 Treatment providers and DTTO workers were also invited in the questionnaire to indicate what they considered to be the main objectives of treatment (in the case of treatment providers) or intervention (in the case of DTTO workers) in each case and to indicate the extent to which they had been achieved after the offender had been on an order for six months. The resultant responses are summarised in Tables 6.8 and 6.9. The small number of cases associated with individual objectives makes it difficult to draw conclusions from these data. However it appears that, overall, offenders were mostly considered to have made some progress towards reducing their drug use, stopping offending and addressing other problems.

Table 6.8: Treatment providers' views of the extent to which objectives have been achieved (after six months)

	Completely	In large part	To some extent	Not at all
Stop injecting	2	-	-	-
Stabilise on methadone	-	3	4	2
Stop substance misuse	-	2	2	-
Understand drug use	-	1	-	-
Acquire drug free skills	-	1	1	-
Stop offending	1	2	-	1
Social inclusion	-	1	-	-
Improve relationships	-	1	-	-
Stabilise lifestyle	-	-	1	-

Table 6.9: DTTO workers' views of the extent to which objectives have been achieved (after six months)

	Completely	In large part	To some extent	Not at all
Stabilise on methadone	-	6	3	3
Detox	-	-	-	1
Personal development	1	2	1	-
Stop substance misuse	5	4	8	4
Improve health	-	2	1	-
Stop offending	7	6	7	2
Social inclusion	1	2	1	2
Integrate into support services	-	1	-	2
Stabilise home environment	3	1	3	-
Relapse prevention	1	-	-	1
Stabilise lifestyle	-	-	1	1

¹⁹ Again, the numbers on which these percentages are based are very low and they are provided for illustrative purposes only.

Effectiveness of treatment and other services

6. 34 Questionnaire respondents were also asked to indicate how effective they considered treatment and other services to have been (Tables 6.10 and 6.11). As with the data relating to objectives, conclusions are necessarily tentative. However it does appear that most interventions were thought in most cases to have met with some measure of success. DTTO workers, however, identified a wider range of treatments as being ineffective in one or more cases. This may be because their involvement with offenders was more 'holistic' and they were therefore better placed to assess the impact of various services and supports.

Table 6.10: Treatment providers' views as to how effective treatment and other services have been (after six months)

	Very	Fairly	Not very	Not at all
Methadone	2	5	4	2
Diazepam detox	-	1	-	-
Counselling	1	-	-	1
Groupwork	3	-	-	-
Peer support	-	1	-	-
Care planning	-	1	-	-
Training & education	1	-	-	-
Urine testing	2	-	-	-

Table 6.11: DTTO workers' views as to how effective treatment and other services have been (after six months)

	Very	Fairly	Not very	Not at all
Methadone	6	11	7	4
Dihydrycodeine	-	-	1	-
Counselling	7	13	2	1
Groupwork	2	7	1	2
Personal development programme	1	2	2	1
Abstinence treatment	-	1	2	1
Aromatherapy	1	-	-	-
Supported accommodation	1	1	-	2
Advice and support	1	4	1	-
Community detox	-	1	-	-

Changes in drug use, offending and other problems

6. 35 The questionnaires sought treatment providers' and DTTO workers' estimates, at the start of a DTTO, of how much being on a DTTO was likely to affect offenders' drug use, offending and other problems. Treatment providers believed that in 19 cases (42%) the offender's drug use would improve significantly, in 24 cases (53%) it would improve slightly and in two cases (4%) there would be no change. DTTO workers believed that in 24 cases (52%) drug use would improve

significantly, in 17 cases (37%) it would change slightly and in five cases (11%) there would be no change.

6. 36 Questionnaires completed at the six-month stage revealed that most offenders on DTTOs were thought by treatment providers and by DTTO workers to have shown an improvement in their drug use (Table 6.12), with drug use reportedly having reduced considerably in around one third of cases.

Table 6.12: Perceptions of change in drug use as a result of DTTO (after six months)

	Treatment providers	DTTO workers
Improved significantly	5	10
Improved slightly	6	16
No change	3	4
Slightly worse	-	1
Significantly worse	-	1

6. 37 Treatment providers and DTTO workers were also optimistic that being on a DTTO would help reduce offending. Twenty-two offenders (49%) were thought by treatment providers to be likely to show a significant improvement in their offending, a similar number were thought likely to show a slight improvement in this respect and only one (2%) was considered unlikely to change. DTTO workers thought that in 25 cases (56%) offending would improve significantly, in 14 cases (31%) it would improve slightly and in six cases (13%) it would remain unchanged.

6. 38 Six months into their orders the majority of offenders were considered by both treatment providers and by DTTO workers to have shown a significant improvement in their offending (Table 6.13). In only one case did a DTTO worker consider an offender’s offending to have got slightly worse since being placed on a DTTO.

Table 6.13: Perceptions of change in drug related offending as a result of DTTO (after six months)

	Treatment providers	DTTO workers
Improved significantly	6	17
Improved slightly	2	9
No change	2	5
Slightly worse	-	1
Significantly worse	-	-

6. 39 Treatment providers and DTTO workers were more cautious in their expectations that offenders’ other problems would change significantly as a result of being on a DTTO. Treatment providers believed that other problems would improve significantly in 15 cases (33%) and slightly in 26 cases (58%) while in four cases (9%) they would remain unchanged. DTTO workers anticipated significant improvement in offenders’ other problems in 16 cases (35%), a slight improvement in 20 cases (44%), no change in eight cases (17%) and a slight worsening of problems in two cases (4%).

6. 40 At the six-month stage of the DTTO, offenders’ problems were thought both by treatment providers and by DTTO staff to have shown some improvement in most cases (Table 6.14). However improvements in offenders’ other problems were not as marked as perceived improvements in their drug use and offending since being made subject to a DTTO.

Table 6.14: Perceptions of change in other problems as a result of DTTO (after six months)

	Treatment providers	DTTO workers
Improved significantly	2	7
Improved slightly	7	10
No change	5	12
Slightly worse	-	1
Significantly worse	-	2

Likelihood of continued drug use and offending

6. 41 Treatment providers and DTTO workers were asked to indicate how likely they thought it was that offenders would resort to their former patterns of drug use and offending. At the start of the order treatment providers believed that four offenders (9%) were very likely to resort to former patterns of drug use and 28 (65%) were fairly likely to do so while in 11 cases (26%) this outcome was not likely at all. Similarly, DTTO workers believed that resorting to previous patterns of drug use was very likely in four cases (9%), fairly likely in 27 cases (59%) and not likely in 15 cases (33%).

6. 42 After offenders had been on DTTOs for six months, a higher proportion of offenders were considered by both treatment providers and DTTO workers as being very likely to re-sort to their previous patterns of drug use (Table 6.15). At this stage, however, resorting to further drug use was still considered unlikely among around one third of offenders on orders.

Table 6.15: Perceived likelihood of returning to previous pattern of drug use (after six months)

	Treatment providers	DTTO workers
Very likely	4	7
Fairly likely	4	15
Not likely at all	3	10

6. 43 At the start of their orders treatment providers believed that six offenders (15%) were very likely to resort to their former patterns of offending, 22 (54%) were fairly likely to do so and in 13 cases (32%) this outcome was unlikely. DTTO workers believed that 4 offenders (9%) were very likely to return to their former pattern of offending and 21 (47%) were fairly likely to do so while in 20 cases (44%) such a resumption of offending was unlikely.

6. 44 Some offenders in respect of whom questionnaires were completed at the six-month stage in their order were thought by treatment providers and DTTO workers to be very likely to return to former patterns of offending. However in a relatively high

proportion of cases treatment providers (3/8) and DTTO workers (14/31) believed that this outcome was unlikely (Table 6.16).

Table 6.16: Perceived likelihood of returning to previous pattern of offending (after six months)

	Treatment providers	DTTO workers
Very likely	2	7
Fairly likely	3	10
Not likely at all	3	14

OFFENDERS' PERSPECTIVES ON DRUG USE AND OFFENDING AT THE EARLY STAGES OF THE ORDER

6. 45 With the exception of four offenders who indicated that they had stopped using heroin before they were sentenced, all of those who took part in initial interviews indicated that their drug use had decreased – in most cases markedly – since they started their DTTO. Offenders used terms such as “50 times better” and “a drastic cut” to describe how their drug use had changed since they received a DTTO. As one respondent explained:

“It’s night and day, basically, from then to now. It’s only, what, once or twice a month. Before it was every day. So I’d say it’s a lot better now.”

6. 46 Twelve offenders admitted that they were still occasionally using drugs (including heroin), though in each case they reported much lower levels of use than before they received their orders. Others indicated that they were now only using methadone.

6. 47 Only two offenders – both of whom were still using heroin occasionally - indicated that they had committed any offences in the previous month. In both cases they suggested that their level of offending was lower than prior to receiving a DTTO. The remainder said that they had not re-offended since being placed on a DTTO, attributing this to the fact that with their drug use decreased or stabilised, there was no need for them to offend:

“My offending now’s non-existent. I don’t have to offend now because I’ve got no reason to.”

“I’ve stopped offending altogether because I don’t need to get money to buy drugs because I’m on the methadone script.”

6. 48 Throughout the interviews offenders emphasised the direct link between their drug use and offending. As another offender observed:

“If you take the drug addiction away then I would be, maybe not the best citizen in the world but, you know, somebody you could trust.”

DRUG USE AND OFFENDING AFTER SIX MONTHS ON A DTTO

6. 49 Six months into their DTTOs, nine of the ten offenders who were interviewed indicated that they had used heroin in the previous two months. Six described having relapsed – though four had subsequently managed to stabilise their drug use again - while three others had continued to use heroin occasionally since receiving their order. The remaining respondent indicated that he no longer used heroin but continued to use cannabis. Each of the offenders had spent money on drugs in the previous month, ranging from £20 to £200 per week. On average this group of offenders reported having spent £57 per week on drugs, compared with the average of £490 per week offenders at initial interview reported having spent before they were made subject to a DTTO. Four offenders indicated that they had offended in the previous month to obtain money for drugs, one of whom had been imprisoned as a result.

RISK OF FURTHER DRUG USE

6. 50 In the initial (post-sentence) interviews offenders were asked what they hoped to achieve as a result of being on a DTTO. Their responses are summarised in Table 6.16.

Table 6.16: What offenders hoped to achieve through being on a DTTO

	Number of responses
Become drug free	26
Normal life/fresh start	15
Employment/education	11
Family/improved relationships	6
House	5
Stay out of prison/avoid offending	3
Reduce/control drug use	2
Avoid death	1

6. 51 Most offenders identified abstinence – initially from heroin and eventually from methadone – as an ultimate goal. For many, this was coupled with a desire to make a fresh start and achieve a ‘normal’ life. As one offender explained, “I hope to achieve a normal way of life. Stay straight basically”. A similar sentiment was echoed by another offender who responded:

“I cannae go back to the way it was before, it was just starting to get too much...It was always that same routine and that was getting me down - just seeing everybody else walking about and I was thinking ‘how can I not be just like a normal person?’..Even when I took the drugs I wasnae happy. I was only taking them as a habit.”

6. 52 Once their drug use was stabilised many offenders hoped to find employment or pursue education or training and five hoped to get a house of their own and “settle down”. Other priorities included mending or establishing relationships and avoiding further offending or its consequences. One offender viewed his DTTO as his last

chance to forestall what he regarded as the almost inevitable consequence of continued heroin use:

“If I don’t make this project work I don’t see that there is much of a life left, is there?. ... I’m going to die through heroin abuse...if I don’t get my act together.”

6. 53 Early on in their orders, offenders were unanimous in the view that they did not want to start using heroin again. Some were optimistic that with the help of the DTTO they would be able to remain drug free. Others, however, were more guarded in their responses, recognising that relapse was a possibility and that they had failed in attempts to come off drugs in the past. Some indicated that methadone had taken away the urge to use heroin, while a few acknowledged that they still experienced cravings and had continued to use heroin, albeit occasionally, since being given their order.

6. 54 Offenders identified aspects of DTTOs that they believed could help them reduce or cease their use of drugs. These included testing, reviews and the treatment and other services provided. Methadone was viewed as helpful in assisting offenders to stabilise their drug use, while some offenders cited counselling and groupwork as having helped them to gain insight into their use of drugs:

“Hopefully through being here for 18 months I’ll have enough information in my head ...[so that] when things go wrong for me, instead of running out the door and using, I’ll be able to deal with my problems better.”

6. 55 A few offenders singled out the combination of services as having been beneficial while others stressed the structure that was provided by a DTTO as being helpful in this regard. In the longer term, some offenders believed that finding employment would help them to remain drug free. Ultimately, however, several offenders stressed the importance of willpower and personal motivation to change.

6. 56 None of the offenders thought, at the six-month stage in their orders, that it was likely that their drug use would increase and all expressed a continuing desire to become or to remain drug free. Three offenders considered it very unlikely that they would start using heroin again because they did not wish to put themselves through the experience again. As one respondent commented:

“It is the only time in my life that I can ever remember not liking drugs, not wanting drugs, you know.”

6. 57 Others, while hopeful, were somewhat less optimistic in their outlook, in some cases because they had already experienced a relapse since starting their DTTO:

“It’s a sort of social thing at the moment...I’d like to be abstinent but it’s not working out like that at the moment...I didn’t really know what to expect...this is the first kinda proper treatment that I’ve had for my drug use...I wouldn’t say treatment’s difficult, the only thing that’s difficult is

staying clean, you know. For somebody that's been using drugs for the last 10 years, 15 years, to stop – that's kinda hard, you know.”

6. 58 Offenders still believed that being on a DTTO would help them reduce their use of drugs or achieve abstinence through the services provided and the monitoring aspect of the order. One offender, who had continued to have positive tests throughout his order, believed that once he obtained a clean sample, maintaining it would be something to aspire to:

“I suppose it's like a gold star that you want to keep, an' so it would help me.”

RISK OF FURTHER OFFENDING

6. 59 Not surprisingly, given the link between their offending and their drug use, at initial interview offenders were generally optimistic that if they could remain drug free they would not re-offend, as the following comments illustrate:

“When I'm clean and I'm no' using drugs I don't commit crime – it's just not in me.”

“If I wis on drugs I'd probably offend but hopefully I'll be aff the drugs and I'll no' need tae.”

“I'll never offend again...This order's done me wonders.”

6. 60 Some offenders, however, acknowledged that further offending was a possibility because they could not rule out completely the risk that they might eventually resort to using drugs. A few others believed that further offending may be possible, either because they had a pattern of opportunistic offending that pre-dated their drug use (and which, in one case, was perceived almost as an addiction in itself) or because they might find themselves in situations (a “different scenario”) in which offending (such as fighting or committing a breach of the peace) was the result.

6. 61 Most offenders who were interviewed after being on an order for six months considered it unlikely that they would re-offend, especially if they managed to stay off drugs. However, two thought it possible that they might become involved in other types of offending that were not related to drugs.

OFFENDERS' OVERALL VIEWS OF DTTOS

6. 62 At the stage of the initial interviews offenders were, on the whole, positively disposed towards the DTTO. Indeed, many viewed aspects of it that might be considered by an outsider to be particularly intrusive or restrictive as positive features of this new order. One offender described the DTTO staff and treatment providers as “a lot more helpful than anybody else has been the 10 years I have been using” while another suggested that:

“The DTTO covers everything that probation couldn’t cover...I think this is one of the best things that the government has actually brought out. For people that are willing to take the chance, it’s the best thing that they’ve brought out.”

6. 63 Several offenders volunteered the observation that a DTTO had been the “best thing that had happened” to them. Through being on an order, their drug use had stabilised, they were receiving additional support through counselling and groupwork and they had received help with other practical matters such as housing. For example, two offenders from Glasgow who had been homeless had found temporary accommodation with the help of DTTO staff. Six months into their orders, the offenders who were interviewed were still, on the whole, positive about their experience of a DTTO.

6. 64 It is worth noting that several offenders had experienced a relapse in their drug use between 4-6 months into their order, though they had also, in most instances, succeeded in subsequently re-stabilising their use of drugs. These findings suggest that this may be a critical period for offenders who are attempting to remain drug free and they may have implications for the nature and range of services and supports available at this stage in the order. It also corresponds with the findings from the evaluation of the pilots in England and Wales that the majority of orders were revoked in the first four months.

FAMILIES’ VIEWS OF DTTOS

6. 65 The offenders who were on DTTOs had been using heroin for several years when they received their orders and relationships with families and partners had suffered as a result. Most reported that their families and partners were pleased that they had been made subject to a DTTO, variously describing the latter as “happy”, “delighted”, “chuffed” and “over the moon” that they were being given an opportunity to come off drugs. Two offenders said that family members had already begun to notice an improvement in their physical appearance since they started their DTTO. In a few cases family members were said by offenders to be sceptical about the likely success of the DTTO because they had failed in the past to keep promises to stop using heroin.

6. 66 Most offenders reported that their relationships with their families had begun to improve since they began their DTTO, with family members beginning to regain trust that had been eroded as a direct consequence of the offender’s drug use. Several offenders said that the fact they were receiving treatment and support for their drug problem meant that their families now had less need to worry about the harm they might cause themselves. In a few cases offenders noted that their families were now financially better off because they were no longer using drugs.

COMPARISON GROUP INTERVIEWS

6. 67 Interviews were conducted with ten offenders who had been given probation orders with drug treatment requirements as part of the Forth Valley Fast Track

Programme. Most of the respondents received their probation order for shoplifting, however one had various other charges alongside the shoplifting charge including charges for possession of heroin and cannabis and two were charged with non-payment of fines. Five respondents reported committing their offences whilst under the influence of drugs and all reported having committed offences in order to obtain money to buy drugs. At the point where the probation order was made, the amount of money being spent on drugs ranged from £30 to £200 per day, with most of this money coming from offending. Expenditure on drugs was, therefore, similar to that reported among the offenders given DTTOs, which was shown to vary from £10 to £200 per day (Para. 3.60).

6. 68 The respondents interviewed were at differing stages in their orders with three having completed more than one year. All ten respondents reported using heroin with some reporting the use of benzodiazepines, cannabis and amphetamine sulphate occasionally as secondary substances. All also indicated that they were offending minimally since being placed on probation and markedly less than prior to when they received their order. The three respondents who had completed more than a year on their orders all claimed that they were not offending at all.

6. 69 Each of the respondents stated that they had agreed to the order because they were ready to address their heroin addiction and recognised that they needed support and help in order to do so. Each had received a probation order of two years and estimated that they would have received a custodial sentence of between six months and 2 years if they had not been made subject to probation though - like the offenders on DTTOs - they indicated that they would have consented to being placed on probation even without the threat of custody. As one probationer observed:

“You’re basically not just saying yes because you’re not wanting the jail, know what I mean.”

6. 70 Eight respondents reported having previously been on probation without a drug treatment requirement and had mixed views about the extent to which their current order differed from that earlier experience. However, all respondent were optimistic that their current order would help them to stop their drug use and related offending and would facilitate their re-integration into the community in the longer term. As one explained, he saw the purpose of his order being:

“[to] take me from being, you know, an offending drug user to just becoming a normal person, a normal person in society really.”

6. 71 Respondents believed that they had been given their order on account of the long-standing nature of their offending and drug-use and the fact that they had appeared on many occasions in front of the sentencing sheriff:

“Because he knows my background I think, because he knows all my offending is because of drugs, it’s not as if I was a criminal before I started taking heroin.”

6. 72 Most respondents were receiving a small (35 - 40 ml) daily prescription of methadone. One respondent was expecting to be given such a prescription in the near future, "if I keep me nose clean, like".

6. 73 Of those respondents who had completed six months or more of their orders, all but one had been referred to more than one treatment provider. Two were attending a community day programme (not drug-specific) which they felt helped to fill the day. One was regularly attending a community centre for similar reasons.

6. 74 Amongst those respondents at the start of their orders, expectations of treatment that would be offered ranged from receiving a methadone prescription only to other interventions, including anger management. Most wanted to be provided with a methadone prescription although there was a general awareness that the dosage was routinely low. There were conflicting views regarding how useful groupwork would prove to be. Thus while one probationer suggested that groupwork might be helpful, another questioned whether this would be the case:

"You're not really wanting to sit in a group of people and talk about all your woes and that, know what I mean? It's hard enough to tell a stranger."

6. 75 All were content to be subject to drug testing as part of their order. As one offender explained, "it's an insurance policy really. Helps you to be a bit stronger". They understood that testing was important because of the obvious dangers of using opiates on top of prescribed methadone and the need for workers to establish the true nature and extent of their drug use. Two respondents reported having been drug tested during previous treatment episodes, however, they still felt that testing, in combination with methadone, would make it more likely that they would reduce their use of drugs. One respondent noted that he had had trouble complying with the prescribing regime:

"Although my intentions were good to come off it and that, it took me a wee while to get to grips with what I was going to have to do and that I'd have to stop using and all the buzz and that, you know."

6. 76 One respondent noted that he had had his prescription suspended for non-compliance. He had no quarrel with the decision in itself but felt that a more flexible response might have helped:

"I mean they were right to stop it. Served me right really. But two months was too long. That was really hard. I thought it would have been better if they'd said that I'd be off it for a couple of weeks and then put on twenty mls if I behaved meself and then back on the full thing a while after that. Something like that, ken? That would have given me something to aim for."

6. 77 Respondents were asked how they would feel about attending monthly court reviews such as those included in DTTOs. One respondent felt that monthly reviews would be too frequent though he would be happy to attend court every three months. Others felt that reviews would be pointless, though one qualified this by suggesting

that they might be useful if the same sheriff saw him on each occasion. Amongst those who had completed six months or more of their orders however, there was more recognition of the potential value of the review system. Three respondents noted the value of building up a relationship with a particular judge over the course of the order:

“You’ll maybe get the odd judge that you don’t know but the judge that I usually deal with, Judge X - or if its in Stirling it’ll be Y or Z... if you’re making an improvement then he’ll say, ‘Well, we’ll maybe give him another few months to see how he keeps on going’. So it does help a wee bit aye.”

6. 78 All the respondents had accessed treatment services in the past with varying degrees of success. However, each believed that they would have more success on this occasion as a result of the support offered by Fast Track. Achieving a normal life was seen to be the most important outcome of the probation order.

“To get some normality back in my life and be able to wake up and have my breakfast in the morning because I’m hungry and not go out and try to score smack and that first.”

6. 79 Each of the probationers was optimistic that they could avoid further drug use and offending once they had become stabilised on a methadone prescription. Most indicated that their long-term aim was to stop using all drugs. Three pointed out that they had some concerns that the order would be completed before they attempted this final recovery stage:

“In that way the order couldn’t be too long could it. I might need this sort of support for years, know what I mean?”

6. 80 While all respondents had a positive attitude toward their probation order and towards the Fast Track programme, there was dissatisfaction expressed in many cases regarding the lengthy assessment period. Four respondents complained that there was an unrealistic expectation of abstinence at the commencement of the order. However, all four stated that it would not be appropriate for methadone to be routinely dispensed without some sort of assessment:

“I mean, they have to test you like. See if you’re motivated. My point is that it’s just too long. Just makes it a wee bit too easy to get into bother.”

6. 81 Thus, whilst appreciating the reasons for an assessment period, there was a general feeling that the delay between being placed on probation and beginning treatment was excessive:

“It would be a shame to get on the programme, go to court, get the probation, get the Fast Track and what have you, but then I’ve still got to go out the next day and offend to score my drugs. So, if I was basically put on a prescription once I got on the Fast Track order, then I wouldn’t have any excuse to offend or take drugs or anything. I would fear it was an awful waste getting caught now for shoplifting or something and then

losing it all, you know, which is actually a big worry of mine at the moment.”

6.82 Two respondents reported having waited for a period of two months with no substitute prescribing being provided. Both admitted that they had continued to offend to pay for drugs during the assessment period and were worried about being caught and removed from the programme before they had been given a chance of succeeding.

6.83 Overall, however, all the respondents were enthusiastic about the programme and remarkably optimistic about their chances of success. Most respondents - and particularly those who had completed six months or more of their orders - recognised that the services offered were providing an important support system. As one offender explained, “if you took away the services I’d be totally in shit, you know what I mean”.

SUMMARY

6.84 Professional respondents considered a successful DTTO to have brought about a reduction in drug use and associated offending, though some sentencers believed that at the end of the order total abstinence should have been achieved. Factors that tended to undermine the success of the order included living in an area where drug use was rife. Professional respondents were optimistic (albeit cautiously so) that DTTOs could help bring about reductions in drug use and, as a consequence, drug-related offending. They were also optimistic that DTTOs, with their emphasis upon enhancing offenders’ social inclusion, could also have a positive impact on other aspects of their lives. Staff attributed ‘failures’ on DTTOs – which they thought were more likely among young offenders - to inadequate assessments or to DTTOs being made by the court against the advice of the scheme.

6.85 Questionnaires completed by DTTO staff and treatment providers at the start of a DTTO and after the offender had been on an order for six months indicated high levels of motivation among offenders to reduce their drug use and offending. Most offenders were said to have shown a positive or mixed response to treatment, most treatment objectives had been at least partially achieved and most offenders were said to have demonstrated reductions in their drug use, offending and other problems.

6.86 Offenders reported marked reductions in drug use and drug-related offending since being placed on a DTTO, with an average weekly expenditure of £57 on drugs six months into a DTTO, compared with a weekly expenditure of £490 before being given an order. Offenders identified abstinence as an ultimate goal of a DTTO along with the ability to lead a ‘normal’ life. Offenders were optimistic that they could become and remain drug free, though several had experienced a relapse around five months into their orders. Offenders also considered further offending to be unlikely, though some would not rule out the possibility of being convicted of other offences that were not related to drug misuse.

6.87 Overall, offenders were positively disposed towards the DTTO, primarily because it offered them access to treatments and services to help get them and keep

them off drugs. Family members were also reported to be positive about DTTOs, with some offenders reporting improvements in family relationships since being placed on an order.

6.88 The sample of offenders attending the Fast Track Programme in Forth Valley had been made subject to probation orders for similar offences to the offenders on DTTOs. The offenders attending Fast Track were equally positive about the experience and believed that it had reduced their likelihood of continuing to use drugs, though some were concerned that their orders would have ended before they had become completely drug free. Offenders were also critical of the length of the assessment period, which they suggested resulted in an excessive delay between being placed on probation and accessing treatment.

CHAPTER SEVEN: THE COSTS OF DTTOS

INTRODUCTION

7.1 Data presented elsewhere in this report provides an early indication that DTTOs can have a positive impact upon both continued offending and drug misusing behaviour. However, consideration of the benefits of DTTOs must also include consideration of the costs involved. In this chapter both the direct and indirect costs of an average DTTO during the pilot period are presented. These costs have been compared with the estimated costs to the community of drug misuse and drug-related crime and estimates of savings achieved through a variety of treatment modalities.

THE COST OF DRUG MISUSE

7.2 The cost to society of drug misuse is substantial. The Scottish Executive's Drugs Action Plan: *Tackling Drugs in Scotland: Protecting our future* (2000), estimates the total annual cost to the public purse in Scotland at £250 million, although this estimate does not include the cost of absenteeism, crime and the victims of crime. In addition, the report cites research in Glasgow estimating the cost of drug-related theft at between £200 and 300 million.

7.3 The Government's Ten-Year Strategy: *Tackling Drugs to Build a Better Britain* (1998) estimated that spending across the UK was over £1 billion with the actual cost to society estimated at over £4 billion, of which £1 billion was incurred within the criminal justice system through drug-related crime.

7.4 In the USA, a study prepared for the National Institute on Drug Abuse (NIDA) by the Lewin Group (1992) estimated the economic cost of drug misuse at \$98 billion; with the majority of these costs (46%) being borne by the public purse. Only \$4.4 billion (4.5%) of this sum represented expenditure on specialist treatment services. Of these costs, over \$59 billion (60%) were attributable to drug related crime with a threefold increase in crimes attributed to drug misuse over data collected in a similar study in 1985. The same study estimated that drug misuse contributed to 25 – 30% of income-generating crime. Held (1998) suggests a figure of \$24 billion in costs to the victims of drug related crime "excluding the value of pain, suffering and lost quality of life".

ESTIMATING THE COST EFFECTIVENESS OF DRUG TREATMENT INTERVENTIONS

7.5 Although published economic evaluations of substance misuse treatment interventions are not new – with Swint and Nelson (1977), Hertzman and Montague (1977) and others demonstrating the applicability of economic analysis to the performance of early specialist alcohol treatment units over twenty years ago – they are relatively rare.

7.6 In part, this is a result of the complexity of the task. Studies of this type in the broader health-care arena have tended to estimate intervention benefits in terms of reduced health-care costs and working days lost (Werthamer, 1998). However, participants in drug misuse treatment interventions are most likely to be young people, dislocated from the legitimate labour market with an extremely variable take-up of non drug misuse-related health care.

7.7 Moreover, many of the benefits cited by the proponents of such treatment services – improved self esteem, reductions in familial conflict, improved mental health – are difficult, if not impossible, to assign a monetary value to.

7.8 Most published examinations of health-related interventions are either cost effectiveness or cost benefit analyses. Cost effectiveness analyses assume that the programme evaluated and the available alternative options will produce broadly similar outcomes (Werthamer, 1998). The value of the outcomes themselves is not considered; rather the cost of producing them. Cost benefit analyses are traditionally used to assess whether an intervention is worthwhile in and of itself. No comparison is made to other programmes. Cost benefit analyses are normally designed to measure whether the benefits of an intervention outweigh its costs and justify the necessary allocation of resources.

7.9 In the USA, a number of studies have estimated the cost benefits of both community based ambulatory treatment (Harwood et al., 1988; Cartwright and Kaple, 1991; Bradley, French and Rachal, 1994) and in-patient, or residential, provision (French et al., 1999; De Leon, 2001; Rawlings, 2001). Harwood et al. (1988) significantly note that treatment episodes can result in reduced levels of criminal activity even where employment prospects and earnings have shown no significant improvement.

7.10 A number of studies (French et al., 1993; French et al., 1999; Cartwright and Kaple, 1991), show a significant correlation between length of time in treatment and successful outcome, whilst Project Match (1996), one of the most comprehensive studies ever to be undertaken into treatment efficacy, noted the importance of external support in reducing both substance misuse and criminal activity. Gerstein and Harwood (1990) conclude that even apparently expensive treatment interventions are cost effective over a relatively short period of time.

7.11 In the UK, the paucity of studies evaluating the effectiveness of treatment services for drug misuse was noted by the Department of Health Task Force (1996) although a number of studies of alcohol treatment provision (McCrary et al., 1986; Holder, 1987; Holder et al., 1991; Goodman et al., 1992) have indicated positive cost benefits.

7.12 The National Treatment Outcome Research Study (NTORS) examined outcomes for 1075 UK clients recruited into both residential and community treatment modalities. At the one-year review, the study estimated that savings of at least £5 million had been achieved across the whole cohort. On the basis of these findings, the NTORS team concluded that, “for every extra £1 spent on drug misuse treatment, there is a return of more than £3 in terms of costs savings associated with lower levels of victim costs of crime and reduced demands upon the criminal justice

system. The total costs savings to society may be even greater than this” (NTORS, 1996).

ESTIMATING THE DIRECT COST OF THE PILOT DTTOS

7.13 An in-depth cost effectiveness or cost benefit analysis comparing the two sites was not feasible. This was due to the different methodologies adopted within the two pilot areas, with Fife opting to provide the bulk of its treatment resources ‘in-house’ and Glasgow largely relying upon the purchasing of external contractors. As a result, whilst overall outcome and delivery costs can be estimated and compared, some operational management costs were particular to the individual provider.

7.14 The cost analysis provided in this section is based upon the direct costs for both pilot teams (salaries, travel, accommodation etc.) plus the cost of any externally purchased services (treatment interventions, urine analysis etc.). Other, indirect costs, are considered in a subsequent section.

7.15 In addition, even though there is a strong indication that, in most cases, a custodial disposal would have been the likely outcome had it not been for the availability of a DTTO, a number of other alternative disposal options were available and could have been effected (and in some of these cases a community-based disposal may have been breached and a custodial sentence imposed). We describe later in this chapter the assumptions we have made about the sentences that DTTOs had replaced.

7.16 Financial statistics provided related to the first year of operation with all that this entailed in respect of marketing a new service, recruiting staff, resolving ‘teething problems’ and rationalising throughput. In the case of Fife, the period covered is July 2000 to mid-April 2001; slightly less than a full year. Costs provided by the two pilot areas covered the financial year 2000/2001.

7.17 Since the two pilots recorded cost information under different headings, we have simplified these data in Table 7.1 by identifying staff costs, office and travel costs and purchase of other services. This last item includes provision of treatment services, prescribing and drug testing.

Table 7.1: DTTO scheme costs

	Glasgow	Fife*
Salaries and other staff costs	157,901	205,240
Property, office and travel costs	47,390	55,000
Purchase of external services (including medical)	162,896	139,760
Totals	£368,187	£400,000

* Fife costs based upon budget estimates provided.

7.18 Using these figures, a mean cost per order was estimated for both pilots by establishing the mean cost per month per order. The breakdown of the length of orders provided elsewhere in this report (Table 3.3) indicates that a total of 732 DTTO months were provided in Glasgow and 822 in Fife. Dividing the total

expenditure by the number of DTTO months offered in each pilot provided a mean cost per month of an order of £503 in Glasgow and £487 in Fife (Table 7.2). This figure can be scaled up to provide an average cost for orders of varying lengths (Table 7.3) and a mean cost per order based on the proportionate use of orders of different lengths in the pilot period (see Table 3.3). This produces an average direct cost per DTTO of £8,108 across the two pilot schemes.

Table 7.2: Cost per DTTO month (£s)

	Glasgow	Fife
Total expenditure	368,187	400,000
No. of DTTO months	732	822
Cost per order month	503	487

Table 7.3: Direct costs (£s) of orders of varying lengths

Length of order	Glasgow	Fife	Average
6 months	3,018	2,922	2,970
12 months	6,036	5,844	5,940
18 months	9,054	8,766	8,910
24 months	12,072	11,688	11,880

ESTIMATING THE INDIRECT AND TOTAL COSTS OF THE PILOT DTTOs

7.19 The indirect costs associated with the provision of DTTOs are more complex to calculate. Some costs such as the cost of child-care arrangements and travel for clients attending treatment services are not particular to this client group and might reasonably be expected to feature as indirect costs in respect of other non-custodial disposals.

7.20 In addition to the direct costs of assessment, supervision and treatment must be added the costs of monthly reviews. In the absence of any published information regarding the cost of DTTO review hearings, we have assumed that the costs of reviews would be similar to those for a plea at first diet in the sheriff court under summary proceedings. Based on figures published by the Scottish Executive for the year 1999-2000, this produces a court cost of £62 per review hearing. Adding this to the direct costs on the assumption that each order is reviewed monthly (and that there are no additional costs associated with the representation of offenders by defence agents at the reviews) produces the total costs illustrated in Table 7.4 and an average total cost per DTTO across the two sites of £9,124. Whilst these costs appear high, they pertain to an intensive, demanding and relatively lengthy order. On a pro rata basis they compare favourably with the estimated roll-out costs for Restriction of Liberty Orders, at £4,560 for a six-month order (Lobley and Smith, 2000).

Table 7.4: Total costs (£s) of orders of varying lengths

Length of order	Glasgow	Fife	Average
6 months	3,390	3,294	3,342
12 months	6,780	6,588	6,684
18 months	10,170	9,882	10,026
24 months	13,560	13,176	13,368

7.21 It should be noted that the cost estimates provided above do not make allowance for all offenders referred to the system and processed by the DTTO staff. During the study period, Glasgow received a total of 155 referrals and Fife, 114. The cost of each DTTO will therefore be slightly less than the above estimate, which assumes that all the pilot schemes' costs are spread across the orders that are actually imposed. On the other hand, there will be additional costs associated with breached orders (DTTO staff costs, further court costs and the costs of any alternative sentences imposed) which will have the net effect of increasing the unit cost of a DTTO. We have not included costs of breached orders in this analysis since the low number of breaches during the period covered by the evaluation makes the likely longer term breach rate and the sentences imposed on revocation difficult to assess.

7.22 However, these costs should not be seen as an indication of probable ongoing costs where DTTO services are provided on a permanent basis. The mean cost per order provided here is likely to be a significant overestimate of ongoing unit costs based upon a pilot period of high expenditure and low throughput.

7.23 The average cost of £9,124 is based upon an average of 48 orders across the two pilot schemes. The number of orders that could be supervised would be higher once the pilot schemes had become established and this would result in a reduction in unit costs. For example, if it was assumed that 60 orders per annum could be supervised by each scheme, this would produce a revised unit cost of £7,293 per average-length DTTO.

ESTIMATING THE COST IMPLICATIONS OF A ROLL-OUT OF ORDERS

7.24 When considering the costs of DTTOs it is important also to take into account the likely costs of the alternative sentences that the orders might have replaced. In Chapter Three it was found that 38 per cent of offenders who were assessed for a DTTO, but who received an alternative disposal, were imprisoned, 23 per cent received a probation order with a drug treatment requirement, 15 per cent received a probation order and 24 per cent received other disposals. As we have noted elsewhere in this report, it appeared that DTTOs were generally offered to high tariff offenders. It is assumed, therefore, that in the absence of DTTOs, offenders would have received a custodial sentence or probation with a condition of treatment. Of the 58 offenders assessed as unsuitable for DTTO and who were given an alternative disposal of custody (36) or probation with treatment (22), 62% were given custody and 38% probation with a condition of treatment (see Table 3.2). These percentages have been used to calculate the likely costs of alternatives to DTTOs.

7.25 Data published by the Scottish Executive estimate the cost of six-months in prison as being £14,057 for 1999/2000 (Scottish Executive, 2002). We have no basis on which to estimate accurately the proportionate costs of longer or shorter sentences. We therefore assume, for the purposes of these estimates, that the cost of imprisonment per month is similar (at £2343 per month) for a 12-month sentence (i.e. six months in prison) and for a shorter sentence. There are no published costs for a probation order with a drug treatment requirement, but we have assumed that this will be lower than the mean cost of a DTTO since it will exclude reviews. On this basis we estimate the average cost of a probation order with a drug treatment requirement as being approximately £6,500.

7.26 Based on our revised estimate of a DTTO in an established scheme (£7,293), the average annual cost of providing 60 DTTOs would be in the region of £437,580 (including the costs of review hearings). If it were assumed that a DTTO replaces an average prison sentence of six months (i.e. three months served) in 62 per cent of cases and a probation order with a drug treatment requirement in 38 per cent of cases, the costs of the alternative sentences would be £261,479 and £148,200 respectively (and £409,679 in total). If DTTOs replaced prison sentences of nine-months on average, the cost of these alternative sentences would be £540,400. Using these estimates, the average cost of a DTTO compares favourably with the cost of other disposals. This, combined with the significant savings that are expected to accrue from a reduction in drug use and associated crime, suggests that DTTOs are a cost-effective addition to the repertoire of sentences available to the courts.

ESTIMATING THE COST IMPACT OF DTTOs ON DRUG-RELATED OFFENDING

7.27 Elsewhere in this report, we have noted significant reductions in spending upon illicit drugs amongst those given a DTTO. Self-report evidence from offenders at the six-month review stage suggested that spending on drugs had reduced to £57 per week from £490 per week prior to the order.

7.28 Edmunds et al. (1998), in a study which compares the cost findings of a total of seven recent UK studies, estimate that the mean average individual spend on illicit drugs is £200 per week: considerably less than the £490 per week reported by offenders in this study. Using this figure and multiplying by a factor of 3 (the multiplier used in the Government's *Tackling Drugs Together* [1995] to reflect the low illicit resale value of stolen goods), the authors estimate a mean individual cost, in stolen property alone, of £31,200 per annum.

7.29 Applying this formula to the 95 offenders in this study, results in an estimated reduction of costs (in stolen property) from £76,440 per annum at the outset of the order to £8,892 per annum at the six monthly review: an average saving of £33,774 per offender over the period. Even if only 50% of these savings could be achieved, this would still represent savings to the community of over £3 million per annum: more than three times the cost of funding the two pilots.

CHAPTER EIGHT: CONCLUSIONS

INTRODUCTION

8.1 In this final chapter we summarise the key conclusions that can be reached on the basis of the evaluation to date and identify a number of issues that will require consideration in the event of a national rollout of DTTOs.

CONCLUSIONS

8.2 The main conclusion of this study is that DTTOs had become well established in the pilot areas as an additional option for the courts in dealing with drug-related offending. Consensus was found to exist between various professionals involved in the operation of the pilot schemes that DTTOs were appropriate for those whose offending was directly related to their use of drugs and who would, therefore, be unlikely to continue offending if their drug use was addressed. DTTOs were viewed by all key stakeholders as differing in purpose from existing options – such as probation orders with drug treatment requirements – in their direct emphasis upon drug use as an *indirect* means of reducing the risk of re-offending. The relatively high use made of probation (with or without additional requirements) with unsuccessful DTTO referrals suggests that a clear distinction between DTTOs and probation orders was being maintained.

8.3 In both areas there was evidence that the pilot schemes were working well. In time, a steady flow of referrals was being achieved in both study sites. Sentencers believed that DTTO assessments were of a high quality. The very high conversion rate of positive recommendations for a DTTO to actual orders would, indeed, appear to indicate sentencer confidence (including the confidence of the High Court) in the assessments and in the services that would subsequently be provided. The criminal histories of those given DTTOs and the comments of sentencers would suggest that the orders were being used as a high tariff disposal, with offenders who would, in all likelihood, have otherwise received a custodial sentence. However, whilst orders appear to have been made on ‘appropriate’ offenders, the limited available information about offenders who did not get DTTOs made it impossible to assess how they compared (in terms, for example, of criminal history and history of drug use) with offenders given alternative disposals.

8.4 Multi-agency working was, perhaps, the biggest challenge faced by the DTTO schemes. DTTOs required not only that different professionals work together in a co-ordinated way but that there was some blurring of established roles and responsibilities (for example, DTTO social workers had responsibility for case management but not for direct service or treatment provision). The practical arrangements for the operation of schemes – including the number, type and location of different members of staff – was determined on essentially pragmatic grounds and with regard to existing structures, such as the number and location of courts and the population and demography of the areas covered by the schemes. In Fife, where the scheme served courts in three locations and where it was possible, therefore, to have a more devolved arrangement, the opportunity to have DTTO staff and treatment

providers located together in teams appeared to have facilitated communication and helped to clarify roles. A similar arrangement was not possible in Glasgow and in this pilot site occasional tensions appear to have arisen regarding communication and role clarification.

8.5 The ultimate test of the DTTO was its effect on drug use and associated offending, especially since in comparison with other community-based disposals, it is not a particularly cheap option. The available data point to DTTOs having had a positive and dramatic impact on drug use and offending which was sustained for at least six months into the orders and which offset the relatively high costs per offender of a DTTO. Overall, the incidence of positive drug tests for opiates decreased with time and reported expenditure on drugs decreased from an average of £490 per week pre-sentence to an average of £57 per week after six months on an order. In this respect the findings are similar to the findings from the evaluation of the DTTO pilots in England and Wales (Turnbull et al. 2000). However, there is a need for a lengthier follow up of offenders given orders (especially since so few orders had ended by the conclusion of the research) to assess the effectiveness of DTTOs in comparison with alternative sentences in the longer term.

8.6 The treatment that was provided to offenders given DTTOs – in most cases methadone prescription and counselling - appeared to have been the most important single factor in helping them reduce their use of illegal drugs. However the system of testing and reviews also appeared to have encouraged reductions in drug use and offending, either through their motivating potential or through their deterrent effect.

ISSUES ARISING FROM THE PILOT

8.7 Whilst the evaluation of the English pilot DTTOs schemes concluded that only one of the three schemes had implemented a viable DTTO programme, the Scottish experience has, on the whole, been positive and it was difficult to assess whether there was potential for greater use to be made of DTTOs within the pilot areas. Some sentencers had made use of DTTOs on several occasions, some less often and some not at all. Sheriffs suggested that some of their colleagues had reservations about making orders, which they feared might be in contravention of the European Convention on Human Rights. As with all new sentencing options, active steps will be required to maintain the profile of DTTOs with those who might potentially refer offenders for assessment and to ensure that orders are being appropriately targeted on those offenders for whom they are intended to be used.

8.8 The interim findings from this evaluation were sufficiently encouraging to enable the Scottish Executive to announce, in September 2001, that a process of phased national rollout of DTTOs would begin, with further schemes being established in seven additional local authorities (Edinburgh, Dundee, Perth and Kinross, Angus, Renfrewshire, East Renfrewshire and Inverclyde) from Spring 2002.²⁰

²⁰ This was in addition to an earlier extension to Aberdeen City and Aberdeenshire that took effect from autumn 2001.

8.9 Interim Guidance on DTTOs has also been issued by the Scottish Executive (Scottish Executive, 2001c) and it addresses some of the procedural issues identified in the evaluation of the pilots. The relative success of the DTTO pilots has, in addition, helped pave the way for the introduction of Scotland's first Drug Court in Glasgow in October 2001, with a second Drug Court due to be established in Fife in the summer of 2002. It is anticipated that DTTOs will form a central plank of the repertoire of sentences imposed in this important and innovative development.

8.10 We therefore conclude by discussing some of the issues that have been identified by the evaluation as requiring further attention by the existing schemes or that have implications for the rollout of orders. These overlap to a considerable degree with the issues identified in the evaluation of the pilot schemes in England and Wales (Turnbull et al., 2000).

Range of available treatments

8.11 In both pilot areas there was a restricted range of treatment services available to offenders on DTTOs (and, indeed, to other potential service users). This raises the question of how effectively offenders given DTTOs were being matched to appropriate treatments. In particular, it suggests that matching to treatment may have been determined more by the treatment services available than by the treatment needs of offenders made subject to DTTOs. This conclusion seems strengthened by the observation that the types of treatment accessed by offenders on DTTOs was very different in England and Wales, with markedly more use being made of residential rehabilitation by the English DTTO schemes (Turnbull et al., 2000).

8.12 The somewhat limited range of available treatments, services and interventions also meant that some offenders were unable to access services that might help keep them occupied and away from environments in which the temptation to use drugs was high. The effectiveness of existing and future DTTO schemes is likely to be enhanced, therefore, if treatment is needs led rather than resource led and if a range of other services can be accessed that both occupy offenders and help promote their inclusion in society.

The resource implications of DTTOs

8.13 The review process appeared, on the whole, to be operating effectively and it appeared that in most cases a degree of continuity was being achieved with respect to the sentencers involved in successive reviews for the same offender. However, attendance at reviews placed heavy demands on DTTO staff time, even though the reviews themselves were very brief. This was because sometimes reviews that were scheduled for a particular time of day were delayed, with the result that staff had to wait until the review was re-scheduled later in the day. Whilst court delays are not unique to DTTOs, the frequency of reviews meant that the impact of delays was particularly salient in respect of DTTOs. Delays of this kind are sometimes inevitable, but it is important that mechanisms for minimising them are explored, such as scheduling reviews prior to the commencement of the main court business. Local authorities, when undertaking planning for new DTTO schemes, also need to take account of the impact of factors such as delays to make a realistic estimate of the staffing levels required to support a particular throughput of orders.

The limitations and significance of drug tests

8.14 Concerns were also raised by treatment providers and DTTO staff that testing – by only indicating whether or not a substance had been used and not how much of it had been used – could mask real progress made by offenders towards achieving a reduction in their use of drugs. Of particular concern was the possibility that sentencers might fail to appreciate this shortcoming of testing and assume that the absence of clean tests reflected a lack of progress. Similarly, treatment providers were concerned that the frequency of testing was unnecessarily high and that this might ultimately have a negative influence upon offenders' motivation to comply with their orders. Clearer guidance was therefore needed on the appropriate frequency of testing at different stages in an order. This has been addressed through the Interim Guidance published by the Executive, which stipulates twice-weekly tests for the first month of an order, weekly tests for the second to fifth months and fortnightly tests reducing to monthly tests from the sixth month onwards. At each stage in the order, at least one test per month should be on a random basis, to make it less likely that offenders could disguise ongoing substance misuse (Scottish Executive, 2001b).

The effectiveness and efficiency of drug testing

8.15 The operational arrangements for testing were proceeding smoothly with some treatment providers, but with others unhelpfully lengthy delays were encountered between the urine test and the receipt of the result by DTTO staff. Where delays of this kind were occurring, treatment providers had indicated that they were committed to reducing the turnaround time. However, if delays of two or three weeks were being encountered with the existing caseload of offenders on DTTOs, these would be likely to increase rather than decrease if there was a marked rise in the number of orders made.

8.16 In Glasgow a trade-off had been made between efficiency and accuracy of testing, with the substitution of dipstick testing by the more accurate method of laboratory testing. However, the latter was associated with higher costs and slower turnaround times for results. A more efficient arrangement had been developed in Fife, involving a combination of dipstick and laboratory testing. This arrangement was associated with lower costs and more speedy results, with the option of a laboratory test being conducted in the event of a disputed dipstick test result.

8.17 Future DTTO schemes will clearly wish to strike a balance between efficiency and effectiveness of testing procedures. The Interim Guidance from the Scottish Executive will be of some assistance in this respect since it delineates the frequency with which, and circumstances within which, dipstick and laboratory tests should be used (Scottish Executive, 2001b). For example, the Interim Guidance suggests that dipstick tests should be used at the assessment stage, with a laboratory test substituted in the event of a contested result. Once an order has been imposed, at least one test per month in the first six months and one test per fortnight thereafter should be subjected to laboratory analysis. As such, the Interim Guidance provides a balance between over-reliance on either dipstick results (which are less accurate) or laboratory results (which are slower and more costly).

Enforcement of orders

8.18 The breach and revocation rates in the two pilot sites were very low, particularly in comparison with the pilot schemes in England (Turnbull et al., 2000). The absence of a detailed monitoring system prevented the researchers from having access to data relating to enforcement practices in the schemes, though interviews with staff suggested that a fairly flexible approach was adopted towards enforcement, which has been interpreted by a small number of other professionals and offenders as insufficiently rigorous.

8.19 The dilemma faced by DTTO staff was that of striking a balance between adopting a stringent approach to enforcement and recognising drug use as a relapsing condition and responding accordingly. This was an area in which guidance was urgently required, since it had the potential to undermine the credibility of DTTOs with the courts. On the other hand, as Turnbull et al. (2000) have observed, if offenders on DTTOs were subjected to the standards of enforcement that apply in respect of probation orders, the majority would fail. Again, the Interim Guidance published by the Executive provides advice in respect of enforcement by attempting to balance a consistent response to instances of non-compliance with regard to the wider pattern of compliance across the various requirements of the order.

8.20 While differing enforcement procedures may have accounted for the differential breach rates between the Scottish and English pilots, it is unlikely that this factor alone could have been solely responsible for the wide differences observed. Instead it is likely that some other variations between the pilots were accountable, at least in part, for the differences in outcomes. For example, drug testing at the assessment stage may have enhanced the quality of DTTO assessments for the court and its absence from the English pilots may help explain why a high proportion of DTTOs there broke down in the early stages of the order. The ability of Scottish courts to issue warrants in the event of an offender's non appearance for a review may also have served to reinforce how seriously the court viewed the order and encouraged improved compliance as a result.

Monitoring and evaluation

8.21 Effective gate-keeping and targeting are dependent upon schemes having access to systematic data which enable them to monitor the characteristics of offenders referred, assessed and given orders, the progress of offenders on orders and their outcomes. Both of the pilot schemes collected information for monitoring purposes but the data they collected and the way in which they categorised them were not consistent across the two pilot sites. Despite the schemes' reported commitment to developing an electronic monitoring database that could provide management information and, at the same time, a range of information of value to the research, these had not materialised by the end of the main fieldwork period. This was unfortunate in that not only did it limit the information that was available to the researchers, but it also meant that there was not a common basis for comparing the operation of the pilot schemes. We would strongly encourage a consistent approach to monitoring in the national rollout of DTTO schemes to ensure that comparable data are being generated that will enable further lessons to be learned about what contributes to the efficient and effective operation of DTTO schemes.

CONCLUDING OBSERVATIONS

8.22 As the foregoing discussion will have made clear and as the evaluation of the pilot DTTO schemes in England and Wales illustrated vividly, there is no substitute for careful planning prior to the introduction of new DTTO schemes. The amount of effort that this will require should not be underestimated and should be taken into account in any timescales that are projected for the development of a scheme. For example, both in this research and in the evaluation of DTTOs in England and Wales (Turnbull et al., 2000), some tensions arose from the multi-agency approach that DTTOs required. This was more evident in Scotland in the Glasgow pilot, where tensions occasionally arose between DTTO staff and treatment providers with respect to communication at different stages in an order and between different types of DTTO staff with respect to their respective roles and responsibilities in relation to the DTTO. These problems were less evident in Fife where the different professional groups comprising the DTTO team were located in the same premises and where it was therefore easier for a sense of common ownership of the scheme to be established. Developing effective inter-agency protocols for the operation of DTTO schemes is, therefore, essential and the energy invested in this at the developmental stage will pay dividends in terms of the subsequent operation and management of orders.

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