Submission by the Drug Court of Victoria

To

The National Ice Taskforce

Australian Government

Improving the efforts of the federal, state and territory governments to combat the growing use of ice in our community

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Acronyms:

DCV - Drug Court of Victoria

DTO – Drug Treatment Order

1 Introduction

Aim of Submission: Drug courts engage with people who have deeply entrenched and seemingly intractable drug or alcohol dependencies, often with associated mental health and other complex needs and who commit very serious drug related criminal offences. Drug court jurisprudence represents a fundamental shift in how courts address the issue of drug related offending.

The aim of this submission is to convey to the National Ice Taskforce (the Taskforce) an understanding of the Drug Court of Victoria (DCV), the role it plays in reducing licit and illicit substance abuse, including the abuse of methamphetamines, as well as reducing drug related crime and the burden of crime on the community.

Terms of Reference: This submission is relevant to a number of the Taskforce's terms of reference and, in particular, to the following four terms of reference:

- Take a comprehensive stock-take of existing efforts to address ice at all levels of government;
- Receive submissions from community consultations and expert groups to ensure all Australians affected by ice have the opportunity to be heard;
- Identify specific initiatives that are currently providing good outcomes for the community;
- Examine ways to ensure existing efforts to tackle ice are appropriately targeted, effective and efficient.
- Consider options to improve levels of coordination and collaboration of existing efforts at the local, regional and state and territory level

History: Drug courts take a unique, evidence based approach to drug related crime. The first drug court was established in Miami, Florida in 1989[1]. There are more than 2,900 drug courts in the USA[2] and the jurisprudence is well established in thirteen other countries. In Australia, the first drug courts were established in Perth, Western Australia and Parramatta, NSW in 1999. The DCV followed in 2002. There are now drug courts in most other Australian States and Territories[3].

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[1] *Drug Courts: The Second Decade*, National Institute of Justice Special Report, US Department of Justice, June 2006, at p1. https://www.ncjrs.gov/pdffiles1/nij/211081.pdf

[2] National Drug Court Resource Centre, National Drug Court Institute (USA), 2012. http://www.ndcrc.org/content/how-many-drug-courts-are-there

[3] The drug courts in Victoria and NSW distinguish themselves because they are both created by specific legislation and both receive specific financial appropriations from their respective parliaments. Tasmania's drug court (Court Mandated Diversion) also has a legislative framework but is entirely funded through the federal National Drug Strategy in the Commonwealth Department of Health and Ageing. By comparison, the drug courts in the other States and Territories are programs established within and funded by the general division of the respective magistrates' courts. Those programs do not have a specific legislative basis.

Evidence Based Jurisprudence: The proliferation of drug courts over a quarter of a century means that the jurisprudence has been subjected to a vast amount of research, verification and substantiation. As a result, ten *Key Components*[4] (Appendix 1) have been established which provide an evidence based, best practice framework which underpin the operations of every successful drug court. First published in 1997, the key components have each been the subject of intensive research and scrutiny and have recently been the subject of comprehensive revision to incorporate the findings of a significant body of evolving research on drug courts.

This comprehensive revision is to be published in two volumes, the first of which, *Adult Drug Court Best Practice Standards Vol 1*, was published 2013[5]. The second volume is to be published in July 2015 at the National Association of Drug Court Professionals (NADCP) Annual training conference in Washington[6].

What is abundantly clear from this research is that if a drug court is operated faithfully in accordance with the key components, it will successfully reduce substance abuse, reduce drug related crime and reduce the cost of crime borne by the community. Drug courts that dilute the model, or omit, overlook or modify the key components inevitably pay the price with lower graduation rates, higher criminal recidivism and lower cost savings.

2 The Drug Court – An Overview.

Legislative Basis: The DCV is established by s4A of the Magistrates Court Act 1989 and is a Division of the Magistrates' Court of Victoria. The purpose of the court is to impose and administer a sentencing order called a Drug Treatment Order (DTO) pursuant to sections 18X to 18ZT of the Sentencing Act 1991.

Funding: The DCV's annual budget is approximately $1.7 million, $1.4m being appropriated by the Parliament of Victoria for the purposes of the DCV with the remaining $0.3m being a contribution from the Commonwealth[7]. The DCV is funded to administer sixty active DTOs at any one time.

Short description: The DTO is a gaol sentence, which the defendant, called the participant, is able to serve in the community on the provision that participant complies with a judicially monitored, highly structured, tailored and supervised drug dependence recovery program.

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[4] *Defining Drug Courts, The Key Components*, National Association of Drug Court Professionals, Jan 1997.
[5] Adult Drug Court Best Practice Standards, Volume 1, National Association of Drug Court Professionals, 2013
[6] http://www.nadcp.org/learn/annual-training-conference
[7] Funding provided by the National Drug Strategy Division of the Commonwealth Department of Health and Aging.

3 Structure & Resources of the Drug Court.

Accommodation: The DCV is based at the Dandenong Magistrates' Court, occupying one courtroom four days a week. The DCV has its own registry in the court building. In addition, the DCV occupies a building, called Drug Court House, located opposite the courthouse.

Personnel: The DCV Team includes the following personnel:

- The DVC Program Manager, who has overall responsibility for operations of the DCV.
- The DCV Magistrate, who is responsible for the granting and cancelling of DTOs, and for the judicial supervision of participants.
- The DCV Registrar, who manages the court sittings, files and records and provides DCV registry services to police, lawyers, DTO candidates and other stakeholders.
- The DCV Project Officer, who develops and oversees a range of DCV programs and manages the formulation and maintenance of a range of DCV operating policies and manuals.
- The Senior Case Manager and four Case Managers, who are responsible for supervising the day-to-day progress of the participants. The Case Managers are employees of the Office of Corrections.
- Two Clinical Advisors, who are responsible for developing treatment plans tailored for each participant and for supervising the progress of each participant through their treatment plan. The Clinical Advisors are experienced and accredited drug and alcohol practitioners with qualifications in the social sciences.
- A Victoria Police representative, who is responsible for protecting the public's safety by ensuring that candidates for a DTO are appropriate for the program and comply with all DCV requirements.
- A defence lawyer from Victoria Legal Aid is responsible for protecting the participant's legal rights while encouraging full participation.
- The Drug Court Homelessness Assistance Program, a team of four housing officers working out of the WAYYS Housing Office in Dandenong, which manages the DCV's dedicated public housing stock (thirty properties) and provides participants with a broad range of housing support services.

External Partners: The DCV also contracts several external agencies including Healthscope Pathologies for drug screening services, the Monash Clinical Psychology Centre for psychological

assessments and treatment and Monash Health's South East Alcohol & Drug Services (SEADS) and the Salvation Army's Positive Lifestyle Centre (PLC) for drug and alcohol counselling services.

In addition, the DCV has close working relationships with a broad range of other relevant service providers including general medical practitioners, especially those who prescribe pharmacotherapy, psychiatrists, dentists and other health professionals. The DCV also works closely with detoxification institutions including De Paul House, Windana and Wellington House, residential therapeutic institutions including Odyssey House, Windana, Remar, Bridgehaven & The Basin, naturopaths, masseurs & practitioners of a range of alternative medical therapies.

To address socio-economic issues with participants, the DCV works closely with the Sheriff's Office, Centrelink, a range of financial counsellors, literacy and other adult education programs, vocational trainers, men's behaviour programs, family violence and relationship counsellors.

These and other resources and partnerships enable the DCV to construct rich, individually tailored treatment plans to address each participant's therapeutic requirements.

4 Essential features of Drug Court Operations: Coercion, Collaboration & Supervision

The *Key Components* describe the operational principles that underpin the model that is followed by every successful drug court. The model integrates alcohol and other drug treatment strategies with the coercive aspects of the criminal justice system, recognising that a person who is coerced by criminal justice processes to undertake treatment is likely to do as well as one who volunteers[8].

Realisation of the drug court goals of reducing drug use and drug related offending requires a non-adversarial team approach, including co-operation and collaboration of the magistrate, prosecutor, defence counsel, corrections personnel, health programs & service providers, vocational, educational and housing services. "*The combined energies of these organisations and individuals can assist and encourage defendants to accept help that could change their lives*[9]".

The success of the DTO is underpinned by rigorous supervision of participants and maintaining standards of accountability. Substance use is monitored by frequent alcohol and drug testing, general progress is monitored by the DCV Team's case managers and treatment progress by clinical advisors. Ongoing judicial supervision of the participants, in most cases on a weekly basis, is essential with the magistrate imposing predictable and proportionate rewards and sanctions for positive and negative

[8] Drug Abuse Treatment: A National Study of Effectiveness. Chapel Hill: University of North Carolina Press, 1989.
[9] Defining Drug Courts, The Key Components, National Association of Drug Court Professionals, Jan 1997, p1.

behaviours respectively. By employing the principles of behaviour modification, ('carrots and sticks'), the DCV magistrate plays a crucial role in guiding participants through the order.

5 Structure of the Drug Treatment Order.

The DTO consists of two parts, the treatment and supervision component and the custodial component[10]. The supervision and treatment part of the DTO lasts for two years (unless cancelled earlier by the DCV) and that part comprises the core[11] and program[12] conditions of the order.

The custodial component of the DTO is the sentence of imprisonment, up to two years in length, which the court imposes for the offences the subject of the DTO and which is held in suspension whilst the participant complies with the order.

Accordingly, regardless of the length of the sentence of imprisonment, the DTO lasts for two years unless the court cancels the order sooner.

6 Pathway to a Drug Treatment Order: What is in and what is out.

Section 18Z of the Sentencing Act 1991 and s4B of the Magistrates' Court Act 1989 provide that a DTO can be made if the defendant satisfies the following criteria:

- lives in a postcode area specified in the Government Gazette (see Appendix 2),
- pleads guilty to offences that are within the jurisdiction of the Magistrates court,
- is facing an immediate term of imprisonment not exceeding two years and which is not a sentence that the court would suspend wholly or in part[13],
- is dependent on drugs and/or alcohol and that dependency contributed to the commission of the offences,
- is facing charges that are not sexual offences nor involve the infliction of actual bodily harm unless it was of a minor nature, and
- is not subject to a parole order or a sentencing order of the County or Supreme Court.

[10] s18ZC of the Sentencing Act 1991.
[11] s18ZF of the Sentencing Act 1991.
[12] s18ZG of the Sentencing Act 1991.
[13] s18Z(1)(d) of the Sentencing Act 1991.

7 Pathway to a Drug Treatment Order: Access, Screening, Assessment & Sentencing.

Access: Defendants who appear to satisfy the above criteria can access the DCV by self-referring or at the request of their legal practitioners. In such cases, on receiving such a request and if the magistrate considers it appropriate to do so, the magistrate sitting in the general division of the magistrates' court will adjourn the defendant's case to a future sitting of the DCV. Just as often, however, defendants will have their cases adjourned to the DCV on the motion of the magistrates themselves.

Bearing in mind that DTOs are reserved for defendants with exceptionally complex needs who commit the most serious drug related crimes that warrant only an immediate term of imprisonment, the majority of DTO applicants are in custody having been refused bail when they are referred to the DCV.

Screening: at the first hearing date in the DCV, called the screening hearing, candidates are subjected to an initial preliminary screening by a DCV case manager to determine whether they meet the preliminary eligibility criteria described above. In addition, the screening process will highlight any obvious issues that will require later evaluation, for example, manifestations of a significant acquired brain injury, homelessness or a comprehensive lack of motivation.

At the screening hearing the DCV magistrate will hear and determine any eligibility issues that might be contested by the prosecution such as whether the offences warrant an immediate term of imprisonment not exceeding two years, whether the candidate lives in the prescribed catchment area of the DCV, whether the offences are truly drug related, etc.

At the conclusion of the screening hearing, if the court determines that the candidate does not meet the eligibility criteria, on the election of the defendant, the court can proceed to hear a plea then sentence the defendant to a disposition other than a DTO. Alternatively, the court may adjourn the case back to the general division for later plea and sentence by a different magistrate.

Assessment: At the conclusion of the screening hearing, if the candidate is considered by the DCV to meet the eligibility criteria, the matter is adjourned for three weeks for a comprehensive assessment of DTO suitability. In that time, two detailed assessment reports are prepared by the Drug Court Team.

The first is a report prepared by a DCV case manager. This report has a Corrections focus. It outlines the candidate's corrections history and includes an assessment of the risk of reoffending as measured by various correctional evaluative tools. Family, educational and vocational history is documented and the case manager will make a recommendation as to suitability for a DTO.

The second report is prepared by a DCV clinical advisor. That report will map the substance abuse and the general and mental health histories of the candidate. The report will highlight any health

issues which might compromise the candidate's capacity to undertake a DTO. It will also present an evaluation of the candidate's awareness of the nature and extent of their drug dependency and their readiness to work towards recovering from that dependency.

The report will articulate a tailored treatment plan and the clinical advisor will also make a recommendation as to the candidate's suitability for a DTO.

Sentencing: When the candidate returns to court, the DCV Magistrate will consider the assessment reports. On the proviso that no information contained in the reports augers against the imposition of a DTO, the court will hear a plea and impose a sentence of imprisonment according to the usual sentencing rules, e.g. by weighing up many considerations including the number and seriousness of the offences, the defendant's criminal history and any matters of mitigation. The DCV magistrate will, however, order that the sentence be served in the community pursuant to a DTO.

Before a DTO can be imposed, the Sentencing Act requires that the defendant must consent to such a disposition[14]. In reality, facing an immediate custodial penalty, obtaining the defendant's consent to the imposition of a DTO is rarely an issue.

8 Undertaking a Drug Treatment Order - What happens on the ground.

The DCV is funded to administer DTOs to sixty active participants at any one time.

The order is structured into three phases. The participant must stay in each of the first two phases for a minimum of three months before progressing to the next phase, and the final phase for a minimum of six months before cancellation as a reward is considered. Participants who successfully complete all three phases can graduate from the order. Graduation involves the cancellation of the DTO and its associated sentence of imprisonment. Although the order lasts for a maximum of two years, a graduation and associated DTO cancellation can occur any time after the first twelve months.

Participants commence their orders on Phase 1, the stabilisation phase, which is the most intensive phase of the DTO. The Phase 1 treatment goals are to reduce drug use, cease criminal activity, stabilise accommodation and income arrangements, and to stabilise physical and mental health.

On Phase 1, a participant must comply with the following order requirements:

<u>General supervision:</u> The participant meets their case manager every week to monitor general compliance with the order and to build on and refine the goals of the order.

[14] s18Z(3) Sentencing Act 1991

Clinical supervision: The participant meets their clinical advisor every week to monitor progress on the treatment plan and to adjust and refine that plan as necessary.

Drug & Alcohol Testing: Participants must attend Drug Court House to provide a supervised urine screen every Monday, Wednesday and Friday. They can be directed to provide random tests at any other time. With this frequency of testing, it is almost impossible for a participant to use any drug without detection. In addition, the DCV is exploring the option of random testing on weekends to further narrow the window of opportunity for substance use with substances which have shorter detection periods.

If the DTO includes alcohol, the participant must also attend for breath testing every Tuesday and Thursday.

Participants must be honest with themselves as well as with the court. When they test, participants must admit what drugs they have used since their last test. They will be sanctioned for drug use, and sanctioned further if they have not been honest with their admissions of use. Successive clear tests are rewarded.

Drug & Alcohol Counselling: Every participant is assigned a drug & alcohol counsellor for the life of the DTO. On Phase 1, the participant engages with the counsellor every week.

Medications: Phase 1 participants may only attend one doctor for all medical needs and must collect all prescribed medications, including pharmacotherapy, from their pharmacist on a daily basis. This prevents 'doctor shopping' and enables the court to monitor treatments and to ensure prescribed medications are being taken as directed. The practice reduces the risk of diversion and abuse of prescribed drugs and reduces the vulnerability of participants to other drug dependent people.

Health: Participants are required to undertake mental health, physical health and medication reviews with their GPs to ensure that medications and treatment regimes are appropriate. Where indicated, participants are required to engage with psychological services for neuropsychological and other assessments and treatment. Other medical interventions are directed on a case by case basis.

Housing and other material needs: Participant accommodation is reviewed and referrals made to the court's housing program as necessary. The participant will develop debt management plans for unpaid fines with the Sherriff, and with Centrelink, and are provided a financial counselling service for other debts.

Judicial supervision: Participants appear in court once a week for the DCV magistrate to review progress and to reward and sanction positive and negative behaviours respectively. These court

reviews monitor overall progress and ensure participant accountability for that progress. They are formal court hearings with the key parties being the participant and the magistrate with the drug court team being present to ensure that the messages and expectations delivered to the participant at these reviews are understood to reflect the position of the whole drug court team, not just the magistrate.

The onerous nature of the Phase 1 conditions reinforce the need for a prescribed catchment area. Any extension of geographical catchment may render the order conditions unmanageable, particularly given the vulnerabilities of the participant group, many of whom may be experiencing some form of cognitive impairment, a chaotic lifestyle or reduced personal support networks.

Promotion to Phases 2 & 3: Whilst participants can be promoted to Phase 2 after three months on Phase 1 if they demonstrate the requisite levels of compliance and stability, typically participants spend much longer, often more than six months, on Phase 1 before achieving promotion to Phase 2.

On Phase 2, the consolidation phase, additional treatment goals include achieving periods of abstinence, consolidating positive social relationships and developing life skills including commencement of education, training or employment.

The arduous requirements of Phase 1 are reduced somewhat with participants now having to test only twice per week. They attend case manager and clinical advisor meetings and counselling sessions fortnightly instead of weekly. Court reviews are also moved to a fortnightly schedule.

This easing of the strict requirements of Phase 1 enables an individual to be empowered with greater self management of treatment goals and is also viewed as a reward for progress. In addition, this allows the participant time to attend to consolidating gains, including the commencement of education, training or employment opportunities.

After at least three months of success on Phase 2, participants are eligible for promotion to Phase 3, the re-integration phase of the DTO. The treatment goals on this final phase of the DTO include abstinence from drugs and remaining crime free, as well as maintenance of stable accommodation, positive relationships and general health and wellbeing. Participants on this phase are also expected to engage with study or vocational training or gain employment and be fiscally responsible.

On Phase 3 the constraints of the order are further eased with participants submitting to drug testing only once a week and attending case manager, clinical advisor, counselling and court review obligations only once per month. This enables the participant to be the primary driver of achieving identified Phase 3 goals and rewards the progress gained. In addition, it provides the opportunity for additional commitments such as goals of employment, study and other re-integration programs.

At any time the participants on Phase 2 or 3 can be demoted by the court to a lower phase if the demotion has therapeutic value or is in response to a change in the circumstances of the participant including a relapse, a significant life event or a reduction in personal or professional supports.

On the other hand, if a participant demonstrates satisfactory compliance with Phase 3 conditions for at least six months, the DCV magistrate can cancel both the treatment and the custodial component of the DTO before the effluxion of the two-year life of the order. In effect, the order and associated gaol sentence is cancelled as a reward for successful completion of the order.

At any one time, of the 60 active participants on DTOs, about 75% will be on Phase 1, 15% on Phase 2 and 10% on Phase 3.

9 Undertaking a Drug Treatment Order – Incentives and Sanctions.

Incentives and sanctions are behaviour modification tools used by the DCV to encourage positive behaviour from participants and support them to engage in treatment.

At court reviews the magistrate uses rewards or incentives to acknowledge a participant's positive progress in addressing their drug addiction and to encourage ongoing compliance with the program.

To complement the encouragement of compliant behaviour, non-compliant behaviour is addressed by the use of escalating sanctions to motivate participants to comply with the conditions of the DTO.

Possible incentives and sanctions that are used by the magistrate include:

Incentives/Rewards	**Sanctions**
Verbal praise/encouragement	Verbal warning
Advancement to the next Program phase	Demotion to an earlier phase
Decreased supervision	Increased supervision
Decreased court appearances	Increased court appearances
Reduced drug testing	Increased drug testing
Gifts, vouchers, event tickets	Imposition of a curfew
Reduced unpaid community work	Unpaid community work
Reduced periods of incarceration	Periods of incarceration
Successful Program completion	Termination of participation in the Program

The magistrate also has the power to activate the custodial component of the DTO in order to impose a short term of imprisonment in response to non-compliance.

The purpose of imposing a short term of imprisonment is to maximise an offender's compliance with the DTO, reinforce accountability and, ultimately, to retain offenders on the program. The minimum period of imprisonment that a magistrate can impose in response to non-compliance is seven days[15].

In practice, once the participant has settled in to the order, the court is likely to impose a day of community work or a day of imprisonment for significant negative behaviour such as not attending a treatment or supervision appointment or returning a negative drug test. On the other hand the court will reward significantly positive behaviours, such as consecutive clear drug tests, by reducing the balance of imprisonment sanctions.

When imprisonment sanctions reach 15 days, the court will send the participant in to custody to serve those 15 days. As with all incentives and sanctions, the consistent message to the participant is that they are required to be accountable for their behaviours, both positive and negative.

10 Program Outcomes

Failure: Some participants fail to complete the DTO and their orders are cancelled.

For example, some participants abscond. In such cases a warrant of arrest will be issued. It is often weeks before the abscondee is arrested and during that time much of the progress made on the DTO is lost. If the court does not reinstate the order, the DTO will be cancelled.

Other participants may commit serious offences whilst on the order and this may lead to cancellation.

Some participants, after a number of months, may be compliant with the requirements of the DTO but show no reduction in their levels of drug use and they also face cancellation.

When a DTO is cancelled for any of the above reasons the original gaol sentence is usually re-imposed and the defendant is required to serve that sentence.

Completion but not graduation: Some participants get to the end of their two year DTO without making it to Phase 3 and therefore without graduating. Nevertheless, these participants are properly recognised as being successful because the research shows that whilst they are not necessarily

[15] s18ZM(3) of the Sentencing Act 1991

abstinent, they have reduced their illicit drug use. Whilst they might not have ceased offending, the research demonstrates that they commit offences less often and the offences are less serious[16].

Whilst these participants are not wholly successful with their DTOs, the aims of the program to reduce drug use and drug related criminality have nevertheless been met to a measurable extent.

Graduation: Participants who satisfactorily complete at least six months on Phase 3 by the end of the two-year order then graduate. Graduates have typically achieved full abstinence from substance use and offending and have gained employment. The burden on the community from their substance abuse and criminal activity has been alleviated and these participants have become community assets in several ways including their contribution through their employed work and the taxes they pay. In addition, the transformative effect of this period of DTO will have widespread positive effects including increased self worth, improved family and personal relationships and reduced dependence on community welfare and support agencies.

Measurements of effectiveness: The DCV has been the subject of evaluation by independent consultancies in both 2005[17] and 2014[18] to measure and demonstrate its efficacy.

The 2005 evaluation took place just three years after the establishment of the DCV. It was undertaken by a consortium consultancy group, Turning Point Alcohol and Drug Centre and Health Outcomes International, who assessed both the social and economic benefits of the program, and by Acumen Alliance who compiled the final evaluation report at the end of the pilot period.

Both evaluations found clear benefits in all aspects of the Drug Court program. Those included findings of

- a cost benefit ratio of for every $1 the program uses: the community dividend is $5;
- a graduation rate of 15% with a projected completion rate of 30% per annum in subsequent years once the program had become more established;
- an increase in income of participants from 15% at intake, to 39% upon completion (not including unemployment benefits);

[16] Acumen Alliance, Benefit and Cost Analysis of the Drug Court Program, Jan 2005, p4. and KPMG Evaluation of the Drug Court of Victoria, Final Report, Dece 2014, p 4& 83
[17] Acumen Alliance, Benefit and Cost Analysis of the Drug Court Program, Jan 2005
[18] KPMG Evaluation of the Drug Court of Victoria, December 2014

- a reduction in unemployment rates of participants by 32%;
- a 70% reduction in the number of prison days required by Drug Court participants who would have been placed in custody if not for the DTO;
- a reduction in re-offending rates per free day, per participant on the program, at 23% less than the comparison control group;
- in addition, the reduction in re-offending rates was further significant for those participants who had graduated from the program, at 68% when compared with the control group.

The final conclusions were summarised: "the Drug Court…is both less costly and more effective than the alternative of imprisonment."[19]

These findings of the positive impact of the DCV were echoed in the next evaluation by KPMG, almost a decade on. In December 2014 KPMG found:

- the annual program cost per participant is $26,000 per participant[20] while the cost of imprisonment per day is $270[21] or $98,550 per annum, there is a substantial saving in imprisonment costs;
- an overall successful completion rate of 39% of program participants with 19% graduating and a further 20%, while not graduating, successfully completing the two year order. Againts the aims of the program of participant rehabilitation and reduction of crime, the latter cohort has dramatically reduced both drug use ad criminogenic behaviours.
- a 23% reduction in re-offending over the first 12 months post DTO completion and a 29% reduction in re-offending over 24 months post DTO completion compared to the control group.
- a reduction in the seriousness of offences, in particular a 90% reduction in trafficking offences and 54% reduction in violence with weapons offences.
- a further $600,000 saving per year in imprisonment costs due to reduced recidivism
- Significant improvements in health of participants through reductions across medical, psychiatric and alcohol and drugs health risk areas.
- Improvements in wellbeing and community connectedness of participants through improving relationships, housing stability and life skills.

[19] Acumen Alliance, *supra*.
[20] KPMG, *supra* at p 86
[21] KPMG *supra* at p6

It is important to note that the therapeutic jurisprudence approach to addressing the complex social, economic, physical and psychological factors which contribute to offending behaviour and substance use is not simple, quick or linearly translated into cost savings. Neither the treatment approach nor the goal of lasting behavioural change is short term or an end point, but something that requires regular tending. This approach takes time and investment. The benefits are very real and experienced by participants, their families and the broader community. This treatment approach, despite its reflection of the complexity of the initial problem behaviours, is successful for participants, the broader community and the tax payer. Drug Courts have been endorsed by the United Nations.

Overall the KPMG evaluation found that the DCV delivers "…cost effective….positive outcomes for the community and participants as evidenced by improvements in health and wellbeing for the participants and a reduction in recidivism…"[22]

11 The Future

People on drug treatment orders present with issues concerning a wide variety of substances with methamphetamine recently surpassing heroin as the most common. Six years prior, methamphetamine use was rarely an issue for DCV participants. However, this substance has emerged with alarming prevalence and devastating individual and community effects. Currently, 75% of participants have issues with methamphetamine and many of those also have serious problems with heroin.

The DCV has responded to the emerging issue of methamphetamine use with a range of specialist clinical interventions. Examples of this include the commencement of specialist methamphetamine groups for participants based on an evidence-based model from the United States of America, on site narcotics anonymous meetings, reinforcement of harm minimisation strategies and one on one clinical interventions as appropriate. In addition, participants are encouraged to engage in meaningful pro social activities such as vocational training, community groups or employment to establish positive social support networks.

The KPMG evaluation measured the effectiveness of the program in addressing methamphetamine abuse. The evaluation found that amphetamine-using clients did not have more difficulty in progressing through a Drug Treatment Order (DTO) compared with other substance users…"amphetamine-using clients actually performed slightly better than non-amphetamine using

[22] KPMG Evaluation of the Drug Court of Victoria, Final Report, Dec 2014, p7

clients during the evaluation period…(although the findings should be treated with caution because of the small number of participants in this analysis). [23]

12 Summation

The DCV has been part of the justice system's response to drug abuse and drug related crime for over a decade. Its unique approach to these challenging community issues is based on well researched principles of therapeutic jurisprudence. The large body of international research on drug courts and the research undertaken locally demonstrates that the drug court approach is effective and economically viable.

Drug Courts are an effective method of addressing the increasing rates of methamphetamine use and related crime by proactively tackling the methamphetamine addiction itself – a flow-on effect of which is the significant reduction (if not complete cessation) of criminal activity.

The Taskforce is required to consider strategies to address the use of methamphetamine and its consequences. The DCV is such a strategy, which effectively addresses these issues in a cost effective way. It is a strategy which is capable of State-wide application.

The Court would be pleased to provide any further information or assistance that the Taskforce may require.

END

Appendix 1 follows: *The Key Components*

[23] *Ibid, pp* 3, 57 & 58

U.S. Department of Justice

BJA Bureau of Justice Assistance

Drug Courts Resource Series

Defining Drug Courts:

THE KEY COMPONENTS

In collaboration with National Association of Drug Court Professionals

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Defining Drug Courts: The Key Components

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The National Association of Drug Court Professionals

Drug Court Standards Committee

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Notice
In November 2002, the Bureau of Justice Assistance (BJA) assumed responsibility for administering the Drug Court Grant Program and the Drug Court Training and Technical Assistance Program. For further information, please contact BJA.

Contents

Key Component #1

Drug courts integrate alcohol and other drug treatment services with justice system case processing.

Purpose

The mission of drug courts is to stop the abuse of alcohol and other drugs and related criminal activity. Drug courts promote recovery through a coordinated response to offenders dependent on alcohol and other drugs. Realization of these goals requires a team approach, including cooperation and collaboration of the judges, prosecutors, defense counsel, probation authorities, other corrections personnel, law enforcement, pretrial services agencies, TASC programs, evaluators, an array of local service providers, and the greater community. State-level organizations representing AOD issues, law enforcement and criminal justice, vocational rehabilitation, education, and housing also have important roles to play. The combined energies of these individuals and organizations can assist and encourage defendants to accept help that could change their lives.

The criminal justice system has the unique ability to influence a person shortly after a significant triggering event such as arrest, and thus persuade or compel that person to enter and remain in treatment. Research indicates that a person coerced to enter treatment by the criminal justice system is likely to do as well as one who volunteers.[1]

Drug courts usually employ a multiphased treatment process, generally divided into a stabilization phase, an intensive treatment phase, and a transition phase. The stabilization phase may include a period of AOD detoxification, initial treatment assessment, education, and screening for other needs. The intensive treatment phase typically involves individual and group counseling and other core and adjunctive therapies as they are available (see Key Component #4). The transition phase may emphasize social reintegration, employment and education, housing services, and other aftercare activities.

Performance Benchmarks

1. Initial and ongoing planning is carried out by a broad-based group, including persons representing all aspects of the criminal justice system, the local treatment delivery system, funding agencies, and the local community's other key policymakers.
2. Documents defining the drug court's mission, goals, eligibility criteria, operating procedures, and performance measures are collaboratively developed, reviewed, and agreed upon.

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[1] Hubbard, R., Marsden, M., Rachal, J., Harwood, H., Cavanaugh E., and Ginzburg, H. Drug Abuse Treatment: A National Study of Effectiveness. Chapel Hill: University of North Carolina Press, 1989.

Pringle G.H., Impact of the criminal justice system on substance abusers seeking professional help, Journal of Drug Issues, Summer, pp. 275–283, vol 12, no. 3, 1982.

3. Abstinence and law-abiding behavior are the goals, with specific and measurable criteria marking progress. Criteria may include compliance with program requirements, reductions in criminal behavior and AOD use, participation in treatment, restitution to the victim or to the community, and declining incidence of AOD use.
4. The court and treatment providers maintain ongoing communication, including frequent exchanges of timely and accurate information about the individual participant's overall program performance.[2]
5. The judge plays an active role in the treatment process, including frequently reviewing treatment progress. The judge responds to each participant's positive efforts as well as to noncompliant behavior.
6. Interdisciplinary education is provided for every person involved in drug court operations to develop a shared understanding of the values, goals, and operating procedures of both the treatment and justice system components.
7. Mechanisms for sharing decisionmaking and resolving conflicts among drug court team members, such as multidisciplinary committees, are established to ensure professional integrity.

[2] All communication about an individual's participation in treatment must be in compliance with the provisions of 42 CFR, Part 2 (the federal regulations governing confidentiality of alcohol and drug abuse patient records), and with similar State and local regulations.

Key Component #2

Using a nonadversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.

Purpose

To facilitate an individual's progress in treatment, the prosecutor and defense counsel must shed their traditional adversarial courtroom relationship and work together as a team. Once a defendant is accepted into the drug court program, the team's focus is on the participant's recovery and law-abiding behavior—not on the merits of the pending case.

The responsibility of the prosecuting attorney is to protect the public's safety by ensuring that each candidate is appropriate for the program and complies with all drug court requirements. The responsibility of the defense counsel is to protect the participant's due process rights while encouraging full participation. Both the prosecuting attorney and the defense counsel play important roles in the court's coordinated strategy for responding to noncompliance.

Performance Benchmarks

1. Prosecutors and defense counsel participate in the design of screening, eligibility, and case-processing policies and procedures to guarantee that due process rights and public safety needs are served.
2. For consistency and stability in the early stages of drug court operations, the judge, prosecutor, and court-appointed defense counsel should be assigned to the drug court for a sufficient period of time to build a sense of teamwork and to reinforce a nonadversarial atmosphere.
3. The prosecuting attorney:
   - ✈ Reviews the case and determines if the defendant is eligible for the drug court program.
   - ✈ Files all necessary legal documents.
   - ✈ Participates in a coordinated strategy for responding to positive drug tests and other instances of noncompliance.
   - ✈ Agrees that a positive drug test or open court admission of drug possession or use will not result in the filing of additional drug charges based on that admission.
   - ✈ Makes decisions regarding the participant's continued enrollment in the program based on performance in treatment rather than on legal aspects of the case, barring additional criminal behavior.
4. The defense counsel:
   - ✈ Reviews the arrest warrant, affidavits, charging document, and other relevant information, and reviews all program documents (e.g., waivers, written agreements).

- Advises the defendant as to the nature and purpose of the drug court, the rules governing participation, the consequences of abiding or failing to abide by the rules, and how participating or not participating in the drug court will affect his or her interests.
- Explains all of the rights that the defendant will temporarily or permanently relinquish.
- Gives advice on alternative courses of action, including legal and treatment alternatives available outside the drug court program, and discusses with the defendant the long-term benefits of sobriety and a drug-free life.
- Explains that because criminal prosecution for admitting to AOD use in open court will not be invoked, the defendant is encouraged to be truthful with the judge and with treatment staff, and informs the participant that he or she will be expected to speak directly to the judge, not through an attorney.

Key Component #3

Eligible participants are identified early and promptly placed in the drug court program.

Purpose

Arrest can be a traumatic event in a person's life. It creates an immediate crisis and can force substance abusing behavior into the open, making denial difficult. The period immediately after an arrest, or after apprehension for a probation violation, provides a critical window of opportunity for intervening and introducing the value of AOD treatment. Judicial action, taken promptly after arrest, capitalizes on the crisis nature of the arrest and booking process.

Rapid and effective action also increases public confidence in the criminal justice system. Moreover, incorporating AOD concerns into the case disposition process can be a key element in strategies to link criminal justice and AOD treatment systems overall.

Performance Benchmarks

1. Eligibility screening is based on established written criteria. Criminal justice officials or others (e.g., pretrial services, probation, TASC) are designated to screen cases and identify potential drug court participants.
2. Eligible participants for drug court are promptly advised about program requirements and the relative merits of participating.
3. Trained professionals screen drug court-eligible individuals for AOD problems and suitability for treatment.
4. Initial appearance before the drug court judge occurs immediately after arrest or apprehension to ensure program participation.
5. The court requires that eligible participants enroll in AOD treatment services immediately.

Key Component #4

Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.

Purpose

The origins and patterns of AOD problems are complex and unique to each individual. They are influenced by a variety of accumulated social and cultural experiences. If treatment for AOD is to be effective, it must also call on the resources of primary health and mental health care and make use of social and other support services.[3]

In a drug court, the treatment experience begins in the courtroom and continues through the participant's drug court involvement. In other words, drug court is a comprehensive therapeutic experience, only part of which takes place in a designated treatment setting. The treatment and criminal justice professionals are members of the therapeutic team.

The therapeutic team (treatment providers, the judge, lawyers, case managers, supervisors, and other program staff) should maintain frequent, regular communication to provide timely reporting of a participant's progress and to ensure that responses to compliance and noncompliance are swift and coordinated. Procedures for reporting progress should be clearly defined in the drug court's operating documents.

While primarily concerned with criminal activity and AOD use, the drug court team also needs to consider co-occurring problems such as mental illness, primary medical problems, HIV and sexually-transmitted diseases, homelessness; basic educational deficits, unemployment and poor job preparation; spouse and family troubles—especially domestic violence—and the long-term effects of childhood physical and sexual abuse. If not addressed, these factors will impair an individual's success in treatment and will compromise compliance with program requirements. Co-occurring factors should be considered in treatment planning. In addition, treatment services must be relevant to the ethnicity, gender, age, and other characteristics of the participants.

Longitudinal studies have consistently documented the effectiveness of AOD treatment in reducing criminal recidivism and AOD use.[4] A study commissioned by the Office of National Drug Control Policy found AOD treatment is significantly more cost-effective than domestic law enforcement, interdiction, or "source-country control" in reducing drug use in the United States.[5] Research indicates that the length of time an offender spends in

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[3] Treatment-Based Drug Court Planning Guide and Checklist, Combining Alcohol and Other Drug Abuse Treatment With Diversion for Juveniles in the Justice System, TIP #21, Treatment Drug Courts: Integrating Substance Abuse Treatment With Legal Case Processing, TIP #23. Rockville, MD: Center for Substance Abuse Treatment, 1996.

[4] The Effectiveness of Treatment for Drug Abusers Under Criminal Justice Supervision. Lipton, D., Washington, DC: National Institute of Justice, Research Report, November 1995.

[5] Rydell, P., Everingham, S. Controlling Cocaine: Supply Versus Demand Programs. Santa Monica, CA: RAND Corporation, Office of National Drug Control Policy, Policy Research Center, 1994.

treatment is related to the level of AOD abuse and criminal justice involvement.[6] A comprehensive study conducted by the State of California indicates that AOD treatment provides a $7 return for every $1 spent on treatment. The study found that outpatient treatment is the most cost-effective approach, although residential treatment, sober living houses, and methadone maintenance are also cost-effective.[7] Comprehensive studies conducted in California[8] and Oregon[9] found that positive outcomes associated with AOD treatment are sustained for several years following completion of treatment.

For the many communities that do not have adequate treatment resources, drug courts can provide leadership to increase treatment options and enrich the availability of support services. Some drug courts have found creative ways to access services, such as implementing treatment readiness programs for participants who are on waiting lists for comprehensive treatment programs. In some jurisdictions, drug courts have established their own treatment programs where none existed. Other drug courts have made use of pretrial, probation, and public health treatment services.

Performance Benchmarks

1. Individuals are initially screened and thereafter periodically assessed by both court and treatment personnel to ensure that treatment services and individuals are suitably matched:
   - ✈ An assessment at treatment entry, while useful as a baseline, provides a time specific "snapshot" of a person's needs and may be based on limited or unreliable information. Ongoing assessment is necessary to monitor progress, to change the treatment plan as necessary, and to identify relapse cues.
   - ✈ If various levels of treatment are available, participants are matched to programs according to their specific needs. Guidelines for placement at various levels should be developed.
   - ✈ Screening for infectious diseases and health referrals occurs at an early stage.
2. Treatment services are comprehensive:
   - ✈ Services should be available to meet the needs of each participant.
   - ✈ Treatment services may include, but are not limited to, group counseling; individual and family counseling; relapse prevention; 12-step self-help groups; preventive and primary medical care; general health education; medical detoxification; acupuncture for detoxification, for control of craving, and to make people more amenable to treatment; domestic violence programs; batterers' treatment; and treatment for the long-term effects of childhood physical and sexual abuse.

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[6] Field, G. Oregon prison drug treatment programs. In C. Leukefeld and F. Tims (eds.), Drug Abuse Treatment in Prisons and Jails. Research monograph series #108. Rockville, MD: National Institute on Drug Abuse, 1992. Wexler, H., Falkin, G., and Lipton, D. Outcome evaluation of a prison therapeutic community for substance abuse treatment. Criminal Justice and Behavior, 17, pp 71-92, 1990.

[7] Evaluating Recovery Services: The California Drug and Alcohol Treatment Assessment (CALDATA) General Report. Sacramento, CA: California Department of Alcohol and Drug Programs, April 1994.

[8] Ibid.

[9] Societal Outcomes and Cost Savings of Drug and Alcohol Treatment in the State of Oregon. Salem, OR: Office of Alcohol and Drug Abuse Programs, Oregon Department of Human Resources, February 1996.

- ✈ Other services may include housing; educational and vocational training; legal, money management, and other social service needs; cognitive behavioral therapy to address criminal thinking patterns; anger management; transitional housing; social and athletic activities; and meditation or other techniques to promote relaxation and self-control.
- ✈ Specialized services should be considered for participants with co-occurring AOD problems and mental health disorders. Drug courts should establish linkages with mental health providers to furnish services (e.g., medication monitoring, acute care) for participants with co-occurring disorders. Flexibility (e.g., in duration of treatment phases) is essential in designing drug court services for participants with mental health problems.
- ✈ Treatment programs or program components are designed to address the particular treatment issues of women and other special populations.
- ✈ Treatment is available in a number of settings, including detoxification, acute residential, day treatment, outpatient, and sober living residences.
- ✈ Clinical case management services are available to provide ongoing assessment of participant progress and needs, to coordinate referrals to services in addition to primary treatment, to provide structure and support for individuals who typically have difficulty using services even when they are available, and to ensure communication between the court and the various service providers.

3. Treatment services are accessible:
   - ✈ Accommodations are made for persons with physical disabilities, for those not fluent in English, for those needing child care, and/or for persons with limited literacy.
   - ✈ Treatment facilities are accessible by public transportation, when possible.

4. Funding for treatment is adequate, stable, and dedicated to the drug court:
   - ✈ To ensure that services are immediately available throughout the participant's treatment, agreements are made between courts and treatment providers. These agreements are based on firm budgetary and service delivery commitments.
   - ✈ Diverse treatment funding strategies are developed based on both government and private sources at national, State, and local levels.
   - ✈ Health care delivered through managed care organizations is encouraged to provide resources for the AOD treatment of member participants.
   - ✈ Payment of fees, fines, and restitution is part of treatment.
   - ✈ Fee schedules are commensurate with an individual's ability to pay. However, no one should be turned away solely because of an inability to pay.

5. Treatment services have quality controls:
   - ✈ Direct service providers are certified or licensed where required, or otherwise demonstrate proficiency according to accepted professional standards.
   - ✈ Education, training, and ongoing clinical supervision are provided to treatment staff.

6. Treatment agencies are accountable:
   - ✈ Treatment agencies give the court accurate and timely information about a participant's progress. Information exchange complies with the provisions of 42 CFR, Part 2 (the Federal regulations governing confidentiality of AOD abuse patient records) and with applicable State statutes.
   - ✈ Responses to progress and noncompliance are incorporated into the treatment protocols.
7. Treatment designs and delivery systems are sensitive and relevant to issues of race, culture, religion, gender, age, ethnicity, and sexual orientation.

Key Component #5

Abstinence is monitored by frequent alcohol and other drug testing.

Purpose

Frequent court-ordered AOD testing is essential. An accurate testing program is the most objective and efficient way to establish a framework for accountability and to gauge each participant's progress. Modern technology offers highly reliable testing to determine if an individual has recently used specific drugs. Further, it is commonly recognized that alcohol use frequently contributes to relapse among individuals whose primary drug of choice is not alcohol.

AOD testing results are objective measures of treatment effectiveness, as well as a source of important information for periodic review of treatment progress. AOD testing helps shape the ongoing interaction between the court and each participant. Timely and accurate test results promote frankness and honesty among all parties.

AOD testing is central to the drug court's monitoring of participant compliance. It is both objective and cost-effective. It gives the participant immediate information about his or her own progress, making the participant active and involved in the treatment process rather than a passive recipient of services.

Performance Benchmarks

1. AOD testing policies and procedures are based on established and tested guidelines, such as those established by the American Probation and Parole Association. Contracted laboratories analyzing urine or other samples should also be held to established standards.
2. Testing may be administered randomly or at scheduled intervals, but occurs no less than twice a week during the first several months of an individual's enrollment. Frequency thereafter will vary depending on participant progress.
3. The scope of testing is sufficiently broad to detect the participant's primary drug of choice as well as other potential drugs of abuse, including alcohol.
4. The drug-testing procedure must be certain. Elements contributing to the reliability and validity of a urinalysis testing process include, but are not limited to:
   - ✈ Direct observation of urine sample collection.
   - ✈ Verification temperature and measurement of creatinine levels to determine the extent of water loading.
   - ✈ Specific, detailed, written procedures regarding all aspects of urine sample collection, sample analysis, and result reporting.
   - ✈ A documented chain of custody for each sample collected.

- ✈ Quality control and quality assurance procedures for ensuring the integrity of the process.
- ✈ Procedures for verifying accuracy when drug test results are contested.

5. Ideally, test results are available and communicated to the court and the participant within one day. The drug court functions best when it can respond immediately to noncompliance; the time between sample collection and availability of results should be short.
6. The court is immediately notified when a participant has tested positive, has failed to submit to AOD testing, has submitted the sample of another, or has adulterated a sample.
7. The coordinated strategy for responding to noncompliance includes prompt responses to positive tests, missed tests, and fraudulent tests.
8. Participants should be abstinent for a substantial period of time prior to program graduation.

Key Component #6

A coordinated strategy governs drug court responses to participants' compliance.

Purpose

An established principle of AOD treatment is that addiction is a chronic, relapsing condition. A pattern of decreasing frequency of use before sustained abstinence from alcohol and other drugs is common. Becoming sober or drug free is a learning experience, and each relapse to AOD use may teach something about the recovery process.

Implemented in the early stages of treatment and emphasized throughout, therapeutic strategies aimed at preventing the return to AOD use help participants learn to manage their ambivalence toward recovery, identify situations that stimulate AOD cravings, and develop skills to cope with high-risk situations. Eventually, participants learn to manage cravings, avoid or deal more effectively with high-risk situations, and maintain sobriety for increasing lengths of time.

Abstinence and public safety are the ultimate goals of drug courts, many participants exhibit a pattern of positive urine tests within the first several months following admission. Because AOD problems take a long time to develop and because many factors contribute to drug use and dependency, it is rare that an individual ceases AOD use as soon as he or she enrolls in treatment. Even after a period of sustained abstinence, it is common for individuals to occasionally test positive.

Although drug courts recognize that individuals have a tendency to relapse, continuing AOD use is not condoned. Drug courts impose appropriate responses for continuing AOD use. Responses increase in severity for continued failure to abstain.

A participant's progress through the drug court experience is measured by his or her compliance with the treatment regimen. Certainly cessation of drug use is the ultimate goal of drug court treatment. However, there is value in recognizing incremental progress toward the goal, such as showing up at all required court appearances, regularly arriving at the treatment program on time, attending and fully participating in the treatment sessions, cooperating with treatment staff, and submitting to regular AOD testing.

Drug courts must reward cooperation as well as respond to noncompliance. Small rewards for incremental successes have an important effect on a participant's sense of purpose and accomplishment. Praise from the drug court judge for regular attendance or for a period of clean drug tests, encouragement from the treatment staff or the judge at particularly difficult times, and ceremonies in which tokens of accomplishment are awarded in open court for completing a particular phase of treatment are all small but very important rewards that bolster confidence and give inspiration to continue.

Drug courts establish a coordinated strategy, including a continuum of responses, to continuing drug use and other noncompliant behavior. A coordinated strategy can provide a common operating plan for treatment providers and other drug court personnel. The criminal justice system representatives and the treatment providers develop a series of complementary, measured responses that will encourage compliance. A written copy of these responses, given to participants during the orientation period, emphasizes the predictability, certainty, and swiftness of their application.

Performance Benchmarks

1. Treatment providers, the judge, and other program staff maintain frequent, regular communication to provide timely reporting of progress and noncompliance and to enable the court to respond immediately. Procedures for reporting noncompliance are clearly defined in the drug court's operating documents.
2. Responses to compliance and noncompliance are explained verbally and provided in writing to drug court participants before their orientation. Periodic reminders are given throughout the treatment process.
3. The responses for compliance vary in intensity:
   - Encouragement and praise from the bench.
   - Ceremonies and tokens of progress, including advancement to the next treatment phase.
   - Reduced supervision.
   - Decreased frequency of court appearances.
   - Reduced fines or fees.
   - Dismissal of criminal charges or reduction in the term of probation.
   - Reduced or suspended incarceration.
   - Graduation.
4. Responses to or sanctions for noncompliance might include:
   - Warnings and admonishment from the bench in open court.
   - Demotion to earlier program phases.
   - Increased frequency of testing and court appearances.
   - Confinement in the courtroom or jury box.
   - Increased monitoring and/or treatment intensity.
   - Fines.
   - Required community service or work programs.
   - Escalating periods of jail confinement (however, drug court participants remanded to jail should receive AOD treatment services while confined).
   - Termination from the program and reinstatement of regular court processing.

Key Component #7

Ongoing judicial interaction with each drug court participant is essential.

Purpose

The judge is the leader of the drug court team, linking participants to AOD treatment and to the criminal justice system. This active, supervising relationship, maintained throughout treatment, increases the likelihood that a participant will remain in treatment and improves the chances for sobriety and law-abiding behavior. Ongoing judicial supervision also communicates to participants—often for the first time—that someone in authority cares about them and is closely watching what they do.

Drug courts require judges to step beyond their traditionally independent and objective arbiter roles and develop new expertise. The structure of the drug court allows for early and frequent judicial intervention. A drug court judge must be prepared to encourage appropriate behavior and to discourage and penalize inappropriate behavior. A drug court judge is knowledgeable about treatment methods and their limitations.

Performance Benchmarks

1. Regular status hearings are used to monitor participant performance:
   - ✈ Frequent status hearings during the initial phases of each participant's program establish and reinforce the drug court's policies, and ensure effective supervision of each drug court participant. Frequent hearings also give the participant a sense of how he or she is doing in relation to others.
   - ✈ Time between status hearings may be increased or decreased, based on compliance with treatment protocols and progress observed.
   - ✈ Having a significant number of drug court participants appear at a single session gives the judge the opportunity to educate both the offender at the bench and those waiting as to the benefits of program compliance and consequences for noncompliance.
2. The court applies appropriate incentives and sanctions to match the participant's treatment progress.
3. Payment of fees, fines and/or restitution is part of the participant's treatment. The court supervises such payments and takes into account the participant's financial ability to fulfill these obligations. The court ensures that no one is denied participation in drug courts solely because of on an inability to pay fees, fines, or restitution.

Key Component #8

Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.

Purpose

Fundamental to the effective operation of drug courts are coordinated management, monitoring, and evaluation systems. The design and operation of an effective drug court program result from thorough initial planning, clearly defined program goals, and inherent flexibility to make modifications as necessary.

The goals of the program should be described concretely and in measurable terms to provide accountability to funding agencies and policymakers. And, since drug courts will increasingly be asked to demonstrate tangible outcomes and cost-effectiveness, it is critical that the drug court be designed with the ability to gather and manage information for monitoring daily activities, evaluating the quality of services provided, and producing longitudinal evaluations.

Management and monitoring systems provide timely and accurate information about program operations to the drug court's managers, enabling them to keep the program on course, identify developing problems, and make appropriate procedural changes. Clearly defined drug court goals shape the management information system, determine monitoring questions, and suggest methods for finding information to answer them.

Program management provides the information needed for day-to-day operations and for planning, monitoring, and evaluation. Program monitoring provides oversight and periodic measurements of the program's performance against its stated goals and objectives.

Evaluation is the institutional process of gathering and analyzing data to measure the accomplishment of the program's long-term goals. A process evaluation appraises progress in meeting operational and administrative goals (e.g., whether treatment services are implemented as intended). An outcome evaluation assesses the extent to which the program is reaching its long-term goals (e.g., reducing criminal recidivism). An effective design for an outcome evaluation uses a comparison group that does not receive drug court services.

Although evaluation activities are often planned and implemented simultaneously, process evaluation information can be used more quickly in the early stages of drug court implementation. Outcome evaluation should be planned at the beginning of the program as it requires at least a year to compile results, especially if past participants are to be found and interviewed.

Evaluation strategies should reflect the significant coordination and the considerable time required to obtain measurable results. Evaluation studies are useful to everyone, including funding agencies and policymakers who may not be involved in the daily operations of the program. Information and conclusions developed from periodic monitoring reports, process evaluation activities, and longitudinal evaluation studies may be used to modify program

procedures, change therapeutic interventions, and make decisions about continuing or expanding the program.

Information for management, monitoring, and evaluation purposes may already exist within the court system and/or in the community treatment or supervision agencies (e.g., criminal justice data bases, psychosocial histories, and formal AOD assessments). Multiple sources of information enhance the credibility and persuasiveness of conclusions drawn from evaluations.

Performance Benchmarks

1. Management, monitoring, and evaluation processes begin with initial planning. As part of the comprehensive planning process, drug court leaders and senior managers should establish specific and measurable goals that define the parameters of data collection and information management. An evaluator can be an important member of the planning team.
2. Data needed for program monitoring and management can be obtained from records maintained for day-to-day program operations, such as the numbers and general demographics of individuals screened for eligibility; the extent and nature of AOD problems among those assessed for possible participation in the program; and attendance records, progress reports, drug test results, and incidence of criminality among those accepted into the program.
3. Monitoring and management data are assembled in useful formats for regular review by program leaders and managers.
4. Ideally, much of the information needed for monitoring and evaluation is gathered through an automated system that can provide timely and useful reports. If an automated system is not available manual data collection and report preparation can be streamlined. Additional monitoring information may be acquired by observation and through program staff and participant interviews.
5. Automated manual information systems must adhere to written guidelines that protect against unauthorized disclosure of sensitive personal information about individuals.
6. Monitoring reports need to be reviewed at frequent intervals by program leaders and senior managers. They can be used to analyze program operations, gauge effectiveness, modify procedures when necessary, and refine goals.
7. Process evaluation activities should be undertaken throughout the course of the drug court program. This activity is particularly important in the early stages of program implementation.
8. If feasible, a qualified independent evaluator should be selected and given responsibility for developing and conducting an evaluation design and for preparing interim and final reports. If an independent evaluation is unavailable the drug court program designs and implements its own evaluation, based on guidance available through the field:

- Judges, prosecutors, the defense bar, treatment staff, and others design the evaluation collaboratively with the evaluator.
- Ideally, an independent evaluator will help the information systems expert design and implement the management information system.
- The drug court program ensures that the evaluator has access to relevant justice system and treatment information.
- The evaluator maintains continuing contact with the drug court and provides information on a regular basis. Preliminary reports may be reviewed by drug court program personnel and used as the basis for revising goals, policies, and procedures as appropriate.

9. Useful data elements to assist in management and monitoring may include, but are not limited to:
   - The number of defendants screened for program eligibility and the outcome of those initial screenings.
   - The number of persons admitted to the drug court program.
   - Characteristics of program participants, such as age, sex, race/ethnicity, family status, employment status, and educational level; current charges; criminal justice history; AOD treatment or mental health treatment history; medical needs (including detoxification); and nature and severity of AOD problems.
   - Number and characteristics of participants (e.g., duration of treatment involvement, reason for discharge from the program).
   - Number of active cases.
   - Patterns of drug use as measured by drug test results.
   - Aggregate attendance data and general treatment progress measurements.
   - Number and characteristics of persons who graduate or complete treatment successfully.
   - Number and characteristics of persons who do not graduate or complete the program.
   - Number of participants who fail to appear at drug court hearings and number of bench warrants issued for participants.
   - Rearrests during involvement in the drug court program and type of arrest(s).
   - Number, length, and reasons for incarcerations during and subsequent to involvement in the drug court program.

10. When making comparisons for evaluation purposes, drug courts should consider the following groups:
    - Program graduates.
    - Program terminations.

- Individuals who were referred to, but did not appear for, treatment.
- Individuals who were not referred for drug court services.

11. At least six months after exiting a drug court program, comparison groups (listed above) should be examined to determine long-term effects of the program. Data elements for follow-up evaluation may include:
    - Criminal behavior/activity.
    - Days spent in custody on all offenses from date of acceptance into the program.
    - AOD use since leaving the program.
    - Changes in job skills and employment status.
    - Changes in literacy and other educational attainments.
    - Changes in physical and mental health.
    - Changes in status of family relationships.
    - Attitudes and perceptions of participation in the program.
    - Use of health care and other social services.

12. Drug court evaluations should consider the use of cost-benefit analysis to examine the economic impact of program services. Important elements of cost-benefit analysis include:
    - Reductions in court costs, including judicial, counsel, and investigative resources.
    - Reductions in costs related to law enforcement and corrections.
    - Reductions in health care utilization.
    - Increased economic productivity.

Key Component #9

Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.

Purpose

Periodic education and training ensures that the drug court's goals and objectives, as well as policies and procedures, are understood not only by the drug court leaders and senior managers, but also by those indirectly involved in the program. Education and training programs also help maintain a high level of professionalism, provide a forum for solidifying relationships among criminal justice and AOD treatment personnel, and promote a spirit of commitment and collaboration.

All drug court staff should be involved in education and training, even before the first case is heard. Interdisciplinary education exposes criminal justice officials to treatment issues, and treatment staff to criminal justice issues. It also develops shared understandings of the values, goals, and operating procedures of both the treatment and the justice system components. Judges and court personnel typically need to learn about the nature of AOD problems and the theories and practices supporting specific treatment approaches. Treatment providers typically need to become familiar with criminal justice accountability issues and court operations. All need to understand and comply with drug testing standards and procedures.

For justice system or other officials not directly involved in the program's operations, education provides an overview of the mission, goals, and operating procedures of the drug court.

A simple and effective method of educating new drug court staff is to visit an existing court to observe its operations and ask questions. On-site experience with an operating drug court provides an opportunity for new drug court staff to talk to their peers directly and to see how their particular role functions.

Performance Benchmarks

1. Key personnel have attained a specific level of basic education, as defined in staff training requirements and in the written operating procedures. The operating procedures should also define requirements for the continuing education of each drug court staff member.
2. Attendance at education and training sessions by all drug court personnel is essential. Regional and national drug court training provide critical information on innovative developments across the Nation. Sessions are most productive when drug court personnel attend as a group. Credits for continuing professional education should be offered, when feasible.

3. Continuing education institutionalizes the drug court and moves it beyond its initial identification with the key staff who may have founded the program and nurtured its development.
4. An education syllabus and curriculum are developed, describing the drug court's goals, policies, and procedures. Topics might include:
   - Goals and philosophy of drug courts.
   - The nature of AOD abuse, its treatment and terminology.
   - The dynamics of abstinence and techniques for preventing relapse.
   - Responses to relapse and to noncompliance with other program requirements.
   - Basic legal requirements of the drug court program and an overview of the local criminal justice system's policies, procedures, and terminology.
   - Drug testing standards and procedures.
   - Sensitivity to racial, cultural, ethnic, gender, and sexual orientation as they affect the operation of the drug court.
   - Interrelationships of co-occurring conditions such as AOD abuse and mental illness (also known as "dual diagnosis").
   - Federal, State, and local confidentiality requirements.

Key Component #10

Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness.

Purpose

Because of its unique position in the criminal justice system, a drug court is especially well suited to develop coalitions among private community-based organizations, public criminal justice agencies, and AOD treatment delivery systems. Forming such coalitions expands the continuum of services available to drug court participants and informs the community about drug court concepts.

The drug court is a partnership among organizations—public, private, and community-based—dedicated to a coordinated and cooperative approach to the AOD offender. The drug court fosters systemwide involvement through its commitment to share responsibility and participation of program partners. As a part of, and as a leader in, the formation and operation of community partnerships, drug courts can help restore public faith in the criminal justice system.

Performance Benchmarks

1. Representatives from the court, community organizations, law enforcement, corrections, prosecution, defense counsel, supervisory agencies, treatment and rehabilitation providers, educators, health and social service agencies, and the faith community meet regularly to provide guidance and direction to the drug court program.
2. The drug court plays a pivotal role in forming linkages between community groups and the criminal justice system. The linkages are a conduit of information to the public about the drug court, and conversely, from the community to the court about available community services and local problems.
3. Partnerships between drug courts and law enforcement and/or community policing programs can build effective links between the court and offenders in the community.
4. Participation of public and private agencies, as well as community-based organizations, is formalized through a steering committee. The steering committee aids in the acquisition and distribution of resources. An especially effective way for the steering committee to operate is through the formation of a nonprofit corporation structure that includes all the principle drug court partners, provides policy guidance, and acts as a conduit for fundraising and resource acquisition.

5. Drug court programs and services are sensitive to and demonstrate awareness of the populations they serve and the communities in which they operate. Drug courts provide opportunities for community involvement through forums, informational meetings, and other community outreach efforts.
6. The drug court hires a professional staff that reflects the population served, and the drug court provides ongoing cultural competence training.

Appendix 1: Drug Court Standards Committee

Bill Meyer, Chairman
Judge, Denver Drug Court
Denver, CO

Ed Brekke
Administrator
Civil & Criminal Operations
Los Angeles Superior Court
Los Angeles, CA

Jay Carver
Director, District of Columbia
Pretrial Services Agency
Washington, DC

Caroline Cooper
Director
OJP Drug Court Clearinghouse and
Technical Assistance Project
American University
Washington, DC

Jane Kennedy
Executive Director
TASC of King County
Seattle, WA

Barry Mahoney
President
The Justice Management Institute
Denver, CO

John Marr
CEO
Choices Unlimited
Las Vegas, NV

Carlos J. Martinez
Assistant Public Defender
Law Offices of Bennett H. Brummer
Miami, FL

Molly Merrigan
Assistant Prosecutor
Jackson County Drug Court
Kansas City, MO

Ana Oliveira
Director
Samaritan Village
Briarwood, NY

Roger Peters Associate
Professor University of
South Florida
Florida Mental Health Institute
Department of Mental Health Law and Policy
Tampa, FL

Frank Tapia
Probation Officer
Oakland, CA

U.S. Department of Justice
Office of Justice Programs
Representatives

Marilyn McCoy Roberts
Director, Drug Courts Program Office
Office of Justice Programs

Susan Tashiro
Program Manager
Office of Justice Programs

National Association of Drug Court Professionals

Judge Jeffrey S. Tauber
President

Marc Pearce
Chief of Staff

Writer and Coordinator

Jody Forman
The Dogwood Institute
Charlottesville, VA

Appendix 2: Resource List

Federal Organizations and Agencies Providing Information and Guidance on Drug Courts:

The White House

Office of National Drug Control Policy
(ONDCP)
Executive Office of the President
The White House
1600 Pennsylvania Ave., NW
Washington, DC 20502-0002
Tel: 202/395-6700

U.S. Department of Justice

Bureau of Justice Assistance
Office of Justice Programs
U.S. Department of Justice
810 Seventh Street, NW
Washington, DC 20531
Tel: 202/616-6500
Fax: 202/305-1367

National Criminal Justice Reference Service
Tel: 800/851-3420

Federal Agencies and Organizations Providing Information on AOD Treatment:

U.S. Department of Health and Human Services

Alcoholism and Substance Abuse Branch
Indian Health Service
5600 Fishers Lane, Room 5A-20
Rockville, MD 20857
Tel: 301/443-7623

Center for Substance Abuse Treatment
Substance Abuse and Mental Health Services
Administration, Public Health Service
5515 Security Lane
Rockville, MD 20852
Tel: 301/443-5700

National Clearinghouse for Alcohol and Drug
Information
11426 Rockville Pike, Suite 200
Rockville, MD 20852
Tel: 800/729-6686

National Institute on Alcohol and Alcoholism
Substance Abuse and Mental Health Services
Administration, Public Health Service
Willco Bldg., Suite 400-MSC7003
6000 Executive Blvd.
Bethesda, MD 20892
Tel: 301/443-3851

National Institute on Drug Abuse
Substance Abuse and Mental Health Services
Administration, Public Health Service
5600 Fishers Lane, Room 18-49
Rockville, MD 20857
Tel: 301/443-0107

Organizations Providing Information on Drug Courts:

Drug Court Clearinghouse & Technical Assistance Project
American University
Justice Programs Office
4400 Massachusetts Avenue, NW
Brandywine, Suite 660
Washington, DC 20016-8159
Tel: 202/885-2875
Fax: 202/885-2885

Justice Management Institute
1900 Grant St., Suite 815
Denver, CO 80203
Tel: 303/831-7564
Fax: 303/831-4564

National Association of Drug Court Professionals
901 North Pitt St., Suite 300
Alexandria, VA 22314
Tel: 800/542-2322 or 703/706-0576
Fax: 703/706-0565

National TASC
8630 Fenton St., Suite 121
Silver Spring, MD 20910
Tel: 301/608-0595
Fax: 301/608-0599

State Justice Institute
1650 King St., Suite 600
Alexandria, VA 22314
Tel: 703/684-6100
Fax: 703/684-7618

Private Organizations Providing Information on AOD Treatment:

American Society of Addiction Medicine, Inc.
Upper Arcade, Suite 101
4601 North Park Avenue
Chevy Chase, MD 20815
Tel: 301/656-3920

Guidepoints: Acupuncture in Recovery (Information on innovative treatment of addictive and mental disorders)
7402 NE 58th St.
Vancouver, WA 98662
Tel: 360/254-0186

National Acupuncture Detoxification Association
P.O. Box 1927
Vancouver, WA 98668-1927
Tel and Fax: 360/260-8620

National Association of Alcohol & Drug Abuse Counselors
1911 North Fort Meyer Drive, Suite 900
Arlington, VA 22209
Tel: 703/741-7686

National Association of State Alcohol and Drug Abuse Directors (NASADAD)
444 North Capitol St., Suite 642
Washington, DC 20001
Tel: 202/783-6868
Fax: 202/783-2704

National GAINS Center for People with Co• occurring Disorders in the Justice System
Policy Research, Inc.
262 Delaware Ave
Delmar, NY 12054
Tel: 800/331-GAIN
Fax: 518/439-7612

Private Organizations Providing Information on Community Anti-Drug Alliances:

Community Anti-Drug Coalitions of America (CADCA)
James Copple, Executive Director
701 North Fairfax
Alexandria, VA 22314
Tel: 703/706-0563

Drug Strategies, Inc.
2445 M Street, NW, Suite 480
Washington, DC 20037
Tel: 202/663-6090

Join Together
441 Stuart Street, 6th Floor
Boston, MA 02116
Tel: 617/437-1500

Partnership for a Drug Free America
State Alliance Program
405 Lexington Ave., 16th Floor
New York, NY 10174
Tel: 212/922-1560

Bureau of Justice Assistance Information

For more indepth information about BJA, its programs, and its funding opportunities, contact:

Bureau of Justice Assistance
810 Seventh Street
NW. Washington,
DC 20531
202–616–6500
Fax: 202–305–1367
Web site:
www.ojp.usdoj.gov/BJA E-
mail: AskBJA@usdoj.gov

The BJA Clearinghouse, a component of the National Criminal Justice Reference Service, shares BJA program information with state and local agencies and community groups across the country. Information specialists provide reference and referral services, publication distribution, participation and support for conferences, and other networking and outreach activities. The clearinghouse can be contacted at:

Bureau of Justice Assistance Clearinghouse
P.O. Box 6000
Rockville, MD 20849–6000
1–800–851–3420
Fax: 301–519–5212
Web site: www.ncjrs.org
E-mail: askncjrs@ncjrs.org

Clearinghouse staff are available Monday through Friday, 10 a.m. to 6 p.m. eastern time. Ask to be placed on the BJA mailing list.

To subscribe to the electronic newsletter JUSTINFO and become a registered NCJRS user, visit http://puborder.ncjrs.org/register.

BJA

Following: Appendix 2 – Postcodes, Drug Court Catchment

Drug Court Postcode Areas –
Government Gazette 38, 21 September 2006

DANDENONG

3149 Pinewood
3150 Wheelers Hill
3170 Mulgrave, Waverley Gardens
3171 Sandown Village, Springvale
3173 Keysborough,
3174 Noble Park, Noble Park East, Noble Park North
3175 Dandenong, Dandenong East, Dandenong North, Dandenong South, Dunearn, Lyndale
3177 Doveton, Eumemmerring
3178 Rowville
3781 Cockatoo, Mount Burnett, Nangana, Wrights
3782 Emerald, Macclesfield
3783 Gembrook, Gilwell Park
3800 Monash University
3802 Endeavour Hills
3803 Hallam
3804 Narre Warren East, Narre Warren North
3805 Fountain Gate, Narre Warren, Narre Warren South
3806 Berwick, Harkaway
3807 Beaconsfield, Guys Hill
3808 Beaconsfield Upper, Cations, Dewhurst
3809 Officer, Officer South
3810 Pakenham, Pakenham Upper, Pakenham South, Rythdale, Toomuc Valley
3812 Mary Knoll, Nar Nar Goon, Nar Nar Goon North
3813 Tynong, Tynong North
3814 Cora Lynn, Fourteen Mile Road, Garfield, Garfield North, Vervale
3815 Bunyip, Bunyip North, Iona, Tonimbuk
3975 Lynbrook, Lyndhurst
3976 Hampton Park
3977 Cranbourne North
3978 Cardinia, Clyde
3981 Bayles, Catani, Dalmore, Five Mile, Heath Hill, Koo-wee-rup, Koo-wee-rup North, Langview, Yallock, Yannathan

MOORABIN

3148 Chadstone, Chadstone Centre, Holmesglen
3166 Huntingdale, Hughesdale, Oakleigh
3167 Oakleigh East, Oakleigh South
3168 Clayton, Notting Hill
3169 Clarinda, Clayton South,
3172 Dingley Village, Springvale South
3195 Aspendale, Aspendale Gardens, Braeside, Mordialloc, Mordialloc North, Parkdale, Waterways

FRANKSTON

3175 Bangholme
3196 Bonbeach, Chelsea, Chelsea Heights, Edithvale
3197 Carrum, Patterson Lakes
3198 Belvedere Park, Seaford
3201 Carrum Downs
3877 Tooradin North
3977 Cannon's Creek, Cranbourne, Cranbourne East, Cranbourne South, Cranbourne West, Devon Meadows, Five Ways, Junction Village, Sandhurst, Skye
3978 Clyde North
3980 Blind Bight, Tooradin, Warneet

RINGWOOD

3149 Mount Waverley, Syndal
3150 Glen Waverley
3151 Burwood, Burwood Heights
3152 Knox City Centre, Studfield, Wantirna, Wantirna South
3156 Ferntree Gully, Lysterfield, Lysterfield South, Mountain Gate, Upper Ferntree Gully
3158 Upwey
3159 Menzies Creek, Selby
3160 Belgrave, Belgrave Heights, Belgrave South, Tecoma
3179 Scoresby
3180 Knoxfield
3782 Avonsleigh, Clematis

MORWELL

3816 Jacksons Track, Labertouche, Longwarry, Longwarry East, Longwarry North, Longwarry South, Modella, Picnic Point

Referral Contact Details

All Drug Court referrals and related enquiries are to be directed to:

Brendan Ahin
Drug Court Registrar

Dandenong Magistrates' Court
Cnr of Pultney & Foster Streets, Dandenong 3175

Phone: (03) 9767 1344
Email: brendan.ahin@magistratescourt.vic.gov.au