# Final Report on the South East Queensland Drug Court

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# Acknowledgments

## Disclaimer

This research report does not necessarily reflect the policy position of the Commonwealth Government.

# Executive Summary

There are a number of potential benefits that have been posited for the implementation of drug courts. The two key benefits are:

- the diversion of people from the prison custodial environment; and
- the rehabilitation of offenders.

There is an extensive literature which documents that those who are incarcerated recycle continuously through the prison and wider criminal justice system, resulting in significant harms to themselves, their families and the community. These harms manifest themselves in poor health, high crime rates, dysfunctional families (with flow-on effects to the next generation) and fearful communities. These harms are costly both in human and economic terms. The research on drugs and crime shows that offending among property offenders is significantly correlated with illegal drug use. Furthermore illegal drug use can *escalate* the offending behaviour of those criminals who are dependent on particular kinds of drugs. As a result, drug-dependent property offenders commit disproportionately more of the property crime in the community. Effective strategies that can reduce drug dependency should result in significant reductions in offending, resulting in a less costly criminal justice system as well as improving the social and economic wellbeing of both drug court clients and their families and the wider community.

This report has four sections. The first focuses on referrals to the drug court, the second on court processes, the third on recidivism and the fourth on predicting graduation/termination. Over time the number of people referred to the drug court who refused to participate has declined, while the number being deemed ineligible has increased. The majority of ineligibles are due to the offender not meeting the requirements of the *Drug Rehabilitation (Court Diversion) Act 2000*, suggesting that referring magistrates are not screening referrals closely enough. As a pilot program, referrals ceased on 31 December 2002.

The drug court targets those offenders who are high-volume property offenders with few prior violent offences. In particular, those issued an intensive drug rehabilitation order (IDRO) are more likely to have had:

- a prior period of imprisonment;
- a sentence longer than six months;
- more total prior offences (on average); and
- more prior property offences (on average).

Referrals to the drug court program, on average, spend almost three months in the preliminary phase and a further six months in phase 1. It is during these two phases that failures to attend are most likely to occur. Given that drug courts should respond

quickly to a drug problem, and that while in the preliminary phase the offender is not under the supervision of the Department of Corrective Services, the length of time in the preliminary phase needs to be reduced.

Measures of court activity indicate that most activity occurs during the first phase with high numbers of sanctions/rewards and urine tests. This activity reduces across the phases of the program as the level of compliance to be drug and crime free by drug court clients increases. In terms of sanctions and rewards, the most common sanction is imprisonment for breaching the IDRO and the most common reward is progression to the next phase of the program. Sanctions are more likely to be imposed during phase 1 tapering off to relatively few sanctions in phase 3. Rewards are less likely to be used but are more likely to be used in phase 2.

In terms of drug use, cannabis is the most likely drug to be detected in phase 1 followed by amphetamines, opiates and benzodiazepines. While the detection of opiates, amphetamines and cannabis is considerably lower in phase 2, the number of positive screens for benzodiazepines is more than three times that of the other drugs. This indicates that the illegal use of benzodiazepines is common among offenders.

Urine testing shows that as offenders progress through the phases they are increasingly less likely to test positive, indicating high levels of compliance with the drug court program's objective to become drug free. Although the overall number of urine tests reduces across the phases, the number of random drug tests increases, indicating a strategic use of urine testing as offenders move into the final stages of the program.

In terms of treatment, almost two-thirds of offenders access residential treatment in phase 1; around one-third access methadone maintenance and the remainder access non-residential treatment. The three most common treatment programs recorded on the database are cognitive skills, relapse prevention and life skills.

To assess whether the drug court had been "successful", analyses were undertaken that examined the length of time it took for offenders to commit their first offence after being referred to the drug court and whether the frequency of their offending had declined. On balance, and with the evidence currently available on graduates, the data show that:

- recidivism is significantly reduced for those who successfully complete the drug court program;
- few of the graduates reoffend once they complete the program and, where offending does occur, their average time to reoffending is longer than for the comparison groups;
- reductions in offending pre- and post-program are greater for the drug court graduates than the comparison groups.

There is a significant termination effect. Those who were terminated reoffended sooner than both the graduates and the comparison groups. When compared to the graduates the terminates are at greater risk of failure if:

- their community support through a partner does not exist and they were not employed prior to entry into the drug court;

- their commitment to the program is weak as measured by absconding;

- they are not exposed to ongoing monitoring by the court as measured by the frequency of drug testing during phase 1;

- their drug use history suggests they continue to use opiates during phase 1; and

- their incentive to participate is greater as measured by the length of their prior period of imprisonment.

Early risk assessment tools need to be developed that can ensure that offenders who have a low probability of survival in the drug court are provided with more intensive supervision or are deemed unsuitable either at referral or within a relatively short time of the IDRO being issued. This tool needs to take into account offenders' past imprisonment history, their social support networks, the type and level of dependency and whether this dependency is a major contributing factor to their offending. In the early phases of the program, assessment tools should be administered on a routine basis so that the progress of offenders and their willingness to comply with conditions can be objectively assessed. The efficacy of such tools should be scientifically tested and validated.

Urine testing indicates that as offenders progress through the court the number testing positive declines. By implication one would expect that this significant decline in illegal drug use among those who survive through the court would result in reduced levels of drug dependency and health risks in the community. No data were available to determine whether drug court participants had relapsed into illegal drug use post-program (however one could assume that if they are not reoffending then drug abstinence has been maintained). Both graduates and terminates are significantly less likely to have been convicted of a drug possession offence than either the refusal or prisoner comparison groups. This suggests that the drug court has had an effect on drug-specific offending, and by implication suggests that illegal drug use has been reduced. However, the final longitudinal evaluation will be able to more definitely test these early positive signs.

The lack of systematic health and drug measures post-program has been noted in other drug court evaluations both in Australia and overseas.[1] The ability to assess and measure the effectiveness of the drug court on both drug dependency and health appropriate integrated systems across government and the non-government sector is required. Such systems would overcome problems in consistency of the data held across agencies (even within the criminal justice sector) as well as enabling individuals to be monitored for the purposes of ensuring that government implements and evaluates policies premised on the best available evidence base.

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1   For the purposes of evaluating the long-term impact of the program there are a range of measures that could potentially be collected to provide indications of ongoing health and drug status. For example, accessing administrative data through a unique identifier to determine if the person had overdosed, turned up in emergency admissions and hospital data, was admitted to a drug treatment agency and accessed medical services. In addition, specific follow-ups on health and wellbeing could be conducted.

# Introduction

The final report on the South East Queensland Drug Court is the second of three reports that will form the basis of the evaluation of the South East Queensland Drug Court. This represents the final report of the operational period of the pilot program. An interim process report was completed in April 2002. The interim report focused solely on describing the drug court and the participants. It also included qualitative data based on interviews with key stakeholders and past and current participants; where appropriate some of that data has been included in this report. However the interim report was unable to comment on the success of the drug court as the number of graduates was limited to only 10 at that time.

As 12 months have elapsed since the interim report, the number of graduates has increased to 44 at 31 December 2002. The final report attempts to provide some indication of the success or otherwise of the drug court, primarily in terms of recidivism. However, the number of graduates is still relatively small (although double the size of drug court graduates when the New South Wales drug court evaluation report was completed) and the time since graduation is short for many of these graduates. The average time since graduation is 228 days. As a result there is insufficient time since graduation to have a robust test of recidivism. This will not be possible until the evaluation report that will be conducted after 100 persons have graduated from the court for 24 months.

In much of the literature on drug courts, but also more widely in public policy, there is an emerging evidence base on implementation issues. This evidence base highlights that "good policies" can fail to deliver on their key objectives through "poor" implementation. Drug courts are one of the most complex policies to implement because they involve a whole-of-government approach to dealing with what is already a difficult social problem. They also include an independent judiciary which itself is being asked to perform a role different from that of a traditional impartial arbitrator of justice. A review of drug courts internationally (Harrison et al. 2002) has highlighted the diversity of implementation problems that can occur.

A key issue for implementation is the capacity to "hit the ground running". It is unrealistic to expect a program as complex as a drug court to be fully efficient and effective from the first day. As a result the early establishment of a program will be spent working out the day-to-day practicalities of implementing the broad policy agenda. Some evaluators (see Belenko 2001) have suggested that evaluating this period may provide a distorted picture of the drug court. Although programs should in theory be implemented in the same manner regardless of the people involved, human relations are such that individuals can make a "big" difference to the implementation of programs. As a result, the impact and effectiveness of the drug court may fluctuate over time when drug court staff, the judicial officer and treatment providers change (Belenko 2001).

The Queensland Drug Court is a pilot program established under legislation as a sentencing option within the Queensland Magistrates' Court. The substantive provisions of the *Drug Rehabilitation (Court Diversion) Act 2000* ("the Act") came into force on 13 June 2000 and the drug court commenced operations at the same time. The drug court is a pilot program, and referrals to the court ceased on 31 December 2002 pending the outcome of a number of reports being prepared on the drug court. The Australian Institute of Criminology (AIC) was formally engaged in the middle of February 2001 to undertake the formal review of the pilot program as required under section 45(1) of the Act.

Specifically, the AIC was requested to address to first three **objectives** of the Act (section 3). These were to reduce:

- the level of drug dependency in the community;
- the level of criminal activity associated with drug dependency; and
- health risks to the community associated with drug dependency.

# Section 1: Drug Court Referrals

After a person is arrested and comes before one of the pilot program courts, the court may refer that person to the drug court for assessment for suitability to participate in an intensive drug rehabilitation program.[2] This section of the report focuses on those people who were referred to the drug court up until 31 December 2002. In total, 555 persons had been referred to the drug court by this date (see Figure 1). One-hundred and twenty-nine (23 per cent) were deemed to be ineligible for the court, 97 (17 per cent) refused to participate in the program and a further 31 (six per cent) had been referred to the court for assessment but had either not yet been deemed as ineligible or not yet admitted to the program.

**Figure 1: Drug court assessments, participation status and graduations**
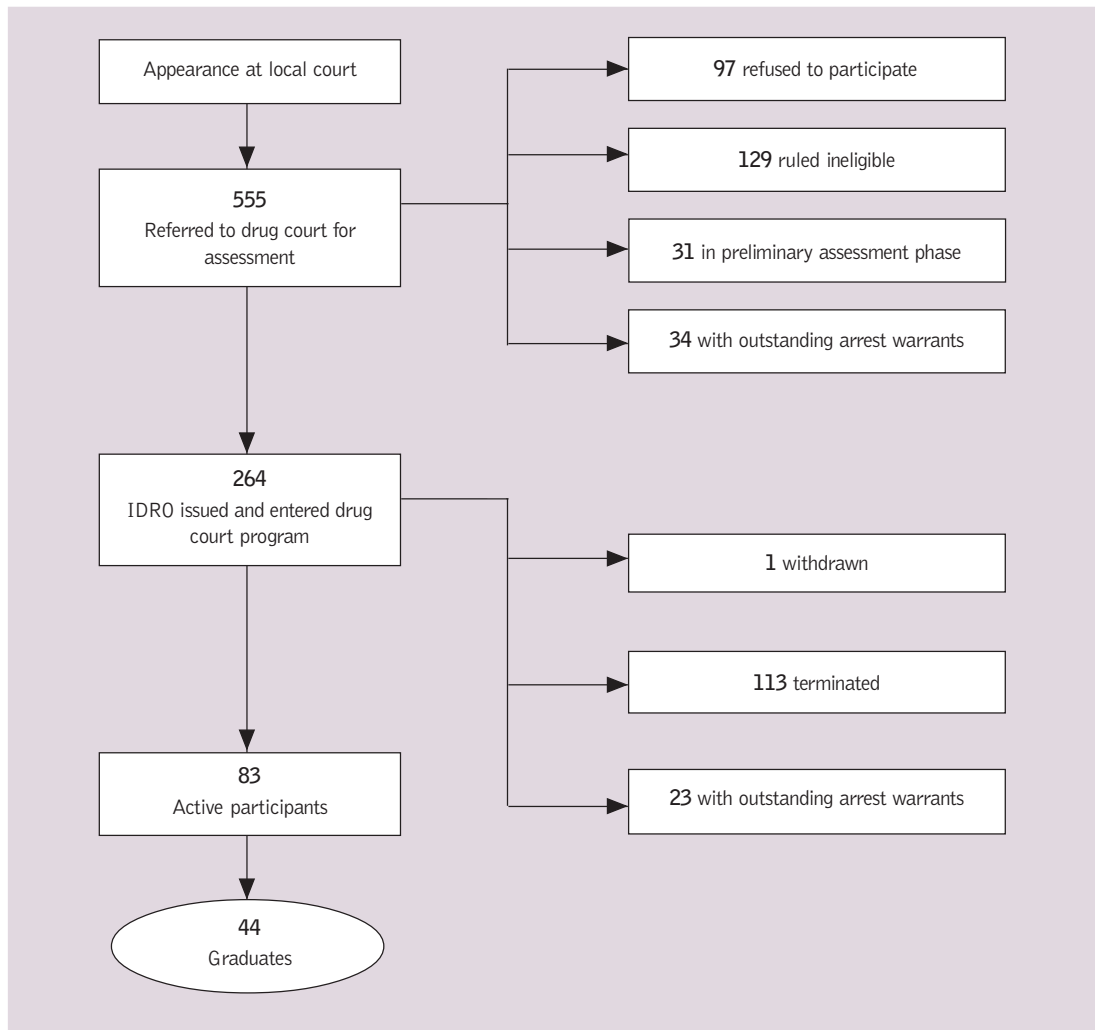


Source: Australian Institute of Criminology, South East Queensland Drug Court database [computer file]

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2    Extensive details of the processes are provided in the magistrate's report (see Costanzo 2003).

Making an IDRO involves three-steps:

- an initial referral from a referring court;
- an assessment by health and corrective services as to the suitability of the person for drug court participation; and
- based on the available evidence and taking into account the requirements of the Act, the magistrate deems the person to be eligible.

The number of referrals to the drug court each month has varied over the past 30 months. In the first six to eight months of the court's operation, the number of referrals was averaging around 25 to 30 persons per month. However, the average time from referral to an IDRO being ordered was taking about 90 days. There were a number of reasons for these delays. In the early period they were mainly due to insufficient predicted levels of participant need for residential treatment places and other support structures such as supported accommodation. These limitations were adequately addressed as a consequence of the experience of the drug court within the scale of a limited pilot program. In theory, health assessments should take seven days and there is a further 21 days for the preparation of the pre-sentence report as well as the home assessment and rehabilitation program, the latter being undertaken in consultation with Queensland Health.

To limit the increasing workload of the pilot on the drug court program and drug court staff, and to reduce the waiting lists, a cap was placed on the number of people the court could manage at any one time. This occurred in August 2001 and capped the court to 141 persons. The impact was felt almost immediately in the flow of participants to the court. After this period there was a steady increase in the flow until about mid-2002, since when the numbers have declined. This is due to uncertainty about whether the drug court will continue beyond its pilot phase. The court ceased to take referrals from the end of December 2002.

Despite the cap, admission delays continued to occur due to the complex processes of coordination, consultation, client and sponsor (accommodation) issues, availability for interview, verification of statements, and normal staffing fluctuations. In addition, referred participants chose to wait for a vacancy to become available in the program rather than be sentenced in the normal way. These factors affected waiting times for admission at various points. The pilot program responded by ceasing referrals for short periods in an effort to manage the significant level of interest shown in the drug court as a sentencing option and to remain within its resourced capacity as a limited pilot program.

The length of time it takes a person to be admitted to the drug court is important from two perspectives. First, the literature suggests that where referrals take a long time there is less chance of the person staying on the program. The second is that when participants are referred and deemed eligible but the IDRO is not yet issued, the person is held in "remand" if they present a risk; otherwise they are released on bail (many on IDRO conditions so they can start rehabilitation). Any efforts to reduce this cost are obviously of benefit to all stakeholders. Table 1 indicates that the average length of time

## Figure 2: Drug court referrals, numbers per month
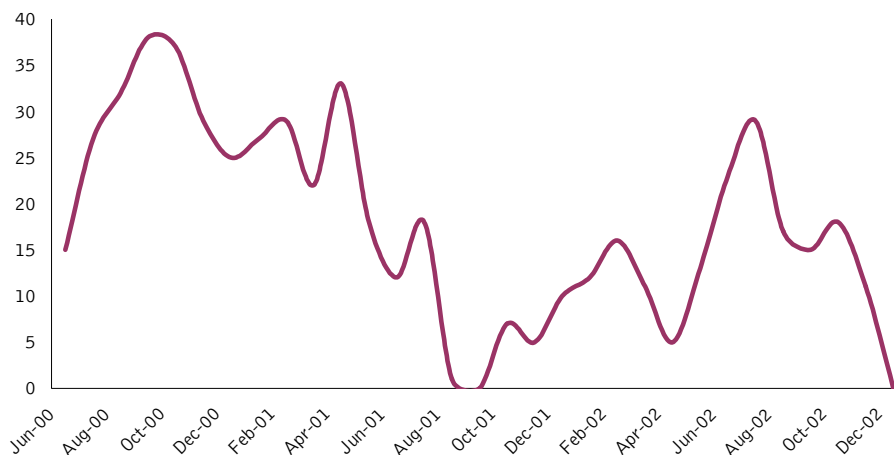


Source: Australian Institute of Criminology, South East Queensland Drug Court database [computer file]

between an initial referral and an outcome was usually longer in the first 12 months of the program. This difference probably reflects the early teething problems and stabilisation of the program.

In the assessment phase the majority of those who were not issued an IDRO did not get one because the court deemed them to be ineligible. Excluding the 31 who were still in the assessment phase at 31 December 2002, there were 260 people who had not been issued an IDRO. A small group (13 per cent) had absconded before any assessment could be made. The two main groups were those who refused to participate (38 per cent) and those deemed ineligible (50 per cent).

There are a variety of reasons for being deemed ineligible. The most common is that the magistrate finds that the person had been charged with offences proscribed under the Act to be ineligible. The second most common reason was that the magistrate thought it highly unlikely that this person, if they went through the normal court processes, would receive a term of imprisonment. A further 24 persons were thought not to be sufficiently motivated and 18 persons were not drug-dependent. It was rare for a person to be rejected because they were outside the geographic boundaries for eligibility set out in the Act.

## Table 1: Assessment outcome from initial referral

|  | June–Dec 00 | Jan–June 01 | July–Dec 01 | Jan–June 02 | July–Dec 02 |
|---|---|---|---|---|---|
| Mean days to ineligible ruling (median) (n=129) | 70 (14) | 92 (66) | 129 (113) | 80 (77) | 42 (26) |
| Mean days to refusal (median) (n=97) | 65 (21) | 36 (0) | 27 (0) | 54 (54) | 26 (28) |
| Mean days to IDRO ruling (median) (n=264) | 72 (43) | 119 (97) | 109 (110) | 95 (80) | 81 (79) |

Source: Australian Institute of Criminology, South East Queensland Drug Court database [computer file]

**Figure 3: Reasons for ineligibility for program**
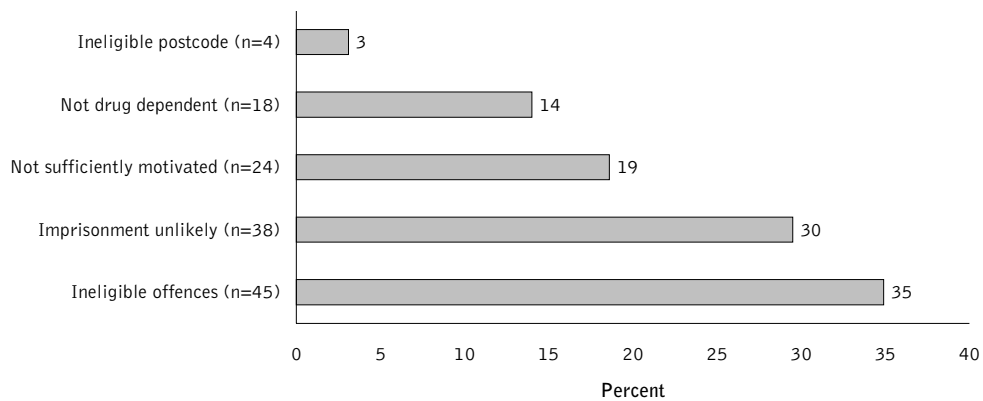


Source: Australian Institute of Criminology, South East Queensland Drug Court database [computer file]

Over time the percentage of refusals has declined. This may be due to a number of factors. First, offenders are more aware of the drug court and its requirements so do not seek referral unless they are positively disposed to the idea. Second, referring magistrates may be more discerning in who they send, particularly now that the court has a formal cap on numbers. The reduction in refusals means that these costs are being contained.

At the same time there has been an increase in the percentage being deemed ineligible. As the majority are due to the offender not meeting the requirements of the Act it would appear that referring magistrates are not screening referrals closely enough.

The drug court covers a large geographical area and, as a result, sits in three courts each week. Over the life of the drug court the number of days that the magistrate sits in the courts has been adjusted to take account of the heavy workload imposed by the drug court. Currently the magistrate sits two days at Beenleigh, two days at Southport and

**Figure 4: Per cent of refusals and deemed ineligible for program, quarterly figures**
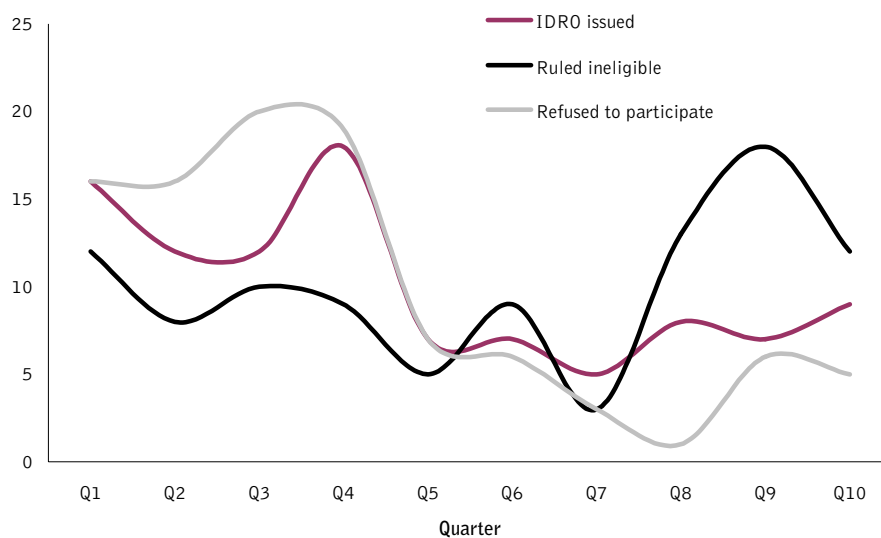


Source: Australian Institute of Criminology, South East Queensland Drug Court database [computer file]

once a fortnight at Ipswich. In addition, every three months the court has a "free" week to enable the magistrate and the team to undertake other activities including professional development, debriefing activities and generally catching up on paperwork.

In the initial setting up of the court, the drug court team (comprising representatives from the courts, Corrective Services, Health, Legal Aid and Queensland Police) worked across all the three courts. In response to the difficulties associated with this model, separate teams were established for each court. However the same magistrate and court staff continued to work across the sites. These changes to the original design highlight the difficulties that a new and complex program will inevitably encounter.

Table 2 shows no difference between the three courts in terms of referral status. However, there is a difference in terms of IDRO status. Participants from Southport are more likely to be terminated. There appears to be no obvious explanation for this.

**Table 2: Court location (percentages)**

|  | Ipswich | Beenleigh | Southport |
|---|---|---|---|
| Referral status |  |  |  |
| IDRO issued | 45 | 50 | 46 |
| Deemed ineligible | 20 | 23 | 25 |
| Defendant refuses | 19 | 14 | 20 |
| Not determined – preliminary assessment | 8 | 5 | 5 |
| Not determined – absconded | 8 | 8 | 3 |
| IDRO status |  |  |  |
| Active/graduated | 57 | 48 | 44 |
| Terminated | 36 | 40 | 51 |
| Absconded | 6 | 12 | 6 |
| Graduates (% of IDROs) | 17 | 20 | 13 |

Source: Australian Institute of Criminology, South East Queensland Drug Court database [computer file]

It is difficult to determine whether there are sociodemographic differences between these groups because much of this information is not being recorded in the drug court database for those who are not issued an IDRO. It would seem that only the base characteristics of gender, marital status and ethnicity are recorded across all those referred to the drug court. Details about education, skills, employment and responsibility for children are largely missing for those deemed ineligible or refused. These data are missing for 62 per cent of the ineligibles and 80 per cent of the refusals. Not unexpectedly, little information (18 per cent) is collected on those who abscond at the initial referral stage. In terms of the recorded sociodemographic data, there is relatively little difference across the groups. The majority of the participants are male, in married/de facto relationships, and predominantly non-Indigenous Australian. Those deemed ineligible and who have outstanding warrants are slightly more likely to be married or in de facto relationships.

In summary, this section has shown that those referred to the court are more likely to be male, aged in their late twenties, more likely to be married or in a de facto relationship and to be Australian-born. This profile is consistent regardless of whether they

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**Table 3: Sociodemographic characteristics of drug court referrals at initial assessment (percentages)**

|  | IDRO issued | Deemed ineligible | Refused | Outstanding warrant |
|---|---|---|---|---|
| Gender |  |  |  |  |
| Male | 87 | 84 | 83 | 71 |
| Female | 13 | 16 | 17 | 29 |
| Marital status* |  |  |  |  |
| Married/de facto | 60 | 80 | 58 | 82 |
| Other | 40 | 20 | 42 | 18 |
| Ethnicity |  |  |  |  |
| Not recorded | 0 | 2 | 1 | 0 |
| ATSI | 13 | 12 | 9 | 6 |
| Australian | 72 | 66 | 70 | 71 |
| Other | 15 | 19 | 20 | 24 |
| Mean age at referral (in years) | 28 | 29 | 27 | 27 |

\* Statistically significant at p<.05

Source: Australian Institute of Criminology, South East Queensland Drug Court database [computer file]

eventually are or are not accepted into the program; the exception is for marital status, with those in a relationship significantly less likely either to be deemed ineligible or to have an outstanding warrant.

Over the course of the program:

- the number of offenders who refuse to participate has declined; and

- there has been an increase in the number being deemed ineligible at referral.

## Criminal History

Criminal history data comes from the person's offence records as recorded on the criminal history record held by the Queensland Police Service. This data was separately collected by the AIC and merged with the drug court database information. This was to ensure the criminal history was as complete as possible and consistently recorded. There are some important points to note. First, this data does not always tally with the criminal history in the drug court file. Why this is the case would require a separate study, but highlights the diversity of information that exists when there is not an integrated criminal justice system used by the whole of government. However, it was apparent that the most recent sentencing was being recorded in the drug court database but had not yet been recorded on the police criminal records. As a result, the last sentencing information for each person on the drug court database was recorded on the criminal history, where it was missing. The second point to note is that any offences noted on the criminal history that were for offences outside of Queensland have been excluded. Without a nationally integrated system it is unlikely that this information would have been systematically sought and recorded.[3] Finally the criminal history excludes traffic offences.[4]

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3    This data would have been required for both the drug court group and the comparison groups.

4    As most traffic offences since the late 1980s have not been recorded on a person's criminal history, traffic offences have been excluded as they could distort the prior criminal history data.

Given that the drug court is focused on those offenders with a likelihood of imprisonment and who have a significant history of offending, the majority of those referred to the court had already spent time in prison. The group least likely to have had a prior imprisonment were those with outstanding warrants (65 per cent) as compared to 82 per cent of those issued an IDRO. The average number of prison episodes was 2.8.

In terms of classifying offences, each offence was allocated to the Australian Bureau of Statistics Standard Offence Classification scheme. Offences were then aggregated to the broad categories of violent, property, drug and other offences. In total there were 21,491 offences recorded in the previous criminal histories of those persons referred to the court. Of these, 982 were violent offences, 13,754 were property offences, 2,221 were drug offences and 5,773 were other offences.

Offenders had extensive criminal histories. In terms of total offences, including offences while a juvenile, the mean number of offences among those referred to the court was 40. The criminal history data showed that, on average, offenders with more offences were accepted into the court (48 versus 34) and that this higher volume of offending was primarily associated with property offences. For example, the mean number of property offences was 33 for the IDRO clients but only around 19 for those who did not enter the drug court. The total number of property offences among those issued an IDRO was 8,562. Just over one-third of those referred to the drug court had a prior sentence that was longer than six months. Following the outcome of the assessment phase, IDROs were more likely to be issued to those with a history of long sentences. Forty-five per cent of IDROs had a prior sentence longer than 12 months as compared to 32 per cent of those deemed ineligible, 34 per cent who refused and 35 per cent with an outstanding warrant.

On average, the mean number of violent offences across the groups was two, while the mean number of drug offences was four. Of the total group referred to the drug court, 307 had a prior violent offence while 149 of those issued an IDRO had a prior violent offence. In terms of drug offences, 86 per cent of the sample had a drug offence, and most of these people (n=225) were issued an IDRO. However, in terms of the number

## Table 4: Criminal history of drug court referrals

|  | IDRO issued (n=264) | Deemed ineligible (n=129) | Refused (n=97) | Outstanding warrant (n=34) |
|---|---|---|---|---|
| Per cent who have been in prison* | 82 | 71 | 71 | 65 |
| Mean number of prison episodes (min/max) | 3 (0/14) | 3 (0/10) | 2 (0/9) | 2 (0/7) |
| Per cent prior sentence longer than 6 months* | 45 | 32 | 34 | 35 |
| Mean number of total offences (min/max)* | 48 (1/439) | 34 (1/185) | 34 (1/133) | 30 (1/120) |
| Mean number of property offences (min/max)* | 33 (0/303) | 19 (0/168) | 20 (0/94) | 17 (0/94) |
| Mean number of violent offences (min/max) | 2 (0/10) | 2 (0/26) | 2 (0/14) | 2 (0/17) |
| Mean number of drug offences (min/max) | 4 (0/119) | 4 (0/37) | 4 (0/18) | 4 (0/12) |
| Mean age of first offence (min/max) | 20 (7/46) | 20 (7/42) | 19 (12/42) | 20 (13/32) |
| Mean age of first property offence (min/max) | 21 (7/46) | 21 (12/45) | 20 (12/42) | 20 (13/32) |
| Mean age of first violent offence (min/max) | 22 (14/43) | 23 (14/38) | 22 (12/42) | 21 (16/26) |
| Mean age of first drug offence (min/max)* | 22 (15/41) | 23 (15/42) | 22 (15/40) | 21 (15/29) |

* Statistically significant at $p < .05$

Source: Australian Institute of Criminology, South East Queensland Drug Court database [computer file]

of offences, the average for specific drug offences was low, which is consistent with what is known about policing and drugs—most drug offences are for possession (90 per cent) and are usually discovered in the course of some other investigation, such as stolen property.

Criminal history research has documented that most offenders are rarely caught for their first offence. In this group the mean age of first offence was around 19 to 20 years, with the average age of first property offence usually being a year later, and the average age of violent offences occurring about one to two years later. The mean ages of first offence suggest a criminal career consistent with the literature—minor offending progressing to property offending and finally to violent offending (where it occurs).

In summary, the criminal history data show that the drug court is targeting those offenders who are high-volume property offenders with few prior violent offences. There are some significant differences between those who are issued an IDRO and those who are not. In particular, those issued an IDRO are more likely to have had:

- a prior period of imprisonment;
- a sentence longer than six months;
- more total prior offences (on average); and
- more prior property offences (on average).

Those deemed ineligible for the court are significantly more likely to have been arrested for their first drug offence at on older age than those issued an IDRO.

## Health History

During the assessment phase a range of data are collected on the health of the referred offenders. Again, there is variability in the completeness of the data recorded in the database. It is more complete for those deemed ineligible and for refusals, but relatively incomplete for those with outstanding warrants. The latter have been excluded from Table 5. AIDS and hepatitis B are rare among those referred to the drug court. Hepatitis C is high with around 42 per cent reporting they are positive for this disease, with little difference across the groups. There is a noticeable significant difference in the health assessments—those deemed ineligible are more likely to be in good health while those who refuse to participate are more likely to have long-term poor health. Of those issued an IDRO, just over half are assessed with good health while the remainder are assessed as either having long- or short-term poor health.

Around 16 per cent of referrals indicate they have either tried to commit suicide or have suicidal thoughts; the prevalence of this does not vary across the groups. Furthermore, the vast majority of the referrals are assessed as normal on the mental health measure. This should not be a surprise as a condition of the Act is that "the offender is not suffering from any medical condition that could prevent the offender's active participation in a rehabilitation program". Overall, like socioeconomic status, there are not any large differences between those issued an IDRO and those not issued one.

**Table 5: Health history of drug court referrals at initial assessment**

|  | IDRO issued | Deemed ineligible | Refused |
|---|---|---|---|
| Per cent with AIDS | 0 | 0 | 0 |
| Per cent with Hep-B | 2 | 1 | 0 |
| Per cent with Hep-C | 45 | 38 | 41 |
| Health assessment* |  |  |  |
| Long-term health poor | 24 | 16 | 29 |
| Short-term health poor | 23 | 11 | 37 |
| Good health | 53 | 73 | 35 |
| Per cent who indicate suicidal | 15 | 17 | 18 |
| Mental health score |  |  |  |
| Mild mental illness | 0 | 2 | 2 |
| Personality disorder | 3 | 1 | 3 |
| Normal | 97 | 97 | 95 |

* Statistically significant at p<.05

Source: Australian Institute of Criminology, South East Queensland Drug Court database [computer file]

In addition to these measures, the SF-36 was to be administered to assess general health. The SF-36 is a set of generic, coherent and easily administered quality-of-life measures. The measure has been extensively tested and validated across a range of populations. The measure has been designed to either be administered or self-completed. Unfortunately only 128 out of 555 persons have SF-36 data recorded and all of these have occurred since 1 July 2002. There have only been eight cases where there has been a phase change. None of the current graduates had an initial SF-36 assessment on entry into the program and, as a result, there is no baseline data to compare the health assessments on exiting the program. As a consequence it is not possible to analyse the data due to the small number of cases.[5]

In general terms there are no significant differences between the groups in terms of health history on initial assessment except for the general health assessment. In this case those deemed ineligible are significantly more likely to have been assessed as in good health.

## Drug Use History

In addition to health assessments, information on drug use history is also collected. There is variability in the extent of missing data across the different variables and some data were not consistently recorded. In particular the data on drug of choice was highly problematic. In some cases there was more than one primary drug of choice listed (n=21); in some cases the same drug was entered three or more times for the same

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[5]  The consultants were engaged in February 2001. In April 2001 concerns about the lack of health/drug information in the drug court database were expressed. Following this, the May 2002 interim report noted that these problems were still ongoing but it was expected that relevant data would be entered onto the database and the SF-36 would be administered on entry to the program and on progression from phase to phase. The DSM-IV was to be used to objectively measure drug dependency. This measure was administered from the start of the program but no assessments were being conducted on graduation. This was expected to begin in May 2001. The database indicates that the first SF-36 was conducted on 1 July 2002. There do appear to be health assessments occurring as participants move from phase to phase although the numbers are too small to analyse at this time. If the health and drug assessments continue to be systematically measured and recorded, it may be possible to undertake further work on documenting improvements in health and wellbeing in the evaluation report.

**Table 6: Drug use history of drug court referrals at initial assessment**

|  | IDRO issued | Deemed ineligible | Refused |
|---|---|---|---|
| Ever tried | 100 | 100 | 98 |
|     Opioid | 77 | 71 | 71 |
|     Amphetamines | 86 | 85 | 76 |
|     Cannabis* | 82 | 88 | 64 |
|     Benzodiazepines | 33 | 37 | 24 |
| Used in 6 months prior to initial assessment | 97 | 97 | 92 |
|     Opioid* | 60 | 57 | 57 |
|     Amphetamines* | 71 | 62 | 56 |
|     Cannabis* | 63 | 67 | 54 |
|     Benzodiazepines* | 23 | 21 | 11 |
| Mean age of first initiation into drugs | 15 | 15 | 15 |
|     Heroin | 19 | 19 | 19 |
|     Amphetamines | 19 | 20 | 18 |
|     Cannabis | 14 | 15 | 14 |
|     Benzodiazepines | 21 | 21 | 23 |
| Per cent DSM-IV dependent for any illicit drug* | 75 | 59 | 60 |
| Per cent accessed prior treatment | 58 | 55 | 53 |

* Statistically significant at $p < .05$

Source: Australian Institute of Criminology, South East Queensland Drug Court database [computer file]

person (n=7). There were further inconsistencies with the administration of the DSM-IV measure, which is a diagnostic tool for assessing dependency. There were multiple entries of the DSM-IV measure for some offenders.

In total, all of those issued an IDRO report having tried cannabis, heroin, amphetamines or benzodiazepines and the vast majority had used one of them in the six months prior to their initial health assessments. The three most common illegal drugs used were opioids, amphetamines and cannabis. This is reflected in the percentages that reported they have tried these substances. Across the three groups the proportions are similar, although the refusal group is slightly less likely to report that they have tried cannabis or benzodiazepines. In terms of use in the six months prior to assessment, the proportions are slightly lower although the same pattern is reflected.

The mean age of initiation into drug use occurs around 15 years for all court referrals. Consistent with the literature on drug use, age of initiation varies by drug type. Initiation begins with cannabis at around 14 years, followed by heroin and amphetamines at around 19 years, followed by benzodiazepines at around 21 years. The pattern is consistent across the three groups.

A dependency scale (based on three positive responses to the seven-item DSM-IV dependency measure) for any illicit drug was constructed. Seventy-five per cent of those issued an IDRO were found to be dependent, with 25 per cent determined as dependent by clinical assessment by the health professional conducting the interview. This is higher than the dependency of those deemed ineligible (59 per cent) and those who refused to participate in the program (60 per cent). Although the court has been informed that the person is drug-dependent (based on an assessment using the DSM-IV), in order for the IDRO to be issued there is clearly a discrepancy between the

database and what occurs in the court. Queensland Health indicated that in the early stages not all responses to the DSM-IV were being correctly recorded in the database and this may account for the discrepancy.

Just under half of those referred to the drug court have already been in some form of treatment. This is regardless of their status at initial assessment. IDROs were slightly more likely to have been issued for those who had accessed prior treatment: 58 per cent compared to 55 per cent of those deemed ineligible and 53 per cent who refused to enter the program. This highlights what is known from the treatment literature. Dependent drug users relapse regularly and there are no quick and easy cures.

## Summary

There are few differences between those who are issued an IDRO and those who either refuse or are deemed ineligible. Where there are differences they seem to suggest that IDROs are issued to people who have more serious criminal histories in terms of prior imprisonment and frequency of offending. They are also more likely to be assessed as DSM-IV dependent and have poorer health. In terms of the intention of the *Drug Rehabilitation (Court Diversion) Act 2000,* the court is targeting the clientele for whom the Act was implemented.

# Section 2: Drug Court Activity

An important aspect of the drug court is the regular contact that offenders have with the magistrate along with the intensive supervision that is undertaken by the drug court team. The drug court program has four stages—the preliminary assessment period and then three phases through which participants must progress if they are to successfully complete the program. Over the life of the court there have been 563 sittings and they have dealt with 9,840 persons, which is an average of 17 persons per sitting. Thirty-four per cent of appearances were during the preliminary assessment (n=3,352) and 47 per cent during phase 1 (n=4,662). These data indicate that a lot of court activity occurs during these two stages of the process when assessments, program placements and detoxification occur. These are the times when participants are most vulnerable to absconding and relapse.

## Phases

Figure 5 indicates the mean number of days current participants have spent in each phase. The longest time is spent in phase 1 (which is where there are a significant number of court appearances) rather than phase 2; this is also the case for graduates. It suggests that in practice the initial period of detoxification and stabilising addiction takes longer than a three-month period. In order for a person to progress from phase 1 to phase 2 they must have been drug free (that is, no positive urine tests) and crime free for 12 weeks. This is particularly difficult to achieve for those with prior heavy cannabis use as the urinalysis can detect cannabis up to 30 days after last use. The theoretical model initially developed for the drug court was for an initial three-month phase. This was later revised allowing a period of three to six months, again highlighting that in the early phases of a new program, flexibility is required. The model of three months for phase 1 is not appropriate for these types of offenders and should be taken into account when establishing other drug courts.

On average, participants spend 90 days (almost three months) at the preliminary stage of the program. It is the referring magistrate who decides whether the offender will be remanded into custody or released on bail. Given that an important aspect of the program is to respond quickly to a drug problem, this is a long time for people with a chronic relapsing condition to be in assessment. During this time the Department of Corrective Services prepares a pre-sentence report. Although many offenders begin counselling it is not possible to monitor drug use through drug testing which is a key component of the drug court program. In the first 12 months the preliminary phase took 72 days; in the second 12 months it took 117 days; and in the last six months it has taken 88 days. The preliminary phase needs to be shortened so that the drug court magistrate can more quickly determine whether the offender is suitable for the program.

**Figure 5: Mean number of days per phase**
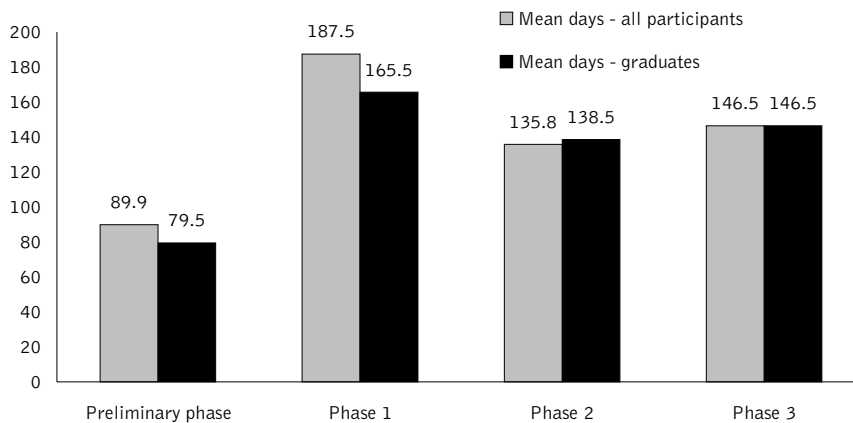


Source: Australian Institute of Criminology, South East Queensland Drug Court database [computer file]

Figure 6 shows the actual number of appearances and the number who failed to attend without an explanation for non-attendance. As a proportion of overall attendance, the number of failures to appear is small. The probability of failing to attend is highest among those in the assessment and phase 1. IDRO clients are prolific offenders with long histories of drug abuse. They lead chaotic lives resulting is significant contact with the criminal justice system and many have poor social control, so it is to be expected that failures will occur in the early part of the program. As offenders progress through the phases the number of failures to appear declines, indicating that the drug court is successful in encouraging compliance with its requirements. However, the difficulty in dealing with this client base is demonstrated by 10 occasions of non-appearance during phase 3.
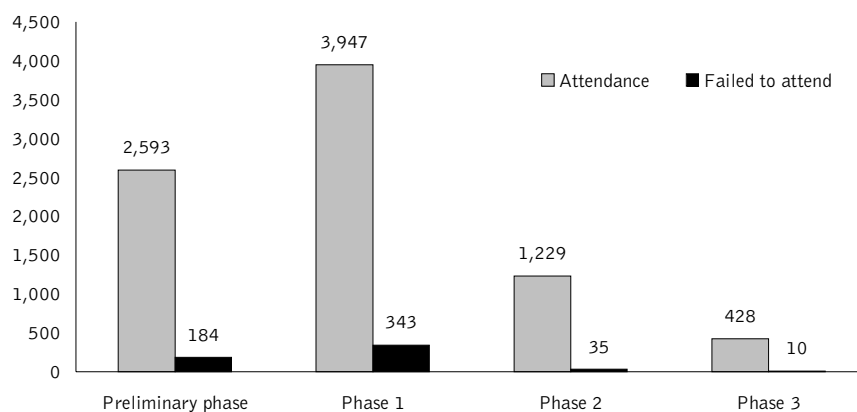
**Figure 6: Failures to attend by phase (number)**



Source: Australian Institute of Criminology, South East Queensland Drug Court database [computer file]

Australian Institute of Criminology

In summary, referrals to the drug court program, on average, spend almost three months in the preliminary phase and a further six months in phase 1. It is during these two phases that failures to attend are most likely to occur. Given that drug courts should respond quickly to a drug problem, and that while in the preliminary phase the offender is not under the supervision of the Department of Corrective Services, the length of time in the preliminary phase needs to be reduced.

## Sanctions and Rewards

The court uses a variety of means to encourage compliance with its program. Table 7 lists the range of sanctions and rewards. The use of sanctions in a treatment regime is regarded by some as inappropriate. Qualitative interviews with participants found that they all acknowledged the value of sanctions: "sanctions are part of the process of wearing us down". In total, 757 sanctions (excluding urine testing) have been used, as have 388 rewards. The most common sanction is imprisonment for breaching the conditions of the IDRO, while the most common reward is to progress to the next phase. The sanctions demonstrate the ongoing monitoring and assessment that is required when dealing with a difficult client base. For example, there were 10 persons who progressed to phase 3 but were then demoted to phase 2. Similarly, there were 21 occasions in phase 3 where imprisonment was used as a sanction. Overall, the use of

**Table 7: Sanctions and rewards (numbers)**

|  | Total | Phase 1 | Phase 2 | Phase 3 |
|---|---|---|---|---|
| All sanctions | 757 | 542 | 147 | 68 |
| Imprisonment for breaching IDRO | 399 | 307 | 71 | 21 |
| Community service | 136 | 103 | 23 | 10 |
| Sentenced to rising of the court | 64 | 36 | 18 | 10 |
| Write essay | 58 | 52 | 4 | 2 |
| Increase frequency of testing | 32 | 14 | 12 | 6 |
| Regress to previous phase | 26 | 3 | 13 | 10 |
| Increase frequency of court appearance | 15 | 6 | 4 | 5 |
| Increase frequency of counselling or treatment | 14 | 10 | 2 | 2 |
| Impose curfew | 6 | 6 | 0 | 0 |
| Increase curfew | 3 | 3 | 0 | 0 |
| Increase level of supervision | 2 | 0 | 0 | 2 |
| Withdrawal of special privileges | 1 | 1 | 0 | 0 |
| Impose/increase monetary penalty | 1 | 1 | 0 | 0 |
| All rewards | 388 | 236 | 141 | 10 |
| Progress to next phase | 187 | 109 | 77 | 1 |
| Decrease frequency of court appearances | 85 | 58 | 23 | 4 |
| Decrease community service | 29 | 16 | 11 | 2 |
| Decrease frequency of testing | 26 | 8 | 15 | 3 |
| Remove curfew | 24 | 22 | 2 | 0 |
| Decrease curfew | 19 | 19 | 0 | 0 |
| Decrease frequency of counselling or treatment | 9 | 4 | 5 | 0 |
| Decrease level of supervision | 9 | 1 | 8 | 0 |
| Decrease amount of monetary penalty | 0 | 0 | 0 | 0 |
| Conferral of special privileges | 0 | 0 | 0 | 0 |
| Successful program completion | 0 | 0 | 0 | 0 |

Source: Australian Institute of Criminology, South East Queensland Drug Court database [computer file]

both sanctions and rewards diminishes by phase. There is an interesting difference between when sanctions and rewards are used. Most notably, in phase 2 the proportion of sanctions used was 19 per cent as compared to 36 per cent for rewards.

When asked about rewards, participants indicated that they did not think there were many rewards: "rewards seem few and far between". As indicated above, the court does use the various rewards as specified by the Act. However, it is important to note that many of the "intangible" rewards are not recorded in the database—the use of applause and praise and encouragement from the magistrate are used regularly for those progressing well in the drug court program. Despite this, tangible rewards such as books, meal vouchers and assistance with skills training are not routinely available for use by the court.

The use of custodial sanctions and urine testing are the two aspects of the program most surrounded by controversy. Program participants reported mixed views about custodial sanctions. Some favoured them ("gives you a chance to think about what you really want") while others felt they had a negative impact: "sanctions can undo a lot of hard work".

## Urine Testing

Urine testing is a key component of the drug court program. Face-to-face interviews with selected participants across all levels of the program, including some who had been terminated, found that all agreed urine testing was an integral part of the program. A consistent theme in response to this issue was that the testing kept them on track. The kinds of comments included:

- "They keep you honest";
- "It's in the back of your mind"; and
- "They've got you covered".

In total 12,916 urine tests have been administered—7,630 in the first phase, 3,586 in phase 2 and 1,669 in phase 3. There have been relatively few random tests—1,454 in total. However, in phase 3 there was a higher proportion of random tests carried out (21 per cent) than in phase 1 (eight per cent).

Over time the number of positive tests has declined from 14 per cent in phase 1, to five per cent in phase 2, to four per cent in phase 3. A positive screening test can result from the detection of one or more drugs (see Makkai 2000 for further discussion on urine testing). Overall, 27 per cent of the positive screens were for two or more drugs. The detection of two or more drugs has declined across the phases, with 28 per cent being detected in phase 1, 23 per cent in phase 2 and eight per cent in phase 3.

Figure 7 shows the number of times a drug has been detected by phase. It is important to note that the detections for benzodiazepines are for illegal use; where the person was legitimately using benzodiazepines their positive screens have not been included. Cannabis was the most likely drug to be detected in phase 1—this is consistent with

urine testing of police detainees (see Makkai & McGregor 2003). In phase 2 the detection of opiates, amphetamines and cannabis was considerably lower; however, the number of positive screens for benzodiazepines was more than three times that of the other drugs. Again, this is consistent with urine testing of police detainees that has found around a quarter test positive to benzodiazepines. It highlights that a significant problem exists with the illegal use of benzodiazepines.

**Figure 7: Number of drug detections by phase**
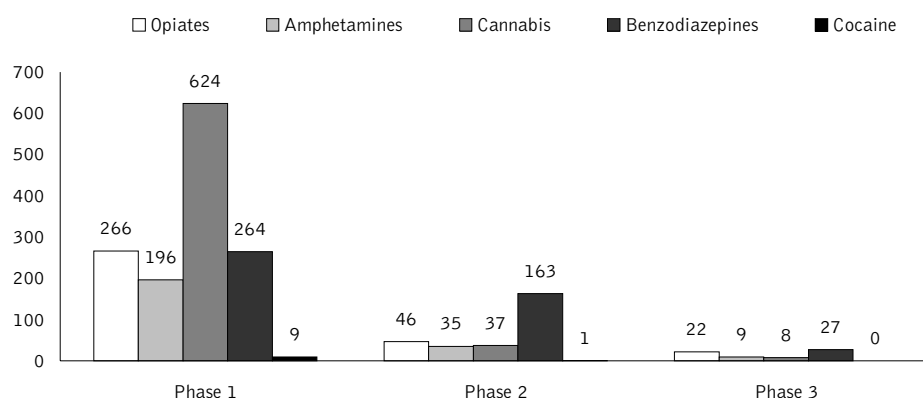


Source: Australian Institute of Criminology, South East Queensland Drug Court database [computer file]

## Treatment Programs

The database contains some information on the type of treatment programs that have been accessed by participants. Three main categories are recorded—residential, non-residential and methadone maintenance. Of those issued an IDRO, 93 per cent had accessed one of those treatments. Where data are recorded, 176 out of 264 persons (67 per cent) issued an IDRO had accessed residential treatment and uptake occurred in phase 1 of the program; there was only one person after phase 1 who accessed residential treatment. As recorded in the database, residential treatment can be for a single day to a long period of residence.[6] There was also a high level of uptake of non-residential rehabilitation (54 per cent), with 82 per cent occurring in phase 1. Thirty-one persons accessed methadone maintenance and most of the uptake occurred in phase 1 of the program; as with residential treatment it was rare for somebody to access the program after phase 1.

**Table 8: Treatment activity by those issued an IDRO**

|  | Total | | Phase 1 |
| --- | --- | --- | --- |
|  | *N* | *Mean days* | *N* |
| Residential treatment | 176 | 100 | 175 |
| Non-residential rehabilitation | 142 | 44 | 116 |
| Methadone maintenance | 31 | 266 | 29 |
| None of the above | 18 | — | 20 |

Source: Australian Institute of Criminology, South East Queensland Drug Court database [computer file]

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6    Although the database indicates that 25 per cent of the residential stays were for a single night, this could include clients who leave prison but fail to show up at the prearranged residential care facility.
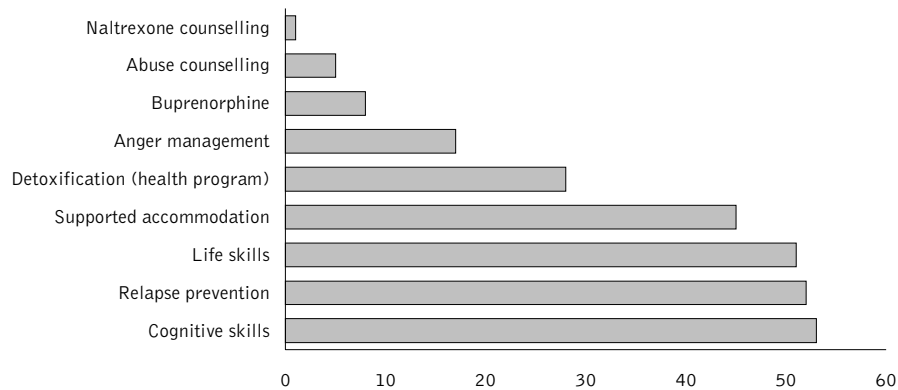
Source: Australian Institute of Criminology, South East Queensland Drug Court database [computer file]

There is a range of additional programs that participants can either access or are required to complete as part of their program. Figure 8 shows the range of programs and numbers who access them. The three programs most likely to have been accessed were cognitive skills, relapse prevention and life skills. Supported accommodation was not readily available early in the program. In total, 45 persons are recorded in the database as having accessed supported accommodation.

## Summary

The data indicate a high level of activity by the drug court. This activity includes the use of traditional sanctioning mechanisms such as the use of imprisonment for breaching the IDRO order and community service, as well as less traditional sanctions such as writing essays. The most common sanction is imprisonment for breaching the IDRO. Sanctions are more likely to be imposed during phase 1 and taper off to relatively few sanctions in phase 3. Rewards are less likely to be used and when they are applied they usually involve a reduction in various sanctions. A greater proportion of rewards are used in phase 2 and the most common reward is progression to the next phase.

Urine testing is a key component of the program and is demonstrated by the extensive number of urine tests that have been conducted. The urine testing indicates that as offenders progress through the phases they are increasingly less likely to test positive. This indicates compliance with the drug court program's objective for participants to become drug free. As with sanctions and rewards, urine testing reduces across the phases as compliance to be drug and crime free increases (although random drug testing increases).

In terms of treatment, almost two-thirds of offenders access residential treatment in phase 1, with around one-third accessing methadone maintenance. The three most common programs recorded on the database are cognitive skills, relapse prevention and life skills.

# Section 3: Does the Drug Court Make a Difference to Recidivism?

One of the key issues for the drug court is whether the intensive supervision by a drug court makes a difference to recidivism and to health outcomes. In terms of measuring health outcomes it was not possible to track participants through the Queensland drug and alcohol sector to determine if they had relapsed, nor was it possible to track them through the hospital/medical/ambulance systems to determine if they appeared for a medical emergency (in particular, a drug overdose). As a result it is not possible to quantitatively determine any long-term outcomes on the health of drug court participants.

It is possible, however, to track individuals in terms of their offending through the centralised Queensland Police Service's criminal history records.[7] There are of course limitations in that the data are for offences detected and processed through the courts. The "real" level of offending is unknown. Criminal history records were obtained for 520 of the 555 persons referred to the drug court.[8] All the criminal history data were obtained for the prisoner comparison group (see below for further explanation). Each offence type, the date and the offences were coded and matched to each person's drug court data. This offence data is the primary source of information used to measure recidivism.[9]

## Measuring Recidivism

Defining and measuring recidivism is not straightforward. As already mentioned, the Act states that the purpose of the drug court is to reduce criminal activity. Crime victim surveys consistently demonstrate that a large proportion of crime is never reported to police; furthermore, clearance rates indicate that many offences are not cleared through the arrest of a perpetrator.[10] The closest measure of criminal activity will be the offence data, albeit there are imperfections in this data (see Coleman & Moynihan 1996 for a discussion of crime data).[11]

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7  The consultants would like to thank Queensland Justice for facilitating access to these records and in particular the Queensland Police Service for their cooperation in this matter.

8  Some of these would be accounted for by persons with no prior criminal history, for others criminal histories could not be located. As we cannot distinguish between no prior history and missing data, these people are excluded. This effectively results in one person in the treatment group, six in the refusal and none in the terminates who were excluded from the recidivism analysis.

9  In some cases the date of the offence represents the date of the arrest, particularly in offences such as shop stealing, drug possession and possession of a stolen motor vehicle.

10  For example, Freiberg and Ross wrote "the majority of reported property crimes do not result in a convicted offender being charged…accurate data on charge rates is generally not available, but most estimates for property crime charge rates are no higher than 10 per cent" (1999, p. 52).

11  Although the criminal history record contains the date on which the offence was committed it will underestimate the extent of actual offending as it is only for those matters that are dealt with by a court.

Two measures have been developed:

1.    time to first offence; and

2.    frequency of offending.

To calculate the number of days a person has been "free" in the community, the follow-up needs to be adjusted for the amount of time they may have spent in prison. This is referred to as free time. For example, let us assume there are two people who have the same number of offences—they both committed 10 offences—and the period over which their behaviour is being tracked is 100 days. During that 100 days, person A spent 50 days in prison while person B did not. This means that person A committed 10 offences over 50 days while person B committed the same number of offences over 100 days. The result is that person A's offending rate is .25 per free day while person B's offending rate is .10 per free day—the former having a higher offending rate.

A similar adjustment for free time also needs to be made for the time to first offence. If two people enter the drug court on the same day and they both offended on the same day (say, 100 days after entering the court) but the first person also spent 50 days in prison on sanctions but the second did not, the first person's time to first offence is 50 days as compared to 100 days for the second. In this report both the time to first offence and the frequency of offending measures are for free days.

## Comparison Groups

In reviewing the evaluations of drug courts, Belenko (1998, 2001) notes that few evaluations compare drug court clients with any comparison groups. The gold standard in evaluation is the randomised control trial where offenders are randomly allocated to the drug court or to the usual processes. Such a design ensures that there is no systematic bias between the treatment and the control group. Furthermore it ensures that "time-dependent factors such as local law enforcement and prosecution policies, the nature of the local drug problem, and organisational factors" are controlled for (Belenko 2001, p. 36). There was not a random allocation to the drug court of offenders in the South East Queensland drug court. However two groups were selected in an attempt to provide some comparisons between the court and the usual criminal justice processes.

The first comparison group is the 97 offenders who refused to participate and went through the usual court processes.[12] Section 1 has shown that there were few differences between this group and those who entered the drug court program in terms of sociodemographic, health and drug use measures. However, there are differences in regard to prior criminal history—refusals were slightly less likely to have gone to prison and had fewer offences.

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12   We did not use the various groups ruled as ineligible as they had been deemed by the court to not fulfil the requirements for entry into the court and are known to be different from those issued an IDRO.

A second comparison group comprises a sample of offenders who were:

- released from prison two or more years ago;
- sentenced offenders (as distinct from remand offenders);
- served at least part of their sentence in a custodial facility in South East Queensland;
- were not sentenced in the episode in question for a "disqualifying offence" under section 7 of the *Drug Rehabilitation (Court Diversion) Act 2000*;
- were flagged as having been under the influence of drugs at the time of offending in the episode in question; and
- their sentence was less than three years.

This resulted in a sample of 107 persons referred to as the "prisoner comparison group". Queensland Corrective Services selected the sample for the drug court evaluation and provided details on age and sex. The AIC then matched this data with their police criminal history for the period prior to and following release from the imprisonment episode for a 24-month period.

As already mentioned, at 31 December 2002, 264 persons had been issued an IDRO. This group, in total, comprised the treatment group in that they all entered the drug court program under an IDRO. Later analyses of graduates and terminates is presented.

It is important to stress that the lack of a randomised control trial means that we cannot be absolutely certain that there was no selection bias between the treatment group and the comparison groups, and this may account for any observed differences in the data. The proportion of males in each group was 87 per cent for the treatment group, 82 per cent for the refusal group and 82 per cent for the prisoner group. There was no significant difference between the three groups (F-value =.92, df=2, =, p>.05). At the time of referral to the drug court the mean age for the treatment group was 28 and was 27 for the refusal group. The mean age of the prisoner comparison group on their release date was also similar at 28 years. There was no significant age difference between the three groups (F-value=.71, df=2, p>.05).

Table 9 examines the prior offences and imprisonment episodes for the drug court participants (the treatment group), the refusal and prisoner comparison groups. The mean number of prior offences for the treatment group was 20. This compares to 15 for the refusal and 18 for the prisoner comparison groups. The distributions for prior offences (chi-square=16.0, df=8, p<.05) and imprisonment (chi-square=9.7, df=2, p<.05) are significant. Persons in the treatment group were more likely to have been in prison and to have more prior offences than those in the two groups selected for comparison purposes.

In summary, there are no significant differences between the treatment group and the two comparison groups in terms age and sex, but there are significant differences for previous imprisonment and prior offences. Persons in the treatment group had significantly more offences and were more likely to have been incarcerated.

## Table 9: Prior criminal history for the treated and comparison groups

| | Treatment | | Refusal | | Prisoner | |
|---|---|---|---|---|---|---|
| | Number | % | Number | % | Number | % |
| Number of prior offence episodes | | | | | | |
| 0–9 | 51 | 20 | 32 | 36 | 26 | 24 |
| 10–19 | 90 | 35 | 32 | 36 | 33 | 31 |
| 20–29 | 76 | 29 | 13 | 15 | 33 | 31 |
| 30–39 | 28 | 11 | 10 | 11 | 11 | 10 |
| 40+ | 14 | 5 | 2 | 2 | 4 | 4 |
| Total | 259 | 100 | 89 | 100 | 107 | 100 |
| Prior imprisonment | | | | | | |
| Yes | 212 | 82 | 64 | 72 | 73 | 68 |
| No | 47 | 18 | 25 | 28 | 34 | 32 |
| Total | 259 | 100 | 89 | 100 | 107 | 100 |

Source: Australian Institute of Criminology, South East Queensland Drug Court database [computer file]

## The Follow-up Period

One of the criticisms that Belenko (2001) makes of drug court evaluations is the lack of information on the time frames used to measure recidivism outcomes. In the report, two follow-up periods are examined:

- the time from when they entered the drug court; and

- the time from when they graduated or were terminated from the program.

The former measure captures recidivism while in the program, while the latter focuses on post-program recidivism.

Belenko (2002, p. 183) has argued that "it is important for drug treatment court evaluations to analyse outcomes for all drug treatment court clients, not just graduates" (see also Gottfredson et al. 2003). This section of the report focuses on time to reoffending from the start of the intervention (post-entry) while the next section focuses on post-program recidivism. The average follow-up time from the date of the IDRO order being issued until 31 December 2002 is 523 days for the treatment group and

## Table 10: Frequency distribution of number of free days in follow-up period

| | Treatment | | Refusal | | Prisoner | |
|---|---|---|---|---|---|---|
| | Number | % | Number | % | Number | % |
| 0–100 | 34 | 13 | 4 | 5 | 3 | 3 |
| 101–200 | 28 | 11 | 8 | 9 | 8 | 8 |
| 201–300 | 29 | 11 | 4 | 5 | 9 | 8 |
| 301–400 | 24 | 9 | 8 | 9 | 10 | 9 |
| 401–500 | 26 | 10 | 9 | 10 | 15 | 14 |
| 501–600 | 36 | 14 | 13 | 15 | 16 | 15 |
| 601–700 | 30 | 12 | 21 | 24 | 14 | 13 |
| 701–800 | 24 | 9 | 14 | 16 | 19 | 18 |
| 800+ | 28 | 11 | 8 | 9 | 13 | 12 |
| Total | 259 | 100 | 89 | 100 | 107 | 100 |

Source: Australian Institute of Criminology, South East Queensland Drug Court database [computer file]

611 days for the refusal group. For the prisoner comparison group the mean time from entering prison to 31 December 2002 was 1,211 days (575 days post-release). This is referred to as the elapsed time since the intervention (that is, either drug court or imprisonment).

During the follow-up period, the treatment group spent 16 per cent of their time in custody, the refusal group spent 12 per cent and the prisoner group 64 per cent in custody. As already mentioned, the time spent in custody is taken into account providing a measure of free time. The average number of free days for the treatment group is 441, for the refusal group 536, and for the prisoner group 533. This is referred to as free time post-entry (that is, either drug court or imprisonment).

## Time to First Offence Post-entry

The first measure of effectiveness is the time to first offence as recorded in the criminal histories supplied by the Queensland Police Service. It is important to note that there is a time discrepancy between a person committing an offence and the court outcomes being recorded on the criminal history. It is likely that close to the cut-off point for the evaluation, some offences and court outcomes will not have been registered. The assumption is made that these are randomly distributed and would be unlikely to have a significant impact on the analyses.

Table 11 indicates that 52 per cent of the treatment group had *not* reoffended since coming onto the drug court as compared to 39 per cent of the refusal group and 53 per cent of the prisoner group. Property offending is the most common type of offence across the three groups, followed by breaches of justice procedures, illegal drugs, disorder and then violent offences. As mentioned, the refusal group is significantly more likely to have reoffended and this higher rate of reoffending tends to be accounted for by breaches of justice procedures.

As around half have not reoffended and the follow-up periods vary by individual, Kaplan Meier survival functions were plotted for the three groups. In each case a Wilcoxon (Gehan) statistic was conducted to test whether there was an overall difference between the survival functions.[13] As the purpose of the drug court is to reduce drug-related offending, the survival functions are for drug and property offences. However a survival plot for time to first offence, regardless of the type of offence, is also provided.

Figures 9 to 15 show the proportion in each of the groups who had not yet reoffended by the number of free days, or had "survived" without reoffending post-entry into the program/prison. If Figure 9 is taken as an example, the survival functions show that after one free day all of the groups had survived without reoffending. As the number of days

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13  Survival analysis is a technique that allows us to compare different groups and the length of time it takes to reoffend for each group—in this case the treatment or IDRO group, the refusal and prisoner comparison groups. This time to reoffending can then be graphically represented as an offending rate as a function of time, called the survival function. Survival techniques allow us to take into account two factors. The first is that a person may not yet have reoffended by the end of the follow-up period and as a result their survival time is unknown—this is referred to as a censored case. The other is that the follow-up periods differ for each person.

## Table 11: Types of reoffending

| | Treatment | | Refusal | | Prisoner | |
|---|---|---|---|---|---|---|
| | *Number* | *%* | *Number* | *%* | *Number* | *%* |
| No offence | 134 | 52 | 35 | 39 | 57 | 53 |
| Violent offence | 21 | 8 | 10 | 11 | 5 | 5 |
| Property offence | 79 | 31 | 26 | 29 | 28 | 26 |
| Illegal drugs | 32 | 13 | 12 | 14 | 20 | 19 |
| Disorder | 30 | 12 | 7 | 8 | 10 | 9 |
| Breaches of justice procedures | 79 | 31 | 35 | 39 | 25 | 23 |

Source: Australian Institute of Criminology, South East Queensland Drug Court database [computer file]

post-entry begins to increase, the proportion surviving begins to decline. In Figure 9, by 200 free days, 69 per cent of the prison comparison group, 71 per cent of the refusal comparison group and 59 per cent of the IDRO group had survived. Although the time to reoffending is slightly shorter for the IDRO group, the overall differences are not statistically significant.[14] The general findings are consistent with those reported by the evaluation of the New South Wales drug court (Lind et al. 2002).

Figure 9: Any offence post-entry (survival function based on free time)



Free days from admission to first offence
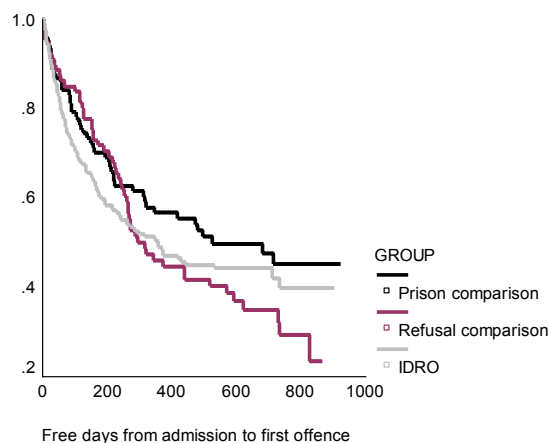
Wilcoxon (Gehan) statistic = 2.5, df=2, p=.28

Figure 10: Any property offence post-entry (survival function based on free time)



Free days from admission to first property offence
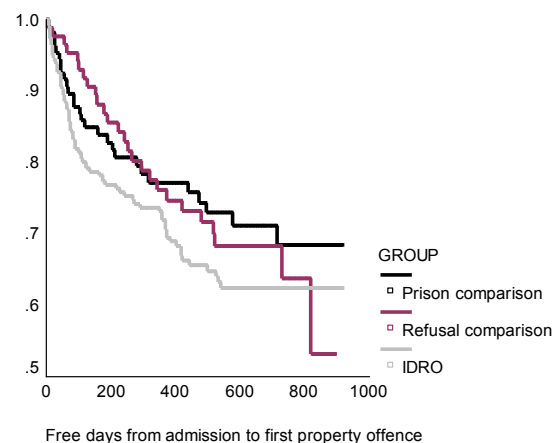
Wilcoxon (Gehan) statistic = 4.0, df=2, p=.13

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14   As we are dealing with samples, and not populations, estimates may reflect real differences or result from sampling errors. It is impossible to be 100 per cent certain that an estimate is 100 per cent accurate when we have samples. Because of this a test of significance is used to see whether the observed estimates could have occurred by chance or not. The probability level for detecting a significant difference is conventionally set at p=.05 (DeVaus 2002). For example, in Figure 9 the Wilcoxon (Gehan) statistical test was 2.5 with a probability (p) of .28. This indicates that the differences could have occurred 28 in 100 times by chance, which is much higher than the conventional level of 5 in 100 times. As a result we do not have strong confidence that the differences are not due to chance (sampling error) and as a result conclude that there is no statistically significant difference in the survival functions.

**Figure 11: Break, enter and steal offence post-entry (survival function based on free time)**



Free days from admission to first break, enter and steal offence

GROUP
- Prison comparison
- Refusal comparison
- IDRO
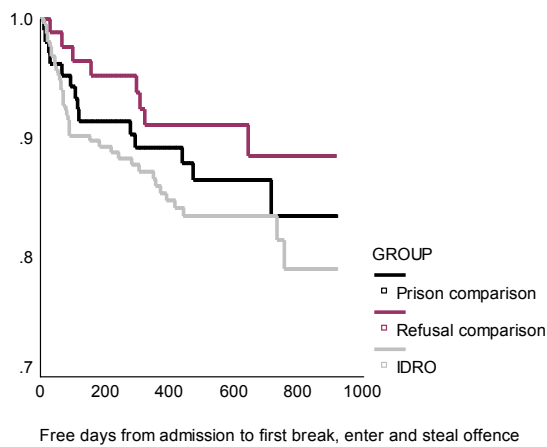
Wilcoxon (Gehan) statistic = 3.2, df=2, p=.20

**Figure 12: Shop stealing offence post-entry (survival function based on free time)**



Free days from admission to first shop stealing offence

GROUP
- Prison comparison
- Refusal comparison
- IDRO
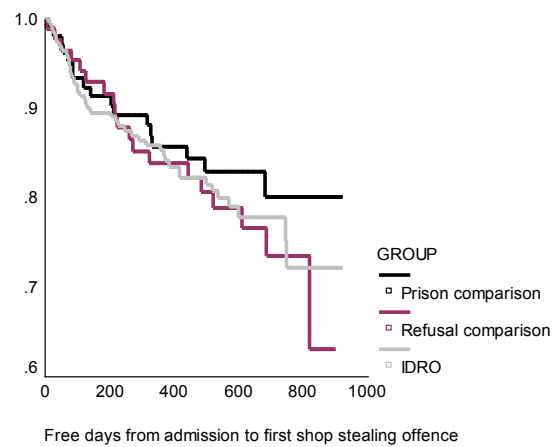
Wilcoxon (Gehan) statistic = .43, df=2, p=.80

**Figure 13: Fraud offence post-entry (survival function based on free time)**



Free days from admission to first fraud offence

GROUP
- Prison comparison
- Refusal comparison
- IDRO

Wilcoxon (Gehan) statistic = 1.5, df=2, p=.47

**Figure 14: Motor vehicle offence post-entry (survival function based on free time)**



Free days from admission to first motor vehicle theft offence

GROUP
- Prison comparison
- Refusal comparison
- IDRO

Wilcoxon (Gehan) statistic = 4.4, df=2, p=.11

As addiction is a chronic relapsing condition, it should be expected that drug court participants would relapse while on the program. Most reoffending among the drug court participants occurs in the first few months of the program. Just under half of those issued an IDRO have an offence following their entry into the program. Queensland drug court phase requirements accept that drug-dependent offenders will relapse in the first phase of the program, and that this is a normal part of treating those with a chronic drug problem. Within the treatment group are those who have been terminated

**Figure 15: Unlawful drug possession offence post-entry (survival function based on free time)**



Free days from admission to first drug possession offence
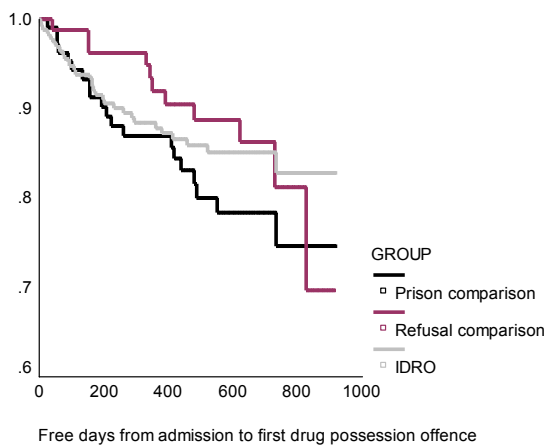
Wilcoxon (Gehan) statistic = 2.7, df=2, p=.26

(n=113), those who have successfully completed the program (n=44) and those still active/absconded whose ultimate fate is not yet known (n=104). The survival functions are re-estimated with the terminates and graduates separated.

Reoffending is significantly lower for graduates, although the numbers are still relatively small (see Figures 16 to 22). Of the 44 graduates, 34 per cent had reoffended as compared to 47 per cent of the prisoners, 61 per cent of the refusals and 72 per cent of the terminates. Consistent with American drug court evaluations, graduates from the drug court have significantly reduced recidivism as compared to those who are released from prison and those who refuse the drug court option and are processed in the normal way. Table 12 provides summary data from the survival curves showing the percentage who had reoffended by 31 December 2002, and the mean number of free days to reoffending. The data show that, in general, graduates are the least likely to have reoffended by the end of the follow-up time and, even when they do reoffend, the average time it takes them to reoffend is longer.

**Figure 16: Any offence post-entry (survival function based on free time)**



Free days from admission to first offence
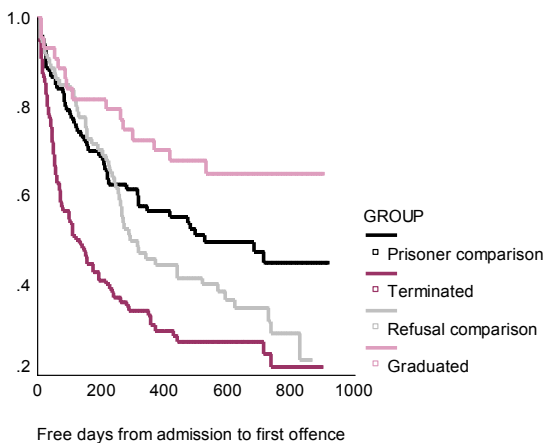
Wilcoxon (Gehan) statistic = 31.8, df=4, p=.00

**Figure 17: Any property offence post-entry (survival function based on free time)**



Free days from admission to first property offence
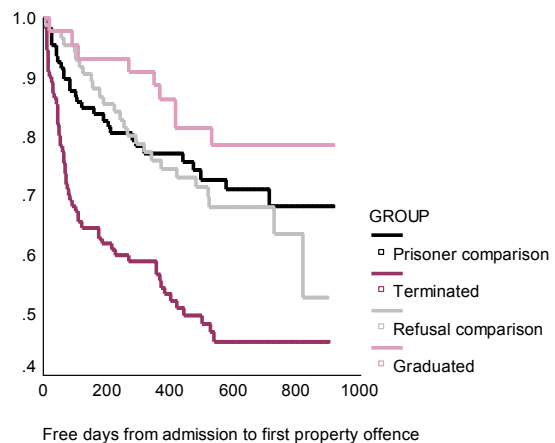
Wilcoxon (Gehan) statistic = 29.76, df=4, p=.00

**Figure 18: Break, enter and steal offence post-entry (survival function based on free time)**
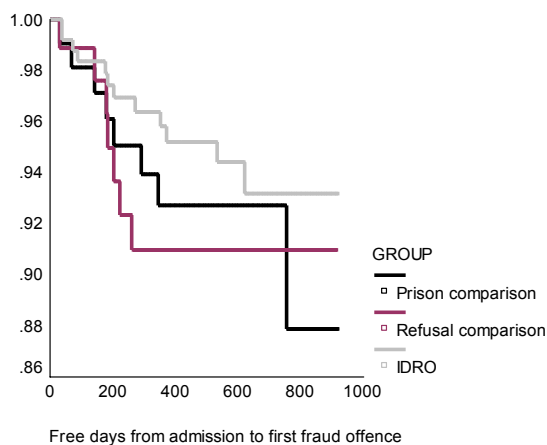
Free days from admission to first break, enter and steal offence
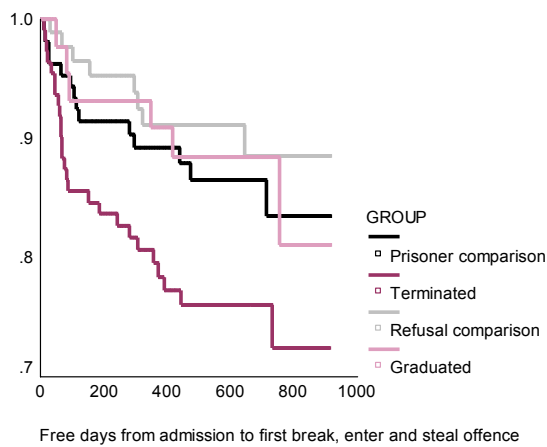
Wilcoxon (Gehan) statistic = 10.1, df=4, p=.02



**Figure 19: Shop stealing offence post-entry (survival function based on free time)**

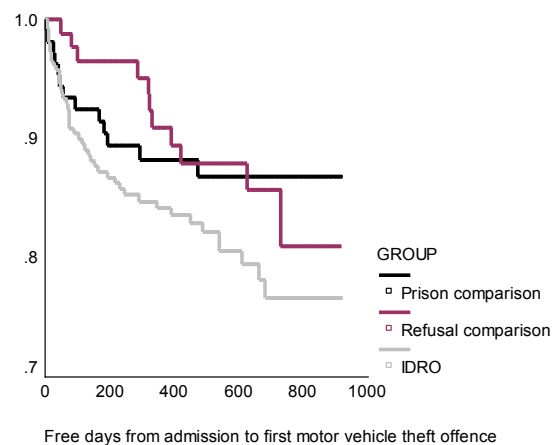Free days from admission to first shop lifting offence
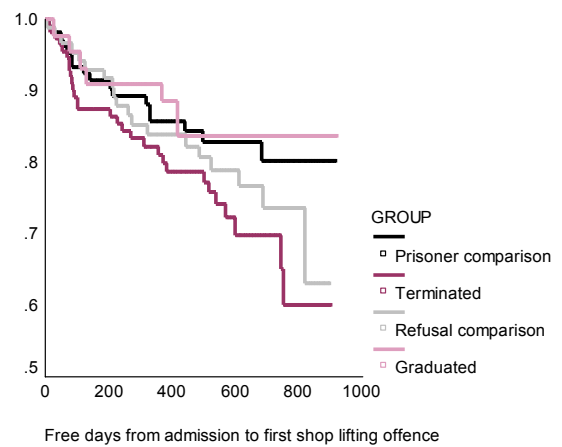
Wilcoxon (Gehan) statistic = 3.2, df=4, p=.36



**Figure 20: Fraud offence post-entry (survival function based on free time)**

Free days from admission to first fraud offence
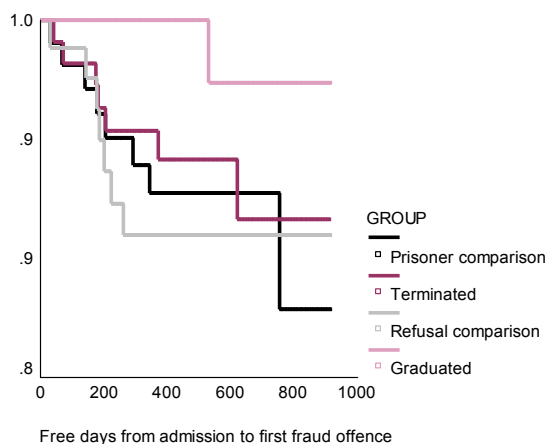
Wilcoxon (Gehan) statistic = 3.0, df=4, p=.39



**Figure 21: Motor vehicle offence post-entry (survival function based on free time)**

Free days from admission to first MVT offence
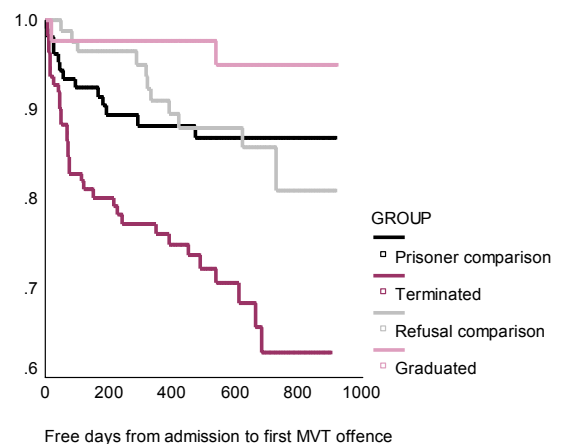
Wilcoxon (Gehan) statistic = 21.9, df=4, p=.00

## Adjusting for Covariates

The survival analysis assumes that the treatment and comparison groups are not biased in any way. This may not in fact be true. To determine if time to reoffending was affected by other possible confounding factors, a Cox proportional hazards model predicting time to reoffending was estimated. Such models allow for the control of other possible confounding effects. Unfortunately the extent of data available for the prisoner comparison group restricts the range of controls that could be entered into the model. The predictor variables were:

- age at referral to the drug court and age at release from the prison (continuous variable);

- gender (where 1 is male and 0 is female);

- prior imprisonment (where 1 is prior imprisonment and 0 is no prior imprisonment);

- prior offences (a count of the number of prior offences);

- prisoner (a dichotomous variable where 1 is the prisoner group and 0 is the treatment); and

- refusal (a dichotomous variable where 1 is the refusal group and 0 is the treatment).



**Figure 22: Unlawful drug possession offence post-entry (survival function based on free time)**

GROUP
- Prisoner comparison
- Terminated
- Refusal comparison
- Graduated

Free days from admission to first drug possession offence

Wilcoxon (Gehan) statistic = 11.24, df=4, p=.01
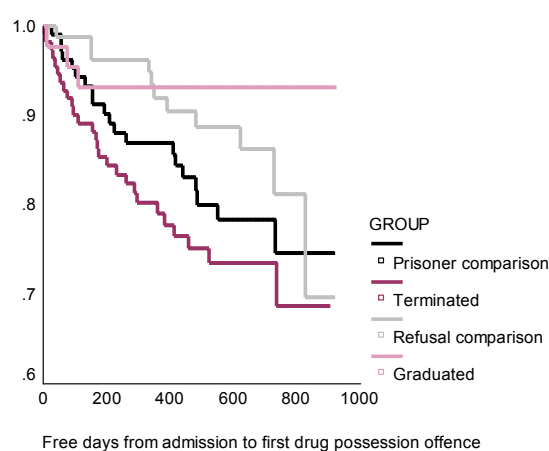
After controlling for age, sex and prior criminal history, there were no significant differences between the groups in terms of predicting time to reoffending. This indicates that although the treatment group was significantly more likely to have been incarcerated and to have higher offending rates than the comparison groups, the initial finding of no difference in the time to reoffending (from the survival analysis) did not change after these factors were taken into account.

## Post-program Recidivism

The analyses so far have used the date of referral to the drug court to 31 December 2002 as the follow-up period; for the prisoner comparison group the date of entry into prison is the start of the follow-up period. In reality the start date for the prisoner group is their release date, as the measure adjusts for the number of days they have been incarcerated. A follow-up period that begins from the date of entry into the program assumes that the drug court will be successful from day one. This is in practice simply not the case as phase 1 of the court program seeks to eliminate illicit drug use and criminal activity. As a result, time to reoffending using follow-up from entry into the drug court may both overestimate offending and assess the effectiveness of the drug court on criteria that they are not formally seeking to achieve.

This is entirely consistent with what is known about drug dependency: those who are addicted relapse and those who are drug-dependent offend at a higher frequency. Qualitative interviews with drug court participants found that many of them reported initially having no intentions of ceasing their drug use. It was only after spending time on the program that their attitude began to change: "Didn't want to give up initially—thought I had them fooled for the first month or so."

Unfortunately the number of graduates is still relatively small and the follow-up time post-program much shorter for the graduates. The average number of days post-program is 229 days for graduates, 333 days for terminates, 611 days for the refusal group and

**Table 12: Summary of survival functions post-entry to 31 December 2002**

| | Per cent reoffended by 31 Dec 2002 | Mean free days to re-offending |
|---|---|---|
| Any offence | | |
| Graduate | 34 | 653 |
| Prisoner comparison | 47 | 534 |
| Refusal comparison | 61 | 438 |
| Terminate | 72 | 318 |
| Any property offence | | |
| Graduate | 20 | 784 |
| Prisoner comparison | 26 | 704 |
| Refusal comparison | 29 | 674 |
| Terminate | 50 | 498 |
| Any drug offence | | |
| Graduate | 7 | 860 |
| Refusal comparison | 13 | 807 |
| Prisoner comparison | 19 | 769 |
| Terminate | 24 | 708 |
| Break, enter and steal offence | | |
| Refusal comparison | 9 | 843 |
| Prisoner comparison | 13 | 812 |
| Graduate | 14 | 822 |
| Terminate | 23 | 722 |
| Retail theft offence | | |
| Graduate | 16 | 805 |
| Prisoner comparison | 16 | 789 |
| Refusal comparison | 21 | 736 |
| Terminate | 22 | 696 |
| Fraud offence | | |
| Graduate | 2 | 907 |
| Terminate | 6 | 860 |
| Prisoner comparison | 7 | 856 |
| Refusal comparison | 8 | 847 |
| Motor vehicle offence | | |
| Graduate | 4 | 887 |
| Refusal comparison | 12 | 821 |
| Prisoner comparison | 12 | 815 |
| Terminate | 30 | 663 |
| Drug possession offence | | |
| Graduate | 7 | 860 |
| Refusal comparison | 12 | 817 |
| Prisoner comparison | 19 | 769 |
| Terminate | 24 | 708 |

Source: Australian Institute of Criminology, South East Queensland Drug Court database [computer file]

575 days for the prisoner comparison group. In all of the offence categories at least one person had reoffended post-program except for the graduates (see Table 13). None of the graduates have reoffended with a drug possession offence or a retail theft offence, and only one person has reoffended with a fraud offence and a motor vehicle offence. In terms of reoffending for any type of offence, only nine per cent of graduates had reoffended as compared to 32 per cent of terminates, 47 per cent of prisoners and 61 per cent of refusals.

**Table 13: Reoffending post-program to 31 December 2002 (from completion/ termination of order)**

|  | Number reoffended by 31 Dec 2002 | Per cent reoffended |
|---|---|---|
| Any offence |  |  |
| Graduate | 4 | 9 |
| Terminate | 35 | 32 |
| Prisoner comparison | 50 | 47 |
| Refusal comparison | 54 | 61 |
| Any property offence |  |  |
| Graduate | 2 | 5 |
| Terminate | 18 | 16 |
| Prisoner comparison | 28 | 26 |
| Refusal comparison | 26 | 29 |
| Break, enter and steal offence |  |  |
| Terminate | 3 | 3 |
| Graduate | 2 | 5 |
| Refusal comparison | 8 | 9 |
| Prisoner comparison | 14 | 13 |
| Retail theft offence |  |  |
| Graduate | 0 | 0 |
| Terminate | 11 | 10 |
| Prisoner comparison | 17 | 16 |
| Refusal comparison | 20 | 22 |
| Fraud offence |  |  |
| Terminate | 1 | 1 |
| Graduate | 2 | 4 |
| Prisoner comparison | 8 | 7 |
| Refusal comparison | 7 | 8 |
| Motor vehicle offence |  |  |
| Graduate | 1 | 2 |
| Terminate | 5 | 5 |
| Refusal comparison | 11 | 12 |
| Prisoner comparison | 13 | 12 |
| Drug possession offence |  |  |
| Graduate | 0 | 0 |
| Terminate | 7 | 6 |
| Refusal comparison | 12 | 13 |
| Prisoner comparison | 20 | 19 |

Source: Australian Institute of Criminology, South East Queensland Drug Court database [computer file]

These data demonstrate that for the time period available for the analysis, post-program graduates have very low rates of reoffending. Furthermore when offending while on the program is discounted, post-program terminates are less likely to reoffend than the prisoner and refusal comparison groups. This is not the same pattern observed when the follow-up period is post-entry into the program/prison.[15] This seems to suggest two distinct cohorts are being accepted into the drug court program—both reoffend during the program but terminates reoffend more quickly and persistently, resulting in termination. Strategies for targeting this group either at the referral stage or early in phase 1 are required. The last section of this report considers this matter further.

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15  The fact that terminates are less likely to reoffend post-program might suggest that the drug court benefits terminates once they leave. However, many terminates are sent into custodial care so it is not possible from this analysis to disentangle the effects of drug court versus prison.

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## Seriousness and Frequency of Offending

Although those referred to the drug court are not accepted when the referring offence is one of violence, offenders often committed multiple types of offending.[16] In terms of violent reoffending, graduates are the least likely to have committed a violent offence after entry into the program (two per cent, n=1) as compared to four per cent of terminates (n=4), five per cent of prisoners (n=5) and 11 per cent of those in the refusal comparison group (n=10).

Table 14 shows the mean number of offence episodes per free day for the follow-up period for post-entry and post-program measures. To estimate the pre-program frequency of offending the time frame was limited to the 24 months prior to the intervention, either drug court or prison. The data show that the treatment group and the two comparison groups had much higher rates of offending episodes prior to the program intervention than after it. The highest rate pre-intervention is for the prisoner group followed by the group who were later terminated in the drug court. Pre-intervention, the refusal group has the lowest average number of offending episodes.

**Table 14: Mean number of offending episodes (for free days) per 365 days**

| | (n) | Pre-program (for previous 24 months) | Post-entry | Post-program |
|---|---|---|---|---|
| Any offence | | | | |
| Treatment | (259) | 4.19 | .91 | na |
| Graduated | (44) | 3.62 | .48 | .25 |
| Terminated | (111) | 4.38 | 1.93 | 1.01 |
| Refusal comparison | (89) | 3.13 | 1.53 | 1.53 |
| Prisoner comparison | (107) | 5.03 | 1.32 | 1.32 |

Source: Australian Institute of Criminology, South East Queensland Drug Court database [computer file]

For the refusal and the prisoner group the post-entry follow-up time is the same as for the post-program, because the measure takes into account free days. All groups show declines in their average rate of offending. The percentage declines from pre- to post-entry indicate that the largest decline is for the graduates (87 per cent), followed by the prisoner comparison group (74 per cent), the terminates (55 per cent) and the refusals (51 per cent).

The refusal and prisoner comparison groups have the highest rate of offending episodes post-entry. On average, graduates over a 365-day period have committed .25 offending episodes as compared to around 1 per 365 days for the terminates, 1.3 for the prisoner group and 1.5 for the refusal group. Focusing on post-program, even greater declines in the average offending episodes are found for both the graduates (93 per cent) and the terminates (77 per cent).

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16  Over half of those referred for an IDRO had a prior violent offence and over 90 per cent of the prisoner comparison group had a prior violent offence.

## Summary

There are no significant differences in recidivism between the treatment group as a whole and the comparison groups post-entry. The post-entry follow-up time is from the start of the intervention. When graduates are separated out from the rest of the treatment group there are significant reductions in time to reoffending both post-entry and post-program. Graduates have virtually no reoffending post-program, take longer to reoffend when it occurs, and have greater reductions in the frequency of offending from pre- to post-program. There is a significant effect for termination, with terminates having the quickest time to reoffending post-entry. But post-program their time to reoffending is lower than the comparison groups. This suggests that terminates are significantly different from graduates. The next section examines what might explain the difference.

# Section 4: Predicting Drug Court Graduates

An important finding from drug treatment studies has been that the longer a person remains in a program the more likely better outcomes are achieved. The survival functions in the previous section showed a termination/graduation effect—the terminates are the quickest to reoffend while the graduates' time to reoffending is the longest. This termination effect has been noted elsewhere (see Lind et al. 2002). There have been few studies that have examined the factors associated with completion; where they have been undertaken they have found that gender, age, race, education, employment, marital status and drug use are significant factors (see Butzin, Saum & Scarpitti 2002). Clearly, if the characteristics of those who are most likely to have difficulty completing the program are identified, then program resources could be organised to take these factors into account when determining the probability of program completion.

Of those issued an IDRO, 23 have currently absconded and 114 have been terminated. Absconding from the program is not uncommon—across 555 offenders who were referred to the program there were 483 incidents of a bench warrant issued for failure to appear. The level of absconding is higher, however, among those who have been terminated (mean=2) than the active sample (mean=1). Of those who have currently absconded the mean length of time is 227 days. Twenty of these are currently in phase 1 of the program and three are currently in phase 3.

Table 15 shows the mean level of absconding by phase and status. Although the overall level of absconding is lower for the active participants, it is concentrated in phase 1. As active participants move through the phases the level of absconding is reduced; this is not the case for those who are terminated. During phase 2 the mean level of absconding

**Table 15: Total/mean level of absconding by phase and status**

|  | Preliminary | Phase 1 | Phase 2 | Phase 3 | Total |
|---|---|---|---|---|---|
| Total bench warrants | 161 | 283 | 31 | 8 | 483 |
| Individuals (%) | 116 (21) | 154 (58) | 20 (20) | 6 (9) | 270 (49) |
| (n) | (555) | (264) | (100) | (70) | (555) |
| Graduates (mean) | 4 (0) | 13 (0) | 2 (0) | 0 (0) | 19 (0) |
| Individuals (%) | 4 (9) | 9 (21) | 2 (5) | 0 (0) | 14 (32) |
| (n) | (44) | (44) | (44) | (44) | (44) |
| Actives (mean) | 26 (0) | 91 (1) | 9 (0) | 5 (0) | 131 (1) |
| Individuals (%) | 16 (15) | 51 (49) | 6 (15) | 4 (19) | 65 (63) |
| (n) | (104) | (104) | (39) | (21) | (104) |
| Terminates (mean) | 11 (0) | 178 (2) | 20 (1) | 3 (1) | 212 (2) |
| Individuals (%) | 11 (10) | 90 (81) | 11 (69) | 2 (40) | 101 (91) |
| (n) | (111) | (111) | (16) | (5) | (111) |

Source: Australian Institute of Criminology, South East Queensland Drug Court database [computer file]

is the same as it is for phase 1, indicating that higher levels of absconding are a reasonable indicator of later failure in the program. As it is impossible to know which of the active IDROs will eventually graduate or be terminated, they are excluded from any further analyses.

There are a large number of variables on the drug court database, but the small number of cases available for analysis (n=155) restricts the total number of variables that can eventually be included in the model. The variables were inspected to see if they could discriminate between graduation and termination. The final variables are presented in Table 16, which provides the individual parameter estimates and their significance (p) as predictors of graduation/termination. The final column provides the odds of the event occurring. For example, the odds of a person graduating are increased by a factor of 10.86 if the person cohabits with a partner on entry, net of the other variables in the model. When the odds ratio is below 1 it indicates that the odds are decreasing, above 1 they are increasing.

**Table 16: Predicting graduation, logistic regression**

|  | Parameter estimate | Standard error | P | Odds ratio |
|---|---|---|---|---|
| Age in years | 0.08 | 0.06 | 0.16 | 1.08 |
| Male | −0.66 | 1.04 | 0.53 | 0.52 |
| Unemployed prior to entry | −2.62 | 1.12 | 0.02 | 0.07 |
| Cohabits with partner on entry | 2.38 | 0.95 | 0.01 | 10.86 |
| Attended residential treatment | 1.90 | 0.86 | 0.03 | 6.67 |
| Number of urine tests during phase 1 | 0.10 | 0.02 | 0.00 | 1.11 |
| Tested positive to methamphetamine in phase 1 | 0.11 | 0.25 | 0.65 | 1.12 |
| Tested positive to opiates in phase 1 | −0.71 | 0.30 | 0.02 | 0.49 |
| Absconded during phase 1 | −2.71 | 0.68 | 0.00 | 0.07 |
| Number of days to first absconding | −0.02 | 0.01 | 0.00 | 0.98 |
| Prior imprisonment | −1.35 | 1.05 | 0.20 | 0.26 |
| Prison sentence longer than 6 months | 1.74 | 0.94 | 0.07 | 5.67 |
| Previous offences | −0.04 | 0.04 | 0.41 | 0.96 |
| Constant | −0.69 | 2.29 | 0.76 | 0.50 |

Number of observations=155, model chi-square=121.51, df=12, sig=.00; Cox & Snell R Square=.54; Nagelkerke R Square=.78
Source: Australian Institute of Criminology, South East Queensland Drug Court database [computer file]

The model is a good fit to the data. The effects for the individual coefficients show that gender and age are not significant predictors of successful completion among this group. However, those who were unemployed prior to entry into the program are significantly less likely to complete while those who enter the program with a partner have higher odds of succeeding. These two factors might indicate that those with stronger community ties will do better; this may suggest that those without such ties need to be more carefully monitored in the program. In this same vein those who access residential treatment (which occurs during phase 1) have a higher likelihood of succeeding (odds ratio=6.67).

As already mentioned, absconding is noticeably different between graduates and terminates. This analysis confirms that as the number of bench warrants issued during phase 1 increases, the likelihood of completion declines. The length of time to the bench warrant indicates that as the time to absconding shortens then so too does the

likelihood of graduating. Clearly both the timing and number of bench warrants are indicative of the likelihood of successfully completing the program as it is currently structured.

The critical role of ongoing urine testing is supported by both the qualitative interviews with offenders and with the significant effect for the number of urine tests in phase 1. Those who have more tests are more likely to successfully complete the program. It would seem that testing positive to opiates in phase 1 is a significant factor in failure; this highlights the highly addictive properties of heroin, but also suggests that for heroin users who enter the program there needs to be closer supervision and support.

Although prior imprisonment and previous offences are not significant predictors of completion, the length of sentence is significant. Those who had served prison sentences *longer* than six months had a higher likelihood of completion. Further analyses indicated that those with such sentences had significantly longer (F=7.03, df=1, p<.01) current suspended sentences (average of 492 days) to those who did not have a prior period of incarceration longer than six months (average of 387 days). In addition, graduates with a prior sentence longer than six months took significantly less time to graduate (397 days) as opposed to those with a short prior sentence (491 days to graduate) (F=6.6, df=1, p=<.01). These findings would seem to suggest that such people may be at a point in their lives where they really do not want to continue with their current lifestyle, possibly because they face a longer term of imprisonment if they fail—the incentive to becoming crime and drug free may be stronger.

## Summary

The regression model has suggested that five areas impact on the likelihood of graduation. These are:

- community ties as measured by family support and employment;
- commitment to the court as measured by absconding;
- ongoing monitoring by the court as measured by the frequency of drug testing;
- drug use history as measured by positive opiate urine tests; and
- a greater incentive to succeed as measured by the length of prior imprisonment sentence.

As has been mentioned on a number of occasions, the drug court program has been evolving over time. In terms of time to graduation or termination, the data show that the court has become more efficient over time. For those issued an IDRO in 2000 the mean number of days to termination was 355 and to graduation was 491. In 2001 the mean number of days to termination had dropped to 244, and to 380 for graduates. With these changes there needs to be a tighter focus on identifying those who are most likely to fail and how they should best be dealt with. Part of this process requires the development of a risk-responsive model identifying those factors that can be incorporated into the model. Of key importance is ensuring that the model is based on scientifically tested and validated measures among the offending population.

# Conclusion

At this point in time drug court graduates outperform:

- those who fail to complete the program;

- those who choose not to enter the program; and

- those who had served time in prison for similar offences in terms of time to reoffending and frequency of offending pre- and post-intervention.

It was not possible to assess any of the long-term health and drug use outcomes. It might be assumed that graduates would have improved health outcomes but it cannot be empirically verified that this was the case or that the effects were sustained. Nor are we able to identify what treatment programs might work best for which people, although the data indicate that accessing residential treatment has a positive impact on graduation.

The data that are available show that the drug court program, consisting of ongoing intensive supervision within a framework of rehabilitation, works for those who complete it. The next phase in the life of the drug court is to refine its processes so that it can more effectively assist those who come before it. This needs to be achieved through:

- more effective targeting of individuals likely to succeed at the referral stage;

- earlier termination for those who are not complying with key requirements; and

- a more sophisticated system of matching individuals to appropriate levels of supervision/support networks to reduce the likelihood of terminations.

Part of this process requires the administration of standard assessment tools at the point of referral and throughout the program, as well as post-program. The data seem to suggest that among those issued an IDRO is a group who persistently reoffend and do so early. It has been noted in the drug court literature that instruments most often used to screen clients:

> do not help to discriminate drug "addicts" who are involved in crimes, and "criminals" who happen to use drugs…thus many of the courts may be accepting offenders whose drug use is not related to their criminal activity.
> (Taxman & Bouffard 2002, p. 202)

Elsewhere, Australian research has shown that not all drug-using offenders report that their offending is causally related to their use of illegal drugs (see Williams 2002; Makkai & McGregor 2002).

As documented routinely in drug court evaluations, health and drug outcome data are either non-existent or have a poor standard. To determine what works and what does not, there is a critical need for integrated systems across government if an evidence base of effective drug treatment interventions with offenders is to be established.

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