Do Drug Treatment and Testing Orders Really Work?

Liz Hales describes the progress of DTTOs, the new sentencing and drug misuse treatment option.

The Drug Treatment and Testing Order has been a sentencing option to courts in England and Wales since October 2000. It was introduced as part of the *Crime and Disorder Act 1998* (sections 61-64) and consolidated in the *Criminal Justice and Court Services Act 2000*. The key goal is to reduce offending behaviour that is linked to drug misuse by offering appropriate treatment. The target group are therefore those with a long history of drug related offending, normally of an acquisitive nature.

The legislation was a response to the growing awareness of the impact of drug misuse on offending behaviour and the fact that prison and community sentences appeared to have done little to tackle this. The same offenders, well known to the police and to probation, were repeatedly before the courts. From the beginning we knew that we were faced with an exciting challenge in taking on community supervision of those with such a high risk of re-offending if we failed to engage them in treatment. It was a new venture for all of us and it was not long before the courts were asking us "do DTTOs really work?"

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The question is an important one, because the DTTO (Drug Treatment and Testing Order) is different and innovative in many ways. The offender has to give his/her consent to comply with such an intensive order which requires that twenty hours contact and two drug samples be carried out each week. The assessment process is extremely important to make sure that the offender is at the stage of accepting that she/he has a serious drug problem and is motivated to work with it. The motivation should not come from the avoidance of a custodial sentence.

DTTOs depend upon the development of multi-disciplinary teams enabling staff from the medical, probation, and drugs fields to work side by side. Where work by one of these has failed, in the past, to tackle the individual's problem of drug misuse, there is the hope that joint work will be effective.

From the criminal justice perspective however the greatest change has been in the introduction of the review element. In advance of the proposals in the Halliday Report, the judges' and justices' involvement does not end at sentencing, but continues through the entire order in the context of the monthly reviews. It is a new, different and challenging role for the sentencer with the potential for discussion of progress with the offender and DTTO team.

So the question remains, eighteen months down the line, do these orders really work? Does this new model of working with drug users achieve what could not be achieved before DTTOs?

These orders have given us the opportunity to engage offenders in long term effective treatment. The multi-disciplinary nature of the teams has provided the structure for wider, more effective work, and joint working has rapidly expanded the knowledge of the team members. More thorough assessment of suitability has been undertaken and awareness of a number of issues such as dual diagnosis has been raised. Different team members have often come with knowledge of and links with different service providers in the community. The offender's permission for the sharing of relevant information has also allowed access to a wider picture of work carried out by the health and voluntary sector prior to the order being made and the direction to follow for effective treatment.

One of the key elements of success, however, has been the impact of the regular reviews. This has been greatest when a special weekly time has been set aside at the court, allowing for a different, less formal court setting and the opportunity for regular attendance by the DTTO team. Awareness by the offender that she/he is answerable to the judge throughout the sentence has been a strong motivating factor and the sense of achievement, after years of drug misuse, can be reinforced by the judge's comments. Statements of concern and dissatisfaction at lack of progress have been equally important in pushing the offender back into compliance. Despite the demands on time for all involved, the value and appropriateness of these reviews has rarely been questioned and has allowed for closer work between probation and the courts. It has also raised the sentencers' awareness of the challenges that this work of tackling substance misuse presents to the offender and the treatment provider.

Success has not, however, been as rapid as we

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would hope. It has been dependent on setting up new teams and a new way of working based on the limited experience of the pilot areas. At times teams have failed to work in a multi-disciplinary way due to staff shortages and difficulties securing secondments from the health sector. Effective treatment has also been dependent on in-house and local resources in the health and voluntary sector and the availability of funding for residential rehabilitation. Developing the most effective and productive way of handling reviews has taken time, as has overcoming the lack of awareness by those in different professions. The concerns of the medical profession were twofold: in relation to what they saw as 'coercive treatment'; and the fact that by offending a patient could effectively 'jump the queue' for treatment. The police had different concerns that DTTOs would be a 'soft option' allowing recidivist offenders to remain in the community. There was also an initial anxiety that offenders, facing the option of a custodial sentence, could fool us into believing that drugs were the key factor behind their offences and that they needed treatment.

Concerns were also expressed at the court. The target group was not clearly outlined in the legislation and there was the belief that this sentence could be a solution for all offenders who had a serious drug problem irrespective of whether tackling drug use would reduce the offending. Probation officers needed to be kept aware of the fact that although the new legislation replaced the Probation Order 1A6 (for drugs only) there were still other sentencing options that would allow treatment to be accessed.

So how do we measure our success in relation to DTTOs? In terms of successful completion of orders, the statistics at this point do not present a favourable picture. There is a high rate of non-compliance. (In West Central London, breach action has been initiated in about fifty per cent of all cases). However it is a major achievement where there is change and lives are turned around from the domination of drug use, the inevitability of offending almost every day, the chaos and loss of self-respect. For many of those who do not make it to the end there is still progress and the input is worthwhile. During the time of compliance there is usually little or no offending. Of equal importance is the increased awareness of the impact of drugs, and knowledge of resources that can be accessed in the future when the offender is ready to meet the challenge and make a commitment to change.

So yes, we would say that Drug Treatment and Testing Orders do work. The courts for the most part pass DTTO sentences on the basis of recommendations from Probation. However in saying this we need to stay aware of the fact that DTTOs will not work with all offenders in this group, many of whom are most in need of help. Because of factors such as youth, homelessness, mental health problems and chaotic lifestyles, compliance with such an order can be too demanding. DTTOs cannot and should not be proposed where breach is inevitable and we need to find an alternative way of meeting this important challenge.

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References:

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