

# The Effectiveness of Court Appointed Drug Education

A review from the perspective of the voluntary sector



# Court appointed drug education

## The perspective of the voluntary sector

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## Background

Crosscare Drug and Alcohol Programme (DAP) encountered a growing incidence of young adults presenting to the service for drug education required by the Courts. The agency initially responded to these requests for three reasons:

1. To prevent the young person receiving a criminal conviction.
2. To assess if this young person required another intervention – such as counselling.
3. In response to the anxiety and fear expressed by those presenting who had committed minor drug offences.

Though the motivation to support these young adults was admirable on reflection the agency began to question whether this was the best response to the needs of the individual. As a consequence having secured funding from AIB Better Ireland a piece of research was commissioned to identify best practice in the area. In addition other voluntary agencies in the sector, CAD, Foroige, Urrus YAP and CYC lent both their support and their wisdom to the research and without the support of these agencies this research could not be undertaken.

The initial challenge the apparent lack of strategy into which this educational process could comfortably fit. In addition from international standards of good practice it is apparent that these “once off” sessions are ineffective and that education alone is actually ineffective in changing behaviour. The research seeks to describe how the Criminal Justice System and the Voluntary Drug Education Sector can work collaboratively to help the young people involved in recreational drug use to change behaviour.

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## **Glossary**

CJS	Criminal Justice Services
Continuum of care	A model adopted in Ireland and the UK that promotes needs-led service provision for substance misusers from the first point of engagement through treatment and into recovery.
Drug Education	Is defined as the range of interventions available which aim to enhance the knowledge, skills and competencies of individuals with regard to their decisions around substance use or misuse.
Harm reduction	Marlatt (1996) has outlined four underlying assumptions central to harm reduction: (a) harm reduction is a public health alternative to the moral/criminal and disease models of drug use and addiction; (b) it recognises abstinence as an ideal outcome but accepts alternatives that reduce harm; (c) it has emerged primarily as a 'bottom-up' approach based on addict advocacy, rather than a 'top-down' policy established by addiction professionals; and (d) it promotes low threshold access to services as an alternative to traditional high threshold approaches.
LDTF	Local Drugs Task Force
NRS	Nenagh Reparation Service
RJS	Restorative Justice Service
Substance misuse	This term includes misuse of drugs, alcohol and prescribed medication
YAP	Youth Action Project (Ballymun)

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## Executive Summary

Crosscare Drug & Alcohol Programme (DAP) commissioned this research to review the effectiveness of court appointed drug education from the perspective of the voluntary sector. Allied Irish Bank's Better Ireland Programme kindly provided the funding. The aims were to 1) clarify the purpose and delivery mechanisms for drug/alcohol education required by the Courts; 2) establish if the voluntary drug education sector is the appropriate means by which to deliver this service, and 3) identify best practice for voluntary drug education.

Since the 1980s, Criminal Justice Services across Europe, USA and Australia/New Zealand have developed initiatives that aim to divert offenders away from drug-related criminal activity. Some of these initiatives such as the arrest referral scheme and the Dependency to Work scheme (D2W) in England have recently been evaluated and they have been shown to be effective in reducing drug and alcohol-related criminal behaviour. In Ireland, a number of schemes have also been established. The subject of this report is an initiative whereby first-time and minor drug-related offenders may avoid custodial sentence if they agree to attend a drug awareness programme.

Crosscare DAP runs a drug awareness programme that is attended voluntarily by a wide range of individuals for a variety of reasons. Some participants attend as a requirement of either the Courts or on legal advice from their individual solicitors before attending a court date but Crosscare DAP receives no funding to provide the service for Court referrals and there are no mechanisms in place to monitor efficacy and outcomes. This research was therefore commissioned to clarify the current situation within the Voluntary Sector and identify appropriate steps forward.

The research established that the Probation Service is the appointed statutory body to which the Courts refer offenders who are given the opportunity to attend a drug awareness programme and thereby avoid a custodial sentence. Some Probation Services provide in-house drug awareness programmes but these tend to be made available on an *ad hoc* basis if staff are available. If a programme is not available, Court arrestees appear to be left to their own devices to identify, attend and complete a suitable programme within the allocated time frame required by the Courts. To date Crosscare DAP, Urrús YAP and other voluntary agencies make their drug awareness programmes available to these individuals but there are increasing concerns about the benefits of this provision.

Some voluntary and non-statutory services have successfully established links with the Criminal Justice Services which have led to clear referral mechanisms but this is not consistently the case, and the quality of partnership working appears to depend on the perseverance of the voluntary organisations concerned and staff within Probation Services who are willing and able to forge links with the non-statutory sector.

The research concludes that agencies within the voluntary sector should make a strategic decision as to whether drug education for Court referrals is part of its remit. If individual agencies decide to continue such a service, effective partnership working with the Probation Service is necessary. Tools to monitor and evaluate the service are essential. Multi-agency partnerships need to be established so that participants on the programme can be referred to appropriate service provision such as drug treatment, housing support, mental health, primary care, training, education and employment services. The UK based D2W is a model of best practice and agencies could draw on the approaches adopted by D2W.

Finally, there is incontrovertible evidence that patterns of substance misuse in Ireland are rapidly changing and drug education must keep pace if it is to be effective. It is recommended that staff are given opportunities to undertake accredited training such as that provided by COCA in England which offers drug education and treatment tools that have been shown to effectively engage and support cannabis, cocaine, ecstasy and polydrug users.

# **1 A review of the effectiveness of court appointed drug education from the perspective of the voluntary sector**

## **1.1 Introduction and aims**

Under certain circumstances, such as first-time and minor offences, the Courts offer people caught in possession of drugs the option to complete a drug education programme instead of receiving a criminal conviction. Crosscare Drug & Alcohol Programme (Crosscare DAP) runs a drug education programme that is attended voluntarily for a variety of reasons. It is likely that some participants attend as a requirement of the Courts. Crosscare DAP receives no funding to provide the service for Court referrals, and there are no mechanisms in place to monitor efficacy and appropriateness. Crosscare DAP therefore commissioned this piece of research with funding support from Allied Irish Bank Better Ireland Programme (AIB) in order to 1) clarify the purpose and delivery mechanisms for drug/alcohol education required by the Courts; 2) establish if the voluntary drug education sector is the appropriate means by which to deliver this service, and 3) identify best practice for voluntary drug education.

## **1.2 Methods**

Prior to the start of the research, a meeting was held with the management of Crosscare DAP to confirm parameters and time lines for the project, to reach understanding and agreement about how best to access relevant information, and to confirm interviews and contact details with relevant stakeholders.

The following research methods were agreed:

- A number of voluntary organisations that run drug education programmes were invited to participate in the research.
- A questionnaire for drug education projects was designed to establish:
  - Who is referred to drug education programmes,
  - What are the mechanisms of referral.
- Semi structured interviews were conducted with relevant representatives from the Criminal Justice Service (CJS).
- Desktop research was conducted to provide evidence-based data to inform good practice.

Representatives from the following projects/services were invited to participate in the research, either because they run drug education and awareness programmes and/or they are linked to the CJS through the Probation Service:

Catholic Youth Care (CYC), Dublin 7  
Urrús YAP, Ballymun, Dublin 11  
Coolmine House, Dublin 2  
Blanchardstown Drug Education Resource Centre, Dublin 15  
Merchants Quay, Dublin 8  
HSE Drug Education Officer  
Crosscare DAP

Drug Misuse Prevention Programme, Foroige, Dublin 12  
South Meath Response, Co Meath  
Cavan Drug Awareness, Co Cavan  
Crossroads Project, Drogheda  
Drogheda Partnership  
Aisling Group, Navan

Interviews were held with the following representatives from the CJS:

Judge McDonnell (Tallaght Courts)  
Nenagh Reparation Service, Nenagh  
Juvenile Liaison Officer scheme  
Restorative Justice Service, Tallaght  
Senior Probation Officer, Bridge House Cherry Orchard Hospital  
Senior Probation Officer, Tallaght  
Senior Probation Officer, Portlaoise  
Co-ordinator of Ballyfermot Local Drugs Task Force  
Co-ordinator of South Inner City Local Drugs Task Force

Interviews were held with representatives from the following voluntary agencies:

South Meath Response  
Urrús YAP  
Blanchardstown Drug Education Centre  
Foroige  
Cavan Drug Awareness  
Catholic Youth Care

### **1.3 Context and background**

#### **1.3.1 Crosscare**

Crosscare is a Catholic charity that was established in 1941 to tackle poverty through the provision of food and clothing in the Archdiocese of Dublin. Over the last 66 years it has expanded its services to provide in a caring and professional manner. Crosscare's core purpose is to bring innovation and action for social justice.

#### **1.3.2 Crosscare Drug and Alcohol Programme (DAP)**

Crosscare DAP has run for 24 years. It offers an extensive website with a database of information and links, a Live Helper facility on the website whereby a staff member responds confidentially on-line to requests for advice and help, a telephone help-line service during office hours, trainers and facilitators who provide good-practice guidelines/training programmes to professionals about drug misuse, counselling, and training courses.

DAP also includes one-to-one drug education and it is this that is the subject of this report.

### **1.3.3 DAP sessions run by Crosscare**

Crosscare DAP offers one-to-one and group drug education and awareness sessions in response to requests in general these requests emerge from communities or professionals in the drug sector. Individuals affected by substance use issues also approach the service for support, information and counselling. In regard to the court system, most frequently, an individual will call asking to attend a drug awareness programme and this is offered without in-depth questions being asked. As a consequence people accessing the services of Crosscare DAP are likely to be Court referrals who have been ordered to attend a drug awareness programme as an alternative to a custodial sentence. However, Crosscare DAP and other drug awareness programmes run by the voluntary sector do not ask why people want to attend or the nature of the referral and there is no funding to provide the session(s). It is therefore difficult to monitor the efficacy of the programmes, devise appropriate mechanisms of referral or seek appropriate funds to run them.

### **1.4. The link between drug use and crime**

There is a statistically strong correlation between drug use and crime (Bennett, 2000) and evidence indicates that many problematic drug/alcohol users will enter the criminal justice system at some point in their lives (Godfrey *et al*, 2002). The UK Social Exclusion Unit report on reducing re-offending by ex prisoners (Social Exclusion Unit, 2005) provided data to indicate that 60-70% of prisoners used drugs before imprisonment and 80% of these had no previous contact with drug treatment services. The report stated that over 50% of sentenced women prisoners in the UK had used drugs in the year before imprisonment and over 40% could be diagnosed as harmful or dependent users of alcohol.

A study of the Irish prison population found that 51% of men and 69% of women had used drugs at the time of committing the crime for which they were imprisoned, and 40% had a history of intravenous drug use (cited in North Inner City LDTF report, 2005). Research conducted by An Garda Síochána in 1998 found that 66% of serious crimes in Dublin were carried out by “hard drug users” and similar findings were reported in a follow-up study in 2004 (Furey & Browne, 2004).

Since the 1980's, national policies, crime diversion schemes and drug awareness programmes have been introduced across Europe, USA and Australia/New Zealand which seek to identify problem drug-using offenders and refer them to harm minimisation or abstinence drug treatment programmes. The aim is to 1) reduce drug-related crime, and 2) minimise harm to self and others. A key objective is to avoid custodial sentences, particularly for young people and first-time offenders.

In January 2007, The Irish Penal Reform Trust conducted a national survey among the general public to identify opinions about how best to deal with drug-related crime. The survey showed that 81% (total 1000 adults interviewed) believed that offenders with a drug addiction should be placed in a drug recovery programme rather than serving a prison sentence, 44% agreed that criminalising drug use causes more problems than it prevents, 74% of respondents were in favour of using alternatives to prison when dealing with young offenders, and 66% of respondents believed that people come out of prison worse than they go in.

In England, Wales and Scotland three major crime diversion initiatives have been recently evaluated and have been shown to be successful. These are described in Section 1.5.

## **1.5 Crime Diversion Initiatives in England, Wales and Scotland**

### **1.5.1 Arrest Referral schemes**

Arrest referral schemes were introduced in some areas of England in the 1980s. The early models were based on an “information model” (Dorn, 1994) whereby arrestees were provided with details of local treatment services. Although inexpensive, Dorn (1994) concluded that this model failed to get arrestees into treatment and failed to reduce drug-related crime.

In the mid 1990s a national evaluation of the arrest referral model was conducted which identified that a “pro-active” model was more successful (Edmunds *et al*, 1998). This approach used specialist drug workers (arrest referral workers) who were based in police stations or drug treatment centres. With the offender’s permission the drug workers provided information, advice and referral to drug treatment and other service provision at the point of arrest. By April 2002 arrest referral schemes based on this model were operational in all police forces in England and Wales. This model is currently being piloted by the North Inner City Local Drugs Task Force in Dublin, and it is being considered for pilot by the South Inner City Local Drugs Task Force.

A comprehensive evaluation of arrest referral was conducted in 2005 (O’Shea & Powis, 2005). They identified a number of key factors that determined the success of different schemes, as follows:

- Good working relations with police are essential.
- Arrest referral is linked with specific police operations such as planned drug raids and prostitution crack-downs. Police inform arrest referral workers when specific operations are occurring, so they can provide appropriate police cell cover.
- The initial contact with the arrestee is seen as the crucial point at which to engage arrestees. In particular, arrest referral workers give harm reduction advice while in the cells, as this is a good opportunity to offer an immediate intervention to drug users who may have had little previous contact with treatment services. It is also essential that arrest referral workers have a

good knowledge of drug treatment and other relevant services that can address priority needs (primary health care, for example).

### **1.5.2 UK Drugs Interventions Programmes**

The Crime and Disorder Act 1998 in the UK made provision for the introduction of a new non-custodial disposal, the Drug Treatment and Testing Order (DTTO), as a constructive alternative to the penalties already available. Its aim is to allow courts to deal more effectively with drug misusers who commit crimes in order to fund their drug habit. It gives courts powers to impose drug treatment with the consent of the offender, and to specify some of the terms of the treatment, though not its content, and review the offender's progress with the order. Random but regular drug testing is an integral part of the treatment. The order is available for drug-using offenders aged 16 or over who are assessed as suitable candidates for treatment. The order lasts between six months and three years during which time the offender is supervised. This scheme, initially piloted in a number of UK cities, appears to be successful. In October 2005, over 2200 drug-misusing offenders entered treatment through the programme, and acquisitive crime fell by 12% in 2004/5.

This scheme has been included in this report because of its reported level of success. However, it focuses on offenders who commit crime to fund their drug habit, whereas the majority of offenders in Ireland who are referred by the Courts to drug awareness programmes are arrested for minor possession of drugs. Programmes that have been successful for this category of offenders are discussed in 1.5.3.

### **1.5.3 Dependency to Work (D2W)**

Dependency to Work (D2W) is a multi-agency scheme that was initially funded by the UK Government's single regeneration budget in London and is now being rolled-out throughout England. It provides a single, holistic assessment of need for young adults whose offending is related to drugs, alcohol or mental health followed by individualised multi-agency intervention that co-ordinates a range of services. The key to success is that services are delivered simultaneously and clients are given real incentives to change their behaviour and this is based on the premise that it is unrealistic to expect someone to deal with their addiction without giving them an alternative activity to fill their time. Clients are offered treatment for their drug misuse, and also assisted in training, education and employment. Support is also provided in the form of a mentor – someone in the community who provides support, advice and guidance for 2-4 hours a week for at least a year.

D2W works mainly with 14 to 25 year olds although it is also available for older people who meet specified criteria. Referrals come via youth offending teams, police arrest referral schemes, the probation service, prison service or by self-referral. Assessment is immediate because speed of

engagement is regarded as critical. The assessment procedure explores with the offender the exact nature of their support needs and is carried out by trained staff. All assessments are then discussed at a weekly, multi-agency planning meeting where practitioners from a wide range of contracted services devise a care plan for each client. The client is monitored and reviewed regularly to ensure services are delivered. The planning meetings may include a drug treatment worker, mental health practitioner, basic skills worker, employment adviser, housing adviser and co-ordinator, among others.

D2W has also established a series of “one-stop-shops” which have improved communication among different agencies and means clients can access all services under one roof.

One of the most important features of this successful scheme is that it requires agencies to work together in a complementary and not competitive way. This cultural shift has cut out overlap and inefficiency in services and has encouraged them to improve their particular areas of strength and expertise. Further information about D2W can be obtained from the following evaluative study: McSweeney *et al* (2004), From dependency to work: addressing the multiple needs of offenders with drug problems.

## **1.6 Crime Diversion Schemes in Ireland**

As mentioned in Section 1.5.1 a juvenile arrest referral scheme has recently been piloted in the north inner city of Dublin and it is being considered for pilot in the south inner city. Ireland has also adopted a number of innovative initiatives since the publication of the Children’s Act in 1999 that are based on models of good practice elsewhere. These are described as follows:

### **1.6.1 Restorative Justice**

The concept of restorative justice in which there is mediation between the victim and perpetrator of crime has been developed in Ireland through two leading initiatives: the Victim Offender Mediation Service in Tallaght and the Reparation Service in Nenagh. The Victim Offender Mediation Service is funded by the Probation Service in partnership with Victim Support, An Garda Síochána, and the community. It is not confined to drug-related offences.

### **1.6.2 Juvenile Diversion Programme**

Trained Garda Juvenile Liaison Officers (JLO) administer the scheme. It provides the means by which young offenders under the age of 17 can be cautioned instead of being prosecuted. The young person is then placed under the supervision of a JLO for 12 months. It is not confined to drug-related offences.

### **1.6.3 Garda Diversion Programmes for young people**

A number of An Garda Siochana schemes operate throughout Dublin that aim to divert at-risk young people away from criminal and drug-related behaviour. These activities provide sport and other recreational opportunities, along with individual support and referral to other relevant service provision.

### **1.6.4. Court referral to drug awareness programmes**

Court referral to a drug awareness programme for adults instead of a custodial sentence for minor and first-time drug related offences in Ireland appears to be an informal scheme that has not been well documented in the literature not evaluated to date.

## **1.7. Conclusions**

This Section has briefly described a number of criminal justice schemes that aim to divert people, particularly young people, away from criminal and drug-related behaviour. D2W is the most relevant to this piece of research.

Evaluation of arrest referral (O'Shea & Powis, 2005) and D2W (McSweeney *et al*, 2004) indicate that a number of key factors determine the success of these initiatives, as follows:

- The quality of the first point of engagement is critical and may represent the only harm reduction intervention that a drug misuser has had or will have.
- Provision of drug treatment must be immediate.
- Alternative activities to a drug misusing lifestyle must be offered.
- The complex needs of drug misusers must be addressed through effective inter-agency partnership.
- Staff engaging with drug misusers must be appropriately trained and skilled. This is particularly important for cocaine and other stimulant users for whom there are no substitution treatments (eg methadone) available.
- For persistent or more serious offenders, DTTO's, JLO's and other similar schemes have been found to be effective in diverting people into alternative lifestyles and reducing crime. These schemes are distinctive in that they require close monitoring of the individual under supervision.
- Drug awareness programmes are unlikely to be effective for the majority of offenders unless real alternatives and ongoing support are offered.

## **2 Findings from research**

This Section presents an analysis and assessment of findings on current drug awareness programmes run by Crosscare DAP and other voluntary agencies.

## **2.1. Responses to Questionnaire**

A questionnaire (Appendix 1), designed by the researcher and agreed by the Steering Group, was sent to a number of agencies that are known to run drug awareness programmes. Urrús YAP returned five completed questionnaires along with a letter that highlighted a number of issues; Crosscare responded with a letter and information about five participants who attended in 2007.

Crosscare reported that they do not normally keep records of drug awareness sessions run for individuals, they do not ask individuals their reason for attending, nor do they enquire about how they were referred. However, of the five clients who attended for individual sessions in 2007, it was known that most had been arrested for minor cannabis or ecstasy offences at music festivals.

Urrús YAP also reported that it is not in their remit to ask individuals why they attend drug awareness sessions; however, it is suspected that the majority will have been ordered to attend by the Courts. Urrús YAP run one-day drug awareness courses or offer four, 3-hour sessions. They are given a certificate of attendance on completion along with an information pack that provides detailed information about drug treatment agencies in the area. Neither Urrús YAP nor Crosscare offer a formal referral service to drug treatment.

## **2.2 Findings from interviews with voluntary agencies**

The voluntary agencies that participated in this research differ in their aims, as follows:

**South Meath Response** focuses on provision of drug/alcohol awareness for parents who are concerned about their children, so it is unlikely to include Court referrals. However, during the first session all participants receive contact information for substance misuse treatment services in case they have substance misuse issues themselves.

**Urrús YAP and Crosscare DAP** offer drug awareness sessions for a wide range of participants. Participants are not asked about the reasons for attendance so unless the information is offered it is not known if they include Court referrals.

**Blanchardstown Drug Education Centre** run sessions specifically tailored to individuals referred by the Courts although there are no clearly defined referral mechanisms and the service does not receive funding from the CJS.

**Catholic Youth Care** focuses on provision of drug education in schools and Garda diversion schemes. Participants in Garda diversion schemes include Court referrals and young people who are under supervision of the Juvenile Liaison scheme.

**Cavan Drug Awareness (CDA)** focuses primarily on peer-parenting programmes and family support. It operates an arrest referral scheme and it liaises closely with the CJS.

### 2.3 Conclusions

The findings from the questionnaire and from interviews with voluntary agencies confirm that some voluntary agencies, including Crosscare DAP and Urrús YAP offer individual and/or group drug awareness sessions without knowing how individuals are referred or for what reason they attend. Often, the only indications that participants are Court referred are:

- Participants request written confirmation of attendance and completion of the programme,
- Participants request they attend before a specified date.

It was also evident from interviews that referral mechanisms from the Courts are poorly defined and executed. Some agencies, including Crosscare DAP, have found it difficult to establish links with the CJS whereas others, such as CDA, have been more successful. Whether this is due to the accessibility of the Judge, Probation Service and An Garda Síochána or the perseverance of the voluntary agency is not known, but is likely to be due to a combination of both factors.

### 2.4 Interviews with representatives from the Criminal Justice Service

Given these findings, the researcher sought interviews with representatives from the CJS to establish the following:

- What are the Court mechanisms for delaying an initial custodial sentence by diverting offenders to alternative programmes?
- What links have been established between the CJS and voluntary agencies that offer drug awareness programmes?

The Senior Probation Officer in Tallaght (since moved to Bridge House) kindly offered to arrange an interview with Judge McDonnell which took place at the end of July, 2007. The Judge responded to the above questions by saying ***“It is not in the nature of Judges to get involved in individual cases. Drug problems are deeply entrenched. All referrals go via Probation Services who provide a service in-house or through contracting out”***. He went on to say that Judges will refer offenders to Probation Services if it is deemed appropriate. The allocated Probation Officer conducts an assessment and then identifies what services are available both in-house and externally that will best suit the needs of the client. He also said that if an offender is referred to a diversionary programme, a fine is due and this is paid to a charity. The Judge decides to which charity the fine should be paid.

It was clear from this interview that the Probation Service is the most appropriate link into the CJS for voluntary agencies.

Senior Probation Officers and representatives from the RJS and NRS were then interviewed to 1) identify links and referral pathways, and 2) identify which services are provided by Probation Services and which are outsourced.

Findings are as follows:

- The representative from the RJS Tallaght reported that he was unaware that voluntary agencies run drug awareness programmes for Court referrals. His comment was that the RJS is currently considering setting up its own programme of this kind.
- The representative from the NRS indicated that she would be interested to refer her clients to drug awareness programmes run by voluntary agencies as long as certain conditions were met. These conditions include:
  - Evidence that the client has complied fully and completed the programme.
  - Content of the programme includes education about the health and social implications of substance misuse, denial and normalisation of substance misuse, and relapse prevention.
  - Monitoring and evaluation of the programme would be required.
  - Staff should be appropriately trained.
  - The course would not be expected to address criminal behaviour.
- The Senior Probation Officer in Tallaght reported that some Probation Services run drug awareness programmes for Court referrals. However:
  - Not all Probation Services run them,
  - For those Probation Services that do run them, they tend to be *ad hoc* depending on availability of staff.

She went on to say that Tallaght Probation Service runs drug awareness programmes for its clients but these are mostly for alcohol related offences. She was not aware of drug awareness programmes run by the voluntary sector. However, she emphasised that Tallaght Probation Services do outsource to community services, eg HSE Community Alcohol Services (CAS) in Tallaght. Clients go for 1 hour sessions every week for 4 weeks in order to identify how the client can reduce alcohol use. This is followed by a needs assessment and clients may be offered inpatient treatment or further one-to-one counselling.

## **2.5. Conclusions from interviews**

It was apparent from these interviews that, in general, there are no clearly defined pathways for directing Court referrals to drug awareness programmes. Some Probation Services provide them in-house but not consistently, and none of the representatives from the CJS were aware of programmes run by the voluntary sector. It therefore seems likely that although some offenders

are offered the opportunity to attend a drug awareness programme instead of receiving a custodial sentence, it may be difficult for that individual to find an appropriate programme within the time frame required. In these cases, they may try to identify a course run by the voluntary sector. Because there is no direct referral mechanism, voluntary agencies do not receive the fine due to be paid by the offender nor do they receive any other source of funding to provide the service. Also, there are no mechanisms for external or internal monitoring and review of the quality or outcomes of the service, so it is not known if the service offers any benefit to participants, or reduces drug using and/or criminal behaviour.

## **2.6 Example of good practice: links between the voluntary sector and Criminal Justice Service**

The researcher made enquiries about examples of good practice in Ireland where effective partnership working between CJS and voluntary agencies have been established. Findings were as follows:

### **2.6.1 Ballyfermot Local Drugs Task Force (LDTF)**

The Senior Probation Officer in Tallaght identified Ballyfermot LDTF as an example of good practice with respect to the services they offer to offenders and the links that have been established with the CJS. The Researcher was granted an interview with the Co-ordinator of Ballyfermot LDTF.

The findings are as follows:

Close working links have been established between the Ballyfermot LDTF and Probation Services by the following:

- As part of the Rehabilitation Project a Prison Liaison Officer (PLO) works with offenders prior to release from prison. The PLO is supervised by Probation and Welfare, and by the Fusion Project in Ballyfermot that has a representative from Probation and Welfare on its Board.
- The Ballyfermot LDTF has a representative from Probation and Welfare on its Management Committee, and Probation and Welfare staff are invited to attend regular lunches. This fosters networking and sharing of ideas.
- Urrús YAP and the Advance Project run drug awareness programmes.
- Several strategies have been developed to raise awareness including a quarterly newsletter, community grant schemes which provide funding for drug-specific programmes, a Hepatitis C awareness programme, and a focus on sport for young people who may otherwise not engage in services.

### **2.6.2 Cavan Drug Awareness (CDA)**

CDA is a voluntary sector project in Cavan, County Meath. In response to a lack of service provision, the Probation Service in Cavan approached CDA for the provision of services for probation clients. The local Superintendent from An Garda Síochána spoke to Sean McBride, the Judge for the area, who ordered fines to be paid directly to CDA. The Judge recommended that referrals be directed to CDA.

At the same time, CDA contacted solicitors in the area to raise awareness about drug related issues, and CDA have succeeded in establishing good working relations with three local solicitors. CDA have recently established an arrest referral scheme and they are linking with An Garda Síochána to provide drug awareness programmes to police officers. The CDA representative who was interviewed emphasised that it took considerable perseverance to forge these links with the CJS.

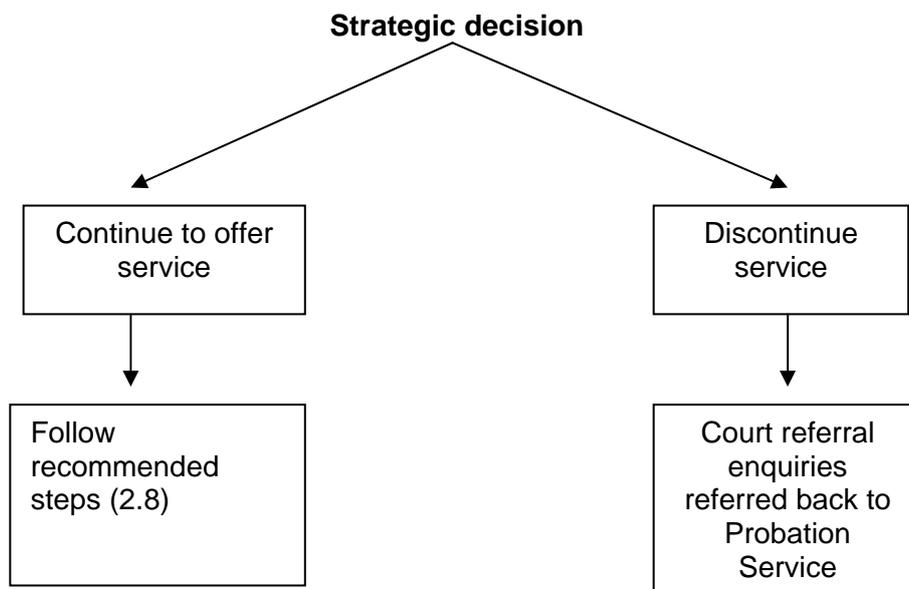
### **2.6.3 Arrest referral pilot run by North Inner City LDTF**

In 2005, North Inner City LDTF published a report on a pilot juvenile arrest referral scheme designed to encourage young drug using offenders to engage in an assessment process of referral, care and treatment, with the aim of reducing involvement in future drug use and associated criminal behaviour. It involves close working co-operation between the HSE, An Garda Síochána and the North Inner City LDTF and findings to date indicate that the scheme is having considerable success in diverting young people away from criminal behaviour and drug use. The principles of arrest referral are described in Section 1.5.1.

## **2.7 Conclusions**

It is clear from these examples of good practice that co-ordinated partnership working can be established between the CJS, other statutory services such as An Garda Síochána and the voluntary sector. If voluntary agencies such as Crosscare DAP decide that they wish to continue to provide drug awareness programmes for offenders, the findings indicate that 1) it is necessary to establish a working partnership with Probation Services, and 2) it is likely that the initiative has to come from the voluntary sector. Recommended steps to do this are presented in Section 2.8.

It is evident from the research that Crosscare DAP and other voluntary organisations provide drug education and awareness sessions for Court referrals without clear mechanisms of referral and without remuneration. There is no obligation to provide the service; indeed, the CJS appears to be largely unaware that the service is offered. Therefore, voluntary agencies should make a strategic decision as to whether they continue to provide the service. The following steps are recommended:



## 2.8 Recommended Steps

- Identify local Probation Service.
- Make representation describing service offered and request meeting.
- Forge partnership arrangement between HSE, An Garda Siochana, Probation Service, and voluntary organisation.
- Obtain support from local Judge through Probation Service.
- Further explore examples of good practice, eg. CDA, Ballyfermot LDTF.
- Prepare jointly agreed, written protocols and procedures for referral.
- Establish jointly agreed details of proposed drug awareness programme, eg content, duration, group or individual sessions, location. Refer to National Drugs Strategy guidelines on drug education and prevention.
- Consider the impact of changing patterns of drug misuse on the streets (eg cocaine, polydrug use, misuse of benzodiazepines, alcohol) and ensure content of programme is appropriate.
- Ensure content of programme is appropriate to young people.
- Consider issues of illiteracy, and language barriers experienced by non-nationals.
- Consider content with respect to cultural appropriateness (eg for non-nationals, travellers).
- Establish clear mechanisms for regular monitoring and review of programme to inform future development and planning.
- Seek appropriate funding.
- Publish details of service as an example of good practice.

## 3. Conclusions

The Courts may offer minor and first-time drug offenders the opportunity to attend a drug awareness programme instead of receiving a custodial sentence but it is clear from this research

that the procedures for this are poorly defined. Some Probation Services provide in-house programmes for these individuals but this does not occur consistently. It appears that many individuals are left to their own devices to find a suitable programme run by the voluntary sector within the allocated time frame required by the Courts.

Crosscare DAP and other voluntary organisations such as Urrús YAP offer drug awareness programmes but it is not known how many participants attend as a requirement of the Courts. Crosscare DAP does not receive remuneration from the CJS to provide the service, and there are no monitoring systems in place to evaluate the outcomes. This is an unsatisfactory situation for all concerned.

The research has also established that the Probation Service is the appropriate link between the Courts and voluntary organisations. This was clarified by Judge McDonnell. Some non-statutory services such as Ballyfermot LDTF and Cavan Drug Awareness have been successful in creating effective partnership links with the CJS via the Probation Service; others such as Crosscare DAP have found it more difficult.

From these findings it is evident that Crosscare DAP should make a strategic decision as to whether to continue to provide the service or not. If not, a mechanism should be put in place whereby enquiries that come from Court referrals are re-directed back to the Probation Service. On the other hand, if Crosscare DAP decides to provide a service for Court referrals an overview is required which addresses the following issues:

- How can the drug awareness programme develop so that it becomes more effective in reducing drug-related criminal behaviour?
- What partnerships can be established with statutory and non-statutory services in order to link the drug awareness programme into an overall strategy of needs-led continuum of care?
- What steps should be established to monitor and evaluate the service?
- How can the drug awareness programme keep pace with the changing patterns of substance misuse in Ireland?

Evidence from the literature (O'Shea & Powis, 2005) indicate that drug education is unlikely to be effective unless it is set within the context of continuum of care from the first point of engagement through treatment and into recovery. Continuum of care requires effective partnership working between statutory and non-statutory services that offer harm reduction advice and support, substance misuse treatment, practical support that meets the complex needs of substance misusers (eg. primary health care, housing), and assistance with education, training and employment. The Dependency to Work (D2W) initiative in England has shown to be effective in diverting drug-related offenders away from criminal activity towards healthy and meaningful

lifestyles. Crosscare DAP has developed an excellent, interactive website and counselling service, and it may wish to consider the D2W initiative as a means to further develop its service for substance misusers. One aspect of this should include clear referral mechanisms into local and appropriate drug treatment services.

Patterns of substance misuse in Ireland are changing with increasing prevalence of polydrug use, cocaine and other stimulant misuse, and normalisation of alcohol and cannabis misuse. It is recommended that Crosscare keep pace with these emerging trends through ongoing training of staff. COCA is a registered charity in England that provides a national resource to help services and workers develop appropriate interventions and professional working practices for working with cocaine, metamphetamine, ecstasy and other stimulant drugs. Short training courses for staff address different types of cocaine, the neurological/physiological affects and health implications of stimulant use, and how to identify, engage and retain people in services. It offers a range of treatment tools currently being evaluated by the UK National Treatment Agency. Over 8000 people have been trained since it was founded in 1996. The treatment approaches are regarded as highly successful for a very difficult client group. COCA also offers similar courses that address cannabis misuse.

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Appendix 1: Questionnaire sent to voluntary agencies that run drug awareness programmes

**Drug Awareness Programme questionnaire**

**Crosscare Drug & Alcohol Programme (DAP) is conducting a review of their own and other Drug Awareness Programmes in order to identify the mechanisms of referral from the Courts; the content of the programmes, the challenges that agencies face in providing the programmes, and the value and relevance of the service. Thank you for agreeing to participate in this research.**

**Please complete this questionnaire for each person attending your Drug Awareness Programme, and return it to Marie Scally (e mail: [marie@dap.ie](mailto:marie@dap.ie)) or to our researcher Fran Giaquinto . Her contact details are as follows:**

**Fran Giaquinto; Hega, Derrynaneal, Feakle, Co Clare**

**Tel: 061 924 287**

**Mobile: 087 966 2935**

**E mail: [f.Giaquinto@btinternet.com](mailto:f.Giaquinto@btinternet.com)**

Date of programme \_\_\_\_\_ 2007

**Information about attendee**

Approximate Age	Under 18	Late teens/twenties	Thirties	Forties	Fifties or over
Gender					
Nationality					
What drug(s) was the attendee arrested for?					

**Details of programme**

How long was the programme?	
Was it a 1: 1 or group session?	
If it was a group session, how many attended?	

**Which of the following topics were covered?**

Information about different drugs/alcohol	
Information about the effect of different drugs/alcohol on physical, mental and emotional health	
Information about the implications of long term drug/alcohol use	
Information on where to get further support and advice (eg drug treatment services)	
Information on how to reduce the harm caused by drugs/alcohol	
Information on HIV	
Information on hepatitis C and other blood borne diseases	

**Questions about the attendees' attendance of the programme**

Where was the attendee arrested?	
Did the attendee arrive at the allocated time?	
Did the attendee complete the programme?	
Was the attendee compliant during the course of the programme?	
Did the attendee find the information helpful?	
Did the attendee require written confirmation that he/she had completed the programme?	
Did the attendee agree to complete the	

questionnaire?	
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**What was the mechanism of referral? -**

**Please list leaflets / other literature / contact details you offered the attendee in order for him/her to make informed choice about his/her future drug/alcohol use**

This questionnaire will form part of a larger piece of research about the quality and relevance of drug awareness programmes run by different agencies throughout Dublin. If you are willing, our researcher would like to interview you for 5-10 minutes on the phone to discuss in more detail the content and relevance of the programme you run. Thank you very much.

**Do you have further comments?**

