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Drug testing and court review hearings: Uses and limitations

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Abstract The ability of the UK criminal justice system to divert drug-dependent offenders into treatment has been enhanced during recent years. Despite the rapid expansion of such coercive measures, research findings to date are equivocal about their impact. This article draws on qualitative data from in-depth interviews with professionals and those mandated to treatment by the courts to assess the uses and limitations of two defining features of court-ordered drug treatment in Britain and elsewhere – drug testing and court review hearings – as a means of promoting and monitoring compliance with the conditions of these disposals.

Keywords compliance, court review hearings, drug treatment, DTTO, testing

Introduction

Prior to 2000 probation services and the courts in England and Wales had, for various reasons, made limited use of disposals to encourage drug-dependent offenders to access treatment (HM Inspectorate of Probation, 1997). While these measures sometimes included regular drug testing, there was no formal review process available for these sentences. The court review process (CRP) and regular testing required by drug treatment and testing orders (DTTOs) – which were introduced by the Crime and Disorder Act 1998 and rolled out nationally in 2000 – at the time represented the nearest comparable arrangements in England and Wales to drug courts operating in other jurisdictions. With effect from April 2005, DTTOs were subsumed within a new generic 'community order' introduced by the

2003 Criminal Justice Act. A court can now make a community order with a drug rehabilitation requirement (DRR), which can be specified so as to be equivalent to a DTTO – or a less intensive version of a DTTO. This article focuses upon DTTOs rather than DRRs, as at the time of the research the new community sentence structure with DRRs was not in place.

The provision of regular testing and reviews envisaged for DTTOs was intended to enable the courts to better monitor compliance and progress with treatment (Home Office and SCODA, 1999). There were, however, a number of fundamental differences between the DTTO and court-ordered treatment offered in other jurisdictions: drug testing was less intensive under the DTTO than in most drug courts and there was no requirement for the sentencing judge or magistrate to hear subsequent reviews. Nor did sentencers involve themselves in the planning of treatment programmes, a task which fell almost exclusively to the probation service.

While the apparent ubiquity of drug testing may be largely confined to the criminal justice system – to the extent that it has now spawned a burgeoning industry – there are continued calls for the expansion of drug testing to schools and the workplace; demands which, to date, have been largely resisted. As with the use of drug testing in the criminal justice system there appears to be scant evidence regarding its efficacy and effectiveness in schools and the workplace, with a distinct lack of consensus and clarity about the aim of drug testing in the latter. Concerns about costs, ethical issues, consequences and the likely impact of testing on relationships between teachers and pupils, and employers and employees, are additional factors that have, thus far, halted the encroachment of drug testing into other areas of our daily lives (Bunn, 2004; Roberts, 2004, McKeganey, 2005).

In a criminal justice context, Taxman (2002: 21) has argued that formal control mechanisms such as drug testing and court reviews can be important ways of gauging progress and compliance with a statutory order – particularly where support from informal control mechanisms such as family, friends and community links are weak. These measures might also offer potential as effective mechanisms by which offenders can be supported and sustained through the ‘cycle of change’ as they move towards abstinence and desistance, by reinforcing narratives of change via the use of pro-social modelling and motivational interviewing techniques, and through continuity of contact with a sentencer they may get to know and trust (McNeill, 2006; Maguire and Raynor, 2006).

The evaluation of the pilot DTTO schemes (Turnbull et al., 2000) revealed that sentencers saw testing as a vital component of the order since it gave them increased confidence to impose them on offenders for whom they would normally consider a custodial sentence. However, while some professionals acknowledged that testing had a role to play in reinforcing good progress, regular testing was deemed to be expensive and destructive to the motivation of those reducing their levels of drug use, and furthermore failed to accurately detect different patterns of use (Turnbull et al., 2000: 37). There is also evidence to suggest that, in the context of DTTOs, drug test results were not routinely used for defined objectives and there were inconsistencies in responses from staff when positive tests were produced (Best et al., 2003).

More recent UK research findings have expressed equal uncertainty about the impact of testing at different points in the criminal justice system on drug use and offending behaviours, and engagement with treatment services (Mallender et al., 2002; Matrix and NACRO, 2004; Singleton et al., 2005; Shewan et al., 2006; Matrix Research and Consultancy and ICPR, King's College, 2007). Different methods of testing each have their own relative merits and shortcomings (Dolan et al., 2004). The uses and limitations of drug testing by treatment services is currently one of several areas under review by the National Treatment Agency as part of the process to update national guidelines on the clinical management of drug misuse and dependence. North American research, however, has failed to support the notion that drug testing can, of itself, lead to reduced drug use and offending (Goldkamp and Jones, 1992; Turner et al., 1992). On the contrary, a randomized study of drug testing of young Californian parolees found that those who were tested more frequently were more likely to re-offend (Haapanen et al., 1998).

Until quite recently there was little evidence to indicate whether the input from the sentencer or the use of status review hearings had any measurable impact on outcomes. This is, of course, venturing into the terrain of therapeutic jurisprudence which concerns itself with the way in which legal processes and various judicial roles might interact to produce therapeutic or anti-therapeutic consequences for those involved in the justice system (Wexler and Winick, 1991). It also implies a fundamental change in the role of the judge, from neutral arbiter to therapeutic agent (Nolan, 2001). Nolan stresses the dramaturgical practice of US drug courts, in which both judges and offenders adopt narratives which reinforce commitment to the treatment process and to the recovery of the addicted self.

Evidence from the UK (Turnbull et al., 2000; McIvor et al., 2003, 2006) suggests that the review process is welcomed by staff and offenders as making a positive contribution to engagement and compliance within the overall treatment process. But this work also highlighted the importance of continuity, quality and style of interaction between offender and sentencer. Others have since expressed concerns about the limited role and mandate of the reviewer residing over the DTTO process which is in contrast to the central role occupied by judges in the US drug court model, where the judge coordinates the entire process, assumes greater responsibility for supervising offenders, can impose a range of sanctions in response to non-compliance and for good progress, and has immediate access to test results (Nolan, 2001; Bean, 2004: 130; Crichton and Fidler, 2004: 12–13). The DTTO, and subsequent DRR processes are constrained by the operational realities of sentencing and court work in England and Wales, which in turn are driven, to a large extent, by performance management considerations. For example, ensuring timely breach hearings may take precedence in court listings over offenders appearing before the same magistrate or judge.

The remainder of this article focuses on presenting some of the main qualitative findings of an evaluation of court-ordered drug treatment for drug-dependent offenders in England. It considers the uses and limitations of drug testing and court reviews as a means of promoting and monitoring compliance with the conditions of such an order. The main quantitative findings from the English component of the study have been presented elsewhere (McSweeney et al., 2007).

The research formed part of the wider *QCT Europe* study¹ which was funded by the European Commission's Fifth Framework Research and Development programme. The study sought to assess the processes and effectiveness of quasi-compulsory treatment (QCT) arrangements for drug-dependent offenders. We defined QCT as drug treatment that is motivated, ordered or supervised by the criminal justice system but which takes place outside prisons. The focus of our research in England was on the DTTO.²

Methods

The English component of the study involved the authors recruiting a random quantitative sample of 157 people who had entered community-based drug treatment at one of 10 research sites across London and Kent between June 2003 and January 2004; three-fifths ($n = 89$) having done so as part of a DTTO. These community-based sites were purposively selected to provide comparisons between DTTO and comparable 'voluntary' treatment. Respondents took part in quantitative, structured interviews at four time points: within two weeks of starting treatment (t1), and at six (t2), 12 (t3) and 18-month (t4) follow-up intervals. In-depth individual and focus group interviews were also undertaken with a theoretically assembled sample of 38 health and criminal justice professionals involved in the implementation, development or delivery of DTTOs and 57 criminally involved drug users drawn from the quantitative sample who had been mandated to treatment by the courts.

The sampling strategy used for qualitative interviews with professionals and clients was theoretical or purposive in approach. In other words, interviewees were selected by the researcher subjectively using a deliberative approach that sought to include those representing a range of features and perspectives that were thought to be of relevance and interest. Among the DTTO client group our theoretical sampling took into account characteristics such as age, gender, ethnicity and main drug (opiate/stimulant/poly user). While clearly not representative of all DTTO experiences in England, these data nevertheless offer some useful insights as to the kinds of difficulties and potential barriers that might hamper effective implementation and delivery, while also providing case study examples of good practice where these were encountered.

Results from the QCT Europe study

The *QCT Europe* study assembled a random quantitative sample of 845 people who entered drug treatment at 65 purposively selected research sites in five countries between June 2003 and May 2004. These services were chosen to be reflective of the main treatment approaches adopted in each of the five countries. Just over half ($n = 427$) of the sample had entered treatment as part of a court order. Over 200 qualitative in-depth individual and focus group interviews were also completed with those sentenced to QCT ($n = 138$), and a range of health and criminal justice professionals ($n = 84$).

The findings reveal that 'coerced' clients reported significant and sustained reductions in substance use, injecting risk and offending behaviours, and improvements in health. Those entering comparable 'voluntary' treatment also reported similar types of reductions and improvements. These reductions were sustained when adjustments were made for missing data and time at reduced risk (i.e. during periods of imprisonment and/or inpatient treatment). These data suggest that drug treatment that is motivated, ordered or supervised by the criminal justice system can have comparable retention rates and outcomes to 'voluntary' treatment options. These results were replicated across each of the five country sub-samples – including England (Soulet and Oeuvray, 2006; Uchtenhagen et al., 2006).

The uses and limitations of drug testing

As noted earlier, one method of attempting to ensure adherence with the conditions of the DTTO involved the frequent use of drug testing. Certainly, for at least some of those we interviewed, drug testing served as a powerful motivational tool and acted as a mechanism to encourage compliance and behaviour change:

Testing has been all right. It does encourage you because you've got your test twice a week and obviously if you're giving positive, positive all the way through then that doesn't look good because it shows you're not making any progress. So yeah it is a deterrent, definitely. (Client 101, t1)

Diverse views about the merits of testing were evident among the professionals we interviewed. There was recognition that testing could be useful in some instances to monitor changing patterns of use, and assist staff in identifying causes of behaviour change and work towards possible solutions. Testing could also be a useful tool to validate the self-reported drug use of those on orders, and could be instrumental in enhancing levels of trust and confidence with the court, and between the client and treatment workers or probation officers. Others encountered problems with the timeframe in which results became available, the accuracy of test results (and the powerlessness that people sometimes felt in the event of a 'false positive' where prescribed or over-the-counter drugs had been consumed) or questioned the evidence base to suggest that drug testing made QCT more effective. The potential benefits of testing were often compounded by uncertainty regarding: the aims and rationale for the frequency of testing within the context of the DTTO (including routinely testing for alcohol use); the consequences of failed tests; and how results were used to complement care plans:

You need to make sure that the way people are tested is a benefit to them. So like twice a week – I don't think there is any point testing people twice a week. I think in some cases you need it there, and some people need that, but others might say 'well if you're not going to penalise them for it then what's the point in doing it?' I can see the point but then what happens if you test positive? Nothing happens so I don't get it! (Drug worker, t2)

Early published guidance was quick to acknowledge that 'reductions in drug use may take several months to achieve' and stressed that 'offenders should be expected

to make progress towards being drug free over a period of months but not expected to be drug free within a specific period of time' (Home Office, 2000: 5). This approach was certainly in line with the accumulating evidence describing substance misuse as a chronic, relapsing condition, and acknowledged that individuals may need several attempts at treatment to become drug free. This necessarily meant that the process of change and recovery would involve lapse and relapse. Viewed in this context, DTTOs could be seen as congruent with a harm reduction philosophy: working with the individual to manage and reduce consumption, and ultimately move towards abstinence.

Of course, such guidance said little about how these policies might distort the help seeking process, treatment provision or the nature of the relationship between patient and therapist (Stimson, 2000). Hunt and Stevens (2004: 337) have argued that any claims criminal justice interventions might have in promoting harm reduction principles are eroded by the continuing drift towards even more coercive measures that seem to prioritize compliance and enforcement concerns over individual health gains and voluntarism. For example, recent DRR guidance describes situations where repeated failed drug tests could lead to an order being taken back to court and deemed unworkable (National Probation Directorate, 2005: 23); and furthermore, it is not always clear exactly how probation national standards and their enforcement are consistent with the notion of drug dependency as a chronic, relapsing condition (Turnbull et al., 2000; Hedderman and Hough, 2004; Home Office, 2004; National Treatment Agency for Substance Misuse, 2004).

Interestingly, data from client interviews suggest that very few respondents saw drug testing as an incentive to reduce their drug consumption; on the contrary, many seemed indifferent about the outcome of testing and indeed, on occasion, the consequences of missing testing appointments. Others expressed their frustration at how testing was increasingly used to monitor compliance rather than for therapeutic purposes:

I wasn't worried about the results; I was just worried about missing a few, because I knew other people had missed like 10 in a row so I wasn't worried about missing two in a row because nothing ever happened. (Client 109, t4)

There were also concerns with the way in which the testing process failed to reflect reductions in illicit drug use. In these circumstances testing regimes could demotivate those who felt they were making real and worthwhile progress in reducing levels of consumption. In a number of sites, test results were increasingly used in group-based work to encourage openness among participants about their use and served as a motivational tool. At the same time there was anecdotal evidence to suggest that some clients would alter their drug-using patterns in order to improve their chances of avoiding detection on testing days. However, the capacity for services to respond to this tactic and alternate testing days was often limited by logistical (limited space) and practical (staffing levels) considerations.

The uses and limitations of court review hearings

As with the use of drug testing, the evaluation of DTTO pilot schemes in England and Wales highlighted how the court review process (CRP) was also popular with sentencers, offenders and probation staff. This was especially true in one area where cases and their subsequent review hearings were reserved to two District Judges – thus providing the sort of continuity of judicial oversight that is a defining feature of the US drug court model. However, the study also recognized that there were significant costs in ensuring that reviews actually worked in this way, while the complexity of listing court clerks' work increased the more that particular cases were reserved to particular sentencers (Turnbull et al., 2000).

Since the piloting of DTTOs, a small number of areas have formed a trained and consistent group of magistrates to process cases and reviews. Wakefield Magistrates' Court had retained informal arrangements whereby DTTOs and their reviews were reserved for a small panel of specially trained magistrates. At the time of writing, similar arrangements are being tried in Leeds and West London Magistrates' Courts in the pilot of the Dedicated Drug Court model. The North Liverpool Community Justice Centre, which deals with a number of drug-dependent offenders using DTTO/DRR arrangements, also provides continuity of judicial review, in the shape of a Crown Court judge operating with the jurisdiction of a District Judge. This type of approach can assist court staff in developing a greater appreciation of the workings of the order and with the issues facing the DTTO target group.

Contrary to perceived wisdom, we encountered examples of uncertainty about the evidence base for the effectiveness of the CRP generally, as well as the need to ensure consistency of sentencer throughout the order. On balance, though, the novelty of being praised by sentencers and receiving positive feedback for progress made as part of the regular CRP served to encourage compliance among some and motivated others:

My first week there and at my review the judge saw all negative samples, and the judge was very proud of me, and it felt good. You know, I walked out of court chest up high, but when I went down to [negative test results]; I mean he didn't like it.

And it knocked the motivation right out of me when he was saying that. (Client 110)

Under some circumstances the court review process played an important role as a mechanism for encouraging compliance with the conditions of a court order, and acknowledging progress and change made by the individual:

At the very end I said to the [DTTO client] afterwards 'you got two congratulations, two commendations and a large broad smile from that judge which is really good' . . . and because this judge was known as a tough judge it had even more impact that he praised this guy; you know, it was seen as 'if this guy praises me I deserve praise', and there's still this bit about, you know, self-esteem and wanting to get this feedback. (Senior probation officer, t2)

These accounts suggest that engagement with the DTTO could be encouraged by having someone 'believe in' the offender, which in turn may represent the first

tentative steps towards 'a re-discovery of agency'. This illustrates how such positive narratives can play an important role in shaping how offenders and drug users define themselves and their relationships with others. This process is important because it has been suggested that 'long-term desistance does involve identifiable and measurable changes at the level of personal identity or the "me" of the individual' (Maruna et al., 2004: 19). Several respondents commented that reviews were disproportionately focused on their negative performance and did not give sufficient recognition to their progress and improvements. Often, these comments seemed in contrast with the treatment staff's perceptions of the client (as balanced and also recognizing progress) with those of probation (focused on compliance and enforcement issues). For these respondents, scant face-to-face contact with probation meant that treatment staff were perceived as being better placed to give a more rounded and balanced view of progress. These observations also indicate how increased emphasis in recent years on compliance and enforcement, cognitive behavioural programmes and partnership working arrangements means that much of the challenging, rewarding and satisfying work historically performed by probation officers is now often done elsewhere; to the extent that the one-to-one relationship has ceased to be the defining characteristic of probation work. This in turn has had a detrimental effect on staff morale and undermined their efforts to build therapeutic relationships (Farrow, 2004: 210–11; Burnett and McNeill, 2005: 222–3).

While there was almost universal agreement among professionals about the potential benefits of the CRP, inevitably a minority of clients remained impervious to its effects and ambivalent about the entire process:

Sometimes yes it is a benefit to the client and other times it seems like a process that has to be gone through. So some go there and benefit from being told they are doing well. Others go there and think 'I don't care what they say or think' and their attitude is very much 'yeah, OK, whatever'. But most of the people who go enjoy being told that they are doing well. (Drug worker, t2)

Irrespective of the potential benefits, there were also considerable administrative complexities and costs associated with reviews of this kind. We also encountered instances where increased caseloads and competing demands had adversely affected performance and encroached on contact levels with offenders. In one area, for example, the local probation team had insufficient resources and staff to feed progress back to the courts as often as the courts would have liked. This in turn created some tension:

[T]he difficulty we have is that Crown Court judges really like their review reports every single month, and our national guidance does not dictate that a report is prepared every month. And that is a real sort of bone of contention between this team and several different Crown Courts at the moment because we don't have the staff to do the court reviews in the way the judges want them. (Senior probation officer, t4)

Under these circumstances, probation officers' time was disproportionately taken up writing reports for the courts rather than directly supervising and supporting offenders. This lack of face-to-face contact is thought to have negatively impacted

on programme retention and completion rates. This is important given that the emerging consensus from the accumulating research around court-mandated treatment appears to point towards improving retention rates as the key to success (Hiller *et al.*, 1998; Belenko, 2001; Goldkamp *et al.*, 2001; Stevens *et al.*, 2005).

Evidence from the UK suggests that the CRP is welcomed by staff and offenders as making a positive contribution to engagement and compliance with the overall treatment process, but also highlights the importance of continuity, quality and style of interaction between offender and sentencer (Turnbull *et al.*, 2000; McIvor *et al.*, 2006). For these reasons there may be good grounds for thinking that the CRP could be a useful element in achieving better retention rates. However, congruent with previous research (Turnbull *et al.*, 2000), our own findings also suggest that when the courts failed to ensure consistency of reviewer, or when the CRP was conducted in an impersonal, bureaucratic way, then outcomes were unlikely to be improved by this innovative feature:

It is about a 10 minute thing and the judge looks at [the report] and says: 'Come back in one month's time'. It's just a pointless exercise . . . there is no encouragement from the judge at all – you're in and out. (Client 108, t2)

While clearly encountering a range of reviewing styles, probation staff were generally positive about the overall benefits of the CRP, enjoying more consistency of reviewer at Crown Court level. Indeed, all were able to recall instances where the involvement of the court had enhanced the DTTO experience; particularly where sentencers had taken an active role in developing their knowledge and understanding of substance misuse issues, tracked the progress of individuals, and offered encouragement and praise for good progress:

Some judges were visibly very uncomfortable, very unsure with the review process . . . I mean they were learning how to speak to a defendant. And it has taken a really, really, long time. Actually some of the judges at the Crown Court who started off being completely inappropriate, not knowing what they were saying, have gone out off their way to learn more about drugs and given huge amounts of support, and have more interest and understanding in what we are doing than most of the managers in the probation service. They come to the team meetings here and I'm really impressed, excellent. (Probation officer, t1)

It seems that some judges in our sampled areas had not yet taken on the therapeutic role that is assigned to them in the drug court approach and had not adapted their interactions with offenders to the dramaturgical, story-telling style described in Nolan's (2001) analysis of US drug courts. There were also concerns about the limited flexibility of the sentencer/reviewer presiding over the DTTO review process in responding to non-compliance. This contrasts with the very extensive discretion that US judges have in overseeing drug court treatment:

Sometimes judges might think they know best, and we might put in a review report that this guy has dropped out of treatment and we are breaching them, and they don't fully understand what that means and they say: 'Oh no, no, no, don't breach them. I'm telling you don't breach them'. Well I'm sorry you don't have the power to tell us not to breach them. (Senior probation officer, t1)

Changes under arrangements for the DRR

Commenting recently on the English situation, Bean suggests that multiple sanctions are crucial to the success of a drug court but notes they 'are not permitted under current legislation, yet without them the drug court becomes not much more than an extended type of probation order' (Bean, 2004: 131). Moreover, the 2003 Criminal Justice Act has further restricted the options previously open to the court for responding to non-compliance in a constructive way, by taking no action or imposing a financial penalty in response to a breach of conditions. Instead the courts are encouraged to increase the severity of an existing sentence by imposing 'more onerous' requirements or revoking and re-sentencing (National Probation Directorate, 2005: 17). In Scotland, by contrast, the lack of formal sanctions short of revocation has been rectified through the Criminal Justice (Scotland) Act 2003, which provided drug courts with the power to impose short prison sentences or community service orders (Ashton, 2004) but with little use having been made of these options (McIvor et al., 2006). In order to affect behaviour change the research evidence appears to encourage a move away from punishment-orientated to incentive-based approaches (National Institute for Health and Clinical Excellence, 2007). However, the system of incentives used to encourage behaviour change as part of contingency management arrangements that has been applied successfully in different drug treatment settings (including clinic privileges, vouchers, monetary incentives and award draws) seems politically incompatible with treatment delivered in a criminal justice context.³

Contemporary research from the USA (Festinger et al., 2002; Marlowe et al., 2005) has also revealed how the use of review hearings can be both expensive and time consuming and therefore should be appropriately targeted at 'high-risk' offenders who are likely to benefit most from such an enhanced level of support. In fact, the selective use of review hearings has already been encouraged by the 2003 Criminal Justice Act which now only requires reviews to be held where a DRR is imposed for over 12 months (unless otherwise requested by the courts). Guidance also outlines instances where reviews should be proposed as a matter of good practice for those assessed at sentence as being a high or very high risk of harm (i.e. if the offender is identified as a priority and other prolific offender and/or has an OASys score of 100 or more) (National Probation Directorate, 2005: 20). However, given that the average length of DTTOs imposed since 2002 has been 15 months (Home Office, 2006: 26) it is unclear what impact, if any, this recent development will have on day-to-day practice.

Conclusion

Our research has helped to shed further light on the processes, potential benefits and shortcomings of regular drug testing and a personalized review process; two defining features of court-mandated treatment in Britain and elsewhere. These features ostensibly provide opportunities for the sentencer and offender to develop continuity of contact and dialogue where progress is rewarded and non-compliance

sanctioned. Both features were thought of as potentially useful motivational tools which acted as mechanisms to encourage and monitor both compliance and behaviour change. As anticipated, we encountered a number of potential benefits associated with these processes. We have also uncovered a number of counterbalancing costs, complexities and restrictions which limited their impact in promoting and monitoring compliance with court-ordered treatment.

The implications for policy and practice are clear: effective judicial leadership and the use of swift, certain and consistent sanctions and rewards are prerequisites for an effective system of court-ordered drug treatment (Farrell, 2002: 96). Yet the opportunities to enhance these features seemed to have been under-exploited under the DTTO system and curtailed further with recent DRR arrangements – most notably through the limited scope for court discretion in responding constructively to non-compliance.

As highlighted by the original pilot DTTO evaluation, drug testing needs to be fully integrated into treatment programmes and tailored to the objectives set for individual offenders. Testing for its own sake benefits no-one. Our research suggests that there still needs to be a greater emphasis on the most appropriate – and integrated – use of both drug testing and formal reviews in order to better equip judges and magistrates to play a much more prominent role in holding offenders to account and in coordinating the work of probation, the police and the range of statutory and voluntary sector providers currently working with drug-dependent offenders. The need for this is perhaps all the more important given the contestability arrangements now envisaged for NOMS.

It is often forgotten that, in contrast with pharmaceutical trials and other medical evaluations, criminal justice-based treatment interventions have consistently been shown to exhibit a considerable degree of implementation failure (Raynor, 2004). More often than not this manifests itself in the form of limited capacity and commitment amongst the various agencies involved to work together effectively in order to make the endeavour a viable one – a symptom apparent in pilots of the DTTO and more recently with the Dedicated Drug Court (DDC) approach (Turnbull *et al.*, 2000; Philips, 2006). Yet the DDC represents an attempt to combine testing and reviews in a way that – to date – seems to have been the exception rather than the rule in the provision of court-ordered drug treatment in the UK. The question remains whether the problems in coordination between courts, treatment agencies, probation and clients that have been identified in the DTTO pilot and in our research on DTTOs can be overcome in order that the potential of drug testing and court review can be fully explored. In practice, it seems that the perceived benefits from these two key processes in court-ordered drug treatment have not consistently been realised.

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Notes

- 1 Further details about the study can be found at: <http://www.kent.ac.uk/eiss/projects/qcteuropa/index.html>
- 2 Parallel studies were also conducted in Austria, Germany, Italy and Switzerland of comparable QCT arrangements in each of these countries. Information for comparison was also gathered from the Dutch SOV experiment which began in April 2001 in four locations and permitted the compulsory placement of offenders for up to two years.
- 3 However, adopting a system of incentives and rewards to encourage behaviour change and recovery has recently been proposed by the Conservative Party (Gyngell, 2007: 13).

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