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DRUG TREATMENT AND TESTING ORDERS IN SCOTLAND: EXPLORING PROFESSIONAL PERSPECTIVES ON ‘THE DESERVING’ AND ‘THE UNDESERVING’

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ABSTRACT

Using data from the Evaluation of the Drug Treatment and Testing Order (DTTO) Scottish pilots, this paper explores professional perspectives, from justice and non-justice agencies on appropriate candidates for DTTOs. The recently completed Scottish Executive sponsored Evaluation of the DTTO Scottish pilots yielded a number of datasets, including qualitative data and information from professionals working at the pilot sites in the city of Glasgow and Fife Scotland. Using this data, this paper explores the social processes of assessing offenders for DTTOs especially the formal and informal criteria adopted by various professionals to sift through cases. The perspectives of 28 professionals involved in the criminal justice, supervision and treatment sectors of the DTTO pilot schemes in Scotland are presented. Analysis of the qualitative data suggests that a social category of drug-dependent reluctant offender portrayed as ‘deserving’ in contrast to ‘undeserving’ entrenched criminal who uses drugs is one way of rationalizing the use of limited resources in the pilot schemes. Implications for drug using clients wishing to access drug treatment, in and outside the criminal justice system, and professional groups are explored.

INTRODUCTION

In the United Kingdom, the past decade has witnessed a raft of social policies concerning drug users and drug-driven crime. Official publications such as *Tackling Drug Misuse* (Home Office, 1985); *Across the Divide* (Howard, 1993); *Tackling Drugs to Build a Better Britain* (Cabinet Office, 1998) and *Tackling Drugs in Scotland: Action in partnership* (Scottish Office, 1999) are emblematic of successive Conservative and Labour government's focus on 'tackling' drug users in society.

There is a growing body of evidence that within 'heavy-end' drug users, mainly poly-drug users who are heroin dependent, their main expenditure is on drugs, which in turn is financed by crime, thus creating a group of highly persistent offenders (Bennett, 1998). As Hough (1996: 10-11) remarks, 'a significant proportion of crime is drug related'. Hough distinguishes between drug-driven offences and drug-related offences. For example, housebreaking where the offender's motivation is specifically to raise funds to buy his/her drug of choice is defined as drug-driven (but also drug-related) crime. Drug-related offences would also incorporate offences where the offender was indifferent to how the accrued funds were spent, purchasing drugs would not be the primary motivation although he/she may be 'known' to be a drug user.

The link between acquisitive crime and drug use lies in the heart of The Crime and Disorder Act (1998), Part IV, sections 61-64, which introduced Drug Treatment and Testing Orders (DTTOs). Research has demonstrated that when heroin usage among 'heavy-end' users falls, there is a concomitant reduction in offending behaviour (Chaiken and Chaiken, 1990; Hammersley, 1989). British drug services have been typically underpinned by voluntaristic philosophies. Many heroin users engaged in drug-driven crime do seek help from drug treatment services. As the numbers of drug users has risen, so the number seeking help has risen also. Contrary to this, the measures contained in Part IV, sections 61-64 of The Crime and Disorder Act (1998) use legal processes to ensure that treatment is given to offenders who are 'dependent on or ha[ve] a propensity to misuse drugs and that [such] dependency or propensity is such as requires and may be susceptible to treatment' (s 61: 5 (a) and (b)). As such, DTTOs are part of the 'criminal justice agenda', 'whereby criminally involved problem drug users are cajoled, coerced or

persuaded via a variety of referral mechanisms to treatment services' (Hough, 2001: 429-430). While drug treatment is not compulsory, 'choice' is between imprisonment or mandated drug treatment i.e. coerced treatment. The next section will describe the Orders in more detail.

Drug Treatment and Testing Orders

The provisions of The Crime and Disorder Act (1998) give courts powers to require an offender to undergo treatment for drug misuse, subject to the client's consent to such an order being made. Drug Treatment and Testing Orders – which can be for a minimum of six months and a maximum of three years – can be made as a 'stand alone' option or in conjunction with another community based disposal such as probation order. They differ from existing provisions in three main ways: a) the role of the supervising officer is limited; b) mandatory drug treating is an integral component of the order and c) the courts have powers to review orders on a regular basis. While further offending during an order constitutes a breach of a probation order, reconviction for a further offence will not automatically result in breach and revocation of a DTTO. DTTOs can be imposed upon offenders aged sixteen years and older whose assessment by the local authority DTTO team indicates that there is a dependence on or propensity to misuse drugs which requires and is susceptible to treatment and that the offender is motivated to undergo the treatment required (Home Office, 1997; Home Office, 1998; Glasgow City Council, 1999).

DTTOs were first introduced in the UK in three pilot schemes in Croydon, Liverpool and Gloucestershire (Turnbull *et al.* 2000) and continue to be the subject of much debate among practitioners, academics and policy implementers. In Scotland, the first pilot DTTO scheme was established in Glasgow, which made its first order in February 2000. Orders became available to the Glasgow Sheriff, Stipendiary Magistrate and High Courts. The second pilot area began in Fife with DTTOs made available to Cupar, Dunfermline and Kirkcaldy Sheriff courts. Kirkcaldy Sheriff Court imposed the first order in August 2000. Such initiatives allow sentencers to 'fast-track' high tariff offenders into

appropriate treatment services as identified by social workers, medical officers and addiction workers during the assessment period, and then monitor progress through regular court review.

The implementation of the new treatment and testing orders is reliant on a number of agencies working together towards meeting the objectives of reducing drug misuse and associated offending and therefore ensuring safer communities through appropriate offenders being 'sentenced to treatment'. Multi-agency work has been reported in previous research as a particular problem for coercive drug treatment (Turnbull *et al.* 2000; Heale and Lang 2001; Wild *et al.* 2001). In England and Wales, difficulties in the pilot DTTO schemes 'are a consequence of work on a difficult joint enterprise involving organizations with big differences in working styles, traditions and values' (Turnbull *et al.* 2000: 82) In the Scottish pilots, 'multi-agency working was, perhaps, the biggest challenge faced by the DTTO schemes' (Eley *et al.* 2002a: 95).

The roll-out of DTTO schemes in Scotland, England and Wales has given strong official approval to the order. The orders seem to have been met with widespread satisfaction among clients in Scotland (Eley *et al.* 2002a) in similar ways to the drug court orders of the Glasgow Drug Court (Eley *et al.* 2002b) and the New South Wales Drug Court in Australia (Taplin, 2002). This is in contrast to DTTOs in England and Wales where 'non-compliance serious enough to lead the court to revoke the sentence is the norm' (Ashton, 2003: 14). The recent follow up report on 174 DTTO offenders in England and Wales showed a revocation rate of 67 per cent, an overall two year reconviction rate of 80 per cent and reconviction rate of 53 per cent for those who completed their orders and 91 per cent for those whose orders were revoked (Hough *et al.* 2003).

DTTOs in Scotland are a significant measure in treating drug involved offenders and what a DTTO can offer a drug-involved offender has driven my wish to place centre stage the context of professional decision-making¹. This paper aims to throw some light on the complex processes of referral and assessment by revisiting the interview data

collected as part of the Scottish Executive funded evaluation of the Scottish DTTO pilots in 1999-2001².

METHODOLOGY

A range of research methods were used in the evaluation of the pilot DTTO schemes in Scotland including the collection of information from files, the analysis of questionnaires and interviews with offenders made subject to orders and with a range of professionals involved in the pilots. This latter component of the larger study, forms the qualitative data for the present paper.

It was not the aim of the research to select a representative sample from which a generalization could then be made, but rather to select information rich cases for study in depth. Thus a purposeful sampling technique was used. Research participants were selected to cover all parts of the criminal justice, social work, and medical agencies engaged in the implementation of the DTTO pilots in Glasgow and Fife. For the present paper, data from 28 interviews with professionals involved in the two Scottish DTTO pilots was interrogated. The interviews included a group of nine sentencers in Glasgow and Fife who had some experience of DTTOs, three social work managers in Glasgow and two in Fife who had operational or strategic responsibility for the DTTO pilots, eight DTTO workers (three social workers and five addiction workers) and six treatment providers from the two pilot sites. The interviews, on average one hour in duration, were tape recorded and fully transcribed. For reasons of confidentiality, none of the interview extracts are attributed to individuals, and are identified only by the area in which the person works.

The interviews were analysed using cross-case analysis (Miles and Huberman, 1984; Yin, 1994) to identify significant patterns and constructing a framework for communicating the essence of what the interview data revealed. The primary sections of the paper report on the main 'hubs' of decision-making under the headings of i) seeking the 'better' candidates for a DTTO; ii) securing the 'best' candidates for a DTTO and iii) satisficing. This is followed by a consideration of 'the deserving' and 'the undeserving' of a DTTO and the potential displacement from drug treatment. Finally the paper will conclude with implications for research, policy and practice.

SEEKING THE 'BETTER' CANDIDATES FOR A DTTO

The DTTO pilots are a blend of social work, medical and criminal justice approaches to tackling acquisitive crime and problematic drug use and improving community safety. DTTO assessments were generally initiated through sentencers identifying potentially suitable cases and responding to recommendations for DTTO assessments contained in social enquiry reports (SER). When the DTTO teams received a DTTO assessment request it would either be carried out by the team leader or allocated to one of the social workers. Assessments for offenders on bail included appointments for the offender with the social worker, addiction worker and drugs worker, in Fife, or treatment provider in Glasgow. Only when all the professionals involved were satisfied that the offender was suitable would they be positively recommended for an order.

The view within the DTTO supervision and treatment team was that age and 'lifestyle' are key characteristics of offenders who were 'better' candidates for a DTTO. Two managers believed that younger offenders might find it more difficult to comply with a DTTO, especially if they were immature and had a lengthy history of involvement in the care system. Social workers and addiction workers agreed with this view 'Certainly the people... that wouldn't be appropriate would be sixteen to eighteen year olds... who don't seem focused enough and they enjoy taking drugs too much... It's highly unlikely they would ever be motivated to leave it'.

Staff wanted to draw from the pool of offenders in their mid to late twenties, with a well established pattern of chaotic drug use and a willingness to change their current lifestyle, as the 'better' candidates:

People who have been using drugs and offending for a long period of time, many, many years... I would say that, people that are still quite young, you know, early twenties up to maybe 22, 23, are still enjoying it.... the using and the offending bit. Some people, they are at that age, they've not got to the bit where they're totally scunnered by it. Whereas when you, if you go

above that, maybe somebody that's 25, 26, the chance is they have been using for ten years already, so you know, they've had enough physically and mentally.

This was echoed by treatment providers who suggested that orders were most appropriate for a) older offenders who were motivated to stop using drugs and b) offenders who were committing minor, acquisitive, non violent crimes to fund their 'habit'. From the treatment perspective, 'very chaotic' drug users with very poor family support were not felt to be suitable for a DTTO, even though, ironically, they potentially could have most to gain from being on an order.

Staff recognised that the offenders who were living in situations where drug misuse was rife including homelessness would face more hurdles than other categories. The continued use of street drugs was identified as a 'risk' that some of these clients would bring. Although relapse was widely accepted by the teams, this did not relieve concern about the suitability of extreme 'heavy-end' users for a DTTO.

Addiction workers and social workers indicated that it was difficult to recommend homeless offenders for DTTOs because their life on the streets would make it difficult for them to keep appointments and comply with an order.

The only concern that we have is for those individuals that are homeless and living within the hostel accommodation...at the end of the day when all services have shut down, or whatever, and they have got to go back to the hostel population... there are large numbers of people who are using drugs there. I think it is a very difficult situation for somebody to maintain a drug free existence whilst still staying there.

One treatment provider observed that this meant in practice overlooking a group of offenders eligible for drug treatment because of an issue that is actually related to having a long history of heroin dependence.

Discussion of the better candidates for DTTOs was largely gender ambivalent as the social workers and addiction workers who were interviewed tended to talk about male clients. For a long time research, policy and practice concerning the criminal justice system has considered offenders and prisoners on a general level without drawing attention to their gender. The practitioner accounts captured in the present study were mostly ambivalent to gender. Gender was only explicitly mentioned in terms of i) the higher 'risk' of custodial sentences for women in the two pilot areas; ii) the nature of women's offending and iii) their low representation in assessments for a DTTO. Sentencers and social work managers reported that a DTTO was a high tariff community sentence that was flexible enough for female offenders and 17 per cent of DTTOs were made in respect of women (Eley *et al.* 2002a).

One of the challenges in implementation in the Scottish criminal justice system is that the focus of DTTOs on acquisitive crime includes housebreaking, car theft and shoplifting. A high proportion of female offenders who are heroin dependant users accrue funds to buy street drugs through prostitution which is not an imprisonable offence and does not therefore mean that they can be considered for an alternative to custody such as a DTTO. Other offences by female drug users contributed to them being largely overlooked for DTTO assessments, a source of frustration for the treatment team. As one addiction worker commented 'I have to relax my rules a wee bit for females because we don't have enough... I would take 95 per cent female if it prevented the majority of them going to prison for .. non-payment of fines and stuff like that.. it's absolutely ludicrous.. I'm a bit disappointed that we've... not been picking them up.'

So maturity and lifestyle were of importance in seeking the 'better' candidates for a DTTO.

SECURING THE 'BEST' CANDIDATES FOR A DTTO

In narrower terms, securing the 'best' candidates for a DTTO revolved around the 'motivation' of individual offenders. To this end, a motivational interview would be conducted face-to-face with the offender and would constitute an assessment of suitability for that particular treatment within the DTTO. This would allow for further differentiation of candidates within the better candidates to become the best candidates. For example, one DTTO worker emphasised that while a candidate may have previous episodes of engagement in treatment services which would be a plus, if they were assessed as being at the contemplating change stage of the Prochaska and DiClemente (1986) stages of change model, they would be a firm recommendation to make to the sentencer: 'It has to be somebody who has reached the stage in their life and it does not really matter why they got there, but they've got there. "I want something else and I don't want to be doing this in two to three years time, I want to do something about it now"'.

Assessment including the use of motivational interview techniques is not a 100 per cent exact method. As Collison (1994) suggests the criminally involved drug user must acknowledge a problem in the appropriate language and with the appropriate commitment during their contact with professions. A treatment provider expressed some reservations about relying too much on the assessment of motivation as an indicator of suitability for treatment: 'That's quite a hot potato for me I have to say, 'cause I don't always think that motivation's a good factor to assess people on, on the basis that motivation fluctuates'.

Another treatment provider suggested that motivation might be difficult to assess because the offender might be motivated to avoid a custodial sentence rather than to address their drug and related problems. Staff expressed a similar sentiment in the pilot DTTO schemes in England (Turnbull *et al.* 2000). These professional perspectives challenge the assertion made by some researchers in the field that motivation is a reliable predictor of retention and should be measured at entry to treatment (Hiller *et al.* 2002; Joe *et al.* 1998; Simpson and Joe 1993).

Addiction workers reported that they sought to make a professional distinction between drug users who were driven to offend (what I consider the reluctant offender) and entrenched criminals who used drugs. This was to establish whether offending was likely to continue despite drug treatment. The formalised ‘fitting’ of candidates to a behavioural change model was a way of securing the ‘best’ candidates for a DTTO. People who could be ‘difficult’ as clients and have lower chances of success were qualified by the team as not being suitable for a recommendation to Court for a DTTO.

As one social worker said: ‘You really need to be absolutely sure the client is fully prepared to take on the responsibility...to comply with the DTTO requirements because if we don’t do that, then there is a greater chance of them failing and I wouldn’t feel comfortable accepting somebody to fail knowing that at the assessment stage, that they might not survive.’

Arguably, this could reflect a concern about net-widening. Alternatively such fine-tuning of the client base could also impact on the pilot’s own success. As Garland suggests, evaluation may affect staff discretion, limit experimentation and skew criminal justice practice to fit performance indicators (Garland, 2001: 189).

SATISFICING

It is purposeful that as evaluation plays a significant part in the broader trend towards managerialism in criminal justice, that I should draw up the concept of ‘satisficing’ (Simon, 1960). Rather than seek the best course of action from those available, Simon argues that managers *satisfice*, looking for a course of action that is satisfactory or ‘good enough’ to survive and succeed in their team or organisation.

Arguably the client base for the Scottish DTTO pilots was narrower than the eligibility criteria for a DTTO, set by legislation:

- Most offenders given DTTOs were in their twenties or early thirties.

- More than two thirds had ten or more previous convictions and a similar proportion had served at least one previous custodial sentence.
- Offenders received their DTTOs mostly for acquisitive property offences (such as shoplifting, theft from cars and housebreaking) and drug offences.
- All the offenders given DTTOs were using heroin, either alone or in combination with other substances and
- the majority had accessed a range of services previously in the desire to live a drug-free life.

Satisficing will be strongly influenced by the context in which the professional decision-making takes place (Simon, 1960). The funding available to the Scottish DTTO pilots has been previously reported as £368,187 in Glasgow and in Fife a budget estimate was given as £400,000 (Eley *et al.* 2002a: 91). Although a significant level of investment, workers felt that this was still a limited resource given the size of the heroin dependant population in the two pilot areas. The qualitative data gives some credence to the argument that professionals' views of a DTTO as a limited resource satisfied their decisions concerning which of the candidates were 'the best' candidates for a DTTO.

Decision-making by social workers, addiction workers and medical officers could have been sharpened by a pragmatism that the DTTO team had access to a limited range of drug treatment services for example, no formal access to residential drug treatment. Those in greatest 'need' of a DTTO *per se* were frequently discounted in the Scottish pilots. This was done through a 'rational' exclusionary checklist comprising

- unsuitable lifestyle (living with other heroin users, homeless);
- lacking in motivation (numerous 'failed' episodes in drug treatment);
- lacking maturity (too young, too old and not 'matured out' of drug use) and
- too dangerous (chaotic drug user needing 'crisis' work, violent offender).

Generally speaking, 'difficult clients' (Neale, 2002: 197) were not recommended for an order by the DTTO team. Sentencers were strongly influenced by their assessment reports. This is confirmed by the conversion rate of DTTO recommendations by the

Supervision and Treatment team to orders imposed by the sentencers was very high in both pilot areas (92 per cent in Glasgow and 94 per cent in Fife). Sentencers indicated that they would tend to consider each case on its individual merits and did not identify categories of offender for whom a DTTO was particularly appropriate or inappropriate. Having said that, the DTTO team assessment about ‘motivation’ was important in informing their decisions about whether or not to make an order. Sentencers were reluctant to impose a DTTO unless they believed that there was a realistic prospect that the order might help bring about and sustain change: ‘I think one has to allow for the possibility that some people might success even though the omens are not particularly good. So if I see there is decent prospect – not necessarily an excellent prospect but a decent prospect – of success then I will impose the order, provided of course the experts come down in favour of it’.

As one social work manager explained, the ideal candidate for a DTTO is from ‘...a significant group of offenders who if they did not have a drug problem would be either minor offenders or wouldn’t offend at all and therefore by treating that drug problem an impact will be made on offending’.

This data supports the suggestion that the ‘ideal’ candidates or in other words - ‘the deserving’ will be the clients who match what the DTTO teams seek and this may be about matching clients to the services that they have access to.

THE ‘DESERVING’ AND THE ‘UNDESERVING’

A DTTO is an intensive, intrusive court order. The imposition of an Order is built on the assumption that the client will ‘fast-track’ into the services identified on his/her treatment plan. In this paper, I have attempted to throw some light on the complexity, depth, context and dynamics of managing referrals and assessment in the DTTO pilots. The processes could be characterised as leading to a bifurcated map of ‘the deserving’ and ‘the undeserving’ of a DTTO. *The deserving* were heroin-involved offenders who were high-tariff offenders but without involving violence, problematic drug users but not too

chaotic, individuals with a 'need' for stabilization but preferably not lacking stability such as being homeless and within a 'middle age range' and reluctant persistent offenders (in other words drug driven crime). *The undeserving* were generally speaking the younger (under 21), the older (over 35), and those viewed as entrenched in criminal careers: 'People that are offending who could continue to offend, whether they're taking drugs or not. It could be people that are breaking into cars, cars thefts... a lot of young guys really quite enjoy that, and do that whether they have a drug problem or not'.

It is unsurprising that in the management of a scarce resource, social work managers and sentencers are cognizant of the need to give a clear lead in inter-agency and intra-agency decision-making on what 'type' of client should get priority. While the sentencers had the final word in suitability of candidates for a DTTO, they stressed the nature of partnership working in this matter and the valuable input of the 'experts' i.e. the DTTO Supervision and Treatment Team. It appeared that the needs of community safety seem to be taking precedence over the needs of drug users who may wish, for reasons other than the avoidance of custodial sentences, to quit their drug of choice. While there was a lack of available data during the evaluation period to compare the outcomes for those not placed on a DTTO (Eley *et al.* 2002a), it can be assumed that for a significant proportion the alternative was imprisonment.

Unless adequate levels of investment in the DTTO areas are sustained, this fast-tracking initiative may displace three categories of drug users from local drug treatment: as Barton (1999) suggests (1) citizens who are seeking help from heroin dependency voluntarily from outside the criminal justice system and (2) low-tariff offenders who require the same level of access to treatment as their DTTO peers but their lack of criminality contributes to longer waiting times for drug services and as I would suggest (3) the category of 'the undeserving' high-tariff offenders who have come to the attention of the DTTO team but for a myriad of factors does not receive a DTTO.

The resources issue also has the potential to produce a step change in the drug treatment culture such that the *only* way to access drug treatment services is through the criminal

justice system. Given what is known about the clustering of drug use in a client's siblings, aunts, uncles and parents, as DTTOs and schemes like them continue to 'process clients', heroin dependant clients may believe that the easiest way to access intensive tailor made treatment is to be 'up on a charge'. To effect a speedier way to a drug-free life, this may necessitate purposeful offending and an acceptance of net-widening (particularly in the case of women) to enter cornucopia.

Based on anecdotal evidence, the implementation of the DTTO schemes in Scotland has contributed to significantly increased waiting lists for those entering via the voluntary route and also presumably some longer waiting periods for accessing services in DTTO treatment plans. The needs of the non-justice users who require the same level of access to treatment as their DTTO peers may be being marginalised by the absence of well resourced local services for low tariff offenders. This is not a unique challenge to Scotland.

CONCLUSION

The professional decision-making in the context of the Scottish DTTO pilots in Glasgow and Fife has raised some issues for research policy and practice. The recent legislative change to establish the Drug Treatment and Testing Orders and the pilot Drug courts in Scotland and other jurisdictions are premised on the need for flexibility and patience in the treatment of a defined and broad range of drug involved offenders. Unless DTTO schemes can be offered adequate and sustained levels of investment, the services may not develop as equitable and effectively as expected.

Processes of differential decision-making contributed to the client base of the Scottish DTTO pilots being narrower than the eligibility criteria for a DTTO set by legislation. Shaped by the perceived needs for economy and efficiency, professional decision-making has been shown to differentiate between 'the undeserving' and the better and best DTTO candidates as 'the deserving'. In the context of the Scottish DTTO pilots, 'the undeserving' were drug involved offenders who lacked maturity, lacked motivation, has

an unsuitable lifestyle and were too dangerous. Staff preferred to pull the better and best candidates towards the DTTO schemes by selection on characteristics indicative of success at drug treatment. It is unclear to what extent the 'welfarist' elements of the DTTO were assessed on the basis of 'need' or 'risk', both in terms of failing to comply with drug treatment and failing the scheme. For example, the filtering out of homeless individuals as unsuitable for a DTTO, given the interdependence between homelessness and drug misuse, suggests that the need for the pilots to succeed dominated decision-making and encouraged deserving but challenging candidates to be discarded.

The 'better' candidates for a DTTO were in their mid to late twenties, with a well established pattern of chaotic drug use, a willingness to change their current lifestyle and living in stable housing. The selection of the 'best' candidates relied upon an accepted approach to assessing motivation at an imperfect time - at a point when individuals might be motivated to avoid a custodial sentence rather than motivated to address their drug use and offending. Professionals' views of a DTTO as a limited resource satisfied their decisions concerning which of the candidates were 'the best' candidates for a DTTO. The impact of these 'hubs' of decision-making and the professional practices of fine-tuning the client base, to exclude those who were likely to continue offending despite drug treatment, on the effectiveness of the schemes may be illuminated when the reconviction rates of the Scottish DTTO pilots are published.

Practices within the Scottish DTTO pilots have important implications for equity, efficiency, economy and effectiveness. The Scottish DTTO pilots offered a limited number of clients, in their own words, 'to help us stop offending and get our lives back on track'. Conversely, the operation of DTTO schemes may be at the detriment to a significant pool of drug users in their localities including candidates who are eligible for a DTTO and do not receive a DTTO, men and women who are ineligible due to low-tariff offending and people seeking voluntarily drug treatment. The challenge for the future lies in making sure that fast access to drug treatment services is not at the sole discretion of the criminal justice system.

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¹ In doing so, I do not intend to detract from the outstanding work of the DTTO teams and the successes of individual clients.

² The researchers were Professor Gill McIvor, Social Work Research Centre, University of Stirling (Principal Investigator), Kathryn Gallop, Kerry Morgan, Rowdy Yates and the author. The views in this paper are those of the author and do not necessarily represent those of other researchers on the project, the Scottish Executive Justice Department or Scottish Ministers.