

## **The ongoing challenges related to the assessment, referral and treatment of South East Queensland Drug Court participants. (Discussion Paper)**

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Southport Drug Court, 21<sup>st</sup> August 2009

The South East Queensland (SEQ) Drug Court, originally established in 2000, is a specially designated Magistrate's court that offers illicit drug dependent offenders (who meet certain eligibility criteria) drug rehabilitation instead of prison. Once offenders have pleaded guilty to their drug-related offences and sentenced to a period of imprisonment (to a maximum of 4 years) their sentence is suspended so that they can enter into a treatment order to address their drug addiction, that is, an Intensive Drug Rehabilitation Order (IDRO). Upon graduating from the programme the participant is re-sentenced, usually to a period of probation or suspended sentence.

Queensland Health is the agency responsible for the initial health/ATODs assessment, referral and ongoing treatment of the drug court clients.

In this paper a 'snapshot' of the Southport Drug Court participants will be provided and the Queensland Health role in the Drug Court process will be examined. Determining a client's suitability for rehabilitation can be challenging, and a common theme that emerges in assessing the clients is that the majority of drug court participants have had limited and unsuccessful exposure to drug and alcohol treatment in the past.

Measuring a client's motivation and readiness for change is also difficult when the person being assessed will have calculated that the Drug Court may provide them with an opportunity to return to the community faster than the usual court process would allow. For clients who do engage, it soon becomes apparent that the practicalities and realities of committing to a therapeutic programme are daunting as well as being emotionally challenging and consequently the 'failure' rate of the Drug Court is statistically high (approximately 1 in 4 participants complete or 'graduate' from the programme). Given that treatment resources are limited, some level of screening and expertise in the alcohol and drug field is required to assist the Assessor in determining those who are ready to engage in the significant change required rather than those who are simply using the drug court process as a means to exit the jail at the earliest opportunity.

This review of the current clients demonstrates that there are some specific factors that will have a bearing on whether a client will be successful in engaging in the programme and highlights areas that could have major impacts on planning for future innovations in this dynamic arena.

**Demographics: Southport Drug Court (as at 01.06.2009)**

Number of clients in sample: n = 42

Males 90%, Female 10%

Identifies as Indigenous: 5%

Previous community based (court imposed) orders: 100%

Mean age: 29 years (range from 20 – 46 years)

Hepatitis C Positive 60%, displaying symptoms 2%

Mean time spent in actual imprisonment (Pre-IDRO): 2 years 9 months.

The following information is based upon demographics gathered from the participant's initial assessment and their recent response to treatment as at 01 June 2009. No personal or identifying information is contained in this paper.

An IDRO is a community based order that usually lasts between 12-18 months. For a client to successfully progress through their IDRO there are some basic requirements that they must meet if they are to progress through each of the three

phases of the programme. For example; remain drug free, crime free, display commitment to drug court programme, stabilise accommodation, etc.

Whether a client is compliant or non-compliant will determine the duration of the order and ultimately decide whether they graduate or are terminated from the programme.

Clients have to agree to participate in the recommended programmes, however if they do not engage in the programmes to a satisfactory level then they risk being 'sanctioned' and eventually 'terminated' from the programme.

In this discussion paper, *compliant* means that the client is meeting all of the Drug Court requirements whereas *non-compliant* means any of the following; has been charged with a fresh offence, has used illicit drugs, has not attended appointments, has absconded from the rehabilitation centre, has been discharged or excluded from the centre or has been ordered to undergo a re-assessment.

As at the 1<sup>st</sup> June 2009, 67% of the Southport Drug Court (SDC) clients were currently compliant as opposed to 33% falling into the category of non-compliant. Factors that appear to have a bearing on the client's progress include their age, the type of treatment they are referred to and whether the client has a supportive family network.

As can be seen in figure 1, there were no non-compliant participants in the 36 year-plus age bracket.

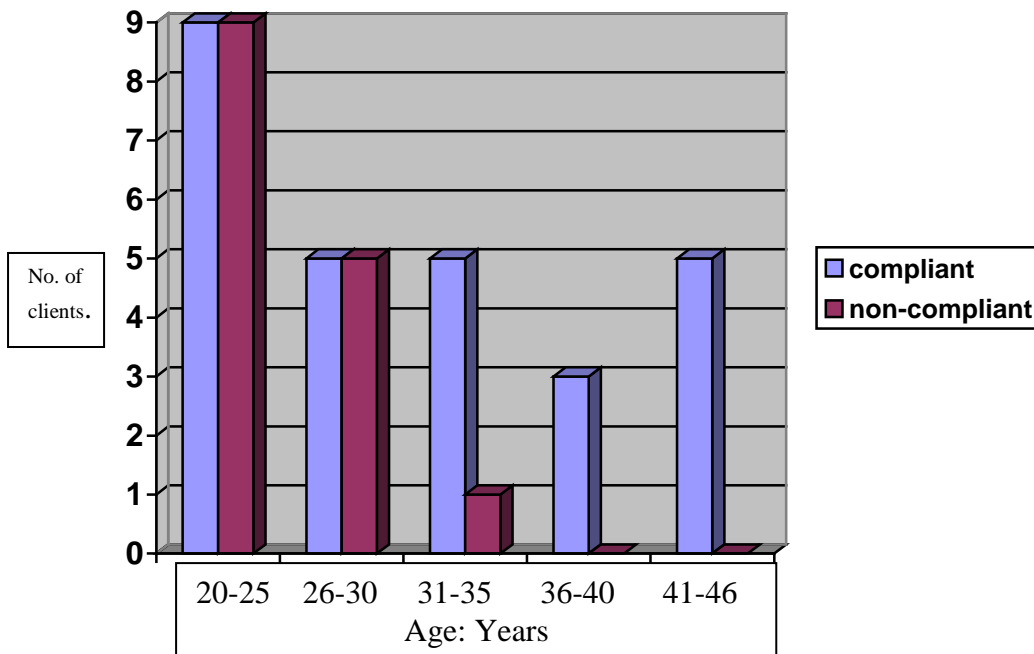


Figure 1. As clients age, they appear to become more compliant.

This may be because of a range of factors including maturity, increasing insight, previous time spent in custody, a reduction in risk taking behaviours, and as the client's age, developing a sense of wanting to improve their life-situation. The average age of compliant clients was 33 years, whereas the non-compliant clients mean age was 24 years 9 months.

It is also significant, but not surprising, that clients who have a supportive family network were more likely to comply with the programme (52%) whereas of the non-

compliant clients, 80% of them did not have a supportive family network. This lends weight to the belief that family-centric pressure/support is a very effective motivator (Wild, 2006) and increasing family involvement in the drug court processes (where appropriate) in tandem with the coercive sanction vs reward model could increase overall compliance and therefore success on the Drug Court programme.

15% of Australian adults surveyed in 2006-2007 (ABS; Family Characteristics and transitions 2007) reported that during their childhood their parents or guardians separated. Of this Drug Court cohort, 85% noted that their parents/ guardians had separated and that the average age of the child at the time of the separation was 6 years of age.

The primary drug of concern for the majority of SDC clients was amphetamines 62 % followed by opiates (heroin, morphine etc) 33% and lastly, cannabis 5%. These results were very similar to the results obtained in the 2008 Illicit Drug Reporting System (IDRS) which monitors trends in the Queensland illicit drug market (Cogger and Skinner, 2009).

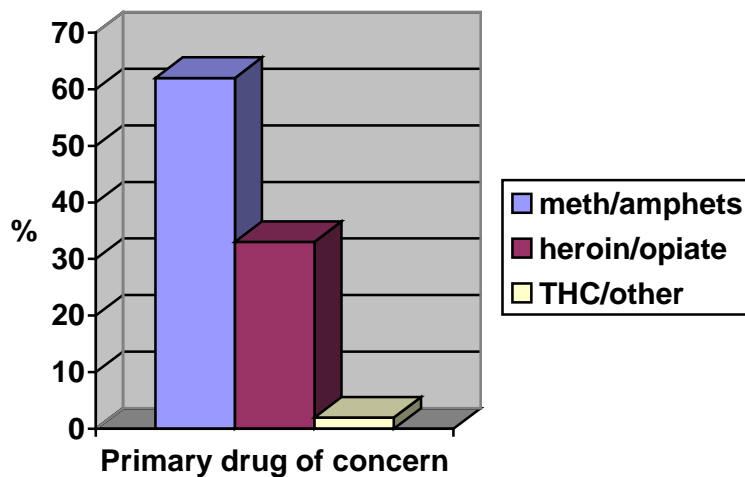


Figure 2. We make it great in the Sunshine State. Amphetamines are by far the most misused substance by Southport Drug Court participants.

There was no significant difference in rates of compliance or non-compliance when considering the primary drug of concern (Figure 2.) as a variable.

Level of education did not significantly effect the levels compliance or non-compliance on the Drug Court programme. However, it is interesting to note that 95% of this sample had a year 11 or below 'highest level of education'. ABS statistics (ABS; Education Overview 2006) show that in the general population aged over 20, 33% had a year 11 or below education.

#### Treatment Options:

When clients are initially assessed by the Health Assessor for treatment they are either assessed for in-patient or out-patient rehabilitation. This will be dependent upon a host of factors including; their previous treatment history, their demonstrated ability to self-regulate their drug intake (for example, were they able to remain abstinent if on bail in the community prior to sentence?), the availability of a pro-

social and supportive network, access to independent accommodation, extent of institutionalisation, previous criminal history, etc.

In the Southport Drug Court district, there are three residential facilities that Queensland Health refers to; Goldbridge, Gold Coast Drug Council (Mirikai) and Salvation Army Recovery Services – Fairhaven, which is not currently taking referrals due to re-location. These centres are for males and females and are also open to the general public.

Mirikai has a youth focus and restricts admission to people aged between 18-30 years. Mirikai also has a drug court-specific out-patient programme and access to supported accommodation houses/apartments for clients who do not require intensive treatment but do not have independent accommodation available to them.

There are a range of out-patient services available to the drug court to support clients to remain in the community whilst addressing their drug use (and other) issues for example, relapse prevention courses/groups, individual psychological counselling, relationships counselling.

At the time of this survey, the majority of in-patients (by a small margin) were at this time non-compliant when compared to out-patients. However when we compared Drug Court participants to the general community admissions for these in-patient centres, Drug Court clients were more likely to stay in residential treatment longer than self-referred clients.

By contrast, of the out-patients, 94 % of the sample was compliant. 40% of these compliant out-patients had previously completed residential treatment. At face value, out-patient programmes appear to be a more effective treatment modality than in-patient programmes.

### Challenges

It has been proven that graduates of the Drug Court programme either cease or reduce their rates of re-offending (Payne 2008) however for terminants of the programme, ongoing involvement in drug use and criminal activity is more or less guaranteed. There appears to be a lack of specific programmes currently available in South East Queensland to target reducing offending and criminogenesis and given the known cycles of recidivism for our clients, this is a major flaw in the current Drug Court programme.

Family of origin issues are also of major concern for drug court clients and while these issues can be addressed in counselling/treatment to have this treatment mandated brings up many potential barriers for our clients. It is not uncommon for our clients to regress in behaviour, 'self-sabotage' their recovery and return to using drugs when they find counselling too challenging or confronting. This is not surprising given the statistically high levels of family substance misuse, sexual abuse, violence and neglect that this cohort has experienced and the learned responses they have developed to cope with these issues/trauma.

Based upon these preliminary findings, it could be postulated that clients under the age of 25 years, who are assessed as requiring residential treatment, and do not have a supportive family network, will be unlikely to graduate from the Drug Court

programme. This also raises issues about what extra supports are required to help these clients succeed in the programme. If we can predict their failure, then surely we can flag them early and better tailor their treatment plans.

At the time of writing of this paper, of the 42 participants, four have graduated from the programme (average age of graduates; 35 years) and 10 have been terminated (average age 25 years).

## Conclusion

While it is recognised that 42 is a small population sample and not large enough for conclusive results there are some definite trends in the current research that suggest a study incorporating all of the Queensland Drug Court is required to guide future planning decisions and for the allocation of resources.

This hypothesis will be tested by following the progress of the current Southport clients through to their graduation/termination. It is expected that at the completion of this longer term study, recommendations will be generated with a view to assisting the Health Assessors better screen clients and develop more effective treatment plans for clients who are found suitable for the programme. This will be crucial if we are to maintain the viability, cost effectiveness and credibility of the South East Queensland Drug Court.

Given the high rate of terminants from the programme it is possible that the Drug Court may need to lower its expectations of its participants and consider the overall possible benefits derived from inclusion on a drug court order. Queensland Health's role in this is to have realistic expectations of this client group and recognise the 'at risk of termination' cohort and provide timely interventions.

## References

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