

**Glasgow Sheriff Court**

**GLASGOW DRUG COURT**

**REFERENCE MANUAL**

**Second Edition November 2003**

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# **CHAPTER ONE – ABOUT THE DRUG COURT**

## **1. General Background**

Drug Courts were first established in the United States in the late 1980's and have now been established in Canada, Australia, Jamaica, Bermuda, Ireland and Scotland. They aim to tackle the problem of offenders who commit crime due to their dependence on drugs, by providing court-supervised treatment programmes aimed at reducing drug misuse and, by extension, offending behaviour.

## **2. Glasgow Drug Court**

The Glasgow Drug Court was established as a pilot court in November 2001, with the following objectives:

- to reduce the level of drug related offending behaviour.
- to reduce or eliminate offender's dependence on or propensity to misuse drugs.
- to examine the viability and usefulness of a Drug Court in Scotland using existing legislation and to demonstrate where legislative and practical improvements might be appropriate.

The Court sits from Monday to Thursday at 2.00pm in Court Number Two at Glasgow Sheriff Court, with a specialist bench of two Drug Court Sheriffs, each sitting on alternate weeks. Drug Court Sheriffs have the same powers of sentence and disposal as other Sheriffs within the Sheriff Court but also have exclusive jurisdiction over the community based treatment orders made in the Drug Court (referred to as Drug Court Orders – see section 8 below).

A dedicated Supervision and Treatment Team, made up of Social Workers, Addiction Staff and Medical Staff, support the Drug Court Sheriffs. The Court as a whole is overseen by a multi-disciplinary management team, made up of representatives of the various agencies working together within the Court.

**See Annex to Chapter 1 re membership and roles of the various teams working within the Drug Court.**

### 3. Target Group of Offenders for the Drug Court

Offenders can only be referred to the Drug Court following a **plea or finding of guilt** in both the Summary and Solemn Courts. The Court applies the following criteria when considering suitability for a Drug Court Order:

- **Age** Normally aged 21 years or older, though in exceptional circumstances people aged 16 to 20 will be considered, (the Court would need to be satisfied that appropriate treatment was available and that the young person was sufficiently mature and motivated to undertake treatment.
- **Gender** The Drug Court is equally applicable to men and women.
- **Pattern of Drug Misuse with a pattern of offending** There must be an established pattern of drug misuse and an established pattern of offending with a direct relationship between the two. The nature of the drug misuse must be susceptible to treatment but should not primarily consist of cannabis.
- **Tariff** No offence categories are excluded, as such, from consideration and the immediate offence itself need not be drug related. The Drug Court will accept referrals from both Solemn and Summary procedure. The highly invasive nature of the treatment orders, the level of oversight and supervision and the degree of effort and commitment required from an offender suggest a high tariff targeting of cases that would otherwise merit a custodial sentence. **Note:** an offender subject to a current DTTO made by the High Court or Stipendiary Court should not be referred to the Drug Court.
- **Offender Characteristics**
  - Accommodation  
The offender must live within the boundaries of Glasgow City Council (the area covered by the Supervision and Treatment Team). The Court is prepared to consider a probation order for those who are **homeless** as long as some stability in accommodation can be achieved (and for these purposes, **hostel** accommodation may be acceptable).
  - Motivation  
Offenders must be able to demonstrate some tangible evidence of motivation to tackle their addiction.
  - Mental illness  
Offenders with a dual diagnosis of drugs misuse and mental illness will **not** generally be considered as appropriate during the pilot phase of the Court.
  - Outstanding Petition matters  
Offenders who have outstanding petition matters will not generally be suitable for referral to the drug court until solemn proceedings have concluded

## **4. Referral Routes to the Drug Court**

Research suggests that rapid access to drug treatment can play a vital role in the success of that treatment. It is, therefore, important that cases should be referred to the Drug Court as soon as possible after the commission of the offence. The Glasgow Drug Court will operate two referral routes into the court, the first route being applicable to those who plead guilty in the custody court immediately following the commission of the offence, and the second applying to referrals from all subsequent stages in the court process.

### **4.1 Referral via the Custody Court**

This fast track procedure is designed to place offenders in court-supervised treatment programme within a one-month target period, between commission of offence and commencement of treatment. The target group consists of persons held in custody by the Police, following commission of their offence, who subsequently appear before the custody court, held at 2.00 p.m. each day within the Sheriff Court. This route is only available to those prosecuted on summary procedure, due to the technicalities of first appearance from custody in solemn criminal proceedings. **Wherever possible, it is hoped that offenders will be referred to the Drug Court via this route.**

**The fast track process is:**

**Stage 1.** The **Police** carry out a sift of all custody cases using an agreed set of criteria (based on the Target Group set out in Section 3 above.) They will flag up potential cases to the procurator fiscal using their normal custody report mechanism. This will be completed by 10.00am of the morning of court. Known outstanding offences, warrants and court appearances will be noted at this time. **Defence agents** may also initiate this process as an alternative to the Police, where the Agent's knowledge of the offender suggests that they might be suitable. **NB** Defence Agents must apply the same referral criteria as the Police, and the offender must be willing to plead guilty at this stage. Occasionally, the Procurator Fiscal marking the case papers may also identify an offender who has not been flagged up by the Police or Defence as potentially suitable.

**Stage 2.** The **Procurator Fiscal** reviews the cases identified by the Police and Defence and decides which, if any, should proceed for further consideration. Matters likely to inform this decision will include the seriousness and nature of the current charges and of any other outstanding charges.

**Stage 3.** The **Procurator Fiscal** refers suitable cases from this review to Social Work Services for initial assessment and advises the offenders Defence Agent. This will be as soon after 10.00am as possible. The **Defence Agent** will interview the offender to receive instructions on their intended plea and explain the operation of the Drug Court. They will pass details of the intended plea to the Fiscal and Social Work Services as soon as possible.

**Stage 4. Social Work Services,** through the Drug Court Supervision and Treatment Team, will check departmental records for any previous contact with Social Work criminal justice or addiction services. They will also check the offender's previous response to that contact. They will then carry out a "screening interview" with the offender and make an initial assessment, of suitability for referral to the Drug Court, based on motivation, nature of drugs misuse, its pattern and history, along with living and home circumstances. They will pass verbal/written information about the Drug Court onto the offender.

**Stage 5. Social Work Services** will advise the Procurator Fiscal of the outcome of the Screening Interview and whether the offender has been assessed as suitable for referral to the Drug Court. The **Procurator Fiscal** will mark their case papers accordingly and intimate the result to the Defence Agent

**Stage 6.** Following a plea of guilty in the Custody Court the **Procurator Fiscal** will draw the attention of the **Custody Court Sheriff** to those cases identified by the Screening Interview as being suitable for consideration for referral to the Drug Court.

**It should be noted that the first six stages are completed within 24 hours (or one lawful day).**

**Stage 7.** The Custody Court Sheriff, at his or her discretion, will continue the case for four weeks, normally on bail, for Social Enquiry and Drugs Assessment Reports and (with the offender's consent) a drugs test, and schedule the case to call before the Drug Court. It is suggested that if the Custody Court Sheriff wishes to make a direct referral to the Drug Court, of a case which has not previously been assessed as suitable, he should follow the referral procedure set out at section 4.2 below (which involves transferring the case to the next available Drug Court along with the requirement of an initial screening interview).

**Stage 8.** When the case calls in the Drug Court, the Sheriff will hear the case, consider the full assessment reports and sentence the offender. Community based treatment orders, with their treatment/supervision/testing requirements, will have immediate effect.

#### **4.2 Referral from subsequent stages in the Court process**

This route applies to those offenders who either did not initially appear from custody in connection with their offence or who did appear in the custody court, but did not tender a plea of guilty at that stage.

These offenders can only be referred to the Drug Court following a **plea or finding of guilt**. It is important that such a plea is tendered at as early a stage as possible in the court proceedings, (such as at a pleading or intermediate diet), in order to ensure rapid access to treatment, though the court is prepared to consider referrals from later stages in proceedings (i.e. following a trial).

**The referral process is as follows:**

**Stage 1.** Offenders who are potentially suitable for referral to the Drug Court may be identified by a number of sources, such as the **Police** (who would highlight the fact in their original report), the **Procurator Fiscal** (who would mark the case papers accordingly, for consideration in the event of a plea or finding of guilt), **Defence Agents**, the **Sentencing Sheriff**, or **Social Work Services** (who might have been called on to prepare a standard social enquiry report).

**NB** An SER author should not recommend a referral for Drug Court Assessment unless they have discussed the case with the Social Work Project Leader of the Supervision and Treatment Team and received confirmation that such a recommendation should be made.

**Stage 2.** In the event of a plea or finding of guilt where it appears that the offender may meet the criteria for referral to the Drug Court the Sheriff, ex proprio motu, or at the suggestion of any of these sources may, at his or her discretion, refer the case to the Drug Court. The case should be referred to call on the next available day when the Drug Court is sitting.

**Stage 3.** The **Clerk of Court** will ascertain the next available date when the Drug Court is sitting and assign the case to call at 2.00pm on that date. Wherever possible the accused should be admitted to **bail, subject to the additional special condition** that:



“he/she attend at the premises of the Drug Court Supervision and Treatment Team located at 80 Norfolk Street, Glasgow at 11.00am on (insert date – to be the same date as the scheduled Drug Court appearance) and participate in an initial screening interview with Social Work staff there to consider suitability for the Drug Court”.

The **Clerk of Court** will also immediately intimate these dates to the **Clerk of the Drug Court** who will then intimate them to the Drug Court Fiscal and Social Work staff within the Drug Court Team.

**Stage 4. Social Work Services** through the Drug Court Supervision and Treatment Team will check departmental records for any previous contact between the offender and Social Work Criminal Justice or Addiction Services and their response to that contact. They will then carry out a “screening” interview with the offender and make an initial assessment, looking at motivation, nature of drugs misuse, its pattern and history along with living and home circumstances. They will pass verbal/written information about the Drug Court on to the offender. If the offender was not admitted to bail for the purpose of the screening interview, then this interview should take place in custody on the morning of his/her Drug Court appearance.

**Stage 5. Social Work Services** will advise the Procurator Fiscal of the outcome of the Screening Interview and whether the offender has been assessed as suitable for full Drug Court Assessment. If the offender fails to attend at the Norfolk Street premises for interview, in contravention of the special condition of bail, then Social Work Services should report this to be Drug Court Fiscal immediately. The **Procurator Fiscal** will mark their case papers accordingly and intimate the result to the relevant defence agent.

**Stage 6.** When the case calls in the Drug Court the **Procurator Fiscal** will advise the **Drug Court Sheriff** whether the case has been identified as being suitable for a further, full, Drug Court Assessment.

**Stage 7.** The Drug Court Sheriff will then have discretion to:

- continue the case for four weeks, normally on bail, for Social Enquiry and Drugs Assessment Reports and (with the offender’s consent) a drugs test, and schedule the case to call again before the Drug Court.
- sentence the offender (where he has been assessed as ‘not suitable’ during the initial assessment).
- refer the case back to the original sheriff for sentencing (where he has been assessed as ‘not suitable’ during the initial assessment). This may be appropriate where, for example, the original sheriff made a finding of guilt after trial.

**Stage 8.** On receipt of the full assessment reports the **Drug Court Sheriff** will hear the case, consider the reports and sentence the offender. Community based treatment orders, with their treatment/supervision/testing requirements, will have immediate effect.

## 5. Assessment Stage

The Drug Court is supported by a multi-disciplinary Supervision and Treatment Team based, next to the Sheriff Court, at 80 Norfolk Street, Glasgow. The Team is made up of Criminal Justice Social Workers, Addiction Workers, Doctors, Nurses and, where necessary, specialist voluntary agencies. During the 4-week assessment period, this Team will assess the suitability of offenders for entry onto a Drug Court Treatment Order and will prepare a full Social Enquiry Report, Drugs Assessment Report and Drugs Treatment Action Plan. With the offender's consent, the Team will also carry out a Drugs Test and provide the results to the Court at the end of the assessment period. (See Chapter 2 re the specific duties of the Supervision and Treatment Team during the assessment stage).

Wherever possible, it is hoped that an offender will be admitted to bail for the purposes of assessment in order to test his commitment and enable him to experience the regime likely to be encountered should a Drug Court Order be made. The assessment process involves testing whether the offender will co-operate with the requirements made of him, while at liberty in the community.

## 6. Types of Drug Court Orders Available

Drug Court Sheriffs have the same powers as other Sheriffs within the Sheriff Court, but also have exclusive jurisdiction over the community based treatment orders made within the Drug Court (referred to as Drug Court Orders). The Court has four treatment orders, or combination of them, available to it, namely:

- Drug Treatment and Testing Orders (DTTO's) per ss 234B to 234K of the Criminal Procedure (sc) Act 1995.
- Probation Orders with special conditions In addition to the Standard Conditions of probation (that they are of good behaviour, conform to the directions of the Supervising Officer and notify the Supervising Officer of any change of address or employment) offenders are also made subject to the following conditions: -
  - “4. To submit to treatment (specify whether as a resident or as a non-resident) by or under the direction of (name of treatment provider) (the “treatment provider”) at (name of institution) with a view to the reduction or elimination of dependency on or propensity to misuse drugs
  5. To conform to the directions of the treatment provider
  6. To provide for the purpose of ascertaining whether he/she has any drug in his/her body such samples, of such description, at such times, in such circumstances, as the treatment provider may determine, and at such minimum frequency as the court may require
  7. To attend each court review hearing, the first such review to be heard on (date and time)
  8. Insert any further condition(s) particular to the circumstances of the individual offender.”
- Concurrent DTTO and conditional Probation Orders
- Deferred Sentence (This is used rarely as a treatment order and is often specifically structured to meet the special needs of a particular participant.)

The Sheriff can also impose any other sentence in conjunction with these orders as he or she sees fit (i.e. Restriction of Liberty Orders). It is common to defer sentence on other outstanding complaints, which run alongside the Drug Court Treatment Order (these are distinct from Drug Court Deferred Sentences, which may carry conditions of treatment).

**See Chapter Two, Section 2.3 re the differences between DTTO's and enhanced Probation Orders.**

## **7. Special Characteristics of Drug Court Orders.**

### **7.1.Consent.**

Like all community-based disposals, an offender must consent to being placed on a Drug Court Order.

### **7.2.Rapid Access to Treatment.**

Treatment can begin as soon as the Drug Court Order is made and is provided by the dedicated Supervision and Treatment Team, with access to specialist Voluntary Services as required. The Court is responsible for approving the treatment programmes for each individual case and has the flexibility to change these during the course of the Order, through Review Hearings. **(See Chapter Two, for further information on treatment)**

### **7.3.Regular and Random Drug Testing.**

The Court regulates the minimum rate of testing, which will vary according to length and progress on the Order, and test results are reported to the Sheriff at each review hearing. These provide an objective measure of a person's drug misuse. **(See Chapter 2, Section 3.4.3 and section 7 for further information re testing).**

### **7.4.Regular Review Hearings.**

Each Drug Court Sheriff carries out regular reviews of the Drug Court Orders they have imposed. Reviews are held monthly in the case of DTTO's and can be held more frequently in the case of Probation Orders (often fortnightly). Review Hearings are held in the Drug Court at 2.00pm and Case Groups within the Supervision and Treatment Team prepare joint reports on progress for all reviews **(see Annex to Chapter 1, section 3 re Case Groups).**

Review hearings allow the Sheriff to retain overall responsibility for and an over-view of Orders made. They provide an opportunity to examine the results of drug tests and to monitor levels of co-operation with treatment requirements, issues of compliance and any difficulties, tensions or problems that might affect progress on the order.

Offenders are usually represented by their Defence Agent at Review Hearings, but a key feature of the review process is the **direct dialogue between the Sheriff and the offender.** This is aimed at encouraging offenders to accept personal responsibility and accountability for their actions and to be honest with the Court. Relapse is anticipated as a normal part of drug recovery, but the Court expects an offender to be open and honest about what has happened, as this is a key step on the road to recovery. Direct dialogue also allows the sheriff to act as a motivator (as well as a sanctioner, as appropriate) in encouraging the offender and recognising their achievements. The longer a person can be sustained in treatment, the greater the chances of success, and the sheriff plays an important role in encouraging people to continue in their treatment programmes.

### **7.5.Pre-Review Meetings.**

These are a unique feature of the Drug Court and are held in private on the morning of the review hearing itself. They allow the Drug Court Sheriff to meet with members of the Supervision and Treatment Team to discuss details of treatment, test results, home circumstances, and family or health issues affecting the offender. Often these details are of a highly personal nature, which it would not be appropriate to discuss in open court, but which are pertinent to the consideration of progress, or relapse on the order and to the most appropriate reaction in the circumstance.

The offender does not attend these meetings, and they can only be held where he has formally given his consent to their taking place in his absence (this consent is sought at the time the Drug Court Order is made). The Defence Agent has a right to attend the meeting and represent the offender's interests. The Sheriff does not make any decision about sanctions at these meetings. Such decisions are only made at the review hearing in the afternoon, once the Defence Agent has had an opportunity to make representations in open court and in the presence of the offender, and the Sheriff has given consideration to these representations. (see **Annex to Chapter 1, section 4 re membership and role of Pre-review Court Meetings**).

### **7.6. Incentives and Sanctions.**

The Sheriff plays an important role in encouraging an offender to remain in treatment. Incentives at his or her disposal range from offering verbal praise and encouragement from the bench, to reducing the levels of testing or frequency of review hearings or to excusing the offender from personal attendance at future reviews. Likewise, the sheriff also has a range of sanctions available that can be employed on the spot at review hearings without having to engage in formal breach proceedings. These range from expressing disappointment or dissatisfaction to increasing the level of testing or attendance for reviews. The Sheriffs also have a range of statutory powers, which they can use to enforce Orders.

### **7.7. Enforcement of Orders.**

Probation Orders and DTTO's are statutory orders and breach or revocation proceedings can be raised in terms of the Criminal Procedure (Sc) Act 1995. The institution of breach proceedings should not necessarily be seen as leading to termination of the order. They can also have a therapeutic function, in encouraging an offender to re-engage in treatment. Breach proceedings in the Drug Court have two particular features: firstly they are usually initiated or endorsed by the Sheriff (who can "invite" the Supervising Officer to submit a breach report) and, secondly, they are fast tracked so that they can be heard at the next scheduled review hearing.

It should be noted that conviction for a subsequent offence constitutes an automatic breach of Probation Order but does not constitute an automatic breach of a DTTO.

Where an offender denies that he has breached an Order, the Drug Court will assign the case to another court to hold a proof and to return the case once the outcome of the proof is known.

The court has the normal powers of sanction on breach, including the imposition of fines up to £1000 or (in Probation) imposition of Community Service Orders up to 240 hours, both without prejudice to the Order continuing in force. The Drug Court also has exclusive powers (in terms of section 42 of the Criminal Justice (Sc) Act 2003) to impose additional sanctions of a) imprisonment or detention for any period between 1 day and 28 days, available during the order until the 28 days are used up, or b) Community Service for any period between 1 hour and 40 hours, available during the order until the 40 hours are used up. These sanctions are available to the Drug Court in the event of an offender's non-compliance with the terms of the order, and can be imposed without prejudice to the order continuing in force.

Finally, where an offender is found to be in breach of the Order and the Court is of the view that he can no longer be held usefully in treatment or that the likely response is not assessed as being sufficiently progressive, then the court can terminate the order and impose any penalty it could have imposed at first instance. This is often likely to be imprisonment.

**See Chapter 2, Section 6 for more information on enforcement of Orders.**

## **7.8.New Offences Calling During a Drug Court Order**

Whenever an offender is referred for full Drug Court assessment, the Procurator Fiscal will take steps to gather all outstanding cases together in order that they can call in the Drug Court, at the same time, for disposal. Once an offender is placed on a Drug Court Order, the Procurator Fiscal will also take steps to ensure that any further summary proceedings that are raised (whether the date of the offence pre-dates the making of the order or post-dates it) are also called in the Drug Court. This ensures that the Drug Court Sheriff has as full a picture as possible of the pattern of offending, when considering sentence.

Where a Defence Agent, the Police or the Supervising Social Worker become aware of any new charge facing an offender who is subject to a Drug Court Order, they should make the Drug Court Fiscal aware of that fact as soon as possible. On receipt of information about the new charges the Fiscal will discuss the offenders progress on the Order with the Supervising Officer before reaching a decision on whether to raise proceedings in relation to the new offence. Any new proceedings, which are raised on summary complaint, should first call in the Drug Court (though it may occasionally be necessary for them to call in another Court if the Drug Court is not sitting that day. In such circumstances, the Drug Court Clerk should be notified of the outcome as soon as possible).

## **7.9.Transfer of Orders and Unpaid Fines**

### a) Transfer of Cases to Glasgow Sheriff Court during the currency of a Drug Court Order.

Where a person is already subject to a Drug Court Order, and a Sheriff Court outside Glasgow (including Courts in England) makes a further DTTO or a Probation Order with a condition of Drug Treatment, that Order will automatically be transferred to the jurisdiction of Glasgow Sheriff Court. The Sheriff Clerk will assign the case to the Drug Court Clerk who will allocate the order to the Drug Court Sheriff. The Drug Court Sheriff cannot exercise powers in relation to the transferred Orders beyond that of the Court of origin.

**NB. Before an outside court can make such an Order it must first have considered an SER, probably from the Supervision and Treatment Team. This Report must highlight the fact that a Drug Court Order is in force and outline progress and treatment details.**

### b) Transfer of Cases from Glasgow Drug Court during the currency of a Drug Court Order.

Where an offender currently subject to a Drug Court Treatment Order wishes to transfer accommodation to an address outside the jurisdiction of Glasgow Sheriff Court, the Drug Court will have to consider whether such change of address is acceptable and whether it is appropriate for treatment to continue. DTTO's can be transferred where the receiving area has an authorised DTTO scheme in operation and has indicated its willingness to accept the order and the availability of appropriate treatment. In the case of Probation Orders, the Drug Court standard conditions of testing and review will only be transferable to another jurisdiction, which operates a Drug Court (at present, the only other Scottish Drug Court sits in Fife, at Kirkcaldy and Dunfermline Sheriff Courts). The conditions of testing and court review are not transferable to any other jurisdiction and, in such circumstances; the court would first have to delete these conditions (on a Supervising Social Worker/offender application to vary/amend the order) before agreeing to its transfer. Both applications would normally be dealt with at the same time.

### c) Unpaid Fines in Glasgow Sheriff Court

Where an offender subject to a Drug Court Order has outstanding unpaid fines (or other financial penalties) at Glasgow Sheriff Court, these matters should be dealt with by the Drug Court, at the next scheduled review hearing, rather than the regular Means Court.

## Annex to Chapter 1

### **Drug Court Teams and Groups: Summary of Roles, Membership and Meetings**

#### **1. DRUG COURT TEAM**

**Summary of Role:** To review the development and operation of the Drug Court, identify improvements that might be made or issues that need raised or resolved.

**Membership:**

Drug Court sheriffs (chair)  
Drug Court Co-ordinator  
Drug Court Clerk  
Drug Court Procurator Fiscal  
Senior Social Worker (Project leader of Drug Court Supervision and Treatment Team)  
Senior Medical Officer (Glasgow Addiction Service Clinical Directorate).  
Senior Social Work Addiction Officer  
Representative from Voluntary Sector, representing treatment providers  
Police Representative  
Glasgow Bar Association representative

**Meetings:** Normally monthly. Convened and administered by Drug Court Co-ordinator.

#### **2. DRUG COURT SUPERVISION AND TREATMENT TEAM**

**Summary of Role:** (a) To provide or access assessment, supervision, testing and treatment services in relation to all offenders referred to, or considered for referral to, the Drug Court; (b) to advise the Drug Court in relation to assessment, supervision, testing & treatment services; (c) to provide progress and other reports to court in relation to all offenders subject to a Drug Court Orders; (d) to provide or access services & resources relevant to the well being and rehabilitation of offenders subject to Drug Court Orders, including arrangements for after care.

**Membership:**

Project Leader (Senior Social Worker)  
Dedicated Drug Court Criminal Justice Social Work staff  
Dedicated Drug Court Social Work Addiction staff  
Dedicated Glasgow Addiction Service Clinical Directorate medical and nursing staff

**Notes:** (a) The members of this centralised team will all be co-located (b) The Team will continue to have responsibility for all Drug Treatment and Testing Orders in Glasgow whether or not emanating from the Drug Court.

#### **3. CASE GROUP**

**Summary of Role:** (a) To be responsible for the assessment, supervision, testing and treatment of the individual offender subject to a Drug Court Order and (b) to carry out the role of the Drug Court Supervision and Treatment Team in relation to the individual offender.

**Membership:** Each offender subject to a Drug Court Order will have their own designated Case Group drawn from the members of the Supervision and Treatment Team, consisting of Supervising Social Worker (chair & convenor), Addiction Worker and Doctor or Nurse. The Case Group would be augmented by a representative from any other contracted treatment provider (eg: from the voluntary sector) involved with the offender.

**Notes:** (a) It is intended that this Group will stay with the offender from assessment through to completion and will provide reports to court. (b) In the latter stages of smooth running orders, some of the treatment functions may be transferred to community locations (with the endorsement of the court)

#### **4. PRE-REVIEW COURT GROUP**

**Summary of Role:** (a) To brief the Drug Court Sheriff on matters of a highly personal or sensitive nature regarding offender, their health or their family, which it would not be appropriate to discuss in open court at the Review Hearing (b) To discuss the treatment and general progress or regress, including analysis/prognosis/future treatment and other options, of each individual offender scheduled to appear before the next Review Court.

#### **Membership:**

Drug Court sheriff (chair)  
Drug Court Supervision & Treatment Team - Social Worker  
- Addiction Worker  
Senior Medical Officer or a deputy  
nominated by the Senior Medical Officer  
  
Clerk of the Drug Court  
Defence Agent of offender being discussed  
Fiscal (right to attend)  
Drug Court Co-ordinator (right to attend)  
Extra member, on invitation, due to specialist involvement (for a particular case)

**Meetings:** On the morning of the date scheduled for the Review Hearing.

**Notes:** (a) these meetings will be held in private and only with the offender's signed consent. (b) The 3 disciplines from the Supervision and Treatment Team should ensure they are fully briefed by the relevant Case Group so that they are able to speak with authority on each case. (c) As a minimum, the Social Worker attending the Pre-Review Court Group should attend the subsequent Review Court to ensure continuity of professional advice.

## **CHAPTER 2 SUPERVISION AND TREATMENT**

### **1. The Drug Court Supervision and Treatment Team**

#### **1.1 Staff Components**

The Drug Court is served by a centralised and dedicated Drug Court Supervision and Treatment Team comprising of 3 elements; namely:

- Criminal Justice Social Workers
- Specialist Addiction Workers
- Glasgow Addiction Service Medical Officers, nurses and administrative staff.

This single Team contains staff responsible for assessment, supervision, treatment and testing. It is headed by a Project Leader (Senior Criminal Justice Social Worker) and has responsibility for all Drug Treatment and Testing Orders made in Glasgow, whether or not emanating from the Drug Court.

Each individual offender made subject to a Drug Court Order will be overseen by a member drawn from each of the three disciplines, acting together as Offender's Case Group. This Case Group, is convened and chaired by the Supervising Social Worker, and has responsibility to the Drug Court, throughout the Order, for carrying out all the obligations of the Supervision and Treatment Team.

The Case Group holds a case conference prior to each Court Review Hearing and reaches conclusions by consensus (other than where necessary, in relation to medical treatment). Case group discussions form the basis of the Review Report produced in advance of the Review Hearings, and discussed at the pre-review court meetings.

The Case Group can be enhanced when other Treatment Providers are involved (for example, in the Voluntary Sector) by that Treatment Provider forming part of the case conference.

#### **1.2 Function of the core Supervision and Treatment Team**

The functions of the core team are defined as follows:

- a) to participate in the screening of potential Drug Court cases by accessing past offender records and by Social Workers carrying out initial screening interviews to provide advice on suitability for full assessment ;
- b) to assess those cases referred for full Drug Court Assessment Court over a 28 day continuation and to provide Reports to the Drug Court covering suitability for sentence along with the proposed programme of treatment intervention to be deployed;
- c) to supervise the offender;
- d) to co-ordinate and case manage the treatment plan, provide direct programme interventions and integrate the offender into suitable services commissioned from other providers;
- e) to respond to and report on matters of non-compliance or unsatisfactory performance;
- f) to address offending behaviour as part of case plans, more especially where the form of the Treatment Order is a Probation Order;
- g) to arrange case transfer to other service locations, as appropriate to the case circumstances;
- h) to conduct and report on drugs tests;
- i) to provide reports to the Court in connection with sentencing, review, breach, early discharge/revocation, variation, amendment and completion; and



j) to be in attendance at all Review Hearings in Court, pre-Review Court Meetings and meetings of the Screening Group.

In order to fulfil these functions the Team will be composed of a combination of staff, including Social Workers, Social Care Workers, Addiction Workers, Medical and Nursing staff.

### **1.3 Composition of the Team**

The core Social Work component of the Team is managed and provided by Glasgow City Council Social Work Services. The Team will also service all DTTOs made by courts other than the Drug Court as well as undertaking all aspects of work generated by the Drug Court.

The core team social work staffing is:-

- Project Leader
- 8 Criminal Justice Social Workers (all professionally qualified)
- 1 social care Resource Worker
- 2 social care Social Work Assistants
  
- 2 addiction service supervisors
- 8 Addiction Workers
  
- 1 administrative officer (Grade AP 1)
- 1 senior clerical officer (Grade GS 3)
- 4 clerical assistants (Grade GS 1/2)

Glasgow Addiction Service Clinical Directorate provides the medical component to the Supervision and Treatment Team. It will be managed by the Clinical Director, Glasgow Addiction Service and, subject to review in accordance with the directorate's nurse grading policy, will, at present, be composed of:-

- 1 Senior Medical Officer;
- 1 Medical Officer (60% equivalent of full-time);
- 1 H-grade Nurse;
- 2 G-grade Nurses;
- 2 F-grade Nurse;
- 2 B-grade Nurses;
- 3 Clerical/administrative staff;

The core Supervision and Treatment Team are all based together at 80 Norfolk Street, Glasgow.

### **1.4 Staff Roles within the Supervision and Treatment Team**

The main roles of members of the core team are as follows:

#### **A. Project Leader**

- a) Overall co-ordination of the Supervision and Treatment Team
- b) Line Management of the social work component of the Team (including the Addiction Service Supervisors)
- c) Liaison with Court and other services with regard to effective operation of the pilot
- d) Ensuring appropriate systems of management information are properly used (the responsibility for establishing appropriate systems of management information lies with Social Work Management)
- e) Arrangement for full co-operation/participation in the Research arrangements

- f) Monitoring the provision of Departmental and purchased services and ensuring that appropriate joint working arrangements are in place and that service standards are met
- g) Providing Reports to Departmental Management, the Drug Court Team and to the Scottish Executive on the operation of the pilot
- h) Convening case conferences as required to consider case progress, breach, review etc
- i) Membership on the Drug Court Team

## **B. Criminal Justice Social Workers**

- a) Carry out assessments in connection with the Drug Court screening.
- b) Arrange for assessment contributions from relevant services, in particular designated addiction staff, Glasgow Addiction Service Clinical Directorate staff and any relevant contracted providers
- c) Meet with referred offenders and with assessing staff, as appropriate, to co-ordinate assessment, develop the case plan, address omissions and any differences of view
- d) Prepare Report for court based on assessed information, setting out detailed treatment plan
- e) Attend court when Reports are under consideration and provide supplementary information as necessary.
- f) Where a Drug Court Order is made, initiate the treatment plan
- g) Receive reports from the treatment providers at requisite intervals and prepare Review Report for court
- h) Convene and chair the Case Group for consideration of contents of Review Reports and also for breach and completion reports and court applications to vary, revoke or amend Orders
- i) Attend all Drug Court pre-Review court meetings in respect of allocated cases
- j) Attend all Review Hearings in respect of allocated cases
- k) Supervise all Drug Court Probation Orders in conformity with National Standards and court directions, using individual or group based interventions to address offending behaviour
- l) Supervise all other Drug Court Treatment or Supervision Orders, and in the case of DTTOs, in conformity with any National Standards or Guidance and court directions
- m) Address issues of compliance with the offender, in conformity with the Enforcement Section of this Manual (**see Chapter 2, section 6**)
- n) Prepare and submit breach, review and completion reports to the Drug Court and applications to vary, amend or revoke an Order; breach reports should be submitted at the invitation of the Drug Court sheriff or as previously authorised by him
- o) Participate in collection of relevant statistical information for management and research purposes.

## **C. Addiction Service Supervisors**

- a) Line manage and supervise work of Addiction Workers
- b) Allocate assessments and cases to Addiction Workers
- c) Devise and deliver group work programmes, and arrange for access to other programmes provided by Departmental or other services as required
- d) Participate in assessments and hold Drug Court Orders for individual casework where complexity, seriousness or other special circumstances demand
- e) Ensure the provision of all addiction reports on time to the Supervising Social Worker
- f) Oversee the co-ordination of multiple service treatment contributions
- g) Participate in case conferences or Case Groups as necessary.

## **D. Addiction Workers**

- a) Assess suitability of referred offenders for Drug Court Orders, and collaborate with other services in the assessment process
- b) Case manage the treatment components of Drug Court Orders, and co-ordinate multiple service provision in accordance with agreed treatment plans

- c) Provide individual counselling, support and practical assistance in accordance with the treatment plan
- d) Participate in group work programmes as appropriate
- e) Provide reports on individual progress, within agreed time scales to the Supervising Social Worker
- f) Immediately advise the Supervising Social Worker of offender conduct which deviates from legal requirements or treatment plan
- g) Liaise with other treatment providers
- h) Attend pre-Review Court meetings on each allocated offender
- i) Attend meetings of the Case Group on each allocated offender

#### **E. Medical and Nursing Staff from Glasgow Addiction Service Clinical Directorate**

Glasgow Addiction service Clinical Directorate Drug Court Team Senior Medical Officer will be responsible for the delivery of medical service to the Drug Court and will be accountable to the Clinical Director, Glasgow Drug Service.

The medical and nursing component of the Supervision and Treatment Team, provided by Glasgow Addiction Service Clinical Directorate, is responsible for:-

- a) providing information requested in relation to the initial screening process;
- b) carrying out health assessment of the clients referred by the court, with particular reference to the suitability and appropriateness for medically based interventions, including:-
  - i methadone maintenance;
  - ii post-methadone maintenance reduction regime leading to an
  - iii opiates-free state;
  - iv lofexidine detoxification, where appropriate
  - v naltrexone maintenance, where appropriate
  - vi benzodiazepine detoxification and (rarely) maintenance, and other appropriate interventions
- c) the provision of other health-related interventions relevant to the offenders on the Drug Court programme, such as:-
  - i Hepatitis-A and Hepatitis-B immunisation;
  - ii health education programmes on nutrition, exercise, and on the prevention of Hepatitis-B and C, and HIV;
  - iii pre and post-counselling and support for those undergoing screening tests for blood-borne viral infections;
  - iv arranging diagnostic tests usually via the offenders' GPs, especially in relation to Hepatitis-B and C, and HIV tests;
- d) the supervision and support of abstinence-based programmes;
- e) the provision of the drug testing service to the Drug Court, in conformity with the Testing Section of this Manual (Chapter 2, section 7), unless arranged through another contracted service programme provider
- f) **vi.** attendance at all relevant Case Groups, including timely submission of reports.
- g) **vii.** attendance at all relevant pre-Review Court meetings.

#### **F. Social Care Staff (1 Resource Worker, 2 Social Work Assistants)**

Social Care staff will be responsible for practical duties with case plans, including escorting, homemaking and life skills programme, personal support, absence follow-up (at the request of the Supervising Social Worker), progress monitoring and contributing to group work interventions. The

Resource Worker will help access offenders to community resources in relation to their social re-integration, including work training/education/employment.

Social Care staff will support the Supervising Social Worker in delivering and monitoring programmes of intervention.

## **1.5 Commissioned and Purchased Services**

In addition to the medical and social care interventions provided through the Supervision and Treatment Team, access will be arranged, through the Addiction Service Supervisors, to other relevant services as required. These services, normally drawn from the spectrum of drug related services currently in place or in the process of development in Glasgow, will both complement the interventions provided by the core team and will provide continuity of service when the involvement with the Team reaches its conclusion. Part of the budget allocated to the core team will be utilised to fund these additional services.

Within the range of services available to the Supervision and Treatment Team (and therefore to the Drug Court) will be:

- Abstinence based day programmes
- Day programmes for offenders stabilised on prescribed medication
- Residential rehabilitation (crisis; short term; long term; gender specific)
- Detoxification programmes
- Programmes related to employment and training
- Supported accommodation.

Other service needs will be met, on a case by case basis, by purchased access to the relevant service provision.

## **1.6 Key Features of the Supervision and Treatment Team**

All addiction-related work during the initial phase of Drug Court Orders (normally defined as at least the first 6 months) will be carried out through the Supervision and Treatment Team, using other contracted service providers as appropriate and as approved by the Court. The Project Leader will allocate offenders made subject to a Drug Court Order to a Supervising Social Worker and, through the Addiction Service Supervisors, to an Addiction Worker, from the core team. This allocation will take into account factors such as gender, accessibility and distribution of workload.

Case responsibility may be transferred to the normal community based addiction services during the period of the Order. This would require prior discussion within the Case Group and the subsequent endorsement of the Drug Court. Such transfers might take place in circumstances where cases made good progress over time, where the court preferred a Deferred Sentence based intervention, or where there was a need for continuing service and support on a voluntary basis, beyond the period of the Drug Court order. Even then, the overall responsibility for providing reports to court, attending Review Hearings and Pre-Review Meetings and for dealing with matters such as breach and completion (or applications to vary, revoke or amend the Order) would remain with the core team.

The responsibility for the supervision of the probation element of Drug Court Probation Orders of 12 months or less will remain with the Supervision and Treatment Team. Decisions whether to retain or transfer longer Orders, beyond this period, to community criminal justice teams will be made depending on the progress and circumstances of each individual case, and will be subject to prior discussion within the Case Group and to approval by the Drug Court. The core team is therefore likely to remain engaged with most Drug Court cases to a greater or lesser degree throughout the duration of the Order.

Staff will work flexibly – e.g. by seeing offenders at different locations by arrangement, where necessary, to facilitate and encourage their adherence to the programme. Where required, offenders will be issued with transcards to facilitate attendance, as required by the Drug Court Order.

Ancillary duties carried out within the team will include a high administrative component, including typing reports, accessing records, obtaining case information from partner services and maintaining data on project performance.

In order to establish and sustain high levels of practice (including where programme participation is called upon from other social work, health and non-statutory services), training and staff development will be a continuous process.

The team will analyse and report data on performance. This will be used to monitor progress and case outcomes in terms of its own performance, and also to generate the material for the external research evaluation.

This core team approach offers the Drug Court a dedicated and compact, service with joint working between social care and health service colleagues in the critical areas of assessment, intervention design, service delivery, case review and drug testing.

It does, however, have the draw back of not being able to replicate the full range of specialist addiction services which are increasingly seen as being essential components of community based addiction services (e.g. services specific to women or young drug users and programmes relating to employment or training opportunities.)

## **2. The Supervision and Treatment Team in Operation**

### **2.1 Screening Procedures**

Each working day, a criminal justice Social Worker from the core Supervision and Treatment Team will be assigned by the Project Leader to be available between the hours of 8.45 and 12 noon to receive referrals from the Fiscal (in custody cases) or via the Drug Court Clerk (in cases referred from a later stage in proceedings). On receipt, the Social Worker will initiate a check of Departmental records to identify the nature of any previous contact with the Department's criminal justice, addiction or general social work services. Of particular relevance would be the date and outcome of any previous (or current) drug or offending related interventions.

The Social Worker will then proceed to interview the offender, either in custody at the Sheriff Court or at the premises of the Supervision and Treatment Team, to undertake an initial suitability assessment. This will consider:

- current and past patterns of drugs misuse
- offending history
- motivation to change
- known health factors (mental and physical)
- home circumstances, and
- other relevant information.

Consent will be sought to approach medical and any other service, which may be in a position to provide information helpful to the screening process.

The Social Worker will use this interview opportunity to provide written and verbal information on the Drug Court, its powers and procedures, if the defence agent has not already done so. In particular, the Social Worker will check that the offender understands the operation of the Drug Court. The

opportunity will also be taken of inviting the offender to participate in the research programme for the Drug Court and, if they are willing, to obtain their written consent for this, using the agreed pro-forma (see Annex to Chapter 2)

Following the interview, the Social Worker, where possible, will make such other service enquiries for which consent has been given in order to gather further assessment information.

It is not expected that other members of the Supervision and Treatment Team - such as addiction or Glasgow Addiction Service Clinical Directorate staff - will be involved at the screening interview stage. However, where available, they may exceptionally be called upon to contribute towards the screening assessment should technical matters relating to their area of expertise require consideration.

The Social Worker will then intimate the results of the screening interview to the Drug Court Fiscal.

## **2.2 Social Enquiry and Drugs Assessment Procedures**

Where a plea of Guilty has been tendered or a finding of Guilt made, after trial, and the case is continued by the Sheriff for full Drug Court assessments, the report request will be forwarded by the Court Social Work Unit within 1 working day to the Supervision and Treatment Team. It is anticipated that most continuations will be on bail for 4 weeks and will be for Social Enquiry and Drugs Assessment Reports and include, with the offender's consent, a drugs test.

**The Project Leader will:**

- a) allocate the case within 1 working day to a core team Social Worker, and provide all relevant papers to initiate the full assessment process
- b) pass a copy of the case papers to an Addiction Service Supervisor who will allocate the case on the same day to an addiction member of the team.

**The Criminal Justice Social Worker allocated the case will:**

- a) collate information from all relevant social work records
- b) arrange an office appointment (or home visit) with the offender
- c) at that appointment, make further appointments for the offender to (i) undergo a Drugs Test (ii) see the allocated Addiction Worker, and where necessary (iii) see the Glasgow Addiction Service Clinical Directorate or specialist treatment provider. (Note: further appointments will be arranged as required in completing the assessment)
- d) co-ordinate the above assessments and provide a report to court using the agreed pro-formas (see Annex to Chapter 2)

**When preparing an SER/Drugs assessment for the Drug Court, Social Work staff, in relation to the DTTO assessment component, should continue to follow the procedures and criteria for a DTTO assessment as contained in the DTTO Glasgow Pilot Implementation Guidance Handbook.**

## **2.3 The Difference and Choice between Probation and DTTO as the Drug Court Treatment Order**

### **a) DTTO**

- This is a high tariff, demanding and invasive order best considered when the offender is facing the likelihood of custody due to the nature of the offence or the frequency and pattern of offending
- This is a disposal which focuses on drug treatment as the primary means of reducing offending
- Age, maturity and motivation are important factors when considering the effectiveness of a DTTO. The older offender is likely to be more able to sustain the commitment required

- Other things being equal, especially for younger offenders, some previous experience of statutory supervision might be helpful (though not essential)

b) **Enhanced Probation**

- May be more effective for offenders not yet heavily convicted or at a relatively early stage in drug misuse
- Where an offender is younger or considered only at a beginning level of readiness for change in relation to drug misuse
- Where there are complex social circumstances likely to impede an offender's concentration on drug treatment – eg: homelessness/housing issues; relationship difficulties; domestic violence; etc
- Where drug needs are identified but there are other factors associated with offending which would not be addressed primarily through a treatment-based approach. In these circumstances, a probation action plan incorporating cognitive-behavioural methods of intervention as well as a clear focus on drugs misuse may better meet needs and reduce the risk of re-offending more effectively.
- Where an offender is already successfully engaged in drug treatment and there is no evidence to suggest that the treatment plan needs to be augmented. Here, a probation order enhanced by a condition of drug counselling might suffice.

c) **Notes**

- Convictions for new offences are always breaches of Probation but not of DTTO's
- There is greater flexibility for fixing the time-tabling of Review Hearings in Probation than DTTO.
- Where residential treatment is required, other than for a short period, the Enhanced Probation option might be preferred, due to Review Hearing flexibility.

## 2.4 Procedure when Drug Court Order is made

Where the Drug Court Sheriff decides to make a Drug Court Order he or she must explain to the offender the effect and meaning of the order; the consequences of failing to comply; the powers of the court to vary, or revoke the order; and the powers of the court to review the order.

The offender must consent to the Order and will then be asked in court to sign a series of consent forms relating to testing, pre-Review court meetings, sharing of information and research participation. The offender should be given a copy of these signed forms but the originals should be held in the offender's case file by the Supervising Social Worker (**see Annex to Chapter 2 for forms**).

The Order(s) will specify:

- name and address of offender
- period of order
- details of treatment (including whether or not residential)
- date of first Court Review Hearing
- details of minimum testing frequency
- the local authority and supervising officer

The Sheriff Clerk will send a copy of the order to the offender. A copy will also be sent to the Treatment Provider, and to the Court Social Work Unit for onward transmission to the Supervision and Treatment Team within 1 working day. (Note: In the case of a Probation Order with a condition

of non-residential treatment, the Sheriff Clerk will also send a copy of the Order to any treatment provider named in the added condition).

The Supervising Social Worker must serve the Order on the offender within 7 days of receipt from court, providing a copy to the offender but retaining the top copy on file.

The Order will specify the date of the first Review Hearing. Thereafter, the date for each succeeding Review Hearing (which must take place not less than once a month in the case of a DTTO) will be fixed at the Review itself.

Within 1 working day of an Order being made, the **Social Work Project Leader** will allocate the case to a criminal justice Social Worker. Neither the allocation nor the work on the Order will be delayed pending receipt of the actual document

Within 1 working day of the Order being made, the **Addiction Service Supervisor** will be informed of the new Order by the Project Leader, and will allocate an Addiction Worker to the case, and notify the Senior Medical Officer.

The allocated **Supervising Social Worker** will:

- arrange with the identified treatment providers for immediate implementation of the treatment plan, including testing arrangements
- arrange a programme of contact with the offender for purposes of Review reporting and supervision.

The allocated **Addiction Worker** will:

- take the necessary steps to ensure offender attendance at treatment appointments
- commence and co-ordinate treatment provision.

Where Glasgow Addiction Service Clinical Directorate Drug Court Team are involved in the treatment plan, the **Senior Medical Officer** will be informed by the Addiction Service Supervisor within one working day of a new Order being made. In consultation and co-ordination with the allocated Addiction Worker, the relevant GASCD staff will take the necessary steps to ensure the offenders' attendance at their treatment and testing appointments.

Treatment providers, including Addiction and Glasgow Addiction Service Clinical Directorate Drug Court Team staff, will provide reports in pro-forma format to the Supervising Social Worker in time for meetings of the Case Group and incorporation into Review Reports (i.e.: no later than 3 working days before the scheduled Review Hearing).

Reports will be submitted by the Supervising Social Worker to the Drug Court Sheriff no later than noon on the day preceding the Review Hearing. If not ready in time, reports to the pre-Review court meeting may be made verbally at the meeting. A **written** report is required for a DTTO review. If not available, the review would require to be continued for this purpose.

A Social Worker will attend all Review Hearings and pre-Review court meetings.

Any instance of the offender deviating from the treatment plan or breaching the statutory requirements must be reported by the treatment provider (including the Addiction Worker and Glasgow Addiction Service Clinical Directorate Drug Court Team staff) to the Supervising Social Worker *within 1 hour* of the incident. The Supervising Officer must then follow this up on the same working day and in no circumstances beyond the next working day. The Supervising Officer will act in accordance with the Enforcement policy (**see Chapter 2, section 6**).



## **2.5 Role and Procedures in Relation to Review Hearings**

Review Hearings will normally call before the Drug Court Sheriff who imposed the Order.

The offender is required to attend all Review Hearings in person (until, due to good progress in some cases, the Drug Court Sheriff decides to excuse attendance). The Supervising Social Worker is also expected to attend and be prepared to address the court as required.

The Drug Court has the power to issue a warrant for apprehension of the offender, to bring them to the Review Hearing, where they have failed to attend. The Supervising Social Worker should advise the Court of any information available to them, which might explain the offender's absence. The court might invite the Supervising Social Worker to make enquiries and report back, before taking a decision whether to issue a warrant.

The Supervising Social Worker will convene and chair a meeting of the **Case Group** not more than 5 working days prior to the pre-Review Court meeting taking place. Drug test results, which become available after the case discussion date, will be incorporated into the progress report.

The Supervising Social Worker will prepare a **written report** of progress under the order, including test results and interpretation, and the views of the treatment providers on the treatment of the offender. This Report will represent the decisions and views of the Case Group meeting and will be countersigned by the offender's Addiction Worker, Medical Officer and/or allocated nurse. The report must be submitted to court, by no later than noon on the day preceding the Review Hearing. If it is not possible to provide this Report in time for the pre-Review Court meeting, the Supervising Social Worker should provide a verbal report.

If, at any Review Hearing, the court considers that the offender's progress has been sustained and that there is continuing stability, it may decide to hold DTTO Reviews in chambers, outwith the presence of the offender or other parties. In such circumstances, the Clerk of Court will notify the outcome and date of the next Review to the offender and Supervising Social Worker. The Supervising Officer still needs to provide the standard Reports for each Review and the sheriff will decide the frequency of pre-Review Court meetings. If progress is subsequently not maintained, the court can re-institute Review Hearings in court with a requirement for the offender's personal attendance.

In the case of Drug Court Probation Orders with a condition of treatment, the Court has much greater room for manoeuvre since there are no legislative requirements relating to court reviews. The court is at liberty to hold Review Hearings at such intervals as it believes helpful, with or without the offender being required to attend.

## **2.6 Review Hearing/Continuity Planning**

It is crucial that follow-on and after care arrangements to meet the ongoing treatment and Social Care needs of Offenders are addressed from an early stage in a Drug Court Order. Accordingly consideration and planning for these arrangements must feature as a consistent element of the Review process. The Review Hearing at the 6-month stage of a Drug Court Order will provide a formal focus for the consideration of continuity/planning and the Progress Report for the hearing will include a specific section heading, providing an assessment/information on this. Similarly, the Review Hearing at 3-months prior to expiry of the Order will provide a specific focus for finalising move on/exit plans and the Progress Report for this Hearing will include a particular section heading, providing confirmatory information about transfer/follow-on arrangements.

## **2.7 Role and Procedures in Relation to Variation, Amendment and Revocation**

An application may be made to court for the variation or revocation of a DTTO in terms of section 234E of the Criminal Procedure (Scotland) Act 1995. The application may be made by the offender or, with the advice of the court or Case Group, the Supervising Officer.

Two related criteria should be met before an application is made, namely a) that circumstances have arisen since the Order was made and, for that reason, b) it would be in the interests of justice for the Court to consider variation or revocation.

There are no specified circumstances contained in the Act, which constitute grounds for revocation or variation. (*They must not, however, be used instead of breach procedures.*) The following may illustrate the most common grounds for an application to revoke the order:

- medically certified illness over a lengthy period of time which prevents the offender from performing the Order in a satisfactory manner;
- the offender's conviction for outstanding or new offences resulting in a period of custody for more than 6 months or where the intervening period of custody impacts significantly on motivation or viability of treatment;
- the offender's move to any place where either there is no DTTO scheme in operation or the scheme in that place is unwilling to accept transfer of the Order;
- any other exceptional circumstances.

When such an application is received, the court will issue a warrant for citation requiring the offender to attend a diet, which would normally be at the same time as the next scheduled Review Hearing.

Where the application emanates from the supervising officer in DTTO's, the offender must give consent to any variation the Court intends to make and the court is required to explain the terms of the varied order.

The court may vary the DTTO by:

- Amending or deleting any requirements of the order
- Inserting additional requirements
- Increasing the treatment/testing period (but not outside the 6 months to 3 years limit)
- Revoking the order.

## **2.8 Role and Procedures in Relation to Application for Breach**

In breach cases, the court has the normal powers of sanction, including the imposition of fines up to £1000 or (in Probation) imposition of Community Service Orders up to 240 hours, both without prejudice to the Order continuing in force. In relation to Orders imposed after July 2003 (when s42 of the Criminal Justice (Scotland) Act 2003 came into effect) the Drug Court also has exclusive powers, in terms of that Section, to impose additional sanctions of

- a) imprisonment or detention for any period between 1 day and 28 days, available during the order until the 28 days are used up, or
- b) Community Service for any period between 1 hour and 40 hours, available during the order until the 40 hours are used up.

These sanctions are available to the Drug Court in the event of an offender's non-compliance with the terms of the order, and can be imposed without prejudice to the order continuing in force.

The Drug Court sheriff can instruct (or authorise in advance) the initiation of breach actions, normally the preserve of the Supervising Social Worker. This is done by the sheriff "suggesting" to the Social

Worker from the bench that breach action be taken. All such “suggestions” must be acted upon. The sheriff will no doubt have previously been guided by advice received from the Supervising Social Worker acting on behalf of the Case Group. Where appropriate the supervising officer may also initiate breach proceedings without obtaining prior sanction from the Court. In these circumstances the decision to initiate breach must be endorsed by the Social Work Project Leader.

Where the court decides to revoke the order it may dispose of the case in any fashion it could have at first instance, but taking into account the period over which the order has lasted. Any concurrent Probation Order has to be discharged at the same time as a DTTO is revoked.

**SEE SECTION 6 BELOW RE ENFORCEMENT OF ORDERS**

### **3. The Medical Component of the Supervision and Treatment Team**

#### **3.1 Framework for Prescription**

The availability of medical services within the range of treatment options is an essential factor in the potential effectiveness of Drug Court Orders. These medical services are provided and managed by the Glasgow Addiction Service Clinical Directorate. In particular, programmes based on the prescribing of substitute drugs with the objectives of stabilisation, maintenance of stability and then followed by a phased methadone post-maintenance detoxification, where appropriate, represent a key service component.

The known pattern of drug-misuse in Glasgow suggests an overwhelming number of offenders being considered for Drug Court Orders will misuse opiates, especially heroin, and will do so by the intravenous route.

Research findings suggest this pattern of drugs-misuse, in many cases, is capable of responding well to drug substitution, which brings measurable benefits in terms of health improvement, social functioning and reduction in offending behaviour.

Note: It has been agreed the Drug Court will follow the overall strategy and policy on drug misuse in Glasgow as adopted by the Drugs Action Team and its constituent members. (The DAT has senior representation from the Greater Glasgow Health Board, Glasgow City Council, Strathclyde Police and a range of statutory and voluntary bodies. All these bodies endorse the DAT policy and approach.)

For offenders who use benzodiazepines, either primarily or in conjunction with opiates, a prescription drug-based detoxification programme, where appropriate, will also be available to assist the difficult process of withdrawal.

The framework for the provision of prescribed drugs has been established in Glasgow for some years and has important features relevant to the spectrum of treatment offered by the Drug Court.

The specialist medical service provided by Glasgow Addiction Service Clinical Directorate will contribute to the Drug Court's functions by: -

- a) assessing the referred clients' suitability for the most appropriate treatment programme, initiating such a treatment, monitoring the effectiveness of the treatment and recording the progress made by each individual undergoing a prescribed treatment. The staff will also provide suitable counselling, on health-related matters, to individual clients. Where necessary, the Senior Medical Officer or the Medical Officer will provide ongoing consultancy and support to those GPs who may choose to take the responsibility for continuing the treatment of clients after the completion of their Drug Treatment and Testing Order.
- b) liaising with the clients' GPs and encouraging them to continue the prescribing of methadone, where necessary, after the completion of the clients' DTTO. The GP shared-care scheme is based on adherence to standards and guidelines with regard to clinical assessment, prescribing, counselling and monitoring. The GP scheme may, if the offender is registered with a participating prescribing GP, either be the means of initiating the prescribed programme or may continue a programme established by the GDPS. It would normally be expected in the Drug Court that the Glasgow Addiction Service Clinical Directorate would be the initiator of the prescribed

programme and only very exceptionally by a participating GP who would require to be fully briefed of the legal implications of participating in a court order and receive the support and consultancy of the GASCD.

- c) arranging community pharmacies for the Drug Court clients on prescribed medical treatment. Community pharmacies are contracted to supervise the self-administration of daily doses (except some on week-ends, others only on Sundays and public holidays) of prescribed drug substitutes. This is an essential part of a safe, well-constructed programme, and is the method by which prescribed drug substitutes would be administered under a Drug Court Treatment Order.
- d) ensuring that the clients receive support from the GP practice staff and drug workers from the community-based agencies. This is an essential component of an overall programme. This contributes to the achievement of an improved personal and social functioning, building on the stabilisation achieved by drug substitution.

**It is advised that there should be no prescribed substitute drugs programme without an explicit counselling and support package associated with it.**

### **3.2 Aims of the Prescribing of Substitute Drug(s)**

The aims of providing a prescribing service, within the overall treatment spectrum, are as follows:-

- a) to reduce the drug-related offending behaviour by substituting prescribed drug(s) for illicit preparations, where appropriate. (This removes the need to offend to secure supplies or to contravene the Misuse of Drugs Act);
- b) to reduce the levels of injecting, by substituting illicit injectable drugs with prescribed oral preparations;
- c) to reduce levels of illicit drug use by introducing less chaotic, opportunistic patterns and working towards lower dosage levels;
- d) to improve physical and mental health and reduce the spread of infections by eliminating injecting-behaviour, replacing adulterated and often contaminated "street" grade illicit drugs with pure pharmaceutical substances and providing continued involvement with care services;
- e) to promote greater stability in lifestyle. Appropriate levels of prescribed dosage should permit the clients to function in a stable fashion at their personal and wider social contexts. Based on their access to appropriate prescribed drugs, the stability thus achieved, enable the clients to develop continued working relationship with their carers, in which wider health and social concerns can be addressed;
- f) to encourage the clients to be drug-free, in due course, where appropriate. In appropriate cases, whilst reducing the dosage of the prescribed drugs, support can be given to the clients to overcome any minor withdrawal symptoms and achieve a drug-free state.

**This systematic, well co-ordinated approach, with clear objectives, regularly reviewed targets, close monitoring and supervision, and tight inter-service collaboration, which characterises best current practice, will be an important component in the total range of Drug Court supervision and treatment services.**

### 3.3 Specification of Medical Services Available to the Drug Court

The medical service component to the Drug Court will comprise:

- a) medical assessment for treatment options during the assessment continuation from the court. This will comprise consultations with the offenders, collecting relevant information from the offenders' GPs, perusal of the offenders' social enquiry reports and discussion with the allocated Social Worker and Addiction Worker of individual offender. Within 1 day of the continuation, the Addiction Service Supervisor will make the referral to the Senior Medical Officer;
- b) where assessment identifies a treatment regime requiring prescription of substitute drugs or other medical interventions, the Senior Medical Officer or his Medical Officer will initiate the appropriate clinical intervention(s) in accordance with the timescales agreed in the DTTO treatment plan. The first appointment will normally be within 2 days of an order being made;
- c) where the offender is registered with a GP, who is willing to initiate an appropriate treatment regime in accordance with the Glasgow Addiction Service's shared-care scheme, then the Senior Medical Officer should advise the GP of the implications of being part of a court process. Only very rarely, with the Senior Medical Officer's prior agreement, a GP may directly initiate the appropriate treatment.
- d) Glasgow Addiction Service Clinical Directorate Drug Court Team form part of the Case Group for each offender on order. The normal path for amendment or modification of these forms of intervention (and planned time scales) will be via discussion in the Case Group leading to discussion in the pre-Review court meeting and endorsement (with the offender's consent) by the Drug Court at its subsequent Review Hearing.
- e) The patient will require to understand and sign the standard Glasgow Addiction Service Clinical Directorate Drug Court Team contractual agreement prior to initiation of the programme.

#### Notes:

**The Drug Court sheriffs have agreed that where the clinical judgement of a Glasgow Addiction Service Clinical Directorate Drug Court Team doctor determines that, in the patient's best health interests, urgent modification of the treatment plan is required, this may be done without delay and reported (with reasons) to the next scheduled Review Hearing.**

The ultimate objective of this treatment option will be to reduce the reliance on prescribed drug substitutes, but it has to be recognised that time scales for achieving this will, in most cases, be impossible to specify early in the treatment plan. The duration of treatment will only become clear over time in the light of monitoring the patient's response. Regular reporting to court should ensure that treatment time scales are kept under frequent review, with objectives re-defined accordingly.

Provision of community based detoxification, following stabilisation, will be provided by GASCD for those offenders requiring to become drug free as a precursor to admission to drug free programmes - provided this is consistent with what the patient may realistically be assessed as capable of achieving. However, premature detoxification should be resisted.

### 3.4 Definition of Drug Court Medical Services

#### 3.4.1 Assessment Procedures

When a Report is being prepared for the Drug Court regarding the suitability of an individual offender for a Drug Court Treatment Order, a medical assessment will routinely be requested from the Glasgow Addiction Service Clinical Directorate Drug Court Senior Medical Officer. This will usually arise as part of the normal 28 day continuation for assessment for the suitability for drugs treatment and will be co-ordinated by the Supervising Social Worker, responsible for preparing the reports for the court.

- a) The main objectives of this medical assessment are:
  - to identify the current health needs;
  - to assess the suitability for medical interventions in relation to drugs misuse;
  - to prepare an initial treatment plan for each suitable offender.
- b) Glasgow Addiction Service Clinical Directorate Drug Court Team will be responsible for carrying out Drug Tests, in conformity with the Testing Section of this Manual (see Chapter 2, section 7).
- c) the Senior Medical Officer will receive the pre-sentence assessment request from the Supervising Social Worker and agree an appointment time and location which the Social Worker will then confirm with the offender.
- e) On the completion of the assessment, the Senior Medical Officer or the Medical Officer will provide the Supervising Social Worker with a written medical report using an agreed proforma providing test results & interpretation *and* an assessment of suitability for the treatment programmes that GDPS can offer. This may be augmented with verbal information. The medical report will then be incorporated into the assessment and treatment plan to be presented to the Court.

#### 3.4.2 Procedures for Programme Provision

The principal programme provided will be the prescribed opiates substitutes. However, where appropriate, other evidenced-based prescribing will also be offered. Counselling and support on all health-related matters, and the monitoring of the progress will be provided, in accordance with the Glasgow Addiction Service policy Clinical Directorate policy and procedures. Associated additional drug counselling and support will be provided by Addiction Workers in the Supervision and Treatment Team. Access to other necessary services (e.g.: day programmes, residential admissions, etc) should be arranged through the allocated Addiction Worker.

- a) Where the court makes an Order based on a treatment plan which includes the GDPS programme, this will be notified within 1 working day to the Senior Medical Officer by the Project Leader. The allocated Supervising Social Worker will obtain/confirm a first appointment (time and location) from the Glasgow Addiction Service Clinical Directorate Drug Court Team and advise the offender of the details. First appointments should be set within 2 working days of the Order being made, both with regards to the allocated Addiction Worker and treatment provider, or earlier where possible.

**The preferred option would be for the date and location of first appointments to be set prior to the Order being made and contained in the Reports to court. This will enable the Drug Court Sheriff to confirm and emphasise these.** In such circumstances, the Supervising Social Worker's role would be to confirm these arrangements with the allocated Addiction Worker and treatment provider.

- b) Glasgow Addiction Service Clinical Directorate Drug Court Team will advise the allocated Addiction Worker who will act as treatment case manager on a weekly basis, verbally or in writing, of offender progress and test results. They will also provide to the allocated Addiction Worker, in pro-forma format, a report no more than 72 hours before each scheduled court Review Hearing. This will contribute to the Social Worker's report to the Review Hearing on behalf of the Case Group.
- c) Instances of offender non-compliance will be notified without delay (within 1 hour of incident) to the Supervising Social Worker and allocated Addiction Worker. The Social Worker will then arrange for this to be rapidly followed up (same day and no later than the next working day).
- d) the Senior Medical Officer or the Medical Officer will arrange for routine liaison with the patient's GP, as necessary.

#### Tasks Summary

- provision of substitute prescribing programme, based on weekly (or more frequently) patient contact at specified Glasgow Addiction Service Clinical Directorate Drug Court clinic. This may be adjusted to fortnightly contact after the first 8 weeks where compliance and progress is good. Dispensing of substitute drugs will adhere to the directorate's guidelines
- monitoring of programme effectiveness and general health monitoring
- liaison with the allocated Addiction Worker with regard to ancillary counselling, social care interventions and programme monitoring
- providing progress reports as detailed above.

#### 3.4.3 Procedures for Testing

Testing will be carried out in conformity with the Testing Section of this Manual (see **Chapter 2, section 7**).

Test results should be communicated to the allocated Addiction Worker as soon as possible.

**Glasgow Addiction Service Clinical Directorate Drug Court Team will continue to carry out drug screening of urine samples, in accordance with the current protocol agreed by the Supervision and Treatment Team, and the Chief Scientist of the laboratory undertaking the analysis of those urine samples.**

It will be the responsibility of the Addiction Service Supervisors to ensure that where a contracted treatment provider other than Glasgow Addiction Service Clinical Directorate integrates arrangements for testing as part of their service expectation, that their standards for testing is in compliance with both the Testing Section of this manual and the GDPS testing protocol. GASCD will provide testing services in relation to patients on an abstinence programme where not otherwise provided by another contracted treatment provider.

#### 3.4.4 Detoxification

Detoxification will be carried out where necessary by reducing dose prescription over a period of time, to be determined after consultation with the offender, Addiction Worker and Supervising Social Worker. Detoxification will be considered where:-

- a) The agreed treatment programme is based predominantly on drug free interventions, for which the patient requires to be stabilised and detoxed
- b) The patient has completed, successfully, a programme of drug substitution, and the time is right to progress to drug-free objectives, in the normal course of treatment planning
- c) The main problem of drug misuse relates to smoked opiate ingestion rather than injected.



## **4. The Social Work Drug Service Component of the Supervision and Treatment Team**

### **4.1 Assessment and Treatment**

The Supervision and Treatment Team Addiction Workers will act as the treatment case managers and take the lead role in assessment as well as the direct provision of some treatment interventions. Their functions include:

#### **a) Assessment**

- Carrying out direct assessment
- Initiating assessment contributions from other sources, where necessary
- Collating treatment assessment information
- Reporting to the Supervising Social Worker responsible for providing reports to court.

A standard drugs assessment model will be used as a basis for all drugs assessments.

#### **b) Treatment interventions – Practical Assistance**

Directly provided services will include:

- **Crisis intervention:** assisting the offender resolve immediate issues, arising from drugs misuse
- **Practical Problem Solving:** through advice, advocacy (not court/criminal justice), support. This is likely to include accommodation issues, debt/benefits/money advice, and resolution of outstanding legal matters.
- **Behavioural Change:** active support to achieve change in health & personal social care, reduction of risk where drugs misuse persists, and awareness of community safety on matters such as needle disposal
- **Associated Health-related Advice:** on matters such as diet, sexual behaviour, alcohol abuse and self harm.

#### **c) Treatment Interventions – Issue-based Counselling**

Main aspects will include:

- Re-enforcement of self-esteem **and motivational enhancement**
- Examination of beliefs and values, and promoting change where these are favourable to drugs misuse
- Challenging attitudes to drugs misuse in a consistent and sustained way
- Encouraging progress from egocentric stances to empathetic attitudes to others as a means of promoting social values. This involves broadening perspectives to include specific other people and wider social responsibilities, and also deferment of immediate gratification for longer term meeting of “higher needs”
- Achieving a perspective on traumatic life events to facilitate better coping and adjustment, thereby helping to strengthen personal development and widen coping skills.

#### **d) Monitoring and re-assessment**

The one to one relationship provides a basis for regular reconsideration of the impact of particular service interventions and the nature and pace of change in the offender. This ensures the impact of interventions is reviewed and the treatment option adapted, strengthened or withdrawn as appropriate. This process of continuous review is important, especially in the early stages of treatment when needs

are likely to be complex and the response to particular treatment interventions may be unpredictable. An element of trial & error may be unavoidable at this stage.

#### e) **Relapse Prevention**

Serious, well established drugs misuse is often described as a “chronically relapsing condition”. This is due both to physical dependency where the body craves the substances and reacts against its withdrawal and psychological reliance which the individual acquires upon the substance and the lifestyle and social networks which attach to drugs misuse.

Until dependency is overcome, and robust alternative lifestyle models are in place, the pull to revert to former behaviour may be strong.

In these circumstances, the role of counselling is to be alert for, and to anticipate, the signs of relapse; to identify the cues for relapse (people, situations, emotions) and build strategies to avoid or deal with these cues; and to use social learning from previous experiences, to help the person learn how relapse is likely to occur, and to maximise use of helping services in these circumstances.

In some cases, re-enforcement and engagement of external resources, family and friends, may be a necessary part of relapse prevention strategy. Self-help groups can also help some people.

### **4.2 The Counselling Approach**

The counselling approach for drug mis-users needs to be eclectic in content and pragmatic in the way it is deployed. This eclectic approach needs to be able to address the many and varied needs which the individual may bring. The pragmatic method of delivery acknowledges that the programme needs to relate to other factors – such as methadone stabilisation, impaired concentration and poor physical health – and cannot necessarily follow a traditional structure of client and counsellor sitting down to explore mutually resolution of problems.

Individual counselling sessions with drug mis-users are likely to be relatively brief. This requires clarity of worker approach to maximise the time available, planning for best use of time and clear definition of problems to be addressed and action to be followed. In effect, the approach is to break down complex identified needs into components, and to address them in briefer counselling sessions. Methods drawing upon Solution-based or Brief therapies have gained ground, focusing on strategies for moving forward from problems, rather than “living” within them.

Individual counselling will normally be provided in units of up to 1-hour one to one interaction. Its structure will follow:

- problem definition
- mutual recognition of problems to be addressed and priorities for action
- formulation of alternatives and action needed to realise those alternatives
- action plan decision making
- implementation and verification of effects
- review and re-orientation as necessary.

This will require in each interview:

- clarity of purpose of intervention, reinforced by written contracts
- exploration of nature and extent of problems
- identification of remedial tasks
- ending the interview with clear definition of remits
- case worker recording.

### 4.3 Group work

Group work for most Orders will be a necessary part of treatment.

Group programmes will have 3 characteristics:

- a) **Behavioural modification:** the purpose of the group is to determine, mutually, shared experience of problems and agree effective responses. The group dynamic should reinforce motivation for change and should monitor effective progress (without damaging self esteem)
- b) **Information/learning:** where individuals need to acquire helpful information, whether about themselves/their behaviour/or strategies for improved functioning; or about useful skills – literacy/employment skills/relationship/or child care skills.
- c) **Developing activities and constructive use of time:** filling time (released through reduced offending and reduced misuse of drugs) becomes a significant component in treatment once it is effective. Developing the skills to use time well, showing the constructive options which the individual may never have experienced, will constitute an important part of social learning.

Intensity of service involvement will vary according to programme stage and intensity of personal needs, but the following pattern will normally be followed:

- |                         |   |
|-------------------------|---|
| <b>Weeks 1 to 12:</b>   | <ul style="list-style-type: none"><li>• 3 to 5 individual counselling sessions per week, up to 1 hour per session (or more as possible)</li><li>• Augmented by a minimum of 1 group work programme relating to skills development</li></ul> |
| <b>Weeks 1 to 12:</b>   | <ul style="list-style-type: none"><li>• 3 days per week Intensive Group work</li><li>• Augmented by 2 individual counselling sessions</li></ul>   |
| <b>Weeks 12 to 24:</b>  | <ul style="list-style-type: none"><li>• 3 days per week Intensive Group work</li><li>• Augmented by 2 individual counselling sessions</li></ul>   |
| <b>Week 24 onwards:</b> | <ul style="list-style-type: none"><li>• Minimum of 2 individual counselling sessions</li><li>• Augmented by group work as appropriate</li></ul>   |

## **5. Abstinence Programme Component**

An important aim of the treatment component of the Order is to assist the individual to achieve change through an improvement in lifestyle. This requires to be specific to the individual stage of progress and general capability. It also requires to be sensitive to gender and considerations of ethnic origin. Effectively, the person who is progressing from a period of chronic drug misuse is likely to require a range of skills based activities, combined with levels of support which will allow them to make best use of the opportunities.

### **5.1 Service “A”: Skills Development and Life Programme**

#### **Aims**

To enable participants to identify and value their own life experiences, and to encourage participants to use and adapt their existing skills and abilities for other situations and for their own development.

#### **Methods**

- Introduce participants to the concept of reflecting on experiences and identifying their skills and strengths
- Enable participants to undertake the process of identifying the skills they use in everyday life, what they can do well and what is important to them
- Enable participants to identify positive events from their life experience and to analyse what they have learnt from these events
- Enable participants to identify their transferable skills and to consider how these skills could be used in different situations
- Ensure participants appreciate the skills and qualities they possess so they can build on their strengths and experience to set goals for the future. The programme will include a “learning” element, to help address the skills deficits which offender and service provider identify should usefully be tackled.

#### **Social Skills**

The programme will aim to raise participant’s awareness of the nature and importance of social skills in working with people in different situations, and to practise some of these skills -

- by enabling participants to define their own social networks and to consider their own different relationships
- to raise participants awareness about how they perceive themselves and others
- to examine the purpose of communication and how to achieve a desired outcome
- to demonstrate the importance of active listening as a key communication skill
- to identify some of the key skills for clear, positive and effective communication.

#### **Duration**

The programme will comprise an intensive day service for up to 12 weeks followed by up to 6 months support and follow-up.

The intensive programme would normally comprise attendance for up to 6 hours, 3 days per week.

Second phase support would be at a level appropriate to individual need.

Second phase support may also be accessed by individuals moving on from intensive programmes provided by other treatment providers or agencies, but requiring further support in the community.

### **Composition**

The programme objectives will be met by:

- individual counselling
- support and activity groups
- behaviour change groups
- supported access to mainstream education, leisure activities and employment training
- liaison with community drug services to assist re-integration into local community services.

### **Eligibility**

The aim of the programme is to assist drug misusers to become drug free and to sustain this lifestyle. **Offenders who will access this programme will be those who wish to achieve abstinence as their first choice.** This will include those for whom substitute prescribing is not an appropriate option, and also those at the end of a substitute prescribing programme who wish to move on to abstinence from drug use. Where requested, liaison with family support services and provision of support for family members will be offered. (Separate day programme provision will be established for stabilised methadone users).

#### **5.2 Service “B”: Women Offenders**

For women preferring a “female only” service, the day programme offered by Turning Point’s Turnaround Project may be accessed. This will be applicable to women who are established on methadone prescription, or are pursuing drug free outcomes. The programme will include group-work and individual counselling elements.

#### **5.3 Service “C”: Residential**

Residential places will be purchased when assessed as appropriate, using the existing range of resources normally accessed for persons with drug problems.

**It is not envisaged that longer term residential programmes will be associated with Drug Treatment and Testing Orders but the Drug Court may access them via Probation Orders with an additional requirement for Drug Treatment.**

Shorter-term stabilisation and detoxification admissions may play a part in all Drug Court Orders.

**Note: See Annex to Chapter Two for Court Forms to be used by Supervision and Treatment Team**

## 6. Enforcement of Orders

### 6.1 DTTO Enforcement

#### 6.1.1 General Principles

The main objective of a Drug Court Order is to reduce or eliminate offending by tackling an individual's dependence on, and use of, drugs. In order to achieve this objective it is essential to retain an offender in appropriate treatment. All failures to comply can be indicative of fundamental difficulties e.g. loss of motivation, onset of relapse, relationship difficulties or other pressures. Accordingly, response to absences should be prioritised and followed up within 2 working days, preferably by a home visit, by or on behalf of the supervising officer. Individual responses to specific instances of non-compliance are detailed below, but supervising officers and the Case Group should have regard to the wider pattern of compliance across the various requirements.

The Supervising Officer and Case Group should include details on compliance levels and enforcement issues in reports for court reviews. This enables the Sheriff to take a more active role in confirming, re-enforcing or initiating disciplinary measures including interim sanctions or breach action.

Where breach action is initiated, the order and associated treatment should **not** normally be suspended.

The court has the power to impose various sanctions in the event of breach of the order, ranging from interim sanctions, up to and including revocation of the order and sentence for the original offence. All failures to comply should be reported to the court in the form of a breach report (see style at Annex to Chapter Two). **Such reports should be clearly marked to enable the Clerk of Court to identify them easily and take the appropriate action.**

See **section 6.3** below re fast track breach procedures

#### 6.1.2 Failure to attend for court review

Such failure is a clear and serious breach of the order. In such circumstances the court has a direct power to issue an immediate warrant for arrest and for the offender to be brought to court. Failure to comply with this condition should only lead to breach action at the direct behest of the Sheriff

- Failure to appear at a Probation Review  
Where an offender fails to appear at a Review and appears to be in breach, the Social Worker in Court will submit a breach report to that effect to the Clerk of court, at that time (see pro forma in annex to Chapter Two). The Sheriff will then consider whether to issue a warrant in respect of that Breach.
- Failure to appear at a DTTO Review  
A warrant can be issued in terms of section 234G of the Act, without the requirement for a separate report from the Supervising officer, detailing a breach through failure to appear
- Failure to appear at a concurrent Probation and DTTO Review  
The court will consider issuing a warrant in terms of the breach of the DTTO, in order to ensure the continuation of proceedings. The supervising officer should also take steps to lodge a breach report in respect of the failure to appear at the Probation element of the review, as soon as possible, in order that both matters can be considered together.

**Note. In the event that the Court issues a warrant in respect of breach proceedings resulting from a failure to appear, in circumstances where the Offender has also failed to comply with other requirements of the order, the Supervising Officer should also submit a separate breach report detailing all other failures to comply within 3 working days. This will ensure that the Sheriff is in possession of the full facts when considering what action should be taken in respect of the breach.**

### **6.1.3 Failure to attend for or co-operate with testing**

Mandatory drug tests are a unique legislative feature of a DTTO. As such any failure to comply with drugs testing should be regarded as serious. Subject to any contrary advice from the Sheriff at review, the established enforcement schedules for other community disposals should apply i.e. following investigation of the reasons for non – attendance and a finding of unacceptable absence:

- **1<sup>st</sup> Unacceptable absence to attend for testing**– verbal warning and recorded delivery letter from the supervising officer
- **2<sup>nd</sup> Unacceptable absence to attend for testing**– final warning and recorded delivery letter from the supervising officer
- **3<sup>rd</sup> Unacceptable absence to attend for testing**– institute breach action within 5 working days ( except where a period of more than 3 months has elapsed between the 2<sup>nd</sup> and 3<sup>rd</sup> absence, in which case a formal warning and recorded delivery letter may be issued in place of immediate initiation of breach action).

In general terms, an **acceptable absence** is one that the offender had no control over – e.g.

- offender was in custody at the time, or
- offender was ill at the time. In these circumstances a medical certificate would be required – self-certification is not acceptable. Further s/he would have been expected to have notified the treatment provider or supervising officer in advance of the absence.
- an advance request for absence had been made and granted by the treatment provider or supervising officer. Such authorisation should not be granted unless there is an over-riding reason why priority should not be given to fulfilling the terms of the court order.

There is also a **requirement to co-operate with testing**. This includes passing a urine sample when asked to do so for the test. Where an offender is **unable** (rather than unwilling) to pass a sample when required, they should be given up to one hour to pass a witnessed sample. They may have a soft drink or tea/coffee in the interim but be careful large quantities are not consumed as this can distort the test result. Where, after one hour, they are still unable to pass a sample, they should be formally warned that this fact will be reported back to court. Where an offender is unwilling to provide a sample that should, as a matter of procedure, be regarded and treated as an unacceptable failure to attend for testing and the particular circumstances should be highlighted to the court.

### **6.1.4 Attempts to Interfere with Integrity of Test**

Any attempt to interfere with or distort the integrity of the test or result is a grave breach of the order and should lead to immediate institution of breach action.

### **6.1.5 Failure to Attend for Treatment**

Any failure to attend for treatment is a direct breach of a condition of the order and, as such, must be regarded with concern. Nevertheless, such failure(s) should be seen within the overall pattern of compliance with, and progress on, the order. The important consideration is sustained commitment to

treatment. Periods of lapse and relapse can be readily anticipated in the course of treatment and supervision, and should be distinguished from general patterns of non-compliance. Where **unacceptable** absences from treatment appointments approach the following thresholds, within *two 4 weekly court reviews* ( i.e. an 8 week period), action should be instituted as follows:

- **1 in 5 unacceptable absences from treatment appointments:** verbal warning and recorded delivery letter from the supervising officer
- **1 in 4 unacceptable absences from treatment appointments:** 2<sup>nd</sup> verbal warning, recorded delivery letter from the supervising officer and report to review court for advice
- **1 in 3 unacceptable absences from treatment appointments:** initiate breach action within 5 working days (subject to court advice to the contrary.)

Note: 6.1.3 above for guidance on acceptability of reasons for absence.

### **6.1.6 Failure to Co-operate with Treatment**

The offender is required, as a standard condition of a DTTO, to “submit ... to treatment by or under the direction” of the treatment provider (section 234C of the Criminal Procedure (Scotland) Act 1995.) Accordingly, the offender must comply with reasonable instructions of the provider, conduct him or herself in a reasonable manner and co-operate with treatment. Unfitness to co-operate with treatment as a result of alcohol or drug misuse constitutes a failure to co-operate. It is a matter of discretion for the supervising officer and Case Group as to what action should be taken for such failures to co-operate. The seriousness and frequency of such conduct will define the appropriate response.

### **6.1.7 Lack of Punctuality in Attendance for Treatment and/or Testing**

The offender is specifically required to attend for treatment “at such intervals, as may be so specified” by the treatment provider and for testing “at such times and in such circumstances as may ... be determined by the treatment provider” (section 234C). It is again a matter of discretion for the supervising officer and Case Group as to what action should be taken for such failures to co-operate. The seriousness and frequency of such conduct will define the appropriate response.

### **6.1.8 Reporting to Supervising Officer**

Uniquely, the DTTO places limitations on the role of the supervising officer. The offender is required to:

- a) report to the supervising officer as required and
- b) notify the supervising officer of any change of address.

These are ancillary requirements, to support the package of treatment, testing and court oversight. Infractions of these requirements alone would not normally lead to the initiation of breach proceedings (except at the outset of an Order, before testing and treatment instructions have been issued).

## **6.2 Enforcement of Enhanced Probation Orders**

### **6.2.1 General Principles**

The standards outlined above for DTTO enforcement (with the exception of 6.1.8 Reporting to Supervising Officer) shall be equally applicable to Drug Court Probation Orders with enhanced conditions of Drug Testing, Treatment and Court Review **See Section 6.1.2 above re procedures to be followed in the event of failure to attend for Court Review).**



## 6.2.2 Reporting to Supervising Officer

The current National Standards on Probation Supervision shall equally apply to the Drug Court Enhanced Probation Orders – for example, in relation to breach for further offence; levels of contact; failures to report to the Supervising Officer and to report changes of address or employment. The flexibility available to the Supervising Officer in relation to non-compliance issues contained in National Standards will be particularly valuable in these cases.

However, reports to court in relation to such compliance infractions will reflect the overall objectives of the Drug Court initiative. In particular, it will be important to place such enforcement issues in a holistic context, effecting overall patterns of compliance with supervision **and** treatment progress.

Progress on Probation supervision should form part of the routine reports submitted to review hearings and the advice of court should be taken on whether to proceed with breach proceedings.

## 6.3 Fast Track Breach Procedures

**STAGE 1** Sheriff initiates breach procedures by inviting, or giving advance authorisation to, the Supervising Social Worker to submit a breach report. The Supervising Officer may also initiate breach proceedings, where appropriate, but in these circumstances the decision to initiate breach must be endorsed by the Social Work Project Leader.

**STAGE 2** Supervising Social Worker submits original and six copies of breach report, containing grounds of breach, and any additional progress report to Sheriff Court Social Work Unit. Drug Court Clerk receives original report and 2 copies. (**within 3 working days**)

**STAGE 3** Clerk gives copy of breach report to Sheriff to obtain Sheriff's instructions (**within 1 working day**)

**STAGE 4** Sheriff considers breach report and (a) decides to take no action on the breach, or (b) issues a warrant to cite the offender to attend court to answer the alleged breach or (c) issues a warrant for the apprehension of the offender (**1 day**)

### **STAGE 5A Warrant to cite cases**

Clerk fixes citation date, if possible, for next Drug Court Review Hearing already scheduled for that offender. Clerk cites offender and notifies Fiscal and Supervising Social Worker of date fixed (**within 2 working days**)

**Or**

### **STAGE 5B Warrant to apprehend cases**

(a) Clerk sends warrant (with breach report and grounds etc) to police (**within 2 working days**)

(b) Police arrest offender (**as quickly as possible, and certainly without undue delay**) and informs Fiscal, Clerk and, where possible Supervising Social Worker of court appearance from custody to answer alleged breach.

(c) Clerk and Fiscal ensure case is called before Drug Court Sheriff and not in the Custody Court. Note: if Drug Court Sheriff is not available, the Custody Court Sheriff will take the offender's response to the alleged breach and refer the case to the next Drug Court (offender bailed or remanded in custody at Sheriff's discretion).

**STAGE 6** Offender appears in Drug Court. If he appears in response to citation he can be called on to admit or deny the breach. If he appears following a warrant to apprehend the clerk will continue the case for 48 hours, unless the offender is prepared to waive or reduce the 48 hour period of notice (induciae)

**STAGE 7A Where Offender accepts grounds of breach**

- (a) Drug Court Sheriff sentences
- (b) if Social Worker absent from court, Clerk notifies Supervising Social Worker in writing of outcome of breach case (**within 5 working days**)

**STAGE 7B Offender does not accept grounds of breach**

- (a) Proof date is fixed (**diet to be within 1 month**)
- (b) Sheriff remands offender in custody or bails at liberty for proof
- (c) Sheriff decides whether to hear proof himself or, more probably, proof is scheduled to be heard by non-Drug Court sheriff

**STAGE 8 Proof Diet**

Proofs are normally heard by Sheriffs outwith the Drug Court. Where the grounds of breach are accepted or proved to the satisfaction of the Sheriff, the Sheriff refers the case to the next scheduled Drug Court for sentence. The proof clerk intimates outcome to Drug Court clerk (**same day**) and Drug Court Sheriff sentences. Where grounds of breach are not proved to the satisfaction of the Sheriff, the Drug Court Order continues. The proof clerk assigns the next review hearing to call before the Drug Court and intimates outcome to Drug Court clerk (**same day**).

**Note: The citation would normally be fixed for the next Review Court where that particular offender was already scheduled to appear. This would be approximately 1 month away since Reviews are held not less than once per month. Where a breach process is instituted so that there is not enough time left to arrange to hear the breach at the next scheduled Review, the citation should be arranged for the offender to appear at court for the breach within 1 month of Stage 3 above. The intervening Review should then be continued to the same citation date assigned. (A review continued, on cause shown, could take place in less than the monthly statutory period).**

## **7. Testing**

### **7.1 Introduction**

The DTTO requires that testing be carried out at specific intervals, to ascertain whether the offender “has any drug in his body” during the treatment and testing period. The order will specify, for each month, the minimum number of occasions on which samples are to be provided.

In addition, prior to an order being made, the Court may require a test to be carried out as part of the process of ascertaining whether the offender “is dependent on, or has a propensity to misuse, drugs”.

The offender’s consent is required before an order can be made – but if consent is given this will include agreement to undergo periodic testing.

### **7.2 Purpose**

The role of the test will, in the main, be to fulfil the following purposes:-

- a) to inform the initial and continuing pattern of drug misuse;
- b) to augment information provided by the offender as to his/her drugs misuse;
- c) to inform clinical decisions with regard to treatment;
- d) To increase confidence in treatment on the part of the sentencer, provider, offender and wider community; and
- e) On occasion, to verify abstinence from specific substance misuse.

### **7.3 Interpretation**

Test results need to be interpreted in the wider context of the offender’s response to treatment, and should not be the over-riding factor on which the treatment process would be determined. However, the value of testing may be seen to lie in the support for, or contradiction of, information derived from the assessment of behaviour and other observed responses to treatment.

The test conducted during the period of assessment will cover a range of drugs most frequently misused. Thereafter, once the order is made, testing will focus on the index drugs of misuse being addressed by treatment as set out in the DTTO. At random intervals, or if the offender’s conduct and presentation suggest that it would be desirable, or at the direction of court, tests for a further range of drugs will be carried out in order to monitor the overall pattern of use.

### **7.4 Method**

For each drug test, offenders will require to pass a sample of their urine. Testing will normally be carried out by dipstick analysis. This will be augmented by laboratory testing. Dipstick analysis is a helpful technique when a quick result is desirable, but the result must always be interpreted against a background of information provided by the offender. It is acknowledged that this form of testing carries a lower reliability for accuracy. If the results of the “dipstick” test are contested by the offender a laboratory test should be carried out to ensure greater accuracy.

**Note:** As the technology of testing advances and the reliability of different forms of testing improves, the Drug Court may authorise other forms of drug testing to be employed – for example, saliva tests. The initiative for this will lie with the medical officers from the GASCD. No new form of testing will be introduced, however, without the matter first being approved at a meeting of the Drug Court Team. The frequency of testing will be as follows, unless otherwise required by the Sheriff:

- i) One test during the assessment period, using “dipstick” methodology, covering the broad range of misused drugs. This would ensure rapid results, which can be utilised in dialogue with the offender for assessment purposes. If the result is contested, a lab. test should be substituted.
- ii) Once an order is made, testing should be carried out twice weekly for the first month of the order. At least one of these tests in the first month should be a laboratory test.
- iii) For months 2 to 5 of the order, testing should be carried out once per week with at least one of these tests per month being a laboratory test.
- iv) From 6 months onwards testing should be carried out once per fortnight, reducing to once a month. Of these tests, at least one per 8 weeks must be by laboratory methods.
- v) At least 1 test per month must be carried out on a random basis.

The drug testing procedure must, as far as possible, be certain and verified. Validity of testing depends not only on the test methodology but also on the reliability of samples. To promote accuracy, the following elements are to be incorporated into procedures:

- i) Direct observation of urine sample collection;
- ii) Verification of temperature, if required – to reduce risk of substitution;
- iii) Documented chain of possession for each sample collected, linked to secure transmission of samples to laboratory.
- iv) Regular quality control checks and quality assurance procedures.
- v) Procedures for verifying accuracy when test results are contested.

All test results must be notified to Court. Any failure to submit to testing, any known or suspected attempts to subvert the test process, and any contested test (including outcome of re-test) should be reported at review hearings or breach proceedings.

Note: Offenders have to co-operate with the test procedures, not least by passing a sample to be tested. If they are unable to do so, they should be given no more than one hour to so provide the necessary sample. Failure to produce, will be reported to court and represents non-compliance. The one exception to this is where an offender is unable to pass a urine sample for testing during the 4-week assessment period. In these circumstances, the one-hour period may be extended. If the offender is still unable to pass a sample, the offender should receive a second (if feasible and necessary, a third) appointment to pass a sample. If this still fails to produce a sample, the matter should be reported back to court. **In such circumstances, it is highly unlikely an offender will be able to receive a Drug Court treatment order.**

## **7.5 Procedure**

All offenders are required to have signed Form 1 Drug Tests of the Glasgow Drug Court Consent and Agreement Forms (**see Annex to Chapter 2**).

The Supervising Social Worker must ensure that the offender has a clear understanding of the requirements of the Order in respect of testing.

This will cover test frequency, the requirement for supervision of sampling, the drugs to be tested (including occasional random wider testing) and the right of the offender to arrange independent check testing if required.

For the assessment test, the offender will be briefed with regard to the requirement of supervised sampling, the drugs to be tested, and the right to arrange independent check testing. The offender will indicate consent to the assessment test by countersigning a pro-forma.

The briefing must be clear and specific as to the requirements of supervised testing, in particular with regard to witnessing the provision of the sample. Test supervision must be carried out by a worker of the same gender as the offender.

All laboratory test results must be communicated to the supervising officer, normally within 3 working days of the test date, and must be received no more than 4 working days from the test date.

The offender should be asked at each test if they are taking any prescribed, over the counter or illicit drugs. The response should be documented and signed by the offender.

The test should be carried out in appropriate circumstances of privacy. The offender will be given the urine collection container and will be observed providing the sample (i.e. urine leaving the urethra).

Temperature checks may be carried out if appropriate.

The sample for transmission to the laboratory will be extracted into the tamper proof container and labelled ready for transmission in the presence of the offender. Labelling should contain client ID number and date. The date of sampling and transmission to laboratory will be recorded in a log. A chain of custody form will be completed and accompany the specimen until it arrives at its destination (laboratory), where receipt will be signed for.

At the laboratory, the sample will be divided. Two parts will be retained in appropriate sealed storage conditions in case of need for re-test and a third part will be tested immediately with the result being supplied to the supervising officer. The remaining two parts will be retained for one month (or until the next Court review). One of these retained parts will be provided to the offender to arrange re-test, should this be requested, the costs of which will be covered.

Note: The above rules on testing apply equally to enhanced probation orders made by the Drug Court.

## **Annex to Chapter Two**

### **GLASGOW DRUG COURT**

#### **COURT FORMS:**

- Social Enquiry And Drug Assessment Reports
- Drugs Action Plan for a Community Based Court Order
- Review By Drug Court
- Application for Breach – General
- Application for Breach – Failure to appear at P.O. Review

#### **CONSENT AND AGREEMENT FORMS:**

- Form 1                      Drug Tests
- Form 2                      Review Hearings at the Drug Court and pre-review court meetings
- Form 3                      Sharing of Information
- Form 4                      Research into the Drug Court

**GLASGOW DRUG COURT  
SUPERVISION AND TREATMENT TEAM**

**SOCIAL ENQUIRY AND DRUG ASSESSMENT REPORTS**

**Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**Offence(s)** \_\_\_\_\_

**Remanded/Bailed/Ordained on** \_\_\_\_\_ **for consideration of the**

**Drug Court on** \_\_\_\_\_

**Outstanding Charges/Warrants** \_\_\_\_\_

\_\_\_\_\_

**Social Enquiry Report compiled by:**

\_\_\_\_\_, **Criminal Justice Social Worker**

**Drug Assessment Report compiled by:**

\_\_\_\_\_, **Criminal Justice Social Worker**

\_\_\_\_\_, **Addiction Worker**

\_\_\_\_\_, **Medical Officer**

\_\_\_\_\_

**Date of Drug Test** \_\_\_\_\_

**Result of Drug Test**

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Designation** \_\_\_\_\_

**Name** \_\_\_\_\_

**GLASGOW DRUG COURT  
SUPERVISION AND TREATMENT TEAM  
DRUG ASSESSMENT REPORTS**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

For Drug Court on \_\_\_\_\_

**Principal Index Drug(s)**

**History of Drugs Misuse (including past treatments)**

**Pattern of Current Drugs Misuse**

**Drug Test Results**

**Current Drugs Assessment**



**Motivation and Support**

**Conclusions**

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Designation** \_\_\_\_\_

**Name** \_\_\_\_\_

**GLASGOW DRUG COURT  
SUPERVISION AND TREATMENT TEAM**

**Drugs Action Plan for a Community Based Court Order**

IMPORTANT NOTE: THIS PLAN DOES NOT IN ANY WAY INDICATE THE COURT WILL MAKE A COMMUNITY BASED ORDER. THE COURT HAS FULL SENTENCING POWERS INCLUDING CUSTODY.

Overall Objectives to be met by end of Order (should be specific and holistic)

Overall Plan to meet the above Objectives (including phased targets)

Targets to be achieved in First Quarter

## **Suggested Schedule of Testing for First Month**

### **Treatment Providers and Components of Plan**

**1.**

**2.**

**3.**

**4.**

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Designation** \_\_\_\_\_

**Name** \_\_\_\_\_

**GLASGOW DRUG COURT  
SUPERVISION AND TREATMENT TEAM**

**REVIEW BY DRUG COURT**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date of Order \_\_\_\_\_ Type of Order \_\_\_\_\_

Length of Order \_\_\_\_\_ Months. Review No. \_\_\_\_\_

Date of Review \_\_\_\_\_ Date of Last Review \_\_\_\_\_

**SECTION 1 DRUG TESTS**

<b>DATE OF TEST</b>	<b>RANDOM (R ) or PRE-ARRANGED (P)</b>	<b>RESULTS</b>

**Interpretation and Assessment of Results**

**SECTION 2 PROGRESS SINCE LAST REVIEW**

**Dates of Attendance**

**Dates of Absence (and reasons)**

**Assessment of Progress**

**Major Issues**

**SECTION 3 EXPECTED PROGRESS FOR NEXT REVIEW**

**Suggested schedule of Drug Testing**

**Progress expected for Next Review**

**Report compiled by:**

\_\_\_\_\_, **Criminal Justice Social Worker**

\_\_\_\_\_, **Addiction Worker**

\_\_\_\_\_, **Medical Officer**

**GLASGOW DRUG COURT  
SUPERVISION AND TREATMENT TEAM  
REVIEW BY COURT**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date of Review \_\_\_\_\_

**History of Drug Test Results**

Date of Test	R or P	RESULTS - COMMENTS

**DRUG COURT**

**PROBATION ORDER**

**APPLICATION FOR BREACH**

This report is submitted in terms of the Criminal Procedure (Scotland) Act 1995.

Name: ..... Date of Birth: .....

Address: .....

Court: GLASGOW SHERIFF COURT

Date of Order: .....Length: .....Date of Next Hearing:.....

Reviewing Sheriff:

Offence(s): .....

\*Please note that this offender IS/IS NOT subject to a concurrent DTTO/Probation Order/Restriction of Liberty Order/Both

**Grounds of Breach:**

**FAILURE TO COMPLY WITH REQUIREMENT OF ORDER, BY FAILING TO APPEAR AT COURT  
REVIEW HEARING ON .....**

**\* Progress Report (please see attached).**

Date: .....

Name: .....

Designation: Social Worker

Signature: .....

Complaints Number(s) for all orders imposed:  
.....

Witness List:  
.....

\*Delete where appropriate

**DRUG COURT**

**\*PROBATION ORDER/DRUG TREATMENT AND TESTING ORDER**

**APPLICATION FOR BREACH**

**This report is submitted in terms of the Criminal Procedure (Scotland) Act 1995.**

**Name:** ..... **Date of Birth:** .....

**Address:**  
.....

**Presently in Custody: YES/NO**

**Court:** GLASGOW SHERIFF COURT

**Date of Order:** ..... **Length:** ..... **Date of Next Review Hearing:** .....

**Reviewing Sheriff:**

**Offence(s):**  
.....

\*Please note that this offender IS/IS NOT subject to a concurrent DTTO/Probation Order/Restriction of Liberty Order/Both

**Grounds of Breach**

**\*Progress Report** (please see attached).

**Name:**  
**Designation: Social Worker**  
**Signature:** .....  
**Date:**

**Name:**  
**Designation: Project Leader**  
**Signature:** .....  
**Date:**

**Complaint Number(s) for all Orders imposed:**

**Witness List:**

**\*Delete where appropriate**



## GLASGOW DRUG COURT

### CONSENT AND AGREEMENT FORMS

If the Drug Court decides to give you:

- a Drug Treatment and Testing Order (DTTO); or
- a Probation Order with conditions of treatment and testing;

you will be asked whether or not you agree to accept the Order and the conditions of it. If you agree you must sign this set of forms in front of the Drug Court Sheriff.

**Please note that if a Drug Court Order is made, the Court will have the power to impose penalties if you do not comply with the conditions of the Order**

**Please read these forms very carefully.**

Be sure you understand what you are signing and what it means to you.

**We strongly recommend that you discuss these forms with your solicitor before you come to the Drug Court.**

Please remember that coming before the Drug Court **does not** guarantee that you are going to get a community disposal such as a probation order or a Drug Treatment and Testing Order (DTTO).

You **could**, for example, get a fine or custodial sentence (detention, if you are under 21).

Form 1

## Drug Tests

Drug tests are an essential part of any Drug Court treatment order such as a Probation Order or a Drug Treatment and Testing Order (DTTO).

To begin with you are likely to be tested at least twice a week and then at least once a month.

The Drug Court can order the **minimum number** of tests you should undergo in any month but your treatment provider **may increase** this number.

You will know about and have an appointment for many of your drug tests however, some tests will be taken **at random** and **you will not be told about them beforehand**.

For each drug test **you will need to provide a sample of your urine. When you pass your urine for the test this will have to be witnessed** by a member of staff of the same sex as you. No-one else will be present. You will be given up to 60 minutes to provide the sample.

If you do not turn up for a drug test or you fail to co-operate (including failing to provide a sample) the Drug Court will take the matter seriously. You must never try to falsify a Drug Test or the consequences will be severe and be likely to include formal breach of your order. You would then risk custody and expulsion from the Drug Court.

The results of **all** tests will be given to the Drug Court Sheriff at least every month.

The Drug Court Sheriff knows that you may suffer a relapse and use drugs again while you are recovering from your drug dependence, and that your recovery may take some time. The Sheriff's attitude to a positive test result will depend on:

- your honesty in accepting your use of drugs;
- your honesty in facing up to any difficulties you are facing in your life which may be contributing to your use of drugs;
- your treatment plan and the progress you are making; and
- your future intentions, motivation and determination.

If the Drug Court Sheriff is **not** satisfied with your honesty in these matters he or she is more likely to take a dim view of positive tests and impose sanctions. You can challenge the result of any Drug Test. Samples will be sent to a laboratory for testing but two parts of the sample will be kept and stored. If you then challenge the result of the laboratory test, the lab will test one of the remaining parts and you will be given the last part so you can have it independently tested. The costs for this will be covered. You should know that the Drug Court will be told about every time you challenge the result of a test and will be given the results of the re-tests. You have **one month** or until the **date you next return to court for a review court hearing** (whichever is sooner) to challenge the result of your test. Samples will not be kept after this time.

Samples will be tested with a dip-stick or in a laboratory or by any other method approved by the Drug Court (e.g. a saliva test). Any contest of a dip-stick test result will result in a lab test.

You must tell the Drug Court about any medicines, pills or tablets, either prescribed or bought from a chemist or pharmacy, taken in the month before each test. This is because medicines can affect test results.

Before each test you must also tell the Drug Court about any methadone or any illegal drug you have taken in the previous month, including the amounts used and how often.

Before each test, you will have to sign a form and either give details of any legal or illegal drugs taken or declare that you have not taken any drugs.

**I understand and agree to all the above requirements and information on drug tests.**

**Signed (offender).....Date:.....**

**Signed (officer).....Date:.....**

**(designation).....**

**Review Hearings at the Drug Court and pre-review court meetings**

Throughout any treatment order you receive you will have to return to the Drug Court regularly for review hearings in front of the Drug Court Sheriff.

At review hearings the Sheriff will consider the results of all your drug tests, look at how your treatment is progressing, ask you to explain your reasons for missing any meetings or appointments including reasons for any absences at supervision, treatment or testing and consider how you are doing in general.

Where necessary, the Drug Court Sheriff can change the nature of your treatment or change the treatment provider if you agree to those changes. He or she can also impose sanctions if your progress and co-operation is not good enough.

**You are entitled to have your solicitor with you at all such Review Hearings.**

Before review court hearings, the sheriff may meet privately **in your absence** with your supervising officer and treatment providers and also the fiscal. **Your own solicitor will always be invited to attend such meetings.**

These meetings are called **“Pre-Review Court Meetings”**. The purpose of such meetings is to receive a detailed progress report on how you are doing and how your treatment is progressing. The sheriff will hear if there is any need for your treatment to be changed or about any other matters of relevance.

**No formal decisions will be taken by the sheriff at this time as he will want to discuss the progress with you first.**

You are invited:

- (i) to agree to these private pre-review court meetings taking place in your absence;
- (ii) to authorise your solicitor to be present at these meetings to ensure your best interests are represented and your proper rights protected; and
- (iii) to agree to your solicitor attending these meetings on your behalf.

I understand the above information about the Pre-review court meetings and agree to them discussing my case in my absence. I agree to and authorise my solicitor to attend these meetings.

**Signed (offender) .....Date .....**

**Signed (officer) .....Date .....**

**(designation) .....**

Form 3.

**SHARING OF INFORMATION**

Under the Data Protection Act 1998 you are given broad protections to ensure, in general, that information held about you and given to an agency for one purpose cannot be used for any other purpose and cannot be shared with any other agency. There are some exceptions to this general rule.

The operation of the Drug Court depends on all the different agencies involved with or supporting the court working together in order to ensure its best chance of success. This is in your best interests as well as in the best interests of the wider community.

**It is therefore important that the agencies involved in or supporting the Drug Court are able to share with each other relevant information they may have or gather about you.**

These agencies would include:

- (i) the Drug Court itself (sheriff, clerk of the court, fiscal service);
- (ii) your defence agent;
- (iii) the Police;
- (iv) the Social Work Service;
- (v) your treatment providers, including Health Service medical officers (doctors & nurses); and
- (vi) the Scottish Prison Service (but only where you are held in custody during the currency of any part of your treatment order or assessment for your treatment order.)

**YOU ARE INVITED TO AGREE TO INFORMATION ABOUT YOU BEING SHARED BETWEEN THE ABOVE NAMED AGENCIES BUT ONLY ON THE CONDITION THAT THE INFORMATION WILL BE SOLELY USED IN CONNECTION WITH THE DRUG COURT AND RELATED MATTERS.**

**I understand the above notes and give my consent to information about me being shared between the above agencies in relation to the Drug Court and any order or treatment arising from the Drug Court.**

Signed (offender)..... Date .....

Signed (officer) ..... Date .....

(designation) .....

## **Research into the Drug Court**

Glasgow Drug Court will be only the second Drug Court to operate in the whole Europe. It is a new way for the criminal justice system to use medical and social work resources to deal with people with significant drug problems and a history of offending.

It is important to know if the Drug Court could be more effective than traditional methods of dealing with drug-related offenders in:

- reducing an offender's dependence on drugs; and
- reducing the number of drug related offences.

For this reason the Scottish Executive has decided that the work and results of the Drug Court should be independently evaluated and researched.

**You** are important in this evaluation and research. We need to know about the people referred to and accepted by the Drug Court; what the strongest and weakest areas of the service are; whether it is helpful in getting you good treatment - and fast - and whether it supports you in your efforts to control your drug use.

Your experience and view on all of this and other related matters is very important.

We would like you to sign this form to confirm that you agree to co-operate with the researchers by seeing them from time to time and by answering their questions.

Any information you give them will be kept **private and confidential**.

When the results of the independent research are reported, you will not in any circumstances be identified to

- the Drug Court;
- the Drug Court Sheriff;
- any of the agencies involved with or supporting the Drug Court; **or**
- the general public.

You do **not** need to agree to this if you don't want to and it will not in any way affect how the Drug Court will deal with you. However, we hope you will agree to help out. The Drug Court has been set up only for an initial period of two years and the results of the research will help decide whether it should continue or even expand. We hope you will benefit from the opportunity the Drug Court gives you in order to reduce or control your drug use and the need for you to offend. By agreeing to take part in the research, you would be helping not only yourself but also others in the future who find themselves in the same position as you are in now.

**I agree to take part in the independent research into and evaluation of the Glasgow Drug Court on the basis that information provided by me and about me is kept confidential so that my identity is kept private and will not be revealed.**

**I agree to the researchers having access to information which agencies involved with or supporting the Drug Court hold about me, on the basis that information is kept confidential.**

**Signed (offender):**.....

**Signed (officer)** ..... **Date** .....

**(designation)** .....

## **CHAPTER 3**

### **3.1 INFORMATION FOR SHERIFFS**

#### **Introduction**

This section is designed to provide information and assistance for those Sheriffs who have not been designated as Drug Court Sheriffs. It is assumed that they are broadly familiar with the Drug Court concept and are aware of the objectives of the Court and it is not intended to reproduce at length material, which is available elsewhere in this manual.

The Drug Court is at its most basic a court of criminal jurisdiction with the same powers as any other Sheriff court. It is not meant to be and cannot be allowed to become or to be regarded as some kind of soft option. Except as will be mentioned later, the Drug Court, like the Remand Court, will deal with cases referred to it by other Sheriffs in Glasgow, often those Sheriffs sitting in the Custody Court. Where appropriate, the Drug Court will also receive referrals from other summary and solemn courts, after a plea or finding of guilt.

The Drug Court Sheriffs will not, as such, hear trials - again like the Sheriffs in the Remand Court. Their function will normally be to dispose of cases following a plea of guilty although referral post-trial is not ruled out. It will be obvious therefore that the success of the Drug Court depends on referrals being made to it and it is important that where appropriate such referrals be made.

Conversely, inappropriate referrals will both result in time wasting and in raising expectations in people who are unsuitable. Having said that, each Sheriff must, as ever, make up his or her own mind as to whether a referral should be made or whether some other disposal is more suitable.

The staple diet of the Drug Court will be the Drug Treatment and Testing Order and the probation order. It need hardly be said of the latter disposal but, for the avoidance of doubt, DTTO's will not be the exclusive province of the Court and will remain open to all Sheriffs in Glasgow.

Unlike the position in normal criminal procedure, each Drug Court Sheriff will preside over a team, which will contribute to the sentencing process in a manner which is unprecedented in this country but is commonplace in those jurisdictions where these Courts operate. All Sheriffs will be familiar with reading Social Enquiry Reports and such documents but in the Drug Court the people who are testing and supervising the offenders will be addressing the Sheriff directly on a regular basis and contributing to a much more meaningful discussion of offenders than has hitherto been practicable. The offenders themselves will be directly answerable to the Sheriff who will be kept fully informed of their progress at pre-court meetings. It should be borne in mind, however, that the ultimate decision in any case will be made by the Sheriff.

Resources will be made available for the Court to have the offenders appear before it as frequently as may be necessary to monitor progress and arrangements will be put in hand for dealing quickly with breaches of Court orders.

#### **The referral process**

The process of referral to the Court is dealt with elsewhere. Put shortly, in the normal case, the Custody Court Sheriff will be the first Sheriff to see the offender. The preliminary work of assessing the offender's suitability will already have been done, a plea of guilty will be tendered and the Sheriff will continue the case, normally on bail, for Social Enquiry and Drugs Assessment reports and (with the offender's consent) a drugs test. The case will call in the Drug Court and that Court will dispose



of the case either by what can in shorthand be known as a Drug Court Order, where the reports are favourable or by whatever other disposal may be appropriate.

It is not envisaged that every offender who is regarded as suitable following the initial screening interview will ultimately prove to be so but, nonetheless, while the independence of each Sheriff must not be undermined in any way, it is hoped that the recommendations from the screening interview will be given due consideration.

A fortiori where a candidate had been specifically declared unsuitable following the screening interview it is hoped that a Sheriff would be very slow to make a referral either on his or her own initiative or following a submission by a defence advocate. The likelihood is that such a referral would be rejected. In any event it would be difficult to justify the expense and delay occasioned by the assessment process either without a preliminary screening or in the teeth of a negative screen.

On the other hand where, for example, an accused pled guilty to a summary complaint while an assessment process was already in train after a screening interview and referral in connection with other matters it would be appropriate to refer the case to the Drug Court without another screening interview being required.

The procedure to be followed in other cases where a plea is tendered or a finding of guilt is made at a later stage in court proceedings is also set out in the manual. It should be borne in mind that the screening process is an integral and very important part of the machinery. Cases should not be referred to the Drug Court without a requirement also being made that the accused undertake an initial screening interview to determine suitability for a Drug Court Order. If it appears to the referring Sheriff, whether on the application of the defence agent or otherwise, that a person may be suitable for a treatment-based order, they should consider making such a referral to the Drug Court at as early a stage as possible. There is no need to call for an SER in advance of making the referral. If the offender is screened as suitable for further assessment, the Drug Court Sheriff will call for an SER at the same time as ordering a Drugs Assessment Report. The Drug Court Sheriff also has discretion to refer unsuitable cases back to the referring Sheriff, lest the Drug Court become a second remand court.

### **Referrals after trial**

A referral after trial is not thought likely to be a common occurrence. The doors are not closed to this but, as matters stand, it is highly unusual for a disposal after trial to be made by a Sheriff other than the one who heard and assessed the evidence. Were such a referral to be made, it is thought that an agreed version of events would require to be given to the Drug Court by the Fiscal and the defence but where that was not possible the trial Sheriff might have to be prepared to provide a report. If the Drug Court Sheriff was not prepared to make a Drug Court Order then the likely result would be a referral back to the trial Sheriff for disposal.

### **Appeals**

The question arises as to which sheriff would provide a report to the court of criminal appeal if the drug court disposal is appealed or indeed, if the offender appeals against conviction and/or sentence. Clearly an appeal against conviction would only affect the sheriff who conducted the trial and he or she would obviously prepare the stated case. When an appeal against sentence is involved however against a drug court order, there is no clear answer as to who should prepare the appropriate report to the appeal court. It is suggested however that the sheriff or judge before whom the plea of guilty or finding of guilt was recorded or made, could prepare a simple narrative of the factual situation, including the reference of the matter to the Drug Court, on the basis of the reports which had been available. Thereafter, the drug court sheriff could complete the report and both sheriffs would be required to sign it

This issue becomes even more complex where a person already under the supervision of the Drug Court goes to trial and leads, inevitably, to the conclusion that it will almost always be preferable for a Sheriff to deal himself or herself with a case in which guilt has been contested. No doubt the fact that an offender is under such supervision will be taken into account in passing sentence. If the supervision took the form of a Probation order then in terms of Section 233 (2) of the 1995 Act the trial Sheriff would have the power to deal not only with the new offence but also that which gave rise to the Drug Court Order and the whole process could be brought to an end without the Drug Court's having any say in the matter but it is hoped that that scenario would not arise.

Where the offence is one which post-dates the making of the Drug Court Order that Court will in any event have regard to it and take such action as is appropriate.

### **Breaches of Drug Court Orders**

Where it is alleged that an offender is in breach of a Drug Court Order the case will call first in that Court either at a diet fixed for the purpose or at one of the regular reviews. If the breach is admitted the Drug Court will proceed to disposal. If it is contested the matter will normally be remitted to another Sheriff for proof and it is envisaged that if the Breach is established the case will be referred back to the Drug Court for disposal.

### **Complex cases and Multiplicity of Complaints**

Where only one new complaint is involved the matter is relatively straightforward. Inevitably however, given the nature of the target group of offenders, Sheriffs will frequently be faced with a number of complaints often at different stages.

Referrals from the Custody Court: Hardly a day passes in the Custody Court without a number of accused appearing on some new complaints, some where they have failed to appear for trial or intermediate diet and some where a warrant has been issued in respect of failure to appear at a diet of deferred sentence. What is to be done with them if the screening interview has identified the accused as suitable for the Drug Court? In the first place it is hoped that the Crown and defence would assist by indicating an agreed plea dealing with all outstanding matters. Where that happened then all cases could be referred to the Drug Court for disposal. Where a plea could not be negotiated on all matters and a trial or trials required to be fixed then that would have to be done but that should not stop a referral being made in respect of the other cases where a plea had been accepted. Nonetheless each Sheriff would have to make up his or her own mind whether or not to refer and it might be thought that an alternative disposal was appropriate in a particular case.

Referrals from later stages: Where an offender is faced with a number of complaints, whether in the remand or cited courts, or at trial, including the common situation of some such complaints being for deferred sentence and others where there has been a previous failure to appear for intermediate or trial diets, it would be hoped that the defence and prosecution may have reached agreement as to the best resolution of them all, such as to the effect that pleas in all outstanding cases are negotiated. Clearly, however, there will be (no doubt frequently) situations where offenders may negotiate pleas of guilty to some cases, whilst adhering to not guilty pleas in others, so that further trial and intermediate diets must necessarily be set down. In such circumstances, it is still hoped that for the cases in which sentence has already been deferred and for those in which pleas of guilty have been newly tendered, referral to the drugs court might be made forthwith, with the requirement for an initial assessment interview to take place prior to the case calling in the Drug Court. Again it is stressed that the decision in such circumstances is solely for the sheriff dealing with the disposal of such multiple complaints.

Where deferred sentence has to call before a particular sheriff: Where sentence was to be deferred for another Sheriff in any particular case it would be for that Sheriff to determine whether or not to refer

the case to the Drug Court. Where however there was such a complaint along with other complaints in respect of which a referral was thought to be appropriate then it is suggested that the referral process could be put in motion for the latter complaints. It would be for the sentencing Sheriff to decide what to do in the exercise of his or her discretion e.g. whether to defer further to await the Drug Court decision, to refer the case to the Drug Court or simply to proceed to sentence, either taking into account the fact of the Drug Court referral or not.

Where a deferred sentence could be dealt with by any Sheriff then, while the referring Sheriff could obviously dispose of it, it might be thought appropriate to defer it further to the Drug Court if a referral were made in respect of other complaints. That would give the Drug Court a fuller picture of the offender's behaviour and the case could, in any event, be dealt with by the Drug Court Sheriff as if it had called in a normal summary court.

Outstanding Cases: Where all outstanding cases have not called in the Drug Court, but the referral process has been put in train, the Crown and defence will examine all other cases to see if pleas can be agreed. If not, then trials will follow as usual but insofar as matters are resolved then the cases will call in the Drug Court by way of Joint Minute.

Where one of the outstanding matters is on Indictment then, unless the putative referring Sheriff refers the Indictment matter to a Drug Court sheriff for disposal, no referral can be made to the Drug Court during the Pilot phase. Sheriffs should ascertain from the parties whether there is any such outstanding matter.

### **New matters**

It is envisaged that once an offender has been placed on a Drug Court Order any new matters arising will call in that Court first. If a plea of Guilty follows then the Drug Court will deal with the case and will consider how the Order is affected by it. If the plea is one of Not Guilty then a diet of trial will be fixed in front of another Sheriff and the difficulties already referred to may arise.

It may be however that a Drug Court Sheriff is not available when a new case calls and in that event if the Plea is one of Guilty it will be for the Sheriff who hears the case to decide whether to remit the case to the Drug Court for disposal or to deal with it himself or herself. Obviously if the Plea is one of Not Guilty a trial should be fixed and will be heard by a Sheriff other than a Drug Court Sheriff in the usual way.

### **Conclusion**

As will be apparent it is expected that the existence of the Drug Court will affect all Glasgow Sheriffs but it is impossible either to predict how significant it will become or to foresee all of the various complications, which will ensue. Complications may arise, for example, from the imposition of Restriction of Liberty Orders (RLOs) and attention is drawn to the note dealing with these elsewhere in this manual. In particular, care would have to be taken to ensure that any such Order did not interfere with arrangements made under a Drug Court Order which is in any event likely to make significant demands on an offender.

The conclusions and suggestions contained herein may prove to be unworkable or just plain wrong and practice will no doubt lead to refinement and alteration of the procedures outlined. The Drug Court Sheriffs and all members of the team will be available to discuss matters as they arise.

## 3.2 INFORMATION FOR FISCALS

### Custody cases

#### Stage 1: Identification of Cases

There are four sources of identification of suitable offenders:

- Primarily, the **police** will identify suitable offenders in custody on the front page of the police report. In addition, an officer from Case Administration will telephone the Drug Court Unit before 10 am with a note of the name and address of the accused and details of his agent. The police should include within the Report details of outstanding offences, warrants and court appearances.
- Secondly, **Defence Agents** may identify to the Drug Court Depute an accused person who appears suitable.
- Thirdly, **Procurators Fiscal** deputies from each of the four divisions will bring to the attention of the Drug Court Depute any custody reports where the accused is considered suitable.
- Finally, the **Drug Court Depute** will check the **STORM list** received from each of the police divisions in the morning. On the basis of the nature of the crime noted beside the name of the accused which is largely a crime of dishonesty, the depute will contact the custody clerks within each division in the office and request that the suitable cases are put aside for the depute to consider.

#### Stage 2

The Drug Court Depute will review the case and decide whether or not it is suitable to put forward for a screening interview, taking account of the following criteria:-

- the accused must be aged 21 years or older (16-21 in exceptional circumstances)
- Prosecuted summarily in the Sheriff Court
- Accused must be prepared to plead guilty
- There must be a known pattern of drugs misuse that is susceptible to treatment (e.g. not cannabis alone)
- The accused cannot be subject to a current DTTO from the High court or Stipendiary Magistrates Court
- There must be no dual diagnosis of drug misuse and mental illness
- The accused must have no outstanding petition matters
- A past record of community supervision does not preclude referral
- Cases involving co-accused are unsuitable at this stage
- The accused must reside within Glasgow City boundaries
- The accused should have a known pattern of offending relating to drugs misuse but the offence itself need not be drug related.

The Drug Court Fiscal Assistant will identify any outstanding cases for the accused and, where possible, collate the papers and pass them to the Drug Court Depute with a view to plea negotiations.

### **Stage 3: Screening**

The Drug Court Depute or Fiscal Assistant will advise the Defence Agent and Duty Social Worker as early as possible of any case identified as suitable for a screening interview. In the event that a case is identified too late in the day for a screening interview, then the Defence agent can be invited to continue the case without plea till the following day for the interview to take place.

### **Stage 4**

The Social Worker will investigate the initial suitability of the accused. The Defence Agent will interview their client to obtain instructions regarding a plea and to explain the procedures. The Social worker will then interview the accused.

### **Stage 5**

The Social Worker will advise the Drug Court Depute of the results of the Screening interview. The Drug Court Depute will intimate to the Defence Agent whether the accused has been assessed as suitable for further assessment. The accused must be prepared to plead guilty to the charge and any outstanding Sheriff Summary cases (subject to the usual provision for plea negotiation). Thereafter the Drug Court Depute will instruct the appropriate Joint Minutes, etc to be drafted.

### **Stage 6: Custody Court**

The case will call in the Summary Custody Court that afternoon. The Summary Custody Court Depute will, following a plea of guilty, advise the Sheriff that the case has been assessed as suitable for further assessment for the Drug Court.

### **Stage 7**

The Custody Court Sheriff, if in agreement, will defer sentence for 4 weeks for the preparation of social enquiry and drug assessment reports. He should allow bail. The papers must be passed back to the Drug Court Unit as soon as possible.

### **Stage 8: the Drug Court**

The Drug Court will sit in Court 2 at 2pm Monday to Thursday inclusive and will normally be conducted by the Drug Court Depute. Prior to a case calling for the first time the Drug Court Depute will ensure that all relevant cases are brought into the Court by joint minute or otherwise. If the accused is assessed as suitable and the Drug Court sheriff accepts the assessment he will sentence the accused to a Drug Court Order. If the accused is not suitable the Sheriff will proceed to sentence in the usual manner.

## **2. Non-custody court cases**

**N.B. It is possible to refer cases tried on Indictment to the Drug Court, following a plea or finding of guilt.**

### **Stage 1: Identification of Cases**

**Marking Deputes dealing with report cases should be aware of the above criteria for suitability for the Drug Court and if they believe that an accused person is potentially suitable for referral to the Drug Court they should mark a note on the back of the papers to the effect that the accused may be suitable for referral to the Drug Court in the event of a plea or finding of guilty.**

## **Stage 2.**

In the event of a plea or finding of guilt at a later stage in proceedings, it will be open to the Defence Agent, or the Court Depute (or the sheriff ex proprio motu) to advise the Court that the accused appears to be suitable for initial Drug Court assessment. If the case has reached the stage where an initial SER has been prepared, that may also recommend that the accused may be suitable for further Drug Court assessment.

## **Stage 3.**

The Sheriff, if in agreement, will refer the case to call in the next available Drug Court, with the condition that the accused participates in an initial screening interview with the Duty Social Worker before the case calls in the Drug Court. If the accused is admitted to bail, this will be made a condition of bail. The Court Depute will intimate the referral, and pass the case papers to, the Drug Court Unit immediately (**See Chapter 1 Section 4.2, Stage 3, re bail condition**).

## **Stage 4: Screening**

The Clerk of Court will advise the Drug Court Clerk of the new referral. The Drug Court Clerk will intimate the case to the Drug Court Unit and the Social Work Team immediately. The Duty Social Worker will conduct an initial screening interview with the accused to assess whether he is suitable for further assessment. That interview will take place in the morning of the day when the case is due to call in the Drug Court. The Duty Social Worker will intimate the result to the Drug Court Depute. The Drug Court Depute will mark the papers accordingly and intimate the result to the relevant Defence Agent.

## **Stage 5: the Drug Court**

When the case calls, the Drug Court Depute will advise the Drug Court Sheriff of the results of the initial screening interview. If the accused is not suitable for further assessment the Sheriff will proceed to sentence in the usual manner. If the accused is suitable for further assessment the Sheriff will defer sentence for 4 weeks for the preparation of social enquiry and drug assessment reports. He should allow bail.

## **Stage 6.**

Prior to the case calling for the results of full Drug Court assessment the Drug Court Fiscal Assistant will identify any outstanding cases for the accused and, where possible, collate the papers and pass them to the Drug Court Depute with a view to plea negotiations.

The Drug Court Depute will ensure that all relevant cases are brought into the Court by joint minute or otherwise for the next Court date. If the accused is assessed as suitable and the Drug Court sheriff accepts the assessment he will sentence the accused to a Drug Court Order. If the accused is not suitable the Sheriff will proceed to sentence in the usual manner.

### **1. Pre-court reviews**

There will be a pre-court review for every accused appearing on a Drug Court Order. These will be held on the morning of the court to discuss the accused's progress in private. The Depute has a right to attend but, in practice, will only attend in exceptional circumstances e.g. to alert the court to new offences.

### **New offences/warrants/breaches**

The custody list will be checked each day by the Fiscal assistant to ascertain if any Drug Court Offenders have been arrested on new matters or warrants. If possible any new case or warrant will call in the Drug Court that afternoon, otherwise the custody Court sheriff should be invited to defer/continue to the next available Drug Court. The Duty Social Worker should be informed.

Prior to each of the offenders DTTO Reviews, the Drug Court Fiscal Assistant will identify any outstanding cases for the accused and, where possible, collate the papers and pass them to the Drug Court Depute for consideration of calling them in the Drug Court.

If an accused pleads not guilty to a new charge a trial diet should be fixed out-with the Drug Court but with the intermediate diet to call in the Drug Court.

Breaches of Drug Court Orders will be dealt with directly by the court and the Sheriff clerk to ensure fast tracking. The Fiscals Office will assist with the instruction of the Police in connection with the execution of breach papers and warrants.

### 3.3 INFORMATION FOR CLERKS

#### Referrals

There are 2 referral routes to the Drug Court, namely:

1. Via the Summary Custody Court, following a plea of guilty there
2. From any of the other Courts (including the Solemn Courts) following a plea of guilty or a finding of guilt

#### Referrals from the Custody Court

The offender will usually have been assessed as suitable for referral to the Drug Court, before the referral is made. The Clerk in the Custody Court will normally assign the case to a Drug Court 4-weeks ahead in order to obtain the appropriate reports. All such diets will be in the afternoon. The offender will be ordained to appear or allowed bail. In the, hopefully few, cases where the offender is remanded in custody, the date will require to be 3-weeks hence. **The Custody Court Clerk will order the necessary reports.**

There is no requirement on the court to obtain the consent of the offender at that stage, unless an order is made under section 234B(5) of the 1995 Act (offender to express willingness to comply with a DTTO). The Clerk of the Custody Court, once the minutes are completed and relevant reports ordered, will pass the papers to the DC Unit in the Sheriff Clerk's Cashier Office. Social Enquiry request forms must be red stamped "DRUG COURT" so that they are easily identified to the Social Work Unit. The appropriate computer Drug Court 'COP' codes should be used.

#### Referrals from all other Courts

Unless the offender has already been assessed as suitable for referral to the Drug Court, the Sheriff should adjourn the case, usually for 24-hours, into the next available Drug Court, in order that the offender can be assessed by the Social Work Department. All such diets will be in the afternoon. If the offender is granted **bail**, an **additional special condition** should be added to the effect that:

"he/she attend at the premises of the Drug Court Supervision and Treatment Team located at 80 Norfolk Street, Glasgow at 11.00am on (insert date – to be the same date as the scheduled Drug Court appearance) and participate in an initial screening interview with Social Work staff there to consider suitability for the Drug Court".

If the offender is remanded in custody, the Social Worker will carry out the assessment interview in the cells.

The Clerk of the Referring Court must immediately notify the Drug Court Clerk, of the Referral. The Drug Court Clerk will then intimate the referral to the on-call Social Worker, and the Drug Court Fiscal. If the offender is assessed as suitable for further, full Drug Court Assessment, the Drug Court Clerk will order the necessary reports.

#### Multiple Complaints

Where an accused is before the court on multiple complaints, it will be open to the referring Sheriff to remit all complaints to the Drug Court for disposal. It would also be appropriate for a sheriff when dealing with another matter involving an offender who is subject to a DC order, to remit that case to the Drug Court for disposal. Although the options are available, it will be for the sentencing sheriff to exercise his discretion as (s)he sees fit.



## **Programming of Hearings**

Upon receipt of such papers, diary entries will be required. If a Drug Court Order is made, the DC clerk will require to fix in open Court, both a pre-review meeting and a review hearing. The pre-review meeting will be heard in private outwith the presence of the accused. Such pre-review meetings will be heard in the morning of the day scheduled for the accused to appear. While the programming of the court will be subject to review, the initial timetabling will be as follows: -

9.00 a.m.-12 noon	Bench preparation time
12 noon – 1.00pm	up to 8 pre-review meetings - court 2 -in (private)
2.00 pm.-4.00 pm	up to 8 review hearings -20 minute intervals- open court

The programme will require to be flexible and respond to the needs of the participants. Court programming will be on the basis of two distinct courts sitting for 4 days on alternate weeks. The two sheriffs designated as being DC sheriffs will sit alternately and maintain their own caseload.

## **Drug Court Orders**

The Drug Court has four treatment orders, or combination of orders available to it. These are: -

- Drug Treatment and Testing Orders (CP (S) Act 1995. s.234B to K)
- Probation Orders with a condition of drug treatment (CP (S) Act 1995 s.228 to 234 and schedule 6)
- Concurrent DTTO and conditional probation order
- Deferred sentence
- Restriction of Liberty Orders are also now available to the court and may be linked in with a DTTO or Probation order (CP (S) Act 1995 s.245)

Clerks should refer to the specific legislation relating to each type of Order.

If the DC decides to make a Drug Court Order, the sheriff is required to explain to the offender the effect and meaning of the order, the consequences of failure to comply, the powers of the court to vary or revoke and the powers of the court to review the order.

The accused will be required to sign a consent and agreement form. Those forms will be identified as emanating from the DC and will be provided for the accused to sign on the day of the order being made. The sheriff clerk will provide the forms.

The clerk will send a copy of the Drug Court order to the offender (by recorded delivery post) and to the supervising social worker and treatment provider, where appropriate.

Subsequent reviews of probation or DTTO will be fixed at the Review Hearing itself.

The DC will not hear trials nor will it hear contested breaches of its orders. It is expected that any findings of guilt will be referred back to the DC and will be for the clerk of the court making the finding to transmit the papers and the finding to the DC clerk. It will still be open to a trial court sheriff, for example, to dispose of a case. Intimation of disposal would be required to the Drug Court.

If an offender who has been subject to an order from the DC, is brought to court on a new matter, it would call before the Drug Court (if sitting) and be for the DC to consider sentence once a plea of guilty has been recorded. Where an offender is subject to a Drug Court order and is also paying fines on other matters, in a default situation, the enquiry relating to the fine(s) should be placed before the Drug Court sheriff for the whole circumstances to be taken in to account.

### **Variation/Revocation of a Drug Court Order**

The offender or the supervising officer may apply to the court for variation or revocation/discharge of the order. The application will be placed before the sheriff for instructions. If a warrant to cite is instructed, the clerk will require to intimate the diet to the offender, Social Worker and the PF.

The court may vary the order by:-

- Amending or deleting any requirements
- Inserting further requirements
- Increasing the treatment/testing period or Probation period provided the minimum of six months and the maximum of three years are not exceeded
- Revoking/discharging the order

If a Drug Court order is revoked the DC may deal with the case in any other way competent to a court of summary (or Solemn, as appropriate) jurisdiction.

### **Breach of Drug Court Order**

In addition to the Social Worker initiating breach proceedings, the Sheriff may invite the social worker in court to submit a breach report. On receipt of that report, the clerk of court will provide a copy to the Sheriff to obtain instructions.

The Sheriff can decide to take no action, issue a warrant to cite, or a warrant to apprehend the offender.

Where a warrant to cite is issued, the clerk will, (if sufficient time is available) fix a diet for the next Drug Court Review Hearing scheduled for that offender. Otherwise the Clerk will assign a future warrant to cite diet and the intervening review hearing could be continued on to that same diet. The Sheriff Clerk cites the offender by recorded delivery post and notifies the PF and social worker of the diet fixed.

Where a warrant to apprehend is issued, the clerk will send the warrant to the Police. Once the offender is apprehended, the Police will require to notify the clerk and the other agencies involved. The case should call in the Drug Court to answer the breach.

If the Drug Court is not sitting, the case will call before the Custody Court Sheriff. The breach can be answered in that court and thereafter continued on to the next Drug Court sitting date.

If the breach is not admitted, it will not be for the DC Sheriff to hear the proof. Any such proofs will be heard in a trial court. Once the grounds of the breach are proved, the sheriff will remit the case back to the Drug Court for the DC sheriff to consider disposal. Where the breach is not proved, the DC Order should continue. The clerk of the proof court is required to fix a further Review Hearing and pass the papers back to the DC clerk.

If the breach is admitted, it will be for the DC sheriff to deal with the matter. Once dealt with, it will be for the clerk to verbally advise all parties present of the terms of the disposal, and to intimate to any absent parties.

If the court is satisfied that there has been failure to comply, it may, for DTTO, Probation and Restriction of Liberty Orders, impose a fine up to level 3 (£1,000) without prejudice to the continuance in force of the order, vary the order or revoke it. Additionally, in the case of Probation, the Court may impose a community service order, without prejudice to the continuance in force of the order.

In breach cases, the Drug Court also has exclusive powers to impose additional sanctions of

- c) imprisonment or detention for any period between 1 day and 28 days, available during the order until the 28 days are used up, or
- d) Community Service for any period between 1 hour and 40 hours, available during the order until the 40 hours are used up.

These sanctions are available to the Drug Court in the event of an offender's non-compliance with the terms of the order, and can be imposed without prejudice to the order continuing in force.

If a Drug Court order is revoked the DC may deal with the case in any other way competent to a court of summary jurisdiction.

### **Administration**

**The Sheriff Clerk's Drug Court team will operate as a unit based in the Cashier's Office of the Criminal Department. The Unit Manager, who will be the Sheriff Clerk's cashier, will initially be supported by 1 clerk of court.**

Under the supervision of the Unit Manager, the Drug Court Clerk will: -

- ensure effective court programming and case support
- monitor the allocation of business to the courts
- collate, analyse and report to the DC co-ordinator on case demand and throughput
- act as inter-agency liaison point on procedural and policy issues
- be available for liaison with all agencies concerned
- intimate the orders of the court as required
- accept applications to the court and papers for the court and deal with them in an effective manner
- prepare DC Orders
- maintain an efficient court support system, including diary entries and statistical information

For the Drug Court Unit TEL: 0141 418 5277 (direct line) or 429 8888

## 3.4 INFORMATION FOR THE POLICE

### Process of Referral to the Drug Court

It is the key component of acknowledged research findings on effective drug treatment programmes that rapid access to such programmes is critical. The Glasgow Drug Court will operate **two separate referral routes** into the Court. The **main referral route** is a fast track procedure enabling offenders to gain access to court supervised treatment within a one-month target period between commission of offence and commencement of treatment. The **second route** refers cases from a later stage in court proceedings, including referrals after trial, and can include referrals from solemn proceedings.

The Police will principally be involved in referring cases through the fast track custody route. Referrals to the Drug Court will largely emanate from persons held in custody following commission of their offence and who subsequently appear before the daily custody court at 1400 hrs.

Following a Drug Court Order being placed on an offender, an entry will be made on their Antecedent History, indicating the source court as Glasgow Sheriff Drug Court.

### Police Reports to the Procurator Fiscal:

Using the criteria set out under the Target Group. (See Chapter One, Section 3; Target Group of Offenders for the Drug Court), the following procedures are to be adhered to in respect of reporting cases to the Procurator Fiscal

### Role of Reporting Officer

In consultation with the Duty Officer, the Reporting Officer shall increase the information provided in the 'Antecedents' field of the Standard Police Report submitted to the fiscal, by including therein;

- nature of offenders previous convictions.
- nature of pending cases.
- note of any outstanding charges, warrants or court appearances known. In order to provide an accurate update, officers will be required to conduct a research on the Crime Management System using 'Query', 'Involvement' and 'Nominals' fields respectively, for pending cases not listed on SCRO. It is understood that on occasions a delay exists following the submission of Form 3.20.1 and the offender record update. Furthermore, a pending case may exist in respect of the accused at the time of the preparation of the custody report. Said pending case having not as yet been prepared, typed or is awaiting Case Management examination i.e. drug cases awaiting forensic analysis report. Any such outstanding charge(s) on petition at this stage, will preclude referral to the Drug Court.
- identity of the defence agent.
- knowledge of accused's drug of choice, quantity and method of misuse.
- where an offender satisfies the Target Group criteria, the reporting officer must ensure that the Procurator Fiscal is made aware of this fact, by marking in bold type within the free text field, Section 2 of the Standard Police Report "**CONSIDERATION FOR DRUG COURT**". Where ISCJIS applies, the free text field on page 2 of the Standard Police Report is to be used.

The Reporting Officer should always ensure that a record of the accused's previous convictions is forwarded to Case Management.

### Duty Officer

- Upon determining that offender's custody status is that of "Custody for Court" provide guidance and assistance to Reporting Officer when preparing custody report.
- Ensure that the relevant 'Court Return' indicates "**CONSIDERATION FOR DRUG COURT**"

**Note: In cases initially considered for custody reports, where a decision is taken that the offender will not be held in custody but where the above information re drug taking etc is still available to the Reporting Officer, it would be helpful if this could still be included in the Police Report, for consideration in the event of a plea or finding of guilt at a later stage in the Court proceedings (the second referral route)**

Where an offender re-offends whilst the subject of a Drug Court Order, it is essential in ensuring that their treatment and supervision can be reviewed at the earliest opportunity, that all new offences must be reported to the Procurator Fiscal within 7 days. The Duty Officer shall ensure that such reports are highlighted to group Supervisors in order that they be submitted within this strict Time Interval.

Where an offender is arrested on a warrant issued by the Glasgow Drug Court, the relevant 'Court Return' must clearly indicate this fact, by incorporating thereon "Glasgow Drug Court Warrant".

### **Case Management**

- sift all custody cases conducting a quality check, ensuring that all Target Group criteria are met and relevant information is contained therein.
- following the e-mail of a case for consideration (as above), telephone Procurator Fiscal, Case Marking Team to advise of same.

### **3.5 INFORMATION FOR SOLICITORS**

The role of solicitors acting for a potential candidate of the Drugs Court is pivotal to the whole operation functioning properly. It is a unique opportunity to play an active part in assisting the Court decide upon the sentence to be imposed and involves a heavy onus of responsibility.

The solicitor has greater knowledge of the potential candidate than any other agency involved. He/she will have a better idea whether this option is attractive so far as the candidate is concerned and whether the necessary motivation is present. Other agencies can form an idea on the facts before them but only the solicitor knows the potential candidate on a person basis and he/she will be in a better position to form an opinion as to whether the remit would be beneficial and worthwhile or just a waste of time.

Some accused may see this sentence as a way of avoiding custody and returning to drug abuse. Accordingly solicitors will come under pressure from clients to recommend a remit to the Drug Court. The onus is therefore heavy because a judgement has to be made which may not coincide with the client's wishes. The procedure to be adopted is as follows.

#### **Custody Cases**

When the solicitor visits a client in custody he/she may consider the client to be a potential candidate for the Drugs Court taking into account the check list but also having considered the background of the client as known to the solicitor. If thought appropriate this option should be discussed with the client, letting the client know that a plea of guilty would be expected to get the ball rolling and advising the client what would be expected of him/her if a referral should take place. The solicitor should discuss all outstanding cases including those, which have not yet come before the Courts. The solicitor will then alert the police to the possibility that a referral may be appropriate. It is particularly important that the police are provided with the identity and details of the solicitor who can be contacted by the Drugs Court procurator fiscal.

Before 10am on the day the client is to appear in court, contact should be made with the Drugs Court procurator fiscal to discuss whether a recommendation of a remit is a possibility. The solicitor will advise the procurator fiscal that the client may tender a plea of guilty and at the same time advise the procurator fiscal of the outstanding cases known to the accused and his solicitor.

Where a recommendation is being considered the solicitor should advise the client of this, confirm that a plea of guilty will be tendered and pass this information to the Drugs Court procurator fiscal as quickly as possible.

The Procurator fiscal will then arrange for the Duty Drug Court Social Worker to carry out an initial screening interview of the accused in the cells, to determine whether he is suitable for further Drug Court assessment, and will advise the solicitor of the outcome. The solicitor will report the outcome to the client.

When the case calls the solicitor should tender a plea of guilty and inform the court that a referral to the Drugs Court is recommended. The Court will seek confirmation of this from the Procurator Fiscal. The Custody Court Sheriff will then decide whether to call for full assessment reports and refer the case to the Drug Court for sentence.

#### **Referral to the Drug Court from later stages in Court proceedings**

It is now possible for an accused to be referred to the Drug Court following a plea or finding of guilt at a later stage in court proceedings, including referrals following solemn proceedings. It is not necessary that these cases should first have commenced in the Custody Court. Where a solicitor considers a client to be a potential candidate for the Drug Court, taking into account the check list but

also having considered the background of the client as known to him, he should discuss this option with the client, letting the client know that a plea of guilty would normally be expected to get the ball rolling, but that it is also possible to be referred following a finding of guilt at trial. He should also advise the client what would be expected of him/her if a referral should take place. The solicitor should discuss all outstanding cases including those, which have not yet come before the Courts.

Following a plea or finding of guilt the Solicitor should then recommend that the Sheriff refer the case to the Drug Court with the condition that the accused participate in an initial screening interview, to determine whether he is suitable for further Drug Court assessment. The case will call in the next available Drug Court, with the initial assessment interview taking place on the morning of the court sitting. The Drug Court Sheriff will then decide whether to call for full assessment reports.

### **Pre-court Review Meetings**

On the basis that a Drug Court Order is made the solicitor may thereafter attend all pre-review meetings where the client's progress and course of treatment will be discussed, together with what is proposed for the future. The solicitor will be under an obligation to advise the meeting of any further offences committed since the last review by the client, if this is not known already. The solicitor will report to the client the outcome of the meeting and take instructions particularly where breaches are alleged to have taken place or where sanctions are being considered by the court.

### **Review Hearings**

The solicitor will represent the interests of his/her client at the Review Court. The legitimate role of the Solicitor does not change in the Drug Court and includes that of advocacy, representing the interests of their client and safeguarding their rights. It is likely, however, that the majority of the Review Hearing will be taken up with direct dialogue between Sheriff and offender rather than between Sheriff and Solicitor. The Court will, of course, also wish to hear representations from the Solicitor in the event that there is a prospect of interim or breach sanction's being imposed, before reaching any decision on those matters.

The imposition of an interim sanction which enables treatment to continue, and thereby avoids revocation of the treatment order, may not be adverse to the client's best interests.

Solicitors will be remunerated by the Scottish Legal Aid Board in respect of all appearances.

Throughout the period of the pilot scheme, monitoring will take place by the Drugs Court Team. The Glasgow Bar Association will be represented on this group.

## 3.6 INFORMATION FOR OFFENDERS

### 1. What is the Glasgow Drug Court?

The Glasgow Drug Court is part of Glasgow Sheriff Court. It has the same powers as any Sheriff Court and can pass the full range of sentences, including its own Drug Court Orders. These are mainly Probation Orders with a condition of drug treatment, or Drug Treatment and Testing Orders (DTTO's).

Before being placed on a Drug Court Orders you must give your **agreement** and you must be willing to:

- accept treatment for your drug problem;
- be frequently and randomly drug tested;
- attend court regularly, usually once a month, so the Sheriff can review how you are getting on;
- be supervised by the Supervision and Treatment Team (Social Work and Health staff).

### 2. How do I get referred to the Drug Court?

The Drug Court deals with people who have a history of drugs misuse and show a pattern of offending. Drugs misuse will have been responsible for much of that offending.

In order to be referred to the Drug Court you must usually **plead guilty**. It is also possible to be referred to the Drug Court if you are found guilty after trial.

Your solicitor will tell you about your options and you will be interviewed by a specialist social worker who will assess whether you are suitable for a full Drug Court assessment.

### 3. What happens after I'm referred to the Drug Court for full Assessment

- Your case will be continued for four weeks for Social Enquiry and Drug Assessment Reports
- You will be seen by a Social Worker, an Addiction Worker and a Doctor and/or Nurse. It is very important that you keep these appointments.
- You will be drug tested (with your consent)
- The reports will be discussed with you before go to court.
- The Sheriff will hear all the facts of the case and read the reports before deciding whether to place you on a Drug Court Order.
- The Sheriff might ask you some questions.
- The court may decide that you are not suitable for a Drug Court Order. If this happens you will be dealt with in another way. **The Sheriff alone decides what sentence you are given.**
- Being referred to the Drug Court does **not** necessarily mean you are going to get a Drug Court Order. You can get **any** sentence that the Sheriff who referred you could have given you.



#### **4. What happens if I get a Drug Court Order?**

- You will be expected to do what your Supervising Social Worker asks of you.
- Your treatment will begin immediately. You will be expected to agree to and follow your treatment plan
- You will have to turn up for regular drug tests. For a drug test, you will have to pass a sample of your urine and this will always be witnessed (by a person of the same sex as you). No one else will be present.
- You will have to attend regular Reviews in court (usually once a month), when the Sheriff will consider your progress and look at your drug test results. The Sheriff may ask you questions.
- Failure to comply with your Order could result in a breach report being sent to the court. If this happens, the Sheriff can impose sanctions or even bring your Order to an end and sentence you for the original offence.

#### **5. What happens if I get a positive drug test?**

The court expects you to reduce your drug taking but realises that this may be difficult and could take some time and that you may suffer the occasional relapse when you are recovering from dependence on drugs..

It is important that you try to co-operate with your treatment programme and that you:

- are honest about your drug use.
- are open about any relapse and about the difficulties you have, and try to deal with them.
- tell people about your plans for the future.

You can challenge the results of a drug test and your social worker will give you more information about this.

You will be given help by staff from the Supervision and Treatment Team but if you don't make any progress the court may decide that the order is not working and it will then decide whether the Order should be brought to an end and whether another sentence should be imposed. This could mean imprisonment.

#### **6. What happens if I offend when I'm on a Drug Court Order?**

Any new summary cases will be brought to the attention of the Drug Court Sheriff, and if you are convicted they will want to know why you have offended. They will also consider whether you should continue on your order. The court might ask for another report that will say how you have been getting on. If the new offence is very serious it is unlikely that the Drug Court Sheriff will deal with it. Another Sheriff may deal with it, or even the High Court.

If you are sent to prison during the course of a Drug Court Order a decision will be made about whether the order should continue.

#### **7. What happens if I break any of the conditions of a Drug Court order?**

If you admit or it is proved that you have failed to comply with the requirements of your Drug Court Order, the Court can vary or revoke the Order. You may be found to have 'breached' the order. In that case, The Sheriff can end the order and sentence you again for your original offence. This could mean imprisonment.

Alternatively, the Court might continue your current order but

- fine you up to £1,000;
- give you community service (up to 40 hours in the case of a DTTO, or up to 240 in the case of a Probation Order)
- impose short periods of imprisonment or detention (up to a total of 28 days over the course of the Order)
- give you a warning;
- increase the number of drugs tests you must have; or
- increase the number of times you must return to the Drug Court, or both.

#### **8. What else do I need to know about the Drug Court?**

- No Drug Court Order can be made without your consent. It is important that you understand how the Drug Court works so if you have any doubts speak to the Court Social Worker or your lawyer.
- You will be subject to regular and random supervised drug testing and the results of these tests will be talked about at your review.
- Your lawyer, your social worker and your treatment providers will meet with the Sheriff in private before you have to go to the Review, to discuss how you have been getting on. You will be asked to agree to these meetings taking place in your absence and to authorise your solicitor to be present at them to represent your interests.
- The Drug Court is a pilot scheme and is being evaluated by researchers. Your views are important and you will be asked if you want to contribute them (you will not be named in any research).