Process Evaluation of the Drug Treatment and Testing Orders II (DTTO II) Pilots
PROCESS EVALUATION OF THE DRUG TREATMENT AND TESTING ORDERS II (DTTO II) PILOTS

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Table of Contents

EXECUTIVE SUMMARY 1

Introduction 1
Number and Nature of Orders 1
DTTO II Recipients 2
Drug Use, Treatment and Offending Status 3
Changes to Client Status at Follow-Up 4
Operation of the Scheme 4
The Cost of DTTO II 5
Summary 7
Considerations for the Future of DTTO II 7
Conclusions 8

1 INTRODUCTION 9

Background 9
Drugs Strategy in Scotland 9
Drug Treatment and Testing Orders (DTTO) 9
Reconviction Following Drug Treatment and Testing Orders 10
Drug Treatment and Testing Orders II (DTTO II) 11
DTTO II Legislation 11
The DTTO II Pilot Evaluation 11
Research Caveats 12

2 PLANNING AND IMPLEMENTATION OF THE SCHEME 13

Planning of the Pilot Scheme 13
Recruitment and Staffing 14
Training 15
Service Accommodation for the Pilot 16
Implementation of the Scheme 16

3 THE PILOT IN OPERATION 17

Ongoing Operation and Monitoring 17
Number and Nature of Orders Made 17
Client Demographics at Beginning of Order 18
Drug and Alcohol Status 20
Funding Sources 21
Previous Service Contact 21
Previous Treatment History 22
Offending Behaviour and Disposals 22
Frequency of Tests, Treatment and Court Reviews 23
Changes to Client Status at Three Month Follow-Up 24
Changes to Client Status at Six Month Follow-Up 24
Changes to Client Status at Nine Month Follow-Up 25
Changes to Client Status at Twelve Month Stage 26
General Outcomes 26

4 PERCEPTIONS OF THE PILOT 27

Introduction 27
Pilot Processes 27
Length of Orders 27
Throughput Numbers 29
Treatment Services 30
Partnership Working 31
Engagement from Clients 32
Engagement from Sheriffs and JPs 34
Views of Sheriffs 35
Views of Justices of the Peace 38
Perceptions of Offenders 40
Comparison with DTTO 43
Facilitators 43
Obstacles 44
The Future of DTTO II 45

5 COST ANALYSIS 46
Introduction 46
Start Up Costs 46
Running Costs 47
Economies of Scale 49
Roll Out Costs 50

6 SUMMARY AND CONCLUSIONS 54
Summary of Findings 54
Advantages and Disadvantages of the Scheme 55
Considerations for the Future of DTTO II 55
Conclusion 57
EXECUTIVE SUMMARY

Introduction

In June 2008, Drug Treatment and Testing Orders II (DTTO II) were introduced on a pilot basis in the Lothian and Borders Community Justice Authority Area\(^1\). The pilot Orders are an extension to the existing Drug Treatment and Testing Orders, which have been shown to contribute positively toward reducing or removing offenders’ dependency or propensity to misuse drugs, and associated criminal activity.\(^2\) Recognising the effectiveness of DTTOs with high tariff offenders, the purpose of the DTTO II is to make Drug Treatment and Testing Orders available to lower tariff offenders earlier in their criminal careers, when the damage done to themselves, their families and their communities, as a consequence of their drug misuse, is less extensive.

This report presents the findings of a process evaluation of the DTTO II pilot, which was carried out concurrently with the early operation of the scheme. It reports on the period from June 2008 to the end of November 2009, and focuses on the effectiveness of the processes involved in implementing the DTTO II pilot, as well as providing an early indication of the impact of DTTO II on offenders’ drug misuse.

Data were collected using a mixed method approach, involving analysis of management information collected by the pilot staff, interviews with staff involved in delivering the scheme, consultation with Sheriffs and Justices of the Peace and case study interviews with offenders made subject to a pilot Order. Analysis was also undertaken to assess the costs of DTTO II and the report discusses the cost implications of making DTTO II available nationally.

Number and Nature of Orders

In the period from June 2008 to the end of November 2009, a total of 59 Orders were made in Edinburgh/Midlothian and East Lothian. The majority of these were made in Edinburgh/Midlothian (51), with the remainder in East Lothian (8). No Orders were awarded in the Borders, as the pilot did not establish itself in that region. The evaluation therefore focussed solely on Edinburgh/Midlothian and East Lothian.

In the same 18 month period, two referrals into DTTO II were refused by the client, and ten Orders were either breached, revoked or were breached and then revoked\(^3\).

Eight clients successfully completed their DTTO II during the evaluation period. Seven of these had been given a 12 month Order, and one was awarded for six months. With 11 possible clients who could have potentially completed their Order within the evaluation period, the eight successful completions represent a 73%

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1 Except for West Lothian.
3 Breaches usually relate to cases where clients failed to attend scheduled appointments or had repeated positive drugs tests. Revoked cases usually occurred following repeat breaches of the Order or where the client was given an alternative disposal for another crime during an Order.
completion rate for the pilot. It must be stressed that this is based on low numbers of clients and provides only an indicative gauge of the potential success of the Order.

Service providers and clients alike agreed that twelve months was an appropriate length for pilot Orders, achieving a suitable balance between the need to sustain effective treatment and ensuring that sentences were proportionate. Some clients did express some anxiety about their ability to continue their recovery and remain crime free following completion of the Order, and when access to the service ceased.

The role of the court and regular court reviews was seen as an important aspect of the pilot, encouraging cooperation from clients, providing a reminder of the seriousness of the Order and preventing clients from ‘drifting’. Similarly, frequent testing and appointments were seen as a good way of motivating clients and keeping them engaged with their Order. This view was shared amongst DTTO II staff, Sheriffs and Justices of the Peace, as well as clients.

**DTTO II Recipients**

During the evaluation period, 30 males and 29 females were given a DTTO II. The almost even split between client gender groups is a remarkable feature of the pilot, compared to the core DTTO service which has a greater number of male to female clients. Importantly, the data show that the DTTO II pilot was effective at reaching women who may have previously been considered outwith the scope of the main DTTO service.

The average age of clients given a DTTO II was 27.4 years old. There was some difference in the mean age of male clients compared to females, with the average age of males being 29.6 years (ranging from 18-45), and 25.1 years for females (ranging from 18-33 years old). The data show that, not only are female DTTO II recipients of a younger age per se, but that the age range is much narrower, and focussed on women largely under 30 years of age.

There was some variability in the living arrangements of clients. Most said that they were living in a single person household, were living with parents or with friends. Almost one in five clients were homeless (19%) or had transient living arrangements, including staying between friends, living in B&Bs or temporary accommodation. The number of clients who were homeless at the time of their initial contact with the DTTO II service further highlights the general vulnerability of the client group who were the focus of the pilot.

Data show that almost all DTTO II recipients were unemployed. That said, DTTO II staff described service users as having only recently become unemployed, and as having generally more stable employment backgrounds than those in receipt of a DTTO. During their engagement with the service, most clients also showed a willingness to engage with training and employment programmes.

All clients interviewed were knowledgeable about the DTTO II pilot, with many clients having a good understanding about why they were given a DTTO II (and not a DTTO). They stated that this was mostly due to the thorough explanations given by DTTO II service staff when they first began their Order. Clients generally indicated
that they found the service to be helpful, most welcoming the opportunity to speak with nursing staff, social work staff, and resource workers all in the same building, as part of the same service.

Most clients reported their reason for complying with the Order was because they wanted to be ‘free from drugs’, while a number of clients admitted that they complied with the Order because the likely alternative was community service or a custodial sentence.

Both the management data, and feedback during interviews, suggest that DTTO II appears to be targeting the desired offender groups, ie women, younger offenders and those less entrenched in the cycle of drugs misuse.

**Drug Use, Treatment and Offending Status**

Drug consumption varied enormously between clients, and there was no ‘typical’ drug misuse profile, other than to say that the most commonly cited drug of choice was heroin, cited in all but five cases. Prior to the start of the Order, heroin use was usually on a daily basis, with a range of £5 to £90 per day, with only a minority claiming ‘occasional’ use.

Methadone was the main treatment option used to address this, with the other services provided by DTTO II seen as necessary ‘wrap around care’ packages.

In just under half of all cases, clients reported that they had no previous contact with drug services. This represents almost half of those made subject to a DTTO II. Of those clients who reported that they had previous contact with drugs services, several clients stated they had more than one instance of contact with a drug treatment service. The most used service was attendance at the GP. Among clients who had a previous treatment history, a number of them had more than one spell in community based treatment, with the most common being a prescription for Methadone from their GP or another form of community based treatment.

Most clients cited more than one source for funding their drug habit. The most commonly cited source of income to support drugs misuse was criminal activity (mentioned by almost three out of four participants), with benefits/social income support the next most commonly cited source (mentioned by two thirds of all clients).

Most clients had at least one previous offence with many clients having more extensive offending histories. As expected, previous criminal activity was largely for acquisitive purposes, with the most common previous offences being theft by shoplifting, theft and breach of the peace. The most common disposal given by Sheriffs and Justices of the Peace for previous offences was a fine.
Changes to Client Status at Follow-Up

The timing of the evaluation meant that it was not possible to track the progress of most offenders from the start to the end of their Order. That said, follow up data were available for many clients at three, six and nine month stages into their Orders.

As there was no ‘typical’ or average baseline measure for drugs consumption (patterns and volume varied to a great extent), it was difficult to measure progress in reduced consumption over time. That said, most clients reported a reduction in drug taking (supported by drug test results); however, in almost all cases, this was a gradual process (occasionally with relapses). Clients typically stated that they were still ‘dabbling’ in drugs but not to the same extent as they were pre-order. The evaluation did reveal that drugs misuse had become stabilised for most clients and this provided a firm building block for future reductions in drugs misuse.

Ten clients offended whilst on their Order, committing 16 offences between them. Most of those who had been arrested were between the three and six month stage of their Order.

Over time, most clients managed to achieve greater stability in their living arrangements and by the nine month stage, many were engaged in employment and training programmes. At the 12 month stage, only a small number of the clients who had completed their Order still had no permanent living arrangements.

Operation of the Scheme

Edinburgh/Midlothian and East Lothian were all fully staffed and operational from June 2008. Staffing of the pilot appears to have been adequate, with minimal staff turnover for the duration of its operation. That said, the case load limit was 70 clients, so at 59 clients over an eighteen month period, and up to 50 active client cases in the system at any given time, a number of staff were concerned that if the pilot were to be rolled out, both the premises and staffing numbers may need to increase to accommodate more clients.

The DTTO II pilot appears to have worked well alongside the core DTTO service, with staff and resources being used interchangeably between the two schemes to maximise the quality of service provided to the client.

There was considerable enthusiasm and support for the pilot among staff working in the Edinburgh/Midlothian and East Lothian pilot. The teams were proactive in advertising the service to Sheriffs and Justices and established good working relationships with the police and neighbours close to the pilot office, to minimise wider community safety fears.

Awareness of DTTO IIs was high among the Justices of the Peace (JPs) interviewed. Most JPs felt that they understood in what circumstances they could request an assessment for a DTTO II and many stated that they would do this when appropriate. However, most JPs reported that they had either no clients on a DTTO II or only one client on an Order (with only one JP stating they had more than one client on a DTTO II). It seems that more could be done to encourage greater use of
DTTO IIs among Justices of the Peace, as the numbers of Orders originating from Justice of the Peace courts was, perhaps, lower than expected.

Awareness of DTTO IIs was also high among Sheriffs, with a number of Sheriffs stating that they had requested more than five Orders for drug related offences of dishonesty and drug related previous convictions. Most Sheriffs felt that, on average, 12 months was an appropriate length for a DTTO II and that the frequency of testing, treatment and court reviews in order to provide appropriate motivation to comply with and continue the Order was about right. Sheriffs felt that particular groups who had benefited included females who had come to the attention of the courts and those whose addiction and criminal involvement was at a relatively early stage.

Of those Sheriffs who had not imposed an Order, this was primarily because assessment staff had not recommended DTTO II (Sheriffs typically asked assessment staff to decide whether the offender was suitable for a DTTO or a DTTO II), or because they were new to the court. These Sheriffs stated that they could be encouraged to request a DTTO II assessment in the future.

Overall, the main barrier to the scheme’s operation appears to have been the lack of suitable service accommodation in Edinburgh. This took up much of the management team’s time which might have been otherwise better used. Another concern described by the DTTO II staff was the lack of facilities in place to run the pilot within the service accommodation that was provided. Staff noted that the premises was small, there were insufficient interview rooms and absence of networked computers.

The Cost of DTTO II

The following table summarises spend on DTTO II in the Lothian and Borders Community Justice Authority (CJA) area for the duration of the pilot.

<table>
<thead>
<tr>
<th>Cost Component</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2008/09</td>
<td>2009/10</td>
<td>2010/11</td>
</tr>
<tr>
<td>Staff Costs</td>
<td>£416,833</td>
<td>£454,726</td>
<td>£75,788</td>
</tr>
<tr>
<td>Premises Costs</td>
<td>£26,013</td>
<td>£26,013</td>
<td>£19,440</td>
</tr>
<tr>
<td>Operational Costs</td>
<td>£35,167</td>
<td>£90,400</td>
<td>£7,033</td>
</tr>
<tr>
<td>Supplies and Services Costs</td>
<td>£19,380</td>
<td>£19,380</td>
<td>£1,883</td>
</tr>
<tr>
<td><strong>Total Cost of Service</strong></td>
<td><strong>£497,393</strong></td>
<td><strong>£590,519</strong></td>
<td><strong>£104,144</strong></td>
</tr>
<tr>
<td>8% Admin/Management Charge</td>
<td>£26,781</td>
<td>£29,194</td>
<td>£5,924</td>
</tr>
<tr>
<td><strong>Total Running Cost</strong></td>
<td><strong>£524,174</strong></td>
<td><strong>£619,713</strong></td>
<td><strong>£110,068</strong></td>
</tr>
</tbody>
</table>
A total figure of £1,254,000 will have been spent on DTTO II between May 2008 and September 2010.

The average annual running cost is calculated to be £587,688 for 70 clients with an average annual cost per client of £8,396. The average start up cost is estimated to be £2,601 per client.

There are potential opportunities to reduce the cost per offender as the number of Orders increases, but this is unlikely to be significant.

Based on an average cost, and assuming the ratio of DTTO IIs to DTTOs in Lothian and Borders would be replicated in other areas of Scotland, it is estimated that the annual cost of rolling out the DTTO II scheme across Scotland would be around £1,847,000. In addition to this, it is estimated that start up costs of approximately £447,000 outside the pilot area would be required before the national scheme was up and running.

In considering these cost estimates, however, a number of factors need to be taken into account. Firstly, it has been assumed that the ratio of DTTO to DTTO II in all CJA areas would be similar to that for Lothian and Borders. It is unclear at this stage whether the ratio is likely to be higher or lower in other areas. Secondly, the lack of cases witnessed in the Scottish Borders may not be repeated in other rural areas of Scotland.

Thirdly, it is also assumed that there is no existing capacity within the current core DTTO services and budgets in each CJA area to accommodate DTTO II services. If this is not the case, it is possible, indeed likely, that the estimated cost figure would be lower. For example, the two services could be housed in the same building using a similar model to East Lothian, whereby core DTTO and DTTO II clients visit the premises on different/dedicated days of the week. On the other hand, if average per head costs similar to those in Lothian and Borders were not achieved then total costs could be higher.

A further consideration is the likely change in use of DTTO IIs over time. The total number of DTTOs has fluctuated in recent years, with a fall of 11% experienced between 2006-07 and 2007-08, compared to a rise of 25% between 2007-08 and 2008-09. It is therefore difficult to predict the pattern of DTTO Orders over the short term. Similarly, it is difficult to predict the trend in DTTO II over time in the different CJA areas. However, the estimate in annual costs would clearly change if there was a consistent increase or decrease in the numbers in the short to medium term.

Finally, and perhaps more importantly, the start-up costs are based on an average figure for Lothian and Borders. It is possible that there could be a minimum level of start-up costs required, irrespective of the number of clients, and that those costs could not be reduced by any significant amount per CJA area. For example, the costs associated with testing equipment, staff, IT/communication, office furnishings, etc may not vary with the number of future clients. If, for example, the start up costs were around £150,000 per CJA area (compared to £182,000 for Lothian and Borders) the total figure would rise to £1,050,000, from £447,000 using an average figure.
Summary

In sum, the main messages from the evaluation are that:

• sentencers, service staff and clients have all engaged well with the Order in the pilot area and the model adopted seems fit for purpose in targeting some of the most vulnerable drug using offenders. This includes younger drug users and those with no previous contact with treatment services;

• over time, there are notable decreases in drug consumption and greater control in the drug use behaviours of those made subject to a DTTO II;

• re-offending during Orders was low among the pilot offenders;

• women accounted for almost half of those made subject to an Order, many of whom had been convicted of lower tariff offences and may not have been eligible for a DTTO;

• despite low numbers, the data would suggest a high completion rate for those given DTTO IIs in the first six months of its operation;

• the annual cost of rolling out the DTTO II scheme across Scotland is estimated to be around £1,847,000. In addition to this, it is estimated that start up costs of approximately £447,000 would be required before the national scheme was up and running; and

• overall, those who took part in the pilot scheme appear to have experienced some positive changes in their health and living arrangements, and have made moves towards improving their employment and education status. That said, a longer, more outcome focused evaluation is required to fully assess the impact of DTTO IIs.

Considerations for the Future of DTTO II

The pilot appears to have worked well in terms of highlighting the facilitators and barriers associated with the new approach for targeting low tariff, at risk drug using offenders. It has shown that DTTO IIs can be used easily alongside more established DTTOs, and that efficiencies can be achieved by offering the two services in parallel to increase the reach of early interventions of this kind in the criminal justice setting.

It is difficult from this limited pilot to fully scope the likely impact of introducing DTTO IIs at the national level, since it must be recognised that the demographic and other profiles of drug using offenders will vary enormously across Scotland. Younger drug using offenders and women may not necessarily be the most ‘at risk’ or underserviced groups on a national basis and the added value of DTTO IIs may, therefore, be less notable if the same model was applied elsewhere.

The main considerations for the future of the service appear to be the early identification of suitable service accommodation for housing such a scheme, and, in
particular, the availability of separate premises, or dedicated ‘surgeries’ for DTTO II clients and DTTO peers. The separation of the two different client groups is thought to be important for the safety and rehabilitative aspects of the scheme to work well, even though the two can be housed conjointly, with the different groups seen on different days.

The pilot scheme has shown that DTTO IIs can perhaps also achieve their maximum potential if they are able to draw upon the skills and expertise of existing DTTO service staff. There is clearly valuable learning that can be transferred between the two schemes to ensure that clients are appropriately placed and care managed.

The costs of offering DTTO IIs are also perhaps best managed by ensuring fluid staffing arrangements between DTTO and DTTO II services.

In the event of a national roll out, it seems important for the success of DTTO IIs to have the full support of Lay Justices and Sheriffs, and the pilot has shown that there may be more scope for awareness raising and ongoing information sharing between sentencers and service providers if DTTO IIs are to succeed.

Conclusions

Although it is too early to offer any robust evidence of long-term reduction in drug-misuse and offending, the evaluation has uncovered indicative evidence of the positive role that DTTO IIs can play in the lives of some of the most at risk drug using offenders. The data has shown that DTTO IIs are a female friendly disposal and that they have successfully tapped into people who have not previously accessed drug treatment services. Some of the key successes of the pilot include a greater stability in the living arrangements of many of the clients who engaged with the service, and positive moves towards achieving employment or entry into education and training.

The costs of providing the service appear to be similar to those of offering core DTTO services and so it seems that the use of this targeted Order to capture those early in their drug use and offending career may represent money well spent in widening the pool of people who can benefit from early criminal justice interventions.

In sum, in the short term, the pilot appears to have succeeded in supporting a number people to reduce their drug misuse and, as such, has met its principle aims under the national drug strategy.
1 INTRODUCTION

Background

1.1 In June 2008, Drug Treatment and Testing Orders II (DTTO II) were introduced on a pilot basis in the Lothian and Borders Community Justice Authority Area.\(^4\) The pilot Orders are an extension to the existing Drug Treatment and Testing Orders, which have been shown to contribute positively toward reducing or removing offenders’ dependency or propensity to misuse drugs, and associated criminal activity.\(^5\) Recognising the effectiveness of DTTO with high tariff offenders, the purpose of the DTTO II is to make Drug Treatment and Testing Orders available to lower tariff offenders earlier in their criminal careers, when the damage done to themselves, their families and their communities, as a consequence of their drug misuse, is less extensive.

Drugs Strategy in Scotland

1.2 DTTO IIs are one of the latest of a number of initiatives introduced in Scotland which seek to contribute to the long term strategy of tackling drugs misuse.

1.3 In 2000, Scottish Ministers published the Drugs Action Plan which committed to increasing the number of people referred into drug treatment services using their point of entry into the criminal justice system as a gateway. By doing so, it was hoped that the cycle of drug misuse and criminal activity could be broken.

1.4 In 2008, Scotland’s national drugs strategy ‘The Road to Recovery: a New Approach to Tackling Scotland’s Drug Problem’ promised an increase in funding to tackle drug misuse and promote recovery\(^6\). The Strategy also highlighted the success of DTTOs and committed to piloting DTTO II.

1.5 The allocation of just over £1.25 million funding for the DTTO II pilot represents a part of this effort to tackle drug misuse and offending in Scotland, and is an investment that was based on the earlier evidence of the success of DTTO.

Drug Treatment and Testing Orders (DTTO)

1.6 Drug Treatment and Testing Orders are aimed at providing courts with a further community-based option to deal more effectively with some serious drug mis-users who primarily commit crimes to fund their habit. DTTOs were introduced by the Crime and Disorder Act 1998, with Scottish pilot schemes established in late 1999 and early 2000.

1.7 Recipients are subject to regular reviews by the court and are required to undergo treatment for their drug misuse. Regular mandatory random drug testing is also inherent to the Order. The Order is made subject to the offender’s consent to

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\(^4\) Except for West Lothian.
such an order being made. Incentives for offenders to give their consent and participate include the opportunity to reduce their drug misuse and offending behaviour and to achieve greater stabilisation in their personal lives, via a structured programme of help and support and access to drug treatment. Participation in the scheme also often means avoidance of an alternative custodial sentence.

1.8 The Evaluation of the DTTO Scottish Pilots found that DTTO had become well established as an additional option for the courts in dealing effectively with drug-related offending. A total of 47 DTTOs were imposed in Glasgow, with a further 49 in Fife over the 12 month timeline of the pilot evaluation. While there was concern that drug treatment had been determined by availability rather than needs, the proportion of positive drug tests for opiates decreased over time. After six months on an Order, an individual’s expenditure on drugs decreased from an average of £490 per week pre-sentence to an average of £57 per week.

1.9 DTTO also compared well with the cost of prison – the average annual cost of a DTTO is £10,000, while the average cost of prison is £35,000 per year. Offenders receiving a probation order with a condition of drug treatment generally have a lesser criminal history than those made the subject of a DTTO, but the nature of the order allows a more holistic approach to be applied to address issues of client accommodation, employment, etc. in addition to the drug use.

1.10 While several issues had to be addressed regarding the process and operation of the scheme, DTTOs were rolled out across Scotland and are now available in Scottish courts.

Reconviction Following Drug Treatment and Testing Orders

1.11 A further review of the DTTO pilots was undertaken in 2004, in order to assess whether DTTOs in the Scottish pilots were successful in reducing recidivism. The research found that almost half of those (48%) who completed their Orders had no further convictions within two years, with the reconviction rate and frequency of reconviction lower among those who had completed their orders than those whose orders were revoked. However, as many as 41% of offenders given a DTTO were reconvicted within 12 months and 66% within 24 months of the orders being made. Having said that, the frequency of reconviction was lower in the two-year period after being placed on a DTTO than in the two years before.

1.12 This review highlighted that offenders who complete their orders are less likely to be reconvicted and are reconvicted less often than in the period prior to their order being imposed.

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DTTO II Legislation

1.13 DTTO IIIs operate along the same general principle as the DTTO scheme, but are essentially aimed at lower tariff offenders who are earlier in their criminal and drug use careers. They are designed to provide an even earlier access point into treatment for drug users who offend, such that social and personal harm can be minimised. It was recognised that DTTO IIIs would focus mainly on those arrested for acquisitive crimes, linked to funding their drug habits. Orders could be awarded in both the Sheriff Court and newly established Justice of the Peace Courts.

1.14 The DTTO II pilot covers a two year period from June 2008 to May 2010 in the Lothian and Borders Community Justice Authority area (except for West Lothian).

1.15 The regular mandatory drug testing and reviews which form part of the DTTO process are also mirrored in the DTTO II pilot. The Order requires consent for frequent random drug tests throughout the order, and requires that significant levels of co-operation are displayed during what is a highly intensive and invasive community disposal.

1.16 The core differentiating features of DTTO II (compared to DTTO) are that the Orders are usually shorter in time (orders under DTTO II should not normally exceed 12 months), and court reviews should take place only every 6-8 weeks (instead of every four weeks under DTTO).

1.17 It was expected that those targeted by DTTO II would be younger than those subject to a standard DTTO and may be more likely to breach the order, as a consequence of the stage of their criminal and drug use career. This makes the need for a process evaluation especially important since it was hoped that it would assist in highlighting ways of encouraging greater engagement with DTTO IIIs among a group who are especially vulnerable and who may otherwise not be reached by treatment services until considerable social and personal damage has been done.

The DTTO II Pilot Evaluation

1.18 The evaluation had clearly defined objectives to evaluate the implementation process and the cost effectiveness and efficiency of the pilot. Given the timing and design of the pilot, and the difficulty of establishing realistic control groups for those subject to DTTO II, the evaluation was asked to focus primarily on the analysis of data being collected and systems being employed by the pilot staff in the day-to-running of the scheme. That said, some attempt was made to make conjectural observations about the likely future impact by exploring the early evidence of progress made by individual Order recipients.

1.19 The evaluation began in June 2009, 12 months after the pilot started, and ran concurrently with the pilot between June and November 2009. The evaluation methodology comprised four core strands, as follows:

- **Desk Based Analysis** - to achieve a firm understanding of the processes involved in the planning, set-up and operation of the DTTO II pilot scheme. This
involved reviewing all documents and data identified from consultation with the pilot managers and other partners.

- **Depth Interviews with Professional Stakeholders** – to achieve an understanding of the factors that affected the process of delivering the DTTO II pilot, and to explore possible explanations for the patterns identified by the quantitative data analysis. This involved semi-structured interviews with each of the key stakeholders involved in the scheme.

- **Case Studies** - to explore the views of those targeted by the scheme in terms of the processes involved and its likely impact on future drug use and offending. Case study interviews, and associated reviews of background documents and data for each participant was carried out.

- **Cost Analysis** - to assess the costs of DTTO II and to identify the cost implications of making DTTO II available nationally based on cost data provided by the Scottish Government and the DTTO II pilot scheme managers.

**Research Caveats**

1.20 As the evaluation began 12 months after the pilot had started, it is important to stress that some of the early lessons that were learned in the implementation process may not have been captured during the interviews and case study work. Although attempts were made to collect views from staff and clients retrospectively, it is inevitable that some of the detail of the early set up and operational issues encountered will have been missed.

1.21 The evaluation was also limited by the pilot being introduced in one Community Justice Authority Area only. This means that many of the observations set out in this report are restricted to a unique geographic and demographic area, the profile of which will vary from other areas where core DTTO services are offered. This is important since the evaluation team made a number of observations about the way in which the DTTO and DTTO II services were running in tandem, an arrangement which may vary considerably if the DTTO II model was applied elsewhere. Observations about court processes and treatment services are also limited to the local context and the messages may not necessarily always be transferable.

1.22 Finally, it is noted that the evaluation was carried out over a short period of time, and that the numbers of interview participants were relatively few (although representative of the local area). The largely qualitative focus of the work does mean that there may be considerable variance in the main findings (including the experiences of staff and clients) should the same model be applied elsewhere. There is much that cannot be accounted for here due to the lack of objective, quantitative data which could be used for generalisation purposes. All observations about the future trajectory of DTTO II are, therefore, to be interpreted with these caveats in mind.
2 PLANNING AND IMPLEMENTATION OF THE SCHEME

Planning of the Pilot Scheme

2.1 Before the pilot was established, a project team was set up to work towards developing a scheme with the same outcomes as DTTO, but with the aim of making the order more available and a more attractive option to younger men and women (around 16 years and older). Membership of the group included representatives from the Councils of City of Edinburgh, East Lothian, Midlothian, Scottish Borders, and West Lothian, as well as representatives from the Scottish Court Service, the NHS and the Criminal Justice Directorate.

2.2 It was decided that DTTO IIs would be implemented by local DTTO services, responsible for initial assessments, treatment plans, regular testing and reporting to the court. DTTO II services would essentially be a partnership between the NHS and Criminal Justice Social Work with dedicated premises. Healthcare workers employed by the NHS would be seconded to the service. Typically, each client would have their own nurse, resource worker and social worker.

2.3 Member councils in the Lothian and Borders Community Justice Authority were invited to participate in the pilot, and this was accepted in four areas (Edinburgh, Midlothian, East Lothian and Scottish Borders). Funding was not available for the West Lothian area, and so they did not take part.

2.4 Each DTTO II scheme followed a slightly different model in each Local Authority area.

2.5 City of Edinburgh established a separate location for the DTTO II scheme, including a separate dedicated staffing team, to ensure that there was no cross over of the DTTO client base. Midlothian clients also attended the DTTO II base in Edinburgh. This was partly due to capacity issues (ie no one location could accommodate a large influx of users and still maintain the confidence of the community), and partly due to safety/drug use prevention reasons. The pilot managers actively sought not to mix core DTTO clients with the pilot clients, as many of the DTTO II service users were at the beginning of their criminal and drug using careers and may have been subject to unwanted influence by more experienced offenders.

2.6 East Lothian adopted a hybrid model where Edinburgh City Council managed and staffed the operation, but it was delivered in Haddington premises.

2.7 Scottish Borders intended to use a dispersal model, due to their large geographical area, where local service delivery would be accessed at Health Centres and other local government offices. It was anticipated that all clients would attend existing DTTO venues, with the DTTO II pilot using the same guidance and procedures as the main DTTO service. The Borders dispersed delivery model was designed to reflect the rural nature of this region.

2.8 It should be noted that, as the pilot progressed, it became apparent that the pilot Orders were not being used in the Borders. For the duration of the evaluation,
only one request was received from a Justice of the Peace Court for a DTTO II, and it was not possible to proceed with the assessment.

2.9 Reasons cited for the lack of DTTO IIs in the Borders included that potentially suitable candidates may not be coming to the attention of the police and the courts in the same way as in Edinburgh. Alternatively, when they did, it was noted that many were already in receipt of a DTTO. In addition, waiting lists for drug treatment services were considered to be shorter in the Borders than in urban areas (including Edinburgh/Midlothian). Therefore, it is possible that potential clients were already linked into services in the area. It was considered that this was especially true for younger problematic drug users/offenders, and that, among older offenders, their long standing drug misuse problems made the DTTO more fit for purpose than the pilot Order.

2.10 With this in mind, the focus of the evaluation was largely on Edinburgh, Midlothian and East Lothian.

**Recruitment and Staffing**

2.11 A generic Social Work advert was used to recruit staff for the DTTO II pilot. Job advertisements were placed in February 2008 to source social work staff, who were appointed in March 2008, starting in advance of the launch date.

2.12 Recruitment of nurses and resource workers was undertaken with interviews being conducted mid May 2008, and a medical consultant was also appointed.

2.13 Most new recruits gained experience of working and/or supervising staff at the DTTO service before beginning work in the DTTO II pilot, while some staff had worked in the DTTO service for a number of years and transferred to the DTTO II service at its inception.

2.14 It was also apparent that some staff had dual roles in the DTTO and DTTO II service, working flexibly between the two services depending on availability and the skills required.

2.15 Figure 2.1 below summarises the staffing structure that was put in place to operate the pilot. It shows that all three areas used many of the same staff and resources with Edinburgh/Midlothian working as a single operation, providing support to staff based remotely in the separate East Lothian site. The manager overseeing the pilot also had responsibility for overseeing DTTO in the three areas concerned, allowing valuable lessons to be learned about the concurrent running of the two services and ensuring best use of resources and skills between the two schemes.

2.16 For the duration of the pilot (to November 2009), there were only two staff changes (the first being the Resource Development Manager and the second being one of the resource workers). Both roles were replaced with staff from the core DTTO service.
Training

2.17 Initial training was provided to Sheriffs and Justices of the Peace regarding the new Order.

2.18 Some concern was raised by Justices of the Peace regarding the impact that regular court reviews would have on court time. It was suggested that it may be beneficial for Justices to visit Edinburgh Sheriff Court to observe the review process in operation, and that this review training should be incorporated into ongoing core training for Justices.

2.19 Justices of the Peace were invited to attend an open evening at the DTTO offices shortly before the pilot began, and the event was attended by 30 JPs. This open evening provided an opportunity for more in-depth discussion of the DTTO II pilot and an opportunity for Justices to highlight further training needs.
Service Accommodation for the Pilot

2.20 Until August 2009, the DTTO II pilot was working from temporary service accommodation in central Edinburgh. From August to October 2009, the pilot moved to further temporary accommodation in Edinburgh while the planned premises were being renovated. Staff moved back into the newly renovated premises in October 2009 for the remainder of the pilot.

2.21 With staff in place, and premises identified, the pilot began, as scheduled, in all sites from June 2008.

Implementation of the Scheme

2.22 The local implementation project group discussed how Sheriffs would differentiate between a DTTO and DTTO II in respect of reports requested, and where requests would be sent. The system implemented is one wherein DTTO IIs require the preparation of an extended assessment report while core DTTOs require both a Social Enquiry Report and an assessment report. The extended assessment report for DTTO IIs includes information on in depth personal and offending history and risk assessment which would normally be included in a Social Enquiry Report. It may also include an assessment of the suitability for other criminal justice disposals, if necessary. By combining assessment processes it was hoped to reduce time between conviction and disposal, thereby expediting the service user into treatment more quickly, and reducing demand for reports on DTTO Services.

2.23 It was also decided that both DTTO and DTTO II requests should be channelled through the main DTTO service premises, and that the assessment for both Orders should be identical. In practice, therefore, assessments were completed by either DTTO or DTTO II teams who then identified if a request from a Sheriff was suitable for DTTO or DTTO II. This was not the case for Justices of the Peace who can only request a DTTO II assessment.

2.24 The assessment requests procedure was monitored and reviewed by the Practice Team Manager to ensure that there was no adverse impact on the workload of the teams in respect of Social Enquiry Report requests, and the balance of workload/case management between the DTTO and DTTO II teams. Using this approach, assessment requests never became problematic during the pilot period.
3 THE PILOT IN OPERATION

Ongoing Operation and Monitoring

3.1 Management information collected by the pilot staff was interrogated for the full 18 month period between June 2008 and November 2009. Given the co-location of the Edinburgh and Midlothian schemes, data for these areas are presented together in the following analysis, alongside separate data from East Lothian. As previously indicated, there were no Orders in the Borders region during the evaluation period.

3.2 The length of Orders was recorded, alongside data relating to offenders’ personal circumstances, drug use history, offending history and treatment history.

3.3 Data were updated following each contact with the DTTO II team and were made available for analysis by the evaluation team.

Number and Nature of Orders Made

3.4 In the period from June 2008 to the end of November 2009, a total of 59 Orders were made in Edinburgh/Midlothian and East Lothian. The majority of these were made in Edinburgh (51), with the remainder in East Lothian (8).

3.5 Figure 3.1 shows the number of Orders made by month for the same 18 month time period. It shows that the number of Orders fluctuated throughout the pilot, with two noticeable peaks in March 2009 and June 2009. The greatest number of active Orders at any given time in the pilot was 50.

![Figure 3.1 Orders, by month, June 2008 to November 2009](image)
3.6 In the period June 2008 to November 2009, there were 37 Orders imposed by Sheriff Courts and 22 Orders imposed by Justice of the Peace Courts.

3.7 The majority of Orders were awarded for a period of 12 months (n=44; 75%). A further 10 were for 18 months, with two Orders of 15 months duration and one of 6 months duration. Two further cases were transferred elsewhere.

3.8 For the DTTO II pilot, the number of Orders was the same as the number of cases in receipt of those Orders (ie no one client was given more than one Order during the pilot period).

3.9 In the 18 month period of the evaluation, two referrals into DTTO II were refused by the client, and ten Orders were either breached, revoked or were breached and then revoked\(^9\).

3.10 Eight clients successfully completed their DTTO II during the evaluation period. Seven of these had been given a 12 month Order, and one was awarded for six months. With 11 possible clients who could have potentially completed their Order within the evaluation period, the eight successful completions represent a 73% completion rate for the pilot. It must be stressed that this is based on low numbers of clients and provides only an indicative gauge of the potential success of the Order.

**Client Demographics at Beginning of Order**

3.11 Detailed data was available for 57 clients. In the remaining two cases, the Order and associated paperwork relating to clients was transferred to other offices and so was unavailable for analysis. Only basic data was available for these two clients.

**Gender**

3.12 During the evaluation period, 30 males and 29 females were given a DTTO II. The almost even split between client gender groups is a remarkable feature of the pilot, compared to the core DTTO service which has a disproportionately greater number of male to female clients.

3.13 Table 3.1 provides a breakdown of the gender distribution of DTTOs and DTTO IIs for the latest reporting years. DTTO data is based on an average over the three years from 2006/07 to 2008/09 and is presented both nationally and for Lothian and Borders specifically. It was not possible to remove the DTTO II cases from the DTTO figures for gender and so these percentages should be taken as indicative only for comparison purposes.

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\(^9\) Breaches relate to cases where clients failed to attend scheduled appointments or had repeated positive drugs tests. Revoked cases occurred following repeat breaches of the Order or where the client was given an alternative disposal for another crime during an Order.
Table 3.1 Gender Distribution for DTTO and DTTO II Recipients

<table>
<thead>
<tr>
<th></th>
<th>DTTO National</th>
<th>DTTO Lothian and Borders</th>
<th>DTTO II</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Males</strong></td>
<td>78%</td>
<td>80%</td>
<td>51%</td>
</tr>
<tr>
<td><strong>Females</strong></td>
<td>22%</td>
<td>20%</td>
<td>49%</td>
</tr>
</tbody>
</table>

3.14 The data show that the proportion of females in receipt of a DTTO II compared to those in receipt of a core DTTO is considerably higher, as was one of the anticipated outcomes of the pilot. This may reflect the disproportionate balance of male to female offenders appearing in court per se, and for males to appear for crimes of greater severity. Importantly, the data show that the DTTO II pilot was effective at reaching women who may have previously been considered outwith the scope of the main DTTO service.

**Age**

3.15 The average age of clients given a DTTO II was 27.4 years old. There was some difference in the mean age of male clients compared to females, with the average age of males being 29.6 years (ranging from 18-45), to 25.1 years for females (ranging from 18-33 years old). The data show that, not only are female DTTO II recipients of a younger age per se, but that the age range is much narrower, and focussed on women largely under 30 years of age.

**Disability**

3.16 Only four clients in receipt of a DTTO II reported having a disability, of which two related to mental health.

**Ethnicity**

3.17 Almost all clients classified themselves as White/British (n=53). Two were classified as White/Scottish, two were classified as Black African, and one was classified as Mixed Race/British. Information was missing in one case.

**Living Arrangements**

3.18 There was some variability in the living arrangements of clients. Most said that they were living in a single person household (n=22), or were living with their parents (n=12). A further 10 clients stated that they were living with friends.

3.19 An analysis of data relating to housing status showed that the largest client group was those living in socially rented housing (n=21). These offenders, alongside clients who were living with their parents (n=12), made up roughly three fifths of the DTTO II recipients. There was only one owner occupier in the group and one living in private rented housing.
3.20 Almost one in five clients were homeless (19%) or had transient living arrangements, including staying between friends, living in B&Bs or temporary accommodation. The number of clients who were homeless at the time of their initial contact with the DTTO II service further highlights the general vulnerability of the client group who were the focus of the pilot.

3.21 Interestingly, there were no noticeable differences between genders in the living arrangements of DTTO II clients.

3.22 Almost half of the DTTO II participants had no children (n=24). The majority of clients who had dependent children declared that they had no parental responsibility for those children (n=23) or shared responsibilities with grandparents/parents (n=2). In only four cases did clients with children have parental responsibility.

3.23 Again, there were no noticeable differences between genders with regard to whether the client had children, although male clients were more likely to have more children than female clients.

3.24 Just over two thirds of respondents said that they were living in an urban environment (n=39), compared to 18 who said that their residence was in a more rural area. Data were missing for two clients.

**Employment Status**

3.25 Almost all DTTO II recipients were unemployed, with only one in part-time employment and one self-employed.

**Drug and Alcohol Status**

3.26 By far the most commonly cited drug of choice was heroin, cited in all but five cases (n=51). For most, heroin use exists alongside other substance misuse or prescription methadone.

3.27 Prior to the start of the Order, heroin use was usually on a daily basis, with a range of £5 to £90 per day, with only a minority claiming ‘occasional’ use.

3.28 The split between those smoking and injecting heroin was skewed towards injecting users (15 clients smoked heroin compared to 21 injecting users). Eight clients said that they combined smoking and injection of heroin and, for a number of users, method of use was not declared.

3.29 Diazepam was cited by 27 clients as part of their drug habits. This was always cited alongside other drugs and use ranged from 10mgs to 120 mgs daily.

3.30 Crack cocaine was used by 17 clients, and was again usually used alongside other drugs. Use was more occasional with consumption ranging from around £25 to £150 per month.

3.31 Methadone was used by 15 clients prior to the start of the order. Of these, 8 said that it was prescribed and 6 said that it was illicit use. One said that they combined prescription and illicit methadone use.
3.32 Prescription methadone use was usually daily with prescriptions in the range of 30mgs to 120mgs daily. Illicit use was more ‘occasional’.

3.33 There was some variable use of benzodiazepines (used by nine clients) and prescribed dihydrocodeine (used by three clients) and buprenorphine (used by two clients).

3.34 There was noticeable occasional cannabis use alongside other drug use (n=12) as well as occasional use of MDMA, speed and valium (mentioned by one client each). One client reported volatile substance misuse only as their drug habit (hairspray inhalation).

**Funding Sources**

3.35 Table 3.2 shows the most commonly cited financial sources for funding their drug habits. Most clients cited more than one funding source.

**Table 3.2 Funding Sources for Drugs**

<table>
<thead>
<tr>
<th>Source</th>
<th>Number of Respondents (total n=59)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Criminal activity</td>
<td>43 (73%)</td>
</tr>
<tr>
<td>Benefits/social income</td>
<td>41 (69%)</td>
</tr>
<tr>
<td>Family/friends</td>
<td>8 (14%)</td>
</tr>
<tr>
<td>Sex industry/street work</td>
<td>4 (7%)</td>
</tr>
<tr>
<td>Borrowing money</td>
<td>4 (7%)</td>
</tr>
<tr>
<td>Begging</td>
<td>3 (5%)</td>
</tr>
<tr>
<td>Other income</td>
<td>3 (5%)</td>
</tr>
<tr>
<td>Drug dealing</td>
<td>2 (3%)</td>
</tr>
<tr>
<td>Dishonesty</td>
<td>2 (3%)</td>
</tr>
<tr>
<td>Partner</td>
<td>2 (3%)</td>
</tr>
</tbody>
</table>

3.36 The most commonly cited source of income to support drugs misuse was criminal activity, with benefits/social income support being the next most commonly cited source.

**Previous Service Contact**

3.37 In just under half of all cases (n=28) clients reported that they had no previous contact with drug services. Of those clients who reported that they had had previous
contact with drugs services, several clients stated they had more than one instance of contact with a drug treatment service. The most used services were attending their GP (n=9), attending a locality clinic (n=5), attending the Community Drug Problem Service (n=5) or a previous DTTO in Scotland (n=3).

3.38 Other previous services used included Mid and East Lothian Drugs Agency, Brenda House, Detox 5, DTTO in England, Streetwork, Homeless Outreach Project, Glasgow Community Addiction Team - Access Point, SACRO, Harm Reduction Team, Cognitive Behavioural Therapy with Midlothian Substance Misuse Service, and Residential Rehab in Glasgow. All previous service contact was self-reported and was not validated.

**Previous Treatment History**

3.39 Again, 28 clients stated that they had no previous treatment history. Of those clients who did have a previous treatment history, a number of them had more than one spell in treatment, with the most common being a prescription for Methadone (n=25). Again, this was self reported and was not validated.

**Offending Behaviour and Disposals**

3.40 Most clients had at least one previous offence with many clients having more extensive offending histories. A wide range of previous convictions was cited, incorporating 26 different offence classifications.

**Table 3.3 Previous Offending Behaviour**

<table>
<thead>
<tr>
<th>Offences</th>
<th>Number of Offences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theft by shoplifting</td>
<td>81</td>
</tr>
<tr>
<td>Other Theft</td>
<td>44</td>
</tr>
<tr>
<td>Breach of the peace</td>
<td>35</td>
</tr>
<tr>
<td>Offences under the Road Traffic Act</td>
<td>32</td>
</tr>
<tr>
<td>Assault/Assault to Injury</td>
<td>32</td>
</tr>
<tr>
<td>Misuse of Drugs Act 1971/2008</td>
<td>29</td>
</tr>
<tr>
<td>Criminal Law (Cons) (Scotland) Act 1995</td>
<td>19</td>
</tr>
<tr>
<td>Criminal Procedures (Scotland) Act 1995</td>
<td>12</td>
</tr>
<tr>
<td>Theft by housebreaking</td>
<td>10</td>
</tr>
<tr>
<td>Miscellaneous other crimes (each cited under ten times)</td>
<td>50</td>
</tr>
<tr>
<td><strong>Total Previous Offences</strong></td>
<td><strong>344</strong></td>
</tr>
</tbody>
</table>
3.41 Table 3.3 summarises the main offence types for which DTTO II clients had previously been convicted (ie those recorded on the DTTO II staff database more than 10 times). By far the most often cited previous offence was shoplifting.

3.42 The data show more than 300 previous offences committed by the 59 clients participating the DTTO II scheme.

3.43 Previous disposals for the offences noted above amounted to 12 different disposal types. Again, most clients had been subject to more than one previous disposal, and some had been given the same disposal on more than one occasion.

3.44 Table 3.4 shows all previous disposals cited by clients, and the number of times they were cited. It shows that the most common disposal type given by Sheriffs and Justices of the Peace was a fine. In a large number of cases, crimes were admonished or dealt with using alternative community based disposals (mostly probation orders and community service orders).

Table 3.4 Disposals for Previous Convictions

<table>
<thead>
<tr>
<th>Disposals</th>
<th>Number of times used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fines (including 10 Fiscal Fines)</td>
<td>108</td>
</tr>
<tr>
<td>Admonished</td>
<td>38</td>
</tr>
<tr>
<td>Probation Order</td>
<td>25</td>
</tr>
<tr>
<td>Community Service</td>
<td>21</td>
</tr>
<tr>
<td>Custodial Sentence</td>
<td>14</td>
</tr>
<tr>
<td>Fine and Disqualification</td>
<td>12</td>
</tr>
<tr>
<td>Deferred Sentence</td>
<td>11</td>
</tr>
<tr>
<td>Police Warning</td>
<td>7</td>
</tr>
<tr>
<td>Compensation Order</td>
<td>6</td>
</tr>
<tr>
<td>DTTO</td>
<td>4</td>
</tr>
<tr>
<td>Supervised Attendance Order</td>
<td>1</td>
</tr>
<tr>
<td>Restriction of Liberty Order (Electronic Tag)</td>
<td>1</td>
</tr>
</tbody>
</table>

3.45 Almost all clients were tested twice weekly at the beginning of their Order.

3.46 As the Order progressed, frequency of treatment varied depending on the needs of the client and how entrenched they were in their drug use, or whether they were homeless or had no source of income. However, at the start of their Order, all
clients met once weekly with the resource worker, nurse, and nursing assistant, fortnightly with the social worker, and saw the doctor when necessary. All clients also had monthly court reviews at the start of their Order.

**Changes to Client Status at Three Month Follow-Up**

3.47 Although this was primarily a process evaluation, and impact data were limited, an initial analysis of the available follow-up data for the clients participating in the scheme was undertaken to explore early changes in clients drug use behaviour, offending and personal circumstances whilst on the Order. It is important to recognise that the client group participating in the scheme were a vulnerable group, with complex and diverse personal and social needs. It was anticipated that their road to recovery would be neither speedy nor straightforward.

3.48 Detailed data was available for 43 clients who reached the three month stage of their Order by the end of November 2009. In the remaining 16 cases, 11 clients had not reached the three month stage of their Order, three clients’ Orders were breached, and associated paperwork relating to two clients was transferred to other offices and so was unavailable for analysis.

3.49 Of the clients whose Orders were breached, two Orders were breached due to non-attendance and one Order was breached and then revoked as the client received a nine month custodial sentence.

3.50 At the three months stage, the majority of clients had the same living arrangements as when they began the Order. Only nine clients reported different living arrangements; in most cases this was a change for the better, although in two cases, clients had become homeless.

3.51 A small number of clients (n=3) had begun training courses run by the DTTO II service or outside agencies at the three month stage of their Order.

3.52 Although most clients were still taking drugs at the three month stage, 26 of these clients had reduced their drug intake and had also begun a prescription, most commonly for methadone. A small number of clients also reported an increase in their alcohol consumption.

3.53 Four clients had been arrested for offending in the first three months of their Order, for which offences predominately included shoplifting and breach of the peace.

3.54 Again, almost all clients were tested twice weekly three months into their Order (n=42), and one client was tested weekly. All clients met once weekly with the resource worker, nurse, and nursing assistant, fortnightly with the social worker, and saw the doctor when necessary. All clients still had monthly court reviews at the three month stage of their Order.

**Changes to Client Status at Six Month Follow-Up**

3.55 Data was available for 33 clients who were at the six month stage in their Order during the period June 2008 to November 2009. In the remaining 24 cases,
18 clients had not yet reached the six month stage and associated paperwork relating to a further two clients was transferred to other offices.

3.56 Additionally, one Order was breached at the six month stage, with no further data provided after six months, and four Orders were revoked; three due to breach at the three month stage, and one where the client was ordered to pay a £300 fine. One Order was successfully completed at the six month stage.

3.57 At the six month stage, seven clients reported a change in their living arrangements, with five clients achieving improvements to their living arrangements and two showing deteriorations in security and independence of living arrangements.

3.58 A number of clients (n=10) were attending college or other courses at the six month stage of their Order, and one client was employed.

3.59 At the six month stage, 18 clients had substantially decreased their drug intake but were still using daily to some extent on top of their prescription. Similar to the three month stage, most drug intake included diazepam 10mgs to 30 mgs daily, £10 to £30 heroin (smoked or injected) daily, and cocaine (varying amounts) to occasional use of one or more of these drugs. Again, a small number of clients also reported alcohol consumption.

3.60 Eight clients had been arrested between the three and six month stage of their Order, and again, most of these were shoplifting offences and breach of the peace offences. Two clients reported more than one offence at this stage in their Order, and both offences included theft by shoplifting.

3.61 With regard to the frequency of drug testing at month six, one client’s testing was reduced to once fortnightly and four clients’ testing was reduced to once weekly. In the cases of three clients, their court reviews were reduced to bi-monthly.

**Changes to Client Status at Nine Month Follow-Up**

3.62 Between June 2008 and November 2009, 15 clients reached the nine month stage of their Order. One Order had been breached, one was breached and revoked due to non-attendance, and one was revoked due to the client receiving a custodial sentence.

3.63 At nine months, five clients had achieved greater stability in their housing arrangements compared to the six month stage. In only one case had the client’s accommodation become less stable in the interim period.

3.64 Nine months into their Order, five clients were applying for or attending training or college courses.

3.65 Four clients had committed an offence between the six and nine months stage of their Order, with the majority of these offences being theft by shoplifting. Despite this drug taking and offending among a large number of clients, almost all drug taking was considerably lower than when the client first began the Order, and at earlier stages in their Order. At the nine month stage, although a small number of clients reported using heroin or diazepam daily, the majority of clients only reported occasional use.
3.66 At the nine month stage, the frequency of drug testing, appointments and court reviews had been reduced for all clients.

**Changes to Client Status at Twelve Month Stage**

3.67 Using the data provided for the period June 2008 to November 2009, seven clients who were at the 12 month stage of their Order had successfully completed their DTTO II.

3.68 At the 12 month stage, a small number of the clients who had completed their Order still had no permanent living arrangements. Two clients had moved in with family having previously lived with friends and in social rented accommodation, two clients moved into social rented accommodation from a bed and breakfast, and one client was sleeping rough/staying with friends having moved several times during their Order already.

3.69 Three clients were attending training courses including CARS, training for employment with the Job Centre, and an adult literacy and numeracy project at the 12 month stage of their Order.

3.70 At the 12 month stage, six clients who had completed their Order or were still working towards completing their Order still reported occasional use of heroin and/or diazepam of varying amounts, while a further four clients reported that they had ceased to use drugs. Almost all clients who were at the 12 month stage were also taking prescribed methadone. No clients at the 12 month stage had offended between the nine and 12 month stage of their Order.

**General Outcomes**

3.71 The data show that, although a small number of Orders were breached or revoked, most clients achieved a reduction in drug use whilst on their Order, and showed evidence of more controlled drug use. Despite challenging lifestyles, clients showed some positive changes in their personal and domestic arrangements and social participation activities after only 3-6 months engagement with the scheme. Despite clients evidencing numerous previous disposals for a wide range of offences, offending whilst on the Order was not prolific. Engagement with sentencers and service staff at various stages in the Order has been promising and there are several indicators that those who were still subject to their Order beyond the end of the evaluation period were continuing to progress well.
4 PERCEPTIONS OF THE PILOT

Introduction

4.1 All 17 DTTO II service staff (including the Local Manager in the Borders and the Police Liaison Officer) were interviewed. During the evaluation period, there were two staff changes and the two new staff were not interviewed.

4.2 As part of the research, eight client case studies were also produced, which involved one-to-one interviews with the clients, and analysis of secondary data relating to each of those individuals, as held by the DTTO II service staff.

4.3 A total of seven Justices of the Peace were interviewed as part of the research and further views were canvassed from Sheriffs via a short questionnaire survey.

4.4 Findings from each of the consultation strands were analysed and this chapter presents findings at the thematic level, as well as highlighting sentiments expressed by the different respondent groups.

Pilot Processes

4.5 At the planning stages, a conscious decision was made to keep the DTTO and DTTO II sites separate in Edinburgh – this was driven partly by capacity issues (no one location could take a large influx of users and still maintain the confidence of the community) and safety/drug use prevention reasons.

4.6 In addition, the pilot manager actively sought not to mix core DTTO clients with the pilot clients as many of the DTTO II service users are at the beginning of their criminal and drug using careers and it was hoped that by separating the sites, the DTTO II users would not be influenced by the more entrenched drug using of the main service users.

Length of Orders

4.7 It was considered by most DTTO II service staff that twelve months was an appropriate length for pilot Orders because potential clients were not at the same stage in their offending career as clients in the core DTTO service. Staff felt it was important that these clients were not in the criminal justice system longer than they needed to be.

4.8 Staff commented that, while many clients engaged from the beginning of the Order and began to reduce their drug intake at an early stage, some clients took several months to engage and needed a lot more time and encouragement. On occasion, it was possible that a particularly chaotic client would finish a 12 month Order and have only begun to make some progress. In these circumstances, it was considered that an 18 month or 24 month Order may be more beneficial.

4.9 Most staff felt that the level of appointments with social workers, nursing staff and resource workers was about right, as any more appointments would be too
much of a commitment for clients, and may be off-putting. However, with any fewer appointments, it was considered that clients may not achieve the intended result of a reduction in drug use and offending.

### Case Study – Requirements of Participation

**Profile:** Mr A is a 38 year old, white male who was given a 12 month DTTO II in mid-2009. At the time the Order was made, he was unemployed and was living with family. Previous convictions included theft, drugs misuse, road traffic offences, and theft by shoplifting, all of which resulted in fines. Mr A reported using between £10 and £20 of heroin four times per week (smoked).

**Engagement:** Mr A was fully aware of the aims of the pilot and why he was asked to take part. He stated that contact with service staff has been both positive and helpful at each appointment, particularly with sorting out housing issues. Contact with the Sheriff had been supportive at the monthly reviews, and he had built up a good relationship with the Sheriff over a number of months. He commented that the large number of appointments/reviews was time consuming, especially when trying to look for work. Fear of getting a ‘hard time’ from the Sheriff if he failed to attend was sufficient motivation to comply.

**Progress:** Mr A had attended appointments well and had been referred into an educational programme to learn how to deal with the drug recovery process. Mr A reported that, only 3 months into his Order, he already felt better having reduced his drug intake and that he had ceased to offend. He described his lifestyle as ‘stable’.

**The Future:** Mr A was hoping to continue to desist from taking drugs and offending for the remainder of his Order (and to continue this after the Order finished). Gaining employment was his main focus.

4.10 The role of the court and regular court reviews was seen as an important aspect of the pilot, encouraging cooperation with the client, and providing a reminder of the seriousness of the Order, and preventing clients from ‘drifting’. Similarly, frequent testing and appointments were seen as a good way of motivating clients and keeping them engaged with their Order. This view was shared among DTTO staff, Sheriffs and Justices of the Peace, as well as clients:

“In the early stages, the relationship with the court is very important in terms of reiterating what someone has to do and why they are actually there.” [DTTO Staff, Edinburgh]

“The testing is a big thing for people. If they are doing well, they’ve got some evidence that their tests are negative. Offering a reduction in testing is a good motivator for people and is a little reward for having been successful.” [DTTO Staff, Edinburgh]

“Most of them [clients] ask for a copy of their drugs [test] results and are quite proud of it…they say ‘Look, I haven’t touched the kit in 4 months’…they want to show their partners, parents, grandparents…they are proud of it.” [DTTO Staff, Edinburgh]
Throughput Numbers

4.11 Staff described the DTTO II service users as representing a much wider demographic than those awarded ‘core’ DTTOs. Staff estimated that there had been a broadly 50:50 gender breakdown, which was unusual for criminal justice schemes working with drug users. They perceived that the DTTO II service seemed to be helping young women in particular, which was also reflected in the statistics. Staff perceived that women would be coming to the lower courts more readily because of the types of offences that they tended to commit.

4.12 Staff perceived that they were working with some clients from minority ethnic backgrounds in the Edinburgh, Midlothian and East Lothian pilot which was also unusual compared to the core DTTO scheme. The data provided, however, showed that the actual number of minority ethnic clients was very small.

Case Study – Securing Stable Accommodation

Profile: Mr A is a 27 year old, white male who was given a 12 month DTTO II at the end of 2008. At the time the Order was made, Mr A was homeless, unemployed, and was using £50 of Heroin daily (smoked & injected) as well as 80mg of Diazepam every second day. His previous convictions included the Misuse of Drugs Act, housebreaking, shoplifting, breach of the peace, and theft. He received a fine for each of these offences. Mr A reported that he had engaged with a homeless outreach project informally on a number of occasions but only for a couple of weeks at a time.

Engagement: Mr A originally discussed a DTTO II with his solicitor as a number of his friends had been given Orders and he wanted to know more. Mr A stated that he engaged particularly well with his resource worker as they had helped him acquire housing. Mr A particularly liked the ‘wrap around care’ package that the DTTO II service offered, and felt this was a major factor for him ‘sticking the Order out’.

Progress: At the three, six and nine month stages, Mr A reported that he was on 140mg of prescribed Methadone and was using £5 of Heroin daily (smoked), as well as 10mg of Diazepam every second day. He had offended twice between the six month and nine month stages of his Order. However, by the nine month stage in his Order, Mr A was no longer homeless and was living in social rented accommodation with a steady means of income.

The Future: Mr A was coming to the end of his Order and was concerned about what services were in place on completion. He felt he would still need the support and assistance that the DTTO II service offered. Mr A also said that he would be happy for his Order to be extended a further 6 months, as the last 12 months had ‘flown by’ and more time would help him to progress further in stabilising his personal circumstances.

4.13 DTTO II staff described DTTO II service users as being a slightly younger group and much less likely to have an extensive previous offending history or to have previous custodial sentences. Staff said that they were more likely to have a lot more family contact and some were still holding down employment or were only recently out of employment. This was not necessarily reflected in the management data that was collected, which showed that almost all clients were unemployed. The perception of staff is, therefore, perhaps indicative that clients were generally more
stable over time than their DTTO counterparts, even though their employment status at the time that the Order was made was often less positive.

**Treatment Services**

4.14 Methadone was the main treatment option, with the other services provided by DTTO II seen as necessary ‘wrap around care’ packages used to assist a client to abstaining from taking drugs:

“It is easy to think about prescribing services but not everyone needs a substitute prescription…DTTO II is much more about the wrap around services that are available.”  [DTTO Staff, Edinburgh]

“The drug treatment side of it is a critical cog but it’s not the complete picture by any manner of means. If you do not provide the drug treatment and you only provide the other services, you are not going to get very far, but if you dish out the drug treatment and you do not provide any of the others [services] then you are also not going to get terribly far.”  [DTTO Staff, Edinburgh]

“We have a ‘one stop shop’ I suppose. People can get a lot of intervention under the one roof, get help with your housing, your benefits, what you do with your time, and your drug use…all in the same afternoon. They don’t need to trail around, and that helps engage people.”  [DTTO Staff, Edinburgh]

4.15 Staff described that most clients were given a methadone prescription as it provided an initial exit out of the drug misuse cycle and allowed clients to stabilise and then concentrate on other aspects of their Order such as housing and benefit issues:

“Methadone is, at the moment, our preferred intervention…it allows people to take a step back from the chaos that is drug misuse and allows us to start positively intervening with them.”  [DTTO Staff, Edinburgh]

4.16 Alternatives to methadone, including subutex and dihydrocodeine were not commonly used. The main reasons for not using dihydrocodeine was that it required intensive supervision as it had to be taken four times a day. The main reason for not using subutex was the danger associated with combined use of subutex at the same time as heroin. It was perceived that many clients would not be able to achieve total abstinence from heroin use in the short term, thus precluding subutex as a treatment option.

4.17 Staff did note, however, that at the end of a client’s treatment, in some cases, the client may be moved from methadone to subutex or dihydrocodeine as they are useful drug treatments for allowing a client to slowly reduce their prescription and then tail off their treatment:

“You cannot supervise someone all the time, and if one of the aims of the service is to get the person to reintegrate back into society, then
supervising them taking their prescription all the time is not the way to go about that.” [DTTO Staff, Edinburgh]

4.18 Many clients were using benzodiazepines to a chaotic level. For these people, diazepam was usually prescribed to help them to stop engaging with the disruptive drug taking groups. The aim was for clients to become stable on a steady supply of diazepam and then to ask them to detox from a street supply which was more likely to be variable in its quality and supply.

4.19 For alcohol addiction, clients were not specifically detoxed as part of the DTTO II, primarily because of the intensity of alcohol detoxification programmes and because most people were considered to be unsuitable for community detox. In cases where alcohol misuse existed alongside drug use, clients were encouraged to become stable on opiates and would then be assessed at the Alcohol Problem Service and admitted, if appropriate.

4.20 There was no substitute prescribing for amphetamine and cannabis addiction.

4.21 The only other medical treatment employed was anti-depressants. In these cases, clients were encouraged to see their GP in order to maintain relationships with primary care.

4.22 Non-medical interventions included acupuncture, motivational interviewing, relapse prevention and the other work provided as part of the wrap around services. Staff stated that, in some cases, these treatment options were just as important as the medical interventions:

“It gives the clients something to do with their time...because after giving up the biggest part of their lives (taking drugs) [and] having to get up in the morning and take methadone and feel stable, they wonder what to do with their time...it's at that point that they can start engaging with other services.” [DTTO Staff, Edinburgh]

Partnership Working

4.23 Roles and responsibilities between different organisations involved in the pilot appear to have been well defined and there were no issues arising with regard to partnership working. The line management of staff from NHS and Council services was working well and the co-ordinated management of the core DTTO services and DTTO II pilot was running smoothly:

“We come with a huge experience in multi disciplinary working...we've been through the learning process of working in a multi disciplinary team already so people do work together and are more than just the product of their own skill base...we work on that on a day-to-day basis.” [DTTO Staff, Edinburgh]

4.24 Staff agreed that one of the benefits about working in the DTTO environment was that it is multidisciplinary and that staff are co-located which allows them to talk to each other, providing cohesion and fluid and open conversation. A weekly case meeting between staff took place where clients were discussed on a rotation basis
and specialist knowledge and case information was shared. This was also highlighted as an important aspect of partnership working.

**Engagement from Clients**

4.25 DTTO II was perceived to be capturing the target offenders for the pilot, particularly younger offenders who were less entrenched in their substance misuse and women offenders. It was further perceived to be assisting them to tackle their drug problem successfully in a number of cases:

“It is definitely successful in reducing people’s drug taking and offending...the major issue is trying to get them to that stage...it’s about trying to reduce the chaos in their lives first.” [DTTO Staff, Edinburgh]

“Some people wouldn’t have got picked up for assessment had it not been for DTTO II...they would have been assessed as not being suitable for a DTTO.” [DTTO Staff, Edinburgh]

“We are getting younger people who are on the periphery of the criminal justice system and it has been very effective for that, but has been quite demanding because it is so varied.” [DTTO Staff, Edinburgh]

4.26 Staff did comment, however, that some clients were difficult to motivate because they were much younger and less entrenched in drug use, and so were less able than DTTO counterparts to see the potentially negative outcome of long-term drug use and offending behaviour:

“Working with younger people is difficult...they’ve not got the experiences of entrenched drug misuse...so it sometimes takes a lot to motivate them, a lot of our work is motivational work.” [DTTO Staff, Edinburgh]

“The DTTO IIIs are a harder group to motivate. They require more skills because they haven’t got the life experience of the real damage that drug misuse can lead to.” [DTTO Staff, Edinburgh]

4.27 For some clients, it was perceived that compliance occurred mainly to try and avoid alternative custodial sentences, although staff note that this was less common in DTTO II than in DTTO:

“There is this perception that you’ve got them over a barrel and they are forced into a position where they accept that, or it’s custody. But that’s not the case with DTTO II, because they are at much less risk of custody...if people don’t turn up then they are voting with their feet.” [DTTO Staff, Edinburgh]

4.28 Most staff agreed that when a client was placed on a DTTO II, within the first three to six months injecting and drug taking was reduced, and clients reported less offending less. The latter was, however, difficult to verify.
Case Study – Despite Best Efforts

Profile: Ms A is a 28 year old, white female who was given an 18 month DTTO II. At the time the Order was made, Ms A was unemployed and was living in a single person household in socially rented accommodation. Ms A had a solvent abuse problem, and her criminal career was mostly associated with acts of anti-social behaviour, all of which were admonished. She also had two convictions for theft by shoplifting for which she had received a fine. Ms A had previously attended drug misuse related therapy and residential rehabilitation, neither of which had resulted in long term benefits.

Engagement: Ms A attended most appointments as required. She also engaged with outside agencies for additional support and had developed a particularly strong relationship with her social worker and resource worker who provided extra support as required. Despite this, she was unable to abstain from offending and was worried that, as a result, she may soon be looking at a prison sentence.

Progress: At the time of interview, Ms A had recently been arrested for three accounts of breach of the peace and was due to see the Sheriff the following week. She also admitted to still inhaling aerosols daily.

The Future: Ms A explained that she would like to change her behaviour and desist from offending, however, despite engaging well with DTTO II staff, she was not confident that this could be achieved, as previous attempts to recover had always resulted in relapse.

4.29 Staff commented that there had been noticeable visual improvements in the physical appearance and health of many of the clients in the first three to six months of their Order, an indication of their reduced level of drug intake:

“It is definitely successful in reducing people’s drug taking and offending…the major issue is trying to get them to that stage…it’s about trying to reduce the chaos in their lives first.” [DTTO Staff, Edinburgh]

4.30 Some clients were described as experiencing more ‘ups and downs’ during their Order than others:

“Some people can be at month four and their circumstances change and everything comes crashing down and you have to start again with them.” [DTTO Staff, Edinburgh]

“It’s got to be taken stage by stage, assess their first and foremost needs in the first instance…everyone has their basic human needs, money and somewhere to put their head down, before they can move on in any other area.” [DTTO Staff, Edinburgh]

4.31 In essence, staff stressed the need to treat each client on a case-by-case basis and to determine expectations in the same way. It was clear that DTTO IIs did not provide the ideal solution for all clients, but that it offered some means of accessing support for at least some of the problems they were experiencing.
Case Study – Allowing Room to Grow

Profile: Ms A is a 22 year old, white female who was given a 12 month DTTO II. At the time the Order was given, she was unemployed and was living with her parents and child. Previous offences included breach of the peace and theft by shoplifting. Ms A reported using up to £60 of heroin daily (smoked), 60mgs of diazepam most days, and crack cocaine occasionally.

Engagement: Ms A didn’t remember much about when she was first given a DTTO II, as she was ‘in quite a bad state’. Over the months, with the help of the service staff, she was able to understand what was expected of her and access college courses she wanted to attend. Ms A said she was encouraged to do well and motivated in part by a fear of prison if she did not comply.

Progress: At 6 months, Ms A was still taking £10 of heroin (smoked) 2-3 times per week as well as 60mgs of diazepam one day a week. However, she had not offended since beginning the Order and had started a course aimed at entry into employment and education.

The Future: Ms A was aware that she was still testing positive for drugs and suggested that she would have preferred the Order to be longer. She was worried that there would not be enough support available to her on completion of the Order, to help continue to desist from offending and drugs misuse.

Engagement from Sheriffs and JPs

4.32 There appears to have been considerable enthusiasm and support for the pilot among staff working in the Edinburgh/Midlothian and East Lothian pilot. The teams were proactive in advertising the service to Sheriffs and Justices and established good working relationships with the police and neighbours close to the pilot office, to minimise wider community safety fears. All Justices of the Peace had undertaken training and had attended open days/evenings run by the DTTO II service staff. Promotion was carried out with the local Justices of the Peace so that they could get a basic understanding of the services being offered by the DTTO II team. The aim was to highlight the benefits of engagement for offenders and to give sentencers a better feel for those cases where the new Orders would/would not be appropriate.

4.33 However, some staff suggested that more promotion may have been necessary, since, despite the engagement activities, there were still lower than hoped for numbers of Orders originating from Justice of the Peace Courts:

“We have worked hard to build relationships with the Justices. That’s an ongoing process and we would like more referrals from the Justice Court, but that is the challenge of working with a range of individuals with different views.” [DTTO Staff, Edinburgh]

4.34 There was some feeling that Sheriff Court staff were relying on DTTO staff to make decisions about whether participants were more eligible for a core DTTO or a DTTO II, based on the Social Enquiry Reports and drugs assessments generated:
“They [Sheriffs] rarely say they want a DTTO I or a DTTO II assessment, they say they want a DTTO and it’s up to us to tell them what’s best.” [DTTO Staff, Edinburgh]

“Sheriffs have been content to extend their knowledge of the remit of the services but to leave the assessments with us.” [DTTO Staff, Edinburgh]

4.35 Overall, however, service staff were positive about the level of engagement among Sheriffs and for their efforts in ensuring that appropriate clients were referred:

“We’ve had a huge amount of support from the Sheriffs, it’s been a learning process for them as well as us.” [DTTO Staff, Edinburgh]

“They (the Sheriff Courts) have done extremely well in being focused and identifying those offenders who would benefit from being on the main order. Now what we are trying to ask them to do is to increase their vision and identify those who might benefit from a lesser intervention, and I think they have been successful in that, to the degree that they will identify those people and ask for a drugs assessment.” [DTTO Staff, Edinburgh]

Views of Sheriffs

4.36 Initially, Sheriffs were requested to participate in a face-to-face interview regarding their views and experiences of DTTO IIs. However, response rates were not as high as was hoped, and a survey approach was subsequently adopted instead. Of the 12 questionnaires which were issued to a selection of Sheriffs, seven Sheriffs completed the questionnaire. Although the response rate was low, the following section provides an indicative insight into the way that the pilot was viewed by sentencers.

4.37 Four of the Sheriffs who responded to the survey stated that they had made a request for a DTTO II since the pilot started in June 2008. Of those who said that they had requested an Order, most Sheriffs had requested more than four or five Orders, with only one Sheriff stating that they requested only one Order. Within these requests, most Sheriffs stated that, as far as they were aware, almost all of their requests for an Order had resulted in an Order being imposed, if not all.

4.38 The most common reason for requesting a DTTO II was for drug related offences of dishonesty, drug related previous convictions, and nuisance shoplifting (most commonly if it was apparent that this was related to drug taking). Factors taken into consideration when deciding to initiate a DTTO II included the age of the offender, whether the offender was a non-violent offender, and when offending was related to a developing serious drug addiction.

4.39 The main alternative sentences that Sheriffs said they would consider varied between respondents. It seems that decisions are made very much on a case-by-case basis, taking into consideration the nature of the offence, the reason for the offence, and the offender’s personal circumstances and offending record.
4.40 While some Sheriffs felt that a breach of a DTTO II would usually result in custody, others felt that there were many degrees of a breach and that the way that breaches were treated would depend on the ways in which the offender had breached their Order.

“It depends how serious the breach is – serious breach will lead to imprisonment.” [Sheriff, Edinburgh]

“There are many degrees of breach. A lapse would be treated as that and the order may well be allowed to continue.” [Sheriff, Edinburgh]

4.41 One Sheriff stated that, if the offender had continued to offend throughout their Order, and had failed to address their drug use or engage with the DTTO II team, this would result in the order being revoked. All other sentencing options would then be considered with reference to the original offence.

4.42 Most Sheriffs felt that, on average, 12 months was an appropriate length for a DTTO II, with only one Sheriff stating that Orders should be 12-18 months:

“For the more entrenched drug user the normally shorter version of a DTTO II can sometimes not be long enough to fully address and stabilise the accused’s addiction and other social problems.” [Sheriff, Edinburgh]

“I firmly believe that the longer DTTO is more appropriate for the more heavily addicted and criminalised offender.” [Sheriff, Edinburgh]

4.43 All Sheriffs thought that the frequency of testing, treatment and court reviews was about right in order to provide appropriate motivation to comply with and continue the Order. Offenders were considered to benefit from the Orders because it kept them under supervision, provided structure and discipline to their lives, and (potentially) ultimately reduced offending.

4.44 Sheriffs felt that many of those who had been given a DTTO II had benefited. Particular groups who had benefited included females who had come to the attention of the courts and those whose addiction and criminal involvement was at a relatively early stage:

“I particularly welcome this disposal for female offenders and for less experienced offenders. For them, a DTTO would be too intense.” [Sheriff, Edinburgh]

4.45 In only one cases did a Sheriff state that they felt that persistent offenders who were older and more mature would be more likely to benefit from a DTTO II.
Case Study – Second Chances

Profile: Ms A is a 20 year old, white female who was given a 12 month DTTO II. She lived in social rented housing and was unemployed. She had numerous previous offences and, at the time the Order began, Ms A’s drug habit included £20 of Heroin daily (injected), and 50mg of Diazepam occasionally. Previously, Ms A had been prescribed 30ml of prescribed Methadone daily by her GP which she was still taking at the time she was given an Order.

Engagement: Ms A was referred for a DTTO II assessment but was then given a short custodial sentence as the result of other offences. When released from prison, Ms A returned to court and asked to be given a DTTO II as she had passed the assessment and had decided she wanted to turn her life around. Contact with the Sheriff had been ‘intense’, but she was doing well and felt that, over time, she had developed an improved rapport with the Sheriff. Ms A reported engaging well with all staff at the service, and found it most useful to have people she could talk to about her drug habit. Ms A also valued the range of services the DTTO II scheme had to offer, as this was not provided when she was on a Methadone prescription provided by her GP.

Progress: At the six month stage, Ms A was only taking 90mgs of prescribed Methadone. She had also started an access to employment and education programme.

The Future: Ms A’s goal was to become (and remain) drug free and to turn her life around, and she believed that DTTO II could help her to achieve this goal.

4.46 One Sheriff noted that, while the aim of DTTO II is to divert the accused into a substance-free lifestyle and to achieve social integration through assistance with housing, education and employment, they were unaware if this had been achieved at a population level. Only specific examples of success and failure were provided:

“In both orders there are great successes and even those who cannot truly conquer their addiction can reach a sufficiently stable level to be able to be supported in the community without offending. It has to be accepted that there are some failures.” [Sheriff, Edinburgh]

4.47 Of those who had not imposed an Order, one stated that they routinely requested drug assessment reports and left it to the assessment team to consider whether the particular circumstances of each offender required DTTO referral. Again, it was felt that the assessment team were in possession of clinical and social information that was not available to the Sheriff and were, therefore, better placed to determine the nature of the Orders (and whether they were appropriate at all).

4.48 The other two Sheriffs who had not imposed an Order stated that this was because they had, to date, had limited opportunity to consider a DTTO II, but could be encouraged to do so in the future on the recommendation of a Social Enquiry Report. The Sheriffs felt that, in appropriate cases, a DTTO or DTTO II would be valuable to the courts, society and to the offender.
Views of Justices of the Peace

4.49 Awareness of DTTO IIs was high among the Justices of the Peace (JPs) interviewed. Most JPs felt that they understood the circumstances in which they could request an assessment for a DTTO II, and many stated that they would do this when appropriate. However, most JPs reported that they had either no clients on a DTTO II or only one client on an Order.

4.50 JPs felt that they received adequate training on the DTTO II pilot in order to be able to initiate a request for an Order, as well as to supervise clients for its duration. However, a number of JPs felt that the most beneficial training is ‘on the job’ training:

“I have a good initial grounding of DTTO IIs, however, all knowledge is theory based until you’re supervising a client yourself”. [Justice of the Peace, Edinburgh]

4.51 JPs felt that there had been fewer Orders than expected from the Justice of the Peace Court because there were only a small number of offenders going through these courts who were suitable for a DTTO II. It was suggested that most did not have a drug problem or were already in treatment for their substance misuse:

“There have only been a very small number of clients who would be suitable for a DTTO II as most clients who I see do not have a drug problem, or are already in treatment for their drug problem”. [Justice of the Peace, Edinburgh]

4.52 A number of JPs also said that a client’s defence agent would often explicitly assert whether they thought that their client would be eligible for a DTTO II, and whether the offender would be interested in being placed on an Order. JPs thought that defence agents did this because they often knew their clients well (as they had represented them on previous occasions), and were often able to predict whether they thought the offender would comply with the Order. JPs felt that defence agents would only wish to recommend clients who they believed would comply with the Order so as not to waste time and resources.

4.53 Many JPs interviewed expressed concern at the level of time and commitment that was required on their behalf when supervising a client on a DTTO II. A number of JPs also admitted that they would be reluctant to take on more than one DTTO II client due to the extent of this time commitment, and the fact that it would not fit easily into their usual court sitting programme:

“The downside is the ongoing level of commitment supervising a client on a DTTO II takes. Therefore, the number of clients one JP can take on is limited, especially as most JPs work part-time.” [Justice of the Peace, Edinburgh]

4.54 In most cases, JPs said that they would not impose a DTTO II unless they considered it likely that the client would comply, otherwise, this was seen as a waste of time and resources:
“It is important to ensure the right offender is targeted and that I can ensure their commitment before imposing an Order as it is also a significant time commitment on the part of the JP.” [Justice of the Peace, Edinburgh]

“I look for a sense of ongoing commitment on the part of the offender to participate fully in DTTO II otherwise it will not be a success”. [Justice of the Peace, Edinburgh]

“Sometimes, being considered for a DTTO II will be a catalyst for an offender to think that ‘now is the right time’ to seek drug treatment. However, each person who comes in front of me has a different agenda so it is difficult to decide how committed the person is to coming off drugs.” [Justice of the Peace, Edinburgh]

4.55 Alternative sentences to a DTTO II that were considered by JPs included fines and alternative community sentences and, on occasion, a probation order or a custodial sentence. Most JPs welcomed DTTO IIs as they widened their sentencing options for offenders.

4.56 If the Order was breached, most JPs said that they would refer back to the original offence and sentence accordingly. There was concern among some JPs that there was no penalty for breaching the Order, and that if a penalty was put in place, perhaps this would provide greater motivation to comply with the Order.

4.57 In particular, it was thought the scheme had mostly helped young women who would not have been eligible for a DTTO due to the lesser severity of their drug habits, offending and criminal histories.

4.58 The length of the Order, and the frequency of appointments, testing and court reviews was seen as appropriate motivation to comply with the Order. JPs felt that the high frequency of appointments was needed to ensure the commitment of a client, while willingness to attend these appointments showed enthusiasm and motivation:

“The element of testing in the Order is critical because it tells us whether the client has been complying with the Order and ultimately if it is working”. [Justice of the Peace, Edinburgh]

“If the client attends all the appointments then it shows that they are committed to the Order and will work with the staff to reduce their drug use”. [Justice of the Peace, Edinburgh]
Case Study – Tackling Multiple Issues

Profile: Ms A is a 26 year old, white female who was given an 18 month DTTO II. At the time of the Order, she lived alone and had children for whom she had been granted supervised access. Ms A reported using £40 of heroin daily and had previous convictions inducing road traffic offences for which she received a fine disqualification. Ms A previously self-detoxed and was abstinent for one month.

Engagement: Ms A explained that she had not engaged as fully as she should have with the Order – she had missed several appointments with DTTO II staff for which she received a warning. In the past, Miss A was on a probation order, however, she breached that Order and said that she found DTTO II more beneficial because she could access help for her drug problem this way.

Progress: At six months, Ms A had no further offending, was taking 120mls of methadone daily (prescribed), no other drugs, and was attending an access to employment and education course. She said that she was pleased with her progress and commented that it is only now that she has gained help that will address her offending as well as her drug problem and medical care that she can see a positive way ahead.

The Future: Ms A realised that, although the DTTO II staff provide much support, it was down to her to desist from offending and drug taking, and she believed she was now ready to progress.

Perceptions of Offenders

4.59 All clients interviewed were knowledgeable about the DTTO II pilot, with many clients having a good understanding about why they were given a DTTO II (and not a DTTO). They stated that this was mostly due to the thorough explanations given by DTTO II service staff when they first began their Order.

4.60 All clients interviewed stated that they had found the service to be helpful, with most welcoming the opportunity to speak with nursing staff, social work staff, and resource workers all in the same building, as part of the same service:

“You can build up relationships and you know how much you can tell that person, but every different person coming in and out, you know, I don’t want every different person knowing my details, I just want one person I can rely on”. [DTTO II Client, Edinburgh]

“It’s good that you can come to the one place and everyone is here…I’m bad at knowing which thing is more important, so I’m bad with that, knowing where to go first. It’s good you can just come here [DTTO II service office] for everything”. [DTTO II Client, Edinburgh]

4.61 Most clients reported that the main motivation for complying with the Order was because they wanted to be ‘free from drugs’, while a number of clients admitted that they complied because the likely alternative was community service or a custodial sentence:
“To be drug free, that’s generally the most important thing for me...if I’m drug free there won’t be any offending, my er, crimes were through my addiction to drugs so the most important thing for me is to be drug free”. [DTTO II Client, Edinburgh]

“I would have got community service if I hadn’t got this, and I wouldn’t have wanted that, I wanted this because it helps me”. [DTTO II Client, Edinburgh]

“To stay clean, stop using drugs basically. Try and get my life back on track: go to the dentist, get my housing sorted out, try to get myself into college, work, training courses and whatever”. [DTTO II Client, Edinburgh]

4.62 In addition, several clients mentioned education or training opportunities that they wanted to pursue, or had been introduced to as part of DTTO II. Many stated they had begun courses while on their Order, for example, taking part in the Community Addiction Recovery Service (CARS) or a college course:

“I don’t want to be that person anymore (a drug user), that’s why I’m changing. I’ve been wanting to do beauty therapy at college for a long time, and now I’ve got the chance ‘cos I’m clean”. [DTTO II Client, Edinburgh]

4.63 Most clients reported a reduction in drug taking and offending (supported by drug test results and offending records); however, in almost all cases, this was a gradual process (occasionally with relapses), and most clients only reported they were drug-free around nine months into their Order. A small number of clients reported a reduction in their drug intake but stated that they were still ‘dabbling’ in drugs but not to the same extent as they were pre-order.

4.64 Clients stated that they were at first concerned with the large number of appointments and court reviews they had to attend. Over time, where clients were progressing well with their Orders, the frequency of meetings decreased, and this was welcomed by the recipients. Some commented that the reduction in the scheduled number of appointments acted as evidence that they were trusted by the service staff:

“The more you do it well, the more they, sort of, treat you better...it’s, sort of like, more, trust.” [DTTO II Client, Edinburgh]

4.65 Most clients noted that, while they initially felt nervous speaking to the service staff, and even more so with the Sheriff or Justice of the Peace, this changed as their Order progressed. Many expressed a view that they had managed to establish a positive relationship with staff at the service, and with the Sheriff or JP, and that this had helped them ‘stay clean’, partly because they did not want to let them down after they had invested so much time and effort with the client:

“[NAME]’s a good Sheriff, he talks to me and sees how I am getting on and stuff...I don’t mind going to court now”. [DTTO II Client, Edinburgh]
“You start to build up a relationship with the Sheriff, because it’s the same Sheriff you see all the time, it’s the Sheriff that’s sentenced you. This is the [NUMBER] time that I’ve been up to see the Sheriff with all my court appearances and reviews and you build up a relationship with the Sheriff which is good…It’s quite daunting at first but if you’re doing well then you’ve nothing to fear, you know, really”. [DTTO II Client, Edinburgh]

“I find it quite relaxed, I think it’s because I know that Sheriff so well now”. [DTTO II Client, Edinburgh]

4.66 Despite generally positive comments about the DTTO II service overall, some concern remained about potential for relapse once an Order (and the associated care) reached an end. Most clients were aware of an aftercare service but knew it was not as intensive and would not provide as much support as the DTTO II, and were therefore fearful of relapse when their Order came to an end:

“I would be alright if they extended my order because I feel as if I do need a wee bit more time…I wouldn’t mind if I could get another 6 months, I couldn’t handle another year of it, although it has flown by, but another 6 months would be alright”. [DTTO II Client, Edinburgh]

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**Case Study – Fear of Relapse**

**Profile:** Mr A is a 28 year old, white male who was given a 12 month DTTO II at the start of 2009. At the time the Order was made, he was living with his parents and was unemployed. His previous convictions included road traffic offences as well as recent shoplifting offences. Mr A had previously been prescribed Methadone from his GP, and was taking this when his Order commenced. Mr A stated that he had been referred to another service twice before but had failed to attend.

**Engagement:** Mr A has engaged well with the service and responded positively to staff. Fear of a positive test result provided enough motivation to comply with the Order, since he considered that a custodial sentence would be the only option if the Order was revoked. Mr A commented that contact with the Sheriff was at first strained and frightening, however, over time, he built up a good relationship with the Sheriff and described court reviews as ‘open and honest’.

**Progress:** Six months into his order, Mr A was living in bed and breakfast accommodation, and, at the 9 month stage had entered supported accommodation. Although he admitted to missing ‘a few appointments’ and to ‘still occasionally dabbling in drugs’, he had not reoffended during the Order.

**The Future:** Mr A expressed some concern that when the Order finished he would lose the support that the DTTO II service provides. Although aware of the aftercare service, he feared that when ‘left on his own’ this would lead to relapse. At the time of the interview, Mr A stated that his main aim was to continue to be drug free and to obtain employment or to undergo training post-Order.
Comparison with DTTO

4.67 It was considered by most of the DTTO II service staff that there was relatively little overlap between the core DTTO service and the DTTO II service. DTTO and DTTO II are targeting different clients and staff are very clear about the different groups that each of the schemes are engaging. However, a number of staff mentioned that, even though DTTO II clients’ offending histories were often not as extensive as DTTO clients, this did not mean that their drug use was treated as any less of a concern, or that their lives were necessarily any less chaotic.

Facilitators

4.68 It was felt that one of the main facilitators for the operation of the DTTO II service included the successful multi-agency working between staff. DTTO II staff work together in the same office, thus making information sharing and communication easier than if staff had been dispersed throughout the building.

“The partnership working has been fantastic and that is one of the reasons DTTO II has been a success. Inter-agency working has been a huge part of the success of DTTO II, without it, it would fail.” [DTTO Staff, Edinburgh]

4.69 It was also reported that the experience and knowledge of staff who previously worked in the DTTO service was a key facilitator to the successful running of the DTTO II pilot:

“The major factor for success is that we have been able to use the experience of DTTO staff already in place.” [DTTO Staff, Edinburgh]

“If this service had been set up without the knowledge that we had, the staff that have come across, the management, it could have fallen flat on its face.” [DTTO Staff, Edinburgh]

4.70 The staffing numbers for the pilot appear to have been appropriate for the number of Orders being made. The case load limit was 70 clients, so at 59 clients overall, and 50 live cases in the system in the busiest months of the evaluation (June 2008 to November 2009), a number of staff were concerned that, if the pilot were to be rolled out, both the premises and staffing numbers may need to increase.

4.71 From the client care perspective, the exit strategies that had been developed by staff were considered an essential facilitator of the pilot’s success. They stressed that a care package needed to be sustained post-DTTO II so that clients could continue with their rehabilitation programme with minimal supervision until their prescription was transferred to their GP.

4.72 A care package was first introduced when it became apparent in the core DTTO scheme that, whilst DTTOs enable offenders the support they need for the duration of the Order, there was a gap in care/support services on completion of the Order. Proposals were put forward for dedicated exit strategy nurses who would take over the care of clients when they came to the end of their Order. Their role helps to support clients over the period when an Order is finishing and to encourage
them to use the appropriate support systems in the community. This was replicated in the DTTO II service:

“It is especially important that we have strong and robust exit strategies for them, and that we continue to support them within the community when the order is finished.” [DTTO Staff, Edinburgh]

“After the 12 months, some people do not want to make the transition, however, some people cannot wait to go off on their own. It depends on the person.” [DTTO Staff, Edinburgh]

“It’s about trying to disengage people in a way that they still feel quite comfortable and still have a point of contact.” [DTTO Staff, Edinburgh]

4.73 Near the end of a client’s Order, resource workers explained that they would try to engage the client in as many services as possible so that, when the Order finishes, the client can engage with these services independently. The resource workers also provided clients with contact details of services to contact in the longer term should they have progressed further and become more stable.

4.74 In addition, DTTO II staff said that client could phone or drop in to the service after their Order had finished and, although staff could not give them an appointment, they could provide on-the-spot advice and assistance, for example, by providing contact details for other services or providing information leaflets.

Obstacles

4.75 Although, operationally, the pilot appears to have run well for the most part, there were some negative influences which impacted on its running.

4.76 The main obstacle to the smooth running of the pilot in Edinburgh/Midlothian was the late entry into suitable premises (including premises with a sufficient number of interview rooms to provide a variety of services to clients), as well as the subsequent refurbishment of premises and relocation to different premises for a short while which caused significant upheaval for staff in the DTTO II service:

“…when we set up the DTTO service there were major issues regarding the [service] accommodation and we were hopeful that this wouldn’t be an issue for DTTO IIs...but it has been.” [DTTO Staff, Edinburgh]

4.77 Specifically, staff noted that the premises were small and that more interview rooms and networked computers would have helped them to offer a further improved service to clients:

“The new premises are very small and they have to make do with a small area, the computers are not networked, and they only have computer access via laptops. They need the computers to be networked, they need a security password, and they need CCTV – they don’t have that at the moment. All of this takes a long time to sort out.” [DTTO Staff, Edinburgh]
4.78 The absence of an electronic database to record referral, testing and treatment activity was also a limitation of the pilot.

The Future of DTTO II

4.79 DTTO II staff valued the work accomplished by the DTTO II pilot in the time that it had been running and felt that it would be beneficial to roll it out nationally. Many staff felt that it was rewarding when a client begins an Order so heavily involved in drugs that they do not care about their appearance and are often covered in injection marks, but that when they begin their prescription and become more stable, there is a marked difference in both their appearance and their character:

“It is a model that should be rolled out. The early intervention model is one that pays dividends. It’s a difficult model and it’s a hard one to sell because it doesn’t look like something that would come high up on the agenda because it talks about prevention and not cure, but it is the one at the end of the day that will reduce drug misuse and criminality to society at large.” [DTTO Staff, Edinburgh]

4.80 In sum, service staff, sentencers and clients all held generally positive views of the pilot scheme and were optimistic that success was achievable in the short, medium and longer term.

**Case Study – Feelings of Success**

**Profile:** Mr A is a 35 year old, white male who was given a 12 month DTTO II at the start of 2009. He has two children, but has responsibility for only one. At the time the Order started, Mr A was unemployed. A previous conviction had resulted in a six week custodial sentence (remand). Mr A reported to be taking Heroin daily (smoked) and Methadone (illicit and prescribed) when his Order began (amounts unknown). Mr A had previously received a Methadone prescription from his GP and had attended the Community Drug Problem Service (CDPS).

**Engagement:** Mr A only had one offence to his name and believed that the Sheriff thought he would not re-offend but did need help with his drug problem, and so referred him for a DTTO II assessment. The scheme was explained in full by the staff at the service, who Mr A described as offering an abundance of support for clients. Mr A felt that contact was good with all staff at the service but felt that contact with the Sheriff was most pleasing as they had built up and maintained a good relationship while he was on the Order and this was encouraging him to continue to comply.

**Progress:** At the three month stage, Mr A was only taking 80mgs of prescribed Methadone, at the six month stage this was reduced to 75mg daily, and at the nine month stage this was reduced further to 70mgs daily. Mr A reported no further offending while on the Order. At the six month stage, Mr A had also started a college course.

**The Future:** Mr A was coming to the end of his DTTO II and reported feeling healthy and pleased with his success as he was now drug free, had not offended in the last year, and was attending a course at college. Mr A felt he would be able to sustain this success after his Order finished in the coming weeks.
5 COST ANALYSIS

Introduction

5.1 The cost exercise sought to address the following three questions:

• what has been spent on the pilots in each area, broken down into specific costs including start-up costs and ongoing costs?

• what economies of scale can be achieved in DTTO II provision as the number of Orders increases?

• what would be the likely cost of rolling-out DTTO II nationally, given different take-up scenarios?

5.2 Here we address each of these questions in turn. It should be noted that the cost exercise has necessarily been based on the Edinburgh/Midlothian and East Lothian sites. Although operating from separate offices, the two schemes have utilised the same staff and materials, and so aggregate costs were provided for the two areas.

5.3 The data regarding the cost of the pilots to date was collected from two sources: The Scottish Government and City of Edinburgh Council, who hold the grant awarded for the provision of DTTO IIs.

5.4 For the purpose of the cost analysis, the same 18 month time period has been used as the main client data analysis, i.e. June 2008 to November 2009. Where appropriate, we have also included analysis based on a 12 month time period. We make it clear where this is the case.

5.5 It should be noted that all DTTO II start up and running costs supplied by City of Edinburgh Council related to a level of service provision potential for 70 clients. That is, the costs quoted are the costs to provide a service for 70 clients.

5.6 There have been 59 clients during the 18 month pilot period. Where appropriate, we have indicated where average costs are based on the uptake level of 59 clients or the service capacity of 70 clients.

Start Up Costs

5.7 The total start up cost associated with the DTTO II Pilot is outlined in Table 5.1. The start up costs incurred in 2007/08 and 2008/09 are assumed to relate directly to the extension of service capacity required for DTTO II. Although the extended service capacity would relate to 70 clients, it has been assumed that the costs would also be required for 59 clients without any achievable savings in start up costs.
Table 5.1 Start up Costs

<table>
<thead>
<tr>
<th>Cost Component</th>
<th>2007/08 (£)</th>
<th>2008/09 (£)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Property and Legal Services costs</td>
<td>5,900</td>
<td>4,331</td>
</tr>
<tr>
<td>Renovation / refurbishment costs</td>
<td>2,000</td>
<td>40,310</td>
</tr>
<tr>
<td>Soft and loose furnishings</td>
<td></td>
<td>8,800</td>
</tr>
<tr>
<td>Rental / lease costs</td>
<td>938</td>
<td></td>
</tr>
<tr>
<td>Rates and running costs</td>
<td>659</td>
<td></td>
</tr>
<tr>
<td>IT / Communication costs</td>
<td>15,700</td>
<td></td>
</tr>
<tr>
<td>Office furnishings</td>
<td>8,500</td>
<td></td>
</tr>
<tr>
<td>Project Manager</td>
<td>11,974</td>
<td>7,983</td>
</tr>
<tr>
<td>General Practitioner sessional costs</td>
<td>2,000</td>
<td></td>
</tr>
<tr>
<td>Testing equipment</td>
<td>52,332</td>
<td></td>
</tr>
<tr>
<td>Prescribing licenses</td>
<td>3,200</td>
<td></td>
</tr>
<tr>
<td>Recruitment costs</td>
<td>7,500</td>
<td></td>
</tr>
<tr>
<td>Publicity leaflets</td>
<td>500</td>
<td></td>
</tr>
<tr>
<td>8% administration / management recharge</td>
<td>4,550</td>
<td>4,914</td>
</tr>
<tr>
<td><strong>Total Start Up Costs</strong></td>
<td><strong>115,752</strong></td>
<td><strong>66,338</strong></td>
</tr>
</tbody>
</table>

5.8 The total start up cost for the DTTO II Pilot was found to be £182,090.

Running Costs

5.9 The total running costs for DTTO II are shown in Table 5.2. The total running costs include an allocation of costs for staff, premises, operational expenditure and supplies/service costs.
Table 5.2 Running Costs

<table>
<thead>
<tr>
<th>Cost Component</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2008/09</td>
<td>2009/10</td>
<td>2010/11</td>
</tr>
<tr>
<td>Staff Costs</td>
<td>£416,833</td>
<td>£454,726</td>
<td>£75,788</td>
</tr>
<tr>
<td>Premises Costs</td>
<td>£26,013</td>
<td>£26,013</td>
<td>£19,440</td>
</tr>
<tr>
<td>Operational Costs</td>
<td>£35,167</td>
<td>£90,400</td>
<td>£7,033</td>
</tr>
<tr>
<td>Supplies and Services Costs</td>
<td>£19,380</td>
<td>£19,380</td>
<td>£1,883</td>
</tr>
<tr>
<td><strong>Total Cost of Service</strong></td>
<td>£497,393</td>
<td>£590,519</td>
<td>£104,144</td>
</tr>
<tr>
<td>8% Admin/Management Charge</td>
<td>£26,781</td>
<td>£29,194</td>
<td>£5,924</td>
</tr>
<tr>
<td><strong>Total Running Cost</strong></td>
<td>£524,174</td>
<td>£619,713</td>
<td>£110,068</td>
</tr>
</tbody>
</table>

5.10 The Year 1 cost relates to the period from May 2008 to March 2009, Year 2 from April 2009 to March 2010 and Year 3 from April 2010 to September 2010.

5.11 For the purpose of the cost analysis, the same 18 month time period has been used as the main client data analysis which is from June 2008 to November 2009. The costs have been apportioned to the 18 month period (10 months Year 1 and 8 months Year 2 for June 2008 to November 2009) to provide the most appropriate assessment of costs for the Pilot period.

5.12 The total running cost for the 18 month period under consideration is estimated to be £881,532\textsuperscript{10} which includes apportioning of costs from Year 1 and Year 2. The known average monthly costs have been analysed to estimate the 18 month spend profile. This estimate is based on the service capacity of 70 clients.

5.13 The average annual running cost is calculated to be £587,688\textsuperscript{11} for 70 clients with an average annual cost per client of £8,396\textsuperscript{12}.

5.14 The annual cost is estimated to be £428,173 for Edinburgh/Midlothian and £67,164 for East Lothian. This reflects the total estimated annual costs split by the proportion of clients for each geographic area\textsuperscript{13}. The estimated 18 month Pilot running cost allocation of costs is therefore estimated to be £762,002 for Edinburgh/Midlothian and £119,530 for East Lothian.

\textsuperscript{10} Total £881,532 18 month cost comprises Year 1: £468,390 per month (10 months from June 2008 to March 2009) = £468,390 and Year 2: £413,143 per month (8 months from April 2009 to November 2009) = £413,143.

\textsuperscript{11} Total £881,532 18 month cost equates to £48,974 average cost per month and £587,688 average annual running cost.

\textsuperscript{12} £8,396 average annual cost per client = £587,688 divided by 70 clients.

\textsuperscript{13} There were 51 orders in Edinburgh/Midlothian and 8 orders in East Lothian.
5.15 Table 5.3 summarises the analysis of estimated running costs:

**Table 5.3 Summary of Estimated Running Costs**

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 1</td>
<td>£524,174</td>
</tr>
<tr>
<td>Year 2</td>
<td>£619,713</td>
</tr>
<tr>
<td>Year 3</td>
<td>£110,068</td>
</tr>
<tr>
<td>Annual running cost (59 Clients)</td>
<td>£587,688</td>
</tr>
<tr>
<td>Average annual running cost per client</td>
<td>£9,961</td>
</tr>
<tr>
<td>Annual running cost (Edinburgh/Midlothian)</td>
<td>£428,173</td>
</tr>
<tr>
<td>Annual running cost (East Lothian)</td>
<td>£67,164</td>
</tr>
<tr>
<td>18 month running cost</td>
<td>£881,532</td>
</tr>
<tr>
<td>18 month running cost (Edinburgh/Midlothian)</td>
<td>£742,711</td>
</tr>
<tr>
<td>18 month running cost (East Lothian)</td>
<td>£116,503</td>
</tr>
</tbody>
</table>

**Economies of Scale**

5.16 It is known that the annual running cost for 59 clients is £587,688. However, this figure relates to a potential service capacity of 70 clients. Therefore, there is potential to increase the level of provision to 70 without increasing annual running costs.

5.17 There are potential economies of scale as an increase in the level of uptake could result in lower average costs. It is possible to assess the potential economies of scale relating to an increase in DTTO II clients using the figures outlined above.

5.18 The average annual running cost per client is estimated to be £9,961 based on 59 clients and total annual running cost of £587,688. If the number of DTTO II clients was increased from 59 to 70 then the average annual cost per client would be £8,396. The reduction in average running cost per client from £9,961 to £8,396 represents the potential economy of scale relating to running costs.

5.19 The estimated start up cost per client is estimated to be £3,086 based on 59 clients and total start up cost of £182,091. If the number of DTTO II clients was increased from 59 to 70 then the average start up cost per client would be £2,601. The reduction in average start up cost per client from £3,086 to £2,601 represents the potential economy of scale relating to start up costs.

5.20 The potential economies are estimated to be £1,565 for average running costs and £485 for average start up costs.
Roll Out Costs

5.21 The provision for core DTTOs is available in all eight Community Justice Authority (CJA) areas. The latest figures in Table 5.4 show that, in 2008/09, a total of 752 DTTOs were made\textsuperscript{14}.

Table 5.4 DTTO, by Community Justice Authority Area, 2008/09

<table>
<thead>
<tr>
<th>Area</th>
<th>Number of Orders 2008/09</th>
<th>Number of Individuals 2008/09</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glasgow</td>
<td>98</td>
<td>80</td>
</tr>
<tr>
<td>Northern</td>
<td>58</td>
<td>55</td>
</tr>
<tr>
<td>Tayside</td>
<td>44</td>
<td>43</td>
</tr>
<tr>
<td>Fife and Forth Valley</td>
<td>81</td>
<td>80</td>
</tr>
<tr>
<td>Lothian and Borders</td>
<td>224</td>
<td>209</td>
</tr>
<tr>
<td>North Strathclyde</td>
<td>98</td>
<td>71</td>
</tr>
<tr>
<td>Lanarkshire</td>
<td>67</td>
<td>40</td>
</tr>
<tr>
<td>South West Scotland</td>
<td>82</td>
<td>80</td>
</tr>
<tr>
<td>Scotland</td>
<td>752</td>
<td>658</td>
</tr>
</tbody>
</table>

5.22 Using the 2008/09 figures for DTTOs, we have calculated the number of DTTO II clients as a proportion of the number of DTTO clients in Lothian and Borders.

5.23 Table 5.5 provides estimates for the number of Orders that might be expected in each geographical region, using the same ratio as that suggested by the DTTO II pilot. This estimate is based on Lothian and Borders only and it is important to note that the balance of demographics and likely target population for DTTO IIs compared to DTTOs in each area may be different to that in this particular CJA area. For example, it assumes that the balance of ‘less entrenched’ to ‘more entrenched’ drug users who are likely to require a DTTO or DTTO II in each area would be the same in each Community Justice Authority Area. However, for the purpose of this exercise this is regarded as a reasonable assumption to estimate the cost of rolling out the DTTO scheme nationally.

\textsuperscript{14} Criminal Justice Social Work Statistics, 2008-09, February 2009, Scottish Government
Table 5.5 Estimated DTTO IIs, by Community Justice Authority Area

<table>
<thead>
<tr>
<th>Area</th>
<th>Number of DTTO Orders</th>
<th>Estimated number of DTTO IIs for 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glasgow</td>
<td>98</td>
<td>30</td>
</tr>
<tr>
<td>Northern</td>
<td>58</td>
<td>18</td>
</tr>
<tr>
<td>Tayside</td>
<td>44</td>
<td>13</td>
</tr>
<tr>
<td>Fife and Forth Valley</td>
<td>81</td>
<td>25</td>
</tr>
<tr>
<td>Lothian and Borders (excluding West Lothian)</td>
<td>158</td>
<td>48&lt;sup&gt;15&lt;/sup&gt;</td>
</tr>
<tr>
<td>Lothian and Borders (West Lothian only)</td>
<td>37</td>
<td>11</td>
</tr>
<tr>
<td>North Strathclyde</td>
<td>98</td>
<td>30</td>
</tr>
<tr>
<td>Lanarkshire</td>
<td>67</td>
<td>20</td>
</tr>
<tr>
<td>South West Scotland</td>
<td>82</td>
<td>25</td>
</tr>
<tr>
<td><strong>Scotland</strong></td>
<td><strong>722</strong></td>
<td><strong>220</strong></td>
</tr>
</tbody>
</table>

5.24 When comparing a 12 month period for Lothian and Borders (excluding West Lothian), there were 158<sup>16</sup> DTTOs and 48 DTTO IIs. Therefore, in the scenario of a roll out we might assume that, for every 10 DTTOs in any given area, there might be 3 DTTO IIs.

5.25 Using the cost per client generated from the DTTO II cost analysis for Lothian and Borders (£11,000 per client, based on £2,601 for average start up cost and £8,396 for average running costs), it is estimated that the national roll out cost (to cover approximately 220 DTTO IIs) would be approximately £447,000 start up costs<sup>17</sup> and around £1,847,000 annual running costs. A breakdown of the estimated start up and running costs per CJA area is set out below in Table 5.6.

<sup>15</sup> For DTTO IIs, we have selected the central 12-month period (ie September 2008 to August 2009) to avoid possible time lags brought about by pilot start up and potentially slower use of Orders prior to September 2008.

<sup>16</sup> The figure of 224 in Table 5.4 includes the 29 DTTO IIs imposed between June 2008 and March 2009 and the 37 DTTOs in West Lothian in 2008/2009. These have been subtracted in Table 5.5 to avoid double counting.

<sup>17</sup> This excludes Lothian and Borders as these costs have already been incurred.
Table 5.6 Estimated Costs by Criminal Justice Authority Area

<table>
<thead>
<tr>
<th>Area</th>
<th>Start-up Costs (£)</th>
<th>Running Costs (£)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glasgow</td>
<td>78,000</td>
<td>251,900</td>
</tr>
<tr>
<td>Northern</td>
<td>46,800</td>
<td>151,100</td>
</tr>
<tr>
<td>Tayside</td>
<td>33,800</td>
<td>109,100</td>
</tr>
<tr>
<td>Fife and Forth Valley</td>
<td>65,000</td>
<td>209,900</td>
</tr>
<tr>
<td>Lothian and Borders (excluding West Lothian)</td>
<td>Already incurred</td>
<td>403,000</td>
</tr>
<tr>
<td>Lothian and Borders (West Lothian only)</td>
<td>28,600</td>
<td>92,400</td>
</tr>
<tr>
<td>North Strathclyde</td>
<td>78,000</td>
<td>251,900</td>
</tr>
<tr>
<td>Lanarkshire</td>
<td>52,000</td>
<td>167,900</td>
</tr>
<tr>
<td>South West Scotland</td>
<td>65,000</td>
<td>209,900</td>
</tr>
<tr>
<td><strong>Scotland</strong></td>
<td><strong>447,200</strong></td>
<td><strong>1,847,100</strong></td>
</tr>
</tbody>
</table>

5.26 In considering this cost estimate, a number of factors need to be taken into account. Firstly, it has been assumed that the ratio of DTTO to DTTO II in all CJA areas would be similar to that for Lothian and Borders (excluding West Lothian). It is unknown at this stage whether the ratio is likely to be higher or lower in other areas. Secondly, the lack of cases witnessed in the Scottish Borders may not be repeated in other rural areas of Scotland.

5.27 It is also assumed that there is no existing capacity within the current core DTTO services and budgets in each CJA area to accommodate DTTO II services. If this is not the case, it is possible, indeed likely, that the estimated cost figure would be lower. For example, the two services could be housed in the same building using a similar model to East Lothian, whereby core DTTO and DTTO II clients visit the premises on different/dedicated days of the week.

5.28 A further consideration is the likely change in use of DTTO IIs over time. The total number of DTTOs has fluctuated in recent years, with a fall of 11% experienced between 2006-07 and 2007-08, compared to a rise of 25% between 2007-08 and 2008-09. It is therefore difficult to predict the pattern of DTTO Orders over the short term. Similarly, it is difficult to predict the trend in DTTO IIs over time in the different CJA areas. However, the estimate in annual costs would clearly change if there was a consistent increase or decrease in the numbers in the short to medium term.

5.29 Finally, and perhaps more importantly, the start-up costs are based on an average figure for Lothian and Borders. It is possible that there could be a minimum
level of start-up costs required, irrespective of the number of clients, and that those cost figures set out in Table 5.1 could not be reduced by any significant amount per CJA area. For example, the costs associated with testing equipment, staff, IT/communication, office furnishings, etc may not vary with the number of future clients. If, for example, the start up costs were around £150,000 for every CJA area (compared to £182,000 for Lothian and Borders) the total figure would rise to £1,050,000\(^{18}\), from £447,000.

\(^{18}\) Plus an additional amount for West Lothian
6 SUMMARY AND CONCLUSIONS

Summary of Findings

6.1 The evaluation has shown that DTTO IIs appear to be working well in targeting some of the most at risk drug users, including women and younger offenders, and are providing a useful extension to the existing DTTOs, as anticipated. In particular, the evaluation has shown that:

- sentencers, service staff and clients have all engaged well with the Order in the pilot area and the model adopted seems fit for purpose in targeting some of the most vulnerable drug using offenders. This includes younger drug users and those with no previous contact with treatment services;

- over time, there are notable decreases in drug consumption and greater control in the drug use behaviours of those made subject to a DTTO II;

- re-offending during pilot Orders was low;

- women accounted for almost half of those made subject to an Order, many of whom had been convicted of lower tariff offences and may not have been eligible for a DTTO;

- despite low numbers, the data would suggest a high completion rate for those awarded DTTO IIs in the first six months of its operation;

- the annual cost of rolling out the DTTO II scheme across Scotland is estimated to be around £1,847,000. In addition to this, it is estimated that start up costs of approximately £447,000 would be required before the national scheme was up and running; and

- overall, those who took part in the pilot scheme appear to have experienced some positive changes in their health and living arrangements, and have made moves towards improving their employment and education status. That said, a longer, more outcome focussed evaluation is required to fully assess the impact of DTTO IIs.

6.2 Although a number of Orders had been breached or revoked, most clients appear to have engaged well with staff for the duration of their Orders and have achieved some reduction in drug use and offending. The typical length of a 12 month Order was considered by most DTTO II service staff as an appropriate length and clients showed some positive changes in their personal and domestic arrangements and social participation activities after only 3-6 months engagement with the scheme. Although re-offending appears to have been low level in the short term covered by this evaluation, there remains some level of drug consumption among most clients at the end of the Order, and many clients approaching the end of their Orders did show some apprehension about their own ability to remain crime and drug free once engagement with the service ended.
Advantages and Disadvantages of the Scheme

6.3 The DTTO II pilot appears to have worked well alongside the core DTTO Service, with staff and resources being used interchangeably between the two schemes to maximise the quality of service provided to the client.

6.4 Roles and responsibilities between different organisations involved in the pilot appear to be well defined and there have been no issues arising with regard to partnership working.

6.5 The clients who have engaged with the service appear to have benefited from a wide package of care and it is encouraging that many of those reached by the pilot had no previous treatment history. This means that the pilot has helped a number of people who might otherwise still be struggling with drug and offending problems. Even among those who did have previous treatment provision, this appears to have been less extensive and varied than that provided under DTTO II and was largely centred around substitute prescribing. Hopefully, the flexibility afforded by the DTTO II pilot will provide longer term solutions for many of the participants, including stabilised housing and employment/education opportunities.

6.6 The role of the court and regular court reviews was seen as an important aspect of the pilot, encouraging cooperation with the client, and providing a reminder of the seriousness of the Order and preventing clients from ‘drifting’. Similarly, frequent testing and appointments were seen as a good way of motivating clients and keeping them engaged with their Order. This view was shared among DTTO staff, Sheriffs and Justices of the Peace, as well as clients themselves.

6.7 Overall, the main barrier to the scheme’s operation appears to have been the lack of suitable service accommodation in the pilot area and this seems to be the main area where improvements could have been made to the service. An earlier entry to suitable premises may have meant that systems could be more easily managed, although it is worth stressing that the pilot staff provided a full service to clients even in the absence of fully equipped and appropriate premises.

6.8 Finally, and perhaps linked to the need for a greater entry time in the introduction of a new pilot service such as this, is the need for robust data monitoring systems to be put in place to allow reliable tracking of DTTO II service delivery into the future. Effective monitoring and evaluation of DTTO II in the event of a roll out will require the systematic collection of case progress and outcome data to support and allow evidence based analysis of performance.

Considerations for the Future of DTTO II

6.9 The pilot appears to have worked well in terms of highlighting the facilitators and barriers associated with the new approach for targeting low tariff, at risk drug using offenders. It has shown that DTTO II can be used easily and effectively alongside more established DTTOs, and that efficiencies can be achieved by offering the two services in parallel to increase the reach of early criminal justice interventions of this kind. Indeed, the pilot scheme has shown that DTTO IIs benefit if they are able to draw upon the skills and expertise of existing DTTO service staff. There is clearly valuable learning that can be transferred between the two schemes.
to ensure that clients are appropriately placed and care managed. The costs of offering DTTO IIs are also perhaps best managed by ensuring fluid staffing arrangements between DTTO and DTTO II services.

6.10 This aside, it is perhaps worth noting that the extension of DTTO to include lower tariff offenders via DTTO II may also have worked to dilute or interfere with some sentencers’ understanding of the core service and, potentially, affect its credibility as a sentence for dealing with more entrenched drug users. While some cross over of staffing and skills sharing is beneficial, therefore, it seems essential that differentiation is maintained between the two types of Order such that the two do not become used interchangeably or confused by either legal practitioners or clients.

6.11 This is linked to another of the main considerations for the future of the service, namely, the early identification of suitable service accommodation for housing such a scheme, and, in particular, the availability of separate premises, or dedicated ‘surgeries’ for DTTO II clients and DTTO peers. The separation of the two different client groups was thought to be important for the safety and rehabilitative aspects of the scheme to work well, even though the two can be housed conjointly with different groups seen at different times.

6.12 From the perspective of client care, the pilot has perhaps also been useful in highlighting the longer terms needs of those made subject to an Order. Although exit strategies were built into the pilot, there remained some anxiety among clients who were approaching the end of their Orders around the level of care and support they might receive on completion. Although the pilot staff were able to offer informal post-Order support for the small number of clients who completed their Order during the evaluation period, this may not be practicable on a wider scale. Strategies for longer term support and the capacity of existing community services to provide this in a roll out would need to be considered.

6.13 In the event of a national roll out, it seems important for the success of DTTO IIs to have the full support of Lay Justices and Sheriffs, and the pilot has shown that there may be more scope for awareness raising and ongoing information sharing between sentencers and care providers if DTTO IIs are to succeed. It is important to recognise that DTTO IIs are one of a number of alternative disposals that can be used for the target population group and so it may be necessary for more detailed rationalisation of the DTTO II to be developed if it is to be used more widely and in the most appropriate circumstances. This includes documenting evidence of the successes that can be achieved from engagement with DTTO II.

6.14 Based on an average cost, it is estimated that the cost of rolling out the DTTO II scheme across Scotland would involve approximately £447,000 to cover start-up costs in other CJA areas (excluding Lothian and Borders). In addition, a figure of £1,847,000 would be required for annual running costs. That said, it is difficult from this limited pilot to fully scope the likely impact of introducing DTTO IIs at the national level, since it must be recognised that the demographic and other profiles of drug using offenders will vary considerably across Scotland. In addition, there may be a minimum level of start-up costs required to cover all the key components and this would increase the level of funding required to start the scheme in each area. Younger drug using offenders and women may not necessarily be the most ‘at risk’ or under-serviced groups on a national basis and the added value of DTTO IIs may,
therefore, be less notable if the same model was applied elsewhere. The evaluation has essentially been a process evaluation and has not fully been able to explore impacts or outcomes. A longer term, and differently focussed evaluation would be required in order to make evidence based predictions about the future success (and relative costs) of a national roll out.

6.15 Therefore, although the evaluation has shown that the pilot model has worked well in the area selected, it seems essential that further testing of the scheme would be required to fully assess its suitability at the national level. This would need to take cognisance of staffing levels for existing DTTO services around the country and, therefore, the ability to ‘free up’ existing staff time to ensure that learning between DTTO and DTTO II services can be achieved.

Conclusion

6.16 Although it is perhaps too early to offer any robust evidence of success for the pilot’s impact on a normative basis, the evaluation has uncovered indicative evidence of the positive role that DTTO IIs can play in improving the lives of some of the most at risk drug using offenders. What the evaluation has shown is that the processes in place during the pilot have worked as planned towards achieving this objective. The costs of providing the service appear to be similar to those of offering core DTTO services and so it seems that the use of this targeted Order to capture those early in their drug use and offending career may represent money well spent in widening the pool of people who can benefit from early criminal justice interventions.