



Outcomes Evaluation of the Drug Courts of Victoria

Court Services Victoria
Final Evaluation Report

December 2023

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Acknowledgements

A broad range of people contributed to the evidence gathering activities that informed this evaluation. This was supported by an evaluation team comprising people from KPMG and the Magistrates' and County Courts. **Thank you** to everyone who enabled this evaluation to be finalised. Particular thanks to the following people:

- Participants who completed surveys and participated in interviews
- Drug Court team members, managers and stakeholders from the courts, Victoria Police, Victoria Legal Aid, Corrections Victoria and funded agencies who participated in interviews, focus groups, briefing sessions and surveys
- The judicial officers from both the Magistrates' and County Courts
- The data and research officers from the Data, Analysis, Reporting and Evaluation team and the County Court
- The leaders of specialist courts (Rachael Hopkins; Beth Halls; Evylyn Brophy; Jane Craig; Livia MacNeil; Katharine Biffin; Jodie McFarlane; Kristy Rowe; Blade Larkins and Shirley Annesley).

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Glossary

Term	Definition
AOD	Alcohol and other drugs.
AODC	Alcohol and other drug counsellor.
BCR	Benefit cost ratio.
Cancellation	AT MCV, when a Drug and Alcohol Treatment Order (DATO) is cancelled by a Magistrate, and the original term of imprisonment may be re-imposed. At CCV, when a DATO is cancelled as an incentive (within the first 24 months of a DATO), or cancelled by a judge, and the original term of imprisonment may re-imposed.
CBA	Cost-benefit analysis.
Community work	Unpaid work in the community, usually for non-profit organisations, providing the opportunity for you to give back to the community for the offences you have committed through socially valuable work.
CCO	Community Correction Order. A CCO is a flexible sentencing order that an offender serves within the community. A court can impose a CCO on its own or in addition to imprisonment or a fine.
Completion	When a participant reaches the end of their DATO but have not completed the requirements of all three phases.
CCV	County Court of Victoria.
DATO	Drug and Alcohol Treatment Order.
Exit plan	A written plan to support a participant to transition off their DATO.
Framework	Refers to the structure utilised to form the evaluation, based on the Victorian Government's Resource Management Framework (RMF) for lapsing program evaluations.
Graduation	Successful completion of all the requirements of a DATO.
Incentives	Positive reinforcement for behaviours that will assist participants to progress through their DATO.
Judge	Reference to 'judge' in the context of this report refers to all judges within the County Court of Victoria (CCV) Drug and Alcohol Treatment Court (DATC).
Lapse	A lapse refers to a short return to alcohol or other drug use. It is a one-time (or temporary) step back on a recovery journey.
Magistrate	Reference to 'magistrate' in the context of this report refers to all magistrates within the Magistrates' Court of Victoria (MCV) Drug Courts (including Melbourne, Dandenong, Ballarat, and Shepparton).
Mainstream court	Mainstream court resolves matters through the application of usual laws, while therapeutic approaches and programs can and are applied in mainstream court settings they are applied by generalist judicial officers sitting in traditional court lists.
MCV	Magistrates Court of Victoria.
NA	Narcotics Anonymous: a community support group for recovering drug addicts and those trying to abstain from illicit drug use.
NPV	Net Present Value.
Participant	An offender on a DATO.
Phase 1: stabilisation (MCV/CCV)	Phase 1 of the DATO which has a focus on a participant's immediate needs.
Phase 2: consolidation (MCV/CCV)	The second phase of a DATO, where participants aim to have significantly reduced their AOD use and can work towards focusing on longer-term goals and aspirations.
Phase 3: reintegration (MCV/CCV)	The final phase of a DATO in MCV where participants will focus on what life will look like at the end of their order and work towards reintegration into the community.
Phase demotion	Moving back to the previous DATO phase to receive greater support and monitoring.

Term	Definition
Phase 4: maintenance and after care (CCV only)	The final phase of a participant's DATO within the County Court, focusing on maintenance of recovery and coping strategies, enacting treatments outlined in exit planning and establishing oneself to reintegrate into the community independently.
Relapse	A return to alcohol or other drug use, which someone has previously managed to control or quit completely.
Recidivism	Recidivism refers to repeated criminal activity and is synonymous with terms such as 'repeat offending' and 'reoffending'.
ROGS	Report on Government Services – Productivity Commission.
Sanctions	Consequences participants receive for behaviours that are not positively contributing to their recovery and progress on a DATO. Sanctions are applied by a magistrate or judge.
Sanction day	Sanction days are equivalent to prison days or in MCV only, community workdays. When a participant receives a +1 in MCV, it refers to one community workday. In CCV due to the increased seriousness of offending, +1 refers to a prison day.
SMART Recovery	Self-Management and Recovery Training: a free group program to assist participants with problematic behaviours, including addiction to drugs and alcohol.
Therapeutic response	A direction from the magistrate or judge when participants are honest about their AOD use. It is designed to encourage positive behaviour change. This may include attending Alcoholics Anonymous, Narcotics Anonymous and SMART Recovery.
Urinalysis	Urinalysis is the testing of urine for drugs and/or alcohol.

Executive Summary



1 Executive Summary

This Final Report provides the method, findings and outcomes of an extensive Evaluation of the Victorian Drug Courts. Utilising a mixed method approach, this evaluation has included a detailed statistical outcomes analysis (led by the Crime Statistics Agency (CSA)), a Participant Voice component that engaged directly with Drug Court participants to understand their experience and impact of the Drug Courts, focus groups with eight stakeholder groups, a cost benefit analysis utilising the statistical analysis of the CSA along with site visits, analysis of program data and discussions with individual judicial officers and key Drug Court Personnel. The evaluation has found that the Drug Court is successful at reducing reoffending and the severity of reoffending when compared to a control group who received a sentence of imprisonment. A cost benefit analysis of the criminal justice outcomes show that for every dollar spent on the Drug Court, they produce a saving of \$2.09. The evaluation found that Drug Court participants were less likely to reoffend and did so with less seriousness and less frequency than a comparable cohort of offenders who received a term of imprisonment. The evaluation identified a majority of survey participants reported the Drug Court was very helpful in encouraging positive behaviour change and that the Drug Court was more effective in encouraging behaviour change when compared to previous experiences of prison.

1.1 Background and context

Drug Courts aim to reduce substance use and reduce offending behaviours through a dedicated, court-led therapeutic approach that follows a therapeutic and problem-solving approach. The MCV Drug Court was established under section 18 of the Sentencing Act 1991 and the CCV Drug Court was established under subdivision 1C of Division 2, Part 3 of the Sentencing Act 1991 (Vic).

The first Victorian Drug Court was established in 2002 at the Dandenong Magistrates' Court, adopting a rehabilitative and problem-solving approach to serious offenders with a dependency on drugs and/or alcohol. The intent of the model is to better protect the safety of the broader community, reduce substance use of participants and break the cycle of reoffending through targeted supports and intervention. Victoria's Drug Court was expanded to include the Melbourne Magistrates' Court (MCV), two regional MCV pilots in Ballarat and Shepparton, and a Drug and Alcohol Treatment Court pilot in the County Court of Victoria (CCV).¹

Based on over 20 years of international evidence-based practice, Drug Courts are an integrated program that utilises a judicial-led multidisciplinary team of health and justice professionals, providing intensive case management methods with participants, aiming to build personal resilience and pro-social capabilities that empower participants to make real and positive life changes to reduce substance use and reoffending.

For many participants, previous intervention attempts have failed. Many participants of the Drug Court present with complex substance use patterns and high criminogenic needs that are magnified by intersecting mental health issues, histories of social exclusion and challenging intergenerational and personal trauma. The Drug Court provides an individualised therapeutic justice pathway that is distinct from the lower intensity mainstream criminal justice system interventions and seeks to reduce substance use, reoffending and harm to the general public.²

¹ A new subdivision (1C) of Division 2, Part 3 of the Sentencing Act (Victoria) 1991 establishes a Drug and Alcohol Treatment Court (DATC) division of the County Court of Victoria as of 2020.

² Cappa, C (2006), The Social, Political and Theoretical Context of Drug Courts, *Monash Law Review*, (32)145.

The supervision of the participant is the responsibility of a Drug Court judicial officer. Multidisciplinary teams comprising case managers, clinical advisors, alcohol and drug counsellors, the police prosecutors (MCV), Office of Public Prosecutions (CCV) and Victoria Legal Aid defence lawyers are central in assisting participants to achieve treatment and recovery goals. A judicial officer will sentence eligible offenders to a term of imprisonment not exceeding two years in the MCV and four years in the CCV³ which is served by way of a Drug and Alcohol Treatment Order (DATO). A DATO consists of two components:

- a sentence of imprisonment to be served in the community not exceeding a period of two years in the MCV and four years in the CCV to allow the participant to receive drug and/or alcohol treatment; and
- treatment and supervision which aims to address the participant's drug and/or alcohol dependency.

Participants on a DATO are required to:

- participate in regular appointments with the Drug Court multidisciplinary team;
- routinely submit to supervised substance urinalysis testing;
- attend court review hearings (judicial supervision) as directed;
- engage in drug and or alcohol, medical, psychiatric or psychological assessment and treatment;
- attend educational, vocational, employment or other programs; and
- comply with additional conditions of the DATO, including residential and curfew conditions.⁴

1.2 Purpose of Interim and Final Report

The 2019/20 Victorian State Budget allocated \$35 million towards expanding the Drug Court in regional areas: Shepparton and Ballarat, as well as establishing a pilot program within the County Court. Extension of pilot funding was announced in the 2022/23 state budget for an additional year. A lapsing program evaluation of the pilot programs (Ballarat, Shepparton, and County Court) was required to meet the requirements of the Department of Treasury and Finance's (DTF's) Resource Management Framework (RMF). An Interim Report, produced as part of this evaluation process in January 2023, assessed the 18 months of pilot program operation.

This report builds on the interim evaluation with a mixed methods approach of quantitative and qualitative approaches to identifying the outcomes for Drug Court participants when compared to other potential alternatives. This evaluation was conducted from February 2023 to October 2023 and this document serves as the final report.

1.3 Evaluation Approach

The evaluation focuses on the following four areas of inquiry that can be used to understand the impact of the Drug Courts:

- **Justice impacts** – focusing on recidivism and judicial supervision;
- **Health and wellbeing impacts** – focusing on reduced substance use and treatment methods;
- **Participant outcomes** – focusing on diversion from custody and pro-social behaviour change; and
- **System outcomes** – focusing on benefits to the criminal justice system and other service systems.

The objectives of the evaluation are to:

- identify and articulate the reoffending outcomes of Drug Court participants compared to a matched control cohort;
- identify the views of the Drug Courts from the perspectives of participants, stakeholders and the multidisciplinary team;

³ *Sentencing Act 1991* (Vic) s. 18ZD(1A).

⁴ Magistrates' Court of Victoria (2022) Drug Court, available at: [Drug Court | Magistrates Court of Victoria \(mcv.vic.gov.au\)](https://www.mcv.vic.gov.au).

- identify and demonstrate the impact of the Drug Court; and
- consider any potential improvements to the delivery of the Drug Courts.

The evaluation is guided by a series of Key Evaluation Questions (KEQs). The evaluation team developed the KEQs and tailored the approach with the CSV project team and the Project Control Group, featuring members from both courts, Court Services Victoria and the Departments of Premier and Cabinet, Treasury and Finance and Justice and Community Safety that oversaw the development of the KEQs and progress of this evaluation.

1.3.1 Evaluation evidence base and analyses

The extensive evaluation method included an ethics application and a number of qualitative and quantitative elements that comprise the evaluation delivery and research activities:

- Outcomes analysis:
 - detailed statistical analysis of participant outcomes by the CSA. The analysis included a control group and a treatment group to identify differences in criminal justice outcome for participants;
 - Participant Voice research component;
 - detailed submission to the Justice Human Research Ethics Committee (JHREC);
 - survey completed to approximately 50 participants to understand what interventions and services they received from the multidisciplinary team and the role of the judicial officer; and
 - interviews conducted with 15 current and former participants to understand their experience of the Drug Court and its effect on their substance use and reoffending patterns.
- Focus groups with key stakeholder groups and site visits across all locations:
 - Drug Court site observations at each Drug Court site, including established sites (Dandenong and Melbourne) and pilot sites (Ballarat, Shepparton and County Court); and
 - individual consultations with judicial officers overseeing each Drug Court site.
- Focus groups conducted across numerous stakeholder groups:
 - multidisciplinary team members;
 - criminal justice stakeholders (corrections, legal aid, public prosecutions, justice health);
 - housing stakeholders;
 - program management;
 - clinical advisors involved with the program;
 - First Nations stakeholders; and
 - judicial officers.
- Stakeholder survey issued to all staff and stakeholders who contribute to the delivery of the Drug Court.
- Cost benefit analysis:
 - an economic appraisal that is consistent with DTF's Early Intervention Investment Framework that quantifies the avoided costs stemming from investment in the Drug Courts (all sites in Victoria); and
 - detailed cost benefit analysis utilising CSA's analysis of criminal justice outcomes comparing Drug Court participants with a matched control group of offenders sentenced to a term of imprisonment.
- Case studies and literature review.
- Case studies of Drug Court participants were provided to represent the challenges and criminal histories experienced by participants prior to entering the program.
- Literature scan and review of program administration and project management documents.

1.4 Outcomes of the Evaluation

Through the various evaluation inputs, this evaluation has developed a set of key outcomes that relate to the impact of the Drug Courts in Victoria. These include:

- **As an investment, the Drug Court delivers a positive benefit cost ratio (BCR) of 2.09 compared to a term of imprisonment.**
- **Drug Court participation is associated with statistically lower reoffending rates compared to a matched control group who received a custodial sentence.** CSA analysis found that Drug Court participants were 15 per cent less likely to reoffend than non-Drug Court participants (proven heard charges).
- **Drug Court participants who do offend, are less likely to spend further time in custody.** Those who do reoffend after being on a DATO were 20 per cent less likely to receive a future custodial sentence when compared to the matched control cohort who served a custodial sentence.
- **The Judiciary play an integral role in enabling participant behaviour change within Drug Court.** The role of the Judicial Officer was recognised as a key and distinguishing feature that contributed to program success in influencing participant behaviour change and reducing reoffending.
- **Drug Court helps participants reduce their substance use:** Positive urinalysis tests typically reduce from 80 per cent at the beginning of the program to 30 per cent at exit.
- **Participants overwhelmingly favoured Drug Court over other community and corrections based sentences.**
 - 80 per cent of participants surveyed reported that the Drug Court was “very helpful” in encouraging positive behaviour change when compared with other justice interventions (e.g. CCO).
 - 84 per cent of participants surveyed reported that the Drug Court was “very helpful” compared to previous experiences in prison.
- **Drug Court is strongly supported by key stakeholders.** All stakeholders involved in the Drug Court, including Judicial Officers, criminal justice system stakeholders and participants, reported that the Drug Court addressed an important justice and programmatic need that would not otherwise be met.

Figure 1 below provides an overview of the key outcomes of this evaluation.

Figure 1: Outcomes of the Evaluation



Source: Participant Voice Research Report and CSA Analysis (2023)

1.5 Drug Courts within the Context of other justice-related Interventions

With the establishment of the three pilot sites (CCV, Ballarat and Shepparton), the Drug Courts in Victoria have expanded to five sites in total. The expansion has created a network of Drug Courts across Victoria and enables CSV to consider how the Drug Courts fit within the broader suite of interventions across the system.

As explored throughout this evaluation report, the role of the Drug Courts across Victoria is targeted to participants presenting with complex needs who are placed on a DATO, and operates within a continuum of interventions across mainstream and specialist court lists that seek to match the level of risk and need of the accused to the appropriate level of intervention. Within this continuum, the role of the Drug Courts is to provide intensive, judicially supervised treatment to a cohort of people for whom many other justice and/or health interventions have previously failed. The Drug Courts are designed to target complex offenders with entrenched drug use, who present with high risk in areas such as criminogenic behaviour, substance use and community safety.

Within this context, the Drug Courts operate as a direct alternative to imprisonment. They offer a different level of intervention that is distinct from other court-based interventions. Drug Courts involve significantly more onerous levels of monitoring and treatment than other court-based interventions or even those interventions offered through community correctional services. This includes the unique role of the authority of the judicial officer to motivate and compel participation in the program. The Drug Court features a more intensive support network across the multidisciplinary team that is suitable for the particularly higher risk and higher need cohort for which they have been designed. These supports include residential treatment, housing support, various therapeutic models of care, regular reporting to a judicial officer, who uses the incentives and sanctions framework to support continued compliance and desired behaviours of participants.

Such an intensive approach would not be appropriate or suitable for the majority of accused who attend the Magistrates' Court, nor for those appearing at the County Court, who present with either less entrenched drug use or less complex offending histories. While therapeutic justice approaches can (and are currently) applied in mainstream court lists, the application of a Drug Court model with the 'mainstream' court setting is likely not feasible or suitable.

For many people appearing at court, a less intense response such as community referral or a short-term case managed and judicially supervised bail support program is likely to be adequate to address their needs and risks. In these circumstances, many of the practices of the Drug Court have been implemented and applied within mainstream court approaches, proportionate to the risk/need of the individual. Within this context, the Drug Court network across Victoria provides a service to a cohort of offenders that otherwise would be in prison and would likely continue to cycle between the community and prison.

1.6 Key insights

Beyond the four high-level key outcomes of the evaluation reported in Section 1.4, the evaluation has identified a number of additional insights. These insights, along with the findings at Section 1.7, inform the recommendations and are organised around the themes of the RMF and the associated KEQs that guided the development and delivery of the evaluation.

	Key insight	Description
Program justification	The distinct delivery approach of Drug Courts supports people with entrenched substance use and criminal behaviours to break their cycle of drug abuse and offending	The Victorian Drug Court model – based on practices developed across more than two decades of international experience, and over twenty years in Victoria – is successful at engaging participants in their treatment and reducing offending behaviours. Operating with a cohort that has often experienced a number of other justice and health/human services interventions, the court-led therapeutic model demonstrates success in improving criminal justice outcomes when compared to a matched control group.
	Drug Court participants are sentenced to a term of imprisonment that can be served in the community and monitored	People who enter the Drug Court must comply with various conditions across an intensive, phased program that is monitored by a judicial officer. The incentives and sanctions

	through an intensive Drug and Alcohol Treatment Order.	<p>framework is applied to create behaviour change and compliance with the DATO conditions.</p> <p>The incentives and sanctions framework works to incentivise desired behaviours and cease unwanted behaviours. Sanctions include a range of responses, the most serious being imprisonment days which a participant can be ordered to serve during their order. Participants can be incentivised for demonstrating pro-social behaviours and regular engagement with therapeutic interventions or sanctioned for negative behaviours such as dishonesty and disengagement with the program. During focus group sessions, stakeholders reported the importance of the incentives and sanctions system for holding participants to account. Stakeholders also reported the importance of consistent application of the framework with participants.</p>
	Intervention from a Drug Court can be effective where previous mainstream court therapeutic interventions, correctional orders and imprisonment have not previously been effective	<p>The Victorian Drug Courts have demonstrated effectiveness when compared to alternate sanctions (imprisonment) for this specific cohort of offenders the Drug Court caters to, who have often experienced significant levels of previous criminal justice system involvement and have continued reoffending. Eighty-four per cent of participants surveyed for this research rated the Drug Court as being 'very helpful' in encouraging positive behaviour change when compared to previous experiences of being in custody or community corrections orders.</p> <p>Drug Courts feature multidisciplinary teams – comprising of judicial officer, case managers, clinical and counselling staff, housing workers, lawyers and police lawyers that provide targeted and tailored interventions and support services for participants. The multidisciplinary team works with participants to address the underlying causes of offending behaviour and substance use in a structured, consistent, monitored and highly supportive approach.⁵</p>
	The Drug Court model is widely used and have been extensively evaluated in other jurisdictions	Primary research undertaken in this evaluation have identified that all Victorian Drug Courts broadly adhere to the 10 key components of Drug Courts, which is considered international best practice based on extensive evaluations which demonstrate effectiveness of the model. Research conducted over the last twenty years across various jurisdictions suggests that overall, Drug Courts have delivered favourable outcomes for participants in terms of effectiveness in reducing substance misuse and reoffending. ⁶
Effectiveness	Reduced reoffending and a reduction in the severity of offending is a primary outcome of the Drug Court	Analysis undertaken by the Crime Statistics Agency has identified that, when compared to a control group, former Victorian Drug Court participants are 15 per cent less likely to reoffend in the two-year follow up period after they have participated in Drug Court. Quantitative analysis of former participants who complete their DATO have shown significant differences in subsequent reoffending (27-percentage point difference) when compared to a control group.
	The longer a participant spends on a DATO, the better the outcome is in relation to reduced offending and	The longer a participant spends on their DATO, the better their results across a number of domains, including reduced drug use, reduced reoffending and reduced offending severity and frequency.

⁵ Mitchell, O. et al., (2012) 'Assessing the effectiveness of drug courts on recidivism: A meta-analytic review of traditional and non-traditional drug court', *Journal of Criminal Justice*, 40:1, pp 60-71.

⁶ Wilson, D. B., Mitchell, O., & MacKenzie, D. L. (2006). A systematic review of drug court effects on recidivism. *Journal of Experimental Criminology*, 2, 459-487.

	reduced severity and frequency of offending	
	Completion rates of the Drug Courts compare well to other similar programs attempting to support complex drug using offender cohorts.	The completion rates of participants in Victorian Drug Courts are approximately 40 per cent, which is equivalent to other court-based substance use treatment programs ⁷ and higher than substance use programs in Australia with non-justice cohorts. ⁸ The evidence suggests that should a participant complete Drug Court, the likelihood of improved and sustained reoffending outcomes are significantly better when compared to participants who do not complete Drug Court.
	Current and former participants had positive views toward the Drug Court's effectiveness and mission	Of the current and former participants surveyed or interviewed in this evaluation, 90 per cent agreed that Drug Court helped them to reduce their criminal activity. As noted above, 84 per cent rated the Drug Court as being 'very helpful' in encouraging positive behaviour change when compared to previous experiences of being in custody or community corrections orders. Judicial supervision was identified by participants and stakeholders alike as being the most effective element of the Drug Court in reducing offending behaviour. Throughout primary research activities, participants highlighted the program's effectiveness in reducing offending behaviour, which is a crucial component of their rehabilitation. This could be attributed to the tailored approach and personal accountability inherent in the program that fosters behavioural change and aims to support a reduction in individual criminal activities. This is a fundamental outcome for participants and the broader objectives of the Drug Court. ⁹
	Drug Court helps participants to gain control of their drug use	As participants progress through the Drug Court, there is a decline in substances detected in urinalysis testing, which demonstrated a decline in drug use while on the Drug Court Order. In Phase 1, 80 per cent of supervised urine screens are positive for substances. By Phase 3, this has reduced to 30 per cent. This reflects an understanding that entrenched offending behaviours associated with substance dependence require targeted, ongoing therapeutic interventions to support sustained participant behavioural changes. Substance dependence is a chronic, relapsing condition that frequently co-occurs with mental illness, cognitive impairments and trauma for the Drug Court participants. The participants are often also grappling with unsafe housing, poor physical health, financial difficulty and broken familial relationships, or relationships that do not support their recovery from dependence.
Funding and delivery	Justice system stakeholders are supportive of the program, but reported that with the expansion to other sites, there is an opportunity for a more integrated approach	Beyond their direct role as part of the multidisciplinary team, criminal justice stakeholders expressed their support for the Drug Court model. Stakeholders particularly reported the valuable role the model plays in engaging with complex offenders. Stakeholders reported that with the expansion of the model to three additional sites, there is an opportunity to develop an integrated service delivery approach and governance model, involving all sites and stakeholders.

⁷ Evans, E., Li, L., and Hser, Y (2009), 'Client and program factors associated with dropout from court mandated drug treatment', *Evaluation and Program Planning*, 32:3, pp. 204-212.

⁸ Harley, M., et al (2018), 'Completion rates and psychosocial intervention effectiveness in an Australian substance use therapeutic community', *Substance Abuse Treatment, Prevention, and Policy*, 13:33.

⁹ Wilson, D. B., Mitchell, O., & MacKenzie, D. L. (2006). A systematic review of drug court effects on recidivism. *Journal of Experimental Criminology*, 2, 459-487.

	The Drug Courts are a higher cost intervention when compared to other court-based and community-based justice interventions, however the higher costs reflect the complex participant cohort profile, who would otherwise be serving a term of imprisonment	Drug Courts are a higher cost option when compared to other court based or community-based justice interventions, however given the complexities of the target cohort, the additional cost – which is used to provide additional supports across the suite of support options the Drug Court offers – appears to provide value for money when compared to the alternative of imprisonment, given the BCR of 2.09.
	The Drug Court continues to mature as a specialist court program that operates within the broader justice, health and human services systems.	While the Dandenong Drug Court has operated for over twenty years, the expansion of the other sites is relatively recent, and as Victoria develops a wider network of Drug Courts, there are several opportunities to improve the way the Drug Courts operate together, how they influence other therapeutic programs within the court system and the way they develop join up service systems. These include: <ol style="list-style-type: none"> 1 Identifying a data approach to develop a statistical understanding of participants at entry and through the various stages of their drug court participation to support screening and assessing for potential participant readiness; 2 More outreach activities with First Nations communities and prospective First Nations participants; 3 Participants to receive more streamlined access to specialist mental health services; and 4 Review and, where suitable, strengthen operating procedures, manuals and guidelines for multidisciplinary team members. Reviews should occur regularly and better practice shared across sites regularly.
Efficiency	The Drug Court is a targeted sentencing option that has better cost-benefits than traditional custodial sentences that would otherwise be served by this cohort	The analysis of outcomes for Drug Court participants compared to a matched control group of offenders receiving terms of imprisonment demonstrated a Benefit Cost Ratio of 2.09 and a Net Present Value of \$57.6M. The costs of the program were based on the program budgets for all Drug Court sites. Three benefits were measured to support this economic analysis: the avoided cost of custody, avoided cost of crime and avoided cost of reoffending (custodial sentences).
	The Drug Court can be an efficient way of producing the desired reoffending and health outcomes for higher risk offenders, when compared to the alternate facing this cohort – imprisonment.	When comparisons are made between mainstream court programs and sentencing options with the Drug Courts the following elements of success were identified in relation to a participant's experience; <ol style="list-style-type: none"> 1 Consistency – participants experience regular interactions with the judiciary and program staff who understand their needs and risk profile. 2 Intensity – in accordance with case management approaches, participants receive a level of intervention that is proportionate to their needs and risk profile. 3 Efficiency – participants receive wrap-around services from the multidisciplinary team for their criminogenic, health, mental health, accommodation, education housing and societal engagement needs. 4 Agency – participants are empowered to lead their own rehabilitation journey with guidance from the multidisciplinary team and judicial officer. 5 Immediacy – participants are promptly held to account for any non-compliant behaviour, which allows them to better understand the consequences of that behaviour.

1.7 Key findings

Key findings have been developed based on the primary and secondary research activities undertaken in this evaluation. The following table outlines the evaluation findings as per the Key Evaluation Questions.

Key Evaluation Question Findings	How have economic, environmental and social conditions changed since the program was funded and how will continuation of the program meet these conditions?
1	Substance use patterns in Victoria have increased since the Drug Court pilot sites were established (in 2021) and these patterns continue to have negative impacts across Victoria. Polysubstance use and prevalence of methamphetamine use continues to be a challenge for AOD clinicians in delivering effective treatment.
2	Substance use and co-morbid mental illness creates additional treatment complexity. The Drug Court utilises evidence informed AOD interventions that are tailored to the participant, including CBT and/or pharmacotherapy substitution to respond to the health and mental health needs of Drug Court participants.
3	The Drug Court model engages an increasingly complex cohort of drug dependent offenders, particularly as the nature of drug use has changed over time (since the initial commencement of the Dandenong Drug Court, when Heroin was a primary drug of concern).
Key Evaluation Question Findings	What is the scale and nature of drug-related and general offending in Victoria?
4	<p>Proven illicit drug offences in Victoria have remained relatively stable over the past five years, declining slightly from 32,486 drug offences in 2019 to 30,206 in 2023¹⁰. However, drug offences are not a great proxy for understanding the Drug Court cohort, as participants must be facing a term of imprisonment. To better represent the overall offending pattern in Victoria, total offences can be used. In the past five years, total offences recorded in Victoria have remained stable with a total of 513,470 in 2019 and 506,408 in 2023.</p> <p>When represented as a rate per 100,000 of the population, it is noticeable that recorded offences appear to be declining (7,862.2 in 2019 compared to 7,494.4 in 2023). Nonetheless, given the high volume and high need and risk profile of Drug Court participants, and the overall small numbers of participants suitable for such an intervention, it would appear there remains a similar level of need for the program.</p>
Key Evaluation Question Findings	To what extent does the Drug Court address the problem of drug-related offending in Victoria and what is the remaining gap?
5	The Drug Court's multidisciplinary team provides high-intensity and structured interventions that afford participants time to develop consistent behaviours and strategies to minimise their substance dependencies and drug-related offending patterns and, given the effect the program has on reducing reoffending and the reported difference (from participants and stakeholders) on health outcomes, it would appear that the Drug Court is effective in addressing the problem of drug-related offending for this specific cohort of offenders.
6	The Incentives and Sanctions Framework is a powerful tool that can help both participants and the Drug Court to monitor and assess DATO progress. Participants and Drug Court stakeholders reported that the Incentives and Sanctions Framework works effectively to motivate engagement and compliance with interventions provided by the multidisciplinary team, though participants had mixed views about their perception of how consistently the Framework is applied by judicial officers in practice. It is worth noting that application of the Framework might be challenging for participants who have served imprisonment days for sanctions. Nonetheless, the consistent application of the framework is an important part of the model across Australian and international models to achieve longer term behavioural change.

¹⁰ Crime Statistics Agency, Recorded Offences, [Recorded Offences | Crime Statistics Agency Victoria](#).

7	Suitable, safe and sustainable accommodation for Drug Court participants who cannot source and maintain their own accommodation is limited and remains a gap that Drug Courts have had to fill and requires whole of government collaboration. Drug Court participants compete with other justice system clients for access to accommodation. Stable accommodation is a basic need that enables participants to better engage with the interventions offered by the multidisciplinary team, and was consistently identified by participants as a key factor for effective engagement in rehabilitation and desistance from crime. Drug Court participants are effectively competing with a range of other people experiencing homelessness in the community, including victims of family violence. The difficulty of finding appropriate accommodation is a significant ongoing challenge for the program, however stable accommodation is of critical importance for the development of life skills of participants.
Key Evaluation Question Findings	To what extent can it be demonstrated that Drug Courts are reducing substance use and reoffending amongst participants?
8	Drug Courts are effective in reducing reoffending when compared to a control group who experienced imprisonment. A comprehensive statistical comparative analysis conducted by CSA found that Drug Court participation is associated with statistically lower reoffending when compared to a matched control group who received a custodial sentence. Reduced re-offending was strongest among those who successfully completed their DATO (27 percentage point difference to the control group). Even participants who did not complete their DATO were less likely to offend than those who had received an alternative sentence (four percentage point difference).
9	Participants agreed that the Drug Court is effective in reducing offending behaviour, which is a crucial component of their rehabilitation. Of the 61 total survey respondents, 55 (90 per cent) acknowledged the Drug Court had supported a reduction in their offending behaviours.
10	Participants value the person-centred approach, guidance, and support provided by Drug Court judicial officers. Involvement of judicial officers was seen as a unique and essential aspect of the program that reinforces participant accountability.
11	Quantitative analysis of former participants who complete their DATO and reoffend, shows a moderate difference in 'high-seriousness' reoffending (six-percentage points) when compared to the control group. Former participants who did not complete their DATO show a three percentage point difference in 'high-seriousness' reoffending. There is also a reduction in offending frequency for drug court participants compared to those receiving a custodial sentence (27 percentage point difference for those who complete their DATO and four percentage point difference for those who do not).
12	Quantitative analysis of former participants who complete their DATO shows there is a positive correlation to reduced subsequent custodial sentences (17 percentage points) when compared to the control group. There is no significant difference for former participants who did not complete their DATO with receiving a subsequent custodial sentence. There is however a small difference in former participants who did not complete their DATO who received a custodial sentence of more than one year (six percentage points).
13	The Drug Court provides intensive treatment in phases 1 and 2 of the DATO to disrupt and challenge entrenched attitudes and behaviours toward substance use. Regular urinalysis of participant substance use, along with ongoing treatment and support from the multidisciplinary team and judicial monitoring provides the Drug Court clear evidence of substance use patterns to guide therapeutic responses. Quantitative analysis of urinalysis testing results demonstrated the association between Drug Court and reduced substance use; with substance use reducing substantially as participants progress through the program.
14	Focus Groups and participant surveys indicated the importance of post-DATO support and the development of a process for referring participants to ongoing mainstream support services once their DATO has ended.
Key Evaluation Question Findings	Are the current governance arrangements and risk management practices appropriate?
15	The documents and information provided to the evaluation team suggests the governance arrangements and risk management practices for each of the pilot sites (Shepparton, Ballarat and Melbourne DATC) are appropriate for a program of this size and scope. However, as the program

	continues to evolve, there are opportunities for CSV to leverage the broader reach of the Drug Court network to develop consistent practices, share emerging trends and analyse data at local and state levels. Such an approach would likely have benefits more broadly than the Drug Courts and could also support the development of better practices across the continuum of therapeutic court-based programs in both mainstream court and other specialist courts.
Key Evaluation Question Findings	Have partnerships with relevant internal and external stakeholders been functioning effectively?
16	Both the Magistrates' Court and County Court have developed effective relationships with key service delivery providers. Additional engagement activities with internal stakeholders to embed best practice across the network of Drug Courts and other court-based therapeutic interventions and approaches as well as leveraging new and emerging information and data for operational purposes may help further mature these relationships.
Key Evaluation Question Findings	How has delivery of the program improved over time? How can it improve further and what are the opportunities to embed continuous improvement?
17	Both the Magistrates' Court and County Court have pursued continuous improvement activities that aim to enhance the Drug Court's service delivery capabilities. Participants and stakeholders identified a range of improvement opportunities that could be explored by program administrators to further embed continuous improvement processes and strengthen the service model, particularly in relation to improved information sharing across sites and within teams (multidisciplinary teams). There is also an opportunity to develop a more advanced analytical capability within CSV to support the operations and identify emerging trends across the network of Drug Courts and potentially identify participants more or less likely to succeed on their DATO earlier.
18	To increase awareness and understanding of the Drug Court, CSV might consider the development of a strategic communications plan that can be provided to legal practitioners, court users and particular identified cohorts.
Key Evaluation Question Findings	How did the COVID-19 pandemic influence implementation and service delivery?
19	The COVID-19 pandemic adversely impacted the operations of the Drug Court, particularly in the early stages of the CCV pilot, but program administrators were able to adapt service delivery through utilisation of online services to respond to the challenges stemming from the pandemic.
Key Evaluation Question Findings	Has the pilot been delivered within scope, budget and expected timeframes?
20	The establishment of the pilot sites was delivered to scope and within allocated timeframes noting that the DATC took longer to reach forecasted participant levels because of procedural complexity relating to the County Court's jurisdiction. In FY 2022 and 2023 all pilot sites reported budget underspends. Most of the underspend was with MCV pilot sites. Underspend in MCV is the result of longer than expected ramp-up period for reaching anticipated participant numbers and some over-estimation of anticipated costs for regional service delivery. For the CCV, the underspend was directly related to the pilot building up participants numbers and not utilising the full housing, urinalysis, and AOD services. The CCV and MCV both anticipate that underspends will not remain in 2023-24.
Key Evaluation Question Findings	How does the cost and value for money of Drug Courts compare to other therapeutic and mainstream court initiatives?
21	An analysis of outcomes for Drug Court participants compared to a matched control group of offenders receiving terms of imprisonment demonstrated a Benefit Cost Ratio (BCR) of 2.09 and a Net Present Value of \$57.6 million. The positive BCR means that investment in Drug Courts provides a costs saving when compared to the alternative of prison.

	Compared to imprisonment (which is the alternative option for this cohort), Drug Courts are relatively cost efficient. However, compared to costs of other justice system community-based justice interventions, Drug Courts are an expensive option. The outcome of the Benefit Cost Ratio would seem to suggest that the additional cost is a reasonable additional expense for this particular cohort. As highlighted above, the Drug Court is an intensive program designed for the higher end of offenders with entrenched drug dependency and persistent criminal offending. For this cohort, cheaper alternatives have been demonstrated to be ineffective.
22	Comparative to other mainstream court initiatives, the Drug Courts are at the 'far end' of the continuum of court-based interventions, from lower intensity (which includes programs like Navigation and Community Referral), medium intensity (mainstream court support programs such as CISP the Assessment and Referral Court) through to higher intensity intervention of the Drug Court.
Key Evaluation Question Findings	What are the unmeasured/qualitative economic benefits of the Drug Court as opposed to traditional pathways for similar cohorts?
23	The Drug Court provides a range of criminal justice, health, education and human services supports to participants. If participants engage with these supports, there may be subsequent qualitative economic benefits to participants and the service systems that have not been captured in the Cost Benefit Analysis. Participants are supported to develop employment, volunteering or education pathways that are conducive to moving beyond criminal activity and substance use, and during focus groups and through the Participant Voice research survey, the evaluation heard of instances where participants have received clear benefits from engagement in employment.
Key Evaluation Question Findings	What elements of the Drug Court could be embedded into mainstream court services?
24	As detailed above in Section 1.1, the Drug Courts operate at the most intensive end of the justice system interventions within the community. The Drug Court is a direct alternative to imprisonment and compared to mainstream court services, it operates with a distinctly different approach, in response to the complexity of the cohort, that involves significant judicial supervision and intensive treatment and support. The application of elements of Drug Court practices in mainstream courts would risk the integrity, impact and effectiveness of the model and would require specialist resources even if it were a potentially effective option.
25	While it would not be possible or feasible to operate Drug Courts in mainstream court settings, it is nonetheless appropriate to identify the beneficial aspects of the Drug Courts that could support better practice within mainstream court services. This would include judicial training, peer support and training from the highly specialised Drug Court teams to other parts of the courts (both MCV and CCV), and the development of a monitoring and analytic and research capability to identify emerging trends, information and treatment approaches within both the Drug Court cohort, but also in the mainstream court.
Key Evaluation Question Findings	What would be the impact of ceasing funding for the program in different locations and jurisdictions?
26	If a decision was made to cease funding for the Drug Court pilots sites, funding will need to be provided (for up to four years) to allow participants to complete their DATO. Or alternatively, legislative amendment may be required to enable participants to be returned to custody to continue the remainder of their sentence. The analysis of the Cost Benefit Analysis within this evaluation would suggest that should funding cease it would cost the State \$2.09 for every dollar currently invested in Drug Courts. Additionally, legislative amendments would likely be required to repeal the Drug Court enabling provisions, there would be the likely opportunity-cost of repeat offenders and higher prison costs.
Key Evaluation Question Findings	Has funding been adequate to address the service needs of participants?

27	Notwithstanding program underspends, budget managers have identified that current funding arrangements are able to meet the current and future needs of participants as well as administration of the program.
28	There is an opportunity for MCV and CCV to explore the service delivery model and funding approach of Drug Courts in the context of a broader strategic approach for specialist courts across Victoria. Consideration may be given to the development of a therapeutic justice strategy that sets out the vision for a continuum of interventions across the criminal justice system to ensure the right intensity of intervention for the right person at the right time including Drug Courts role in this overall continuum and to inform future investment decisions.

1.8 Recommendations

Recommendations have been developed based to respond to the Key Findings of this evaluation. The following table outlines recommendations the consideration of MCV and CCV.

1	In the context of the recent expansion, MCV and CCV should establish an ongoing forum across all Drug Court sites to identify opportunities for operational efficiencies, discussing emerging trends and better practices, and enhancing benefits across the network of Drug Courts. This forum should include all provider agencies and should consider endorsing communities of practice and joint procedure documents. The forum should also seek to provide insights and emerging trends and practice advice across the suite of court-based therapeutic interventions at MCV and CCV.
2	The MCV and CCV should explore opportunities for a joined-up systems approach across government and health, housing and justice sectors to identify emerging research, practice and data relevant to Drug Courts' operational and strategic requirements.
3	The MCV and CCV should continue to work with the Department of Families, Fairness and Housing and the Department of Health to better understand the health and human service outcomes for Drug Court participants through improved data insights between agencies to tailor service response to cohort needs.
4	The MCV and CCV should consider opportunities to build an ongoing Victorian evidence base for Drug Courts that includes more detailed monitoring of participant outcomes and indicators that identify success in the early stages of a DATO. MCV and CCV should also consider opportunities to share outcome data with other Drug Court jurisdictions and potentially establish similar data insights for other court-based therapeutic interventions.
5	The MCV and CCV should work with all agencies involved in the multidisciplinary team of the Drug Courts to develop an operational handbook that details the roles and responsibilities of all team members.
6	CSV should consider options to provide ongoing support to the MCV and CCV for the development of education materials to assist judicial officers (from across the courts) in understanding the nature of drug use and recovery, informed by a therapeutic jurisprudence approach and for the development of an ongoing specialised training package for the multidisciplinary team. This should include Drug Court fundamentals as well as emerging best practice and approaches in how to work with entrenched drug using offenders.
7	The MCV and CCV should commence a dialogue with the Aboriginal Justice Forum, relevant Aboriginal agencies and the Aboriginal community to identify further opportunities to engage with potential Aboriginal participants and identify an operating model that enables Aboriginal Community Controlled Organisations to provide the therapeutic services of the Drug Courts. This should be conducted with a view to maximising self-determination and cultural safety for Aboriginal participants, staff and providers.
8	The MCV and CCV should develop an ongoing forum to collaborate with community housing providers (contracted service providers), Homes Victoria and the Department of Justice and Community Safety to identify and design medium to long term housing responses (and contractual arrangements) that better aligns with and responds to participant needs and program objectives. The forum should focus on Drug Courts, but also include a broader discussion about all justice-system related housing requirements. MCV and CCV should also regularly consider and adjust its operating model consistent with changes in the housing model and stock available.
9	The MCV should consider investigating whether a fourth phase – similar to the CCV's maintenance and aftercare phase is suitable for the MCV. The focus of this additional phase should be to identify

	ways to better support participants to maintain skills and continue progress made during their period on the DATO and maximise opportunities for self-directed care.
10	MCV should continue to monitor costs of program delivery during the pilot phase to build a robust and sustainable cost and operating model for long-term program delivery.
11	The MCV and CCV should consider opportunities to collect participant data at the program and outcome (post DATO) levels on an ongoing basis. This data should be used to identify a profile of suitable participants that will have the most chance at success during and after the DATO (within the aims of program to target higher complexity offenders).
12	The MCV and CCV should identify opportunities to improve the induction and orientation component of the program to better prepare participants for program requirements
13	The MCV and CCV should monitor the trial of the mental health clinical adviser role within the Drug Court multidisciplinary team and identify any opportunities to strengthen programmatic responses to complex mental health presentations within the participant cohort, which could include engaging with agencies such as Forensicare and other relevant agencies.
14	The MCV and CCV should review and consider the service delivery model and funding approach of Drug Courts in the context of government strategy for therapeutic justice across the continuum of mainstream and specialist court lists across Victoria. The review should include a consideration of the housing model and its integration into the service delivery model (see Recommendation 9).

Evaluation overview and the Drug Court model



2 Purpose of this evaluation and the Drug Court

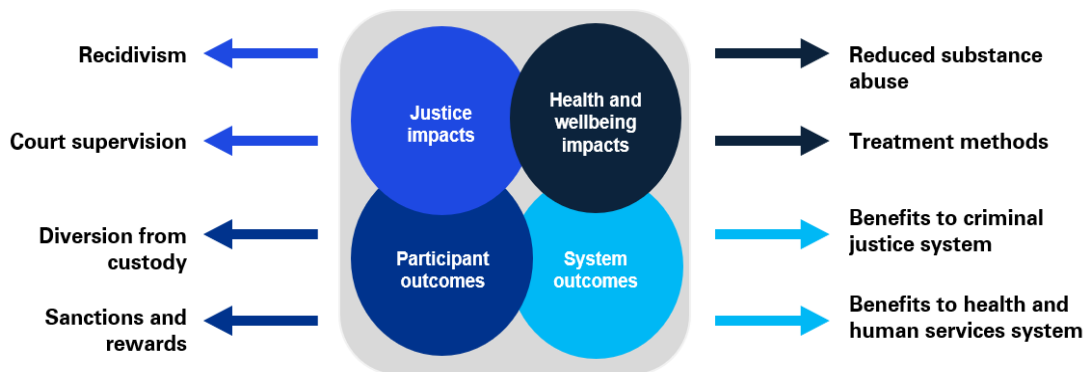
KPMG was commissioned by Court Services Victoria (CSV) in November 2022 to deliver an independent evaluation of the Drug Courts of Victoria. This evaluation involved two parts:

- 1 The 2019/20 Victorian State Budget allocated \$35 million towards expanding the Drug Court to meet demand in regional areas, namely Shepparton and Ballarat, as well as establishing a pilot program within the County Court.¹¹ Extension of pilot funding was announced in the 2022/23 State Budget for an additional year. A lapsing program evaluation of the pilot programs (Ballarat, Shepparton, and County Court) was required to meet the requirements of the Department of Treasury and Finance's (DTF's) Resource Management Framework (RMF). The lapsing program evaluation was conducted between November 2022 and January 2023 and assessed the first 18 months of pilot program operation.
- 2 The lapsing program evaluation has been enhanced and expanded to become an outcomes evaluation that is aligned with the RMF. This evaluation was conducted from February 2023 to October 2023.

The evaluation focuses on the following four areas of inquiry that can be used to understand the impact of the Drug Courts:

- **Justice impacts** – focusing on recidivism and judicial supervision;
- **Health and wellbeing impacts** – focusing on reduced substance use and treatment methods;
- **Participant outcomes** – focusing on diversion from custody and pro-social behaviour change; and
- **System outcomes** – focusing on benefits to the criminal justice system and other service systems.

Figure 2: Direct and indirect impacts of the Drug Courts



The categorisation of justice and health and wellbeing outcomes (as per Figure 2) to measuring qualitative and quantitative outcomes.

This report seeks to answer the following Key Evaluation Questions (KEQs) identified below. Section 2.4 further outlines the scope and evaluation method used to answer the KEQs.

¹¹ Premier of Victoria (2020), Drug Court expanded to Regional Victoria, available at: [Drug Court Expanded To Regional Victoria | Premier of Victoria](#).

Figure 3: Key evaluation questions as per the Resource Management Framework

1. Program Justification

- *How have economic, environmental and social conditions changed since the program was funded and how will continuation of the program meet these conditions?*
- *What is the scale and nature of drug-related offending in Victoria?*
- *To what extent does the Drug Court model address the problem of drug-related offending in Victoria and what is the remaining gap?*

2. Effectiveness

- *To what extent can it be causally demonstrated that the Drug Courts are reducing substance use and reoffending among its participants?*
- *What are the avoided costs from the Drug Court during and after participation in the program?*
- *Do outcomes for participants differ between different sites/regions/jurisdictions?*

3. Funding/Delivery

- *Are the current governance arrangements and risk management practices appropriate?*
- *How has delivery of the program improved over time, how can it improve further and what are the opportunities to embed continuous improvement?*
- *Have partnerships with relevant internal and external stakeholders been functioning effectively?*
- *How did the COVID-19 pandemic influence implementation and service delivery?*
- *Has the pilot been delivered within scope, budget and expected timeframes?*

4. Efficiency

- *How does the cost and value for money of Drug Courts compare to other therapeutic and mainstream court initiatives?*
- *What are the unmeasured/qualitative economic benefits of the Drug Courts as opposed to traditional justice pathways for similar cohorts?*
- *What elements of the Drug Courts could be embedded into mainstream court services?*

5. Risk

- *What would be the impact of ceasing funding for the program in different locations and jurisdictions?*
- *How could the Court(s) successfully exit from delivering the program?*

6. Further Funding Requirements

- *Has funding been adequate to address the service needs of participants?*
- *Have funding needs changed since the initial funding allocation?*



2.1 Therapeutic jurisprudence and Drug Court overview

Therapeutic jurisprudence is broadly defined as the ‘the role of the law as a therapeutic agent’ and is oriented in humanising the justice system by recognising the ways in which the law can create both benefits and harm on the wellbeing of individuals.¹² Therapeutic approaches seek to minimise adverse impacts of court processes insofar that they are antitherapeutic to the psychological, emotional and social wellbeing and safety of individuals who interact with the justice system.¹³ Drug Courts are representative of therapeutic

¹² Winick, B. J (2002), Therapeutic jurisprudence and problem-solving courts, *Fordham Urb. LJ*, 30, 1055.

¹³ Braithwaite, J (2002), Restorative justice and therapeutic jurisprudence, *Criminal Law Bulletin Boston*, 38(2), 244-262.

jurisprudence initiatives being applied within the Victorian justice system. In Victoria, therapeutic justice interventions are delivered on continuum – from low to higher intensity depending on need, risk and proportionality – across mainstream and specialist court lists.

Drug Courts were first established in the United States in 1989 to address the rise of drug-related imprisonment.¹⁴ The first Australian Drug Court was established in New South Wales in 1999, and the first Victorian Drug Court was established at the Dandenong Magistrate's Court in 2002.¹⁵ The Victorian iteration of the Drug Court program has placed particular emphasis on trauma-informed participant behavioural change methods, and harm reduction for the broader community.¹⁶

In 2017, the Melbourne Drug Court, located in the Melbourne Magistrates' Court, was established. In 2021, a Drug Court Division within the County Court of Victoria (CCV), referred to as the Drug and Alcohol Treatment Court (DATC) pilot, was established. The *County Court Act 1958* was amended by the *Justice Legislation Amendment (Drug Court and Other Matters) Act 2020* to establish a Drug Court Division of the County Court of Victoria. The Drug Court program was further expanded in 2022 to include pilot sites in regional Victoria (Ballarat and Shepparton).¹⁷

2.2 Effectiveness of Drug Courts

Drug Courts emerged in the United States of America and have since expanded across a wide range of jurisdictions, such as Australia, Canada, New Zealand and the United Kingdom. A large volume of research has been undertaken since the inception of the Drug Courts to better understand the effectiveness of the program, whether they provide a sustained reduction in substance use or recidivism amongst participants.

Research conducted over the last twenty years across various jurisdictions suggests that overall, Drug Courts have delivered favourable outcomes for participants in terms of effectiveness in reducing substance misuse and reoffending. A meta-analytic review conducted by Mitchell, Wilson, Eggers and MacKenzie (2012) comparing and analysing a range of interjurisdictional independent Drug Court evaluations found that of the 154 evaluations conducted internationally, it was identified that 'the average effect of participation is equivalent to a reduction in general recidivism from 50% to approximately 38%, and a reduction in drug-related recidivism from 50% to approximately 37%', with such reductions persisting for 'at least three years after program entry'.¹⁸ In the context of Australia, the majority of Drug Courts (including New South Wales¹⁹, Queensland²⁰, South Australia²¹, Western Australia²² and Victoria²³) have been evaluated, with results demonstrating relatively consistent and positive results regarding reducing substance misuse and reoffending.

A 2020 study evaluating the long-term effectiveness of the New South Wales (NSW) Drug Court in reducing recidivism suggested that offenders in the treatment group (offenders accepted into the Drug Court program) 'took 22 per cent longer to reoffend' than offenders within the control group (offenders deemed eligible for the program but not accepted on it).²⁴ Those within the treatment group also experienced a lower reoffending rate than those within the control group. The study concluded that ultimately, the Drug Court appeared to have long term beneficial effects on reducing recidivism amongst program participants in alignment with similar evaluations and studies conducted across Australia and other jurisdictions.

¹⁴ Lurigio, A. J (2008), The first 20 years of drug treatment courts: A brief description of their impact, *Federal Probation*, 72, 13.

¹⁵ Indermaur, D. & Roberts, L (2003), Drug Courts in Australia: The first generation, *Current Issues in Criminal Justice*, 15(2), 136-154.

¹⁶ Magistrates' Court of Victoria (2021), Drug Court Program Logic and Monitoring, Evaluation and Learning Framework (MELF), 2-4.

¹⁷ Victoria Legal Aid (2022), County Court Drug and Alcohol Treatment Court Pilot.

¹⁸ Mitchell, O, Wilson, D. B, Eggers, A. & MacKenzie, D. L (2012), Assessing the effectiveness of drug courts on recidivism: A meta-analytic review of traditional and non-traditional drug courts, *Journal of Criminal Justice*, 40(1), 60-71.

¹⁹ Weatherburn, D, Yeong, S, Poynton, S, Jones, N, & Farrell, M (2020), The long-term effect of the NSW Drug Court on recidivism, *Crime and Justice Bulletin, NSW Bureau of Crimes Statistics and Research*, 1-15.

²⁰ Queensland Courts (2016), Queensland Drug and Specialist Courts Review: Final Report, 1-306.

²¹ Ziersch, E, & Marshall, J (2012), The South Australian drug court: A recidivism study, Office of Crime Statistics and Research, Attorney-General's Department of South Australia.

²² Department of the Attorney General Western Australia (2006), A review of the Perth Drug Court, 1-40.

²³ KPMG 2014, Evaluation of the Drug Court of Victoria Final Report, 1-134.

²⁴ Weatherburn, D, Yeong, S, Poynton, S, Jones, N, & Farrell, M (2020), The long-term effect of the NSW Drug Court on recidivism, *Crime and Justice Bulletin, NSW Bureau of Crimes Statistics and Research*, 1-15.

In 2014, KPMG undertook a similar evaluation of the Dandenong Drug Court that focused on assessing the cost effectiveness of the program and related cost savings from recidivism and the use of a community order as a sentencing option instead of traditional custodial sentencing.²⁵ Results at the time demonstrated that in total, the Drug Court reduced demand on traditional correctional facilities by the equivalent of 13,948 prison days per year, amounting to an annual saving of \$3.77 million in potential financial costs for the broader justice system.²⁶ Findings demonstrated that ultimately, the Drug Court model offers a cost effective alternative to traditional custodial sentencing options (time spent in prison) and has been shown to be considerably cheaper in the longer-term than corrections facilities, in addition to being more effective at reducing recidivism. The results of the KPMG evaluation are consistent with existing studies and literature on effectiveness of the Drug Court model.

A key limitation to understanding effectiveness of the Drug Courts in reducing reoffending is the limited data availability around how recidivism amongst participants following their time in a Drug Court program is sustained in the long-term. Most Drug Court follow-up periods and evaluations across jurisdictions have a short time period, limiting the capacity to gather rich longitudinal data on how the program has impacted participants beyond the immediate and intermediate-term.²⁷ Whilst the immediate positive effects of the Drug Courts can be realised following program completion, many outcomes cannot be assessed in the short-term, such as longer-term sustained reductions in substance use and reoffending, sustained employment and stable housing, and general enhanced quality of life.

Despite these limitations, data gathered across jurisdictions since the development of the Drug Courts has demonstrated consistency in terms of program effectiveness, including reducing substance misuse and recidivism both within Australia and internationally. In addition to these benefits, the Drug Courts offer a cost-effective alternative to custodial sentencing, offering potential savings in imprisonment costs, and costs for other frontline services such as mental health services, homelessness services, emergency services and social welfare.

2.3 Overview of the Drug Court program

The Victorian program aims to foster a rehabilitative justice response to offending related to drug and alcohol dependency, focusing on positive participant behavioural change outcomes, reduced recidivism and harm reduction for the community.²⁸

The Drug Court is a judicially supervised program that provides strict monitoring and intensive support for people who would otherwise be serving a term of imprisonment for serious higher community harm offending, with long histories of offending behaviour driven by entrenched substance use that has not abated as a result of previous community, corrections or past imprisonments interventions. For many participants who are accepted onto the program, previous attempts of treatment and intervention have not been effective. It provides an individualised, therapeutic pathway that is distinct from interventions offered by the mainstream criminal justice system and community-based drug and alcohol treatment.²⁹ Many participants of the Drug Court present with complex substance use patterns and high criminogenic needs that are magnified by intersecting mental health issues, histories of social exclusion and challenging intergenerational and personal trauma.³⁰

Supervision of the participant is the responsibility of a Drug Court magistrate or judge (judicial officer). Multidisciplinary teams comprising judicial officers, case managers, clinical advisors, alcohol and drug counsellors, police lawyers and legal aid lawyers are central in assisting participants to achieve treatment and recovery goals. The judicial officer will sentence eligible offenders to a term of imprisonment which is

²⁵ KPMG 2014, Evaluation of the Drug Court of Victoria Final Report, 91-93.

²⁶ Ibid.

²⁷ Weatherburn, D, Yeong, S, Poynton, S, Jones, N, & Farrell, M (2020), The long-term effect of the NSW Drug Court on recidivism, Crime and Justice Bulletin, *NSW Bureau of Crimes Statistics and Research*, 1-15.

²⁸ Magistrates' Court of Victoria (2021), Drug Court Program Logic and Monitoring, Evaluation and Learning Framework (MELF), 2-4.

²⁹ Cappa, C (2006), The Social, Political and Theoretical Context of Drug Courts, *Monash Law Review*, (32)145.

³⁰ Ibid.

served in the community by way of a Drug and Alcohol Treatment Order (DATO). A DATO consists of two components:

- custodial sentence of imprisonment not exceeding two years for participants before the MCV and four years in the CCV; and
- treatment and judicial supervision which aims to address the participant's drug and / or alcohol dependency.

As part of the DATO conditions, participants are required to:

- attend and participate in regular appointments with the Drug Court multidisciplinary team;
- routinely submit to supervised drug and / or alcohol testing;
- attend review hearings as directed;
- engage in drug and or alcohol, medical, psychiatric or psychological assessment and treatment;
- attend educational, vocational, employment or other programs; and
- comply with additional conditions of the DATO, including residential and curfew conditions.³¹

Drug Courts are underpinned by the 10 key components outlined in Figure 4.³²

Figure 4: Key components of the Drug Court model

1. *Drug Courts integrate alcohol and drug treatment services within a court room setting.*
2. *Using a non-adversarial approach, prosecution and defence counsel promote public safety while protecting participants' due process rights.*
3. *Eligible participants are identified early and are promptly placed in the Drug Court program.*
4. *Drug Courts provide access to a broad range of alcohol, drug, and related treatment and rehabilitation services to participants.*
5. *Substance use is frequently monitored and transparently reported to the judicial officer and participants.*
6. *Participants can receive court-issued sanctions and be provided with incentives to encourage positive behaviour change and compliance with the conditions of their court order.*
7. *Regular participant and judicial officer interaction can build trust with Drug Court processes.*
8. *Monitoring achievement of participant program goals is necessary to understand the effectiveness of interventions upon participants.*
9. *A multidisciplinary team with broad capabilities can be responsive to a broad range of issues and complexities that may be experienced by participants.*
10. *Forging partnerships among Drug Courts, public agencies, and community-based organisations generates local support and enhances Drug Court program effectiveness.*

2.3.1 Key elements of Victorian Drug Courts

Primary research undertaken in this evaluation, in particular observations of Drug Courts in session, have identified that all Victorian Drug Courts broadly adhere to the 10 key components highlighted in Figure 4. Secondary research has also highlighted that of the five iterations of Drug Courts across Australian jurisdictions, there are key components of the Drug Court that are consistently applied and supported by evidence-based practice.³³

³¹ Magistrates' Court of Victoria (2022) Drug Court, available at: [Drug Court | Magistrates Court of Victoria \(mcv.vic.gov.au\)](https://www.mcv.vic.gov.au).

³² National Association of Drug Court Professionals United States (1997), Defining Drug Courts: The key components, US Department of Justice, Office of Justice Programs, Drug Courts Program Office.

³³ Clarke, A. (2018). Justice, rehabilitation and reintegration: evaluating the effectiveness of Drug Courts in Australia. [Doctoral Thesis, Charles Sturt University]. Charles Sturt University.

The following points outline the elements of the Victorian Drug Courts that are specific to the Victorian context but are mostly aligned with international and national approaches for Drug Courts.

Drug and Alcohol Treatment Order (DATO)

A DATO is a flexible sentencing option that allows the Drug Court to issue orders and conditions that are reflective of the specific needs and risks of participants. Having participants within the community, as opposed to custody, enables the Drug Court team to facilitate consistent and longer-term treatment pathways.³⁴ Section 18X(1) of the Sentencing Act³⁵ states that the aims of the DATO are:

- a) to facilitate the rehabilitation of the offender by providing a judicially supervised, therapeutically oriented, integrated drug or alcohol treatment and supervision regime;
- b) to take account of an offender's drug or alcohol dependency;
- c) to reduce the level of criminal activity associated with drug or alcohol dependency; and
- d) to reduce the offender's health risks associated with drug or alcohol dependency.

Offenders placed on a DATO must comply with various requirements across an intensive, three-phase program in the MCV and a four-phase program in the CCV, whilst actively engaging in therapeutic treatment supervised by a judicial officer.³⁶ Compliance with a DATO is punitive through the Incentives and Sanctions Framework where participants can be rewarded for demonstrating pro-social behaviours and regular engagement with therapeutic interventions or sanctioned for continued substance use or disengagement with program activities.

Table 1 outlines the key components and differences between the application of a DATO within the Magistrates' Court and County Court jurisdictions.

Table 1: Composition of a Drug and Alcohol treatment Order (DATO)

Component	Description	
	Magistrates' Court of Victoria (MCV)	County Court of Victoria (CCV)
Custodial component³⁷	Sentence of imprisonment to be served within the community to allow the participant to receive supervision and treatment for drug and/or alcohol dependency. The term of imprisonment is fixed and must be no more than <i>two years</i> .	Sentence of imprisonment to be served within the community to allow the participant to receive supervision and treatment for drug and/or alcohol dependency. The term of imprisonment is fixed and must be no more than <i>four years</i> .
Treatment and supervision component³⁸	This component of the DATO consists of: <ul style="list-style-type: none"> Core conditions which operate for the length of the custodial part of the order. Core conditions focus on participant compliance such as reporting to authorities, attending court regularly for review hearings, not committing further offending. Program conditions operate for two years and focus on participant behaviour change and rehabilitation such as regular urinalysis testing, undertaking treatment as directed, education or vocation programs etc.³⁹ 	
	For MCV, this component operates for a maximum duration of two years or until cancelled by a judicial officer pursuant to the Sentencing Act. ⁴⁰	Phase 4 operates after the two-year program conditions with this component operating for a period of two years where the custodial component does not exceed this period. For custodial component exceeding two years, this component will operate for the length of the custodial component (maximum duration of four

³⁴ Victoria Legal Aid (2022), County Court Drug and Alcohol Treatment Court Pilot.

³⁵ *Sentencing Act 1991* (Vic) s.18X.1.

³⁶ Victoria Legal Aid (2022), County Court Drug and Alcohol Treatment Court Pilot.

³⁷ *Sentencing Act 1991* (Vic) s.18ZC(3).

³⁸ *Sentencing Act 1991* (Vic) s.18ZC(4)-(7).

³⁹ Magistrates' Court of Victoria (2022) Drug Court, available at: [Drug Court | Magistrates Court of Victoria \(mcv.vic.gov.au\)](https://www.mcv.vic.gov.au).

⁴⁰ *Sentencing Act 1991* (Vic) ss.18ZK, 18ZN or 18ZP.

Component	Description	
	Magistrates' Court of Victoria (MCV)	County Court of Victoria (CCV)
		years) or until cancelled under the Sentencing Act. ⁴¹

Eligibility criteria and assessment of Drug Court participants

Access to a DATO requires individuals to meet all eligibility requirements. To be successfully referred to the Drug Court, an individual must be located within the gazetted catchment area of a Drug Court and meet the criteria shown in Table 2.⁴²


Table 2: Eligibility requirements of the Victorian Drug Courts.

Magistrates' Court of Victoria (MCV) ⁴³	County Court of Victoria (CCV) ⁴⁴
<p>The accused individual must:</p> <ul style="list-style-type: none"> • be dependent on drugs and/or alcohol that contributed to their offending; • be facing an immediate term of imprisonment not exceeding two years; • be facing charges that are not sexual offences or involve the infliction of actual bodily harm unless the court is satisfied that it is minor in nature; • not be subject to a parole order or sentencing order of the County or Supreme Court; and • have plead guilty to the offence(s). 	<p>A candidate must:</p> <ul style="list-style-type: none"> • be able to demonstrate a drug or alcohol dependency; • be able to demonstrate a connection between the dependency and the index offending; • plead guilty; • be facing an immediate term of imprisonment not exceeding four years; • at the time of referral, usual place of residence is within the gazetted postcode area; • not be charged with an offence for which a sentence of four years imprisonment would be manifestly inadequate, be charged with a sexual offence, be charged with an offence involving the infliction of actual bodily harm; • not be charged with a statutorily excluded offence; • not be charged with contravening a supervision order or interim supervision order; • be subject to a parole order or a sentence of the Supreme Court; • not be on a Community Corrections Order (CCO) at the time of making the DATO; and • consent to the DATO.

2.3.1.1 The multidisciplinary Drug Court team

The Drug Court judicial officer has responsibility for the supervision of offenders who have been issued a DATO. The judicial officer is assisted by a multidisciplinary team of professionals (see Table 3 below).

Table 3: Victorian Drug Court Team

Team	Roles and Responsibilities ⁴⁵
 <p>Judge/Magistrate</p>	<p>Judicial officer leads the Drug Court team and monitors and motivates participant progress. They determine incentives or sanctions depending on the participant's ongoing compliance and progress with the program based on recommendations from the multidisciplinary team. Participants interact with the magistrate or judge when they attend court for their review hearings.</p>







⁴¹ Ibid.

⁴² Magistrates' Court of Victoria (2022) Drug Court, available at: [Drug Court | Magistrates Court of Victoria \(mcv.vic.gov.au\)](https://www.mcv.vic.gov.au/drug-court).

⁴³ Ibid.

⁴⁴ County Court of Victoria (2022), Eligibility criteria for a Drug and Alcohol Treatment Order (DATO), pages 1-2.

⁴⁵ Magistrates' Court of Victoria (2022). Drug Court, Specialist Courts and Programs Fact Sheet 4.

Team	Roles and Responsibilities ⁴⁵
 Case Manager	<p>Case managers work alongside participants to develop program goals, explore a range of interventions aimed at reducing risk of reoffending and address psychosocial needs (including housing). The case manager supports participants in complying with their program requirements. Case managers are the participants' main point of contact during the program. In the MCV, case managers are Corrections Victoria employees, whilst in the CCV, they are employed by Court Services Victoria.</p>
 Lawyer	<p>Victoria Legal Aid lawyers provide legal advice throughout the program and represent participants at review hearings. The lawyer may advocate for the participant when the court is deciding to issue or remove a sanction based on instructions from the participant.</p>
 Housing Services	<p>Drug Court program staff are the point of connection between the Judiciary and the housing services. When sentencing to Drug Court, the case manager and housing worker assess need and make support arrangements. Court staff will work with the housing service provider to identify emergency accommodation (if required) and advise the Court of the outcome. Information about the individual's engagement with the housing services is made available to the Court. Participants with an identified need are supported to find longer-term housing and receive housing case management and tenancy skills supports. The housing worker participates in case-conferencing with the rest of the multidisciplinary team to provide advice to the judicial officer on housing options available.</p>
 Drug and Alcohol Counsellor	<p>Drug and alcohol counsellors provide participants with professional counselling services aimed at reducing substance use, minimising harms and addressing the underlying contributing factors to substance use. They are also available to provide family counselling services as required. In the MCV, counsellors operate externally to the court whilst in the CCV, they are part of the internal team.</p>
 Clinical Advisor	<p>Clinical advisors work with participants to ensure the right treatment plan is developed to address drug and/or alcohol, mental health and other complex needs. Participants will initially have weekly meetings with clinical advisors and participants may contact them for medical or health issues that may affect compliance with their DATO requirements.</p>
 Police Prosecutor	<p>Police prosecutors/lawyers represent the community in the Drug Court. Their role is to ensure participants are kept accountable to community expectations and to coordinate compliance with DATO conditions, such as curfew checks and non-association orders.</p>

Application of incentives and sanctions:

Incentives and sanctions are used by the court as behaviour change techniques to encourage positive behaviour from Drug Court participants and support engagement in treatment.⁴⁶ Utilising incentives and sanctions is a key, defining feature of Drug Courts across the world and is regarded as best practice in Drug Court design.⁴⁷ The judicial officer can order incentives or sanctions as per the powers set out in the Sentencing Act. The power to reward compliance with conditions is set out in Section 18 ZJ (incentives) and the power to order consequences for failing to comply is set out in Section 18 ZL (sanctions). Incentives are used to acknowledge a participant's positive progress and to encourage ongoing compliance with the program. Complementing the encouragement of compliant behaviour is the discretion to escalate sanctions to address non-compliant behaviour, with sanctions intended to motivate participants to comply with the conditions of the DATO. Incentives and sanctions that may be applied during the program are provided in Table 4.⁴⁸

⁴⁶ Magistrates' Court of Victoria (2022). Drug Court, Specialist Courts and Programs Fact Sheet 11.

⁴⁷ National association of Drug Court Professionals, 2015, *Adult Treatment Court Best Practice Standards*, *Adult Treatment Court Best Practice Standards - All Rise*.

⁴⁸ Ibid.

Table 4: Drug Court incentives and sanctions

Incentives	Sanctions
Verbal praise/encouragement	Verbal warning
Advancement to the next program phase	Demotion to an earlier phase
Decreased supervision	Increased supervision
Decreased court appearances	Increased court appearances
Reduced drug testing	Increased drug testing
Practical incentive and food vouchers	Imposition of a curfew
Reduced unpaid community work	Unpaid community work
Reduced periods of incarceration	Temporary custody stays
Successful Program Completion	Termination of participation in the program

Where appropriate, the judicial officer has the power to activate the custodial component of the DATO to impose a short term of imprisonment in response to DATO non-compliance. The minimum period of imprisonment that can be imposed is seven days.⁴⁹ Therapeutic responses may also be imposed where participants have been honest to the court about their substance use. These may include homework tasks, court observations, attendance at programs such as Narcotics Anonymous and SMART recovery and/or attending physical activity groups with an aim to assist participants to better understand their relationship with drugs and/or alcohol and improve overall health and wellbeing.⁵⁰

The eligibility criteria of Drug Courts requires that the accused is facing an immediate term of imprisonment. This approach is designed to ensure that a DATO is a proportional sentencing response and enables the judicial officer to impose sanctions as imprisonment days that are served if the participant is not complying with the order, activating a portion of the term of imprisonment to which the participant has been already sentenced. Sanctions and incentives are always delivered at the discretion of the judicial officer, with consideration of recommendations from the multidisciplinary team, allowing for flexibility and nuance in responding to the individual circumstances of each participant and their corresponding treatment plan. While judicial discretion is not constrained, judicial officers also understand that proximate and consistent application, and if necessary, activation, of imprisonment sanctions is key to behavioural change and this can be challenging for some participants.

2.3.1.2 Progression through the Drug Court phases

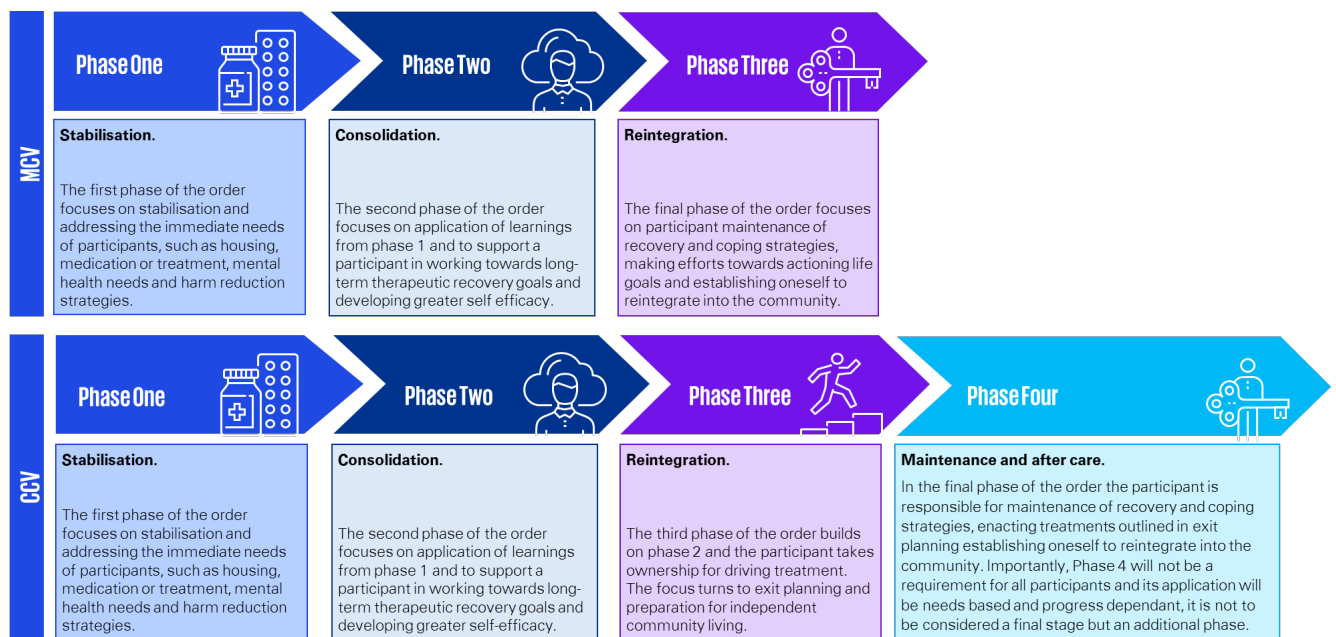
A DATO in the MCV consists of three key phases, each containing different treatment requirements and expectations of the participant (see Figure 5 below). A DATO in the CCV includes an additional phase for those requiring treatment and support, after the 2 years of program conditions have ended. Phase 4 (Maintenance and after care) is available to participants who require additional support while they complete their core conditions. Progression to Phase 4 is a decision by the Judge in consultation with the treating team, not all participants will require the Phase 4 after care.

To progress from a lower phase to a higher phase, a participant must have achieved all the goals of their current phase and meet certain phase progression criteria. The judicial officer determines whether a participant is ready to progress to a higher phase based on feedback from the broader Drug Court team on the participant's progress in treatment, levels of compliance with their DATO conditions, and evidence presented by the participant describing how they have achieved their goals in the current phase.

⁴⁹ *Sentencing Act 1991* (Vic) s.18ZM(3).

⁵⁰ Magistrates' Court of Victoria (2022). Drug Court, Specialist Courts and Programs Fact Sheet 11.

Figure 5: Phases of a Drug and Alcohol treatment Order (DATO)



Source: KPMG (2023), adapted from the Magistrates Court of Victoria (2022).

Progression from Phase 1 (stabilisation phase) to Phase 2 (consolidation phase) requires participants to have spent a minimum of three months on Phase 1 and to have demonstrated reduced offending, control of substance use, consistent attendance and engagement in all appointments (including review hearings), willingness to take steps towards change through rehabilitation, stable housing, financial stability and budgeting skills, and reduced contact with criminal peers and/or co-offenders.⁵¹

Progression to Phase 3 (reintegration) requires participants to spend a minimum of three months on Phase 2 (consolidation phase). They must demonstrate all requirements listed in the first progression above, with the addition of no new offences, control of drug use (abstinence for four to eight weeks), active participation in AOD treatment, including taking prescribed medication, active addressment of underlying medical and psychological issues, and education or training, or proof of employment or an education plan.⁵²

Progression to Phase 4 at the CCV (maintenance and after care) is an option for participants who have not successfully completed Phases 1-3, or need additional oversight of their compliance to complete the core conditions of their DATO. At Phase 4 (maintenance and after care), treatment support provided by the Drug Court ceases and participants are expected to take full ownership of their recovery while serving the remainder of their sentence in the community. Importantly, Phase 4 will not be a requirement for all participants and its application will be needs based and progress dependant, it is not to be considered a final stage but an additional phase. When participants are not making progress on a higher phase, the Court may temporarily change their DATO conditions, which may include imposing extra conditions, or demote participants to a prior phase.⁵³

Completion of the Drug and Alcohol Treatment Order

The DATO in the MCV expires two years from the date it was imposed and may be finished in one of four ways: graduation, completion, cancellation as an incentive, or cancellation.⁵⁴ A DATO in the CCV expires between two to four years from the date it was imposed, depending on the imprisonment sentence and corresponding custodial order. It may be finished in one of three ways: completion, cancellation as an incentive, or cancellation.⁵⁵ Each method is summarised in Table 5.

⁵¹ Magistrates' Court of Victoria (2022). Drug Court, Specialist Courts and Programs Fact Sheet 11.

⁵² Ibid.

⁵³ Magistrates' Court of Victoria (2022). Drug Court, Specialist Courts and Programs Fact Sheet 10.

⁵⁴ Sentencing Act 1991 (Vic) s.18ZC.

⁵⁵ Sentencing Act 1991 (Vic) s. 18ZD(1A).

Table 5: Drug and Alcohol Treatment Order exit pathways

DATO Exit Pathway	Description
Cancellation as an incentive	The judicial officer may, on their own initiative, cancel the DATO as an incentive if they consider the participant has fully or substantially complied with their DATO conditions and the continuation of the order is no longer necessary to meet the purposes for which it was made. The judicial officer is unable to cancel the DATO as an incentive if the program conditions within the treatment and supervision component have ceased to operate.
Graduation	A participant may graduate when they achieve all the goals of Phase 3 and meet the graduation criteria by the time their DATO expires. The custodial and program components of the DATO are cancelled in this situation. A participant must demonstrate achievement of all treatment goals, sustained periods of abstinence from drug use, maintenance of independence from criminal and drug-using peer group, no further offending in the previous six months, fiscal responsibility, maintenance of physical and mental wellbeing, demonstrated reliability and punctuality in appointment attendance, stable accommodation, development of a comprehensive exit plan in consultation with the Drug Court team, and in the event of a lapse, the participant has shown the ability to successfully implement relapse prevention measures, engagement in training, study, volunteering or employment and evidence of positive community engagement and support.
Completion	A participant satisfactorily complies with the requirements (at least) Phase 1 conditions but has not graduated by the time the DATO expires. A participant must demonstrate reduced contact with anti-social peer groups, no further offending, proven reliability of attendance at appointments, stable accommodation, development of a comprehensive exit plan with the Drug Court team, attendance to immediate physical and mental health and wellbeing concerns, demonstrated control over drug and alcohol use and progress toward achievement of treatment goals in a participants' current phase. Both the treatment and supervision and the custodial components of the DATO are cancelled.
Cancellation	<p>If a participant fails to comply with the DATO or commits further offending, the DATO may be cancelled. A participant may be ordered to serve part of their custodial term or may be re-sentenced. In the MCV, an application can be made by the court, the police prosecution, Corrections Victoria or the participant. Similarly, in the CCV an application can be made by the court, the Prosecution, a member of the DATC team or the participant.</p> <p>Following consideration of this application, the judicial officer may cancel the treatment and supervision component of a DATO if they are satisfied on the balance of probabilities that before the DATO was made, the participant's circumstances were not accurately presented to either the Drug Court or the authority of the assessment reports or that the participant will not be able to comply with a certain condition attached to their DATO because their circumstances have materially changed since the order was made. Cancellation can also occur if the participant is no longer willing to comply with one or more conditions attached to the DATO or continuation of the treatment and supervision component of the DATO is not likely to achieve one or more of the purposes for which it was made.</p>

Source: KPMG (2023), adapted from the Magistrates Court of Victoria (2022) and County Court of Victoria Drug and Alcohol Treatment Court Practice Note (2021).

The core features of the Drug Courts, as described above, reflect the consistent application of Drug Courts, and utilises over 20 years or international and Australian development of Drug Courts. The Victorian Drug Court model was designed consistent with international Drug Court operating approaches at the time,⁵⁶ with regional variations to suit the Victorian justice system.⁵⁷ The model remains consistent in Victoria and in other international settings – albeit with changes to treatment approaches, particularly as the choice of drugs has shifted over the years.

2.4 Evaluation scope and method

This section outlines the evaluation methodology, as well as various research methods used to inform the evaluation. Where the evidence permits, the method and findings will focus on the Drug Court's three pilot sites located at the County Court, the Ballarat Magistrates Court and the Shepparton Magistrates Court because these sites are considered lapsing programs. Evaluation of the Melbourne and Dandenong Drug

⁵⁶ Freiberg, A (2002), Drug Courts: Sentencing Responses to Drug Use and Drug-Related Crime. *Alternative Law Journal*, 27(6), 282-286.

⁵⁷ Most notably, Australian models of Drug Courts differ from those in the United States in terms of eligibility criteria, where Australian jurisdictions generally only impose a Drug Court when the accused is facing a term of imprisonment.

Courts, which are not lapsing programs, have been included in this evaluation's scope because these sites have been in operation for a longer period of time and bring additional research input not yet available at the pilot sites to support consideration of outcomes.

Consistent with the RMF, the evaluation's Project Control Group (PCG) outlined the Key Evaluation Questions that are to be addressed in this evaluation (see Figure 3). The PCG has also overseen delivery of this evaluation and contains representatives from MCV, CCV and CSV, the Departments of Premier and Cabinet, Treasury and Finance and Justice and Community Safety.

2.4.1 Evaluation methodology

The research team has followed a mixed-methods approach to collect and collate qualitative and quantitative evidence, ensuring the evaluation was appropriately robust and comprised diversity of experience and opinion. The evaluation method comprises the following evaluation inputs and research activities:

- development of an evaluation framework to respond to and further define the KEQs;
- Drug Court site observations at each Drug Court site, including established sites (Dandenong and Melbourne) and pilot sites (Ballarat, Shepparton and County Court);
- individual consultations with judicial officers overseeing each Drug Court site;
- focus groups conducted with numerous stakeholder groups (including multidisciplinary team members; criminal justice stakeholders and housing stakeholders; executive management; clinical advisors involved with the program; Aboriginal stakeholders; and judicial officers);
- stakeholder survey issued to all staff and stakeholders who contribute to the delivery of the Drug Court;
- an economic appraisal that is consistent with DTF's Early Intervention Investment Framework that quantifies the avoided costs stemming from investment in the Drug Courts, aggregated across all sites in Victoria;
- case studies of Drug Court participants were provided by the MCV and CCV to represent the challenges experienced by participants prior to entering the program;
- qualitative interviews conducted and online quantitative survey issued to participants of the program to understand the experience of current and former participants; and
- literature scan and review of program administration and project management documents.

The primary research methods used by the research team were overseen by the PCG and the Justice Human Research Ethics Committee (JHREC).

2.4.2 Reoffending study methodology

Step 1: Defining treatment and control groups

The research team worked with CSV and the Crime Statistics Agency (CSA) to develop a reoffending study that statistically measured the reoffending outcomes of the program. Treatment and control groups were used to compare reoffending outcomes for people who participated in the Drug Court with people who received a mainstream criminal justice response. The treatment group comprised former participants from the most established sites, Melbourne (MCV) and Dandenong, and this was due to the length of time required to determine reoffending outcomes. The treatment group comprised former Drug Court participants who had participated in the program (whether or not completed) between 1 January 2016 and 31 December 2019.

The control group comprised offenders who had the following traits:

- sentenced to custody for a duration ranging between one and two years;
- sentence was active between 1 January 2016 and 31 December 2019; and
- the offender had previously been given a community corrections order with an alcohol or drug treatment condition attached.

Exclusions from the control group were representative of the DATO eligibility criteria. This excluded offenders on parole orders, combined custody/treatment orders, and offenders sentenced by the County or Supreme Courts or charged with certain ineligible offence types. Offenders who currently or had formerly received a DATO were excluded from the control group, as were any individuals recorded by police as deceased.

Step 2: Matching treatment and control groups

The CSA accessed a range of data sources to enable propensity score matching to match traits of individuals in the treatment and control groups – refer Appendix A “Reoffending study methodology”.

Step 3: Assessing treatment effect on reoffending

The CSA assessed the impact of receiving a DATO by examining various reoffending outcomes. These included whether:

- an individual reoffended in the follow-up period;
- the most serious offence committed by an individual during the follow-up period was of (i) high, or (ii) low/medium seriousness; and
- an individual reoffended frequently (10 or more proven heard charges).

These outcomes were assessed over the 24 months from the DATO exit date for the treatment group, or the date the offender was released from prison for those in the control group. CSA’s analysis was conducted via the R statistical programming language, and odds ratios were formulated to assess the average treatment effect on the matched group.⁵⁸

2.4.3 Participant Voice research methodology

The Participant Voice study provided an important opportunity to hear the views and opinions of those who have directly participated in one of the five Victorian Drug Courts. The study allowed for evidence-based insights to be gathered that are informed by lived experience. Individual participant stories and experiences provided this evaluation deeper insights that allowed for more robust evaluation findings.

The Participant Voice study followed a mixed-methods approach informed by a participant survey and a series of semi-structured interviews. Information gathered from the survey and semi-structured interviews has been analysed at a thematic level to ascertain trends and evidence to contribute to answering of the Key Evaluation Questions. The Participant Voice study aimed to understand the participant experience, identifying moments that matter, missed opportunities, pain points and how the Drug Court has enabled improved outcomes.

The evaluation team submitted an ethics application to the Justice Human Research Ethics Committee (JHREC) in June 2023. Following JHREC approval, the research team commenced the Participant Voice study in September 2023.

The sample for the Participant Voice study comprised people who were issued a DATO in any of the five Victorian Drug Court sites. The sample aimed to include participants from a wide range of backgrounds, with the approach to recruitment for the survey and interviews ensuring adequate assessments of risk and harm minimisation strategies to any vulnerable people who may elect to participate.

To enable a representative sample, the research team aimed to obtain a total of 80 responses for the survey sample and an interview sample of 12 participants. Due to various limiting factors and lower participation uptake than anticipated, 61 responses were received for the survey, however 15 interviews were undertaken with participants. As such, a key limitation of this research study is that findings are unable to be

⁵⁸ Ho, Daniel E., Kosuke Imai, Gary King, and Elizabeth A. Stuart. 2011. “MatchIt: Nonparametric Pre-processing for Parametric Causal Inference.” *Journal of Statistical Software* 42 (8): 1–28.

R Core Team. 2021. “R: A Language and Environment for Statistical Computing.” Vienna, Austria: R Foundation for Statistical Computing. <https://www.R-project.org/>.

representative of the broader Drug Court population and recommendations provided by participants may not align with legislation, resources, operational requirements, and other evidence bases.

The research team adopted a five-stage approach to recruiting participants which reflected the complexities, individual needs and vulnerabilities of the Drug Court cohort. The five stages to the recruitment approach consisted of: promotion, direct recruitment, survey participation, pre-screening and interview recruitment and semi-structured interviews. Further detail on participant recruitment can be found at Appendix F.

Program justification



3 Program justification

This chapter discusses how the design and delivery of the Drug Court program is being used to address the needs of participants, the court system and its stakeholders as well as the broader Victorian community. The expansion of the Drug Court to the County Court of Victoria, Shepparton and Ballarat was justified based on the following parameters⁵⁹:

- increased community safety and breaking the cycle of offending;
- long-term reduction in reoffending for drug-related offending;
- a cost-effective alternative to incarceration;
- reduced demand on courts and corrections systems through diversion from prison;
- rehabilitation for people experiencing substance dependence use; and
- targeted health, welfare and criminogenic interventions for participants.

This section will link these parameters with the following Key Evaluation Questions:

- How have economic, environmental and social conditions changed since the Drug Court pilot sites (CCV, Shepparton and Ballarat) were funded and will their continuation meet these conditions?
- What is the scale and nature of drug-related offending in Victoria?
- To what extent does the Drug Court model address the problem of drug-related offending in Victoria and what is the remaining gap?

3.1 How have economic, environmental and social conditions changed since the program was funded and how will continuation of the program meet these conditions?

3.1.1 Cost of substance use and addiction

In 2021, it was estimated that addiction costed an estimated \$80 billion to the Australian economy and the community more broadly.⁶⁰ Importantly, it should be noted that substance use trends across Australia, and in Victoria, have also witnessed the increasing rise of Fentanyl use and the corresponding negative impact this is having in communities.

Justice and law enforcement costs of \$5.8 billion, were the main cost drivers associated with drug-related addiction. Specifically, the main components were the cost of policing services and custodial services, representing \$1.2 billion (21 per cent) and \$1.7 billion (30 per cent), respectively.⁶¹ These costs and related economic considerations have been further discussed in the efficiency chapter (section 6) of this evaluation report.

3.1.2 Substance use trends in Australia and Victoria

Data from the Australian Institute of Health and Welfare's (AIHW) National Drug Strategy Household Survey 2019 highlights that illicit drug use continues to be a significant, ongoing social issue. In 2018, there were

⁵⁹ Drug Court Expansion business case December 2019

⁶⁰ KPMG, Rethink Addiction. (2022). Understanding the cost of addiction in Australia, 4.

⁶¹ Ibid, 30.

1,740 deaths directly attributable to drug use Australia-wide, with opioids present in almost 65 per cent of these deaths.⁶² Victoria's drug-related deaths reached an annual peak of 543 in 2018.⁶³

In 2019, 43 per cent of Australians aged 14 years and over had indicated they used a drug illicitly at some stage of their life, with 16.4 per cent of that cohort admitting to usage in the past 12 months. This level of recent usage reflects a pattern that has been increasing since 2001. Compared to 2001 results, the survey found that rates of harmful substance use are declining among younger generations. Whilst rates of harmful use among older demographics increased over this period, rates remained stable for people in their 30s and decreased for people under 30. Notably, recent use of cocaine has been increasing since 2004, and is currently at its highest level in the last 18 years. Amphetamine use has been declining nationally since it peaked in 2001 at 3.4 per cent of the Australian population and has now stabilised at 1.3 per cent.⁶⁴ In 2019, methamphetamine (ice) was the most frequently used stimulant substance, with its usage more frequent than cocaine and ecstasy. As Ice is usually the purest form of meth/amphetamines, it presents the most adverse risks and responses to users and the community, including the comedown and the potential for dependence.

Illicit substance use in Victoria has been increasing since 2007, marked by a rise in methamphetamine and polysubstance use. Cannabis is the most commonly used illicit drug by Victorians, with Victoria having recorded the highest rate of heroin use of any state across Australia, with use concentrated in the metropolitan areas.⁶⁵

The National Wastewater Drug Monitoring Program recently reported, for the period between August 2016 and April 2023, an apparent general increase in alcohol and oxycodone consumption across Australia. In the same report, Melbourne and Regional Victoria recorded the highest national detection rates for ketamine, Melbourne the highest rate for heroin, and regional Victoria the highest rate for oxycodone⁶⁶ and

episodes of care in Victoria related to amphetamine use have increased four-fold since 2010-11 and those related to gamma hydroxybutyrate (GHB) use have also shown a significant recent increase, from very low levels, substantiating the observations of Drug Court stakeholders that GHB represents an emerging serious risk, notably when it is mixed with other drugs such as methylamphetamine.⁶⁷

Regarding Victorians who use drugs on a weekly basis, methamphetamine (including Ice) was the second most commonly used drug⁶⁸, with higher usage recorded in regional areas.⁶⁹

The shift of the Drug Court into regional locations, while supported by the research relating to prevalence of problematic drug use, also had positive impacts on other parts of the system, with stakeholders noting that the regional Drug Courts (Shepparton and Ballarat) have “prompted us to engage differently with courts – in how we support the expanded model and take a different approach to ways of working and monitoring compliance”⁷⁰

The AIHW survey indicated there may be a higher propensity for individuals with mental illness to engage in drug use, where it may be used for immediate relief from symptoms, or illicit drug use may trigger a first episode in what may become an enduring mental illness. Figure 6 also demonstrates an increasing trend in people with psychological distresses and those diagnosed or treated for a mental illness that have used an illicit drug in the preceding 12 months.

Drug Court stakeholders consulted for this evaluation emphasised that comorbid substance use and mental illness was common for people who are considered eligible for a DATO. These stakeholders also reported that undiagnosed mental illness was common for DATO-like cohorts.⁷¹ This view was re-affirmed by judicial

⁶² Australian Institute of Health and Welfare. (2020). National Drug Strategy Household Survey 2019.

⁶³ Coroner's Court (2022). Overdose deaths in Victoria continue to decline in 2021

⁶⁴ Ibid.

⁶⁵ Australian Criminal Intelligence Commission. (2019). National Wastewater Drug Monitoring Program – Report 7.

⁶⁶ Report 20 National Wastewater Drug Monitoring Program, Australian Criminal Intelligence Commission, 2023

⁶⁷ Evaluation of the Drug Courts of Victoria – Interim Evaluation Report, KPMG, January 2023

⁶⁸ Australian Institute of Health and Welfare. (2020). National Drug Strategy Household Survey 2019.

⁶⁹ Australian Criminal Intelligence Commission. (2019). National Wastewater Drug Monitoring Program – Report 7.

⁷⁰ Criminal Justice System Focus Group Notes

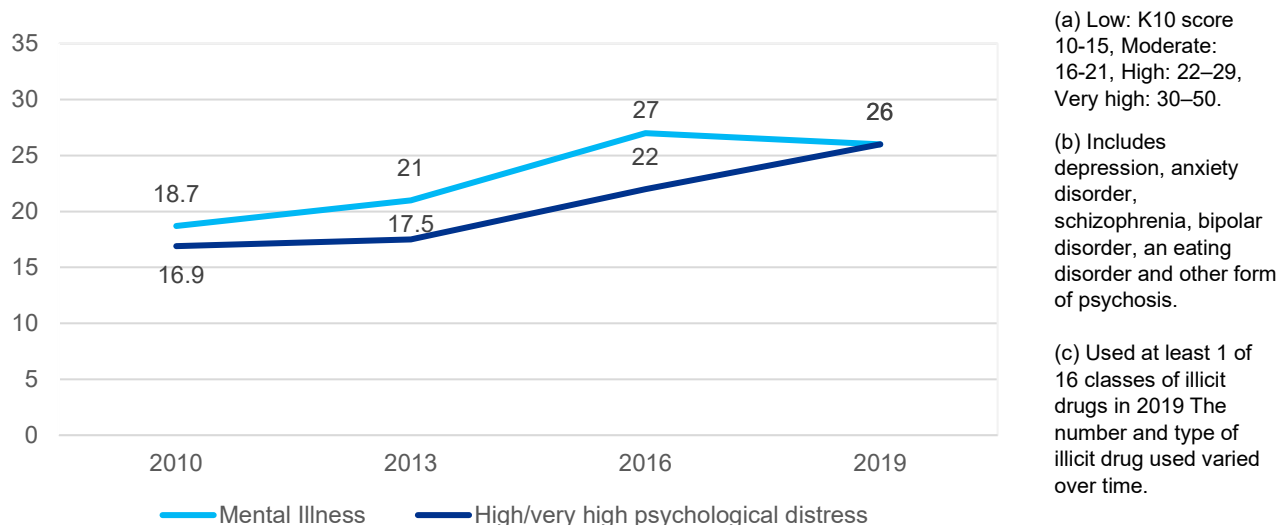
⁷¹ Drug Court evaluation stakeholder focus group with clinical advisors.

stakeholders who also highlighted trauma and mental health as two of the biggest challenges Drug Court participants present with prior to engaging with the program.

“Many [Drug Court participants] have a history of disadvantage and neglect through childhood, exposure to significant trauma, undiagnosed mental health or other conditions, ADHD or intellectual impairment and have had to struggle along in mainstream life, and then found this wonder drug on street to self-medicate and they have then spent the bulk of their adult lives in custody”.⁷²

- Drug Court stakeholders

Figure 6: Psychological distress (a) and people diagnosed or treated for a mental illness (b) who used any illicit drug (c) in the past 12 months, aged 18 and over, 2010–2019 (per cent)⁷³



In Victoria the COVID-19 pandemic presented a range of challenges for the community, with four main waves of COVID-19 experienced between 2020 and 2021. The Australians’ ‘Drug Use: Adapting to Pandemic Threats (ADAPT)’ study assessed the impact of the COVID-19 pandemic on individuals who had used illicit drugs at least once a month in 2019. Results from 197 participants demonstrated that during waves 1-4 of the pandemic, between 30-50 per cent of respondents reported increased consumption within each wave, with meth/amphetamine and ketamine demonstrating consistently higher perceived increased consumption amongst participants.

Data collected by the Victorian Alcohol and Drug Collection (VADC) shows the number of episodes of care for illicit substances in all categories have fluctuated year on year (see Figure 8 below).⁷⁴ Episodes of care is a key measure that represents the level of service demand for health services. An increasing number of care episodes stemming from harmful substance use can adversely impact the availability of services for the broader community.

It has been estimated approximately 43 per cent to 73 per cent of the potential treatment population across Australia cannot access adequate and timely substance use support services,⁷⁵ because of limited resources and prolonged wait times for addiction treatment in the public health system. Accessing specialist support within the AOD sector often requires consumers to move between services, increasing the risk of dropping out of treatment altogether. Navigating the service system can be further compounded by service gaps in

⁷² Judicial Stakeholder Focus Group Notes.

⁷³ Australian Institute of Health and Welfare. (2020). National Drug Strategy Household Survey 2019.

⁷⁴ Victorian Alcohol and Drug Collection. (2023). AODstats, available at <https://aodstats.org.au/explore-data/treatment-services-vadc/>.

⁷⁵ Ritter, A., Chalmers, J., & Gomez, M. (2019). Measuring unmet demand for alcohol and other drug treatment: the application of an Australian population-based planning model. *Journal of Studies on Alcohol and Drugs* (Supplement 18), 42-50. In estimating treatment demand across Australia, the main estimate produced predicted that the treatment demand would be for 593,951 people in Australia over one year (Table 6).

rural and regional communities that do not have specialist capability to respond to the needs of people with complex addiction patterns.⁷⁶

Figure 8 demonstrates that substance-related episodes of care have had year-on-year increases in Victoria. Figure 7 and Figure 10 shows that episodes of care related to amphetamines and, more recently, GHB (gamma hydroxybutyrate) are also increasing in Victoria. The increase in episodes of care for GHB shown in Figure 10 is consistent with the views of key Drug Court stakeholders who identified an emerging trend of harmful polysubstance use patterns such as ‘wet meth,’ where methamphetamine is used concurrently with GHB, are creating new challenges for Drug Court clinical advisors and addiction counsellors.

Figure 7: Number of Episodes of Care for Amphetamine in Victoria

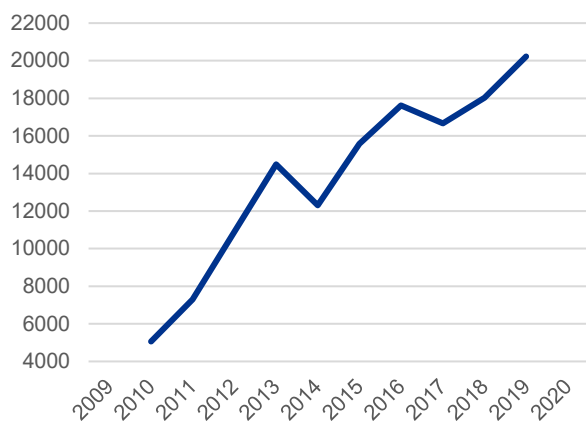


Figure 8: Number of Episodes of Care for Illicit Drugs in Victoria

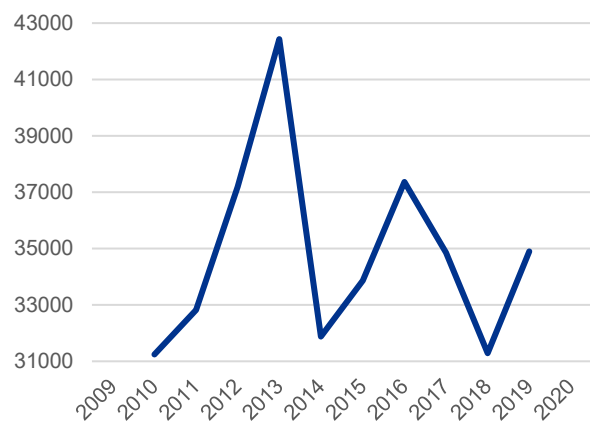


Figure 9: Number of Episodes of Care for Heroin in Victoria

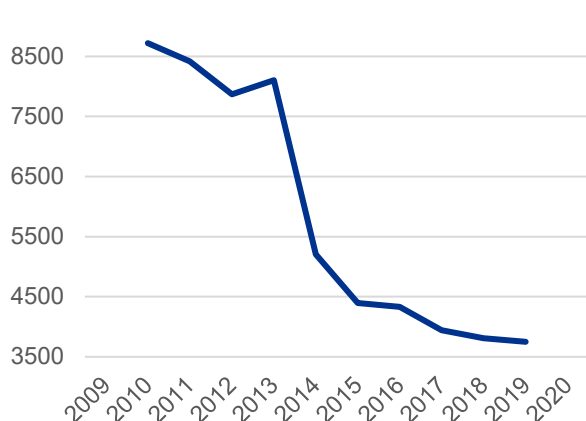


Figure 10: Number of Episodes of Care for GHB in Victoria



Source: KPMG (2023), adapted from the Victorian Alcohol and Drug Collection AOD stats (2023).

Conversely, the number of episodes of care for heroin has significantly decreased over time (see Figure 9 above). It is worth highlighting that whilst the number of episodes of care for illegal substance(s) in Victoria is a useful indicator of treatment levels, and by extension usage in Victoria, it does not accurately reflect total usage as a lack of access to drug treatment services in rural and remote communities.⁷⁷

Victorian Drug Courts, like the Alcohol and other Drugs (AOD) service sector, have experienced challenges in treating participants with GHB and methamphetamine use patterns, which has been exacerbated by a lack

⁷⁶ KPMG, Rethink Addiction. (2022). Understanding the cost of addiction in Australia, p. 15.

⁷⁷ Australian Institute of Health and Welfare. (2016). Alcohol and other drug use in regional and remote Australia: consumption, harms and access to treatment.

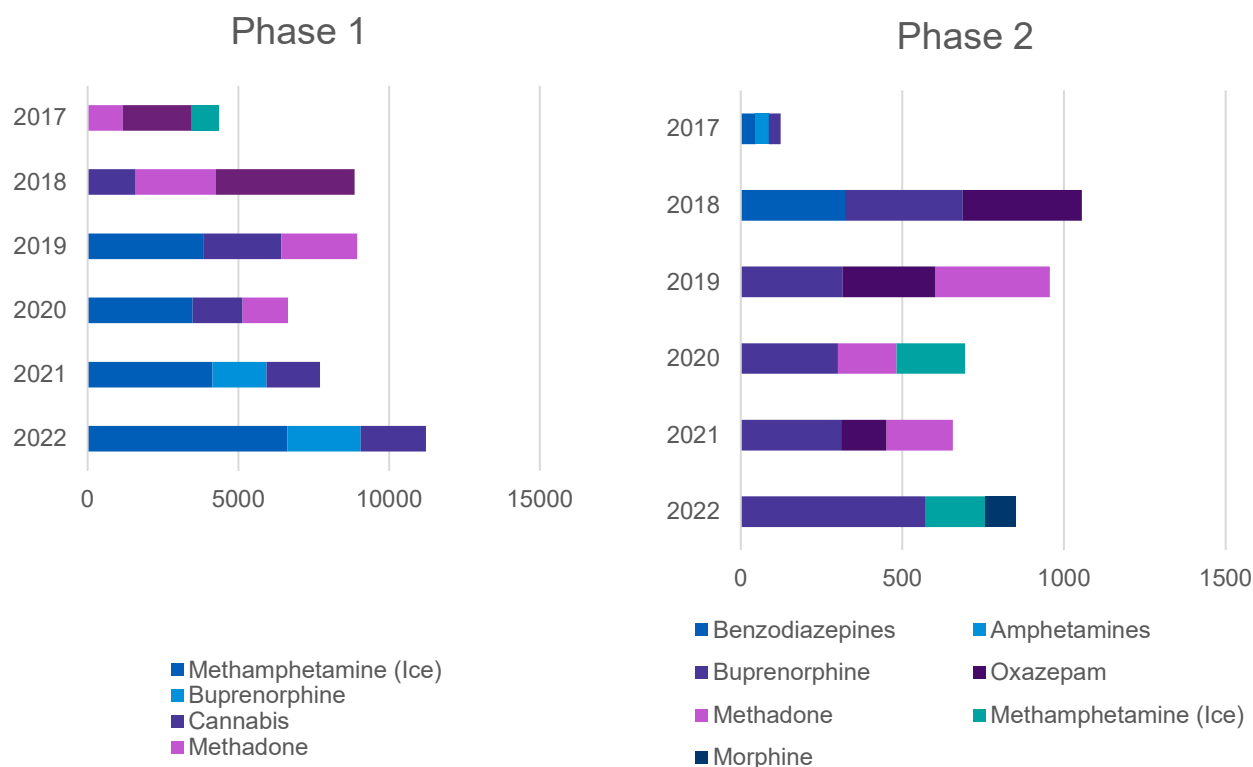
of supporting evidence and clinical knowledge. Pharmacological substitution treatment for GHB has shown indicative effectiveness, especially when provided with Cognitive Behaviour Therapy (CBT) interventions.⁷⁸ Other studies reviewing treatment options for methamphetamine abuse concluded that no single medication was able to demonstrate efficacy.⁷⁹

The major challenge in treating addictive disorders pharmacologically is the absence of medications for stimulant disorders, such as methamphetamine.⁸⁰ In contrast, there are numerous substitution treatments available for opioids. Alcohol and other drug (AOD) clinicians rely on CBT due to the lack of alternate treatment options available and have limited secondary options to apply if CBT is ineffective for the individual.⁸¹

The literature and publicly available datasets indicate that problematic substance use trends reflect increased rates of substance-related episodes of care. Over the past 10 years, the types of substances being used by people presenting for episodes of care has changed with notable increases in GHB and meth/amphetamine use.

Figure 11 details urinalysis data from participants across the MCV between 2017 and 2022.⁸² As the figures below show, the Drug Court testing data confirms usage is consistent with broader state-wide trends as discussed in sections 3.1.1 and 3.2. DATO participants are polysubstance users and their drugs of choice can be seen to fluctuate across calendar years. This presents a complex operating environment for the Drug Court's multidisciplinary team, as there is a need to treat addictions to several substances concurrently, which is comparatively more complex to treat when compared to treating a single substance.

Figure 11: Top three detected substances per calendar year for participants in Phases 1-3, MCV



⁷⁸ Brunt, TM., van Amsterdam, JG., and van den Brin, W. (2014) GHB, GBL and 1,4-BD Addiction, Current Pharmaceutical Design. *Bentham Science Publisher*; 20(25).

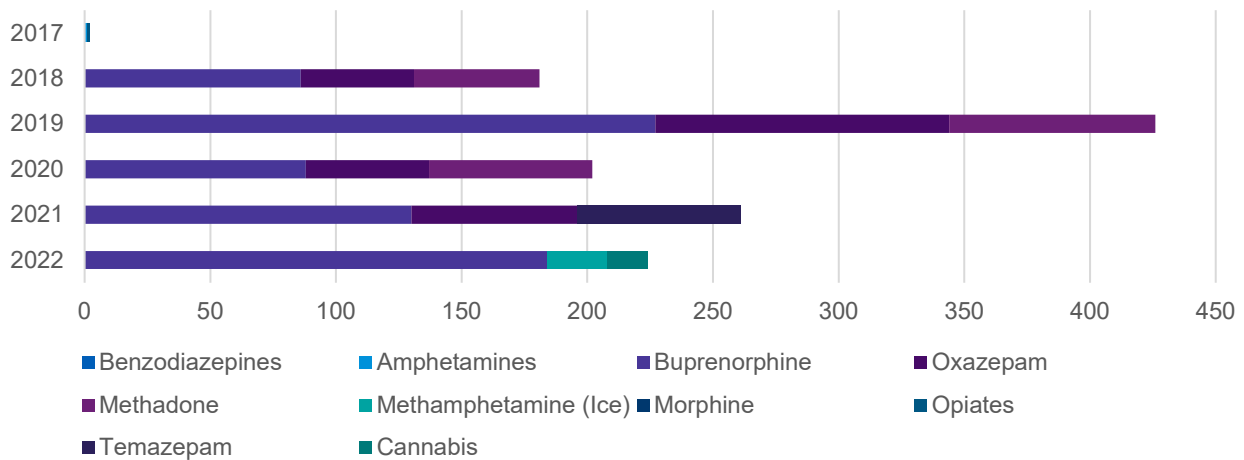
⁷⁹ Brackins, T., Brahm, NC and Kissack, JC. (2011) Treatments for Methamphetamine Abuse: A Literature Review for the Clinician. *Journal of Pharmacy Practice*; 24(6):541-550.

⁸⁰ Lee, N.K. and Rawson, R.A. (2008) A systematic review of cognitive and behavioural therapies for methamphetamine dependence. *Drug and Alcohol Review*, 27: 309-317.

⁸¹ Ibid

⁸² Sourced from MCV Drug Court program database.

Phase 3



Source: MCV Drug Court program management database

Finding	Description
1	Substance use patterns in Victoria have increased since the Drug Court pilot sites were established (in 2021) and these patterns continue to have negative impacts across Victoria. Polysubstance use and prevalence of methamphetamine use continues to be a challenge for AOD clinicians in delivering effective treatment.
2	Substance use and co-morbid mental illness creates additional treatment complexity. The Drug Court utilises evidence informed AOD interventions that are tailored to the participant, including CBT and/or pharmacotherapy substitution to respond to the health and mental health needs of Drug Court participants.
3	The Drug Court model engages an increasingly complex cohort of drug dependent offenders, particularly as the nature of drug use has changed over time (since the initial commencement of the Dandenong Drug Court, when Heroin was a primary drug of concern).

3.2 What is the scale and nature of drug-related offending in Victoria?

The nature of the cohort of Drug Court participants – who are facing immediate terms of imprisonment for their alleged offences and often are offending at a the much more serious end of the spectrum than drug possession and use offences – means that an analysis of recorded drug offences does not adequately describe the scale or nature of the very specific problem the Drug Court is attempting to resolve. However, as a proxy indicator of the scale of drug use that is criminalised in Victoria, it is helpful to understand the broad number of recorded drug offences in Victoria.

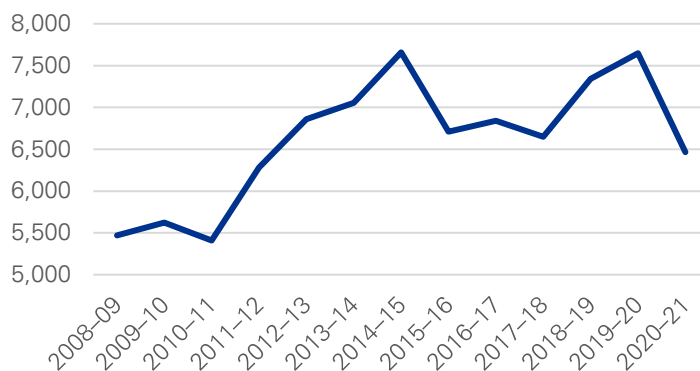
Recorded drug offences in Victoria have remained relatively stable over the past five years, declining slightly from 32,486 drug offences in 2019 to 30,206 in 2023⁸³. However, as noted above, drug offences are not a great proxy for understanding the Drug Court cohort, as participants must be facing a term of imprisonment. To better represent the overall offending pattern in Victoria, total offences can be used. In the past five years, total offences recorded in Victoria have remained stable with a total of 513,470 in 2019 and 506,408 in 2023.

However, when represented as a rate per 100,000 of the population, it is noticeable that recorded offences seems to be declining (7,862.2 in 2019 compared to 7,494.4 in 2023). Nonetheless, given the high volume and high need and risk profile of Drug Court participants, and the overall small numbers of participants suitable for such an intervention, it would appear there remains a similar level of need for the program.

⁸³ Crime Statistics Agency, Recorded Offences, [Recorded Offences | Crime Statistics Agency Victoria](#).

Further data provided by the Australian Bureau of Statistics shows a two-year decline in illicit drug offences prosecuted by Victoria Police (see Figure 12 below).⁸⁴ In 2020-21 it was reported that there were approximately 6,500 drug related offences. The values in Figure 12 are supported by research published by the Sentencing Advisory Council in 2018, which showed that in the 10 years between 2007/08 and 2016/2017, the number of proven charges of drug use offending decreased by 26 per cent (3,143 matters to 2,336). This can be contrasted by the number of proven drug charges which increased by 155 per cent (from 5,737 matters to 14,601) in the same period.⁸⁵

Figure 12: Illicit drug offences recorded in Victoria



However, as noted above, the analysis of recorded drug offences is illustrative only of the scale of drug use that is criminalised in Victoria, and is not reflective of the specific cohort of offenders that are eligible for a DATO. To undertake such analysis, the evaluation worked with CSA to establish a matched cohort of offenders who received a term of imprisonment for the purposes of a outcomes study. During that analysis, over the period of the study (1 January 2016 to 31 December 2019), there were 408 individuals identified in the Drug Court cohort and 506 individuals identified in the potential control group cohort (who received an immediate term of imprisonment).

For the purposes of the reoffending analysis, this number was then reduced to a matched cohort and more information regarding the method is below in section 4. However, for the purposes of assessing the nature and scale of the problem of drug-related offending at the level of seriousness that warrants the level of intervention provided by the Drug Court, the CSA study identified a potential 506 individuals who were sentenced in Victoria's Courts during the study period compared to 408 actual Drug Court participants, suggesting that there is likely to be at least double the number of actual participants who would be suitable for such an intervention.

3.2.1 Reoffending Analysis

Utilising publicly available offending data from CSA it is possible to understand the level of offending of offenders with similar criminal histories and demographic attributes to those that are eligible for Drug Court. On this measure, as detailed at Figure 13, According to publicly available data from the CSA (2023), 80 per cent of offenders with similar criminal histories and demographic attributes to Drug Court participants are likely to reoffend.

Beyond the publicly available data, the evaluation worked with CSA to develop a treatment group of Drug Court participants from MCV Drug Courts between 2017-2019 and create a matched control cohort using data available in the Justice Data Linkage database. The CSA process included 408 unique individuals in the initial treatment group (Drug Court participants) and 506 in the potential control group (people receiving immediate terms of imprisonment).

After propensity score matching there were 349 individuals from the control group matched to 349 (of 408) treated individuals, a match rate of 86%. Reoffending rates were examined by way of proven heard

⁸⁴ Australian Bureau of Statistics. (2021). Recorded Crime – Offenders, available at [Recorded Crime - Offenders, 2020-21 financial year | Australian Bureau of Statistics \(abs.gov.au\)](https://www.abs.gov.au/Recorded-Crime-Offenders).

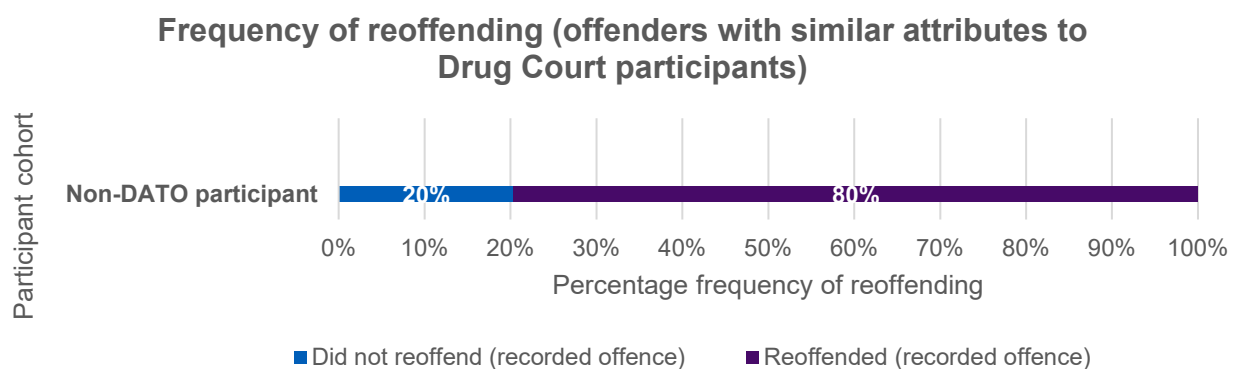
⁸⁵ Sentencing Advisory Council. (2018). Trends in Minor Drug Offences Sentenced in the Magistrates' Court of Victoria, available at: [Trends in Minor Drug Offences Sentenced in the Magistrates' Court of Victoria \(sentencingcouncil.vic.gov.au\)](https://www.sentencingcouncil.vic.gov.au/Trends-in-Minor-Drug-Offences-Sentenced-in-the-Magistrates-Court-of-Victoria)

charge(s) in court in the 2 years post-DATO (treatment group) or exit from prison (control group). After assessing the treatment effect, the results suggest that offenders that received a DATO had a statistically lower chance of reoffending relative to offenders that did not receive a DATO⁸⁶.

Figure 13, below summarises the reoffending rates for people who were identified in a control group developed for the CSA's reoffending study. This group is broadly similar to participants who completed their DATO between 2016 and 2019. Furthermore, these 'non-DATO participants' tend to have multiple reoffences (as detailed in Figure 14). For example, 27 per cent of these offenders were reported to have had 21 to 40 proven charges in the two year period after prison release.

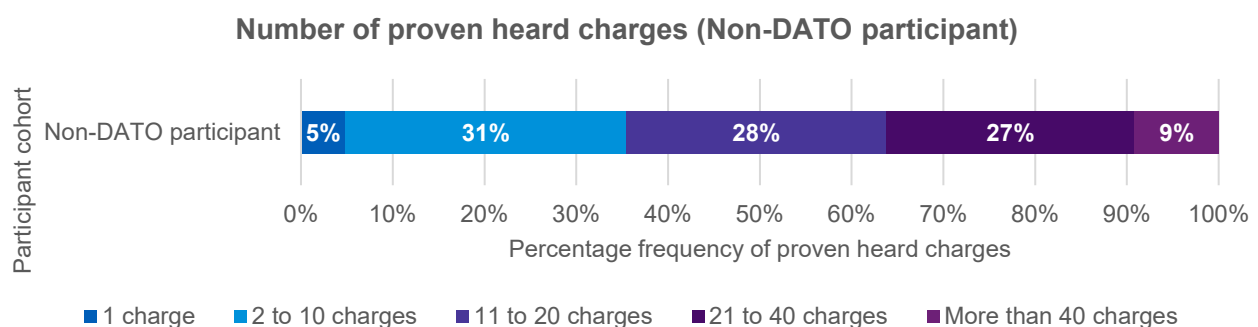
Further information regarding the results of this study are provided in the section 4 of this evaluation.

Figure 13: Frequency of non-DATO participant reoffending (proven charges)



Source: CSA Drug Court reoffending study

Figure 14: Number of proven heard charges for non-DATO participants



Source: CSA Drug Court reoffending study

Finding	Description
4	<p>Proven illicit drug offences in Victoria have remained relatively stable over the past five years, declining slightly from 32,486 drug offences in 2019 to 30,206 in 2023⁸⁷. However, drug offences are not a great proxy for understanding the Drug Court cohort, as participants must be facing a term of imprisonment. To better represent the overall offending pattern in Victoria, total offences can be used. In the past five years, total offences recorded in Victoria have remained stable with a total of 513,470 in 2019 and 506,408 in 2023.</p> <p>When represented as a rate per 100,000 of the population, it is noticeable that recorded offences appear to be declining (7,862.2 in 2019 compared to 7,494.4 in 2023). Nonetheless, given the high volume and high need and risk profile of Drug Court participants, and the overall small numbers of</p>

⁸⁶ CSA Analysis

⁸⁷ Crime Statistics Agency, Recorded Offences, [Recorded Offences | Crime Statistics Agency Victoria](#).

participants suitable for such an intervention, it would appear there remains a similar level of need for the program.

3.3 To what extent does the Drug Court address the problem of drug-related offending in Victoria and what is the remaining gap?

3.3.1 The Drug Court responds to drug-related offending with structured therapeutic interventions

Participants entry into the program

The Drug Court's person-centred delivery approach is aimed at reducing substance use and breaking participant cycles of reoffending through intensive judicial intervention and structured supports, including housing support, alcohol and other drug counselling, clinical advisor support, peer mentorship and engagement with employment. Interviews with Drug Court stakeholders identified the program plays an important role in supporting the most challenging offenders within the community.⁸⁸ These stakeholders reported that without the Drug Court, mainstream sentencing arrangements and support services are not able to provide sufficient intervention intensity to break the cycle of substance dependency and offending.

Drug Court judicial officers reported that the Drug Court can be seen as the service provider of last resort for offenders who would otherwise be facing a term of imprisonment, but with the appropriate level of intensive support and supervision are able to be supervised within the community.⁸⁹ Full-time custodial sentences have been described as not providing an appropriate therapeutic environment for participants to effectively address the risks and causes of their substance use and offending. This was confirmed in interviews with participants who stated that feeling safe and having a 'normal' life enabled better engagement with their rehabilitation.⁹⁰

The interventions and services offered to participants by the Drug Court have been described as substance and offence 'agnostic' and can be tailored to the individual circumstances of the participant.⁹¹ This can also be reflective of prior offending patterns and seriousness of offending. While the intensity of interventions provided by the Drug Court is considered high in comparison to alternate and traditional criminal justice pathways, stakeholders reported the level of intensity is needed for Drug Court participants because of substance dependence. Judicial officers acknowledged that service intensity, sanctions and an incentives framework, as well as wrap around services are core to making the Drug Court an effective intervention for substance dependence drug-related offending.⁹²

Stabilising participants through structured interventions

Many participants prior to entering the Drug Court have persistent underlying health conditions that have not been adequately addressed by public health or justice health services.⁹³ When participants enter the program, they work with the multidisciplinary team to develop a case management plan. These plans will prioritise the immediate health needs with a view to stabilising the participant. Focus groups with clinical advisors identified that the baseline health condition of participants and health literacy is generally low. The multidisciplinary team will prioritise the immediate health needs by referring participants to community-based health providers. Interviewed judicial officers reported these 'quick wins' can stabilise the participant, demonstrate to them that the Drug Court can be helpful and can further ready the participant to engage in the more intensive aspects of the program.

⁸⁸ Interviews with police lawyers and legal aid lawyers.

⁸⁹ Focus group and interviews with judicial officers.

⁹⁰ Interviews with current and former participants.

⁹¹ Interviews with AOD counsellors and clinical advisors.

⁹² Focus group and interviews with judicial officers.

⁹³ Focus groups with judicial officers and clinical advisors

Drug Court clinical advisors can, and do, leverage the experience and advice from their peers at other Drug Court sites, provider agencies, and extensive professional resources to enable a tailored treatment pathway for Drug Court participants. This approach enables the treatment pathway to better address complex physical and mental health challenges being experienced by participants. Insights from key stakeholders found that having a multidisciplinary team provides capacity for information sharing, cooperation and consistency in therapeutic and justice responses.⁹⁴

A therapeutic lever available to clinical advisors, and the Drug Court more broadly, is the development of structured days. Structured days assist in helping participants to focus their time on activities that are conducive to their rehabilitation. Structured days and service intensity is discussed further in Section 4.2. Within any given week whilst on a DATO, participants can be expected to do the following:

- regularly attend and participate in appointments with the multidisciplinary Drug Court team;
- attend review hearings up to two times a week and as directed by the judiciary;
- present for supervised drug and/or alcohol urinalysis;
- engage with drug and/or alcohol, medical, psychiatric or psychological assessments and treatment;
- attend educational, vocational, employment, peer support or other programs; and
- demonstrate compliance with additional DATO conditions, such as residential and curfew conditions.⁹⁵

Past and current Drug Court participants who completed the Participant Voice survey reported that structured interventions were helpful with reducing their substance use and supporting their rehabilitation journeys. Eighty-five per cent of survey respondents stated that the Drug Court program had supported a reduction in their substance use, with 90 per cent reporting a reduction in criminal activity.

Survey respondents who also participated in an interview attributed their rehabilitation progress to the person-centred approach of the Drug Court team, where respondents felt important, supported and worthy of the time and investment. Respondents identified that peer workers or those with lived experience of addiction and custodial environments offered an enhanced sense of hope and confidence that recovery and behaviour change were possible. Survey respondents rated the peer support within the Drug Court program as 7.4/10 in terms of helpfulness and 37 per cent of survey respondents identified peer workers as a helpful support for addressing the relationship between criminal activity and substance use.

3.3.2 The Incentive and Sanctions Framework builds participant understanding of their offending behaviour

The Incentives and Sanctions Framework provides a mechanism for the multidisciplinary team to support participants to change their way of thinking or adjusting unhelpful behavioural patterns.⁹⁶ Interviewed stakeholders acknowledged the framework supports participants to strengthen their logical reasoning, self-awareness of actions and behaviours. It does this by associating pro-social behaviours with an incentive and anti-social behaviour with a sanction. The participant is subsequently aware that the judicial officer will provide the sanction/incentive on the advice of the multidisciplinary team.

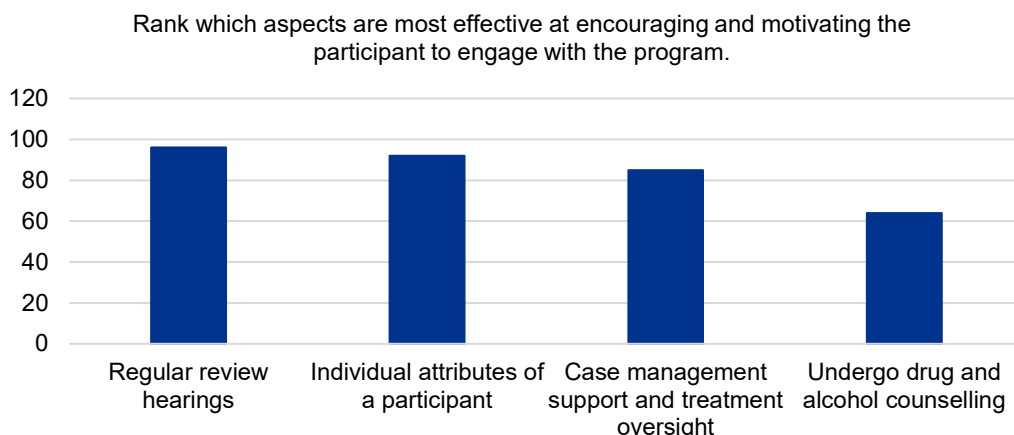
The survey of Drug Court staff and stakeholders asked a question relating to the key aspects that motivate participants to engage with the program (see Figure 15). Stakeholders identified regular review hearings as a primary means to encourage engagement. The review hearing is the mechanism that allows the judicial officer to apply the Incentive and Sanctions Framework in practice. This view was also supported by surveyed participants where 81 per cent and 88 per cent of respondents respectively agreed that sanctions and incentives helped them to gain a comprehensive understanding of the ramifications of their conduct, as well as ensuring accountability for behaviours that are conducive to recovery and barriers to recovery.

⁹⁴ Interviews with multidisciplinary team members.

⁹⁵ Magistrates' Court of Victoria (2023) Drug Court, available at: [Drug Court | Magistrates Court of Victoria \(mcv.vic.gov.au\)](https://www.mcv.vic.gov.au).

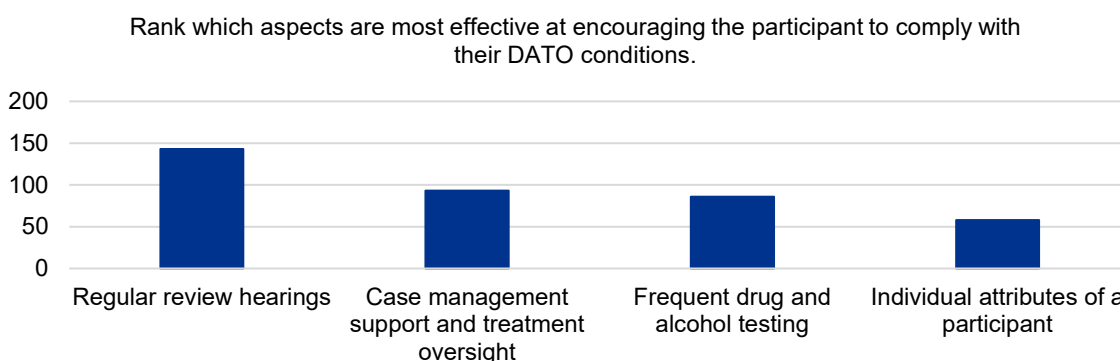
⁹⁶ Drug Court Incentive and Sanctions Framework.

Figure 15: Stakeholder survey results related to participant motivation to engage with the program



Drug Court participants who responded to the survey were also asked to reflect on the elements of the Drug Court model that encourage participants to comply with their DATO conditions. DATO conditions are the legal mechanism by which the judicial officer can require the participant to adhere to the Incentives and Sanctions Framework. As identified in Figure 16, regular review hearings again were again identified by those working in or with Drug Courts as an effective mechanism to encourage compliance with a DATO.

Figure 16: Stakeholder survey results related to compliance with DATO conditions



The evaluation team observed application of the Incentives and Sanctions Framework during review hearings. Judicial officers appeared to understand how strengths-based techniques and motivation tactics could be used to enable positive behaviour change amongst participants.

Interviews with participants, however, demonstrated mixed feedback on the success of incentives and sanctions in motivating positive behavioural change. Some respondents reported that at times, the nature of incentives was perceived as patronising, which may diminish their motivation to change individual behaviours. Interviewed participants shared it was important for incentives and sanctions to be consistently applied amongst their peers and found it difficult if there was perceived inequity in how these were applied. While some respondents minimised their impact and advised they would simply “work sanctions off”, others reported that they found receiving sanctions at an already challenging time counterproductive to their other actions (for example, sanctions for lateness).

The role that incentives and sanctions play in the participant's journey was discussed in detail during the judicial officer's focus group. In particular, the importance of consistency in the application of both incentives and sanctions.

“It's about making sure that we apply [the incentives and sanctions framework] within the legislative framework of the Drug Court – there is a framework in relation to sanctions and rewards and the immediacy of applying those. It is important that we ensure our actions within drug court, and those of the multidisciplinary team, fit with in the legislative model and the ethical context”.

The judicial officers also discussed the importance of the timing of sanctions:

“There needs to be timeliness and certainty of outcomes and consistency in approach. So dealing with same judicial officer weekly, becoming to know what behaviour will elicit what response. That is the key aspect of the behaviour model.”

While feedback on incentives was mixed, respondents on balance found them less motivating than sanctions. As an area for future improvement, participants suggested the nature and delivery of incentives and sanctions are clearly communicated by the Drug Court team to participants to ensure the role and rationale of the framework is well understood. Participants suggested that this may better assist them in recognising the role of the Incentives and Sanctions Framework in supporting positive behavioural change and ensure they feel supported rather than embarrassed, contributing to their overall recovery and success in the Drug Court.

Again, the need for clear messaging around sanctions was discussed during the judicial officer focus group, particularly in the context of the relationship that is developed over time between the judicial officer, the team and the participant.

“It’s about keeping focus on what the therapeutic goals are long term. My expectations are set out pretty clearly with team and participant, I try to keep rigid and formulaic to a degree, bring it back to why they are in Drug Court. They are meant to be in custody. My consistency in the way I do my work, and my list, I had a couple of participants say to me ‘things were different while you were away’ they appreciated that they would get me, they know me, they know the messaging, they like that consistency and that is as interesting in terms of where I sit in the participants journey, they know me know, they know where I sit and what my views of non-compliance would be”.

Interviewed Drug Court stakeholders also reported that, in some cases, participants can become highly focused on the implication of being issued sanctions. This may reflect the nature of a participant’s experience with the criminal justice system, and while the therapeutic team are there to work with participants to strengthen their understanding of the program, the power of the judicial sanction is a core part of the program and is acknowledged as a motivator for ongoing engagement with interventions provided by the multi-disciplinary team.⁹⁷

During the judicial officer focus group, discussion focused on the collective view of sanctions from all participants:

“If I have to implement sanctions and someone is trying to kick off, the other [participants] get very upset. Which is the complete opposite of the prison setting. They adopt the mindset of ‘they all monitor each other, when you have a good cohort sitting together’. The others holding dear that integrity of the program is a core feature of the program”

As previously discussed, the incentives and sanctions framework is regarded as an integral feature of the Drug Court design and is internationally recognised as a best practice feature of treatment courts, particularly Drug Courts.⁹⁸

3.3.3 The Drug Court is addressing gaps around better-defined exit pathways

Access to vocational education and training programs is an ongoing feature of the Drug Court and education is considered a strong, protective factor for overall participant success in terms of long-term reductions in

⁹⁷ Makkai, T., (1998), Drug Courts: Issues and Prospects, *Trends and Issues in Crime and Criminal Justice*, Australian Institute of Criminology.

⁹⁸ National association of Drug Court Professionals, 2015, *Adult Treatment Court Best Practice Standards*, Adult Treatment Court Best Practice Standards - All Rise.

substance use and reduced reoffending.⁹⁹ Importantly, case managers can refer participants to third party education providers and build education goals into case management plans.

As of 5 August 2023, the DATC have joined with Skills First Reconnect (Reconnect) to commence a participant-focused vocational education program. The trial period for this initiative was run between 8 May 2023 and 5 August 2023 and is referred to as the DATC's Participant Vocational Education Scheme (PVES). The PVES provides participants who have expressed an interest in educational development and are deemed ready to engage with education by the multidisciplinary team access to free training and vocational courses. Where considered appropriate, a case manager will refer a participant to Reconnect. The participant is then allocated a dedicated vocational case manager to assist them in exploring their vocational aspirations and career goals through the development of a Work & Learning Plan. DATC staff have stated they are still exploring the most appropriate way to integrate PVES into the DATO. There may be opportunities to link PVES with the Incentives and Sanctions Framework.

Through the Participant Voice component of this evaluation, the evaluation found that the through provision of learning and development programs, peer support, counselling, supervision and guidance, the Drug Court aims to equip participants with the necessary skills and learnings to adapt to adversity and challenges within everyday life outside of the program, whilst maintaining their reduced substance use and reduced criminal behaviour. Participants also reported significant support from the Drug Court into employment.

"I have a full-time job now. This is the first time since 2013 that I've been able to hold down full-time employment."

- Drug Court participant

In a review of the literature, exit interviews conducted with Drug Court graduates from a United States iteration of the program found that approximately 60 per cent of Drug Court participants stated that 'completing education' was an important factor in their decision to enter the Drug Court.¹⁰⁰ Furthermore, 84 per cent of respondents in that study indicated the positive improvements in their educational situations were very important.¹⁰¹

3.3.4 Stable and appropriate accommodation for participants is a current gap

The multidisciplinary Drug Court team regularly collaborate to address key risks to participant success in the program. Such discussion includes accommodation availability, and the impact a living situation can have on a participant's rehabilitation.¹⁰² A strong theme that has emerged from surveys, interviews and focus groups is that Drug Court sites should have a range of suitable and stable accommodation options for participants, however, this is contingent upon adequate access to accommodation being available. Both Drug Court stakeholders and interviewed participants stated that a participant with stable housing is more likely to engage with the program and address the risk factors contributing to their underlying offending.

Figure 17 below shows the housing approach followed by the Drug Court. The purpose of Figure 17 is to illustrate how participants, who need housing support, can access a range of housing support options through the Drug Court program. The multidisciplinary team will work with the participant to assess their housing needs. In some instances, participants may be able to source their own accommodation or reside with family members. Participants who have exited custody onto a DATO and does not have access to accommodation may receive access to emergency accommodation. Emergency accommodation reduces the risk of being homeless whilst the participants adjusts to the first phase of their DATO.

The multidisciplinary team will subsequently consider opportunities to transition the participant into medium term accommodation, such as transitional housing head leases, for the remainder of their DATO phases.

⁹⁹ The Role of Dynamic Risk and Protective Factors in Predicting Violent Recidivism: Intellectual Ability as a Possible Moderator? - Karolien Garritsen, Marija Janković, Erik Masthoff, Elien De Caluwé, Stefan Bogaerts, 2022 (sagepub.com)

¹⁰⁰ Contrino, K.M., Nochajski, T., Farrell, M.G. and Logsdon, E. (2016) Factors of Success: Drug Court Graduate Exit Interviews. *Am J Crim Just* 41, 136–150. <https://doi.org/10.1007/s12103-015-9333-3>

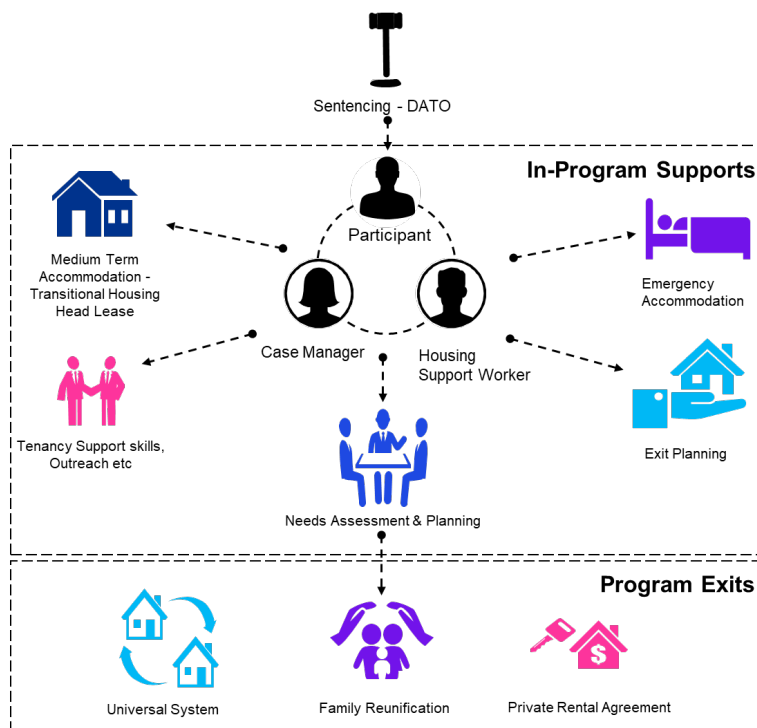
¹⁰¹ Ibid.

¹⁰² Focus groups with judicial officers and clinical advisors.

The multidisciplinary team, in particular the housing support worker, will work with the participant to build life skills related to living within the community whilst residing in support accommodation.

When participants progress through their DATO, the multidisciplinary team will commence exit planning to ensure continuity of accommodation post-DATO. Participants may be able to access social or community housing however waitlists and eligibility criteria apply. Accordingly, there is no certainty that participants can access housing through this stream. Most participants will be supported to find private rental accommodation or to live with family members after their DATO ends.

Figure 17: Drug Court housing approach



Source: Adapted from Court Services Victoria August 2023

Challenges with finding stable accommodation

Almost all Drug Court stakeholder groups reported that stable accommodation for participants is an essential requirement for successful engagement with the program. Difficulty in sourcing stable and fit-for-purpose accommodation was particularly reported at the Melbourne CBD Drug Court sites.¹⁰³ Focus groups participants and interviewees strongly emphasised the impact housing has on participant life stability, the ability to carry out activities of daily living, and the housing provider's capacity to source appropriate accommodation in a competitive housing market.

A focus group comprising housing subject matter experts reported that Victoria's supply of affordable housing is complex and challenging for the Drug Court to navigate. There is evidence that the rental market has the lowest sustained vacancy rates for 20 years and the highest rents ever experienced.¹⁰⁴ These impacts, exacerbated by a range of factors during COVID-19 lockdowns, are placing pressure on the housing market and community housing providers generally. Notwithstanding the work of Homes Victoria, who are overseeing a number of initiatives to improve emergency accommodation and social and affordable housing,¹⁰⁵ shifts in the property and rental markets towards lower vacancies and higher rents are likely to continue to impact the Drug Court. Further exacerbating this is the less favourable perception of DATO participants as tenants because of their longer histories of offending. This factor can reduce the likelihood of participants securing market rental housing where landlords are more selective when agreeing to leases.

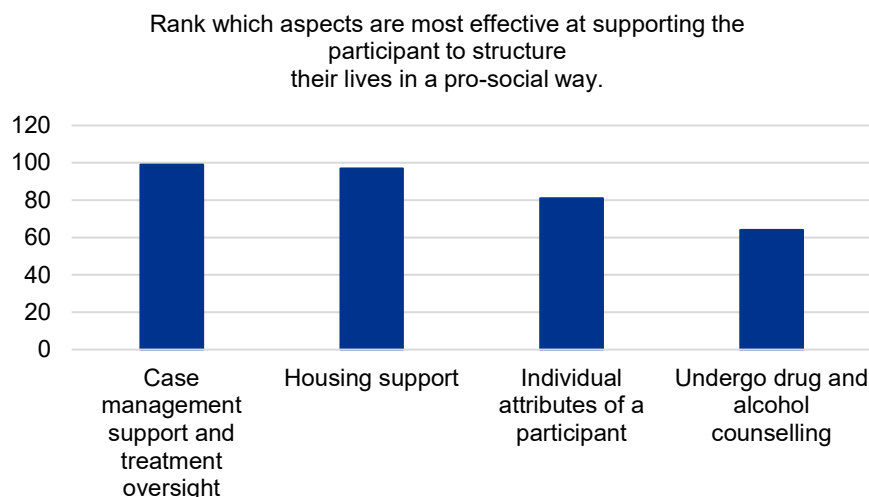
¹⁰³ Focus groups with judicial officers, clinical advisors, and interviews with multidisciplinary team members.

¹⁰⁴ Australian Housing and Urban Research Institute. (2022). Why does Australia have a rental crisis, and what can be done about it?, available at: [Why does Australia have a rental crisis, and what can be done about it? | AHURI](#).

¹⁰⁵ Homes Victoria. (2023). About Homes Victoria, available at: [About Homes Victoria | Homes Victoria](#).

Requesting participants to comply with the conditions of their DATO (i.e. curfew or non-association orders) is considerably more difficult when their accommodation is unstable. Focus group participants stated that, to succeed in a structured program like the Drug Court model, participants need structured routine outside the scope of direct program delivery, with a sustainable housing situation identified as the key enabler. In addition, judicial officers expressed a need for better access to residential rehabilitation beds for participants, referencing prolonged waiting periods that impede participant rehabilitation and progress on their DATO.

Figure 18: Stakeholder survey results related to benefits of stable housing



The stakeholder survey included a question relating to the factors encouraging a participant to structure their lives in a pro-social way. Figure 18 shows that respondents reported housing as a significant contributor to pro-social behaviours, which include building or repairing relationships, problem solving and making effective decisions, and that drug and alcohol counselling rated fourth behind case management, housing support and the individual attributes of an offender.

Participants reported the impact of stable housing through interviews and surveys, emphasising the impact that housing has on their life stability, particularly in terms of relationships within their immediate and intimate circles. For many, stable housing was a key enabler of improved family relationships and relationships with intimate partners, with provision of safe, functional and more established housing for individuals playing an important role in family reunification.¹⁰⁶

“The most beneficial part of the Drug Courts was getting housing and stable accommodation and care of your kids. It took them 3-6 months to get that sorted. The stability made the difference. Homelessness was my demon and the cause of my revolving door into AOD use.”

- Drug Court participant

The Dandenong and Ballarat sites were reported as having adequate accommodation availability during the focus group session regarding housing, allowing the Drug Court team and the participant in those locations to focus on treatment for their substance use. Other Drug Court sites were found to be experiencing challenges in sourcing appropriate accommodation for participants. This was highlighted in interviews at the Shepparton site where it was reported that, after a significant flood event in 2022, some participants became homeless and were unable to find suitable accommodation whilst on their DATO.

During the housing focus group session, stakeholders reported the need for a graduated housing response for participants which enables participants to move through different levels of supported housing models on a single site to enable greater independence as they develop their life skills.¹⁰⁷ In this context, stakeholders reported the current reality for many participants is that they are in emergency housing – rooming houses or

¹⁰⁶ KPMG, Participant Voice Research 2023.

¹⁰⁷ Housing focus group

hotels and that these accommodation types are poorly regulated and place the participant at risk and do not support the ongoing development of their life skills and rehabilitation.

While the focus group reported that the current housing responses or emergency accommodation are not well suited to the therapeutic ambitions of the Drug Courts, they are nonetheless the most prevalent models available in an otherwise crowded market. The impact of these types of models – according to the housing focus group members – is to often place vulnerable participants in an environment where they are open to exploitation and could lose their accommodation without much notice. This impact on their rehabilitation as a result is significant.

As reported in the focus group session, the difficulty of identifying housing for Drug Court participants (and justice system clients generally) is exacerbated by the real and pressing need for housing options for other cohorts, including victims of family violence fleeing unsafe environments.

The combination of insights from the housing focus group, coupled with the views of participants and the findings from the Interim Report, which highlighted housing as the primary issue facing the Drug Courts suggest that there is further and ongoing work that is required to support Drug Court participants through their journey on the DATO in relation to housing options. The solution would appear to be complex and would likely require the involvement of a number of government and non-government stakeholders to identify appropriate housing options for justice system clients and identifying options to balance these needs against the broader needs of other clients.

Finding	Description
5	The Drug Court's multidisciplinary team provides high-intensity and structured interventions that afford participants time to develop consistent behaviours and strategies to minimise their substance dependencies and drug-related offending patterns and, given the effect the program has on reducing reoffending and the reported difference (from participants and stakeholders) on health outcomes, it would appear that the Drug Court is effective in addressing the problem of drug-related offending for this specific cohort of offenders.
6	The Incentives and Sanctions Framework is a powerful tool that can help both participants and the Drug Court to monitor and assess DATO progress. Participants and Drug Court stakeholders reported that the Incentives and Sanctions Framework works effectively to motivate engagement and compliance with interventions provided by the multidisciplinary team, though participants had mixed views about their perception of how consistently the Framework is applied by judicial officers in practice. It is worth noting that application of the Framework might be challenging for participants who have served imprisonment days for sanctions. Nonetheless, the consistent application of the framework is an important part of the model across Australian and international models to achieve longer term behavioural change.
7	Suitable, safe and sustainable accommodation for Drug Court participants who cannot source and maintain their own accommodation is limited and remains a gap that Drug Courts have had to fill and requires whole of government collaboration. Drug Court participants compete with other justice system clients for access to accommodation. Stable accommodation is a basic need that enables participants to better engage with the interventions offered by the multidisciplinary team, and was consistently identified by participants as a key factor for effective engagement in rehabilitation and desistance from crime. Drug Court participants are effectively competing with a range of other people experiencing homelessness in the community, including victims of family violence. The difficulty of finding appropriate accommodation is a significant ongoing challenge for the program, however stable accommodation is of critical importance for the development of life skills of participants.

Effectiveness



4 Effectiveness

4.1 Overview to measuring effectiveness of Drug Courts

Research conducted over the last 20 years across Australian and international jurisdictions suggests that, overall, Drug Courts have delivered favourable outcomes for participants and been effective in addressing AOD dependence and reducing reoffending. A meta-analytic review conducted by Mitchell, Wilson, Eggers and MacKenzie¹⁰⁸ comparing and analysing a range of independent Drug Court evaluations found that, of the 154 evaluations conducted internationally, it was identified that:

'The average effect of participation is equivalent to a reduction in general recidivism from 50 per cent to approximately 38 per cent, and a reduction in drug-related recidivism from 50 per cent to approximately 37 per cent', with such reductions persisting for 'at least three years after program entry'.¹⁰⁹

In the context of Australia, the majority of Drug Courts (including New South Wales¹¹⁰, Queensland¹¹¹, South Australia¹¹², Western Australia¹¹³ and Victoria¹¹⁴) have been evaluated, with relatively consistent and positive results in terms of reducing substance use and reoffending. The findings of comparable Drug Court evaluations have been drawn on in this section to inform the effectiveness of Victorian Drug Courts.

Limitations with measuring long-term outcomes

A limitation with measuring Drug Court effectiveness in reducing reoffending is the limited available data on sustained reduced rates of reoffending. Most Drug Court evaluation follow-up periods range from two to five years upon exiting the Drug Court. This limits the capacity to gather rich longitudinal data on how the program has impacted participants beyond the immediate and intermediate term.¹¹⁵ Without longer term longitudinal analysis, many outcomes cannot be assessed, such as longer-term sustained reductions in substance dependence and reoffending, sustained employment and stable housing, and enhanced quality of life.

Despite these limitations, data gathered across jurisdictions since the development of the Drug Courts has demonstrated consistency in terms of program effectiveness. In addition to these benefits, the literature shows that Drug Courts can offer an effective alternative to custodial sentencing, offering short and long-term benefits associated with avoided custody episodes, and costs for other frontline services, such as mental health services, homelessness services, emergency services and social welfare.¹¹⁶

¹⁰⁸ Mitchell, O, Wilson, D. B, Eggers, A, & MacKenzie, D. L (2012), Assessing the effectiveness of drug courts on recidivism: A meta-analytic review of traditional and non-traditional drug courts, *Journal of Criminal Justice*, 40(1), 60-71.

¹⁰⁹ Ibid.

¹¹⁰ Weatherburn, D, Yeong, S, Poynton, S, Jones, N, & Farrell, M (2020), The long-term effect of the NSW Drug Court on recidivism, *Crime and Justice Bulletin, NSW Bureau of Crimes Statistics and Research*, 1-15.

¹¹¹ Queensland Courts (2016), *Queensland Drug and Specialist Courts Review: Final Report*, 1-306.

¹¹² Ziersch, E, & Marshall, J (2012), *The South Australian drug court: A recidivism study*, Office of Crime Statistics and Research, Attorney-General's Department of South Australia.

¹¹³ Department of the Attorney General Western Australia (2006), *A review of the Perth Drug Court*, 1-40.

¹¹⁴ KPMG 2014, *Evaluation of the Drug Court of Victoria Final Report*, 1-134.

¹¹⁵ Weatherburn, D, Yeong, S, Poynton, S, Jones, N, & Farrell, M (2020), The long-term effect of the NSW Drug Court on recidivism, *Crime and Justice Bulletin, NSW Bureau of Crimes Statistics and Research*, 1-15.

¹¹⁶ Drug Court Effectiveness and Efficiency: Findings for Virginia.

4.2 To what extent can it be demonstrated that Drug Courts are reducing substance use and reoffending amongst participants?

4.2.1 Completions of DATOs and treatment dosage

Completion of DATOs

Supporting participants to successfully complete their DATO is a primary objective of the multidisciplinary team and the Drug Courts. The multidisciplinary team including the judicial officer, police, lawyers, case managers and the treatment teams all utilised evidence-based behaviour change techniques such as motivational interviewing, goal and action setting, emotional regulation interventions and cognitive behaviour therapy as well as the sanctions and incentive framework to motivate the participant to change their attitude and behaviours to matters that may 'trigger' uncontrolled drug use and offending. These techniques can help the participant to comply with their DATO conditions. When a participant demonstrates they have met all conditions of their DATO, they may 'complete' the program.

Table 6 below provides a time series on DATO completions and DATO cancellations for participants who were part of the MCV iteration of the Drug Court. Over the 2017-2022 period, the DATO completion ratio was 38:62 (38 per cent complete, 62 per cent do not complete). This is broadly consistent with completion rates of DATO-equivalent sentences in the New South Wales (NSW)¹¹⁷ and Queensland (QLD)¹¹⁸ iterations of the Drug Court, approximately 40 per cent and 42 per cent respectively with over half of all participants (54%) successfully completing their DATO in 2022. Table 6 also shows that the completion ratio has significantly improved between 2020 and 2022.

Table 6: DATO completion data for Magistrates' Court sites

		2017	2018	2019	2020	2021	2022	Total
Number of completed DATOs based on year of completed		10	23	37	47	34	36	187
Number of cancelled DATOs based on year of cancelled	Phase 1	43	100	99	94	69	66	471
	Phase 2	0	5	2	4	2	1	14
	Phase 3	0	0	0	0	1	0	1
DATO completion and cancellation ratio		23:77	22:78	37:63	48:52	47:53	54:46	38:62

Source: Values from MCV Drug Court case management system as at October 2023.

DATO completion rates, which are defined in the MCV as 'the participant has completed 2 years of the DATO (with a reduction of substance use)'¹¹⁹ and in the CCV as 'DATO completion in CCV requires a participant to finish at a minimum 2 years of their DATO (the treatment conditions of their order)'¹²⁰, as shown above have been increasing year-on-year through the length of the period analysed. An analysis by the MCV for reasons for cancellation suggested that there are a range of reasons for program cancellation, and that these can include additional charges, not attending appointments and non-compliance, but can also include cancellation as an acknowledgement of the participant's progress on the order, but the recognition that they might not be able to reach the standard required to graduate or complete the DATO (usually because of their inability to return consistently negative urinalysis tests, which for some participants who have an ongoing relapsing addiction, this is an expected outcome). In this circumstance, cancellation of their

¹¹⁷ The long-term effect of the NSW Drug Court on recidivism

¹¹⁸ The Queensland Drug Court : a recidivism study of the first 100 graduates (aic.gov.au)

¹¹⁹ Definition provided by MCV on 13/12/23

¹²⁰ Definition provided by CCV on 13/12/23

DATO serves as an end to their time on Drug Court, but the participant might not receive a custodial sentence.

The completion rates noted above were provided as an aggregate and site break-down of data was not available. Completion rates for CCV are small in total given the short timeframes that the program has been in operation. There has been only four cancellations in the CCV and zero cancellations at the two MCV pilot sites (Shepparton and Ballarat) as of 8 December 2023.

Nonetheless, there is an opportunity for the Drug Courts to consider options to understand their participant identification, induction and program monitoring processes. As part of the Drug Courts' ongoing continuous improvement approach, there could be an opportunity for the court to continue to identify relevant participant data pre-DATO and in the early stages of their DATO and comparing each participant – longitudinally – to their eventual outcomes might provide some insights to program management to potentially improve initial selection and induction processes and maximise the treatment program on those participants that are most likely to succeed. Such an approach would also provide indicators in the early stages of a participant's DATO that could identify those that are unlikely to succeed.

Treatment dosage

When comparisons are made between the completion ratio and reoffending outcomes, there is a notion that DATO completion is indicative of the amount of treatment 'dosage' that is received by the participant. When a participant completes their DATO, they would have received the requisite treatment dosage aligned with the duration and conditions of their DATO. Research from Makarios, Sperber and Latessa (2014) considered the impact of treatment dosage on a range of low to high-risk offenders and their likelihood of reoffence.¹²¹ In this context, treatment dosage is measured as contacts for program treatment or interventions.

The study reported a causal relationship between increased treatment contacts and reduce rates of reoffending. Furthermore, the number of effective treatment contacts is proportionate to the risk profile of the offender. For moderate to high-risk offenders, nominally Drug Court participants, there is evidence that higher intensity interventions over longer durations of time have an incremental effect on reducing likelihood of reoffending. If a former participant has their DATO cancelled but spent a period of time receiving treatment proportionate to their risk profile, the evidence shows that treatment dosage¹²² continues to impact the likelihood of reoffending but at a substantially reduced rate.

The research of Makarios, Sperber and Latessa (2014) suggests that, if the participant does not complete their DATO, this does not necessarily mean their time spent on a DATO has not been effective. Rather, the participant may have received some treatment dosage that met their criminogenic and health needs even though it may not have been as comprehensive as a participant who completed their DATO. Section 4.2.2 considers the impact of dosage upon the rates of reoffending.

4.2.2 Reoffending outcomes for Drug Court participants

Understanding reoffending outcomes from qualitative perspectives

Reduced likelihood of reoffending is a key intended outcome for the Drug Court. Reoffences can occur after a participant has participated in Drug Court (whether or not their DATO was completed) or when they are on their DATO. For this evaluation reoffences have been measured as charges that have been proven to a court and the corresponding court outcome (i.e. custodial sentence, community supervision or a fine). The reoffending study considered the outcomes of participants from the Melbourne and Dandenong court only.¹²³

Spooner and Hetherington (2004) suggest there is often a strong relationship between individual substance use and offending behaviour, whereby an increased presence of substance use can contribute to an increase in complex offending patterns.¹²⁴ This relationship was confirmed by Drug Court participants who

¹²¹ [wjor922157 334. 350 \(uc.edu\)](https://www.researchgate.net/publication/334334350)

¹²² Lowenkamp et al., 2006

¹²³ Melbourne and Dandenong Drug Court sites were included in the reoffending study because outcomes were able to be tracked over a longer period of time

¹²⁴ Spooner, C and Hetherington, K. (2004). Social determinants of drug use. National Drug and Alcohol Research Centre UNSW. Available at: [Microsoft Word - Ch 1.doc - pdfMachine from Broadgun Software, http://pdfmachine.com, a great PDF writer utility! \(unsw.edu.au\)](#)

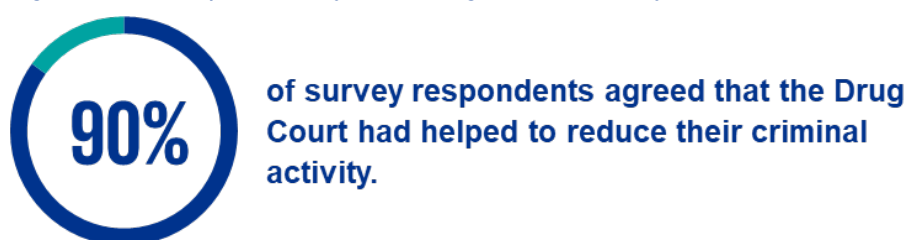
were interviewed for this evaluation, with many tying their criminal offending histories to the level of substance use. Interviewed participants also reported that during their time on a DATO, there was a noticeable reduction in their criminal offending behaviours because they were able to reduce substances whilst on the program.¹²⁵

"No one wants to go to jail, its horrible. I fought hard to get on this order... I had VicPol objecting to the order initially and I wanted to prove them wrong that I'm not a criminal. It was born out of my drug use and my criminal activity. I realised 'if I stop the drugs, I'll stop the crime'".

- Drug Court participant

In the survey issued to current and former participants across all Drug Court sites, 90 per cent of respondents acknowledged the Drug Court had supported them to reduce their offending behaviours. Respondents further acknowledged in interviews that the structure of the program and the Incentives and Sanctions Framework supports them to strengthen their self-awareness and make changes to attitudes and behaviours affecting their criminal activity.

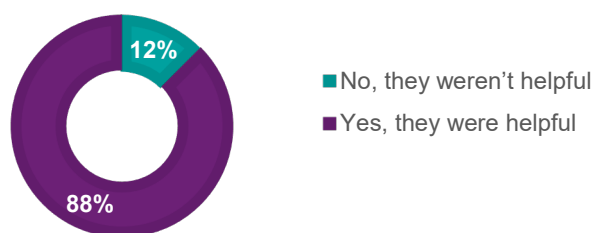
Figure 19: Participant survey – reducing criminal activity



Source: Participant Voice Research Report (2023)

Figure 20: Participant survey – sanctions and incentives to change behaviour

Survey Question: Do you think Drug Court incentives helped you to change your behaviour?



Source: Participant Voice Research Report (2023)

Of the 61 participants surveyed, 55 acknowledged the important role the Drug Court had played in contributing to a significant reduction in their offending behaviours, through therapeutic and criminogenic interventions, and a newfound desire to depart from their pre-existing criminal histories. Three survey respondents (approximately five per cent) stated that the Drug Court had not helped them reduce their substance use and offending behaviours. Two of these participants were in Phase 1 of the program when their survey was submitted.

Current and former participants reported the intensity of the program, particularly during earlier phases, could be overwhelming and a challenge to adjust to. However, survey respondents and interviewees understood the impact of the initial program intensity in generating longer lasting change to behavioural

¹²⁵ Participant interviews.

patterns, with many revealing a sense of accomplishment and feeling proud of the work they had put into themselves to achieve a path outside of crime and substance use.

Current and former participants also reported that the alternative to DATOs, full-time custodial sentences, do not provide an appropriate therapeutic environment to engage in rehabilitation activities. While interventions of the Drug Court could be intense, community-based support and interventions were conducive to motivating participants to apply skills and capability learnt through Drug Court in a real-world setting, not a custodial setting. This reflects the level of complexity of the Drug Court cohort and the difficulty this cohort has had in successfully navigating mainstream therapeutic interventions.

The effect of judicial supervision on changing offending behaviours

Supervision and direct engagement with a judicial officer is a key tenet of the Drug Court. Supervision can be understood as an intervention where participants can be held to account for negative behaviours or actions and encouraged and motivated by their judicial officer. The literature also explains that, when supervision is delivered with pro-social approaches, it can be effective at reducing the risk reoffending.¹²⁶

International evaluations, and an evaluation/review of the New South Wales Drug Courts found that frequent supervision (more than once a week) of moderate to higher-risk participants can be effective at encouraging compliance with Drug Court sentence conditions.¹²⁷ A randomised control trial of intensive judicial supervision facilitated by the NSW Bureau of Crime Statistics and Research found that judicial supervision significantly decreased the likelihood of participants returning a substance positive urinalysis result.¹²⁸

Urinalysis is a key feature of the Drug Court model where participants are regularly screened for frequency of substance use and the results are transparently reported to the court and the participant. Urinalysis results provide strong evidence to the participant when the Incentives and Sanctions Framework is activated.

One of the unique features of Drug Courts is that the model is designed to facilitate direct engagement with the participant and the judicial officer. The international evidence (Dr Shannon Carey NADCP) is that the most effective outcomes in Drug Courts are achieved when a Judicial Officer engages directly with a participant for a minimum of 3 minutes. Drug Court Judicial Officers are trained in therapeutic jurisprudence approaches, motivational interviewing, and AOD dependence. These opportunities are not available to Judicial Officers in mainstream courts due to time, availability of specialist training and staff, lack of information and court demands to resolve matters.

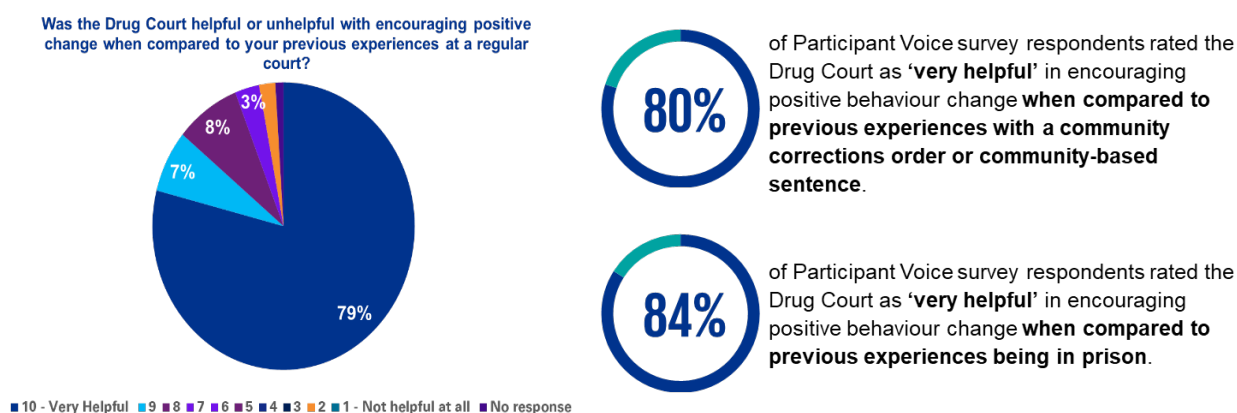
A key difference between the Drug Court and mainstream courts is the use of judicial supervision. By necessity given the purpose of mainstream court and the higher volume of cases in mainstream court, court users will often either have one-off engagement with a judicial officer or see a different judicial officer each time. If a participant is receiving a mainstream therapeutic justice intervention (on bail, deferral of sentence or judicial monitoring on a community corrections order) they will see their judicial officer usually monthly or less. This is due to the press of court time in high volume environment and availability of generalist judicial officers who sit in a range of lists across all jurisdictions.

¹²⁶ Trotter, C. (1993). The Supervision of Offenders – What Works? *Social Work Department, Monash University and the Victorian Department of Justice*, available at: [The Supervision of Offenders - What Works? \(aic.gov.au\)](http://www.aic.gov.au).

¹²⁷ (Marlowe, Festinger, Dugosh, Lee, & Benasutti, 2007).

¹²⁸ [Intensive judicial supervision and drug court outcomes: Interim findings from a randomised controlled trial \(nsw.gov.au\)](http://www.nsw.gov.au)

Figure 21: Respondent survey results: Support of the Drug Court in encouraging positive change when compared to previous participant experiences at a regular court



Source: Participant Voice Research Report (2023)

Judicial officers interviewed for this evaluation reported that the opportunity for participants to regularly engage with an authority figure who can respond to their problems, combined with the support of the multidisciplinary team, is fundamental to addressing the underlying causes of offending. The judicial officer can direct both the participant and the multidisciplinary team to intervene in a particular way that is appropriate for a participant. When the evaluation team conducted observations of Drug Court hearings, it was common practice for judicial officers to ask the participant to provide reasons explaining why they were not able to comply with a previous direction issued by the judicial officer. It was observed that participants were provided the opportunity to prepare their response so they could further commit to address their non-compliance with the direction. Participants were being held accountable for their actions and received reinforcement that the multidisciplinary team could assist with future compliance with directions.

During focus groups with criminal justice stakeholders, the role of the judicial officer as the leader in setting the culture of the multidisciplinary team was emphasised. The focus groups highlighted the role of the judicial officer in maximising the potential for the participant to make positive change. In particular, criminal justice stakeholders reported the importance of a consistent approach from judicial officers and the team to influence those outcomes.

Participants attitudes towards the judicial officers and the role they played in supporting the participant was consistently positive. Participants reported that when the judicial officers show sincerity with wanting to help the participant with their rehabilitation, participants felt valued and respected. This had the effect of increasing trust in the program. The Drug Court is intentionally designed to reduce underlying power imbalances that are inherent to mainstream courts, for example judicial officers in the Drug Court sit at the same level, speak directly to participants instead of through a lawyer, and provide positive reinforcement and acknowledgement. The observations of participants in this regard reflects the empirical work of Professor Tyler about the concept of procedural justice that demonstrates that if a person feels respected they are more likely to comply with court orders.¹²⁹

"My Judge is awesome and understanding, they have seen my progress, they're really involved... Couldn't ask for a better person to be involved. It used to be nerve wracking going to court and now I'm not as scared... Even if it is for sanctions there's never a bad thing, they just say this is a learning curve, they're really understanding."

- Drug Court participant

"My Magistrate and the whole team have saved my life."

- Drug Court participant

¹²⁹ Tom R. Tyler. Procedural Justice and the Courts (CR 36-3 (proceduralfairness.org))

In addition to the participant survey, a survey was issued to Drug Court stakeholders who either have a direct or indirect involvement with delivery of the program. Column A in Table 7 details a ranking of participant views on the most important supports provided by the Drug Court. To contrast, Column B in Table 7 shows the same ranking but from the perspective of stakeholders. Both groups have identified that regular review hearings (which are overseen by the judicial officer) are the most important element of the program that contributes to a reduction in offending behaviour. The next two most important elements (interactions with Drug Court team members) were described by interviewed participants as important in linking their behaviours and self-awareness with the Incentives and Sanctions Framework. For example, if a participant was consistently not engaging with their clinical advisor, sanctions could be given that reflect the impact of non-engagement with treatments offered by the program. Importantly, Table 7 illustrates that it is the combination of the various components of Drug Court working together in a multidisciplinary way that is the key to its effectiveness.

Table 7: Top five most effective aspects of Drug Court at reducing offending behaviour

Rank	Supports provided by the Drug Court	Column A Drug Court participants	Column B Drug Court stakeholders
		Proportion of supports identified as helpful to reduce criminal activity	Proportion of supports identified as helpful to reduce criminal activity
1	Attending regular review hearings with the judicial officer	25%	34%
2	Regular appointments with a case manager	24%	28%
3	Regular appointments with a clinical advisor or AOD counsellor	23%	21%
4	Peer mentoring support	15%	No data
5	Housing support	13%	17%

Source: Survey issued to Drug Court stakeholders and participants

Quantifying the relationship between Drug Court participation and reduced reoffending

When compared to a control group of offenders who received a custodial sentence, over the two-year period post sentence, Drug Court participants were:

- 15% less likely to reoffend overall.
- 27% less likely to reoffend if they successfully completed their DATO.

Drug Court participants that did reoffend were:

- Likely to reoffend at a lower frequency.
- Likely to commit less serious offences.
- Less likely to receive a custodial sentence.

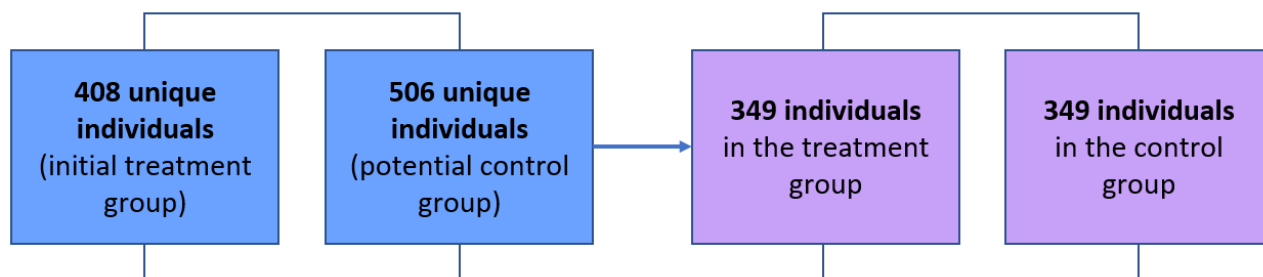
For this evaluation the CSA conducted a quantitative reoffending study of the outcomes of former Drug Court participants who participated in the program (either Melbourne or Dandenong Drug Court)¹³⁰ between 1 January 2016 and 31 December 2019. This study compared medium-term reoffending outcomes, two years post-DATO completion, of former participants (treatment group) with a comparable control group. The control group comprised individuals in contact with the justice system with similar offending profiles and demographic attributes to Drug Court participants, including drug-related offending. To meet control group eligibility, these individuals needed to receive a custodial sentence of one to two years and had previously

¹³⁰ Participants in the study had all participated in either the Melbourne or Dandenong Drug Court, this was due to the length of time required to conduct an effective reoffending analysis i.e., looking at a 2 year post DATO period to reoffend.

received a sentence (prior to entering custody) that had a condition ordered by a court that required the individual to seek treatment for substance use. Section 2.4 includes further detail on the CSA methodology.

Figure 22 demonstrates the results of developing the two comparison groups. Propensity score matching was employed to identify 349 individuals in each group match based on prior offending patterns and demographic attributes. With 408 individuals in the initial treatment group, this represents a match rate of 86 per cent.

Figure 22: Process to determine matched treatment and control groups

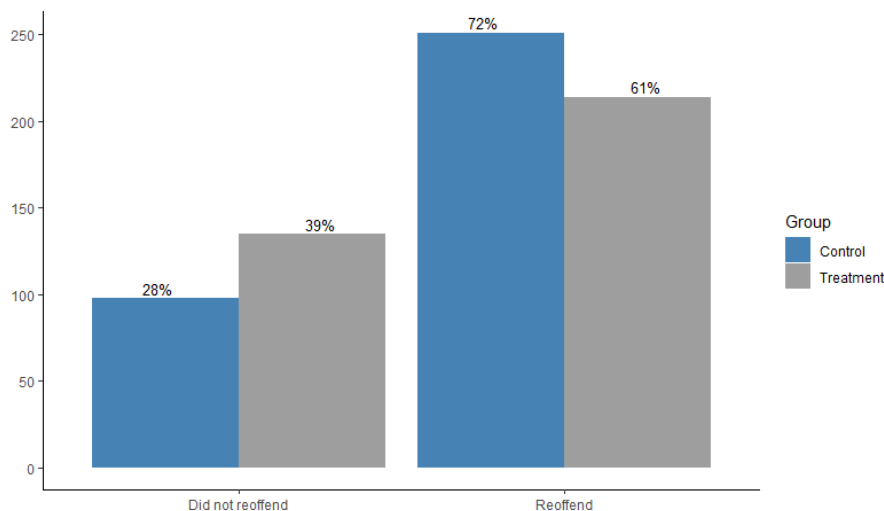


Great care was taken to ensure the control group was suitably matched in terms of prior offending patterns and demographic attributes to the Drug Court treatment group. The treatment group comprised former participants who engaged with the Drug Court for more than two months (whether or not the participant completed their DATO). The selection of this treatment group was based on conservative parameters that reflect the relatively high proportion of non-completed DATOs (see Table 8) and the notion that some treatment dosage of intervention from the Drug Court may have a positive effect on changing participant behaviour.

Figure 23 below shows that former Drug Court participants were less likely to reoffend when compared to the control group.

The values in Figure 23 show an 11-percentage point difference between the two groups. When calculated as a percentage difference, Drug Court participants are 15 per cent less likely to reoffend in the two-year follow-up period compared with the control group who did not receive a DATO.

Figure 23: Drug Court reoffending rates comparison between control and treatment groups



Source: CSA Drug Court reoffending study 2023

Table 8 below shows the frequency of reoffending (proven finalised heard charges) for Drug Court participants who did and did not complete their DATO. There is a significant difference in reoffending for participants who completed their DATO (27 percentage point) when compared to the control group. There is a smaller difference in reoffending for participants who did not complete their DATO (four-percentage points).

The finding around high success rates for participants who complete their DATOs was also found in the Participant Voice primary research where interviewed participants reported that, when they are ready to pursue a path to rehabilitation, they are motivated to engage with therapeutic supports that address their criminogenic needs.¹³¹

Table 8: Frequency of reoffending (proven finalised heard charges) for participants who did and did not complete their DATOs

Reoffending rates	Control Group		Treatment Group			
	Non-DATO participant		DATO completed		DATO not completed	
Measure	#	%	#	%	#	%
No proven heard charge (no reoffence)	98	28%	54	55%	81	32%
Proven heard charge (reoffence)	251	72%	45	45%	169	68%
Total	349		99		250	

Source: CSA Drug Court reoffending study 2023

The high reoffending rate for non-DATO participants in Table 8 may be indicative of the complexities that mainstream offenders experience when substance use and criminal activities intersect. Accordingly, the lower reoffending rate for participants who complete their DATO may indicate that comprehensively addressing these complexities through the Victorian Drug Court Model increases the likelihood of reduced reoffending.

CSA's regression analysis found that the reduction in re-offending was statistically significant and that any time on the DATO produced a benefit, even for those who did not complete. The more time spent on a DATO, the greater the effect - of those who complete the program, there was a 27 percentage point difference between this group and the matched cohort (those who were imprisoned). Completion rates are continuing to increase – 54% of participants completed the program in 2022 – higher than at the time of the study. The analysis was also undertaken during the years of the COVID restrictions which impacted the delivery of the DATO – particularly as it relates to in-person appointments and urinalysis, two key components of the DATO.

The Drug Court targets a highly complex cohort with high needs, and entrenched substance use disorders. They have often experienced significant engagement with the criminal justice system and tends to be resistant to treatment and interventions – having extensive histories of attempted health and justice sector interventions. The CSA analysis compared the drug court outcomes to a statistically matched control group to assess reoffending rates, which is the appropriate cohort for comparison when considering Drug Court participants.

The overall reoffending outcomes for the Melbourne and Dandenong Drug Courts, (as shown in Table 9) are comparable to Drug Courts in other Australian jurisdictions, namely NSW and QLD. It is also reasonable to assume that such reoffending rates would apply to the regional locations and the County Court. Table 9 below summarises the reoffending outcomes for NSW and QLD Drug Courts. While the QLD and NSW Drug Court models vary from the Victorian model, the 10 fundamental aspects of the program (as shown in Figure 4 in Section 2.3 (Key components of the Drug Court model)) are largely consistent between the iterations of the programs.

¹³¹ Participant Voice study 2023.

Table 9: Comparisons between reoffending rates of Australian Drug Courts

Proportion of former Drug Court participants who reoffend	Victorian Drug Courts ¹³²		Queensland Drug Courts ¹³³		NSW Drug Courts ¹³⁴	
	% with reoffence	% with no reoffence	% with reoffence	% with no reoffence	% with reoffence	% with no reoffence
	61%	39%	70%	30%	60%	40%

The headline reoffending rates shown in Table 8 and Table 9 can be further disaggregated to the seriousness of subsequent reoffending. Seriousness of reoffending is a measure of effectiveness that shows the potential impact of different types of offending (i.e. assault or theft) upon the community. While the Drug Court aims to fully minimise the likelihood of participants reoffending, the long-term offending patterns (see section 3.2 for prior offending patterns) may limit the Drug Court's ability to prevent any further offending. Accordingly, measuring the Drug Court's effectiveness at reducing reoffending can be assessed by making comparisons with the seriousness of subsequent reoffending.

A 2020 study evaluating the long-term effectiveness of the New South Wales Drug Court in reducing reoffending discussed that offenders in the treatment group (offenders accepted into the Drug Court program) 'took 22 per cent longer to reoffend' than offenders within the control group (offenders deemed eligible for the program but not accepted on it).¹³⁵ Those within the treatment group also experienced a lower reoffending rate than those within the control group. The study concluded that the Drug Court appeared to have long-term, beneficial effects on reducing recidivism amongst program participants in alignment with similar evaluations and studies conducted across Australia and other jurisdictions.

As previously presented in Section 3.2, the evidence from the CSA report also suggests that Drug Court participants who do offend do so at a lower frequency. Figure 24 below shows the seriousness of subsequent reoffending by former Victorian MCV Drug Court participants. These figures represent the CSA study, which included a sample of participants from the established Dandenong and Melbourne Drug Courts. While the study did not include any of the pilot courts as they have not been established long enough to ascertain recidivism rates (based on two year's post intervention). The values in this figure have been categorised based on the CSA Offence Rank which has been adapted from the Australian Bureau of Statistics' National Offence Index.¹³⁶ The ranks have the following ranges:

- 'High seriousness' offending ranges from murder (as the most serious type of offending) to threatening behaviour offences.
- 'Medium seriousness' offending ranges from cruelty to animals to escape from custody offences.
- 'Low seriousness' offending ranges from prison regulation offences to minor summary offences (the least serious form of offending).

¹³² Crime Statistics Agency Drug Court reoffending study 2023

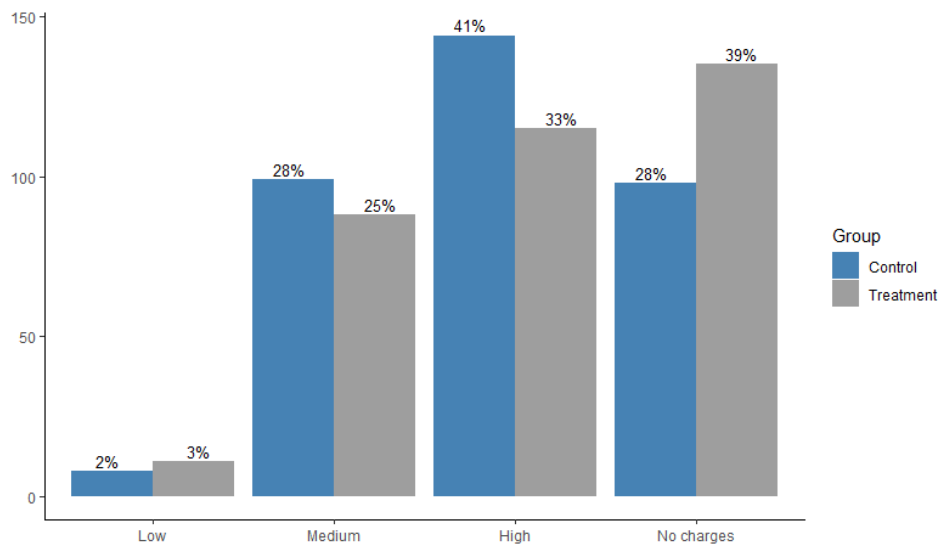
¹³³ Queensland Courts (2016), Queensland Drug and Specialist Courts Review: Final Report, 1-306.

¹³⁴ Weatherburn, D, Yeong, S, Poynton, S, Jones, N, & Farrell, M (2020), The long-term effect of the NSW Drug Court on recidivism, Crime and Justice Bulletin, NSW Bureau of Crimes Statistics and Research, 1-15.

¹³⁵ Ibid.

¹³⁶ Offence classification | Crime Statistics Agency Victoria

Figure 24: Number of participants reoffending by seriousness of proven charges and no subsequent proven charges



Source: CSA Drug Court reoffending study 2023

Figure 24 has highlighted that, in addition to the 11-percentage point difference in no subsequent proven charges, there is an eight-percentage point difference for former participants committing high seriousness reoffences (with proven charges) and that there is a favourable 11-percentage difference of former participants not committing any offence in the two-year post-DATO measurement period. These findings suggest a favourable association between former participants reducing the seriousness of their reoffences.

Linking reoffending outcomes with DATO completions and treatment dosage

In section 4.2.1, it was discussed that if the participant does not complete their DATO, this does not necessarily mean their time spent on a DATO has not produced favourable results. Rather, the participant may have received some treatment dosage that met their criminogenic and health needs.

Table 10 below outlines the CSA's analysis on the seriousness of reoffending for participants who did and did not complete their DATOs. Their findings highlight that, of all reoffending that has occurred after DATO and custody exit (treatment and control groups respectively), there is a moderate favourable impact for participants who did not complete their DATO. Of all subsequent reoffending, 57 per cent of that reoffending for the control group has been classified as high seriousness. When compared to DATO not completed, there is a three-percentage point difference in high seriousness reoffending and when compared to DATO completed, there is a six-percentage point difference in reoffending.

Table 10: Seriousness of reoffending compared with control group and treatment group (DATO completed and not completed)¹³⁷

Seriousness of proven charges	Control Group		Treatment Group				Total
	Non-DATO participant		DATO completed ¹³⁸		DATO not completed		
Measure	#	%	#	%	#	%	#
High	144	57%	23	52%	92	54%	259
Medium	99	40%	19	43%	69	41%	187
Low	8	3%	≤ 3	5%	8	5%	19
Total proven heard charges	251		45		169		465

Source: CSA Drug Court reoffending study 2023¹³⁹

Another measure of reoffending effectiveness is the length of custodial sentences for subsequent reoffences. Duration of custodial sentences is indicative of the nature and seriousness of the reoffence. Accordingly, subsequent custodial sentences issued to the control and treatment groups provides an alternate view to the seriousness of reoffences (with proven charges).

If a court provides a custodial sentence, as opposed to a community sentence or a fine, this can be understood as the court's application of section 5(2) of the Sentencing Act 1991. This section outlines the factors of sentencing that must be considered by the sentencing judicial officer. This provision considers the nature and gravity of reoffence, the personal circumstances of any victim and the offender's degree of responsibility for the offence, among a range of other factors.

Table 11 shows the breakdown of custodial sentences for reoffences (with proven charges) committed by the control group and participants who did and did not complete their DATO. While the proportion of DATO not completed custodial sentences is higher for custodial sentences for up to six months when compared to the control group (53 per cent compared to 45 per cent), there is moderate difference in sentences of more than one year. Participants who did not complete their DATO have been receiving less longer-term (more than one year) custodial sentences when compared to the control group (a favourable six-percentage point difference).

Table 11: Length of custodial sentences for subsequent reoffences (proven charges)

Longest sentence length for reoffence	Control Group		Treatment Group			
	Non-DATO participant		DATO completed		DATO not completed	
Measure	#	%	#	%	#	%
Up to 6 months	94	45%	9	30%	74	53%
6 months to 1 year	50	24%	9	30%	30	22%
More than 1 year	66	31%	12	40%	35	25%
Total reoffences with custody outcome	210		30		139	

¹³⁷ Table 11 percentage values differ to Table 12 because Table 12 does not include 'no charges' field in the denominator.

¹³⁸ DATO completion is defined in Table 5. This analysis measures both DATO graduation and completion.

¹³⁹ Values adjusted to account for rounding calculated by CSA.

Source: CSA Drug Court reoffending study 2023

Finding	Description
8	Drug Courts are effective in reducing reoffending when compared to a control group who experienced imprisonment. A comprehensive statistical comparative analysis conducted by CSA found that Drug Court participation is associated with statistically lower reoffending when compared to a matched control group who received a custodial sentence. Reduced re-offending was strongest among those who successfully completed their DATO (27 percentage point difference to the control group). Even participants who did not complete their DATO were less likely to offend than those who had received an alternative sentence (four percentage point difference).
9	Participants agreed that the Drug Court is effective in reducing offending behaviour, which is a crucial component of their rehabilitation. Of the 61 total survey respondents, 55 (90 per cent) acknowledged the Drug Court had supported a reduction in their offending behaviours.
10	Participants value the person-centred approach, guidance, and support provided by Drug Court judicial officers. Involvement of judicial officers was seen as a unique and essential aspect of the program that reinforces participant accountability.
11	Quantitative analysis of former participants who complete their DATO and reoffend, shows a moderate difference in 'high-seriousness' reoffending (six-percentage points) when compared to the control group. Former participants who did not complete their DATO show a three percentage point difference in 'high-seriousness' reoffending. There is also a reduction in offending frequency for drug court participants compared to those receiving a custodial sentence (27 percentage point difference for those who complete their DATO and four percentage point difference for this who do not).
12	Quantitative analysis of former participants who complete their DATO shows there is a positive correlation to reduced subsequent custodial sentences (17 percentage points) when compared to the control group. There is no significant difference for former participants who did not complete their DATO with receiving a subsequent custodial sentence. There is however a small difference in former participants who did not complete their DATO who received a custodial sentence of more than one year (six percentage points).
13	The Drug Court provides intensive treatment in phases 1 and 2 of the DATO to disrupt and challenge entrenched attitudes and behaviours toward substance use. Regular urinalysis of participant substance use, along with ongoing treatment and support from the multidisciplinary team and judicial monitoring provides the Drug Court clear evidence of substance use patterns to guide therapeutic responses. Quantitative analysis of urinalysis testing results demonstrated the association between Drug Court and reduced substance use; with substance use reducing substantially as participants progress through the program.
14	Focus Groups and participant surveys indicated the importance of post-DATO support and the development of a process for referring participants to ongoing mainstream support services once their DATO has ended.

4.2.3 Health outcomes for Drug Court participants

The Drug Court participant cohort often has high health-related needs that are a result of their drug dependency, impacting their physical health, mental health and safety. While this evaluation was not able to incorporate linked data to measure the health outcomes of former Drug Court participants. CSV and the Department of Health are working collaboratively to determine the extent to which the same control and treatment groups used for the reoffending analysis can be tracked through the Victorian Social Investment Integrated Data Resource (VSIIDR) to measure quantitative differences in health and human service usage.

As a general statement on the health of participants, the evaluation heard numerous accounts through focus groups and interviews of the general level of poor health of participants. One judicial officer noting that “most [participants] have health issues they have never addressed because of the public health system, they don't take care of themselves, they have multiple and significant issues [and] that forms part of what we are able to provide through Drug Court is accessing and sourcing appropriate medical, dental, health treatment and overlay.”¹⁴⁰

¹⁴⁰ Judicial Officer Focus Group

Participant self-determination and tailored interventions are conducive of reduced substance use

The decision to be considered for a DATO is voluntary for the prospective participant. Once a participant has been accepted onto a DATO compulsory treatment is a mechanism adopted by Drug Courts to require participants to engage with treatments that address the underlying causes of their substance use. The Drug Court multidisciplinary team, including the judicial officer, will use a range of motivational techniques such as motivational interviewing, goal and strategy setting, CBT as well as the Incentive and Sanctions Framework to build internal motivation for engagement in treatment. Such motivational techniques can be described as 'rational authority' where the participant is not compelled into treatment or is not punished for not engaging in treatment, but rather is provided agency to decide whether or not they engage in treatment and will experience the benefits and disbenefits of their actions.¹⁴¹

The literature outlines four levels of mandatory treatment available in Victoria for people experiencing complex substance and mental health issues.¹⁴² Table 12 below summarises the different types of intervention, their scope and expected duration. DATOs represent the highest form of community-based treatments. There are however more intensive, detention-based treatments available for people who have acute substance dependence or mental illness that impacts their capacity.

Table 12: Comparison of mandatory treatment orders in Victoria

Type of mandatory interventions		Purpose	Duration
Community-based treatment	Court-ordered treatment ¹⁴³	Compulsory community-based treatment that can be ordered by a Magistrate or Judge. Applies to people who have a treatment condition as part of a Community Corrections Order.	Maximum duration ranges from two to five years but frequency of treatment is generally capped
	Drug and alcohol treatment order	Compulsory community-based treatment (with some detention-based treatment) that can be ordered by a Magistrate or Judge. Applies to people who have capacity to plead guilty and has a substance dependency that contributed to their offending.	Maximum duration ranges from two to four years
Detention-based treatment	Compulsory detention and treatment order ¹⁴⁴	Compulsory detention-based treatment can be ordered by a Magistrate. Applies to people experiencing severe substance dependence that impacts their capacity and risk of serious harm to themselves or the community.	14 days once admitted
	Compulsory treatment orders ¹⁴⁵	Compulsory inpatient treatment can be ordered by the Mental Health Tribunal under the Mental Health and Wellbeing Act 2022 and can be both community treatment or in-patient treatment orders. Applies to people experiencing severe mental illness who are at risk of serious deterioration of mental health/health or there is risk of harm to themselves or the community.	Up to 6 months

Both community-based and detention-based treatment, under these circumstances, requires the patient to receive involuntary treatment, where the individual has no choice or say with their treatment. To contrast, DATOs are voluntary as the participant is deemed to have the mental capacity to choose a DATO or remain in custody and choose between a criminal justice sanction or a therapeutic intervention.¹⁴⁶ On the DATO, the therapeutic engagement and treatment delivery have optional components and these are key in building the therapeutic alliance between the participant and the Drug Court team. Whereas the *Mental Health and Wellbeing Act 2022* requires all treatment to be delivered as directed by the treating psychiatrist. On a DATO, where the participants' treatment is not having the impact sought, the court can direct the team to alter the treatment, or in the circumstances of increased risk or non-compliance, can cancel the order and return the participants to custody.

¹⁴¹ Vuong T, Ritter, A, Hughes, C, Shanahan, M, Barrett, L. Mandatory alcohol and drug treatment: What is it and does it work? : DPMP, UNSW; 2019. Report No.: Bulletin No. 27.

¹⁴² [idat-outcome-eval-report.PDF \(nsw.gov.au\)](#)

¹⁴³ Section 48D, Sentencing Act 1991.

¹⁴⁴ *Severe Substance Dependence Treatment Act 2010*.

¹⁴⁵ *Mental Health and Wellbeing Act 2022*.

¹⁴⁶ [199192786.pdf \(core.ac.uk\)](#)

There is evidence that patient engagement with treatment can have a favourable impact on longer-term outcomes that are more sustainable when compared to involuntary regimes.¹⁴⁷ A key tenant here is that Drug Court participants have capacity to make choices about their ongoing substance use and treatment. This was strong theme through the Criminal Justice Focus Group – where stakeholders reported the difference in service intensity with the Drug Courts compared to community-based orders, particularly noting that in prison and in CCS, therapeutic services are usually hard to access and not sustained when compared to the Drug Court. That level of wraparound service to this cohort of highly complex offenders was reported as the only way to treat with any chance of success.

Primary research with Drug Court participants for this evaluation found that 85 per cent of survey respondents agreed that the Drug Court had supported them to reduce their substance use. This result was attributed to the holistic and person-centred approach of the interventions provided to them where respondents felt important, supported and worthy of the time and investment provided. Respondents identified that peer workers or those with lived experience of addiction and custodial environments offered an enhanced sense of hope and confidence that recovery and behaviour change were possible.

“They support us enough. They supply the tools but it’s up to us to rebuild.”

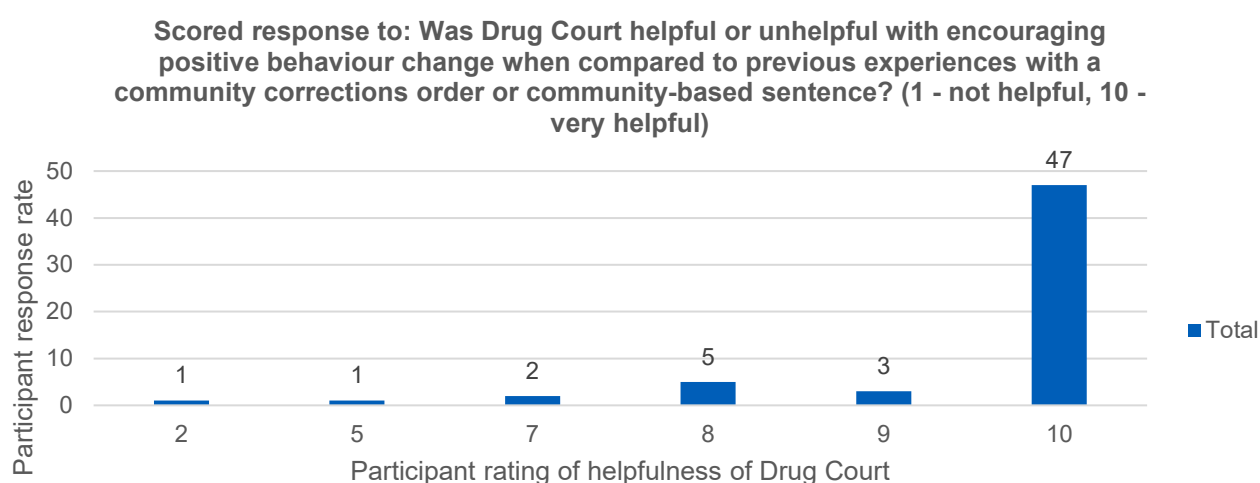
- Drug Court participant

“In this program you have to be open and honest and work through heartache and trauma that’s holding you back. Sometimes it’s easier to talk to strangers where there isn’t judgement.”

- Drug Court participant

Surveyed participants believed the Drug Court was more helpful than other community correctional orders and/or sentences. On average, respondents scored the Drug Court 9.4/10 when directly asked to compare the level of Drug Court helpfulness in encouraging positive behaviour change when compared with a previous experience of other community corrections orders/sentences. Participants reported that the Drug Court was more supportive, responsive, and focussed to their individual needs.

Figure 25: Participant self-perception of helpfulness of Drug Court in supporting positive behaviour change in comparison to other court experiences



Source: Participant Voice Research Report (2023)

Surveyed participants reflected that the sanctions and incentives were, overall, motivating to support in making positive recovery-oriented decisions. Eighty-one per cent of participants believed that sanctions helped change their behaviour and 88 per cent for incentives.

¹⁴⁷ Ibid.

During the criminal justice system focus group, stakeholders reported the difference between community correctional orders and DATOs.

“Drug Courts provide immediacy. With Community Corrections Orders (CCOs) it can take ages for people to get into treatment and support. Immediacy and consistency, wrap-around services, for people with complex, long histories in the justice system where everything else has failed. At Drug Court, we provide a mechanism to do that, as well as the accountability and ability to take immediate action if there is not engagement for these high-end offenders.”¹⁴⁸

Treatment intensity and structured treatment enables rehabilitation

As outlined in Figure 11 in section 3.2, opiates and methamphetamine are amongst the most common substances detected through Drug Court urinalysis tests. Drug Court participants with opioid dependence are supported to access Opioid Agonist Treatment (methadone and buprenorphine, or OAT) through their medical practitioner. OAT treatment, which is pharmacotherapy substitution treatment, is available to participants whilst in the community or if they are serving a sanction in custody.¹⁴⁹ The effectiveness of OAT at reducing substance use and reoffending is not in scope of this evaluation, but there is evidence that shows the effectiveness of OAT can be variable and depends on treatment settings and internal motivations of the patient.¹⁵⁰

Drug Court participants with meth/amphetamine use patterns or dependence do not have a pharmacotherapy substitution treatment option. However, the withdrawal period from prolonged use has been described as biphasic. An acute withdrawal phase will last seven to 10 days, with a subacute phase lasting for a further two weeks. Most withdrawal symptoms will pass after 21 days but cognitive recovery can last more than six months.¹⁵¹ It should be noted that, within the Drug Court cohort, there is a spectrum of addiction, not all participants present with acute dependence and that polysubstance use is common.¹⁵² A lack of non-pharmacological treatment options means that the cognitive behavioural therapies (CBT) and/or psychosocial interventions provided by the Drug Court is the first line of intervention for participants who primarily use meth/amphetamine.

The literature highlights that people who can sustain OAT for prolonged periods, as opposed to cycling in and out of treatment, will tend to have better health and reoffending outcomes.¹⁵³ Similarly, the literature has highlighted that CBT can be effective with reducing meth/amphetamine use as well as polysubstance use.¹⁵⁴

The below identifies that regular appointments with a participant's AOD counsellor, case manager and clinical advisor (key members of the multidisciplinary team) were amongst the most helpful treatments that addressed substance use. These appointments will be more frequent during Phase 1 of the DATO to help the participant focus on engaging with interventions that aim to stabilise their substance use.

¹⁴⁸ Criminal Justice Focus Group

¹⁴⁹ Interview with Corrections Victoria.

¹⁵⁰ The effect of entry and retention in opioid agonist treatment on contact with the criminal justice system among opioid-dependent people: a retrospective cohort study - The Lancet Public Health.

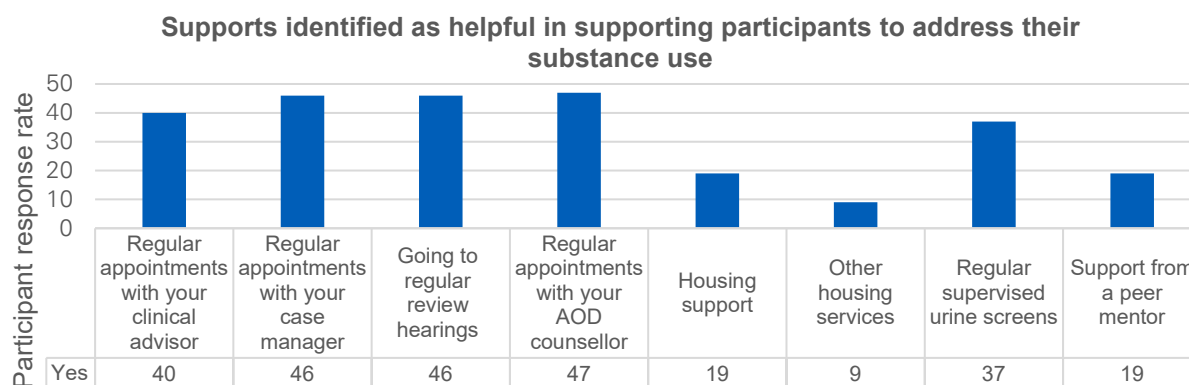
¹⁵¹ Zorick T, Nestor L, Miotto K, Sugar C, Helleman G, Scanlon G, et al. Withdrawal symptoms in abstinent methamphetamine-dependent subjects. *Addiction*. 2010;105(10):1809–18.

¹⁵² Focus groups with clinical advisors.

¹⁵³ Ibid.

¹⁵⁴ Baker A, Lee NK, Claire M, Lewin TJ, Grant T, Pohlman S, et al. Brief cognitive behavioural interventions for regular amphetamine users: a step in the right direction.

Figure 26: Participant survey response to the question - "were any of the following supports helpful with addressing your substance use?"



Source: Participant Voice Research Report (2023)

The multidisciplinary team will prepare a case management plan for the participant that is reflective of the barriers they may experience when engaging with treatment and any internal motivating factors. This case management and/or treatment plan can be further disaggregated into a structured day.

Structured days are developed by the multidisciplinary team in consultation with the participant. They are effectively a timetable in which the participant is required to attend appointments with persons who have been tasked with delivering an intervention. For example, the clinical advisor can help the participant to schedule appointments with their medical practitioner and the case manager can oversee participant engagement with training or education. The underlying reason for developing structured days is to help the participant understand the benefits of the interventions being offered in an applied manner.¹⁵⁵ This can have the effect of teaching the participant skills in managing real-world challenging or uncertain situations as well as emotional resilience and problem-solving skills in addition to the therapeutic outcomes from the appointments themselves. An additional treatment avenue for the Drug Court is for the clinical team to make referrals to community residential withdrawal and rehabilitation units to further support participants in addressing their substance use dependency.

Table 13 below summarises the average appointment load for participants in each phase. For example, in 2021, Phase 1 participants at Dandenong and Melbourne Magistrates' Drug Court attended an average of 4.5 appointments per sitting week (weeks in which the Drug Court is operational). These values do not include review hearings and appointments that were not attended. Average appointment attendance demonstrates the service level intensity provided to participants by each phase. The decline in appointments for Phases 2 and 3 are representative of the participant progressing through their DATO and require less support from the multidisciplinary team. The literature highlights that, for medium-high risk offenders, such as Drug Court participants, sustained and regular intervention that is delivered face-to-face at least weekly is potentially an ideal level of treatment for offenders of this nature.¹⁵⁶

Table 13: Average appointment attendance by participants by phase

Participant intervention intensity			
2021	Phase 1	Phase 2	Phase 3
Average appointment attendance (excluding review hearings)	4.5 per sitting week	2.2 per sitting week	1.2 per sitting week

Source: MCV Drug Court program management database

¹⁵⁵ The key principles of cognitive behavioural therapy - Kristina Fenn, Majella Byrne, 2013 (sagepub.com).

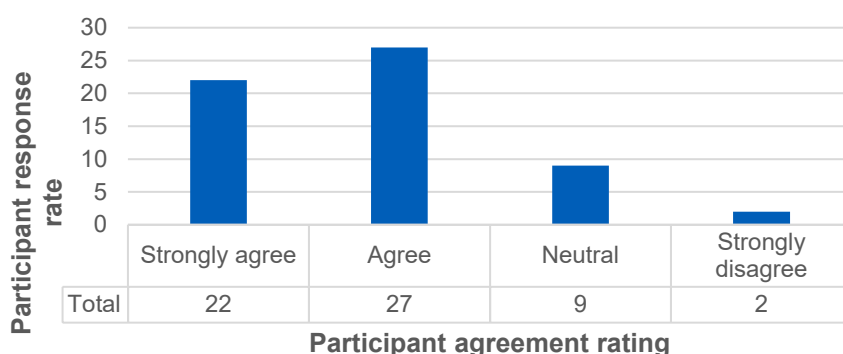
¹⁵⁶ Microsoft Word - PGI Dosage paper (CRES Template FINAL2).docx (nsw.gov.au)

Structured days are complementary to CBT where participants are guided to ‘discover’ and associate certain pro-social activities with their thought patterns and behaviours.¹⁵⁷ The design of the Drug Court model takes this notion further by incorporating review hearings and urinalysis screenings into a CBT treatment pathway. As per Figure 26, participants reported these two interventions as helpful toward reducing substance use.

The review hearing functions as a ‘check in’ for participants to see how they are progressing against their treatment plan goals. These hearings are delivered in line with CBT approaches where the judicial officer will consider feedback provided by the multidisciplinary Drug Court team and engage the participant in a conversation about the reasons for not following their directions/treatment plan. This is overlaid with the results of the urinalysis (i.e. whether the participant has decreased or increased their substance use) and the Incentives and Sanctions Framework. Participants are subsequently supported to understand the impact of their behaviour and link back to their substance use patterns.

Participants were asked questions relating to this in a survey. Figure 27 can be interpreted as being the summation of how CBT and other treatment methods are perceived by participants. Participants overwhelmingly agreed that the Drug Court team knows how to deliver treatments that help with reducing substance use.

Figure 27: Response to question "Drug Court team members know how to help me reduce substance use."



Source: Participant Voice Research Report (2023)

Monitoring substance use places more accountability on the participant

The literature has identified that Drug Court participants generally have poor physical and mental health prior to entering the Drug Court. Participants may demonstrate poor physical functioning, bodily pain, higher levels of fatigue and minimised capability to regulate emotions.¹⁵⁸ A study of NSW Drug Court participants identified that, on average, participants had poorer health baselines when compared to the Australian population. During a focus group with clinical advisors for this evaluation, it was agreed that most participants can be described as polysubstance users. This was also confirmed when the research team conducted observations of Drug Court hearings where the Case Conference Feedback Sheet, the main document used to capture participant urinalysis results, showed that participants frequently used multiple substances during their measurement period.

Clinical advisors also agreed there has been an increase in emergency hospitalisations of participants who have been misusing GHB with stimulant substances. This highlights the increasing prevalence of participants presenting with problematic substance use patterns which can have a compounding effect on the ability of the multidisciplinary team to develop responsive treatment pathways.¹⁵⁹

Substance use testing (urinalysis) is a key element of the Drug Court. In the Victorian Drug Courts, a third-party pathology service will facilitate sample testing provided by participants at their Therapeutic

¹⁵⁷ Ibid.

¹⁵⁸ [14.pdf \(nsw.gov.au\)](#)

¹⁵⁹ Interviews and focus groups with clinical advisors.

Recovery Centre.¹⁶⁰ Samples are provided up to three times a week, depending on which phase the participant is on, and the participant is asked to disclose their use prior to submitting their sample. The results of the urinalysis will be reported to the Drug Court and the multidisciplinary team are able to monitor the participant's frequency of use and the number of substances being used.

This provides the team information to ascertain whether the participant's path toward rehabilitation is reflective of their urinalysis trends. If the participant has provided an honest answer about their substance use, prior to urinalysis, the court may consider a therapeutic response to encourage further engagement with treatment.¹⁶¹ If the participant has not provided an honest answer, the court may issue a sanction to the participant. The sanctions available to the court can vary depending on the participant's circumstance but it is common for an accumulation of sanctions to result in a seven day stay within custody.¹⁶² The accumulated sanctions will be restarted should the participant serve sanction days in custody.

Table 14 shows a time series of the total number of tests provided by participants to the Drug Court. When comparing the test results for the three phases of the Drug Court, there is a significant decrease in positive substance use tests. For example, the 2019 cohort had a substance positivity rate of 81.8 per cent for Phase 1 participants but, for Phase 2 participants, the substance detection rate was 34.7 per cent, a reduction of 47 percentage points.

Between Phases 1 to 3, there was a 60-percentage point reduction in substances detected. This downward trend between phases is expected because participants need to demonstrate a sustained decline in their substance use before they can progress to the next phase. The proportion of substances detected over the measurement period (2017 to 2022) has remained relatively stable with the exception of an upward trend of positive tests for Phases 2 and 3 participants between 2020 and 2022.

Table 14: Aggregate MCV participant substance use testing by program phase

Substance use testing and positivity rates							
	2017	2018	2019	2020	2021	2022	Total Tests
Phase 1 tests	3845	8958	10771	6544	7059	10092	47673
Substance Detected	2971	7165	8816	5474	6055	8366	39214
	77.30%	80.00%	81.80%	83.60%	85.80%	82.90%	82.30%
Phase 2 tests	120	1142	1450	814	697	1384	5637
Substance Detected	6	385	503	366	355	659	2285
	5.00%	33.70%	34.70%	45.00%	50.90%	47.60%	40.50%
Phase 3 tests	37	579	1001	538	364	523	3046
Substance Detected	1	130	225	190	189	216	951
	2.70%	22.50%	22.50%	35.30%	51.90%	41.30%	31.20%

Source: MCV Drug Court case management system.

The results depicted above show that during Phase 2 and 3 of the years 2020-2022, there is a higher level of positive detection of drug use, which reflects the time period that the Drug Courts were operating in an augmented model due to restrictions placed on participants and the courts through COVID. This included a restricted ability to perform urinalysis testing – a key feature of the drug court program – and likely impacted on the results during that period of time. This was reinforced through the interim report, which included significant commentary around the impact of operating in a COVID-restricted environment.

¹⁶⁰ Therapeutic Recover Centres are where the multidisciplinary team members deliver interventions.

¹⁶¹ Magistrates' Court of Victoria (2022). Drug Court, Specialist Courts and Programs Fact Sheet 11.

¹⁶² Drug Court of Victoria sanctions and incentives framework.

As part of DATO conditions, participants are required to undertake drug and alcohol counselling with an AOD counsellor. This team member plays an important role by working with the participant to help them understand the impacts of their substance use on their behaviour, their risk of offending and the impact upon people within their social circles. A stakeholder survey question (as shown in Figure 28) was asked which intervention provided by the Drug Court was most effective at changing a participant's attitude to substance use. The drug and alcohol counselling interventions were identified as the most effective contributor to address a participant substance use patterns.

Figure 28: Survey results that show interventions that change attitudes to substance use

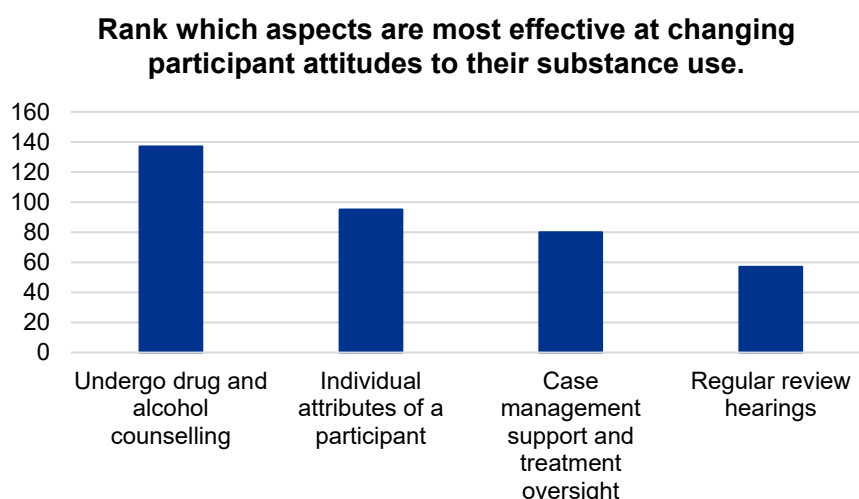
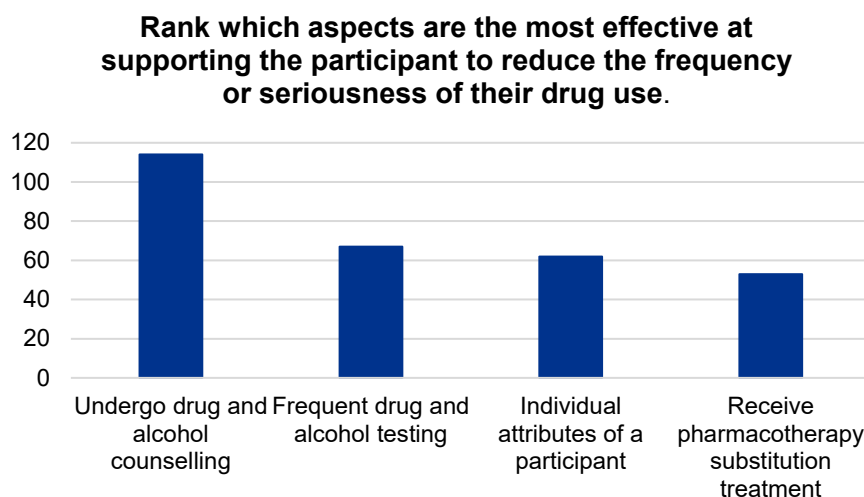


Figure 29 below shows a similar result where stakeholder respondents reported that drug and alcohol counsellors play an important role in reducing participant frequency and seriousness of drug use.

Figure 29: Stakeholder survey results that show interventions that change patterns of drug use



4.3 Do outcomes for participants differ between sites, regions and jurisdictions?

This evaluation has analysed the reoffending outcomes for participants who participated in Drug Court from 2016 to 2019. The data used to inform this analysis was sourced from the Magistrates' Court of Victoria program database and the CSA's reoffending datasets. The Melbourne and Dandenong sites were operational during the evaluation period. Accordingly, the pilot sites at Shepparton, Ballarat and Melbourne DATC were not established and the findings of the CSA analysis is not directly attributable to the pilot sites.

The reoffending outcomes for the pilot sites were not measurable at the time of this evaluation because the sites did not have a sufficient number of former participants to track reoffending outcomes.

The CCV has delivered formative and summative evaluations of the DATC. These evaluations may be used to understand any immediate or intermediate outcomes that are specific to the DATC.

The Participant Voice study carried out by the evaluation team considered the experiences of current and former participants by each site. Appendix F discusses any differences identified by participants in this study. Due to ethical considerations, this study was unable to directly ask participants whether they have reoffended or the extent of their current substance use. The study instead focused on the participant's experience with the Drug Court and whether Drug Court interventions helped participants to reduce reoffending or their substance use.

The Funding and Delivery chapter of this report discusses some of the procedural and administrative differences between the MCV and CCV iterations of the Drug Court. This discussion however does not address whether outcomes differ between sites, regions and jurisdictions.

Funding and delivery



5 Funding and delivery

5.1 Are the current governance arrangements and risk management practices appropriate?

5.1.1 Governance arrangements

The Drug Court pilot sites (Shepparton, Ballarat and Melbourne CCV) have appropriate governance arrangements in place. Insights from stakeholder interviews and focus groups identified that governance frameworks utilised across the Drug Courts offer flexibility to consider differing needs of participants within regional and metropolitan Victoria, whilst maintaining program integrity and person-centred responses. The MCV Drug Court sites are led by a general manager with an operations manager overseeing each site. The operations manager is responsible for day-to-day operations and has a role in overseeing the quality of services provided by funded provider agencies and the multidisciplinary team. The CCV Drug Court site is led by the Operations Manager and Head of Operations and Programs for CCV DATC responsible for the day-to-day operations.

The General Manager (MCV), Head of Operations and Programs and Director of Specialist Courts (CCV) manage the Drug Court's operating budget and strategic relationships with criminal justice system stakeholders and funded provider agencies. The operational managers maintain relationships with local service providers where they can be a point of escalation should issues arise between the multidisciplinary team and providers. The governance difference in CCV reflects the higher jurisdiction complexity, the pilot nature of the program and the relatively new Specialist Courts division in the higher jurisdiction.

Feedback from Drug Court stakeholders highlighted that the multidisciplinary nature of the Drug Court team requires a robust governance framework and collective agreement, including open communication to ensure all members of the team have a holistic view and visibility over participant needs and risks can be managed accordingly.

A steering committee oversees the implementation and risk management of pilot sites, including integration with current practice arrangements followed by the established Drug Court sites (Melbourne MCV and Dandenong). The steering committee, comprises judges, magistrates and directors across both jurisdictions. This governance body has been viewed by key stakeholders as a strength of the current governance framework. Sitting under the steering committee is the MCV Drug Court working group, which provides a forum for raising risks and issues that may impact multiple Drug Court sites.

The DATC has a project control group that sits under the steering committee. Monthly reporting of performance data is submitted to the CCV Board of Management. Weekly reports are provided to the CEO of the CCV to flag high-level issues and risks, and a weekly ad hoc meeting is held, if required, with MCV to discuss cross-jurisdictional components of the Drug Court.

Operational working groups were established at the Shepparton and Ballarat Drug Courts and are being managed locally by operations managers and project officers who report through to the general manager of the Drug Court.

Risks and issues pertaining to the MCV were recorded in registers, with critical developments reported up to the appropriate governance committee through a monthly project status report. Governance groups were used effectively to communicate risks, conflicts, and potential changes to impacted stakeholders in a timely manner.

5.1.2 The Drug Court has strong leadership

Stakeholders recognised the leadership of the Drug Court program as being a strength of the current governance arrangements. The leadership teams for each the MCV and CCV regularly meet to discuss emerging issues that may be affecting participants, including risks to safety, program completion and the

broader community. The leadership culture for both MCV and CCV was observed as enabling free and frank discussions with particular emphasis on evidence-based decision making.

Active collaboration between members of the Drug Court team was viewed as a strength in addressing key risks to participant success on the program, particularly given the intersectional nature of risks and issues. The collaboration between leaders across the various Drug Court sites was seen to provide transparency and consistency in relation to how the model was working in an inter-jurisdictional operating environment.

Key stakeholders identified, at a participant-level, the clinical advisor role specifically as being important in facilitating interaction with other stakeholders and providing opportunities to leverage expertise when developing therapeutic responses for participants.

During the criminal justice system focus group, the importance of the leadership was reported in terms of building consistency of practice. During the focus group sessions, however, there was discussion regarding the opportunities for greater levels of collaboration across sites and across agencies to develop a more integrated leadership and governance approach.¹⁶³

The role of the judicial officer as the leader of the multidisciplinary team was noted across all focus groups. During the criminal justice stakeholder focus group, the crucial leadership role of the judicial officer was emphasised.

"I would consider the magistrate, judicial officer to be the chair of the board. They become the voice of the team, keep the conversation rolling and speak on behalf of everyone involved in the case conferencing."

Judicial officers also spoke about how they understand their role:

"Our role is to maintain the integrity of Drug Court, uphold the legislative framework in terms of recovery we can apply the techniques of therapeutic jurisprudence, in modes that support motivational change and intrinsic motivation, as well as manage the means of interaction to support [the participant's] engagement with various members of the drug court team, and facilitate problem solving if there are issues at hand in terms of participants pathway through Drug Court."

The participant voice research also tested participant's view of the role of the judicial officer, with respondents highly valuing the personal attention, guidance, and support provided by the Magistrates and Judges. Respondents rated the Judge/Magistrate 9.5/10 in overall helpfulness, with 87% respondents rating the Judge/Magistrate as 9 or above.

The Judge/Magistrates involvement is seen, by participants, as a unique and essential aspect of the program, reinforcing participants' accountability, and encouraging their commitment to rehabilitation. This connection between authority figures and participants underscores the key role that Magistrates and Judges play in the program's success.

5.1.3 Risk management practices

The Drug Court across both jurisdictions demonstrated appropriate risk management practices, effectively dealing with most risks and issues that were presented. Operational and enterprise level risks were documented in risk management plans. Accordingly, the Drug Courts pilot sites commenced operations with a clear understanding of critical operational and enterprise risks.

During the implementation and early delivery stages, key risks were identified by the management team relating to funding uncertainty, inability to secure accommodation for regional pilot sites, accommodation fit-out costs, multidisciplinary team challenges, custodial sanction logistics and prospective policy or legislative changes. Treatment plans were developed to guide the implementation of measures to mitigate or manage these risks.

The Drug Court managed risks as they arose, effectively responding to most of the risks and issues that presented. The key risks that proved difficult to resolve through the pilot was around (i) annual funding,

¹⁶³ Criminal Justice Focus Group

leading to recruitment challenges and job security uncertainty, and (ii) access to emergency accommodation and long-term housing, which is part of a broader, state-wide issue. MCV has since engaged a new housing service provider to treat this risk.

5.1.4 Project planning

Magistrates' Court and County Court

A judicial working group was established in 2018 to commence project scoping to ascertain the feasibility of a County Court Drug and Alcohol Treatment Court. The group conducted research, a needs analysis, numerous site visits and stakeholder consultation to obtain insights relevant to expanding the Drug Court to the CCV jurisdictions. These insights were included in the Drug Court Ten Key Components (see Figure 4 (Key components of the Drug Court model) in Section 2.3) to create a tailored operating model unique to the needs of the CCV jurisdiction. Extensive planning was conducted to design a model that reflects a framework of holistic support and utilises best practice principles across relevant specialist courts and therapeutic jurisprudence more broadly.

In reviewing documents provided by the CCV, the evaluation team observed detailed planning, underpinned by a strong evidence-base. Its planning was evidenced by resourcing built into the plan to enable optimal project management, allowing timelines to be met on time and within budget.

An example of the CCV's effective planning is that of the inclusion of Senior Project Manager and Project Officer roles into the DATC staffing model. This was considered a significant reason that planning and implementation occurred within the requisite timeframes.

An area highlighted for greater planning in future was the need to have established data requirements, targets and metrics during the planning stage. This would have enabled important discussions with the data management and reporting team, assisting the team in identifying gaps in recorded data that were to impact future decision making.

A business case was jointly submitted by MCV and CCV in 2019 to the DTF to justify expansion of the Drug Court into two new regional Victorian areas. Project planning was primarily based off the existing sites at Melbourne and Dandenong, where they were established using the principles of therapeutic jurisprudence.

Similar to the CCV project plan, the MCV project plan was extensive. Endorsed by the steering committee in February 2021, it was planned in significant detail, guided by key headings such as project background and scope, approach, governance/organisational structure, reporting and probity.

Upon reflection of planning, stakeholders highlighted that, due to thorough planning and scheduling of the pilot site extension, there were mitigated impacts of unanticipated changes or delays. Clear communication through governance channels conceived in the project plan greatly assisted in this outcome.

Finding	Description
15	The documents and information provided to the evaluation team suggests the governance arrangements and risk management practices for each of the pilot sites (Shepparton, Ballarat and Melbourne DATC) are appropriate for a program of this size and scope. However, as the program continues to evolve, there are opportunities for CSV to leverage the broader reach of the Drug Court network to develop consistent practices, share emerging trends and analyse data at local and state levels. Such an approach would likely have benefits more broadly than the Drug Courts and could also support the development of better practices across the continuum of therapeutic court-based programs in both mainstream court and other specialist courts.

5.2 Have partnerships with relevant internal and external stakeholders been functioning effectively?

5.2.1 The multidisciplinary team

Co-location of the multidisciplinary team has been described by program managers, judicial officers, and the multidisciplinary team as critical in developing a shared understanding and clarity of roles within the team. Some multidisciplinary team members suggested that further role guidance may improve multidisciplinary team cohesion and role clarity. A clearer definition of expectations and responsibilities and providing a transparent understanding of roles may assist with addressing this concern.

The evaluation team observed, during case conferences, the multidisciplinary team collaborating to solve problems related to participant engagement with the program and the logistics of sourcing support services. Interviews with multidisciplinary team members revealed that a key enabler to effective functioning of the Drug Court team is empowering the team member to share their views whilst 'staying in their lane.' It was reported that friction can arise when team members try to influence the decisions or advice of another Drug Court team member. However, friction and tension are an expected part of a multidisciplinary model where members of the team bring different qualifications, disciplines and roles.

The Drug Court model provides that the judicial officer should consider expert advice from relevant team members and that the judicial officer is the final decision maker. This aspect of the model reduces the need for Drug Court team members to collaborate with each other and ensures that there is diversity of views provided to the court.

During the judicial officer focus group, judicial officer spoke about the difficulty in adjusting to the team leadership role.

"I didn't have much experience [of leading teams] in practice. Which is a regret of mine. It was one of the things that I found the most challenging to come to grips with, was being a leader of a team and what role I play. In particular, it's a challenge how to lead the team in a way that is most productive and upholds the integrity of the program, that has been a steep learning curve for me. But the teamwork part of it and leadership part has been challenging and really rewarding. It's something you don't turn your mind to. But found it really surprising, and really rewarding."

Stakeholders reported the relationship between the CCV multidisciplinary team, OPP and their information sharing with Victoria Police could be streamlined. CCV's relationship with Victoria Police stakeholders were often contingent on which officer is currently on duty and not an officer who understand Victoria Police's role in the Drug Court. This has led to instances of information gaps, such as an inability to make contact with the appropriate police officer or failing to receive the police interaction spreadsheet.

5.2.2 External stakeholders

The evaluation team found that the Drug Court engages with the appropriate external stakeholders. It was however identified that relationships with housing stakeholders have proved challenging. Housing stakeholders were described as not prioritising participants when the Drug Court sought to secure dedicated accommodation supply. Drug Court stakeholders felt that housing relationships could be strengthened by building awareness of the role the Drug Court plays in its communities.

Corrections Victoria staff are part of the multidisciplinary team for the MCV iteration of the Drug Court. Stakeholders identified there is a need to improve understanding of the Drug Court and how sanctions operate so that Corrections Victoria can improve its processes when participants are sent to custody whilst on sanction. It was reported that sharing information between Victoria Police and Corrections Victoria should reduce the administrative complexity of having participants having short seven-day custody episodes.

Criminal justice stakeholders reported that the Drug Court could further enhance its relationship with Corrections Victoria by enabling potential participants to understand the onerous requirements involved in applying for a DATO before agreeing to it. Stakeholders reported that, prior to be granted a DATO, most

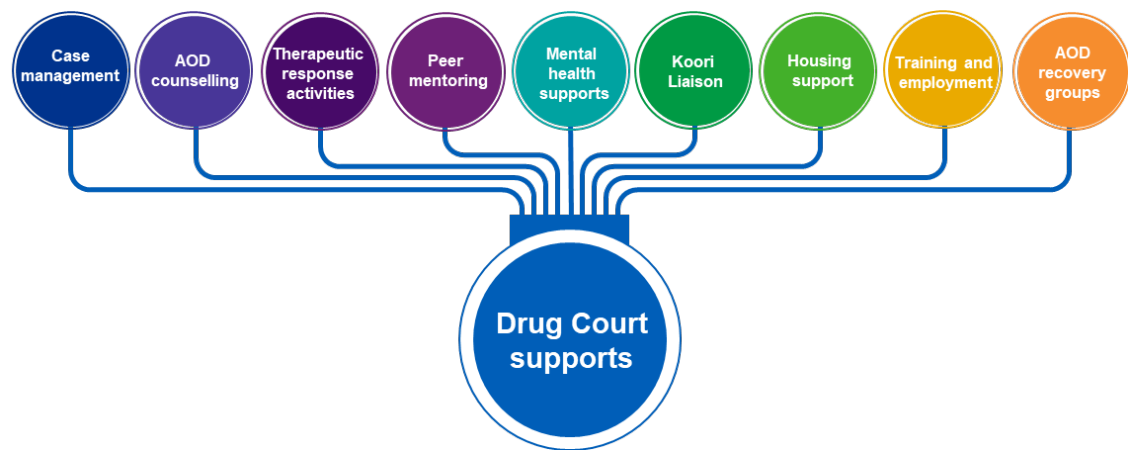
participants are in custody. Having a potential participant’s lawyer and Corrections Victoria collaborate in a streamlined manner was identified as an area that could lessen the procedural burden and improve early engagement for participants.

The relationship between the Drug Courts and Aboriginal participants, staff and Aboriginal agencies could be strengthened. In particular, there is an opportunity for the MCV and CCV to develop deeper relationships with Aboriginal Community Controlled Organisations to deliver the range of services (AOD, mental health, etc) to Aboriginal participants. The focus group reported that this approach would provide greater levels of cultural safety for participants.¹⁶⁴

5.2.3 Participant perspectives of the Drug Court’s management of stakeholders

Interviewed participants expressed high levels of satisfaction with the accessibility and responsiveness of support services provided by the Drug Court program. They emphasised the value of immediate, visible, and structured support from program commencement, which supports initial transition and understanding the program’s expectations.

Figure 30: Drug Court Program Supports



Source: Participant Voice Research Report (2023)

Participants shared that the responsiveness of the Drug Court team (e.g. answering and returning participant calls) and also their efforts to link participants in with the right external services helped them to feel supported and valued. Respondents reflected that having the support when and how they needed it from program commencement, fostered trust and collaboration between the participants and the multidisciplinary team.

Finding	Description
16	Both the Magistrates’ Court and County Court have developed effective relationships with key service delivery providers. Additional engagement activities with internal stakeholders to embed best practice across the network of Drug Courts and other court-based therapeutic interventions and approaches as well as leveraging new and emerging information and data for operational purposes may help further mature these relationships.

¹⁶⁴ Aboriginal Focus Group

5.3 How has delivery of the program improved over time? How can it improve further and what are the opportunities to embed continuous improvement?

5.3.1 Improvements in program delivery

MCV and CCV have put in place continuous performance monitoring at the Drug Court pilot sites (Shepparton, Ballarat and Melbourne CCV), that has enabled program teams to address operational challenges. These monitoring processes have facilitated multiple improvements across the Drug Court sites. The below table outlines some of the key improvements that were made to the delivery of the program throughout the pilot phase.

Table 15: Improvements to the delivery of the program, categorised by jurisdiction

Relevant area	Description of improvement, CCV	Description of improvement, MCV
Organisational	<ul style="list-style-type: none"> Following a review of the organisational structure, numerous senior roles were created to deliver practice guidance, enhance clinical governance and improve engagement with key stakeholders 	<ul style="list-style-type: none"> Development of a Monitoring, Evaluation and Learning Framework (MELF) enabling MCV to measure and analyse its performance to inform future practice and quality improvements linked to outputs and outcomes The staffing structure was amended to better fit the needs of the cohort and the pilot programs
Operational	<ul style="list-style-type: none"> Commencement of additional sitting days, providing more time to manage the increased number of DATOs and enabling court operations to remain consistent with operational benchmarks Introduction of a waiting list to regulate program capacity pressures 	<ul style="list-style-type: none"> Stakeholders conveyed that the governance approach has been uplifted since the initiation of the project plan, enabling more effective communication and transparency around role responsibility and delegations A more structured approach to monitoring has led to greater clarity around gaps in data or efficacy in ways of working, leading to more informed decision making on operational components of the program
New initiatives or interventions	<ul style="list-style-type: none"> Establishment of the liver clinic service at St Vincent's hospital in May 2023, which aims to reduce barriers to education, diagnosis and treatment for vulnerable DATO participants Development of a formal training and education plan to guide greater learning opportunities and capability enhancement The PVES commenced in April 2023, representing a relationship with Box Hill TAFE and the Centre for Adult Education Skills First Reconnect program Self Help Addiction Resource Centre peer support program created in April 2023, comprising peer support sessions 	<ul style="list-style-type: none"> The conception and implementation of a peer support program, which is highly regarded by judicial officers and participants. Stakeholders have expressed the need to continue exploring similar opportunities to expand similar peer support networks to other Drug Court sites. The development of an education program has been considered to be a very important development for the program
Accommodation	<ul style="list-style-type: none"> The introduction of a new housing contract on 1 July 2023 intends to ensure greater service consistency and the improvement of participant access to appropriate housing and homelessness services across Victoria 	<ul style="list-style-type: none"> MCV has been working with the new housing provider to improve access to and the availability of longer-term housing supply for participants and ensure greater service consistency across Victoria
First Nations	<ul style="list-style-type: none"> Recruitment of a Koori Advisory Officer to provide advice and recommendations on how the DATC model can embed culturally safe, sensitive, accessible services for First 	<ul style="list-style-type: none"> Shepparton and Ballarat sites are supported by a Koori Liaison Officer. Also supports culturally safe services for First Nations participants.

Relevant area	Description of improvement, CCV	Description of improvement, MCV
	<p>Nations participants, and to provide guidance to the multidisciplinary team</p> <ul style="list-style-type: none"> Establishment of priority placements for First Nations peoples and women referred to the program 	

The improvements listed in Table 15 have refined various elements of the Drug Court, resulting in continuous improvements to the overall delivery of the program.

5.3.2 Opportunities to improve Drug Court stakeholder engagement

In a series of focus groups with criminal justice stakeholders, housing stakeholders, First Nations stakeholders and Drug Court leaders, it was identified that there are a range of opportunities and improvements that could be explored.

Building awareness of the Drug Court amongst private legal practitioners

While Victoria Legal Aid provides defence lawyers as part of the multidisciplinary team, private practitioners may represent participants prior to being accepted on a DATO. Private practitioners do not have the same level of involvement in Drug Court and criminal justice stakeholders in a focus group identified an opportunity to build awareness amongst this cohort of lawyer. Private practitioners will normally request of a court that their client be referred to the Drug Court for screening and assessment. Stakeholders reported a need to provide information and resources to private legal practitioners on the role of the Drug Court, how it differs from existing programs, and who is eligible and suitable for the program. Stakeholders believed that few private practitioners were aware of the Drug Court, and that of those who are aware, there can be apprehension around recommending Drug Court to their client. This apprehension was reported to stem from a lack of understanding of the program. The development of a strategic communications plan that is sharable to build awareness of the Drug Court with legal practitioners, court users and particular cohorts may enhance professional knowledge of the program.

Continue to Develop relationships with housing providers

Focus groups noted the critical importance of housing to the operations of the Drug Court, and reported that the better the relationships between the court and housing providers and government, the likely better the service provision of housing will be. In particular, stakeholders highlighted the importance of housing to develop and build life skills – which was seen as a crucial aspect of the outcomes for participants. the focus group stakeholders reported that the ongoing development of relationships with housing providers and government across all Drug Court sites will be crucial to ensuring that the Drug Courts are able to achieve the outcomes they aim to achieve. Further, stakeholders identified that strengthened relationships will be important as the housing system continues to shift in terms of stock and focus, and that the operating approach of the Drug Courts will need to be adaptive to the shifting housing approach.

Revise communication channels to ensure messaging is reaching those who need it most

Focus groups suggested that, when a court is designated as a specialist court, there is often a diminished understanding of its functions, operation, and the sources of client referrals. First Nations stakeholders stated that communication about the Drug Court is getting lost somewhere along the chain, as numerous First Nations women are incarcerated who would be suitable for the program but do not have any knowledge of specialist courts, their associated functions, and access pathways. There is an opportunity to improve communications for communities and cohorts that should be aware of the Drug Court.

More outreach activities for First Nations communities

Stakeholders reported that grassroots engagement at key community events is likely to be the most effective way to publicise the program to First Nations communities. Numerous stakeholders indicated more could be done to engage with communities and spread the message at events where First Nations communities meet, rather than at the courts. Inviting Aboriginal Community-Controlled Organisations to be involved with the Drug Court is also a way the program could ensure messaging is reaching potential participants and

improving cultural safety. This would also have the benefit of raising awareness within the Victoria Aboriginal community of the existence of the Drug Courts and what they aim to achieve and how they operate.

Drug Court staff to have a deeper understanding of First Nations cultural needs

For First Nation participants, their cultural journey can be considered separate, but complementary, to their rehabilitation journey. First Nations stakeholders suggested that Drug Court staff require a deeper understanding of what cultural safety means in practice. There are opportunities for Drug Court staff to spend time with First Nations communities in cultural environments and conversing face to face with cultural staff to build a better understanding of nuanced, cultural needs. By better understanding the nuances of First Nations culture, Drug Court staff may be better placed to consistently champion cultural safety for the benefit of the program and its participants. “The biggest benefit comes from grassroots engagement, get out to community and working with community. Picking the right events to promote the court and its eligibility”.¹⁶⁵

5.3.3 Opportunities to improve Drug Court service delivery

Surveys and interviews with participants reported some potential areas of improvement in relation to Drug Court service delivery. The following key challenges were identified by current and former participants:

- Whilst accommodation was recognised as a valuable support provided by the program, participants indicated the antisocial environment and limited facilities in emergency accommodation were challenging for their rehabilitation. For example, some emergency accommodations did not have cooking facilities, so participants needed to buy more expensive convenience meal options;
- Some participants experienced apprehension toward transitioning out of the program, as their current level of support was perceived as ‘necessary’ to maintain their healthy, positive lifestyle. Many participants expressed a desire for a post-DATO aftercare service and an informal ‘graduate’ group where participants could reconnect and seek support post-DATO; and
- Interviewed participants reported an improvement in their mental health, including emotional awareness, and the link between their mental health and substance misuse. However, multiple participants reported difficulty in accessing specialised mental health services. They stated that additional mental health and wellbeing support would be beneficial for Drug Court participants. It was reported there is an opportunity for the multidisciplinary team to work collaboratively with mental health services to deliver integrated support and engage participants in specialist mental health care as required, such as psychiatry.

Focus groups with Drug Court stakeholders identified several opportunities for improvement relating to practice management and streamlining operations. Specifically, these opportunities are:

- develop formalised Drug Court operating procedures, manuals, communication materials and guidelines to support staff. These documents should enhance and better align practice across all Drug Court locations;
- hold regular community of practice meetings amongst all relevant Drug Court team members and broader stakeholders. This will allow learnings to be shared, expansion of knowledge and open dialogues across Drug Court locations;
- improve the outreach capacity and capability of the multidisciplinary team to better engage with participants in familiar environments (i.e. their homes) so that further support can be provided to enhance participant agency and personal resilience;
- identify new ways in which brokerage funding could be better aligned to participant need and the ability of support services to supply within the required specifications;
- utilise the vast amount of data and potential data available through Drug Courts to develop a better understanding of the cohorts coming through the courts and the emerging trends; and
- the provision of housing across the Drug Court sites is based on the capacity and capability of local service providers (i.e. Community Housing Providers). There is an opportunity for the Drug Court to review how housing support is sourced and implemented across all locations.

¹⁶⁵ Aboriginal Focus Group

Finding	Description
17	Both the Magistrates' Court and County Court have pursued continuous improvement activities that aim to enhance the Drug Court's service delivery capabilities. Participants and stakeholders identified a range of improvement opportunities that could be explored by program administrators to further embed continuous improvement processes and strengthen the service model, particularly in relation to improved information sharing across sites and within teams (multidisciplinary teams). There is also an opportunity to develop a more advanced analytical capability within CSV to support the operations and identify emerging trends across the network of Drug Courts and potentially identify participants more or less likely to succeed on their DATO earlier.
18	To increase awareness and understanding of the Drug Court, CSV might consider the development of a strategic communications plan that can be provided to legal practitioners, court users and particular identified cohorts.

5.4 How did the COVID-19 pandemic influence implementation and service delivery?

The evaluation found that participant engagement with the Drug Courts declined during the COVID-19 pandemic. Multidisciplinary team members and the judiciary who participated in focus groups reported that the pandemic restricted face to face interactions, which reduced engagement and participant accountability that came from regularly being before a judicial officer. Participants who were interviewed and that had been on a DATO during that period reported that the restrictions made it difficult to adhere to the requirements of their order or engage with their treatment effectively due to the lack of in person interaction available. Importantly, the pandemic highlighted the importance of maintaining face-to-face interactions for participant engagement and accountability before the judicial officer. Other challenges that impacted participant engagement arose because of varied participant digital accessibility and literacy. Despite this, some multidisciplinary team members reported that many participants in the later stage of their DATO showed greater determination to pursue their recovery despite the challenging circumstances of lockdown.

Interviews with respondents highlighted the challenges that the COVID-19 pandemic presented for their progress within the Drug Court and in reducing their patterns of substance use due to the impacts of facilitating support in person, increased social isolation and limited stability.

"The first time I was in Drug Court everything worked great. I ended up getting a spot at a mental health rehab facility. Then COVID hit... The Drug Court reached out but then something came up for me and then everything got cancelled. I just didn't feel like there was any purpose anymore... It was bad timing with COVID".

- Drug Court participant

The COVID-19 pandemic also presented challenges to the operational management of the Drug Courts. For the newer Drug Courts, developing the collaborative practice that is integral to the Drug Court model was difficult to conduct remotely. Stakeholders identified this as an area which requires renewed focus post-pandemic.

Drug Court management maintained a skeleton staff to ensure core operational functions of the court could continue throughout the pandemic. Accordingly, internal Drug Court team members acted above their typical roles and responsibilities to fill resourcing gaps when it was not possible to engage with funded provider due to lockdown restrictions. A positive service delivery outcome stemming from the pandemic was the increased communication channels between clinical advisors and other Drug Court staff. Prior to the pandemic, clinical advisors and other Drug Court staff were less accessible to participants as they did not have telephones. Since the pandemic, participants now have the means to communicate with the team via mobile telephones.

Finding	Description
19	The COVID-19 pandemic adversely impacted the operations of the Drug Court, particularly in the early stages of the CCV pilot, but program administrators were able to adapt service delivery through utilisation of online services to respond to the challenges stemming from the pandemic.

5.5 Has the pilot been delivered within scope, budget and expected timeframes?

The MCV Drug Court pilot funding is allocated through two key streams. These are:

1. Output funding - This is the operating funding allocated per annum to the Drug Court program;
2. Special appropriations - This is the funding for the judiciary and for pilot sites which is set aside as a specific budget line item.

The CCV Drug Court pilot is allocated as a whole-of-program budget along with Court Integrated Services Program (CISP). The funding is then phased to the relevant program.

The pilot sites have been delivered successfully within the budget allocation, noting that time frames have come forward from the original bid. As expected, the pilots experienced volatility in spending against the budget as each site commenced operations. As the sites progressed to BAU it has begun to stabilise, with variability attributed to ongoing challenges within the program.

CCV experienced no deviations in scope and there were no unexpected costs incurred during the pilot. As Table 16 details, CCV had a minor overspend in its initial pilot year, before realising a 17 per cent and six per cent underspend in the 2021-22 and 2022-23 financial years. The significant underspend in the second year for CCV demonstrates the difficulty in recruiting suitable program staff due to a combination of market conditions and the limitation in offering one-year contracts, a consequence of the current funding arrangement. A key contributor to the 2022-23 underspend was the difficulty in accessing housing for CCV DATC participants, reflecting the high demand for limited spaces. See Section 8 'Future funding requirements' for more detail. Contributing to the underspend was funding allocated to the housing contract, which underwent a period of not being serviced prior to the new arrangement commencing.

As detailed in Table 17 and Table 18 MCV recorded significant underspends across 2021-22 and 2022-23. The underspend from the 2021-22 financial year can be attributed to delays in the commencement of the Ballarat and Shepparton pilot sites. This stemmed from a longer than anticipated period to sign contracts and agreements with preferred suppliers, as well as a delay in recruiting skilled team members to support the Drug Courts operations. The expenditure was also affected by the impacts of COVID-19, which materially reduced budget spend through the financial year. Both MCV and CCV anticipate that underspend will not remain in 2023-24.

Delays and numerous program challenges across the sites, including staffing challenges and the impact of COVID-19 as discussed in Section 5.5.1, led to a significant disparity between output funding sought versus actual expenditure. Resulting from delays in the commencement of the project, an application was submitted by MCV and approved in May 2021 to rephase unspent project funding into the 2021-22 financial year. Due to the challenges experienced by MCV in Section 5.5.1 leading to an underspend in the 2021-22 financial year, a rephase application submission was made and approved on 31 March 2022 for \$1.5 million to be carried forward into the 2022/23 financial year.

The Treasurer allocated \$2.3 million in the 2022-23 financial year to contribute to the continuation of the Shepparton and Ballarat Drug Courts and funding for a combined evaluation of the Drug Court expansion in the MCV and the County Court of Victoria.

5.5.1 Performance against budget

This section outlines the financial performance of the Drug Court pilot sites (Shepparton, Ballarat and CCV Melbourne). Over the 2021, 2022 and 2023 financial years, the pilot sites had an aggregate budget of \$19.0 million. In FY 2023 the weighted underspend for the pilot sites was 22% from a budget of \$11.5 million

and in FY 2022 the weighted underspend was 18% from a budget of \$7.0 million. Both MCV and CCV anticipate that underspends will not remain in 2023-24.

MCV's internal analysis has identified that the Shepparton and Ballarat pilot locations were \$1.9m or 30% under expected budget for 2022-23 financial year, but that spend was tracking toward an expected distribution for 2023-24. Indicating that underspend was a product of:

- slower than expected ramp-up of the program given the infancy of the program (Ballarat Drug Court commenced 28 Feb 2022 and Shepparton commenced 31 January 2022)
- lower than expected average monthly participants (23% under capacity) as a result of program ramp-up period
- required expenditure on contracted services was lower than predicted by initial modelling primarily for Housing and Urinalysis contracts

It is notable that operating and programmatic costs differ across court locations. As pilot sites mature it is reasonable to anticipate that a clearer picture of cost of program delivery will emerge which should inform sustainable longer term funding requirements.

The following figures summarises the budget outcomes for each of the Drug Court sites since they have been in operation.

Table 16: CCV Performance against budget

Financial year	Budget	Actual	Difference	Variance %
2020/21	\$321,200	\$333,558	-\$12,358	-4%
2021/22	\$3,597,000	\$2,981,034	\$615,965	17%
2022/23	\$5,266,800	\$4,931,074	\$335,726	6.4%

Source: CCV financial reporting

Table 17: MCV Ballarat Performance against budget

Financial year	Budget	Actual	Difference	Variance %
2020/21	-	-	-	-
2021/22	\$1,333,600	\$1,029,508	\$304,092	23%
2022/23	\$3,584,000	\$1,972,000	\$1,612,000	45%

Source: MCV financial reporting

Table 18: MCV Shepparton Performance against budget

Financial year	Budget	Actual	Difference	Variance %
2020/21	\$171,700	\$151,567	\$20,133	12%
2021/22	\$2,123,600	\$1,794,222	\$329,378	16%
2022/23	\$2,622,000	\$2,088,000	\$534,000	20%

Note: Positive 'Difference' and 'Variance %' indicate a favourable outcome against budget, negative indicates an unfavourable outcome.

5.5.2 Timeframes

MCV pilot site stakeholders reported challenges in scaling to the participant cap for these sites. Initial funding of \$35 million was allocated for the Drug Court pilots in the 2019/20 State Budget and additional funding of \$5.4 million in the 2022/23 State Budget to continue the pilot funding for a further 12 months. Funding allocation has not been aligned to the length of Drug and Alcohol Treatment Orders for either jurisdiction.

Pilot site costs were incurred in financial year 2020/21, with the first substantial costs and participants occurring from financial year 2021/22. Operational commencement across all pilot locations experienced some delays, in particular COVID-19 impacts on building and infrastructure works as well as challenges in securing regional leases for Drug Court accommodation. CCV took longer than anticipated to reach participant capacity due to more complex court processes. Such processes extended the duration of time taken to get people onto a DATO.

Finding	Description
20	The establishment of the pilot sites was delivered to scope and within allocated timeframes noting that the DATC took longer to reach forecasted participant levels because of procedural complexity relating to the County Court's jurisdiction. In FY 2022 and 2023 all pilot sites reported budget underspends. Most of the underspend was with MCV pilot sites. Underspend in MCV is the result of longer than expected ramp-up period for reaching anticipated participant numbers and some over-estimation of anticipated costs for regional service delivery. For the CCV, the underspend was directly related to the pilot building up participants numbers and not utilising the full housing, urinalysis, and AOD services. The CCV and MCV both anticipate that underspends will not remain in 2023-24.

Efficiency



6 Efficiency

6.1 Overview to measuring the efficiency of the Drug Court

A cost benefit analysis (CBA) has been used to quantify the economic benefits of the Drug Court. This analysis has assessed the cost of delivering all Victorian Drug Courts against the realisable economic benefits of the program. CBAs are the most widely used and accepted economic evaluation technique applied in the assessment of policies and programs in Australia. A CBA provides an accessible framework for identifying, measuring and monetising a range of economic, social and environmental benefits stemming from investment decisions. The use of a CBA as an economic evaluation tool is supported by state-based and nationally-endorsed guidelines that advise quantitative analyses resulting in Benefit-Cost Ratios (BCR) and Net Present Value (NPV).

This analysis isolates the Drug Court's costs and benefits over a stipulated evaluation period, relative to the base case scenario, and then uses discounted cash flow analysis to determine the net benefits, which are avoided costs. This CBA has followed the steps listed below:

- 1 Identification of relevant economic, social, and environmental costs and benefits applicable to the Drug Court;
- 2 Quantification of the identified costs and benefits, where possible, with qualitative assessment of other costs and benefits;
- 3 Comparing and contrasting the quantified costs against the benefits over the evaluation period; and
- 4 Generating economic appraisal output measures, including a NPV and BCR.

The development of this CBA has considered relevant guidance published by the DTF, including the Resource Management Framework (RMF) and the Early Intervention Investment Framework.

The key assumptions and parameters for the CBA are set out in Table 19 below.

Table 19: Standard parameters for economic analysis

Area	Value	Description
Base period	Financial year 2018	Start of the evaluation period
Model period	Evaluation period duration plus two years of benefit realisation	<p>Period encompassing the running time of the program in scope for evaluation for costs (no program related costs incurred after this time)</p> <p>Period encompassing the running time of the program in scope for evaluation of benefits plus two years for the maximum time horizon of outcomes of reduced recidivism and avoided cost of crime</p>
Discount rate	4%	DTF preferred discount rate for benefits that are not easily monetised
Key data sources	<p>Program data held by CSV CSA</p> <p>Report on Government Services (ROGS)</p> <p>Australian Institute of Criminology (AIC)</p>	<ul style="list-style-type: none"> • Data on participants' DATO length of time and custodial sentences from CSV • Data on outcomes and margin of outcomes from CSA analysis • Data on custody and community order costs from ROGS • Data on cost of crime from AIC

Area	Value	Description
Sensitivity	Discount rate sensitivity at 3%, 7% and 10% Realisation of all benefits 10% and 25% lower than represented in core analysis	<ul style="list-style-type: none"> Based on DTF RMF guidance on sensitivity over discount rates and key drivers of benefits

Source: KPMG

6.2 How does the cost and value for money of Drug Court compare to other therapeutic and mainstream court initiatives?

Quantifying economic benefits provides a key piece of decision-making information on how government investment into high-intensity and multi-disciplined criminal justice programs, such as the Drug Court, can be valued in monetary terms. Specifically, this information can be used to demonstrate the costs that are avoided to the criminal justice system.

6.2.1 Cost benefit analysis

An analysis of the Drug Court's costs and benefits has been conducted and is shown in Table 20. This BCR is based on justice system savings and system savings relating to the avoided cost of crime. Other benefits such as health and mental health, housing system and AOD utilisation benefits for participants have not been quantified for the CBA due to data limitations and would likely provide additional economic benefits.

The resulting Benefit Cost Ratio of 2.09 means that for every dollar that was invested in Drug Court, the justice system saved \$2.09.

The BCR of 2.09 means that for every dollar spent on the Drug Courts, there is a saving of \$2.09 to other parts of the justice system. As noted above, this saving does not extend to the health and wellbeing outcomes and is likely understating the overall impact.

Two key insights that can be drawn from the analysis are as follows:

- the Drug Court and DATO is cost effective when compared to custodial sentences; and
- the BCR indicates strong value for money from the investment in Drug Courts, and a likelihood for stronger results as the pilot sites reach full capacity.

Given the short length of time that pilot sites have been operational and the expectation that benefits will be realised over time as programs reach full capacity, it is likely that the BCR would increase. The following sections detail the method and results of the CBA.

Table 20: Benefit cost ratio and net present value of the Drug Court

Evaluation Values (\$m, 2022-23\$)	Base case	Project Case	Difference
Costs			
Program Costs	0.0 M	53.0 M	53.0 M
TOTAL COSTS	0.0 M	53.0 M	53.0 M
Benefits			
Diversion from custody	0.0 M	100.0 M	100.0 M
Avoided cost of crime	0.0 M	0.2 M	0.2 M
Reduced recidivism	0.0 M	10.3 M	10.3 M
TOTAL BENEFITS	0.0 M	110.5 M	110.5 M
Results - Economic Performance Measures			
Net Present Value (NPV)			57.6 M
Benefit Cost Ratio (BCR)			2.09

Source: KPMG

6.2.2 Quantification of costs of the Drug Court

Direct costs were calculated based on financial reports submitted to the evaluation team by CCV and MCV. These Drug Court costs comprised salaries, operating expenditure, establishment costs and brokerage funding incurred by CCV and MCV. For the analysis, this is the funding allocated over the evaluation period. The CBA includes costs from all sites during the evaluation period of FY18 to FY22 including the costing from pilot sites as outlined in 5.5.1. It should be noted that due to the short running duration of pilot sites their costs will be more substantial relative to benefits but it is anticipated that these sites will become more cost efficient over time and contribute to a higher BCR after longer running durations.

The value of costs was calculated as having an NPV of \$53.0M.

Table 21: Output funding and special appropriations consolidated by Drug Court location (Real FY23-24\$)

Drug Court Location	Total Costs
Melbourne	33.5 M
Dandenong	9.5 M
Shepparton	3.4 M
Ballarat	3.2 M
CCV	3.3 M
Grand Total	53.0 M

Source: KPMG

6.2.3 Quantification of Drug Court benefits

Avoided costs from custody

Potential Drug Court participants are held in custody prior to being accepted onto a DATO. The initial period of custody is not considered in this analysis because the DATO has not yet commenced and there is no incremental difference between this benefit and the base case. The avoided cost of custody benefit is the difference in cost between a person being on a DATO per day as opposed to the person being in custody. This benefit is derived by calculating the cost per person per day across sites for the Drug Court.

Calculation for this benefit relied on actual de-identified participant outcomes provided by CCV and MCV. MCV and CCV data includes DATO start and finish lengths of time on a per person basis. Participant days on a DATO were scheduled across the years in the evaluation period so the benefit could be considered on a per year basis. The days were then aggregated and the sanction days removed from the days on a DATO (on the basis that there is no incremental benefit between days spent in custody because of Drug Court sanctions and traditional custody). The resulting figure of days was then multiplied by the relevant ROGS figure for cost of traditional custody per person per day as per Table 22 and Table 23. The value of reduced recidivism was calculated as having an NPV of \$100.0M. ROGS data is produced by the Productivity Commission annually and includes a nationally agreed approach to providing a range of comparable outcomes across states, including the costs of services.¹⁶⁶

¹⁶⁶ Methods for calculating costs can be found at the Productivity Commission's website: [C Justice - Report on Government Services 2023 - Productivity Commission \(pc.gov.au\)](https://www.pc.gov.au/reports/2023-justice-report-on-government-services)

Table 22: Real net operating expenditure per prisoner and per offender per day (FY22\$)

FY18	FY19	FY20	FY21	FY22
\$341.95	\$328.07	\$328.38	\$377.60	\$394.21

Source: Report on Government Services (ROGS) data.

Table 23: Participant days on a DATO per site

Site	FY18	FY19	FY20	FY21	FY22
Melbourne	25,655	37,015	39,255	34,701	35,486
Ballarat	0	0	0	0	662
Dandenong	17,483	21,548	22,390	16,813	18,407
Shepparton	0	0	0	0	739
CCV	0	0	0	0	4,201

Source: CSV Data

Avoided cost of crime

A prior evaluation of the Drug Court (conducted in 2014)¹⁶⁷ and the reoffending study conducted by the CSA for this evaluation have identified that former Drug Court participants take longer to reoffend, and do so with lessened severity and less frequently. The avoided cost of crime benefit quantifies the negative impacts that crime can have upon property owners, victims and the broader community. The AIC has developed a framework for estimating the economic impacts of certain crime categories and this analysis has incorporated these parameters into the CBA model.¹⁶⁸

In the context of this evaluation, the avoided cost of crime benefit is realised when Drug Court participants commit less crime or less serious crime when compared to non-Drug Court offenders. The cost component of this benefit does not include justice system costs such as court or custodial costs but instead includes the socio-economic costs of crime such as medical treatment expenses, lowered productivity and/or property losses from victims, as well as intangible losses including fear, suffering and pain.

The CBA measured the avoided cost of crime based on the CSA's reoffending study. The cost of crime was calculated by using the values identified by the AIC and the below table from the CSA's reoffending study. This table represents the reoffending type by cohort in a 24-month period post-program. The differential between these offence types constitutes the 'avoided' component of this benefit.

Table 24: Table of reoffending by type and cohort – MCV Drug Court Recidivism Analysis (CSA) (excluding homicide)¹⁶⁹

Most serious offence type	Non-DATO participant Control		DATO participant Treatment	
	#	%	#	%
Total participants with proven heard charge	251	100%	214	100%
A20 Assault and related offences	55	22%	46	21%
B30 Burglary/Break and enter	35	14%	24	11%
A80 Dangerous and negligent acts endangering people	34	14%	20	9%

¹⁶⁷ KPMG 2014, Evaluation of the Drug Court of Victoria Final Report, 91-93.

¹⁶⁸ Smith R et al. 2014. Counting the costs of crime in Australia: A 2011 estimate. Research and public policy series no. 129. Canberra: Australian Institute of Criminology.

¹⁶⁹ The low number of homicides and the significant value placed on the offence would have the effect of significantly skewing the results of the analysis given the small numbers across the study cohort, subsequently, homicides were removed from the analysis,

Most serious offence type	Non-DATO participant Control		DATO participant Treatment	
	#	%	#	%
D10 Weapons and explosives offences	27	11%	21	10%
C10 Drug dealing and trafficking	20	8%	22	10%
B20 Property damage	19	8%	20	9%
E20 Breaches of orders	19	8%	14	7%
A50 Robbery	8	3%	4	2%
B40 Theft	8	3%	12	6%
A30 Sexual offences	5	2%	0	0%
B50 Deception	5	2%	12	6%
A70 Stalking, harassment and threatening behaviour	4	2%	≤3	1%
F10 Regulatory driving offences	4	2%	6	3%
E10 Justice procedures	≤3	1%	0	0%
C20 Cultivate or manufacture drugs	≤3	1%	5	2%
C30 Drug use and possession	≤3	1%	4	2%
D20 Disorderly and offensive conduct	≤3	1%	≤3	1%

Source: Crime Statistics Agency Drug Court reoffending study 2023

These offence types were mapped to AIC's unit costs from the AIC's most recent publication on the topic. Offences with a sample size in either treated or control cohort of ≤3 were excluded from the analysis (noting that the impact of these would likely be immaterial, these rows are marked in grey). Unit costs from the AIC were applied to the marginal likelihood to reoffend for DATO participants relative to the control cohort and extrapolated to the whole of MCV for the evaluation period.

The avoided cost of crime benefit was measured to be \$0.2M. When calculating this benefit, units costs for crimes that had a measurable difference in the analysis ranged from \$1500 to \$4500. These figures consist of medical costs, lost output and intangible losses (exchanged private or public markets such as fear, pain, suffering and lost quality of life). As the relative likelihood for a DATO participant not to re-offend for most categories of offence improves by between 3 and 5%, the monetized avoided costs of crime are not as significant as benefits relating to reduced time in traditional custody which is very substantial.

Avoided costs of reoffending (custodial sentences)

The avoided costs of reoffending benefit measures the differences in costs to the criminal justice system from former participants who reoffend, compared to those from the control group. This benefit is distinct from the avoided cost of crime because criminal justice costs are distinct to the socio-economic costs represented in the avoided costs of crime. Specifically, this benefit measures the avoided costs associated with custodial sentences.

As reported in Section 4 (Effectiveness) of this report, a significant proportion of former participants do not reoffend after completion of their DATO. This benefit only considers former participants who have reoffended and received a custodial sentence. Custodial sentences are recognised as the costliest economic disbenefit resulting from a reoffence. Less costly sentences stemming from a reoffence, such as a community corrections order or bonds, have not been captured in this benefit because the cost of custody is significantly more expensive than the other two sentencing options.

The below table sets out the relative differences in reoffending custody outcomes from the CSA outcomes analysis.

Table 25: MCV Drug Court Recidivism - Custody outcomes for sentenced reoffenders (CSA)

Longest sentence length	Non-DATO participant Control		DATO participant Treatment	
	#	%	#	%
Total participants with custody outcome	210	100%	169	100%
Up to 6 months	94	45%	83	49%
6 months to 1 year	50	24%	39	23%
More than 1 year	66	31%	47	28%

Source: Crime Statistics Agency Drug Court reoffending study 2023

The results of the CSA analysis do not specify the number of days a participant was sentenced to custody, which would be used to calculate the unit cost value of this benefit. The assumptions in Table 26 below were developed to account for the likely time in which a reoffending former participant may have spent in custody.

Table 26: Assumptions table for reduced recidivism benefit

Total participants with custody outcome	Assumed Months	Days in sentence
Up to 6 months	3	90
6 months to 1 year	9	270
More than 1 year	15	450

The difference in sentencing days is when the margin between control and treatment samples is treated similarly to the diversion from remand benefit, with the incremental difference in custody days for the treated vs control cohort multiplied by the ROGS figure for cost of custody per day for the relevant years in which the benefit was incurred. The outcomes analysis indicated there was no difference in control and Drug Court cohorts for likelihood to receive a community corrections order, and thus there is no benefit to calculate.

The value of reduced recidivism was thus calculated as having an NPV of \$10.3 million.

6.2.4 Sensitivity analysis

Scenario and sensitivity analysis of the CBA is presented in the table below. The BCR is projected to range from between 1.56 (most pessimistic scenario) and 2.13 (most optimistic scenario) when considering alternative scenarios for sensitivities. The small movements in discount rate of sensitivity is reflective of the fact that the majority of the benefit (diversion from remand) is realised on the same time horizon as the costs of delivering the program.

Table 27: Sensitivity analysis to the CBA

Scenarios	Cost	Benefit	NPV	BCR
Base	53.0 M	110.5 M	57.6 M	2.09
Discount rate 3%	54.2 M	112.7 M	58.5 M	2.08
Discount rate 7%	49.5 M	104.5 M	55.0 M	2.11
Discount rate 10%	46.5 M	99.1 M	52.6 M	2.13
Costs 20% Higher	63.6 M	110.5 M	47.0 M	1.74
Benefits 10% Lower	53.0 M	99.5 M	46.5 M	1.88
Benefits 25% Lower	53.0 M	82.9 M	29.9 M	1.56

6.2.5 Indirect economic benefits of the Drug Court

Avoided costs associated with health and human services

As reported in 6.2.1, other benefits such as health and mental health, housing system and AOD utilisation benefits for participants have not been quantified for the CBA due to data limitations. This omission was agreed by key evaluation stakeholders.

There is evidence that demonstrates the indirect economic benefits associated with reduced harmful substance use.¹⁷⁰ The literature around reducing harmful substances use has been discussed in section 4 (Effectiveness) of this report. Drug Court participants who are able to minimise their utilisation of health and human services would likely have a resultant economic benefit to themselves (reduced cost healthcare) as well as the avoided cost and burden on the healthcare system more broadly. The unmeasured benefits associated with the Drug Court are discussed in further detail at Section 6.4.

Finding	Description
21	<p>An analysis of outcomes for Drug Court participants compared to a matched control group of offenders receiving terms of imprisonment demonstrated a Benefit Cost Ratio (BCR) of 2.09 and a Net Present Value of \$57.6 million. The positive BCR means that investment in Drug Courts provides a costs saving when compared to the alternative of prison.</p> <p>Compared to imprisonment (which is the alternative option for this cohort), Drug Courts are relatively cost efficient. However, compared to costs of other justice system community-based justice interventions, Drug Courts are an expensive option. The outcome of the Benefit Cost Ratio would seem to suggest that the additional cost is a reasonable additional expense for this particular cohort. As highlighted above, the Drug Court is an intensive program designed for the higher end of offenders with entrenched drug dependency and persistent criminal offending. For this cohort, cheaper alternatives have been demonstrated to be ineffective.</p>
22	<p>Comparative to other mainstream court initiatives, the Drug Courts are at the 'far end' of the continuum of court-based interventions, from lower intensity (which includes programs like Navigation and Community Referral), medium intensity (mainstream court support programs such as CISP the Assessment and Referral Court) through to higher intensity intervention of the Drug Court.</p>

6.3 How does the cost and value for money of Drug Courts compare to mainstream sentencing and other therapeutic justice programs?

Table 28 below provides a summary of the costs of custody in Victoria, the costs of a less intensive court-based support program and the current cost of the Drug Court program. While the different costs of each program are shown below, it should be noted that the CISP is an intervention option offered to eligible accused persons while they are on bail prior to their sentence, rather than an alternative sentence option for individuals facing immediate incarceration.

The per person, per day costs associated with the Drug Court are an aggregate of the costs for participants across the entirety of their DATO. The costs incurred in phase one are likely to be higher and as a participant continues on their DATO, they are likely to cost less per day overall. This is because during the latter phases of the program, there is less levels of supervision and compliance, reducing the cost impact.

Table 28: Average cost (\$) per person per day across programs (FY18-22)

Traditional Custody	Court Integrated Services Program at the County Court of Victoria	Drug Courts of Victoria
\$354.04	\$58.00	\$187.11

Source: CSV Program Cost Data and ROGS Data

In 2022, KPMG completed an economic evaluation of the CISP at the County Court of Victoria. The CISP is offered to defendants with an indictable matter before the MCV and CCV who are on bail awaiting committal, trial or sentence. A multidisciplinary approach to the assessment and treatment of underlying causes of offending behaviour through judicial supervision, case management support and referrals to tailored support services is provided in the CISP. The CISP however is not directly comparable to Drug Courts because the

¹⁷⁰ KPMG, Rethink Addiction. (2022). Understanding the cost of addiction in Australia, p. 4.

CISP is a bail program that is shorter in length of time and its outcomes are focused on readying offenders for community-based sentences and not necessarily breaking entrenched patterns of reoffending or substance use. In addition, CISP involves less intense interventions, less regular judicial supervision hearings (monthly as opposed to weekly) and does not apply an incentives and sanctions framework as the person has not been sentenced to a term of imprisonment that can be activated through sanctions.

During the Focus Group sessions multiple stakeholders reported that the Drug Court is a more expensive alternative to programs like CISP or community corrections orders, however stakeholders also reported the broader range and deeper level of services provided to Drug Court participants when compared to other community-based interventions and supervision models. In the context of the cohort – who would otherwise be in prison and have highly complex drug dependencies and other health and social issues – stakeholders agreed that the level of support and, importantly, judicial supervision, offered by the Drug Courts was the most likely option to effect change in the particular cohort subject to a DATO.

In this context, stakeholders reported that Drug Courts operate at the 'high end' of the continuum of court-based interventions and that for the majority of people in contact with the criminal justice system, the level of intervention of the Drug Court would not be suitable or appropriate and that other interventions from lower intensity (which includes programs like Navigation and Triage), medium intensity (mainstream court support programs such as CISP) are more appropriate. In this context, stakeholders reported that Drug Courts operate more similarly to the Assessment and Referral Court (ARC) List, which is for offenders with acute and long-standing mental health conditions.

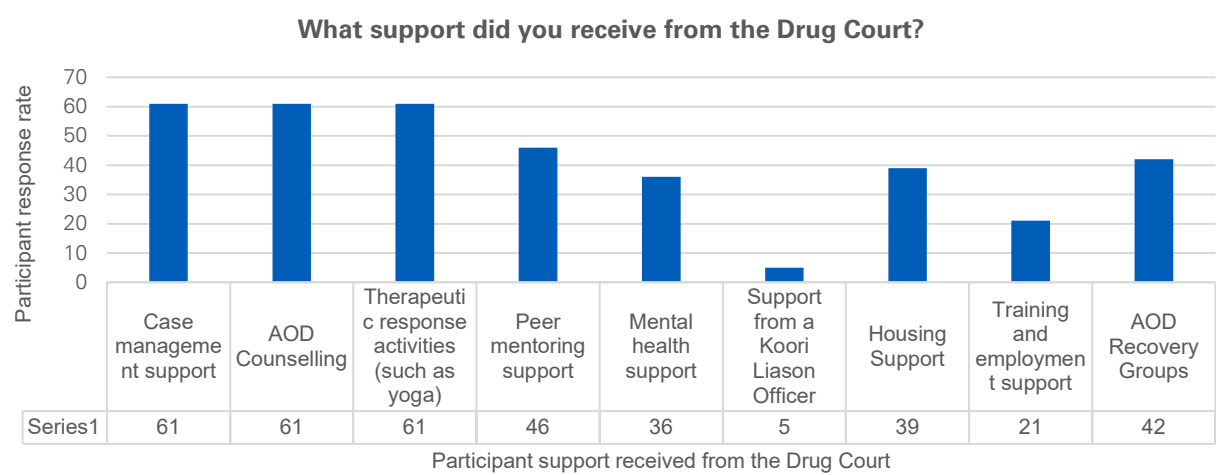
6.4 What are the unmeasured/qualitative economic benefits of the Drug Court as opposed to traditional pathways for similar cohorts?

In addition to direct benefits discussed in Section 6.2, the Drug Court aims to provide a range of qualitative benefits for participants, the justice system, and the Victorian community more broadly. These benefits stem from key supports provided to participants by the multidisciplinary team. At a high-level, the Drug Court aims to do the following:

- improve physical and mental wellbeing of participants;
- increase compliance with court orders;
- reduce harm to the community; and
- enable participants to be diagnosed and receive treatment for underlying health conditions or disabilities.

Figure 31 below has identified the types of services accessed by participants. Of the 61 participants surveyed, 21 were supported to access training and employment support. This support, as an example, may help participants to reengage with the labour market or to engage with training that readies them to enter the labour market.

Figure 31: Response to participant survey question – what support did you receive from the Drug Court?

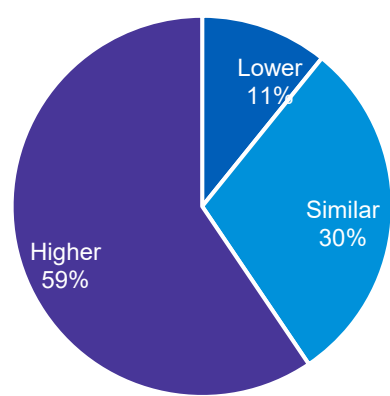


Source: Participant Voice Research Report (2023)

While engagement in education is not an express objective of the Drug Court, it does provide opportunities and pathways for participants who may want to engage in prosocial activities and lead a prosocial life after Drug Court. In later phases of the program, some participants may be supported to enter the workforce or education. Figure 32 asked survey respondents to reflect upon other interventions they may have been involved in within the past and to form a view as to whether the Drug Court enables a participant to enter the workforce or education. A majority of survey respondents reported that the Drug Court can enable some participants to enter the workforce or education.

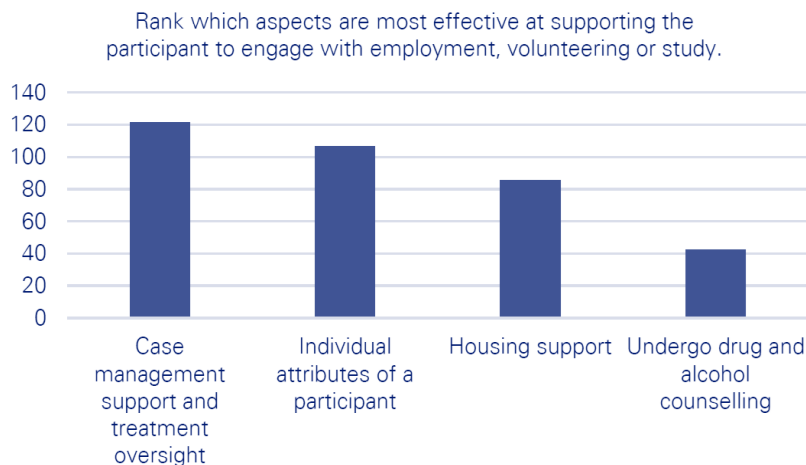
Figure 32: Stakeholder survey results showing potential effectiveness of Drug Court supporting participants to enter the workforce or education

Compared to other programs or interventions you have had past experience with, how effective is the Drug Court at increasing participation in employment, education or volunteering?



Similarly, Figure 33 below shows that when participants do enter the workforce, the case managers are the biggest enablers for participants. This indicates that participants may receive referrals to job readiness programs from their case managers as well as being guided by their case managers on their options for work. Over half (59%) of the survey respondents indicated that they believed Drug Court was more effective at increasing participant in the workforce or education when compared to other initiatives they had experienced.

Figure 33: Stakeholder survey results that show the enablers for participants to work, volunteer or study



Drug Courts have been explored as a more constructive and economically efficient substitute for incarceration, serving to reduce the number of drug and alcohol-related crimes in the justice system.¹⁷¹ The following summarises some of the insights identified from the literature.

Qualitative study 1

This study explored the experiences of young adult offenders who completed a Drug Court treatment program in the United States. The study used a grounded theory approach to analyse interviews with participants and found that Drug Courts provided a supportive and structured environment that facilitated positive changes in participants' lives and their families. Participants reported improvements in their relationships, employment prospects, and overall well-being as a result of their participation in the Drug Court program.¹⁷²

Qualitative study 2

This study focused on improving graduation rates in a Drug Court through employment and educational opportunities and medication-assisted treatment (MAT). The study found that providing participants with opportunities for employment and education, along with the use of MAT, enhanced their chances of completing the Drug Court program. Participants reported that having these additional supports was critical in helping them to address the underlying issues contributing to their substance use and provided them with the skills and resources necessary for long-term recovery.¹⁷³

These studies are examples of a large body of evidence that highlights the qualitative benefits of Drug Courts, including the provision of a supportive and structured environment, access to treatment and support services, and opportunities for personal growth.

Finding	Description
23	The Drug Court provides a range of criminal justice, health, education and human services supports to participants. If participants engage with these supports, there may be subsequent qualitative economic benefits to participants and the service systems that have not been captured in the Cost Benefit Analysis. Participants are supported to develop employment, volunteering or education pathways that are conducive to moving beyond criminal activity and substance use, and during focus groups and through the Participant Voice research survey, the evaluation heard of instances where participants have received clear benefits from engagement in employment.

¹⁷¹ Gallagher, J., Nordberg, A., & Kennard, T. (2015). A qualitative study assessing the effectiveness of the key components of a drug court. *Alcoholism Treatment Quarterly*, 33(1), 64-81. <https://doi.org/10.1080/07347324.2015.982453>

¹⁷² Moore, K., Barongi, M., & Rigg, K. (2016). The experiences of young adult offenders who completed a drug court treatment program. *Qualitative Health Research*, 27(5), 750-758. <https://doi.org/10.1177/1049732316645782>

¹⁷³ Gallagher, J., Wahler, E., Lefebvre, E., Paiano, T., Carlton, J., & Miller, J. (2018). Improving graduation rates in drug court through employment and schooling opportunities and medication-assisted treatment (mat). *Journal of Social Service Research*, 44(3), 343-349. <https://doi.org/10.1080/01488376.2018.1472173>

6.5 What elements of the Drug Court could be embedded into mainstream court services?

6.5.1 Comparisons with mainstream court services

Primary research conducted in this evaluation identified key elements of success that create a therapeutic environment that is conducive to behaviour change for people who have experienced long-term, harmful substance use and offending. These elements of success are reflected in the Drug Court model and together are the primary drivers of achieving favourable outcomes with participants. Table 29 lists the elements of success and provides definitions, as identified in primary research, for each element.

Table 29: Elements of success – definition

Elements of success	Definition
Consistency	Staff attending court, including the judicial officer, prosecution, defence, and therapeutic team, are consistent in practice and relationships with participants.
Intensity	Level of intervention and service is aligned with identified need and is proportionate to the circumstances of the participant.
Efficiency	Barriers to accessing services and interventions are reduced and these services are offered to a court user at the appropriate time.
Agency	Participants are empowered to influence their journey and understand the consequences of their actions.
Immediacy	When court orders are breached, the issue is promptly dealt with and the justification for corresponding sanctions is understood by the participant.

Table 30 provides a comparison between mainstream court users and Drug Court participants.

Table 30: Comparison between mainstream court users and Drug Court participants

Elements of success	Mainstream court user	Drug Court participant
Consistency	<ul style="list-style-type: none"> Court user may experience a consistent judicial officer if a judicial monitoring condition is made with their sentence. Prosecution and defence teams may comprise of duty lawyers. 	<ul style="list-style-type: none"> Participants will have a dedicated judicial officer and a support team, with set roles, that is consistent in delivery and composition.
Intensity	<ul style="list-style-type: none"> Mainstream court programs include pre-sentence programs such as the Navigation and Triage Program or the Court Integrated Services Program. These programs are earlier interventions that provide court users an opportunity to address their offending behaviour as a consideration. 	<ul style="list-style-type: none"> Participants receive a level of intervention intensity that is proportionate to the needs and risk profile, from the multidisciplinary team as well as wrap-around services.
Efficiency	<ul style="list-style-type: none"> Mainstream court programs may provide case management and brokerage funding for services directly relevant to the person's matter in court (i.e. temporary accommodation or diagnosis of cognitive impairment). 	<ul style="list-style-type: none"> The availability and timing for interventions can be sequenced to meet the individual circumstances of the participant. The length of the DATO allows for structured days that can provide focus to the participant.
Agency	<ul style="list-style-type: none"> Court user experiences transactional interactions with their defence lawyer and the judicial officer. There are limited opportunities to build rapport with their team 	<ul style="list-style-type: none"> Participants are empowered to engage with the sanctions and incentives offered by the program. The successive staging of the program enables participants greater agency as

Elements of success	Mainstream court user	Drug Court participant
	and this support may cease once their matter is finalised.	they progress through each phase of the DATO.
Immediacy	<ul style="list-style-type: none"> The time to address non-compliance with conditions of community-based sentences, such as the Community Corrections Order, can occur months after the breach occurred. 	<ul style="list-style-type: none"> Regular review hearings (as frequently as twice weekly) can be used to rectify any compliance issues with DATO conditions. They ensure the participant can associate their sanction with their actions.

6.5.2 Comparisons between DATOs and other sentencing options

The role of the Drug Courts across Victoria is targeted to participants presenting with complex needs who are placed on a DATO, and operates within a continuum of interventions across mainstream and specialist court lists that seek to match the level of risk and need of the accused to the appropriate level of intervention. Within this continuum, the role of the Drug Courts is to provide intensive, judicially supervised treatment to a cohort of people for whom many other justice and/or health interventions have previously failed. The Drug Courts are designed to target complex offenders with entrenched drug use, who present with high risk in areas such as criminogenic behaviour, substance use and community safety.

Within this context, the Drug Courts operate as a direct alternative to imprisonment. They offer a different level of intervention that is distinct from other court-based interventions. The Drug Courts include significantly more onerous levels of monitoring and treatment than other court-based interventions or even those interventions offered through community correctional services. This includes the unique role of the authority of the judicial officer to motivate and compel participation in the program. The Drug Court features a more intensive support network across the multidisciplinary team that is suitable for the particularly higher risk and higher need cohort for which they have been designed. These supports include residential treatment, housing support, various therapeutic models of care, regular reporting to a judicial officer, who uses the incentives and sanctions framework to support continued compliance and desired behaviours from the participants.

In primary research conducted with participants, the evaluation team asked respondents to compare their experience with a DATO and other sentences they previously received. Respondents stated their experience on a DATO, when compared to CCOs, imprisonment, and parole, was more effective at reducing their criminal activity and harmful substance use.

Respondents rated the Drug Court program as 9.4/10 in terms of helpfulness in comparison to other community-based orders/sentences and custody.

The program's emphasis on rehabilitation and individualised support emerged as a key factor in favourable respondents' comparisons. They viewed the Drug Court as more empathetic and divergent from the punitive aspects of CCO and custody.

Responding participants reported the expertise and demeanour of the multidisciplinary team were important factors that influenced participants' attitudes toward the Drug Court. Participants highlighted that the non-judgmental and supportive attitudes of the team created an environment conducive to personal growth and fostered a sense of individual accountability. A smaller proportion of respondents indicated that some Drug Court staff, primarily non-therapeutic staff (such as security and administrative roles), may benefit from further training in compassionate and respectful client engagement.

6.5.3 Embedding elements of the Drug Court into mainstream courts

The evaluation team asked stakeholders whether aspects of the Drug Court could be embedded in mainstream courts. Stakeholders overwhelmingly see the Drug Court as a specialist model that requires all of its components to work effectively. Concerns were raised that taking specific elements of the Drug Court

to into mainstream courts would result in a hybrid model that is “the worst of both worlds”.¹⁷⁴ Stakeholders considered the biggest challenge in embedding Drug Court elements into mainstream courts was in ensuring ‘postcode justice’, where such a program must be delivered state-wide and be accessible to all Victorians. Drug Courts require significant resourcing and concern was expressed that community correctional services cannot provide the same level of intensity as Drug Courts.

Stakeholders also reported the Drug Court was established as a specialist court in Victoria because it differentiated itself from mainstream courts.¹⁷⁵ Judicial officers expressed concern that it is not realistic for them to adopt the intensity of Drug Court therapeutic approach in mainstream courts because Drug Court is case management focused, which relies on building rapport with the participant through weekly judicial reviews over a lengthy period of time. In contrast, mainstream courts lists, particularly higher volume mainstream list in the Magistrates’ Court, cannot sustain the intensity or frequency required for the Drug Court cohort.

Stakeholders across all focus groups expressed that the Drug Court model has been built to specifications that are evidence-based, and that embedding some elements would provide a hybrid model that is less effective. Stakeholders generally agreed that there are structural barriers in mainstream courts that would potentially make replicating aspects of the Drug Court challenging and potentially less effective.

Nonetheless, during the Judicial Officer Focus Group, judicial officers reported the importance of taking many of the lessons from Drug Court back into mainstream court processes in terms of court craft and information on emerging trends. One magistrate reported the following feedback:

“On the flip side, working in Drug Court has made me a better magistrate, made me more agile with dealing with people in mainstream. Better in tapping into what an accused, or defendants needs may be when I’m hearing pleas of guilty. There has been a huge growth in my core craft and my skills as a magistrate because of this court”.

Judicial officers also reported the importance of building empathy and how that can translate into mainstream practices:

“Everything we are trying to do is to give [the participants] a voice, which no one has given them. Their true story has never heard (before Drug Court). So we are all about having their story heard and understood. So not until we understand where they have been that we can help them get where they need to go. You impose sanctions, and there is no fuss or trauma. They come out, and they say thank you. We do something that has been done to them hundreds of times before. They will often say it’s the fairness they sense that makes them so amenable to what the Drug Court is trying to do. And where fairness plays an important factor, it’s in our role as the leader of the team. To make sure all voices are heard, navigate that, and impart to the team the sense of procedural fairness through the lens of empathy for [the participants] situation”.

Finding	Description
24	As detailed above in Section 1.1, the Drug Courts operate at the most intensive end of the justice system interventions within the community. The Drug Court is a direct alternative to imprisonment and compared to mainstream court services, it operates with a distinctly different approach, in response to the complexity of the cohort, that involves significant judicial supervision and intensive treatment and support. The application of elements of Drug Court practices in mainstream courts would risk the integrity, impact and effectiveness of the model and would require specialist resources even if it were a potentially effective option.
25	While it would not be possible or feasible to operate Drug Courts in mainstream court settings, it is nonetheless appropriate to identify the beneficial aspects of the Drug Courts that could support better practice within mainstream court services. This would include judicial training, peer support and training from the highly specialised Drug Court teams to other parts of the courts (both MCV and CCV), and the development of a monitoring and analytic and research capability to identify emerging

¹⁷⁴ As per stakeholders in a judicial focus group, criminal justice stakeholders and multidisciplinary team members.

¹⁷⁵ Ibid.

Finding	Description
	trends, information and treatment approaches within both the Drug Court cohort, but also in the mainstream court.

Risks



7 Risks

7.1 What would be the impact of ceasing funding for the program in different locations and jurisdictions?

The Dandenong and Melbourne Drug Court sites are ongoing programs that have base funding. The Shepparton, Ballarat and Melbourne DATC pilot sites have been funded until the 2024 financial year. The evaluation has identified the following risks should the pilot sites not have their funding continued beyond 30 June 2024.

Should funding for the Drug Courts be ceased, some funding would need to be provided (for up to four years) to allow participants to complete their DATO. Or alternatively, legislative amendment may be required to enable participants to be returned to custody to continue the remainder of their sentence. The analysis of the Cost Benefit Analysis within this evaluation would suggest that should funding cease it would cost the State \$2.09 for every dollar currently invested in Drug Courts.

Additionally, legislative amendments would likely be required to repeal the Drug Court enabling provisions, there would be the likely opportunity-cost of repeat offenders and higher prison costs.

Participants will need to continue accessing support services

Ceasing funding for the Drug Court will not reduce or eliminate participant needs for criminogenic, mental health, health, housing and social support. In absence of the Drug Court, the justice system will need to source alternate interventions that may not have capacity or resources to respond to the high needs of participants. The avoided costs identified in the CBA would accordingly be shifted to other parts of the **health, social and justice** service systems.

Community safety may be adversely impacted

The **targeted and wholistic** and support provided to participants is unlikely to continue should pilot sites have their funding ceased. Participants may be transitioned into other community-based supports however there is no certainty that participants will be able to secure a placement in another service. This is particularly relevant for participants located in Ballarat and Shepparton where the number of community-based supports is limited.

Further, the level of supervision and service intensity offered by the Drug Court does not have comparable programs in the community. Reduced levels of service provision may not prevent substance use relapse and may increase the risk of the participant reoffending.

Legislative barriers

Subdivision 1C of the Sentencing Act vests decisions about granting or cancelling DATOs with the judiciary.¹⁷⁶ If government decides to cease funding for the pilot sites, the judiciary may be compelled to cancel DATOs because provisions of Subdivision 1C would become frustrated. If this were to occur, participants currently in supported housing arrangements may need to be evicted and other government agencies may need to source emergency accommodation to prevent participant homelessness.

Available custodial beds would be required

Drug Court participants are offenders who have higher risk profiles and have histories of receiving custodial sentences. When these offenders are sentenced with a DATO, they would have been sentenced for a custodial sentence of up to two years at the MCV or up to four years at the CCV. If their DATOs are cancelled these participants would need to be sent into custody. The cost of custody would be incurred by the justice system should funding for the pilot sites cease.

Mainstream court and corrections services would absorb future costs

¹⁷⁶ *Sentencing Act 1991* (Vic) s. 18Z and 18ZP

Noting that mainstream services have not been as effective for this cohort, mainstream services would be required to absorb the cost of supporting this cohort, including any relapses with substance use and reoffending.

Finding	Description
26	<p>If a decision was made to cease funding for the Drug Court pilots sites, funding will need to be provided (for up to four years) to allow participants to complete their DATO. Or alternatively, legislative amendment may be required to enable participants to be returned to custody to continue the remainder of their sentence. The analysis of the Cost Benefit Analysis within this evaluation would suggest that should funding cease it would cost the State \$2.09 for every dollar currently invested in Drug Courts.</p> <p>Additionally, legislative amendments would likely be required to repeal the Drug Court enabling provisions, there would be the likely opportunity-cost of repeat offenders and higher prison costs.</p>

7.2 How could the Court successfully exit from delivering the program?

To assist with decision making as to whether funding for the Drug Court pilot sites should or should not continue, a number of actions would be required to successfully exit from delivering the program.

Table 31: Actions required to cease program delivery

Actions	Impact
Close the Shepparton, Ballarat and County Court of Victoria Drug Courts	<p>Closure of these Drug Court sites will require existing participants to finalise their DATOs. As at November 2023, there are approximately 53 MCV DATOs in place at the two regional pilot sites which will take up to 18 months to be completed. MCV has estimated the closure cost would be approximately \$2.2 million.</p> <p>For the CCV DATC, there is a two-year transition time with an estimated cost of \$5.5 million. For the CCV DATO, participants are navigating four phases of therapeutic intervention for potentially up to four years.</p>
Legislation will need to be changed	<p>Relevant legislation would need to be amended. The legislative amendment process will require consultation with the judiciary, government and other key stakeholders with a timeframe of between 6 to 12 months to achieve. Until this amendment is achieved, the DATO sentencing option will still exist and will be continued to be used. A corresponding key risk is that subdivision (1C) of Div 2 Part 3 of <i>Sentencing Act (Vic) 1991</i>, which establishes the CCV Drug Court has a sunset clause, means that no one can be sentenced to a DATO from 26 April 2021 (3 years since legislation enacted).</p>
Agreements for support services will need to be brokered	<p>MCV and CCV have continuing duties of care to participants. This duty continues until all participants are transitioned into appropriate services. For example, a participant in temporary accommodation cannot be made homeless should their housing funding be ceased.</p> <p>Housing, urinalysis, and other contractual agreements for support services are needed through any transition to support participants mid-way through their DATO, and staff would be required to manage this transition period.</p> <p>A DATO requires participants to be allocated a team that includes the magistrate or judge, case manager, clinical advisor and AOD counsellor. In addition, participants may be engaged with a housing worker, mental health In-reach service or Koori Liaison and Support Officer. Engagement with these staff is part of the conditions of their DATO.</p>
Resourcing requirements to be managed closely	<p>A scaling down of staff will be required as there will be a reduction in requirement for eligibility assessments by clinical advisors and case managers, however ongoing case management, referrals, risk management and care co-ordination will be needed for those still on a DATO. Court hearings will continue, and a team of staff is required at each case conference and review (whether there are 10 participants on the court list or 20).</p>

Future funding requirements



8 Future funding requirements

8.1 Has funding been adequate to address the service needs of participants?

As discussed in section 3.3.1, the intensive nature of interventions provided by the Drug Court and the duration of DATOs enable participants to address substance dependency and offending. The expenditure outlined below supports participants to achieve their goals throughout the multiple phases on their DATO. The Drug Court's budget managers have accordingly stated that current funding arrangements for the three pilot sites is adequate to meet the service needs of participants.

The Drug Court provides a range of services to support participants through their journey. Some of the key cost drivers of the program include third-party provided urinalysis, housing support and crisis accommodation, residential rehabilitation, health services, grants to Victoria Police, the Department of Justice and Community Safety, Corrections Victoria and the Department of Health to provide personnel in the multidisciplinary team.

Table 32 details the expenditure across the three pilot sites on third party providers to engage the program services. As shown in the table, there is an increase in expenditure across most funding categories listed between 2021/22 and 2022/23. This increase reflects a combination of a greater number of participants on DATOs, as well as the additional twelve months enabling more consolidated relationships with providers.

The table highlights two increases across the two financial periods, both occurring in the CCV. This can be explained because of a rise in urinalysis expenses from \$41,000 to \$431,000, and in housing support, which was \$245,000 after the CCV expended \$141,000 in 2021/22 rose to \$585,409 in 2022/23.

Table 32: Brokerage funding expenditure per financial year (third parties)

Brokerage outputs	2021/22	2022/23
CCV Drug Court		
Grants paid	\$339,000	\$548,000
Contractors, professional services	\$115,000	\$457,000
Outsourced contracts	\$416,000	\$1,083,000
MCV Drug Court – Ballarat		
Grants paid	\$185,000	\$244,000
Contractors, Consultants, Professional services	\$55,000	\$24,000
Outsourced contracts	\$350,000	\$497,000
MCV Drug Court - Shepparton		
Grants paid	\$231,000	\$236,000
Contractors, Consultants, Professional services	\$140,000	\$172,000
Outsourced contracts	\$322,000	\$548,000

Source: CSV financial reporting

Finding	Description
27	Notwithstanding program underspends, budget managers have identified that current funding arrangements are able to meet the current and future needs of participants as well as administration of the program.
28	There is an opportunity for MCV and CCV to explore the service delivery model and funding approach of Drug Courts in the context of a broader strategic approach for specialist courts across Victoria. Consideration may be given to the development of a therapeutic justice strategy that sets out the vision for a continuum of interventions across the criminal justice system to ensure the right intensity of intervention for the right person at the right time including Drug Courts role in this overall continuum and to inform future investment decisions.

8.2 Have funding needs changed since initial funding allocation?

8.2.1 Costs are increasing for the program due to external factors

Interviews with budget managers have identified that, across all Drug Court sites, there has been cost escalation from funded provider agencies **reflective of the wider CPI increases being experienced across the services sector**. While spending on funded provider agencies has increased, expenditure has been offset by some of the underspend in other parts of the program.

Housing support expenses have increased more than anticipated for both MCV and CCV, as well as increased accommodation demand from participants. The cost of housing across the service system is higher, which could not have been foreseen at the time of the funding submission. Accessing specialist accommodation for participants continues to challenge program delivery and is representative of increased tightening across the entire Victorian housing market.

The level of change management required and subsequent challenges during the project implementation stage of the pilots were far more extensive than anticipated by CCV and MCV. This was in part due to the fact that the pilot sites commenced operations during the COVID-19 period, which created a very difficult operational environment for the new Drug Courts to navigate during their early stages of operation. This resulted in program underspends that are now being minimised as the pilot sites mature in their delivery.

8.2.2 The CCV funding model requires resetting

With escalating year-on-year costs, the CCV has looked to efficiencies in contract management and procurement to offset increased expenses. With a trend of increasing costs, as discussed in section 8.2.1, forecasted to increase in future years, it appears unlikely there will be enough efficiencies that can be made within the program to outweigh the increase in service costs.

When the CCV developed its funding model, the MCV sites (Dandenong and Melbourne) were used to inform development of the model. Feedback from budget managers have stated the funding model is incompatible with the needs of the CCV, with numerous components underestimated by design, such as:

- the requirement to conduct secondary urinalysis tests for GHB;
- modelling used to develop the estimates was based off dated figures from MCV;
- a timelier process is required to screen potential participants onto DATOs earlier;
- data management and linking the data platform;
- complexity of mental health support need;
- demand for family violence responses.

CCV has stated the requirement to submit a new funding submission each year has led to numerous supporting activities, such as more frequent monitoring and evaluation activities to ensure the CCV is positioned appropriately to provide evidence-based funding submissions. The accompanying activities throughout the year have required resources that were initially conceived to be used in program delivery and expansion. This is explored further in section 8.2.5.

8.2.3 The MCV underspend is being reviewed

MCV budget managers have identified that there was a significant underspend across the two pilot sites. MCV's internal analysis has identified that the Shepparton and Ballarat pilot locations were \$1.9m or 30% under expected budget for 2022-23 financial year, but that spend was tracking toward an expected distribution for 2023-24. Indicating that underspend was a product of:

- slower than expected ramp-up of the program given the infancy of the program (Ballarat Drug Court commenced 28 Feb 2022 and Shepparton commenced 31 January 2022);
- lower than expected average monthly participants (23% under capacity) as a result of program ramp-up period; and
- required expenditure on contracted services was lower than predicted by initial modelling primarily for Housing and Urinalysis contracts.

It is notable that operating and programmatic costs differ across court locations. As pilot sites mature it is reasonable to anticipate that a clearer picture of cost of program delivery will emerge which should inform sustainable longer term funding requirements.

8.2.4 Procedural obligations for the CCV differ from those of the MCV

A key challenge the CCV is experiencing relates to a number of components that programmatically differ from the MCV iteration of the program. As a higher jurisdiction court the CCV has stated it has different procedural obligations, such as the additional evidentiary burden for defence lawyers and prosecutors and the time to acceptance onto a DATO is longer. Consequently, the cost per criminal matter in the DATC is higher. This reflects the more thorough process to get a participant onto a DATO, resultant of the more serious nature of offending in the County Court. The number of hearings required for a suitable participant to commence a DATO was a cost that was not forecast in the initial estimates and accordingly the imposition rate of a DATO in the CCV is lower. Sitting time and assessments to satisfy this longer process expend greater resourcing in the CCV as a result. Comparative to other mainstream court initiatives, the Drug Courts are at the 'far end' of the continuum of court-based interventions, from lower intensity (which includes programs like Navigation and Community Referral), medium intensity (mainstream court support programs such as CISP the Assessment and Referral Court) through to higher intensity intervention of the Drug Court. Consistent with that notion of a continuum, the costs of the program would appear to reflect the risks and needs of participant cohort when compared to other court-based or community-based interventions.

8.2.5 Annual funding is restricting Drug Courts from directing their funding toward avenues that will enhance the program

A recurring theme that arose during discussions with stakeholders was that of annual funding. Program stakeholders highlighted that a substantial portion of the program's inefficiencies stemmed from the resource-intensive nature of activities related to meeting annual funding requirements. A key challenge identified was the inability to attract long-term staff due to minimal job security as a result of the uncertain funding environment where funding is only provided on a one-year basis. Stakeholders expressed concern that one of the strengths the Drug Court relies on is building and maintaining long-term relationships but stated that this is difficult to do without the ability to retain employees. Furthermore, it is a greater challenge to connect staff with services with the absence of rapport due to staff turnover.

Annual funding submissions require the Drug Court to conduct benefit realisation, evaluation and outcome articulation activities, and develop business cases. Continued funding submissions restrict the ability of the Drug Court to implement longer-term strategies or to undertake market-testing activities that could improve operational efficiencies. Budget managers highlighted resourcing constraints that flow from the uncertain funding environment as impacting service planning and delivery with providers.

Additionally, the court and stakeholders reported the role the Drug Court plays in the broader environment of the specialist courts across Victoria. This includes the Drug Court being understood as the 'pointy end' of offenders and suitable for a smaller, more complex cohort group than other programs such as the CISP. In

the context of these discussions, stakeholders reported that the Drug Court – and its service approach – has to be considered in the broader context of the specialist courts across Victoria.

Appendices



Appendix A: Evaluation design

Key evaluation questions

Table 33: Key evaluation questions

	Key Evaluation Questions	Interim/final report	Data source(s)
Program Justification	<ul style="list-style-type: none"> What is the scale and nature of drug-related offending in Victoria? To what extent does the Drug Court model address the problem of drug-related offending in Victoria and what is the remaining gap? How have economic, environmental and social conditions changed since the program was funded and how will continuation of the program meet these conditions? 	<p>Interim Report</p> <p>Interim Report</p> <p>Interim Report</p>	<p>Literature scan</p> <p>Literature scan and case study</p> <p>Literature scan and focus group</p>
Effectiveness	<ul style="list-style-type: none"> To what extent can it be demonstrated that Drug Courts are reducing substance use and reoffending amongst participants? What are the avoided costs from the Drug Court during and after participation in the program? Do outcomes for participants differ between different sites/regions/jurisdictions? 	<p>Final Report</p> <p>Final Report</p> <p>Final Report</p>	<p>Survey and quantitative data</p> <p>Quantitative data</p> <p>Focus group and quantitative data</p>
Funding and Delivery	<ul style="list-style-type: none"> Are the current governance arrangements and risk management practices appropriate? How has delivery of the program improved over time, how can it improve further and what are the opportunities to embed continuous improvement? Have partnerships with relevant internal and external stakeholders been functioning effectively? How did the COVID-19 pandemic influence implementation and service delivery? Has the pilot been delivered within scope, budget and expected timeframes? 	<p>Interim Report</p> <p>Final Report</p> <p>Final Report</p> <p>Interim Report</p> <p>Final Report</p>	<p>Interviews and focus group</p> <p>Quantitative data</p> <p>Focus groups and survey</p> <p>Focus group</p> <p>CSV financial data</p>
Efficiency	<ul style="list-style-type: none"> How does the cost and value-for-money of Drug Courts compare to other therapeutic and mainstream court initiatives?* What are the unmeasured/qualitative economic benefits of the Drug Court as opposed to traditional justice pathways for similar cohorts? What elements of the Drug Court could be embedded into mainstream court services?* 	<p>Final Report</p> <p>Final Report</p> <p>Final Report</p>	<p>Literature scan and quantitative data</p> <p>Focus group</p> <p>Survey and interviews</p>
Risk	<ul style="list-style-type: none"> What would be the impact of ceasing funding for the program in different locations and jurisdictions? How could the Court(s) successfully exit from delivering the program? 	<p>Interim Report</p> <p>Interim Report</p>	<p>Focus group</p> <p>Focus group</p>
Further funding requirements	<ul style="list-style-type: none"> Has funding been adequate to address the service needs of participants? Have funding needs changed since initial funding allocation? 	<p>Final Report</p> <p>Final Report</p>	<p>Focus group</p> <p>Focus group</p>

*These evaluation questions will only consider the retrospective performance of the Drug Court. Any policy considerations related to these questions will not be addressed as part of this evaluation.

Reoffending study methodology

The following extract outlines the method that was used by the CSA in this study:

“We (CSA) used one-to-one nearest-neighbour matching without replacement as implemented in the MatchIt package (Ho et al., 2011) for the R statistical programming language (R Core Team, 2021). Propensity scores were estimated by logistic regression using covariates that described demographic information, prior offending history, and overlap with the COVID-19 lockdowns in Victoria. A maximum allowed distance between matches was set using a caliper of $0.1 \times s_{\pi}$, where s_{π} was the sample standard deviation of the propensity scores. This resulted in acceptable balance. After propensity score matching there were 349 individuals from the control group matched to 349 (of 408) treated individuals. This results in a final match rate for the treatment group of 86 per cent. There were 59 unmatched treated units and 157 unmatched control units. Figure and Figure shows the output of our propensity score model. Sex, age, COVID-19 overlap, and offence seriousness variables were all statistically significant ($\alpha=0.05$). Country of birth (overseas), indigenous status (non-indigenous), and a low count of the number of prior offences were returned as not significant, which we include as they are one level of a categorical variable.”

These figures show good overlap between the distributions of the matched treated and control units. The standardised mean differences (SMDs) for the matched data set are less than 0.1 for all covariates. In other words, the treatment and control groups in the matched data set have similar characteristics, which allows us to estimate the treatment effect more accurately with less risk of bias or confounding.

After propensity score matching there were 349 individuals from the control group matched to 349 (of 408) treated individuals. This results in a final match rate for the treatment group of 86 per cent. There were 59 unmatched treated units and 157 unmatched control units. Figure 35 shows the output of our propensity score model. Sex, age, COVID-19 overlap, and offence seriousness variables were all statistically significant ($\alpha=0.05$). Country of birth (overseas), indigenous status (non-indigenous), and a low count of the number of prior offences were returned as not significant, which we include as they are one level of a categorical variable.”

Figure 34: Jitter plot of distributions of matched and unmatched treated and control subjects

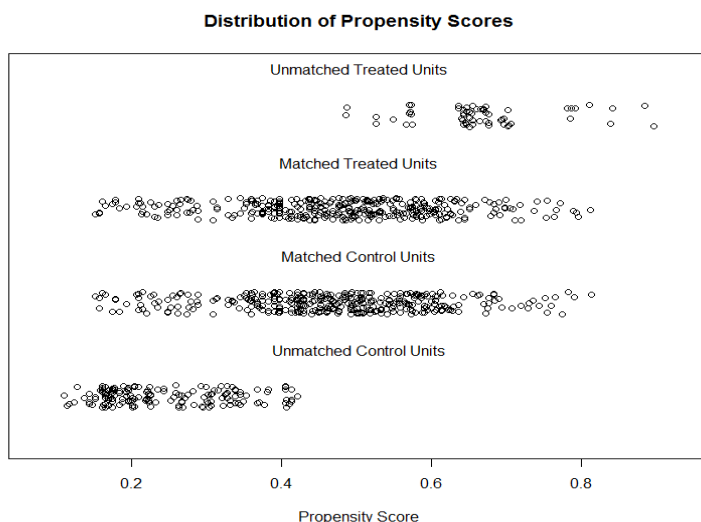
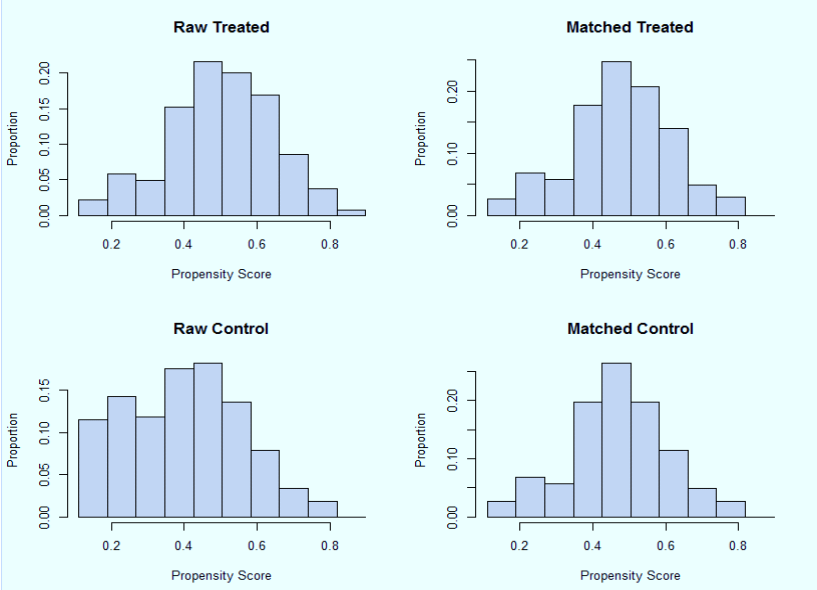


Figure 35: Histograms of propensity scores for original and matched data sets for both treatment and control groups



Appendix B: Drug Court output data

Table 34: Intake per year for MCV and CCV.

Financial Year	CCV participants	MCV participants
2017	-	150
2018	-	158
2019	-	156
2020	-	107
2021	7	111
2022	47	137

Figure 36: Time series of MCV participant intake (2017 to 2022)

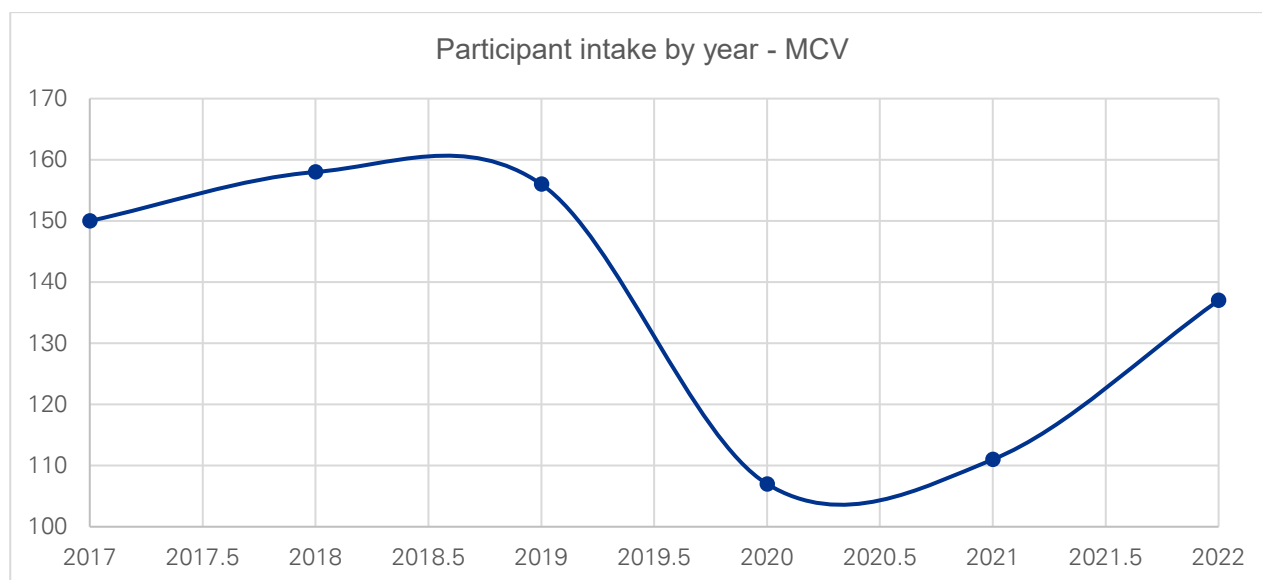


Table 35: Calculated Drug Court economic benefits

Financial Year	Maximum benefit per person 2020-21\$	Average daily cost of prison (as per ROGS) 2020-21\$
2017/2018	\$124,811.75	\$341.95
2018/2019	\$119,745.55	\$328.07
2019/2020	\$119,858.70	\$328.38
2020/2021	\$137,824.00	\$377.60
2021/2022	\$143,888.26	\$394.21 (KPMG calculated)

Table 36: Average length of DATOs by jurisdiction months

	CCV DATO length	MCV DATO length
Mean	35 months	15 months
Median	34 months	15 months
High	48 months	24 months
Low	24 months	4 months

Appendix C: Stakeholder Survey

As part of the evaluation, a survey was issued to 140 stakeholders involved with the Drug Court across all sites. At the time of the interim report, 51 responses had been received and these are the responses considered in the results. The survey consisted of six demographic questions, two collaboration questions, 20 preference questions and six comparative questions. The insights presented in this paper are some of the key extracts and insights from the survey results.

Figure 37: Survey respondents by role

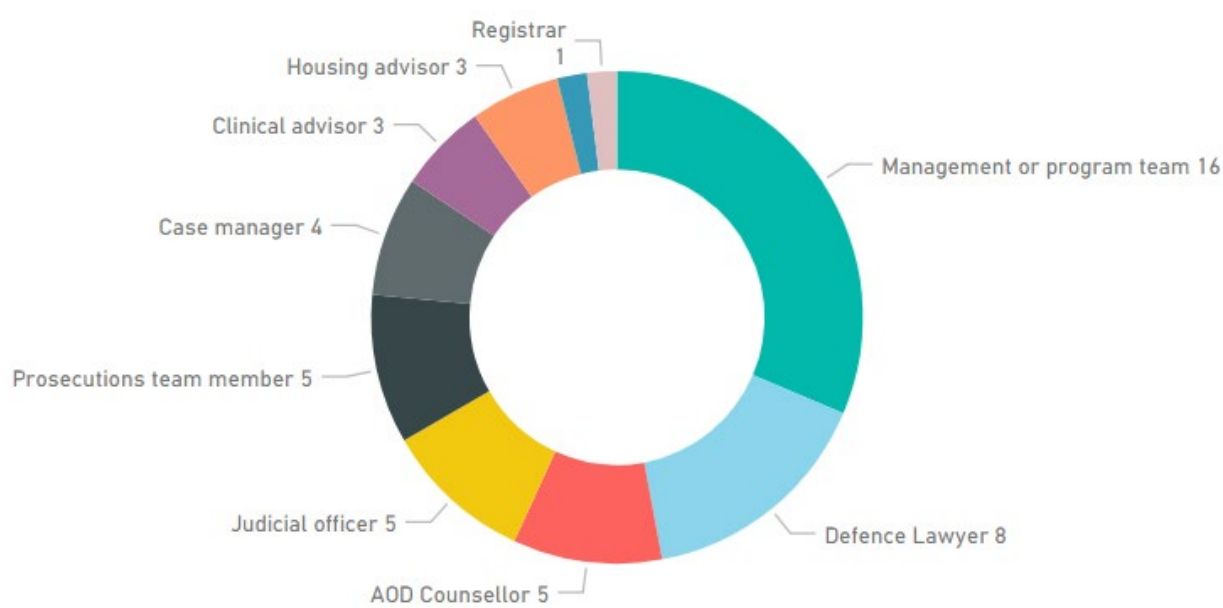


Table 37: Breakdown of respondents by type

AOD Counsellor	5
Case manager	4
Clinical advisor	3
Corrections team member	1
Defence Lawyer	8
Housing advisor	3
Judicial officer	5
Management or program team	16
Prosecutions team member	5
Registrar	1

Aggregate view of attributes.

Table 38 sets out the total preferences allocated to each attribute across all preference-based questions. This provides useful context as to the most commonly selected attributes, although a key limitation is that the nature of questions has an impact in driving the attribute responses received.

Table 38: Total preferences allocated to attributes

Total preferences	Attribute
1,850	Case management support and treatment oversight
1,717	Individual attributes of a participant
1,566	Regular review hearings
1,412	Undergo drug and alcohol counselling
809	Housing support
701	Frequent drug and alcohol testing
366	Receive pharmacotherapy substitution treatment

Figure 38: Aggregate survey responses by most selected answers

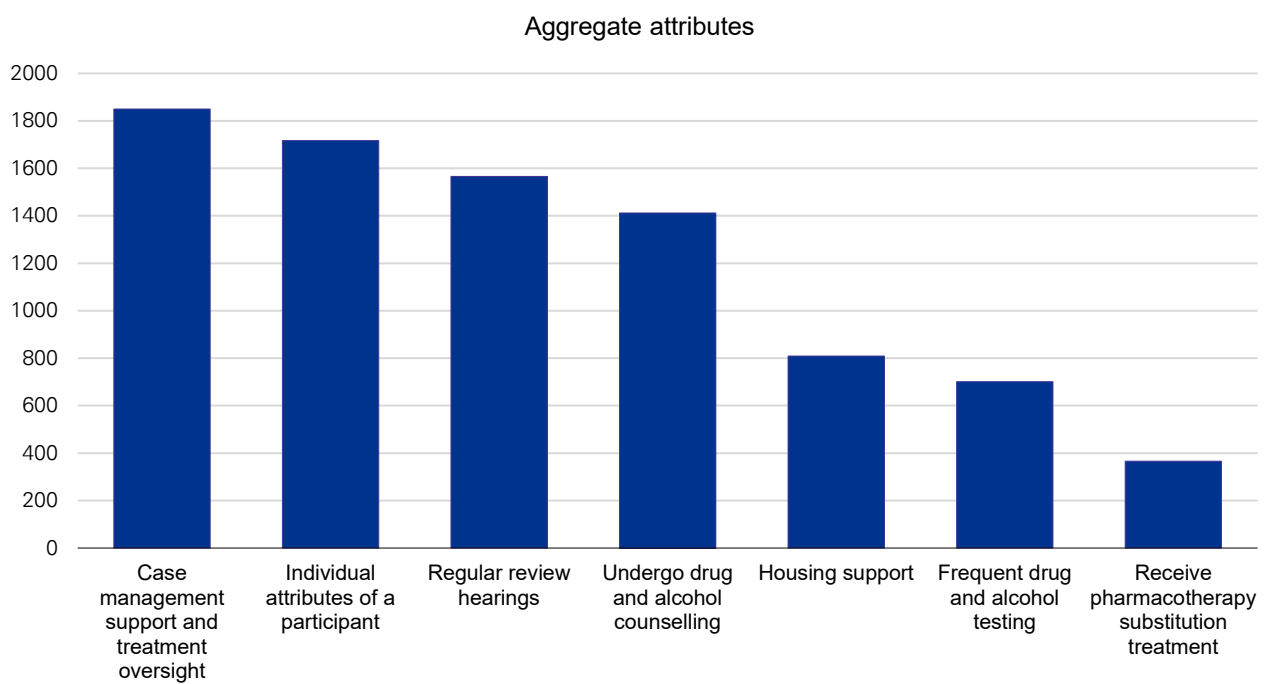
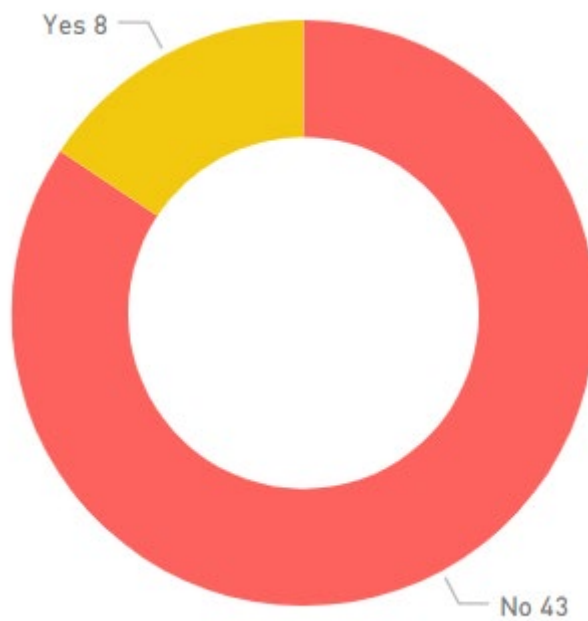


Figure 39: Respondent length of service at Drug Court



Figure 40: Respondent – Do you work across multiple Drug Court sites?



Respondent – ATSI (Aboriginal and Torres Strait Islander status)

No responses were recorded from people who identify as Aboriginal or Torres Strait Islander.

Figure 41: Respondent site

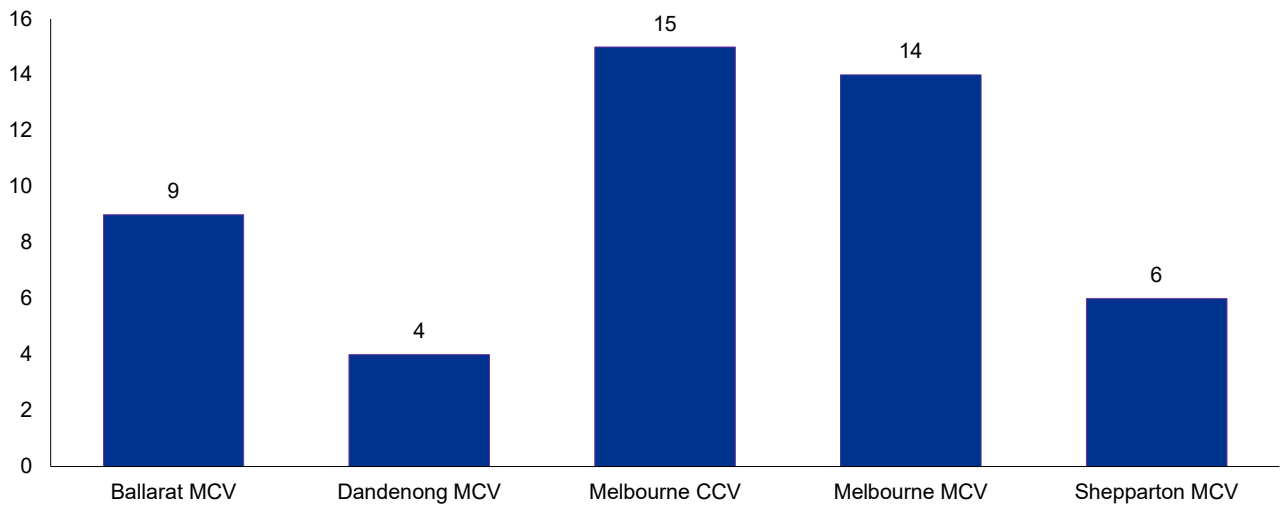


Figure 42: Respondent – “Are there communication channels or forums where you share lessons learnt or emerging opportunities with Drug Court colleagues?”

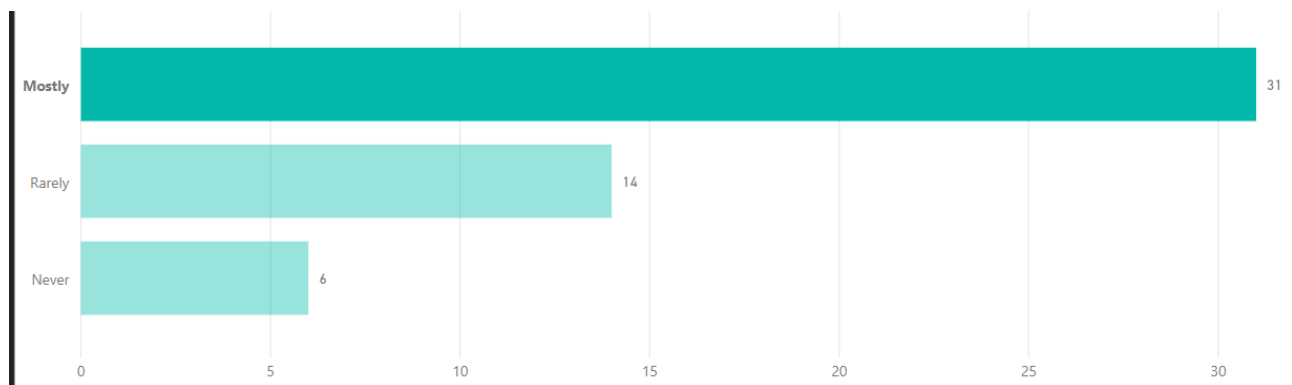
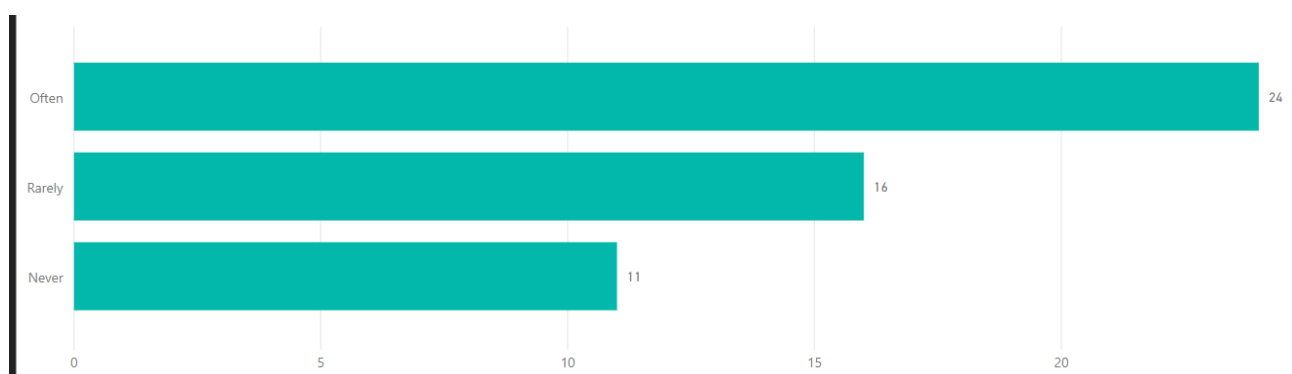


Figure 43: Respondent - How frequently would you reach out to a colleague at another Drug Court site for advice or guidance?



The response to preference questions collect the topfour4 preferences from respondents in order of importance from a total of seven possible responses. These responses are:

1	Case management support and treatment oversight
2	Undergo drug and alcohol counselling
3	Frequent drug and alcohol testing
4	Regular review hearings
5	Receive pharmacotherapy substitution treatment
6	Housing support
7	Individual attributes of a participant

The responses are then coded with a score; 4 for a first preference, 3 for a second preference, 2 for a third preference and 1 for a fourth preference. The weighted score is the metric used in the insights presented. The responses to each preference question as described above are presented in the pages below:

Figure 44: Respondent – Rank which aspects are most effective at encouraging and motivating the participant to engage with the program

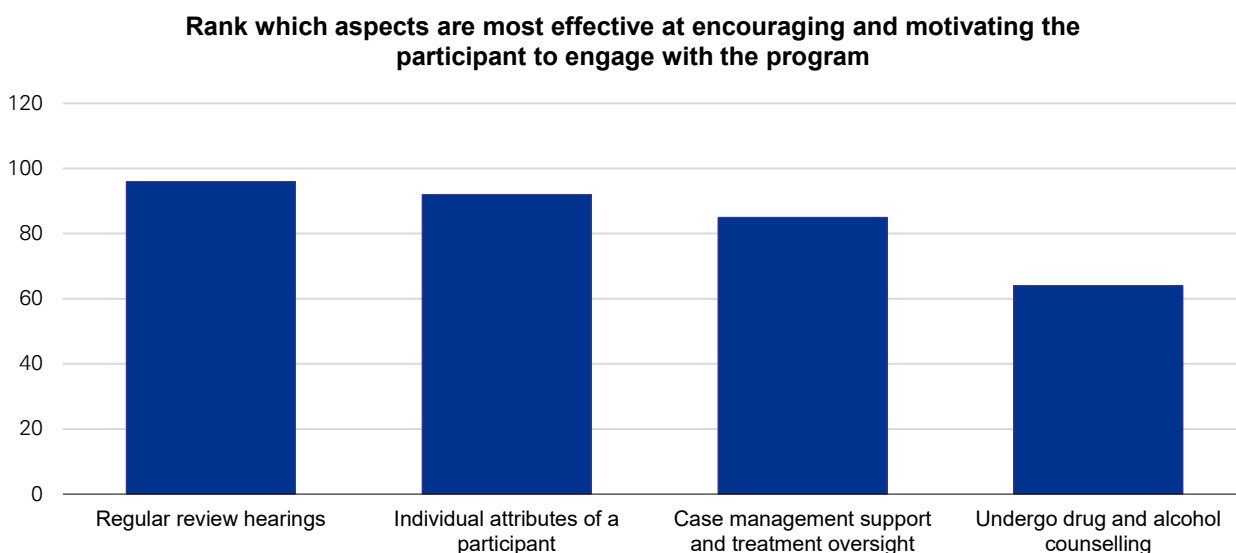


Figure 45: Respondent – Rank which aspects are most effective at changing participant attitudes to their substance use

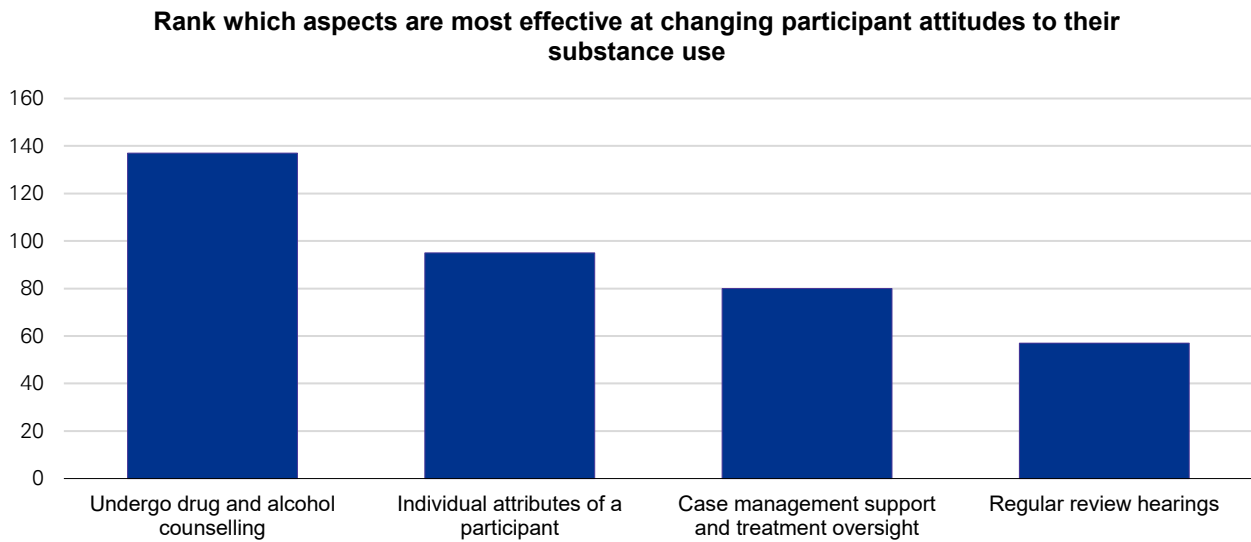


Figure 46: Respondent – Rank which aspects are most effective at supporting the participant to reduce any offending whilst on a DATO

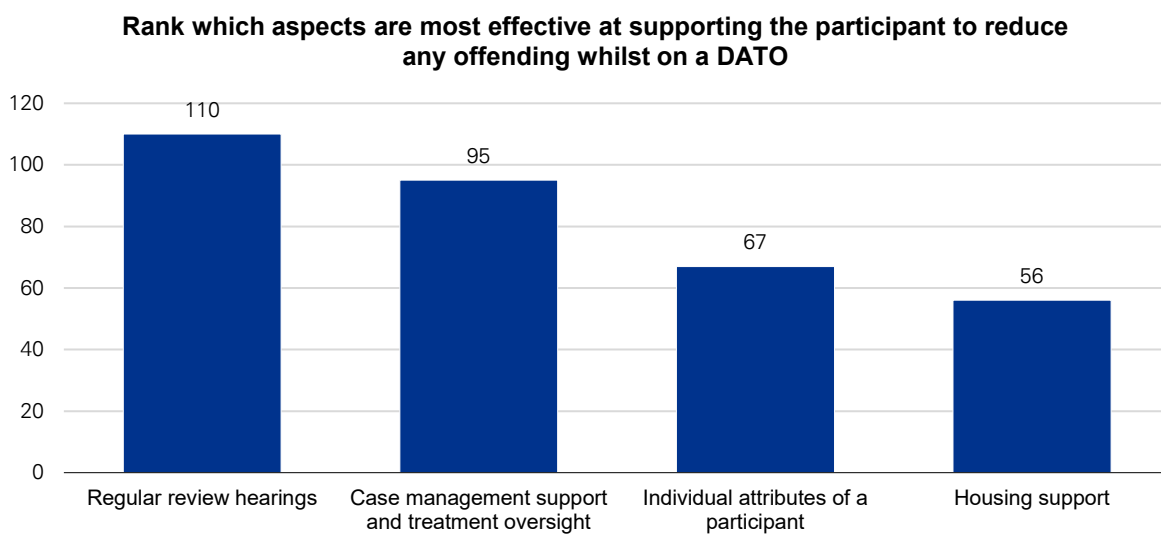


Figure 47: Respondent – Rank which aspects are most effective at supporting the participant to reduce the frequency or seriousness of their drug use

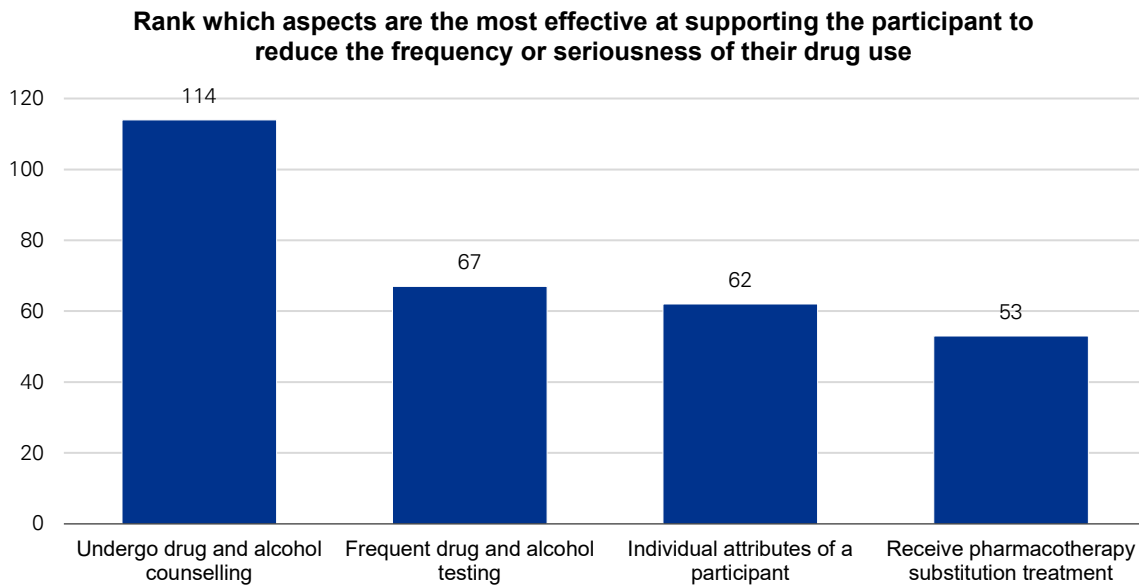


Figure 48: Respondent – Rank which aspects are most effective at supporting the participant to show a positive attitude toward rehabilitation

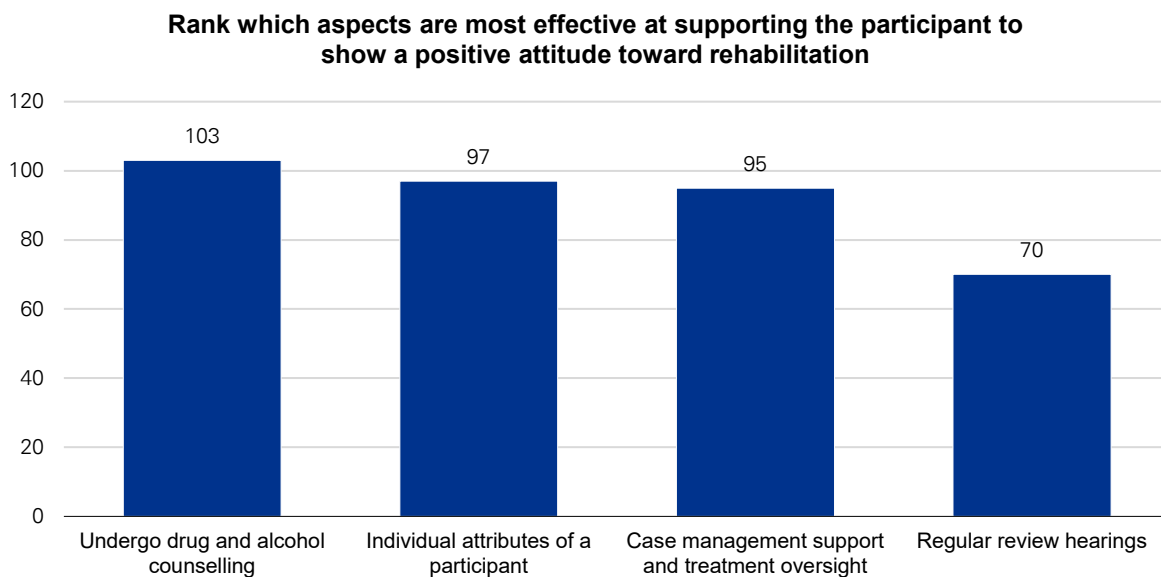


Figure 49: Respondent – Rank which aspects are most effective at supporting the participant to not re-enter custody when on a DATO

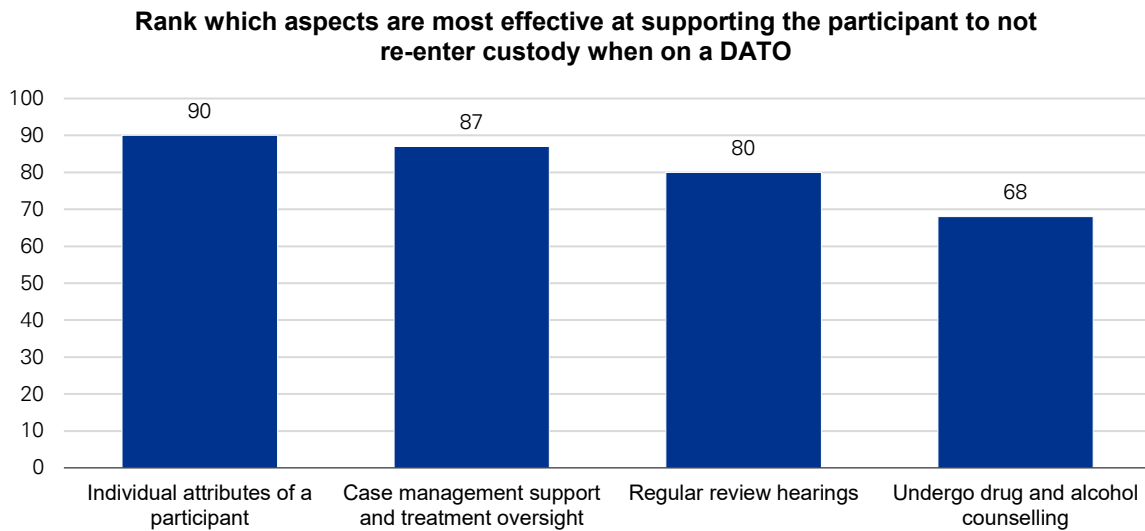


Figure 50: Respondent – Rank which aspects are most effective at supporting the participant to comply with their DATO conditions

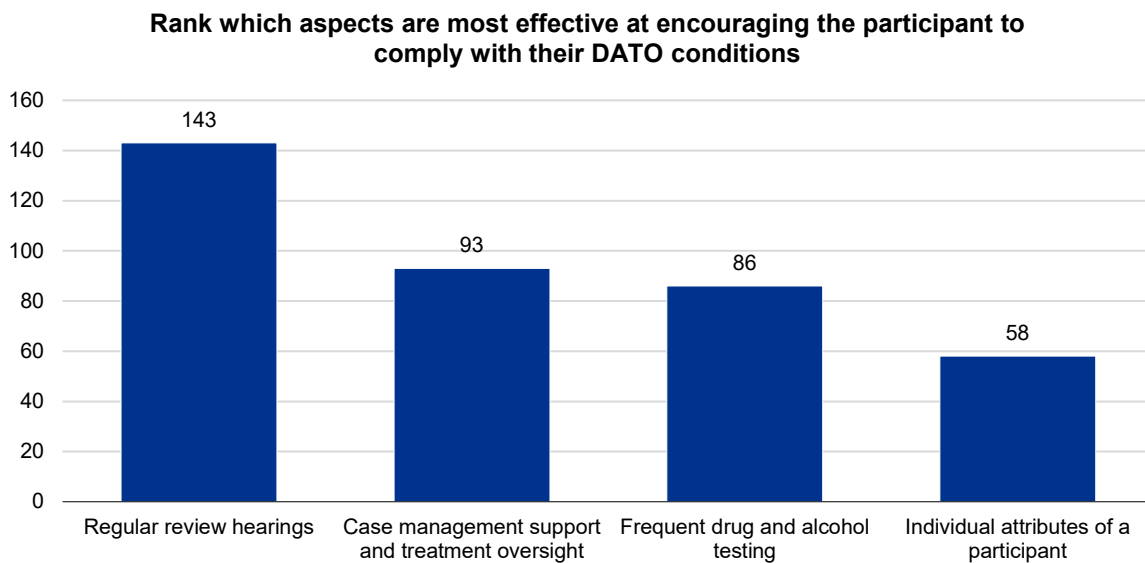


Figure 51: Respondent – Rank which aspects are most effective at supporting the participant to structure their lives in a pro-social way

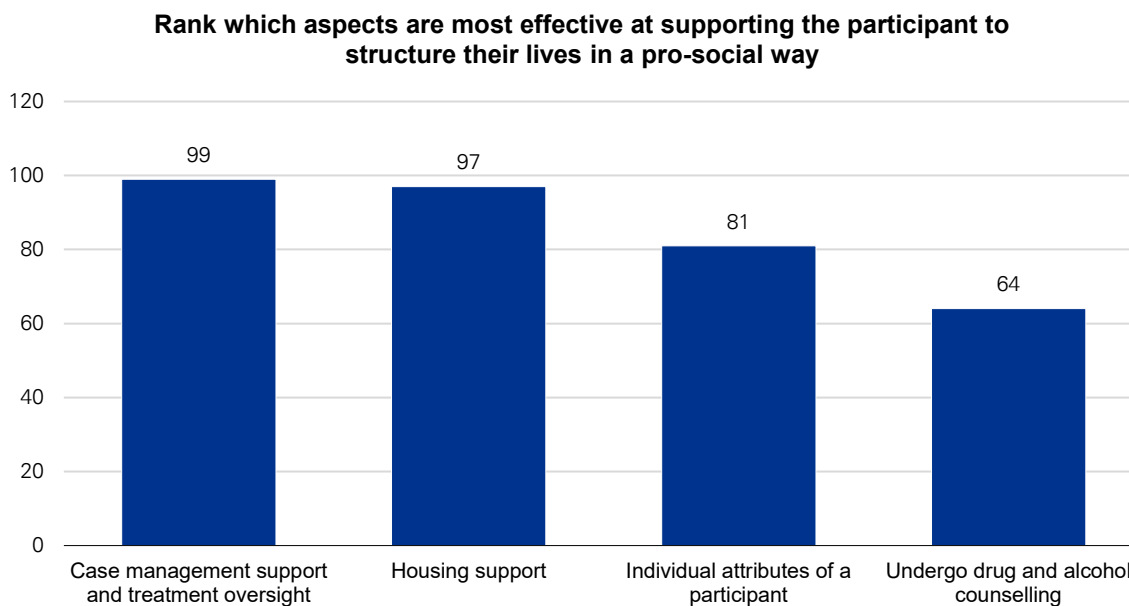


Figure 52: Respondent – Rank which aspects are potentially most effective at enabling a participant to not relapse after they complete their DATO

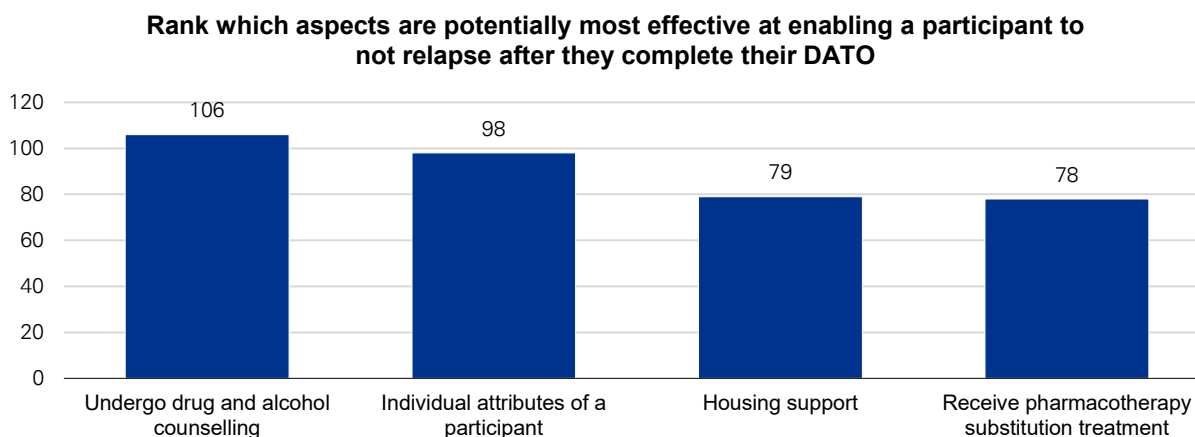


Figure 53: Respondent – Rank which aspects are most effective at supporting the participant to engage with employment, volunteering or study

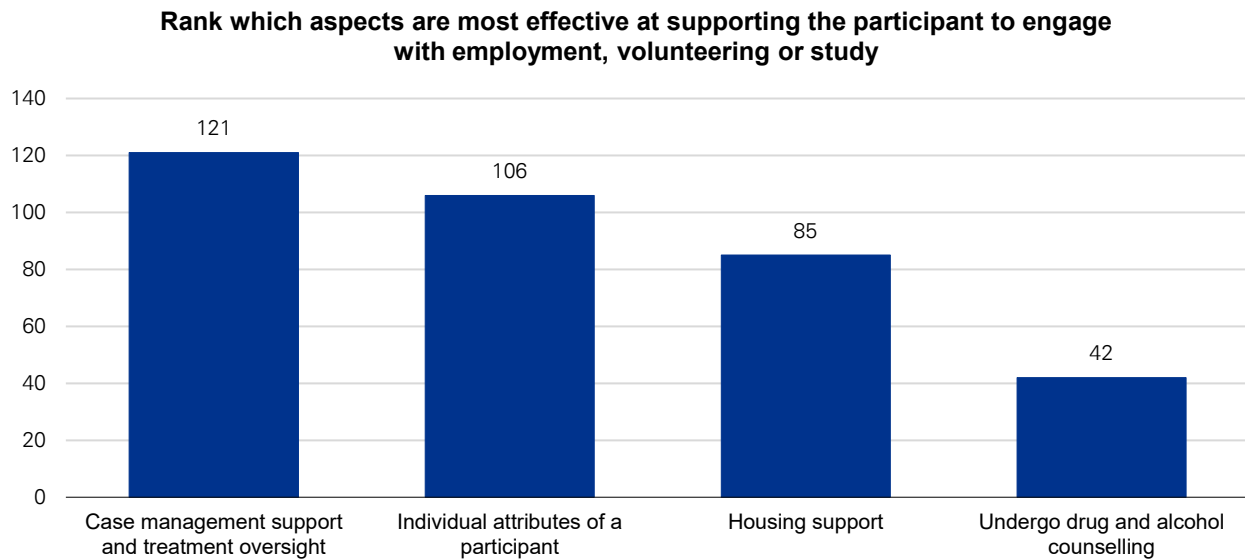


Figure 54: Respondent – Rank which aspects are most effective at supporting the participant to create new social connections and repair any existing social connections

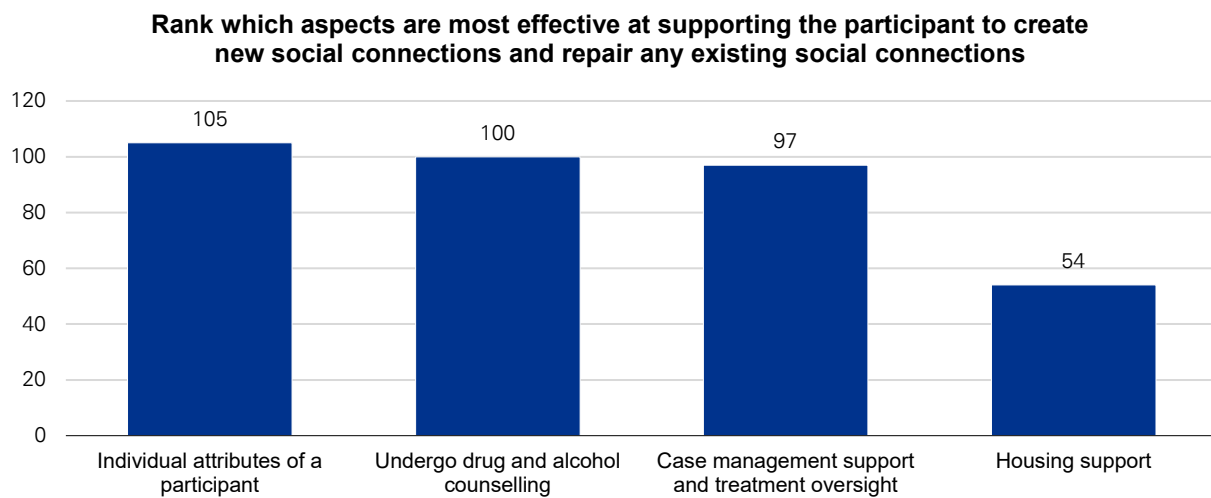


Figure 55: Respondent – Rank which aspects are most effective at supporting the participant to transition through each phase for the duration of their DATO

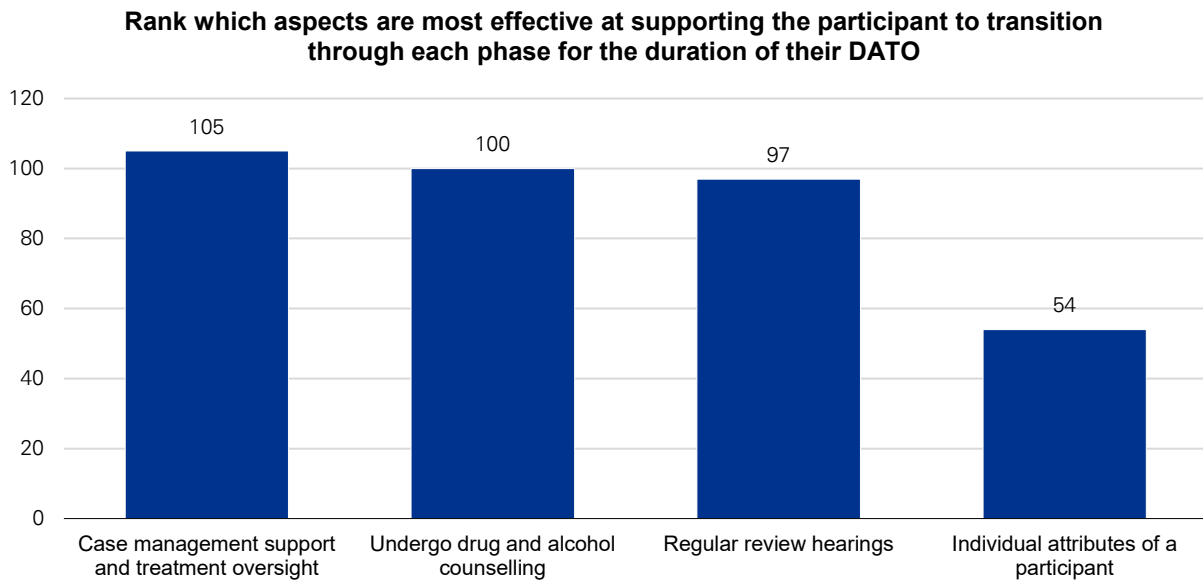


Figure 56: Respondent – Rank which aspects are most effective at supporting the participant to admit drug use before testing

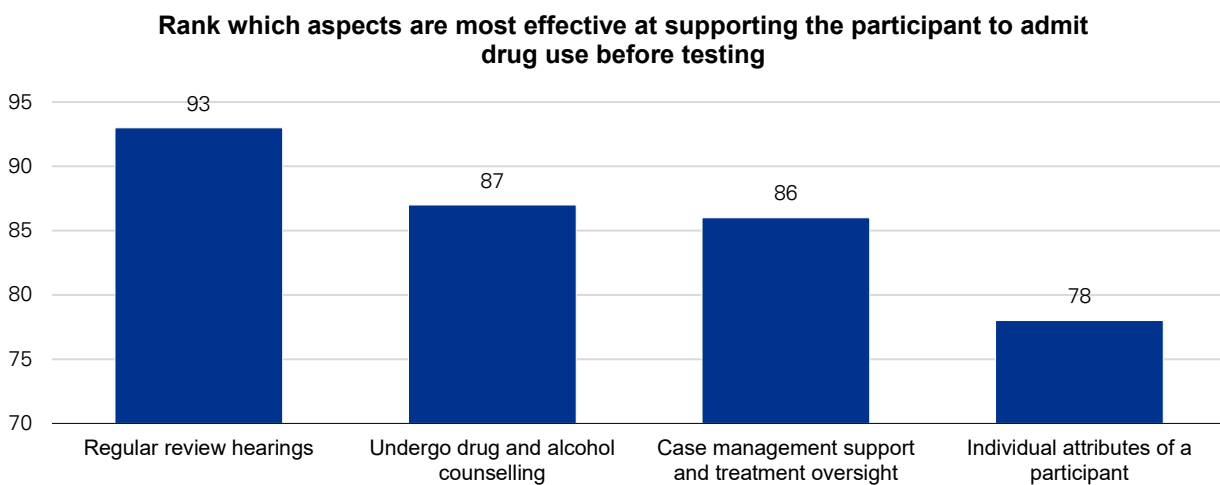


Figure 57: Respondent – Rank which aspects are most effective at supporting the participant to attend appointments

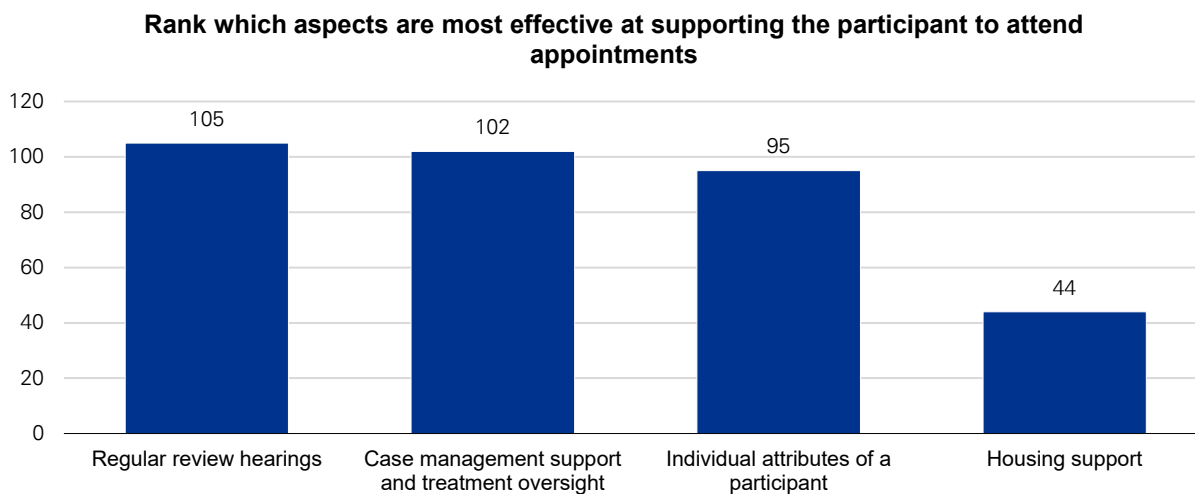


Figure 58: Respondent – Rank which aspects are most effective at supporting the participant to follow orders made by the judicial officer in a review hearing

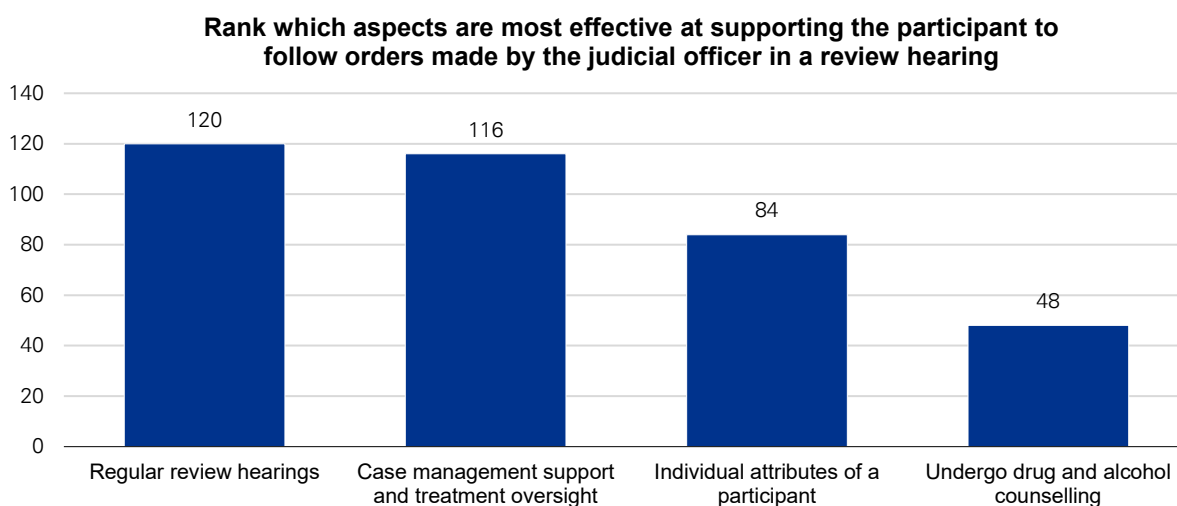


Figure 59: Respondent – Rank which aspects are most effective at supporting the participant to complete their homework with genuineness or attend a voluntary program

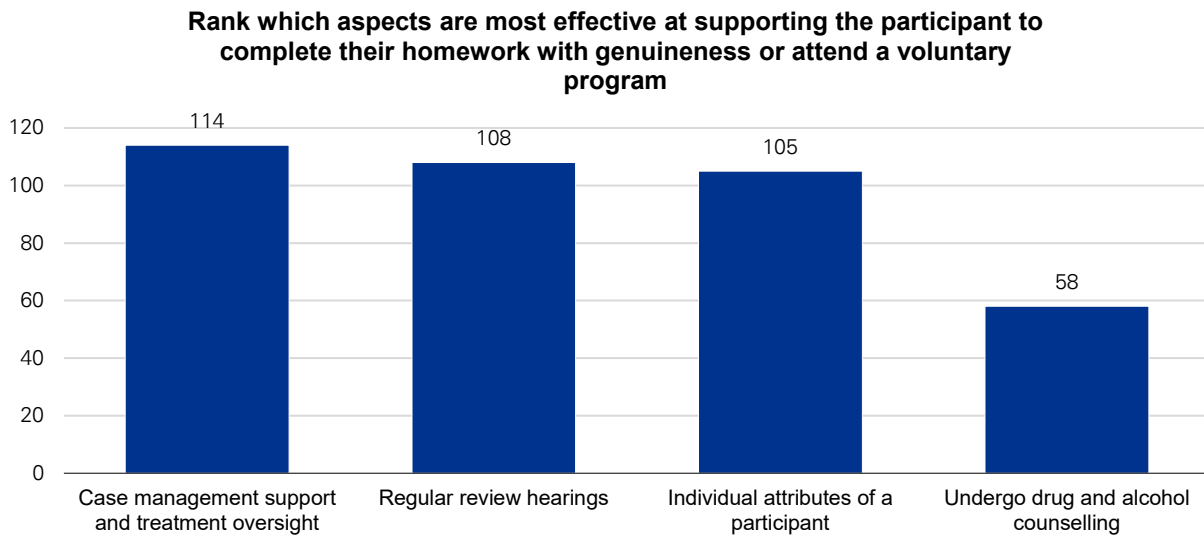


Figure 60: Respondent – Rank which aspects are most effective at supporting the participant to be honest about their recent actions and behaviours

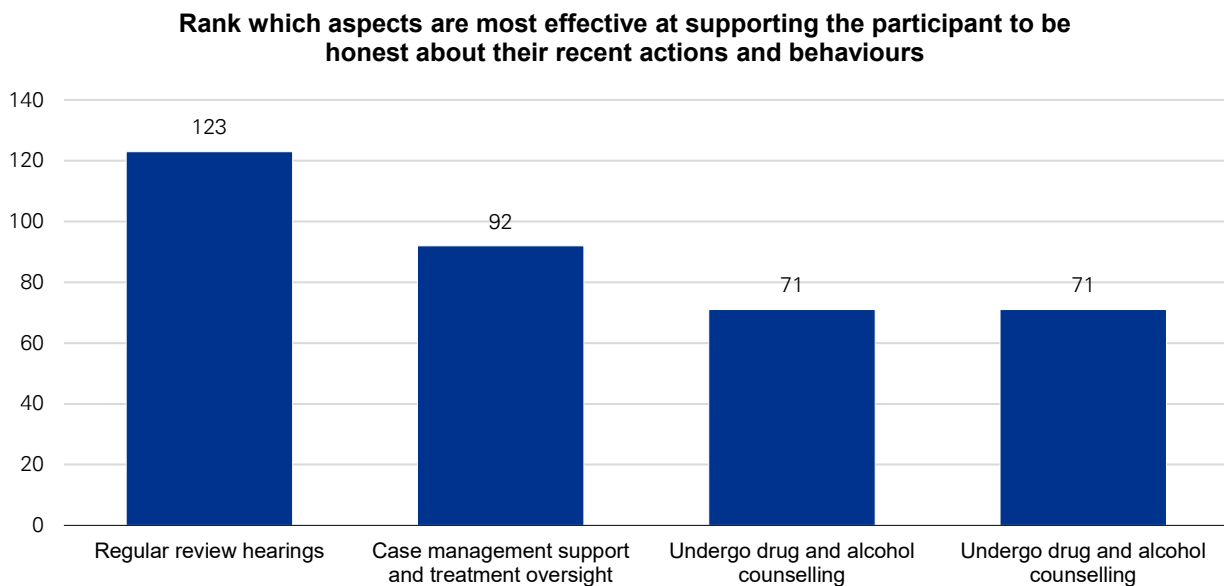


Figure 61: Respondent – Rank which aspects are most effective at supporting the participant to transition from Phase 2 to Phase 3

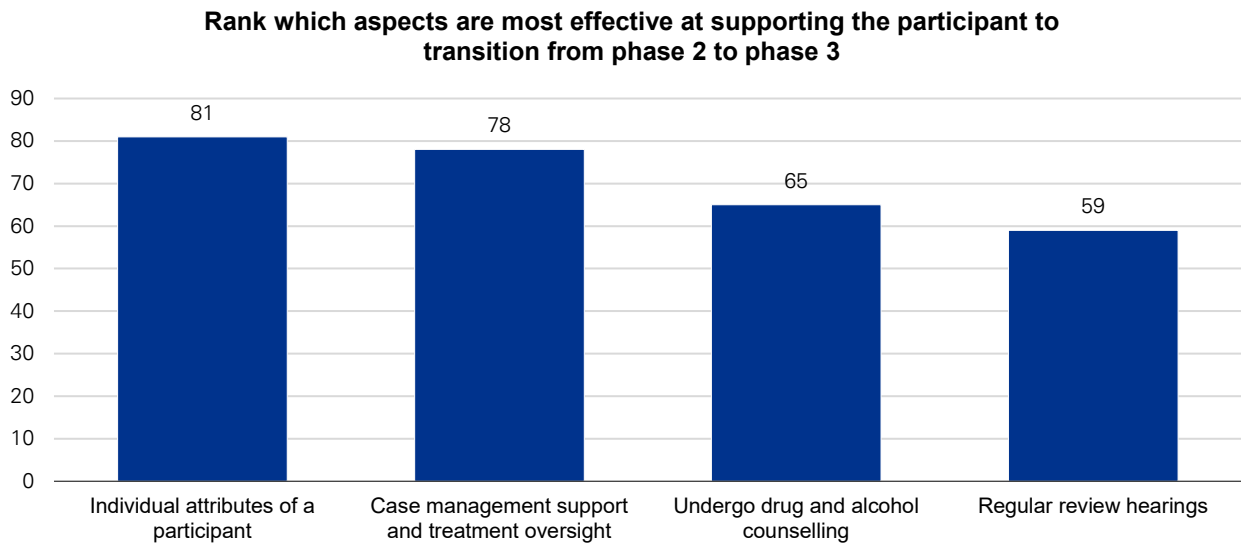


Figure 62: Respondent – Rank which aspects are most effective at supporting the participant to reduce contact with anti-social associates

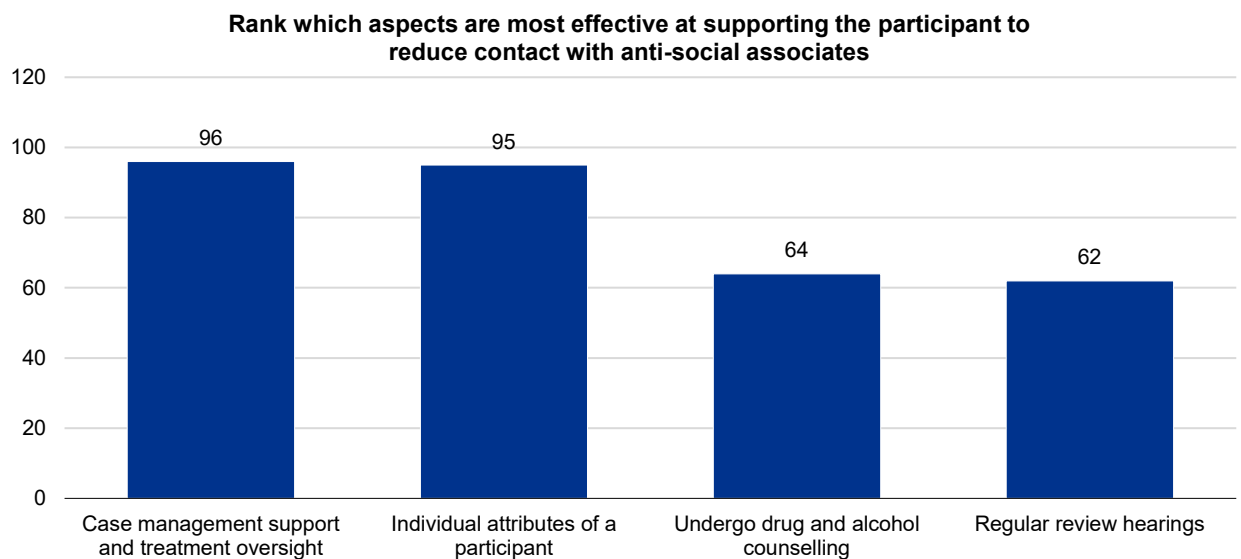


Figure 63: Respondent – Rank which aspects are most effective at supporting the participant to proactively reduce their sanctions

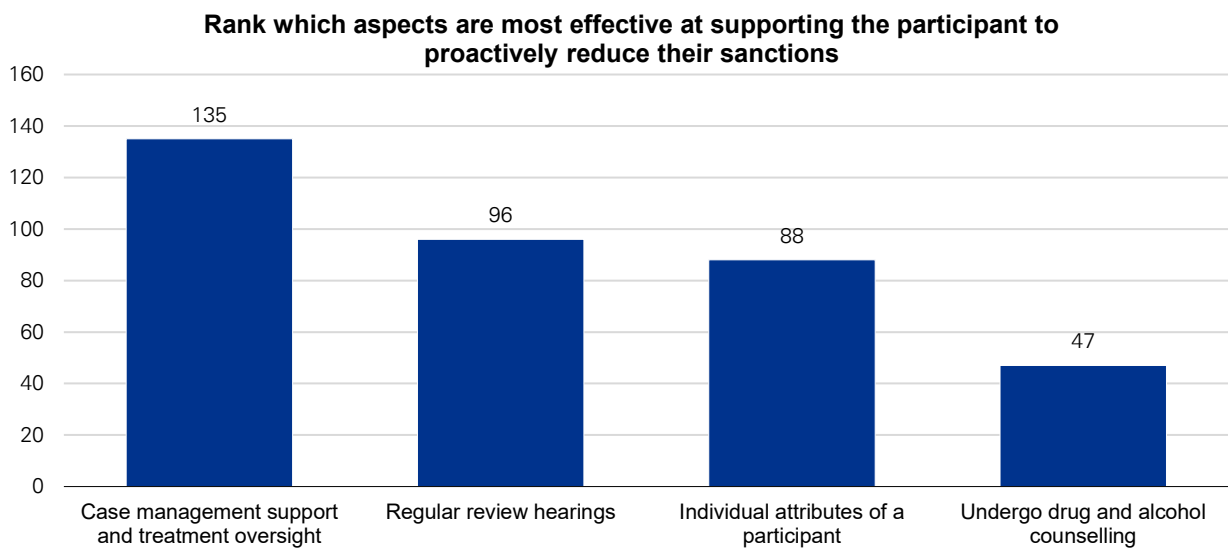


Figure 64: Respondent – Compared to other cohorts of offenders you have worked with in the past, how would you describe the support needs of Drug Court participants?

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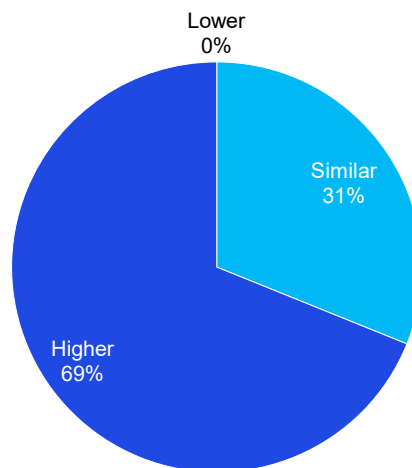


Figure 65: Respondent – Compared to other cohorts of offenders you have worked with in the past, how would you describe the complexity of delivering services to Drug Court participants?

Compared to other cohorts of offenders you have worked with in the past, how would you describe the complexity of delivering services to Drug Court participants?

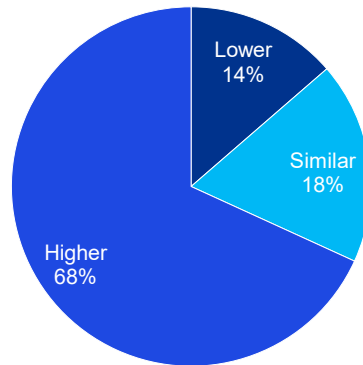


Figure 66: Respondent – Compared to other programs or interventions you have had past experience with, how effective is the Drug Court at reducing substance use?

Compared to other programs or interventions you have had past experience with, how effective is the Drug Court at reducing substance use?

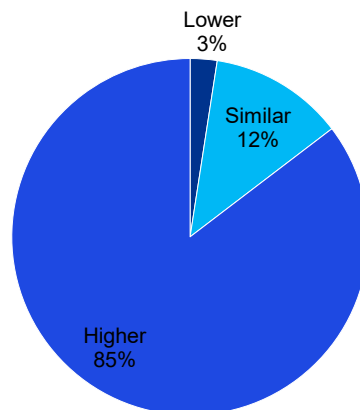


Figure 67: Respondent – Compared to other programs or interventions you have had past experience with, how effective is the Drug Court at increasing pro-social behaviours?

Compared to other programs or interventions you have had past experience with, how effective is the Drug Court at increasing pro-social behaviours?

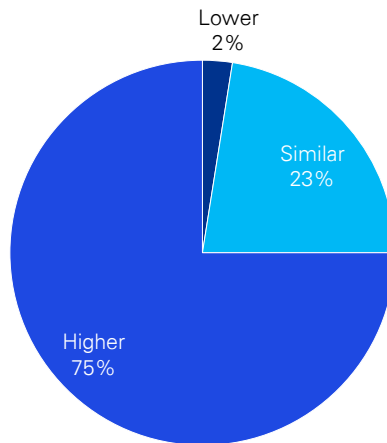
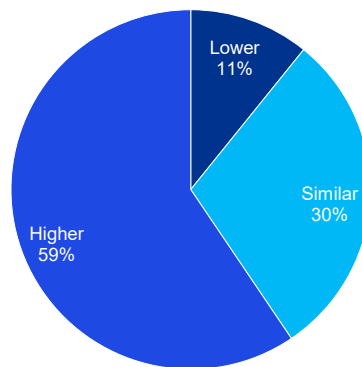


Figure 68: Respondent – Compared to other programs or interventions you have had past experience with, how effective is the Drug Court at increasing participation in employment, education or volunteering?

Compared to other programs or interventions you have had past experience with, how effective is the Drug Court at increasing participation in employment, education or volunteering?



Appendix D: Participant case studies

D.1 Case Study - County Court DATC

D.1.1 BACKGROUND

Simon¹⁷⁷ is a 38-year-old male with a 20-year offending history of largely drug related offending behaviour that commenced in adolescence. Simon presented with a long-term substance dependence and undiagnosed mental health concerns, with psychosocial complexities relating to family breakdown, family violence, social isolation and a lack of employment and education. Simon presented with entrenched negative views of people in authority, the legal system and normalised his criminal behaviour as a necessary part of his life.

D.1.2 OFFENDING HISTORY

Simon was referred to the Drug and Alcohol Treatment Court (DATC) with charges including trafficking a drug of dependence, possession of a drug of dependence, recklessly deal in proceeds of crime and deal property suspected proceeds of crime.

D.1.3 PERSONAL HISTORY

Simon has three children who were in their mother's care (his ex-partner) at the time of his assessment for a Drug and Alcohol Treatment Order (DATO). He was motivated to change his behaviour to become a better parent and to reconnect with his ex-partner and children.

Simon reported a substance use history that commenced with regular heroin use from the age of fourteen, which impacted his capacity to engage in education and resulted in him not completing school. He described having difficulty fitting in at school and problems with concentrating. At this time, Simon built connections with people engaging in drug use and offending behaviour. His older brother introduced him to heroin.

From the age of fifteen, Simon started dealing heroin and his personal use increased to a heroin dependence. From 18, Simon began trafficking heroin. At 21 years old, he substituted heroin for methamphetamine (ice) and cocaine.

D.1.4 DATO JOURNEY

Upon assessment by the DATC clinical team, Simon met the criteria for a substance use disorder (heroin and methamphetamine). Simon had been in custody for over a year on remand before being made subject to a DATO in September 2021.

Simon's issues relating to authority and lack of trust in the legal system manifested early in his journey on the DATO and he had several occasions of receiving sanctions in Phase 1 of his order for not attending appointments. At the same time, Simon reported and demonstrated a determination to address his substance use and offending behaviour by remaining engaged and starting to trust and open up to his treatment team. Over time, Simon reported starting to feel safe with the DATC Judge, and the team. He particularly engaged with counselling and discussion with the Judge about his values, and how his past criminal behaviour did not align with them. He attended SMART Recovery, an in house facilitated AOD group for DATC participants and started recognising triggers, patterns and exploring the underlying causes of his offending and drug use. Simon had challenges with disconnecting from peers and friendships that were not conducive to his recovery and experienced a lapse into a week of methamphetamine use in this context. The DATC team worked with Simon on a treatment plan including building pro social connections and harm minimisation strategies.

¹⁷⁷ Simon is not the participant's real name.

After two months on Phase 1 of the DATO, Simon began providing urine drug screens that were free of drug use. His attendance at appointments and Court was consistently high, and after six months wrote a petition to the Court (supported by the DATC team) to be promoted to Phase 2 of the DATO, which was granted. In his petition, Simon identified that the AOD counselling he was engaging in with the DATC Counsellor had assisted him to cope with cravings and develop strategies to achieve and maintain abstinence.

Simon engaged with the DATC team to develop a treatment plan that included goals relating to mental health, substance dependence and engaging with DFFH for supervised contact with his children. He maintained abstinence from heroin and ice for Phase 2 and started engaging with sourcing employment outside of drug trafficking for the first time in his life. Simon's engagement with DFFH and their requirements was supported and facilitated with the DATC team, and he was able to evidence his progress to abstinence by providing his urine drug screen results. Simon was referred to a doctor by his Clinical Advisor, for a mental health care plan and was assessed as having depression and anxiety.

On Phase 3 of the DATO, Simon continues to take on responsibility as a caring and present father and partner as "that is what I appreciate now". He is finding joy and meaning in spending time with his children who he is now living with, having reunified with his partner. Simon worked hard in Phase 2 of the Order on relationship building and counselling with his partner, commencing employment and attended a parenting course. His goals for Phase 3 are to maintain the changes he has made, while working full time. Simon and his partner have recently purchased a home, which has been an affirming achievement for him. He reflected recently that "nobody looks down on me anymore" and that he feels part of society for the first time.

Simon remains engaged with his AOD counsellor for fortnightly counselling sessions, SMART Recovery for maintenance of abstinence, random urine drug screens, case management sessions, clinical advisor reviews of mental health, and attends Court Reviews before the Judge fortnightly. The next phase of his order will be focused on maintaining the changes he has made and planning for reintegrating into life beyond the DATO.

D.2 Case Study – MCV Drug Court

D.2.1 BACKGROUND

Ms S, a 26-year-old female, presents with significant physical, mental, and psychosocial complexities accompanied by past self-harm and suicide attempts, severe polysubstance illicit drug use and the abuse of prescribed medications. Ms S has a diagnosis of borderline personality disorder (BPD) and post-traumatic stress disorder (PTSD) due to her upbringing and childhood trauma. Upon being placed on the Drug and Alcohol Treatment Order (DATO), Ms S was placed under the medical supervision of Medically Assisted Treatment of Opioid Dependence (MATOD) and pharmacotherapy-buprenorphine sublocade injection.

D.2.2 DATO AND OFFENDING

Ms S entered a plea of guilty to multiple charges of theft, possess controlled weapon without excuse, hinder police officer, dangerous driving, failed to stop vehicle and other charges. Ms S was sentenced to a term of imprisonment of 18 months to be served by way of a DATO. Ms S was on bail at the time of being placed on the order.

At the time of assessment, Ms S presented with a history of drug use which included regular consumption of heroin, methamphetamines, cannabis, benzodiazepines (prescribed and non-prescribed).

With regards to the charges before the court, Ms S reported that she was involved in drug use and had a disregard for the law or the way she engaged out in the community. As such, Ms S advised that the drug use led to a desire to do "whatever" she wanted, noting a feeling of invincibility. Ms S further divulged that in the moment, she had no consideration towards others, but in retrospect reports that she has "nightmares" thinking about the impact she had.

Ms S had a minimal Corrections Victoria (CV) history, having been subject to two (2) previous correctional dispositions, noting that neither were successfully completed.

Ms S had been in custody on two (2) occasions. Her longest and most recent term of imprisonment was the six (6) month term of imprisonment.

D.2.3 PERSONAL HISTORY

Ms S presented with a history of childhood trauma, having had sexual violence perpetrated upon her by multiple males which has led to severe anxiety, depression and PTSD. Ms S reported that she has a “love/hate relationship” with her now estranged mother describing her as a “junkie” who was neglectful. Following an incident whereby Ms S was left in a pub by herself at 18 months old while her mother was found in alleyway with a “needle in her arm, her mother lost custody.

Ms S has never met her biological father, however, has a close relationship with her stepfather. She was brought up by her stepfather and mother both of whom were active drug users and initially introduced her to illicit substances. She reported that her stepfather introduced her to ice and that her mother “sold” her for a drug debt. Ms S reported being “sold to a drug dealer” for a night at age 15 causing significant trauma.

Ms S spent time in residential care as a result of issues with her parents. Ms S has a sister, A (20) whom she has a close relationship with. Ms S advised that A is positive support, noting that she is about to start a diploma of nursing. She also reported having two (2) brothers, B (13) and C (17) whom are both supportive and in her life. Ms S has a son (8) who is in the full custody of his father. Ms S stated that she and her son’s father were together for about a month before she became pregnant at seventeen (17). Ms S is now in a relationship with a female and attributes this to her significant trauma around males in her life.

D.2.4 HEALTH

From an early age Ms S experienced significant co-morbidity. Her ongoing poor mental health coupled with polysubstance use typified her drug dependency fuelling her constant need to escape and or numb/evade her emotions and traumatic recall of events. Furthermore, due to abandonment issues and significant childhood neglect, Ms S developed a poor image of self and started to self-harm (cutting) and actively engaged in suicide attempts.

Non-prosocial supports, daily use of illicit substances (heroin, methamphetamine used intravenously), poor emotion regulation and consequential thinking, Ms S started to engage in criminal activity and attention seeking behaviour/s.

D.2.5 DATO JOURNEY

Initially Ms S did not engage well on her DATO with poor compliance overall, noting that she reported continued heroin, methylamphetamine and cannabis use and served her first seven-day custody period for accruing sanctions. She served two further fourteen-day periods in custody. Ms S formed an unhelpful anxiety around attending court in person through fear of being incarcerated or having her order cancelled. This resulted in Ms S avoiding interactions within the judicial system and absconding from any court hearings, only attending appointments for treatment and support.

However, following her last release from sanctions/custodial setting, Ms S demonstrated a vast improvement in her overall engagement and attitude towards the DATO. Ms S became accountable for her actions and controlled her drug use. Ms S was able to demonstrate a significant reduction in her methylamphetamine use, and ceased heroin use.

During appointments, Ms S identified short term goals of maintaining abstinence from heroin use, keeping all appointments, developing a new daily routine, and completing a neuro-psychological assessment. Another goal was to gain access and/or visitations with her son.

Ms S engaged in treatment programs such as NA, Reclink, Community Work and the Salvation Army Project Hope program during this time. She also engaged in creative programs such as Art Therapy and cooking challenges.

In July 2021, Ms S undertook a residential withdrawal program to reduce cannabis use, cease her methadone and switch to the LAIB-sublocade depot injection. During her time at the withdrawal program, Ms S engaged in a productive manner, and it was reported that she “provided ongoing support and leadership” to other clients at the program. She was observed to be “considerate, caring and empathetic of others whilst being able to reflect and respond to her own emotional and physical needs”.

Since completing this program, Ms S did not return to any illicit substance use and ceased smoking tobacco products through the support of Quitline. She also attended a neuropsychological assessment. Considering her positive progress on the DATO, Ms S was placed on Phase 2 conditions and continued to go from strength to strength.

Ms S attended one of many Treatment Planning Meetings and identified four goals: maintain current routine and structure, attend the START Recovery program, address triggers and uncomfortable thoughts and feelings as they arise and attend all my medical appointments. Ms S utilised Phase 2 conditions as an opportunity to demonstrate her independence and explore other avenues of support in order to meet her treatment goals.

Ms S was promoted to Phase 3 conditions. During this time, Ms S maintained her testing commitments and reported to continue developing her positive, pro-social friendships through her engagement with the START program she commenced in detox. Ms S has attributed her abstinence in part to the support and structure of this DATO/Drug Court program.

During Phase 3, Ms S was referred to a Care and Recovery Worker. Ms S engaged positively with the Care and recovery Worker who assisted Ms S with her mental and physical health and wellbeing including dental treatments, pharmacotherapy and case planning following her completion. Ms S had also maintained positivity towards her future goals and aspirations including engaging in TAFE to obtain her Victorian Certificate of Education (VCE). To this end, Ms S was referred to a Reconnect worker to complete a pathway plan for entry into a VCE course at Chisholm TAFE.

Phase 3 also provided Ms S an opportunity to consider pursuing access to her son. With the assistance of Victorian Legal Aid, Ms S was referred Lawyers for family law assistance.

Some of the skills and behaviours Ms S managed to effectively demonstrate over the duration of her DATO were the ability to effectively identify and reduce triggers and problematic stimuli, tune into/respond to physical and emotional symptoms and effectively process thoughts to then illicit positive outcomes. She also learnt how to engage in healthy mental health solutions and self-talk, a nurtured a greater ability to consider the benefits and barriers to each action v's reaction v's response. Ms S also gained the ability to identify and understand how her choices can affect others and how to adjust accordingly with the acknowledgment of her own limits, focusing on SMART distal goals.

Ms S remains engaged with her CRC worker and AOD Counsellor on a monthly basis and is a peer mentor for her START program Group. Ms S continues to work on her social supports and the reunification with her son. She has maintained abstinence and is currently completing her year 12-VCE.

Appendix E: Stakeholder List

Magistrates' Court of Victoria (MCV) Head Office
Magistrates' Court of Victoria (MCV) Judicial/Registry
Magistrates' Court of Victoria (MCV) Magistrates (Melbourne, Dandenong, Ballart, Shepparton)
Magistrates' Court of Victoria (MCV) Support Staff (Shepparton Drug Court, Melbourne Drug Court, Dandenong Drug Court, Ballarat Drug Court)
County Court of Victoria (CCV) Head Office
County Court of Victoria (CCV) Judicial/Registry
County Court of Victoria (CCV) Judges
County Court of Victoria (CCV) Support Staff (County Court Drug and Alcohol Treatment Court Pilot)
Court Services Victoria
Caraniche
Corrections Victoria
Community Correctional Services (CCS) Victoria
Office of Public Prosecutions (OPP)
Victoria Legal Aid (VLA)
Beyond Housing
Victoria Police
Odyssey House Victoria
ReGen
Launch Housing
Depart of Justice and Community Safety Victoria
WAYSSS
Uniting Housing
Grampians Health

Appendix F: Participant Voice research report

Please see the below pages for the attached Participant Voice research report.



Victorian Drug Courts Participant Voice Findings Report

Court Services Victoria
Report

13 December 2023

[KPMG.com.au](https://www.kpmg.com.au)

Disclaimer

Inherent Limitations

This report has been prepared as outlined in the engagement contract. The services provided in connection with this engagement comprise an advisory engagement, which is not subject to assurance or other standards issued by the Australian Auditing and Assurance Standards Board and, consequently no opinions or conclusions intended to convey assurance have been expressed.

The findings in this report are based on a qualitative study and the reported results reflect a perception of participants of the Victorian Drug Courts but only to the extent of the sample surveyed, being Court Services Victoria's approved sample of participants of the Victorian Drug Court.

No warranty of completeness, accuracy or reliability is given in relation to the statements and representations made by, and the information and documentation provided by, Court Services Victoria management and personnel / stakeholders consulted as part of the process.

KPMG have indicated within this report the sources of the information provided. We have not sought to independently verify those sources unless otherwise noted within the report.

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This report is solely for the purpose set out in the engagement contract and for Court Services Victoria and is not to be used for any other purpose or distributed to any other party without KPMG's prior written consent.

This report has been prepared at the request of Court Services Victoria in accordance with the terms of KPMG's engagement contract dated 5 May 2023. Other than our responsibility to Court Services Victoria neither KPMG nor any member or employee of KPMG undertakes responsibility arising in any way from reliance placed by a third party on this report. Any reliance placed is that party's sole responsibility.

Acknowledgement of Aboriginal and Torres Strait Islander communities

KPMG and Court Services Victoria (CSV) acknowledges the Traditional Owners of Country throughout Australia, and their continuing connections to land, sea and community, and pays respect to Aboriginal people and cultures, and to Elders past, present and emerging.

Recognition of lived experience

KPMG and Court Services Victoria also recognise the strength of people with a lived or living experience of trauma, neurodiversity, mental health challenges, psychological distress, suicide, substance use or addiction, as well as their families, carers and supporters, and those experiencing bereavement, including their families, carers and supporters, and remembers those who have been lost to suicide. KPMG and Court Services Victoria also acknowledge and pay gratitude to those with lived experience who participated in the research and their contributions to providing rich and personal insights that have formed the basis for this study.

For your safety:

Some people may find parts of the content of this Participant Voice Report confronting or distressing. If any of the following material raises any concerns, please contact Lifeline on 13 11 14 or [see other ways to seek help.](#)

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1 Glossary

Term	Definition
AOD	Alcohol and other drugs.
Cancellation	When a Drug and Alcohol Treatment Order (DATO) is cancelled by a Magistrate, and the original term of imprisonment may be re-imposed. ¹ At CCV, when a DATO is cancelled as a reward (within the first 24 months of a DATO), or cancelled by a judge, and the original term of imprisonment may re-imposed
CCO	Community Correction Order. A CCO is a flexible sentencing order that an offender serves within the community. A court can impose a CCO on its own or in addition to imprisonment or a fine. ²
Completion	When a participant reaches the end of their DATO but have not completed the requirements of all three phases. ³
CCV	County Court of Victoria
DATO	Drug and Alcohol Treatment Order.
Graduation	Successful completion of all the requirements of a DATO.
Incentives	Rewards participants receive for good performance during their DATO. They are used to encourage positive behaviour. ⁴
Judge	Reference to 'judge' in the context of this report refers to all judges within the County Court of Victoria (CCV) Drug and Alcohol Treatment Court (DATC).
Lapse	A lapse refers to a short return to alcohol or other drug use. It is a one-time (or temporary) step back on a recovery journey. ⁵
Magistrate	Reference to 'magistrate' in the context of this report refers to all magistrates within the Magistrates' Court of Victoria (MCV) Drug Courts (including Melbourne, Dandenong, Ballarat, and Shepparton).
Mainstream court	Mainstream courts focus primarily on the resolution of legal problems by producing a legal outcome such as a sentence or judgment. ⁶
MCV	Magistrates Court of Victoria
NA	Narcotics Anonymous: a community support group for recovering drug addicts and those trying to abstain from illicit drug use.

¹ Magistrates' Court of Victoria (MCV) (2022), Drug Court, Specialist Courts and Programs: Fact Sheet 1, (1) 1-3.

² Sentencing Advisory Council Victoria (2023)

³ Magistrates' Court of Victoria (MCV) (2022), Drug Court, Specialist Courts and Programs: Fact Sheet 1, (1) 1-3.

⁴ Ibid.

⁵ Ibid.

⁶ King, M (2007), What can mainstream courts learn from problem-solving courts?, Alternative Law Journal, 32(2), 91-95.

Participant	An offender on a DATO
Phase one: stabilisation (MCV/CCV)	The first phase of a DATO which has a focus on a participant's immediate needs. ⁷
Phase two: consolidation (MCV/CCV)	The second phase of a DATO, where participants aim to have significantly reduced their AOD use and can work towards focusing on longer term goals and aspirations. ⁸
Phase three: maintenance & reintegration (MCV/CCV)	The third phase of a DATO where participants will focus on what life will look like at the end of their order and work towards reintegration into the community. ⁹
Phase four: maintenance (CCV only)	The final phase of a participant's DATO within the County Court, focusing on maintenance of recovery and coping strategies, enacting treatments outlined in exit planning and establishing oneself to reintegrate into the community independently. ¹⁰
Relapse	A return to alcohol or other drug use, which someone has previously managed to control or quit completely. ¹¹
Recidivism	Recidivism refers to repeated criminal activity and is synonymous with terms such as 'repeat offending' and 'reoffending'. ¹²
Respondent	A current or former Drug Court participant who participated in the Participant Voice research.
Sanctions	Consequences participants receive for behaviours that are not positively contributing to their recovery and progress on a DATO. Sanctions are applied by a magistrate or judge. ¹³
SMART Recovery	Self-Management and Recovery Training: a free group program to assist participants with problematic behaviours, including addiction to drugs and alcohol. ¹⁴
Therapeutic response	A direction from the magistrate or judge when participants are honest about their AOD use. It is designed to encourage positive behaviour change. This may include attending Alcoholics Anonymous, Narcotics Anonymous and SMART Recovery. ¹⁵
Urine screening	Urine screening is the testing of urine for drugs and/or alcohol. ¹⁶

⁷ Magistrates' Court of Victoria (MCV) (2022), Drug Court, Specialist Courts and Programs: Fact Sheet 1, (1) 1-3.

⁸ Ibid.

⁹ Ibid.

¹⁰ County Court of Victoria (2023).

¹¹ Magistrates' Court of Victoria (MCV) (2022), Drug Court, Specialist Courts and Programs: Fact Sheet 1, (1) 1-3.

¹² ACT Government (2023), Reducing Recidivism, *Justice and Community Safety Directorate*.

¹³ Magistrates' Court of Victoria (MCV) (2022), Drug Court, Specialist Courts and Programs: Fact Sheet 1, (1) 1-3.

¹⁴ Ibid.

¹⁵ Ibid.

¹⁶ Corrective Services NSW (2008).

2 Executive summary

To develop a contemporary understanding of the outcomes and impact of the Victorian Drug Courts sixty-one individuals generously shared their personal experiences. Their voices have become invaluable in shaping our understanding. On behalf of KPMG and Court Services Victoria we thank these individuals for their generosity, honesty and support for this research. In this report, we present a summary of the Participant Voice outcomes research, which encapsulates the key findings derived from these insightful perspectives.

2.1 Research Methodology

KPMG conducted the Participant Voice research for Court Services Victoria (CSV) to understand the experiences of individuals involved with the Drug Courts in Victoria. The research aimed to evaluate the extent to which the Drug Court model is effective in improving participant outcomes and reducing recidivism, from the perspective of those who have directly experienced the Drug Court.

The research combined qualitative and quantitative methods, involving surveys and semi-structured interviews to provide insights into the participant experience. Respondents were individuals over 18 years of age with experience of a Drug and Alcohol Treatment Order (DATO) in Victorian Drug Courts as either existing or prior participants. The recruitment process was designed to ensure ethical engagement, emphasising the voluntary nature of research study and minimising risks, while maximising participation within the ethical framework.¹⁷

The research was focused on exploring the following areas:

- The **individual outcomes** resulting from engagement with the court;
- Participants' **experience with the supports provided** through the Victorian Drug Courts;
- Whether participants preferred the Victorian Drug Courts pathway in **comparison to other mainstream corrections pathways**; and
- The extent to which the research cohort findings are **reflective of the Victorian Drug Court participant cohort more broadly**.

¹⁷ KPMG submitted an ethics application to the Justice Human Research Ethics Committee (JHREC) in June 2023. The Participant Voice research methodology, in particular, activities to inform and recruit participants, was informed by the NHMHC's (National Health and Medical Research Council) guidelines set out in the National Statement on Ethical Conduct in Human Research (2007) updated 2018. The research approach and ethics application were reviewed in detail and approved by the JHREC in line with ethical standards. Following JHREC approval, the research team commenced the Participant Voice research in September 2023.

2.2 Key findings and insights

The research identified the overwhelming benefit of the Drug Court in supporting respondents to achieve desired outcomes across substance reduction, recidivism and health and wellbeing. A number of enhancement opportunities were also identified including access to specialised mental health support, increased activities, family involvement, transition and post-Drug Court support, more suitable housing options and ensuring all team members have the necessary understanding of participant needs and the skills to support engagement in line with Drug Court values. These key findings are outlined in Table 1 below.

Table 1: Participant Voice research findings and options for improvement.

Research Domain	Key Findings
The individual outcomes of the Drug Court	Support of the Drug Court in reducing substance use: Respondents overwhelmingly self-reported a reduction in substance use as a direct outcome of their participation in a Victorian Drug Court. Of the 61 respondents who were surveyed as part of the study, 57 (93 per cent) reported that the Drug Court had supported a reduction in their substance use.
	Drug Court plays a substantial role in reducing offending behaviours: Respondents highlighted the Drug Court's effectiveness in reducing offending behaviour, which is a crucial component of their rehabilitation. Of the 61 survey respondents, 55 (90 per cent) acknowledged the Drug Court had supported a reduction in their offending behaviours.
	Importance of housing and stable accommodation for participant recovery: Access to secure accommodation was acknowledged as critical in helping participants recover and rebuild their lives and reintegrate into society. Respondents highlighted the challenges associated with accessing housing. In particular, challenges with disruptive emergency accommodation conditions and suggested several opportunities to enhance this support.
	Impact of the Drug Court across individual life domains: Improvements across multiple life domains was a central theme in respondents' narratives. They described substantial progress in rebuilding relationships, particularly with family and friends, and gaining access to employment opportunities, all attributed to their Drug Court participation. These achievements are crucial in breaking the cycle of criminal behaviour and addiction.
Understanding the experience of Drug Court supports	The supports available at the Drug Court are accessible, responsive and helpful: Respondents reported that the supports provided by the Drug Court were helpful and fundamental in supporting behaviour change for AOD misuse and offending. Some respondents reported a desire for more activities to be made available to help keep them busy and engaged.
	Respondents shared high levels of personal satisfaction with the Drug Court supports: Respondents highlighted housing, AOD counselling and peer support as some of the most helpful supports for their recovery and rehabilitation.
	Program enhancement opportunities focussed on addressing participants' wellbeing: Key challenges shared by respondents include the emergency accommodation environment, accessing specialised community mental health support and apprehension about transitioning from the program. Respondents specifically identified that wherever possible, given the current housing vacancy challenges, moving into accommodation where they can cook and safely invite their families would help in making the phase 1 transition into the program smoother. Additionally, pathways and

	support for their mental health alongside post- Drug Court support would help maintain the program's positive impact on their lives.
Comparing the Drug Court to other mainstream corrections pathways	Respondents believed the Drug Court was more helpful than other community correctional orders and/or sentences: On average, respondents scored the Drug Court 9.4/10 when directly asked to compare the level of Drug court helpfulness in encouraging positive behaviour change when compared with a previous experience of other community corrections orders/sentences. Respondents reported that the Drug Court was more supportive, responsive, and focussed to their individual needs than any other correctional pathway.
	Respondents reflected that overall, the Drug Court sanctions and incentives helped with motivating them to make positive, recovery-oriented decisions: 81 per cent of survey respondents believed that sanctions helped change their behaviour and 88 per cent for incentives. Respondents shared that it was important these were consistent amongst their peers and found it difficult if there was perceived inequity in how these were applied. Throughout interviews there were varied perspectives. Respondents found the incentives highly reinforcing, instilling a sense of pride and also another subset felt uneasy, deeming the incentives reminiscent of a 'school and childlike' approach.
	Unique role of the Judiciary in supporting participants to effectively recover: Respondents highly valued the person-centred approach, guidance, and support provided by Magistrates and Judges within the Drug Court model. The involvement of these authority figures was seen as a unique and essential aspect of the program, reinforcing their accountability and encouraging their commitment to rehabilitation through firm, fair and compassionate interactions.

Research Domain	Opportunities for improvement
The individual outcomes of the Drug Court	1. Participants noted the importance of providing safe housing options in an environment which is conducive to recovery. This should include access to a kitchen for meal preparation.
	2. Where emergency accommodation in shared settings is provided, consideration should be made for support to access pre-prepared meals and non-perishable foods', recognising the additional costs of living in accommodation without meal preparation and storage facilities for participants.
	3. Reduce participant wait times for mandatory testing and appointments (i.e., urine testing) and ensure any staff conducting this activity have completed the necessary training to conduct this activity sensitively.
	4. Participants noted opportunities to improve access to additional support for participants and their families, with structured learning programs and counselling support aimed at: building healthy relationships, parenting skills, communication skills and coping strategies for navigating couples and intimate partner relationships, as well as appropriate individual housing options for unique circumstances (i.e., participants with children).
Understanding the experience of	5. Ensure participants are offered a tailored transition plan from the Drug Court program during phase three and phase four (CCV only). This should be participant-centred, tailored to their preferences and any outstanding AOD recovery and rehabilitation goals.

Drug Court supports	
Comparing the Drug Court to other mainstream corrections pathways	<p>6. Confirm the nature and delivery of incentives and sanctions are well understood and clearly communicated by participants. This will assist them in recognising the role of the incentive and sanctions framework in supporting positive behavioural change, ensuring participants feel supported rather than embarrassed, contributing to their overall recovery and success in the Drug Court.</p>

3 Overview

3.1 Background and purpose

3.1.1 The role of Drug Courts in supporting participant outcomes

The Drug Court is a judicially supervised program for individuals with histories of offending behaviour and entrenched substance use, where for many participants involved in the program, previous intervention attempts have failed. The Drug Court model adopts a rehabilitative and individualised therapeutic justice approach to intervention. This is distinct from mainstream criminal justice system interventions. In alignment to fundamental concepts of therapeutic jurisprudence, the model featured in Drug Courts encompasses intensive judicial engagement, monitoring and supervision coupled with the provision of therapeutic responses, targeted supports, and services. The intent is to address the factors contributing to the behaviour of an individual and empower them to adopt positive choices and ongoing behaviour change.

A DATO consists of two parts: the first, treatment and supervision. The second, custodial.¹⁸ In the custodial part, sentences of imprisonment are held in abeyance as a participant is supervised by judicial officers whilst undergoing treatment in the community. However, the custodial element of a DATO can be reactivated if a participant breaches the requirements of their DATO.¹⁹ This can occur in response to accrued sanctions due to continued non-compliance with the program, resulting in a short-term imposition of additional DATO conditions or imprisonment, or where non-completion of the program has occurred, resulting in the magistrate or judge imposing the term of imprisonment.²⁰

Figure 1: Composition of a Drug and Alcohol Treatment Order (DATO)



Source: KPMG 2023, adapted from the County Court of Victoria (2023).

Participants engaged in the Drug Court must undergo intensive interventions to fulfill the treatment requirements of their DATO. These requirements include:

- Regular attendance / participation in appointments with the multidisciplinary Drug Court team;

¹⁸ Magistrates' Court of Victoria (2023) Drug Court, available at: [Drug Court | Magistrates Court of Victoria \(mcv.vic.gov.au\)](https://www.mcv.vic.gov.au)

¹⁹ Victorian Alcohol and Drugs Association. (2013). Position paper: Drug Courts. Available at: <https://www.vaada.org.au/wp-content/uploads/2019/02/Position-Paper-Drug-Courts-FINAL.pdf>

²⁰ Sentencing Council of Victoria. (2023). Drug and Alcohol Treatment Order. Sentencing Council of Victoria. [Drug and Alcohol Treatment Order | Sentencing Council](#)

- Required attendance to Court Review Hearings as directed by the judiciary;
- Routine supervised drug and/or alcohol testing;
- Engagement with drug and/or alcohol, medical, psychiatric or psychological assessments and treatment;
- Attending educational, vocational, employment, peer support or other programs; and
- Compliance with additional DATO conditions, such as residential and curfew conditions.²¹

Whilst undertaking their DATO, a multidisciplinary Drug Court team supervises and assists participants with their treatment, helping them meet the requirements and conditions of their order. This multidisciplinary team features a range of specialists, including clinical advisors, community correctional service officers (in MCV only), case managers and alcohol and drug counsellors. There are also police or Office of Public Prosecutions representatives (CCV only), legal aid lawyers, housing support staff and a Magistrate or Judge.²² The Magistrate or Judge provides program oversight and leadership to the Drug Court teams, with the team supporting participants through a holistic service oriented around coordinating and supporting individual engagement with treatment.

The Drug Court teams monitor and explore participant offending behaviours and patterns of substance use, working closely with individuals to identify meaningful goals and support needs relevant to recovery. The supervision and support of the Drug Court teams is central in supporting participants to successfully engage with the program and achieve their treatment, recovery and personal goals.

Figure 2: Multidisciplinary Drug Court Team



Source: KPMG 2023, adapted from the Magistrates Court of Victoria (2022).

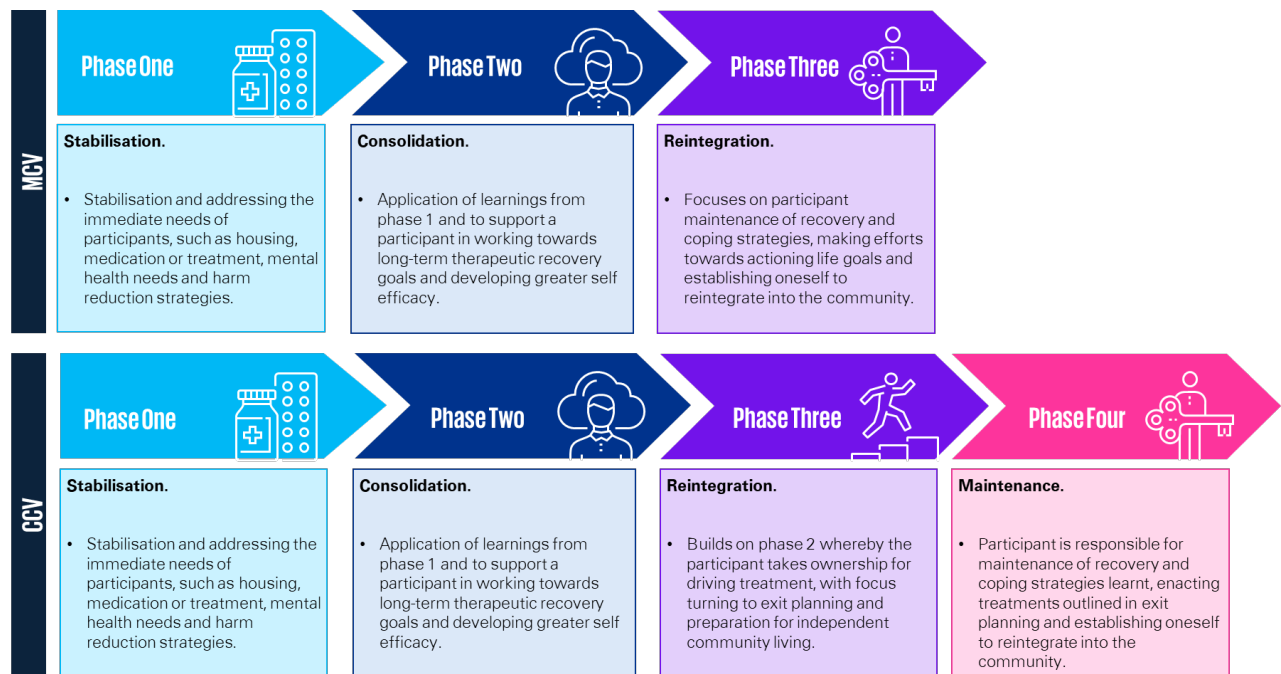
²¹ Magistrates' Court of Victoria (2023) Drug Court, available at: [Drug Court | Magistrates Court of Victoria \(mcv.vic.gov.au\)](https://www.mcv.vic.gov.au/drug-court).

²² Magistrates' Court of Victoria (2023) Drug Court, available at: [Drug Court snapshot | Magistrates Court of Victoria \(mcv.vic.gov.au\)](https://www.mcv.vic.gov.au/drug-court-snapshot)

3.1.1.1 Participant progression through the Drug Court phases

A DATO in the Magistrates Court of Victoria (MCV) consists of three key phases, each containing different treatment requirements and expectations of the participant, whereas a DATO in the County Court of Victoria (CCV) includes an additional fourth phase that is focused on maintenance and after care to support longer term sustainability of change (see Figure 3).

Figure 3: Participant progression through Drug Court phases ²³



Source: KPMG 2023, adapted from the Magistrates Court of Victoria (2022).

In progressing from a lower phase to a higher phase whilst on a DATO, a participant must undertake extensive therapeutic and behaviour change interventions to meet all requirements of their current phase and meet a set of criteria to progress to the next phase. The process is a rigorous undertaking, intended to enable participant behaviour change and encourage individuals to take ownership of their personal outcomes.

For a participant to progress from one phase to the next towards program graduation, a magistrate or judge determines individual readiness on the basis of feedback from the broader Drug Court team. The feedback captures how a participant is progressing with their individual treatment plan, their levels of compliance with DATO conditions, and evidence presented directly by the participant during court hearings describing how they have achieved their goals and met requirements. Participants may be demoted to a previous phase if they are unable to comply with the requirements of the higher phase and the Magistrate/Judge decides, with the advice of the collective team, that moving back to a more intensive level of supervision and support is warranted.²⁴

²³ KPMG (2023), adapted from the Magistrates Court of Victoria (2022).

²⁴ ACU Centre for Social Research and Methods. (2022). ACT Drug and Alcohol Sentencing List: Process and Outcome Evaluation Final Report. Available at: [Microsoft Word - ACT Drug and Alcohol Sentencing List_Final Report_FinalCopy.docx](#)

3.2 Rationale for undertaking Participant Voice research

This research study provides an important opportunity to hear the voices of those who have directly participated in one of the five Victorian Drug Courts, allowing for evidence-based recommendations to be made on improving services delivered and program outcomes informed by lived experience and participant voice. Individual participant stories and experiences provide deeper insights that allow for more robust and defensible findings to support future program improvements.

The primary outcomes of the Drug Court are oriented towards reducing participant substance use and reducing the likelihood of reoffending, supporting the safety and wellbeing of participants and the broader community. In understanding the impact of the Drug Court model, it is important to understand the extent to which participants feel the Drug Court has supported them to reduce their substance use, offending behaviours and individual outcomes.

Since the inception of Drug Courts in Victoria, a large volume of research has been undertaken to better understand the effectiveness of the Drug Court in achieving a sustained reduction in substance use and reoffending amongst participants.²⁵ Despite the significant body of research evaluating the effectiveness of Drug Court models, there is limited understanding of program effectiveness from the perspective of the participants who directly engage with the Drug Court. The perspectives of participants who are or have previously engaged in Drug Courts are inherent to understanding the true effectiveness of the Drug Court model at an individual outcome level.

This research will contribute to the continued building of further evidence as to the effectiveness of these models in the Victorian context. The analysis of the Participant Voice research will provide a crucial insight into opportunities for improvement to enhance ongoing participant experiences and outcomes.

By undertaking Participant Voice research, the needs of participants can be adequately captured in ongoing Drug Court program delivery approaches to better support offenders with complex substance use patterns and high criminogenic needs, mental health issues, histories of social exclusion and challenging intergenerational and personal trauma.

3.3 Overview of the Participant Voice research process

KPMG was engaged by CSV to capture participant experiences of the Drug Court through a Participant Voice research project. The Participant Voice research project supports the MCV and CCV to understand the fidelity of the Drug Court model in successfully improving participant outcomes, health and wellbeing, reducing recidivism, and reducing burden on the justice system and broader health and human services systems. To do so, the research aimed to explore:

- the extent to which intended participants outcomes have been achieved, including reduced substance use and reoffending;
- where outcomes differ across regions and other judicial responses;

²⁵Belenko, S. (1998). Research on drug courts: A critical review. *National Drug Court Institute Review*, 1(1), 1-42.,

Mitchell, O., Wilson, D. B., Eggers, A., & MacKenzie, D. L. (2012). Assessing the effectiveness of drug courts on recidivism: A meta-analytic review of traditional and non-traditional drug courts. *Journal of Criminal Justice*, 40(1), 60-71.

- what improvements could be made to enhance participant experiences and outcomes in future.

The Participant Voice sought to engage directly with individuals who have been on a DATO to discuss their service, therapeutic and individual needs, what outcomes they achieved as a result of engagement with the Drug Court and suggested areas of improvement.

KPMG submitted an ethics application to the Justice Human Research Ethics Committee (JHREC) in June 2023. The Participant Voice research methodology, in particular, activities to inform and recruit participants, was informed by the NHMHRC's (National Health and Medical Research Council) guidelines set out in the National Statement on Ethical Conduct in Human Research (2007) updated 2018.²⁶ Following JHREC approval, the research team commenced the Participant Voice research in September 2023.

The research team acknowledges that the participant cohort engaged in this study consists of people who often experience an extensive range of complex needs and vulnerabilities that must be considered in the research methodology. KPMG adopted an approach to recruitment for this research that sought to balance the ethical principles of the National Statement and the complexities of the cohort, with the desire to capture a broad range of participant views and experiences.

The objectives, scope and limitations of this research study are detailed in the below sections of this report chapter. Details on the methodology for this research study are featured in Appendix B.

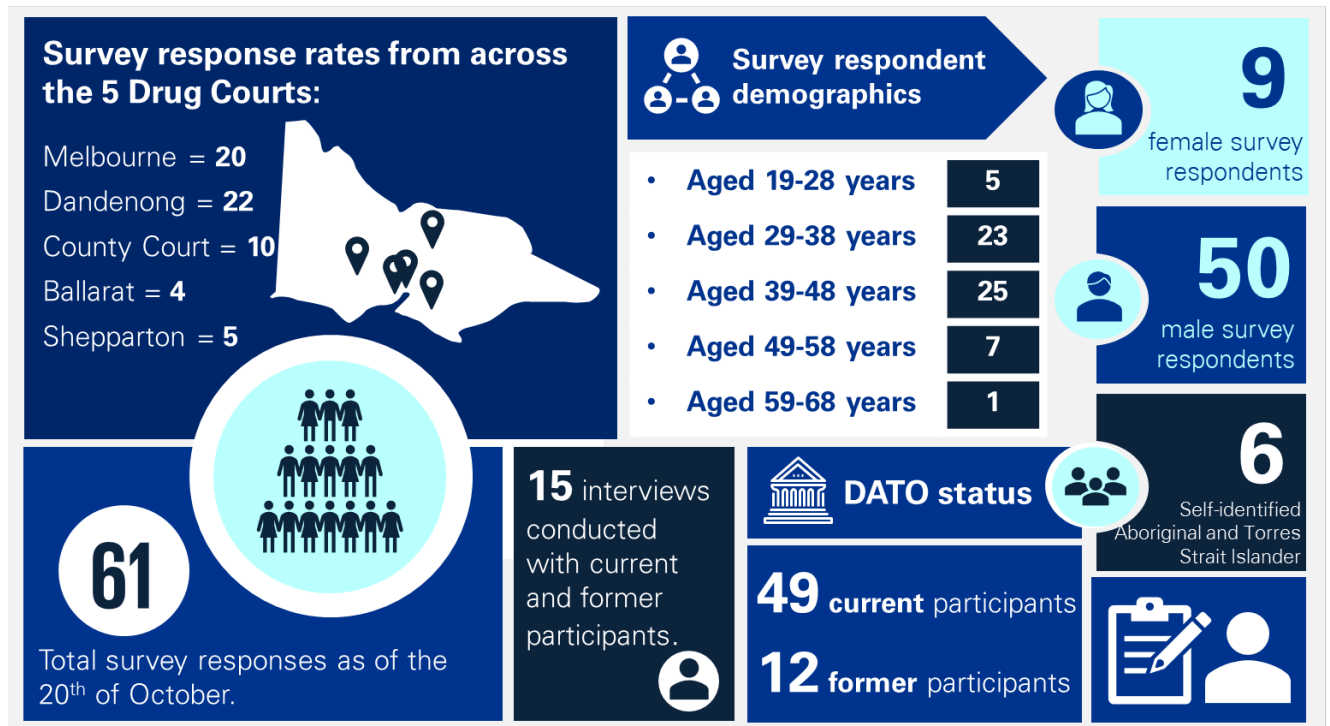
3.4 Objectives and scope of the Participant Voice research process

The purpose of the Participant Voice research was to capture the first-hand experiences of past and current Victorian Drug Court participants, to better understand participant experiences within the program and gauge the degree of satisfaction with program delivery. Findings gathered from this research will help to inform a better understanding of what is currently working well, the level of participant satisfaction with the Drug Court model as it is applied in the Victorian context, how the Drug Court compares to other criminal justice interventions, and where service delivery could be improved to better support participant outcomes going forward.

Figure 4 provides an overview of the overall participant engagement achieved for the participant survey and interviews delivered with current and former Victorian Drug Court participants within the research study. The infographic details survey response rates from across the five Victorian Drug Court sites, the total number of survey responses and interviews for qualitative and quantitative data collection and survey respondent demographics.

²⁶ The NHMHRC guidelines require that research be underpinned by the ethical principles of merit and integrity, respect, beneficence, and justice. The research approach and ethics application were reviewed in detail and approved by the JHREC in line with ethical standards.

Figure 4: Participant Voice Research Study Overview



Source: KPMG 2023, adapted from the Participant Voice Survey findings.

3.5 PV research limitations

The known limitations of this research study include:

- **Survey response rates did not allow for a representative sample** required to provide a consolidated overview and generalised findings of the impact of the Drug Court on the broader participant population. As such, **the findings within this report should be interpreted as representative of the research cohort only, not the broader participant population.**
- The final number of participants who completed the survey was 61 in total. To have achieved a representative sample for this study, a survey sample of 80 was required. Importantly, recruitment and promotion was carefully balanced with the necessary ethical considerations to minimise any perceptions of coercion or sample bias and to prioritise participant wellbeing.
- The research scope was limited to participants who had previously or were currently engaged in a DATO in one of the five Victorian Drug Courts. As a result, the research team were unable to investigate the barriers to access and participation choices amongst those who do not opt to commence a DATO, or those who are not given the option to commence a DATO, limiting findings on understanding how the service can be improved to support individuals to access the program.
- **Challenge in accessing appropriate contact details to engage former Drug Court participants in research.** Lower representation of former Drug Court participants may have been impacted by the ethical recruitment approaches taken for this study, which included placing restrictions on engaging with prison populations and limited ongoing contact information for the former participant cohort. Anecdotally, operations managers shared that former participants had likely changed their contact details for a range of reasons including personal choice, lost or stolen phones and financial reasons. Additionally, at present, the Drug Court does not have established consent and communication channels with former participants.
- **Survey response rates did not allow for in depth comparison between Drug Court sites and participant demographics.** Participation rates across each Drug Court site did not provide a representative sample of the current and former participants of each site nor across participant demographics. Of note:
 - Regional participant engagement in the surveys and interviews was limited to Ballarat (6 per cent of overall responses) and Shepparton (8 per cent) Drug Courts. Given these sites are more recently established the lower respondent rates could be consistent with a smaller pool of potential respondents than other more established sites.
 - Representation of diverse demographics and perspectives within the sample was limited due to a small number of respondents from the following cohorts: females (9 per cent overall), Aboriginal and Torres Strait Islander backgrounds (9 per cent overall) and former Drug Court participants (19 per cent overall). The limited representation from females, Aboriginal and Torres Strait Islander peoples and former Drug Court participants in the

sample however, is indicative of the broader demographic composition of the Victorian Drug Court participant cohort.

- Comparison across Drug Court sites, participant demographics and characteristics was limited within this research study. However, representativeness was not required in order for the Participant Voice research findings to be meaningful and valid in gaining a reflection of the Drug Court participant population.

The individual outcomes of the Drug Court

4 The individual outcomes of the Drug Court

Research question- *What outcomes do participants report from their engagement with the court?*

Key findings



- **Support of the Drug Court in reducing substance use:** Respondents overwhelmingly self-reported a reduction in substance use as a direct outcome of their participation in a Victorian Drug Court. Of the 61 respondents who were surveyed as part of the study, 57 (93 per cent) reported that the Drug Court had supported a reduction in their substance use.
- **Drug Court plays a substantial role in reducing offending behaviours:** Respondents highlighted the Drug Court's effectiveness in reducing offending behaviour, which is a crucial component of their rehabilitation. Of the 61 survey respondents, 55 (90 per cent) acknowledged the Drug Court had supported a reduction in their offending behaviours.
- **Importance of housing and stable accommodation for participant recovery:** Access to secure accommodation was acknowledged as critical in helping participants recover and rebuild their lives and reintegrate into society. Respondents highlighted the challenges associated with accessing housing. In particular, challenges with disruptive emergency accommodation conditions and suggested several opportunities to enhance this support.
- **Impact of the Drug Court across individual life domains:** Improvements across multiple life domains was a central theme in respondents' narratives. They described substantial progress in rebuilding relationships, particularly with family and friends, and gaining access to employment opportunities, all attributed to their Drug Court participation. These achievements are crucial in breaking the cycle of criminal behaviour and addiction.

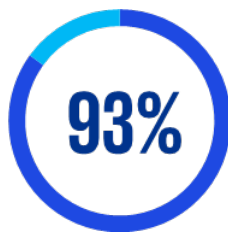
4.1 Reducing substance use

4.1.1 Role of the Drug Court in reducing participant substance use

Participants of Drug Courts typically present with complex patterns of alcohol and other drug use. The capacity to individually manage substance use patterns is often challenged by intersecting mental health issues, histories of social exclusion and criminal activity, and confronting intergenerational and personal trauma²⁷. Victorian Drug Courts aim to address complex needs and risks of participants, including AOD dependency, through applying a therapeutic lens to judicial intervention and supervision, with targeted support led by the multi-disciplinary Drug Court team. This team is central in supporting participants to achieve their individual treatment and recovery goals and empower positive change. Improvements to individual understanding of the triggers, challenges and goals associated with addressing individual substance use was a strong finding that emerged across participant narratives in interviews. Several participants cited the helpfulness of the Drug Court in educating them on practical techniques to avoid and deal with unhelpful thinking which may be contributing to lapse and relapse cycles.

"The actual support is good. My counsellor helped me understand what my feelings were. I didn't know my feelings. The 7-week course called MASK²⁸ was good, it made me realise how disconnected I've been with my feelings."

- Drug Court participant



of survey respondents agreed that the Drug Court had helped to reduce their substance use.

Source: KPMG 2023, adapted from the Participant Voice Survey findings.

Respondents interviewed noted that without the support of the Drug Court team and program interventions, reducing or breaking the cycle of their entrenched patterns of substance dependency may not have been possible. Prior to entering the Drug Court, respondents reported having extensive histories of long-term substance dependence and acknowledged the integral role that the Drug Court and understanding of the team had made in their progress towards managing their substance use.

"My drug use trajectory has reduced...Drugs had been a part of my life for a long time."

- Drug Court participant

²⁷ Amaro, H., Sanchez M, Bautista, T., & Cox. R. (2021). Social vulnerabilities for substance use: Stressors, socially toxic environments, and discrimination and racism. *Neuropharmacology*, 188, Article 108518

²⁸ Several participants interviewed cited the Drug Court's MASK program as a beneficial support in their recovery journey. Limited information was available to the research team however, to discuss and understand the program in more detail.

4.1.2 Impact of the COVID-19 pandemic on participant substance use reduction

In Victoria, the COVID-19 pandemic presented a range of challenges for Drug Court participants, with multiple extended lockdown periods and restrictions impacting capacity to engage with the Drug Court program and maintain reduced usage of illicit drugs and alcohol.

Interviews with respondents highlighted the challenges that the COVID-19 pandemic presented for their progress within the Drug Court and in reducing their patterns of substance use due to the impacts of facilitating support in person, increased social isolation and limited stability.

“The first time I was in Drug Court everything worked great. I ended up getting a spot at a mental health rehab facility. Then COVID hit... The Drug Court reached out but then something came up for me and then everything got cancelled. I just didn’t feel like there was any purpose anymore... It was bad timing with COVID.”

- Drug Court participant

4.1.3 Intensity of program phases and supports

Respondents noted that full-time custodial sentences do not provide an appropriate therapeutic environment to effectively address individual substance usage. Interviews with respondents highlighted that whilst interventions of the Drug Court could be intense, particularly during the early phases of the program, the support and interventions provided were essential in motivating participants to reduce their substance usage and regain control of their life towards recovery.

When asked during interviews, participants did not identify significant suggested changes to this early phase. Rather, a number of participants identified opportunities to ensure the right level of responsive support is available during the early transition phase on to the program.

“Give people a urine test and see if they are going to be honest with their using before coming out of jail as a test before being ready to enter Drug Court.”

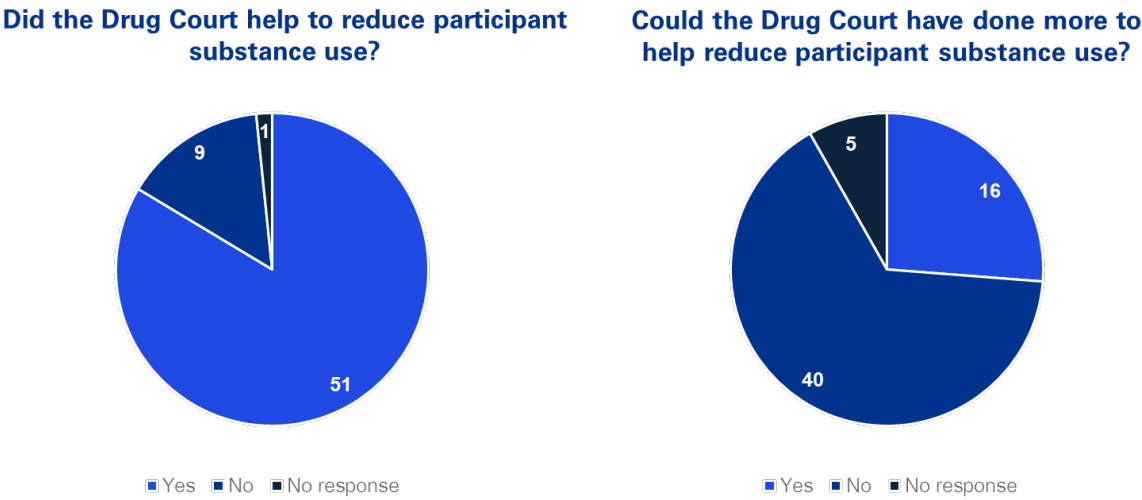
- Drug Court participant

Interviewees from across the five Drug Court sites overwhelmingly reported a reduction in substance use as a direct outcome of their participation in the Drug Court (see Figure 5).²⁹ Structured rehabilitation, frequent drug testing, and a continuous support system were reported to play pivotal roles in helping them overcome addiction. Reduced substance use not only benefits participants personally but also contributes to the safety and wellbeing of the wider community by decreasing the risk of reoffending behaviours.³⁰

²⁹ Response levels were varied amongst the five Drug Court sites, with engagement particularly limited within the regional Drug Court locations. The response cohorts were as follows: Melbourne (20 respondents), Shepparton (5 respondents), Ballarat (4 respondents), Dandenong (22 respondents), County Court DATC (10 respondents).

³⁰ Department of Health. (2017). National Drug Strategy 2017–2026. Available at: [National Drug Strategy 2017–2026 \(health.gov.au\)](https://www.health.gov.au/national-drug-strategy-2017-2026)

Figure 5: Participant survey results: Did the Drug Court help to reduce participant substance use? Could the Drug Court have done more to help reduce participant substance use?



Source: KPMG 2023, adapted from the Participant Voice Survey findings.

“The difference is the intensity of the support appointments and urine screens. It’s like a full-time job to keep you on track.”
- Drug Court participant

“I am 45 days clean today. I saw the opportunity, that if I really do this, I can change my life. I was the one who came to [the Drug Court team] and said to them that I want to go to rehab.”
- Drug Court participant

Those participants who had accessed residential rehabilitation facilities reflected on the benefit of these programs. Some participants suggested that the Drug Court should look at options to improve access to these types of programs in the initial DATO phases, to increase support to help participants to reduce their substance use and develop coping strategies to support overall engagement with the DATO.

4.1.4 Challenges to managing a reduction in participant substance use

Participants reported that a key challenge when on a DATO was effectively managing their substance use if they were surrounded by partners or family members actively using drugs or alcohol.

“It’s been a challenge managing my use with my partner using.”
- Drug Court participant

Participants suggested that one option to improve this would be for the Drug Court to provide support or make targeted referrals to assist those with intimate partners and immediate family members who are actively using, to create a more conducive environment for participants

outside of the Drug Court. Some participants specifically suggested that the Drug Court could facilitate access to family and partner supports, such as direct access to family and partner counselling and through case management support plans.³¹

Respondents also reported experiencing long wait times for mandatory testing, and cited this as a challenge due to the perceived flow on impact on their individual ability to engage in other activities, employment and time with family on a day-to-day basis. This was identified by respondents as an additional key area for improvement, who noted that support staff numbers for mandatory testing and appointments could be bolstered to help reduce participant wait times. Respondents also noted the importance of support staff being equipped with adequate training and trauma-informed approaches to help ensure testing and appointments are conducted in a timely and sensitive way.

4.2 Reducing offending behaviour

Participants who responded to the survey and interviews consistently reported that the Drug Court has directly contributed to a self-reported reduction in their offending behaviour - a crucial component of their rehabilitation, and the Drug Court model.

The tailored approach and the accountability inherent in the Drug Court model fosters behavioural change and aims to support a reduction in individual criminal activities. This is a fundamental outcome for participants and the Drug Court.³²

4.2.1 Importance of the Drug Court Team

The Drug Court multidisciplinary team plays an important role in supporting participants to change their way of thinking and adjust unhelpful behavioural patterns that increase their likelihood of offending. The Drug Court team includes clinical advisors, community correctional service officers (MCV only), case managers and alcohol and drug counsellors. There are also police, Office of Public Prosecutions (CCV only), legal aid lawyers, housing support staff and a Magistrate or Judge.³³ The judicial officers (Magistrate or Judge) provide program oversight and leadership to the Drug Court teams, with the team supporting participants through a holistic service oriented around coordinating and supporting individual engagement with treatment.³⁴ The role of the judicial officers in supporting participants to reduce their offending behaviours and substance use is further discussed in section 5.3 of the report.

Respondents acknowledged through interviews that the structure of the Drug Court and the incentives and sanctions framework supports individuals to strengthen their self-awareness and make changes to attitudes and behaviours affecting their everyday lives. This enables progression towards longer term goals oriented around improved health and wellbeing, as well as social and family relationships and employment outcomes.

³¹ Kourgiantakis, T and Ashcroft, R. (2018). Family-focused practices in addition: a scoping review protocol. Available at: [Family-focused practices in addictions: a scoping review protocol - PMC \(nih.gov\)](#)

³² Wilson, D. B., Mitchell, O., & MacKenzie, D. L. (2006). A systematic review of drug court effects on recidivism. *Journal of Experimental Criminology*, 2, 459-487.

³³ Magistrates' Court of Victoria (2023) Drug Court, available at: [Drug Court snapshot | Magistrates Court of Victoria \(mcv.vic.gov.au\)](#)

³⁴ The supervision of the participant is the responsibility of a Drug Court Magistrate (MCV) or Judge (CCV). A Magistrate or Judge will sentence eligible offenders to a term of imprisonment not exceeding two years in the MCV and four years in the CCV.

There is often a strong relationship between individual substance use and offending behaviour, whereby an increased presence of substance use can contribute to an increase in complex criminal behaviours, resulting in higher reoffending rates.³⁵ This relationship was highlighted by respondents interviewed, with many linking their criminal offending histories directly to the level of substance use they were engaging in. Respondents interviewed identified that during their time on a DATO, there was a noticeable reduction in their criminogenic behaviours as a result of their reduced substance use whilst in the program.

"I was definitely going on the path of being a career criminal."

- Drug Court participant

"No one wants to go to jail, it's horrible. I fought hard to get on this order...I had VicPol objecting to the order initially, and I wanted to prove them wrong that I'm not a criminal. It was born out of my drug use and my criminal activity. I realised 'If I stop the drugs, I'll stop the crime'."

- Drug Court participant

Of the 61 respondents, 55 agreed that the Drug Court had helped them to reduce their criminal activity. Overall, participants who engaged in this research indicated that the Drug Court played an important role in helping them to reduce offending behaviour, through AOD rehabilitation and the suite of other interventions tailored to help individuals reduce their substance use while on a DATO. Interview participants also articulated the motivating and deterrent effects of the incentives and sanctions framework, and the role of the Drug Court in enabling individuals' self-awareness of behaviours and a desire to better one's life path away from crime.



of survey respondents agreed that the Drug Court had helped to reduce their criminal activity.

Source: KPMG 2023, adapted from the Participant Voice Survey findings.

4.2.2 Role of the Drug Court in supporting pro-social behaviour change and reducing reoffending

Respondents also acknowledged the role that the Drug Court plays in motivating positive and pro-social behaviour change, with the intensity of supports, activities and therapeutic responses providing participants with a busy routine to preoccupy them and maintain reduced AOD usage and criminal offending. Respondents highlighted how the Drug Court had opened them up to new experiences and activities that they would not have previously engaged in had they not been required to while on a DATO, including creative activities, sporting and wellbeing activities, social engagements and cooking. Of the total surveyed population, only three respondents

³⁵ Spooner, C and Hetherington, K. (2004). Social determinants of drug use. National Drug and Alcohol Research Centre UNSW. Available at: [Microsoft Word - Ch 1.doc - pdfMachine from Broadgun Software, http://pdfmachine.com, a great PDF writer utility!](http://pdfmachine.com) (unsw.edu.au)

(approximately five per cent) stated that the Drug Court had **not** helped them reduce their substance use and offending behaviours. Two of these participants identified that they were still in Phase One of the program, when participants tend to experience the most difficulty in reducing their drug and alcohol use.

Figure 6 details the percentage of respondents who identified certain supports of the Drug Court to be helpful or unhelpful in reducing their criminal activity. Respondents were asked to identify whether or not the following supports were helpful: regular appointments with a clinical advisor, regular appointments with a case manager, going to regular review hearings, appointments with an AOD counsellor, housing support and peer mentoring support.

Figure 6: Percentage of respondents who identified various Drug Court supports as helpful or unhelpful in reducing their criminal activity

Supports	% identified support as helpful in reducing criminal activity*	% identified support as <u>not</u> helpful in reducing criminal activity*
Going to regular review hearings	85%	15%
Regular appointments with a case manager	84%	16%
Regular appointments with a clinical advisor	78%	22%
Appointments with an AOD counsellor	75%	25%
Peer mentoring support	51%	49%
Housing support*	44%	56%

Source: KPMG 2023, adapted from the Participant Voice Survey findings.

*Note: The following percentages have been *adjusted to account for 6 blank survey responses received, reducing the survey population for Question 13 in the survey questionnaire to 55 respondents.*

Respondents were also asked to identify other supports that were useful in supporting a reduction in their criminal activity whilst on a DATO in the Drug Court. Regular urine screenings were highlighted by several participants as beneficial in reducing their criminal activity, in addition to the stability and routine of the Drug Courts, the supportive nature of the Drug Court team and therapeutic responses.

Figure 7: Other Drug Court supports identified as beneficial by respondents



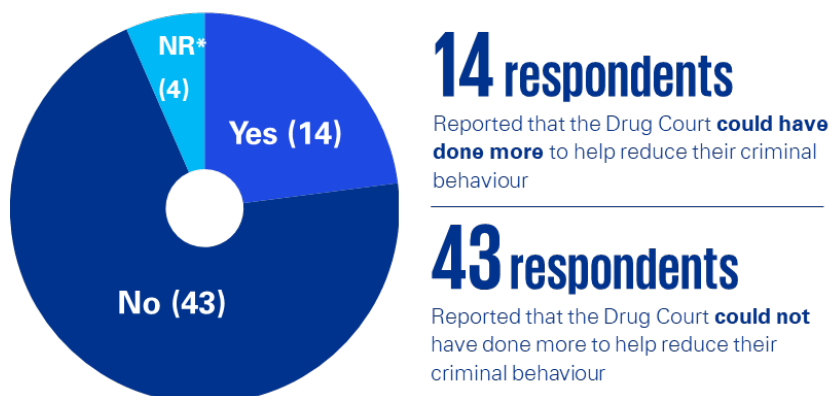
Source: KPMG 2023, adapted from the Participant Voice Survey findings.

Respondents noted the intensity of the Drug Court, particularly during earlier phases, which at times could be overwhelming and a challenge to adjust to. However, survey respondents and interviewees indicated that they clearly understood the benefits of the initial program intensity in generating longer lasting change to behavioural patterns, with many revealing a sense of accomplishment and feeling proud of the work they had put into themselves to achieve a path outside of crime and drug use.

4.2.3 Impact of Drug Court supports on participant criminal behaviours

To understand the effectiveness of the Drug Court in supporting participants to reduce their criminal behaviour, respondents were asked to identify whether or not they believed the Drug Court could have done to support their behaviour change. Over two thirds (70 per cent) of respondents responded favourably to the support of the Drug Court, reporting that the Drug Court couldn't have done more than it already is doing to support a reduction in their criminal behaviour.

Figure 8: Respondent survey results: Could the Drug Court have done more to help reduce your criminal behaviour?



Source: KPMG 2023, adapted from the Participant Voice Survey findings. *Note: NR = No response received

For several respondents, it was acknowledged that without the support of the Drug Court, a life without crime and drugs may not have been possible.

"I never thought I would be here without the Drug Court. I could never have done this without Drug Court. I would have offended worse because my crime was worse."

- Drug Court participant

Those who indicated that more could have been done by the Drug Court were asked to identify what else could have been done to provide the level of support needed to reduce their criminal behaviour. These areas have been identified in Figure 9 below.

Figure 9: Areas of improvement identified by participants to help the Drug Court to better support reducing participant criminal behaviour



Source: KPMG 2023, adapted from the Participant Voice Survey findings.

Of note, respondents to both the survey and interviews indicated a desire for the Drug Court to facilitate access to a greater range of activities and programs, to more effectively cater to the broad range of interests among the Drug Court cohort. Participants also indicated that a wider range of activities and programs would provide increased opportunities for positive socialisation and help keep participants positively occupied during their DATO.

4.3 Stable accommodation

4.3.1 Importance of stable accommodation in supporting participants' recovery journey

A stable place to live emerged from interview and survey findings as an essential component of a participants' rehabilitation journey and in maintaining positive behavioural change, self-efficacy and a sustainable routine. Survey respondents and interview participants reported that access to secure accommodation is critical in supporting participants to rebuild their lives and reintegrate into society, as well as reunify families and stabilise intimate and family relationships. Stable housing plays an essential role in reducing recidivism and burden on the criminal justice system, and is essential for long-term success of participant rehabilitation, AOD recovery and reducing reoffending.³⁶

4.3.2 Drug Court support in accessing housing

Housing services within the Drug Court support participants by providing social, community and emergency housing, specialist and forensic housing, residential rehabilitation and referrals for

³⁶ Jacobs, L and Gottlieb, A. (2020). The effect of housing circumstances on recidivism. Available at: [THE EFFECT OF HOUSING CIRCUMSTANCES ON RECIDIVISM - PMC \(nih.gov\)](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7111111/)

more stable, long-term housing solutions. Respondents involved in the research study highlighted the challenge that unstable housing conditions presents for their capacity to engage with and comply with the conditions of their DATO, particularly during Phase One of the program where requirements are more intense. Survey results revealed 64 per cent of the survey population had received housing support whilst in the Drug Court program. The breakdown of percentages of respondents who received housing support across the five Drug Court sites are detailed in Figure 10, noting that the level of responses received across the sites was varied and not representative of the broader Drug Court population.³⁷

Figure 10: Percentage of survey respondents who received housing support whilst on a DATO in Drug Court



Source: KPMG 2023, adapted from the Participant Voice Survey findings.

Respondents reported that stable accommodation is an essential requisite for maintaining progress on the Drug Court and reducing their substance use and reoffending. Difficulty in sourcing stable and fit-for-purpose accommodation was highlighted as a challenge, particularly in terms of accessing accommodation that could enable respondent self-sufficiency and provide an environment that is therapeutically safe for a respondent's recovery journey. Respondents discussed their personal experiences in accessing affordable housing within the current Victorian climate, highlighting the complexity in accessing housing with the current low vacancy rates and higher rental costs. It was also noted that at times, these challenges can be further exacerbated by the less favourable perception of DATO participants as tenants because of their histories of offending. Participants felt that in some cases, this factor reduced the likelihood of them securing market rental housing where landlords are more selective when agreeing to leases.

Respondents also noted challenges faced within emergency accommodation and the exposure to other users impacting their recovery journey and remaining on track with their order, especially in Phase One of the order.

³⁷ The percentages represented in Figure 10 have been adjusted relative to the number of participants who responded to the survey from each location. Response levels were varied amongst the five Drug Court sites, with engagement particularly limited within the regional Drug Court locations. The response cohorts used to derive percentage totals for this diagram are as follows: Melbourne (20 respondents), Shepparton (5 respondents), Ballarat (4 respondents), Dandenong (22 respondents), County Court DATC (10 respondents).

"You didn't have anything that you could call yours in emergency accommodation. When I had housing in Drug Court it was a better environment for me. It was an apartment that had its own kitchen, lounge room, it was like my home...I had to pay rent there which created accountability for me too."

– Drug Court participant

4.3.3 Impact of stable housing in enabling pro-social behaviour change

A strong theme that emerged from the Participant Voice research is that a Drug Court participant is often more capable of structuring their lives in a pro-social way when in stable, individual housing as opposed to group-housing or emergency accommodation. The provision of housing with established infrastructure necessary to support and enable development of life skills such as kitchen facilities for cooking, or multi-room accommodation to support families with children, were highlighted as essential for participant success on the program. Respondents noted the challenges associated within emergency accommodation where shared settings are provided, contributing to additional living costs for participants due to a lack of meal preparation and storage facilities for participants, resulting in a reliance on more expensive pre-prepared meals and non-perishable foods.

"If I was having a bad day I didn't have to stay at a hotel, I had my own space. That made my journey a lot easier."

– Drug Court participant

"I've accomplished so much. I got stable housing, my kids are in my care...If I didn't have this order I wouldn't be here."

– Drug Court participant

For respondents who had progressed to the later stages of their DATO where individuals are required to work towards more self-sustaining housing (such as ongoing individual housing leases and rentals), a key barrier raised was the pressure, stress and difficulty in obtaining affordable accommodation. Respondents shared that attending inspections whilst navigating their DATO requirements was a significant practical barrier to accommodation which is further exacerbated by current housing supply issues, adding further stress to respondents lives during a time of significant change.

For respondents reaching the end of their order, this housing pressure generated feelings of anxiety and stress, affecting their transition towards self-sufficiency.

"When I got to the end of my order, I was placed under a lot of pressure to go and finding housing. I was attending two or more inspections a week. I nearly relapsed because of the

pressure...I kept going to inspections for a good six months and it got worse as time went on. At one stage I nearly considered just going back to jail."

– Drug Court participant

Respondents also emphasised the impact that housing has on their life stability, particularly in terms of relationships within their immediate and intimate circles. For many, stable housing was a key enabler of improved family relationships and relationships with intimate partners, with provision of safe, functional and more established housing for individuals playing an important role in family reunification.

"The most beneficial part of the Drug Courts was getting housing and stable accommodation and care of your kids. It took them 3-6 months to get that sorted. The stability made the difference. Homelessness was my demon and the cause of my revolving door into AOD use."

- Drug Court participant

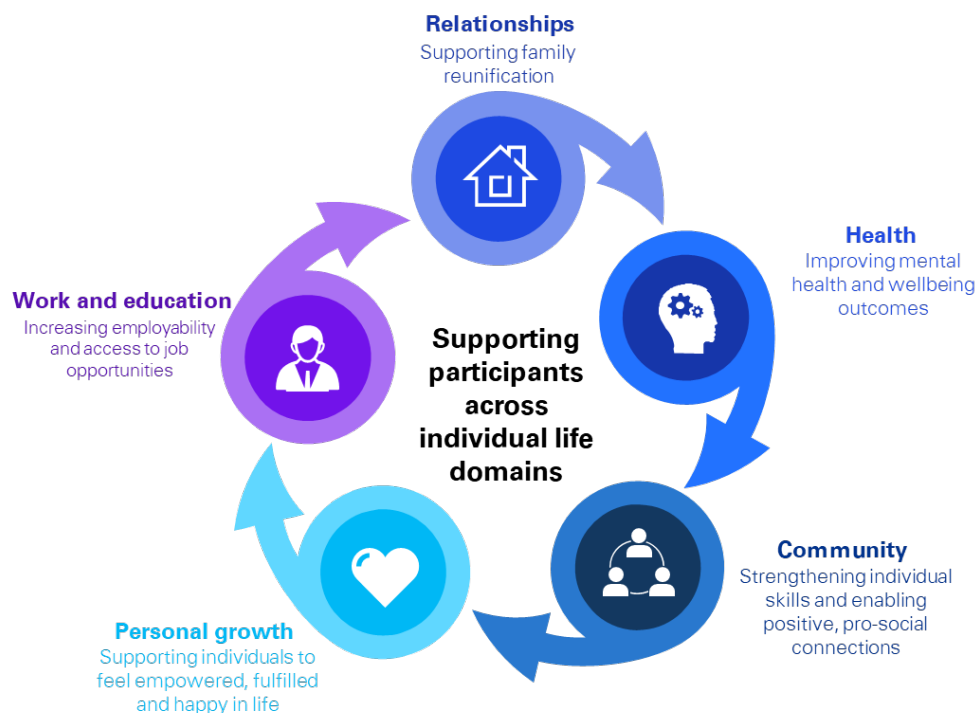
4.4 Impact of the Drug Court across individual life domains

4.4.1 Role of the Drug Court in supporting respondents across life domains

Improvements across various life domains were a central theme in respondents' narratives. Many described substantial progress in rebuilding relationships, particularly with family and friends, and gaining access to employment opportunities, as well as improving their overall mental health and wellbeing outcomes and personal growth. These achievements are crucial in breaking the cycle of criminal behaviour and addiction and providing individuals with a greater sense of agency and empowerment over the decisions that affect their lives. The ability to forge

healthier connections and secure employment enhances participants' self-esteem and their capacity to contribute positively to their communities.³⁸

Figure 11: Support of the Drug Court across participant life domains



Source: KPMG 2023, adapted from the Participant Voice Survey findings.

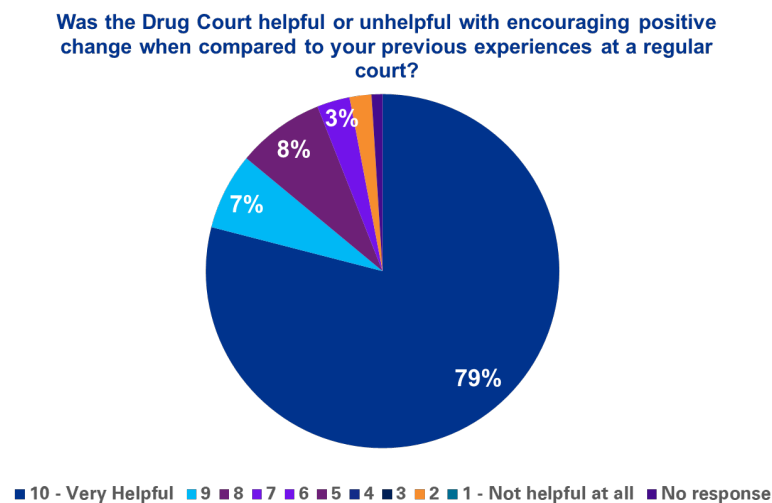
The Drug Court plays an important role in supporting participants to adjust unhelpful behavioural patterns towards substance use and offending by changing their ways of thinking and equipping them with new life skills, communication skills and coping strategies towards a pro-social life.

4.4.2 Changing participant attitudes and behaviours to support pro-social and wellbeing outcomes

Respondents acknowledged that the supports offered within the Drug Court across the various phases assisted participants' in strengthening their self-awareness and making changes to their behaviours and attitudes that impact their social, emotional, mental health and wellbeing outcomes. According to survey results, 79 per cent of respondents provided the highest rating of 10 (Very Helpful) in response to how the Drug Court had been helpful or unhelpful in encouraging positive change compared to previous individual experiences within mainstream court environments.

³⁸ United Nations Office on Drugs and Crime. (2018). Introductory Handbook on the Prevention of Recidivism and the Social Reintegration of Offenders. Available at: [18-02303_ebook.pdf \(unodc.org\)](https://www.unodc.org/unodc/en/publications-and-reports/introductory-handbook-on-the-prevention-of-recidivism-and-the-social-reintegration-of-offenders.html)

Figure 12: Respondent survey results: Support of the Drug Court in encouraging positive change when compared to previous participant experiences at a regular court



Source: KPMG 2023, adapted from the Participant Voice Survey findings.

For respondents, navigating the challenges of substance use reduction whilst fulfilling the conditions of their DATO is immensely difficult. These challenges and a participant’s capacity to maintain progress on their DATO can be further impacted by other factors, such as unstable housing. Respondents identified the impact such factors can have in creating an unsafe or antitherapeutic environment, affecting a participant’s ability to establish positive behavioural change. In addition to this, some participants interviewed in the study cited the difficulties in addressing their entrenched substance use patterns due to their family histories of substance usage amongst siblings, parents and partners. They reported that, for those still living with or in connection to their families, such relationships could create unsupportive environments for their personal recovery journeys.

“At the start things are harder, I felt like I was set up to fail particularly with a partner that was using. They do make you accountable and try to get you on your feet with a job and accommodation.”

- Drug Court participant

“All my family use drugs and do crime. Trying to find myself has been helpful. It’s hard with a big family where 90% are using.”

- Drug Court participant

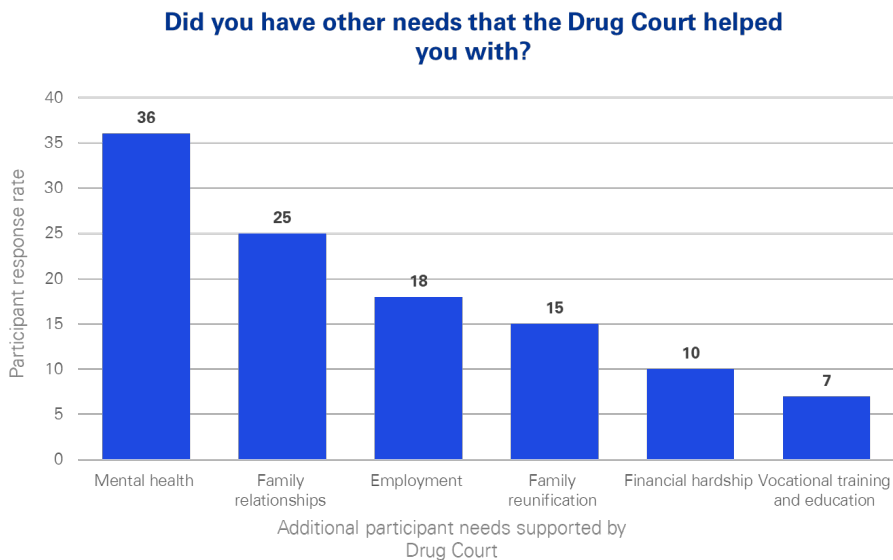
The Drug Court team and supports within the program play an important role in supporting respondents to navigate these challenges and complex relationships. As a key area for continued improvements, some respondents acknowledged that more could be done by the Drug Court to support participants in accessing safe and supportive environments and navigate the challenges of participating in the program when faced with close relationships and family members who may affect their personal development and behavioural change progress whilst on a DATO. This further points to the need to consider a participants’ whole system, such a family environment,

existing relationships, mental health and wellbeing, previous trauma and other environmental factors impacting a participants’ life in treatment planning.

4.4.3 Participant engagement with employment, educational, relationship and financial hardship supports

Respondents were overwhelmingly in favour of the Drug Court having played a valuable role in supporting and stabilising participants across a wide variety of life domains, including relationships, uniting families, enabling life skills and employment opportunities, financial hardship and improving social and mental health and wellbeing. Figure 13 demonstrates the reported level of participant engagement with the supports offered by the Drug Court to address other needs (in addition to reducing substance use and offending behaviours, and providing stable accommodation). Results indicated that respondents’ mental health needs, family relationships, employment and family reunification were the domains most supported by the Drug Court.

Figure 13: Respondent survey results: Support of the Drug Court in helping other participant needs



Source: KPMG 2023, adapted from the Participant Voice Survey findings.

When asked about the key motivators contributing to participants’ willingness to engage with their DATO, respondents highlighted family relationships and achieving stability in such relationships as the primary motivation.

“Seeing my family is important and kept me on it. My daughter has moved in with me now.”

- Drug Court participant

“I think it made me honest and wanting to be better for my family. It made me want to fix triggers from the past and my relationship with my family.”

- Drug Court participant

"My partner says I have a better relationship than ever before. I am more present for them and my kids."

- Drug Court participant

4.4.4 Participant engagement with employment, educational, relationship and financial hardship supports

Respondents also acknowledged the important role the Drug Court played in supporting their reunification with family, through stable housing supports, counselling, parental programs and connections to other child and family services. Regular counselling sessions and learning new life skills during their DATO were also identified by participants as having a direct positive impact on relationships with immediate family members and supporting other pro-social connections.

Not only does this provide immediate social and emotional health and wellbeing benefits for participants but such intervention and stabilisation of relationships has the potential to break intergenerational cycles of entrenched substance dependency, crime and trauma, supporting long-term change for families and the broader community.³⁹ Survey respondents reported the following benefits as a direct result of Drug Court interventions to support individual life domains:

Reuniting families and children	Full time employment	Increased self-pride and confidence
Having a drug free life	Accessing stable housing	Improved diagnoses for mental health and disability needs
Greater accountability	Improved quality of life	Improved capacity to discuss personal challenges and navigate trauma
Improved physical, social and mental health and wellbeing	Happiness	Pro-social connections and greater understanding of peers

The unique and tailored nature of the Drug Court was acknowledged by respondents as having a fundamental role in empowering individuals, creating a sense of accomplishment, and setting participants up for sustained success in life, relationships and employment. Through the provision of learning and development programs, peer support, counselling, supervision and guidance, the Drug Court aims to equip participants with the necessary skills and learnings to adapt to adversity and challenges within everyday life outside of the program, whilst maintaining their reduced substance use and offending behaviours. Several participants suggested that the Drug Court could better achieve this aim by providing greater opportunities for work or volunteering during the earlier phases of their order. These participants indicated that increased work and volunteering opportunities would provide a strengthened sense of purpose and additional accountability, keeping individuals occupied in a safe and supportive environment to engage in their recovery and personal journey whilst also contributing to the community.

³⁹ Best, D., Beckwith, M., Haslam, C., Alexander Haslam, S., Jetten, J., Mawson, E., & Lubman, D. I. (2016). Overcoming alcohol and other drug addiction as a process of social identity transition: The social identity model of recovery (SIMOR). *Addiction Research & Theory*, 24(2), 111-123.

"I have a full-time job now. This is the first time since 2013 that I've been able to hold down full-time employment."

- Drug Court participant

Individual readiness and willingness to adopt change and engage with the support of the program was reported as a key driver of participant success, however, what 'success' looks like is different for every individual. It was also clear that whilst readiness may be an enabler of success, it did not appear to be a limiting factor. A smaller proportion of respondents reported less readiness on entry to the DATO but reported that their willingness to engage had changed over time, as a result of the support they received and trust they built in the Drug Court team. The nature and participant-centric structure of the Drug Court model aims to create an environment for participant success and achievement at every stage and phase.

4.5 Options for improvement

Options for improvement to the Drug Court model proposed by respondents highlighted a desire for extended rehabilitation options, personalised support services, and a well-planned transition post-program. Participants consulted for this study emphasised the importance of continuing to support participants' journeys towards reintegration, as this is pivotal for long-term success and public safety.

Recommendations



- Acknowledging the restraints of the current housing market and challenges facing Drug Court in securing and funding housing options for participants, wherever possible, respondents suggested that the Drug Court seek to provide participants with safe individual housing options. Participants identified that ideally, individual housing options be provided in an environment which is conducive to recovery, and if possible, with access to support 24/7 when needed during their initial phase on Drug Court. This should include access to the right environment and tools to establish strong behavioural change, helping participants focus on their health and recovery goals. This in turn aims to support participants towards self-sufficiency and progression in more independent housing, creating more opportunities for individuals to build independent living skills.
- Where emergency accommodation in shared settings such as hotels is required, participants consulted suggested that the Drug Court could investigate options for support to access pre-prepared meals and non-perishable foods', recognising the additional costs of living in accommodation without meal preparation and storage facilities for participants.
- Respondents suggested that Drug Court investigate opportunities to bolster staffing numbers and capability to support a reduction in the current wait times for mandatory testing and appointments. Respondents proposed that streamlining testing arrangements would provide participants with increased time to participate in therapeutic and social activities, accessing employment opportunities and spending time with family.
- Relatedly, participants suggested that the Drug Court should ensure that staff conducting testing and appointments are suitably trained to conduct themselves appropriately and sensitively.
- Improve access to additional support for participants and their families, with structured learning programs and counselling support aimed at building healthy relationships, parenting skills, communication and broader life skills to support sustained self-sufficiency.

Understanding the experience of Drug Court Supports

5 Understanding the experience of Drug Court Supports

Research question - *Do participants report that the Victorian Drug Courts provide a comprehensive suite of supports which assist them to improve their lives, reduce substance use and reduce offending behaviour?*

Key findings



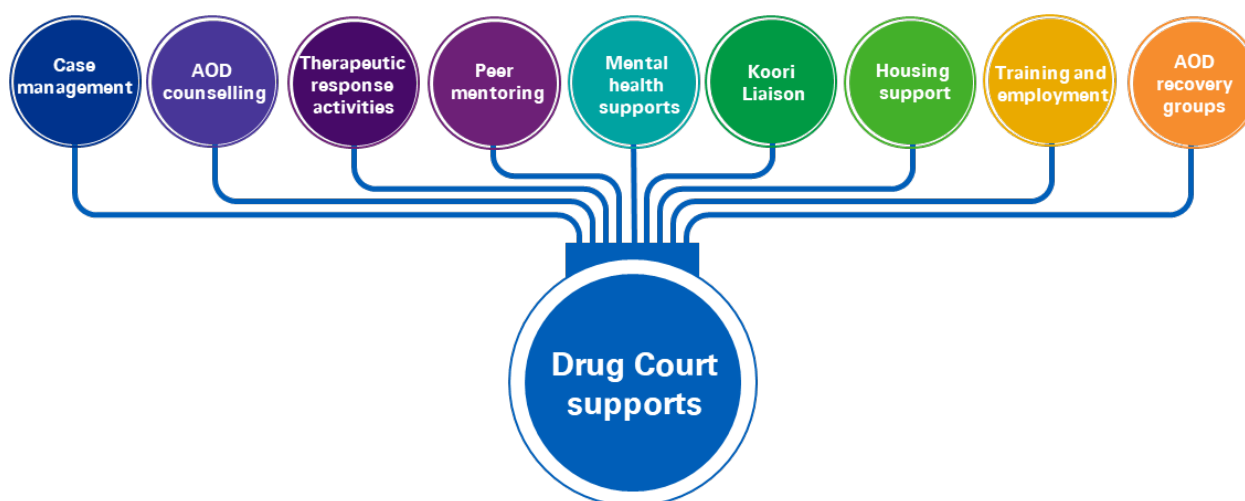
- **The supports available at the Drug Court are accessible, responsive and helpful:** Respondents reported that the supports provided by the Drug Court were helpful and fundamental in supporting behaviour change for AOD misuse and offending. Some respondents reported a desire for more activities to be made available to help keep them busy and engaged.
- **Respondents shared high levels of personal satisfaction with the Drug Court supports:** Respondents highlighted housing, AOD counselling and peer support as some of the most helpful supports for their recovery and rehabilitation.
- **Program enhancement opportunities focussed on addressing participants' wellbeing:** Key challenges shared by respondents include the emergency accommodation environment, accessing specialised community mental health support and apprehension about transitioning from the program. Respondents specifically identified that wherever possible, given the current housing vacancy challenges, moving into accommodation where they can cook and safely invite their families would help in making the Phase One transition into the program smoother. Additionally, pathways and support for their mental health alongside post- Drug Court support would help maintain the program's positive impact on their lives.

5.1 Accessible and responsive services

5.1.1 Respondent satisfaction with accessibility and responsiveness of Drug Court supports

Respondents expressed high levels of satisfaction with the accessibility and responsiveness of support services provided by the Drug Court. They emphasised the value of immediate, visible, and structured support they received from DATO commencement, which supports initial transition and understanding the Drug Court's expectations.

Figure 14: Drug Court Program Supports



Source: KPMG 2023, adapted from the Magistrates Court of Victoria (2022).

Respondents shared that the responsiveness of the Drug Court team (e.g. answering and returning participant calls) and also their efforts to link participants in with the right external services helped in feeling supported. Respondents reflected that having the support when and how they needed it from program commencement, fostered trust and collaboration between the participants and their support teams.

Due to the mandatory nature of core DATO conditions, 100 per cent of survey respondents identified AOD counselling and case management as supports they accessed within the program, underlining their impact on participants' engagement and progress. During interview, participants identified that whilst a mandatory requirement, these supports were central in supporting participants to address personalised issues of substance use and gain access to the appropriate guidance and structure for rehabilitation.

Conversely, limited access to training, education, and Koori Liaison services raises questions about the accessibility and visibility of these offerings across the different Drug Court locations. These findings open the door to further exploration and improvement in program design to ensure Drug Court supports align with the unique requirements and preferences of its participants.

"I did grief counselling back in 2017, but I wasn't ready to do it back then when I was on a CCO. I was able to unpack all of that when I felt ready during Drug Court."

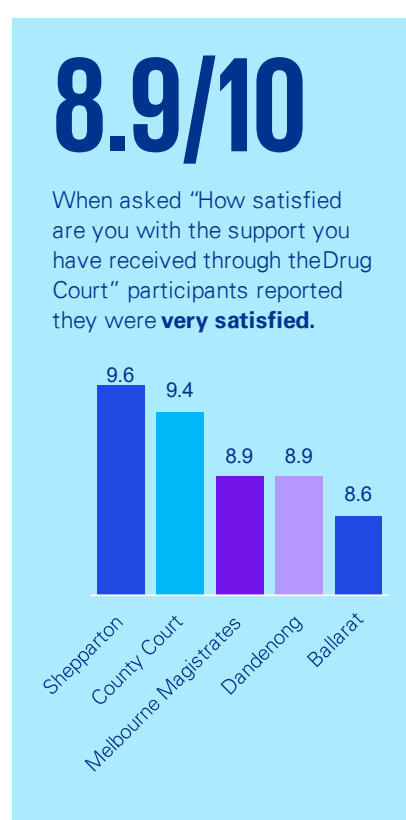
- Drug Court participant

5.2 Engagement and satisfaction

5.2.1 Respondent endorsement of Drug Court program

Figure 15: Respondent survey results: Participant satisfaction with support received through the Drug Court

Source: KPMG 2023, adapted from the Participant Voice Survey findings.



On average, respondents rated their overall satisfaction with the Drug Court supports as an 8.9/10 reflecting an overwhelmingly positive level of satisfaction reported. This reflected an endorsement of the Drug Court from the research respondents' view. Respondents attributed their high satisfaction to several key elements. The combination of one-on-one sessions, group interactions with fellow Drug Court participants, and regular court review hearings with the judiciary were all highlighted as positives. The court review hearings were seen as an essential source of guidance, akin to parental support as described by respondents. The blend of individual and collective support received through the Drug Court was reported to foster a sense of community and accountability for participants.

Additionally, respondent feedback extended across a range of program components. Court review hearings were seen as valuable (8.5/10), though some participants suggested that a more streamlined process to reduce the time spent waiting at court as an opportunity for improvement, due to the significant other time commitments of the program.

AOD counselling was highly praised (7.7/10 helpfulness), with participants suggesting more flexibility in cases of lateness for exceptional circumstances as an area for further improvement to the incentives and sanctions framework.

Housing support from providers received positive remarks (7.6/10), especially for offering housing that can accommodate children to enable reunification, as well as pets. Peer mentoring was seen as beneficial, with a desire for leniency when participants are running late.

The supportive, non-judgmental nature of the Drug Court team is highlighted as a key factor in participants' overall satisfaction. These comments support respondents experience of the program's positive impact, both in terms of rehabilitation and the practical aspects of their lives.

Respondents attributed their positive experience with the Drug Court to the extensive supports received coupled with the responsiveness of the teams. Respondents reported that this played a role in building personal confidence, motivation, and commitment to recovery and rehabilitation. These positive experiences of engagement and satisfaction were equally balanced with a recognition that the intensity of the program is high, particularly in the first few months of the program.

"If I'm having a hard day, I know I can always give Drug Court a call."

- Drug Court participant

"As soon as I started the DATO there was this overwhelming feeling of support."

- Drug Court participant

5.3 Impact on AOD recovery and rehabilitation

Respondents spoke highly of the program's impact on reducing their substance use and supporting in their rehabilitation journeys (as explored in Section 3.1 – Reducing substance use and 3.2 - Reducing offending behaviour). 85 per cent of survey respondents reported that the Drug Court had supported a reduction in their substance use and 90 per cent reported a reduction in criminal activity.

Respondents attributed their personal progress to the holistic and person-centred approach of the Drug Court team which contributed to participants feeling important, supported and worthy of the time and investment. Respondents identified that peer mentors or those with lived experience of addiction and custodial environments offered an enhanced sense of hope and confidence that recovery and behaviour change were possible. On average, survey respondents rated the peer support within the Drug Court program as 7.4/10 in terms of helpfulness and 37 per cent of survey respondents identified peer workers as a helpful support for addressing substance use.

"They support us enough. They supply the tools but it's up to us to rebuild."

- Drug Court participant

"In this program you have to be open and honest and work through heartache and trauma that's holding you back. Sometimes it's easier to talk to strangers where there isn't judgement."

- Drug Court participant

5.4 Exploring opportunities to improve Drug Court supports

While participants praised the Drug Court's overall success and value, they recognised specific challenges. The following key challenges were shared by respondents in relation to the program support:

- Housing was recognised as a valuable support, however some participants shared that the limited facilities in emergency accommodation were challenging, which could be exasperated by an at times antisocial environment (due to the range of people that are housed in emergency accommodation). For example, some emergency accommodations did not have cooking facilities, so participants needed to buy more expensive convenience meal options.
- For some participants, there was apprehension about transitioning out of the Drug Court once their DATO was completed, as their level of support received while on the order was perceived as 'necessary' to maintain their healthy positive lifestyle. Many participants shared a desire for a post-order support pathway and ideas were also shared to offer an informal 'graduate' group where participants could reconnect and seek support post-Drug Court.
- Participants reported an improvement in their own mental health associated with participating in Drug Court, including emotional awareness and the link between their mental health and substance misuse. However, multiple participants reported difficulty accessing specialised mental health services and reiterated that addition of mental health and wellbeing supports into the core Drug Court would be of benefit to many Drug Court participants. Whilst this may be influenced by existing challenges within the Victorian mental health system, opportunities exist to consider how the Drug Court teams can work collaboratively with mental health services to deliver integrated support and engage participants in specialist mental health care as required, such as psychiatry.
- The supportive, genuine and responsive nature of the Drug Court team personnel was echoed across all Drug Court sites. For many participants, the multidisciplinary team was seen as a key component of success in supporting their behaviour change in contrast to other corrections orders. However, participants emphasised that all members of the Drug Court support team (including the Judge/Magistrate, support staff, administration, and urine testers) should have the necessary understanding of participant needs and the skills to support engagement in line with the Drug Court values. This includes warm, friendly, and non-judgemental interactions to facilitate trust and firm, clear communication around expectations to support the necessary engagement and

compliance within the program. A small proportion of respondents indicated that some Drug Court staff, primarily non-therapeutic staff (such as security and administrative roles) may benefit from further training in compassionate and respectful client engagement, and in applying trauma-informed approaches to help ensure testing and appointments are conducted in a sensitive way.

5.5 Options for improvement

Options for improvement



- Ensure participants are offered a tailored transition plan from the Drug Court program. This should be participant-centred, tailored to their preferences and any outstanding AOD recovery and rehabilitation goals. Any referrals required to support ongoing behaviour change should be made prior to program exit allowing service handover and participant engagement before completion of the program. Ideally, any referrals and handovers are conducted with the participant to support self-management and transparent sharing of information.

Comparing the Drug Court to other corrections pathways

6 Comparing the Drug Court to other corrections pathways

Research question - *Are the Victorian Drug Courts the preferred pathway when compared with other corrections pathways for participants?*

Key findings



- **Respondents believed the Drug Court was more helpful than other community correctional orders and/or sentences**
- On average, respondents scored the Drug Court 9.4/10 when directly asked to rate the level of Drug Court helpfulness in encouraging positive behaviour change when compared with any previous experience of other community corrections orders/sentences. Participants reported that the Drug Court was more supportive, responsive, and focussed to their individual needs than any other correctional pathway.
- **Respondents reflected that overall, the Drug Court incentives and sanctions helped with motivating them to make positive, recovery-oriented decisions.**
- 81 per cent of survey respondents believed that sanctions helped change their behaviour and 88 per cent for incentives. Respondents shared that it was important these were consistent amongst their peers and found it difficult if there was perceived inequity in how these were applied. Throughout interviews there were varied perspectives. Respondents found the incentives highly reinforcing, instilling a sense of pride and also another subset felt uneasy, deeming the incentives reminiscent of a 'school and childlike' approach.
- **Unique role of the Judiciary in supporting participants to effectively recover.**
- Respondents highly valued the person-centred approach, guidance, and support provided by Magistrates and Judges within the Drug Court model. The involvement of these authority figures was seen as a unique and essential aspect of the program, reinforcing their accountability and

encouraging their commitment to rehabilitation through firm, fair and compassionate interactions.

6.1 Firsthand narratives compared to a Community Corrections Order, prison and/or parole

In a comparative analysis, respondents' resoundingly favoured the Drug Court over other sentencing options such as Community Correctional Orders (CCOs), imprisonment, or parole. On average, respondents rated the Drug Court as 9.4/10 in terms of helpfulness in comparison to other community-based orders/sentences and prison. The Drug Court's distinctive emphasis on rehabilitation and individualised support emerged as a key factor in respondents' favourable comparisons. They viewed the Drug Court as multifaceted with an empathetic approach, which diverges from punitive measures focused solely on penalising outcomes.

A pivotal element that distinguishes the Drug Court for respondents is its comprehensive spectrum of supports and interventions. These components were perceived as vital for addressing the fundamental causes of participants' behaviours, in contrast to the more punitive nature of traditional sentencing options. This approach aligns with a therapeutic jurisprudence approach that underpins the Drug Court model, designed to effectuate enduring change and personal healing.

The expertise and demeanour of the Drug Court staff was instrumental in shaping participants' satisfaction. The Drug Court team's proficiency and seasoned approach were acknowledged, contributing to their ability to provide relevant guidance and unwavering support. Participants highlighted the non-judgmental and supportive attitudes of the Drug Court team as creating an environment conducive to personal growth and fostering a sense of individual accountability.

Moreover, the Drug Court actively encourages participants to assume responsibility for their actions, cultivating a profound sense of personal accountability. This personal accountability was evident among interviewees marking the Drug Courts departure from conventional punitive measures that can centre on external forms of accountability. This approach should be celebrated and further supported, as it marks a departure from traditional punitive measures and is essential for long-term rehabilitation and reintegration into society.

Research respondents shared that the Drug Court stands as a remarkably supportive, therapy-oriented, and empowerment-driven approach to corrections. Participants shared that the Drug Court promotes comprehensive rehabilitation, diminishing the likelihood of relapse or further legal entanglements.

Respondents attribute their positive experiences to the Drug Court's holistic and compassionate approach, the expertise and attitudes of the staff, and the emphasis on personal responsibility and growth. This perspective is vital in assessing the Drug Court's efficacy within the broader framework of government correctional programs.

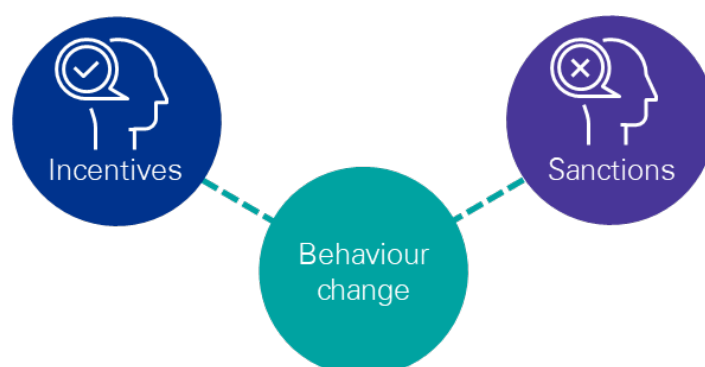
"I've been on a CCO and CISP... This order is much more full on with the reporting, routine, the support and how they approach the support. They welcome you regardless of what it is. I don't feel uncomfortable. It's easy to be open with [the Drug Court team]."

- Drug Court participant

6.2 Incentives and sanctions

The equilibrium between incentives and sanctions in the Drug Court has received participant support for its efficacy in motivating participants to address their issues surrounding substance use and criminal behaviour. Respondents distinctly recalled their experiences of sanctions. Whilst some respondents minimised their impact and advised they would simply "work sanctions off", others shared that they found receiving sanctions at an already difficult time counterproductive to their other actions (i.e., sanctions for lateness, missing a screen due to work etc). Both perspectives support that sanctions, although sometimes disliked by respondents, are recognised as a necessary component, providing a structured framework that enforces accountability. The push-and-pull between collecting and reducing sanctions creates a dynamic that maintains participant engagement and encourages personal growth.

Figure 16: Incentives and sanctions



Source: KPMG 2023.

While the feedback on incentives has been mixed, overall respondents found them less motivating than sanctions. It is essential to acknowledge that the nature of incentives, when perceived as patronising by respondents, were identified as diminishing in their motivational impact. Therefore, in pursuing a balanced approach, it is important to consider tailoring the nature and delivery of incentives to align with each participants' preferences and relational styles. Additionally, it is important to collect feedback on the overall experience to ensure it achieves its motivational impact.

Drug Court teams should ensure the nature and delivery of incentives and sanctions is well understood and clearly communicated by participants to assist in them recognising the role of the framework in supporting positive behavioural change and success in the Drug Court.

This research found that there is sufficient respondent support for the incentives and sanctions framework within the Drug Court program from the participant research cohort.

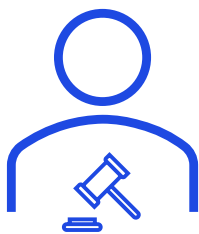
"Incentives work but sometimes the sanctions make you feel like you are spiralling and then you don't get that break. Sometimes it creates thinking like 'I'll run, I can't deal with this.'"

- Drug Court participant

"I never want to go back to jail. I don't want to waste any time. 100% the incentives and sanctions motivate you."

- Drug Court participant

6.3 The role of the Magistrate/Judge



Within the Drug Court, research respondents highly valued the personal attention, guidance, and support provided by the Magistrates and Judges. Respondents rated the Judge/Magistrate 9.5/10 in overall helpfulness, with 87 per cent respondents rating the Judge/Magistrate as 9 or above. The Judge/Magistrates involvement is seen as a unique and essential aspect of the program, reinforcing participants' accountability, and encouraging their commitment to rehabilitation. This connection between authority figures and participants underscores the key role that

Magistrates and Judges play in the Drug Court's success.

The following insights were collected throughout the comparator analysis of the qualitative survey responses and interviews.

One of the most striking features highlighted by respondents is the overwhelmingly positive attitude of the Magistrates and Judges. Their empathetic and understanding approach reportedly creates an environment in which participants feel genuinely valued and respected. This attitude is recognised as pivotal in fostering a strong sense of trust and accountability within the program.

Consistency in the involvement of Magistrates and Judges is another feature that respondents consistently praise. Respondents reported that the Magistrates and Judges unwavering commitment to providing steady guidance and support throughout the program not only reassures respondents but also motivates them to stay on the path to rehabilitation.

Clear and effective communication is another hallmark of their role. Magistrates and Judges ensure that participants fully comprehend the program's expectations and consequences, empowering them to make informed decisions. Respondents shared some challenges with genuinely understanding the program expectations and suggested that additional

information should be shared with them in these early phases to aid in the programmatic success. Clarity in communication is pivotal in guiding participants towards their rehabilitation goals and the Magistrate/Judge leads the Drug Court team in communicating consistent and clear expectations.

In essence, the unique mentorship and motivation offered by Magistrates and Judges set the Drug Court apart from other legal avenues. This key finding emphasises the importance of their role and highlights the need for its continued recognition and support within the program. Magistrates and Judges are more than just authority figures; they are pillars of support in participants' journey towards rehabilitation and recovery. Their attitudes, training, consistency, and clarity are integral to maintaining the program's effectiveness and integrity. The below selection of respondent quotes are summarised to evidence the above insights.

"My Judge is awesome and understanding, they have seen my progress, they're really involved... Couldn't ask for a better person to be involved. It used to be nerve wracking going to court and now I'm not as scared... Even if it is for sanctions there's never a bad thing, they just say this is a learning curve, they're really understanding."

- Drug Court participant

"My Magistrate and the whole team have saved my life."

- Drug Court participant

Opportunities exist to ensure appropriate training and support is offered to maintain the role of the Magistrate/Judge. Ensuring these team members have the right attitudes, training, consistency, and clarity is crucial in maintaining the program's effectiveness and integrity. Magistrates and Judges should continue to be recognised as support pillars in participants' journeys toward rehabilitation and recovery.

6.4 Options for improvement

Options for improvement



- Confirm the nature and delivery of incentives and sanctions are well understood and clearly communicated by participants. This will assist them in recognising the role of the incentive and sanctions framework in supporting positive behavioural change, ensuring participants feel supported rather than embarrassed, contributing to their overall recovery and success in the Drug Court.

7 Options for improvement

summary

The below summary of options for improvement put forward by participants aligns with the overwhelmingly positive experience of respondents with the Drug Court. A variety of areas were identified to inform future quality improvement activities, including support to access employment earlier, collaboration with specialist mental health services, a wider variety of programs and activity offerings, support to maintain safe accommodation and recognition of the system that the respondent lives within, including family supports. Of note, **six key opportunities for improvement** were identified as detailed in the below recommendations table.

Research Domain	Options for improvement
The individual outcomes of the Drug Court	1. Providing safe housing options for participants in an environment which is conducive to recovery, and with access to support 24/7 when needed during their initial phase on Drug Court. This should include access to a kitchen for meal preparation. This will equip them with the right environment and tools to establish strong behavioural change, focus on their health and recovery goals, and work towards self-sufficiency and progression in more independent housing, creating more opportunities for individuals to build independent living skills.
	2. Where emergency accommodation in shared settings such as hotels is required, consideration should be made for support to access pre-prepared meals and non-perishable foods', recognising the additional costs of living in accommodation without meal preparation and storage facilities for participants.
	3. Reduce participant wait times for mandatory testing and appointments (i.e., urine testing) and ensure any staff conducting this activity have completed the necessary training to conduct this activity sensitively.

	4. Participants noted opportunities to improve access to additional support for participants and their families, with structured learning programs and counselling support aimed at: building healthy relationships, parenting skills, communication skills and coping strategies for navigating couples and intimate partner relationships, as well as appropriate individual housing options for unique circumstances (i.e., participants with children).
Understanding the experience of Drug Court supports	5. Ensure participants are offered a tailored transition plan from the Drug Court. This should be participant-centred, tailored to their preferences and any outstanding AOD recovery and rehabilitation goals. Any referrals required to support ongoing behaviour change should be made prior to program exit allowing service handover and participant engagement before completion of the program. Ideally, any referrals and handovers are conducted with the participant to support self-management and transparent sharing of information.
Comparing the Drug Court to other mainstream corrections pathways	6. Confirm the nature and delivery of incentives and sanctions are well understood and clearly communicated by participants. This will assist them in recognising the role of the incentive and sanctions framework in supporting positive behavioural change, ensuring participants feel supported rather than embarrassed, contributing to their overall recovery and success in the Drug Court.

It should be noted that the research findings are informed by the participant survey and interviews, and the options for improvement have not been assessed against program data, documentation or staff interviews.

Appendices

Appendix A: Summary Report

See next pages for a two-page summary report written to share with Participant Voice research participants.

Overview of the Participant Voice research and broader evaluation

Why did KPMG conduct the Participant Voice research study?

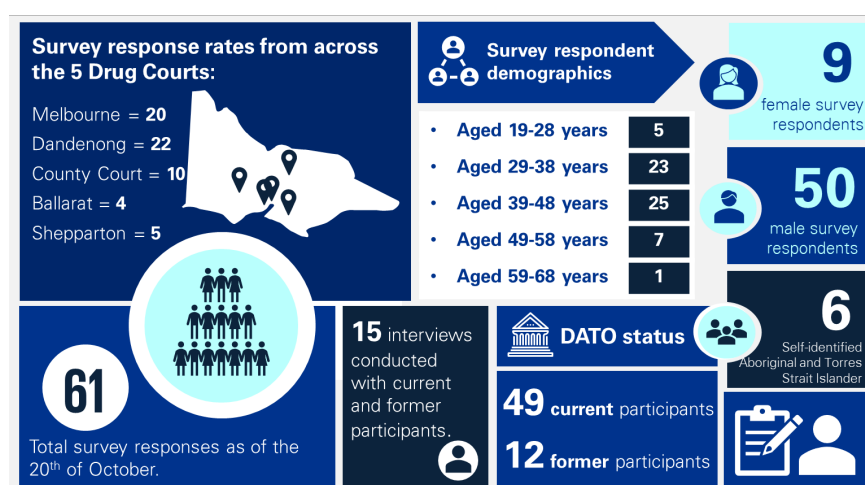
KPMG conducted primary research to understand participant views and experiences with the Drug Court. The findings of the research informs a broader evaluation and understanding the outcomes of the Victorian Drug Courts. The Participant Voice research project will support the courts to understand if and how the Drug Court is reducing offending behaviours and substance use, reducing burden on the justice system and improving participant social, health, wellbeing and life outcomes.

The research explored:

- The individual outcomes resulting from engagement with the court;
- Participants' experience with the supports provided through the Victorian Drug Courts;
- Whether participants preferred the Victorian Drug Courts pathway in comparison to other mainstream corrections pathways; and
- The extent to which the research cohort findings are reflective of the Victorian Drug Court participant cohort more broadly.

The participant voice research study involved direct engagement with individuals who have been on a DATO to discuss their service needs, what outcomes they achieved as a result of engagement with the Drug Court and suggested areas of improvement. Direct engagement with participants was conducted via a survey and direct interviews during September and October 2023.

All information and discussions from the survey and interviews with participants were de-identified as part of this research study and presented at a thematic level only.



What were the key Participant Voice research findings?



From the respondents' perspective, the Drug Court is working well.

- Respondents shared that the Drug Court is more helpful than other correctional pathways such as prison or Community Corrections Orders.
- Respondents reported reduced substance use and offending behaviour due to the Drug Court support.
- There is high satisfaction with the support available via the Drug Court, specifically housing and quality alcohol and other drug (AOD) counselling.



The engagement experience is described as accessible, supportive and motivating.

- Respondents found the Drug Court supports responsive and easily available, making it easy to consistently engage with.
- Respondents valued Drug Court team members with lived experience as it helped with understanding and hope.
- All Drug Court team members offered an individualised engagement approach, which supported building trust alongside the personal accountability of respondents.



Respondents felt the Drug Court supported them in addressing a range of needs in their life.

- Respondents reported improved relationships with family and friends, which helped them rebuild their support networks.
- They also found access to employment opportunities, which played a role in their recovery and future prospects.
- Respondents believed these achievements boosted their self-esteem and capacity to reintegrate into society in a positive way.



Suggested improvements included housing availability, specialised mental health support and linkage to vocational activities.

- Respondents identified the need for more suitable housing options, particularly those with kitchen facilities to support nutrition at home.
- Improving access to specialised mental health services was emphasised by respondents as essential contributing to overall successful rehabilitation and recovery for those with co-occurring needs.
- Respondents suggested more vocationally focused activities to be available to address boredom and build long-term skills and interests to support reintegration into society.

Appendix B: Participant Voice Research Methodology

B.1 Participant Voice methodology

This research study used a mixed methods approach to capture qualitative and quantitative participant insights consisting of two core data collection activities – a participant survey and a series of semi-structured interviews. The survey population included both existing and former Drug Court participants from across the five Victorian Drug Court sites.

Information gathered from the survey and semi-structured interviews was analysed in this report at a thematic level to draw out common concepts and associate findings with relevant research questions, whilst also maintaining anonymity of respondents involved in the study. The thematic insights produced within this report aimed to help further understand the participant experience, identifying moments that matter, missed opportunities, pain points and operating model impacts in the Drug Court program experience.

Several hypotheses were explored during the Participant Voice research study, including:

1. Participants report positive outcomes as a result of their engagement with the court;
2. Participants report that Victorian Drug Courts provides a comprehensive suite of services which supports them to improve their lives, reduce substance use and offending behaviour(s); and
3. The Victorian Drug Courts are preferred when compared with other mainstream corrections pathways.

B.1.1 Sample and inclusion criteria

The sample for this research study consisted of individuals over the age of 18 who have had a DATO in any of the five Victorian Drug Court sites (referred to within this study as 'participants'). To be included in the research study, the participant was required to have participated in a DATO at any time over the life of the Drug Court program, though it was anticipated that those who had engaged more recently would be more likely to recall the impact of the services included in the program and would likely be more responsive when invited to participate in the survey and interviews.

The research sample aimed to include participants from a wide range of backgrounds., with the approach to recruitment for the survey and interviews ensuring adequate assessments of risk and harm minimisation strategies to any vulnerable people who may have elected to participate.

In attempting to gather a representative study for the sample, the research team aimed to obtain a total of 80 responses for the survey sample and an interview sample of 12 participants. Due to various limiting factors and lower survey participation uptake than

anticipated, only 61 responses were received in total for the survey sample. Conversely, the research saw more participants nominate to be interviewed, however 15 interviews were undertaken with participants. Whilst a sample of 61 survey respondents is a reasonable sample size, a key limitation of this research study is that findings cannot be representative of the broader Drug Court population.

Research sample exclusion criteria

Participants who were deemed at risk of distress as a result of an interview or participants with distinctive vulnerabilities that had the potential to be triggered by the study were excluded from participation in the research. The research team identified how Chapter 4.5 of the National Statement on Ethical Human Research would be considered in making this determination. In cases where a participant met the exclusion criteria for the research study, the determination was made based on:

4. the nature of the condition;
5. the participant's medication or treatment;
6. the participant's discomfort or distress;
7. the complexity of the research project; and
8. fluctuations in the condition.

B.2 Participant recruitment methodology

The approach to market and recruit participants for the survey and semi-structured interviews was developed in line with the National Health and Medical Research Council's (NHMRC) guidelines set out in the National Statement on Ethical Conduct in Human Research, which requires all research to be conducted in an ethical manner in line with key principles. The research team adopted a five-stage approach to recruiting participants for the study, taking into consideration the key principles and guidelines outlined by the NHMRC whilst also taking into consideration the complexities, individual needs and vulnerabilities of the participant cohort. The five stages to the recruitment approach consisted of: **promotion, direct recruitment, survey participation, pre-screening and interview recruitment and semi-structured interviews.**

Further detail on the participant recruitment methodology undertaken for this study is detailed below.

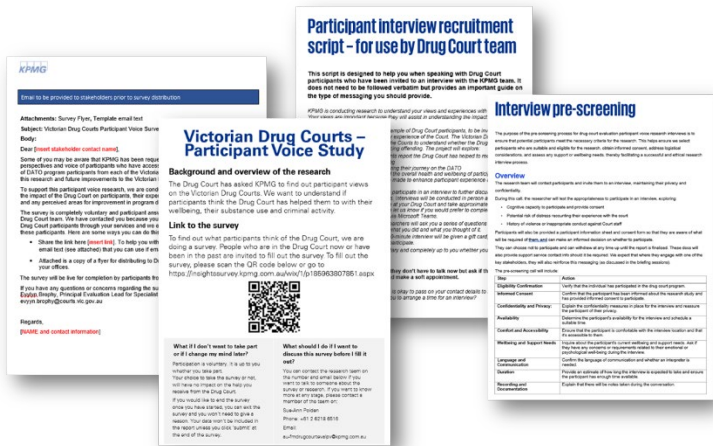


Stage 1: Promotion

The initial stage of the recruitment methodology for this study was focused on promotion. This stage included a series of targeted briefing sessions with Drug Court staff members and a series of promotional activities to engage participants for the study in line with the approved ethical approach.

It was agreed that the multi-disciplinary Drug Court support team would play an important role during the promotion stage of the recruitment approach as the primary mechanism for engaging current and former participants in the survey due to their already existing rapport with participants. Targeted virtual briefing sessions were conducted with the Drug Court support teams to explain the aims of the research study and elicit support in encouraging participant engagement with the research study. These sessions also highlighted the important role of the Drug Court support teams in mitigating perceptions of coercion or bias from participants during the promotion stage.

A variety of pre-prepared communication materials including promotional flyers and survey link to facilitate online engagement were provided to Drug Court support team members to further enable their role in survey promotion. These materials were developed in collaboration with the Drug Courts and KPMG, and were approved by the JHREC for use in the research recruitment activities. Promotional flyers were made available for display at the Drug Court Therapeutic Recovery Centres (TRCs), service provider sites and Legal Aid.



Source: KPMG 2023.

To further support the Drug Court team in the promotion stage for participant recruitment, the research team also provided a range of proposed scripts for use when contacting participants (incorporating language approved by the JHREC) and fact sheets for stakeholders and participants to answer any key questions or concerns.

The approach to promotion undertaken by the research team focused on efforts to balance the desire to achieve a large volume of responses required to gain a representative survey sample with the importance of ethical considerations for participant consent, privacy and self-determination.



Stage 2: Direct recruitment

Recruitment method for existing/current Drug Court participants:

In order to reach a broad range of participants from across the Victorian Drug Court sites, it was agreed that the most effective approach to recruiting existing participants currently with a DATO was via SMS. The existing participant cohort received an SMS containing an online survey link from the Victorian Drug Court CMS system. This method was chosen due to its efficiency, capacity to ensure participant confidentiality and ability to contact individuals with their most recently available details. In cases where a participant had explicitly identified they would not want to be contacted, the SMS message was not sent to ensure appropriate management of individual privacy concerns and risks.

Recruitment method for former Drug Court participants:

Given the nature and complexity of the former Drug Court participant cohort, three key methods were adopted to support the recruitment of former participants in the study. The three methods were oriented around leveraging existing supports and Drug Court contacts who would likely have the most reach with the former participant cohort, and who could engage with low risk, minimising any potential for harm or individual distress. Contact made via the three methods included conversations regarding participation in the research survey and in a semi-structured interview.

In considering the chosen approach, the research team paid particular attention towards ensuring the benefits of former participants engaging in the research study would clearly outweigh any risks of potential harm caused by contact from the research team, Drug Court team or service providers.

Recruitment method 1: Warms calls from the Victorian Drug Court Team to former participants

The first recruitment method utilised to engage participants in the research study involved an experienced Drug Court team member phoning former participants directly from a random sample. To ensure privacy of the participants was maintained, the staff member was required to check the identity of the individual before providing any information. This recruitment method was selected due to Drug Court team members having previously had a relationship with the participant and the experience and skills to engage respectfully and ethically when engaging, to minimise any potential for distress from receiving the call.

Participants were able to select the 'opt-in' on the survey or to provide consent for the Drug Court team member to share their information with the research team to coordinate an interview.

Recruitment method 2: Service provider outreach to former participants

The second method of former participant recruitment was via service provider outreach. Within this method, the research team organised for promotional material to be distributed to select service providers (such as AOD services). The rationale behind engaging service providers in the research recruitment process was the expectation that whilst participants may have exited the program, some service provider stakeholders may still be engaging with past participants through other programs and services.

The role of service providers was to provide participants with a link to the survey and support those requiring assistance to complete the survey. Communication materials with wording approved during the ethics process were provided to the service providers to build awareness of the research activity. Service providers were required to obtain participant consent via their organisations' consent processes to share the individual participant's contact details with the research team for engagement in an interview.

Recruitment method 3: Legal Aid outreach to former participants

As the third method used to recruit participants in the research study, the research team engaged with Victoria Legal Aid staff to identify former participants who have a matter currently before a criminal court. The rationale behind adopting this option for participant recruitment was that VLA solicitors from the Criminal Law division would likely have knowledge whether their client is a former Victorian Drug Court participant. The research team supported the process by providing a research study factsheet to VLA solicitors to support them to promote the survey to former participants. Promotion of the survey by VLA solicitors was directed to be 'passive' and consist of advising former participants that the survey existed and interviews were being conducted, and that engagement in the study would provide former participants with an opportunity to tell their personal account of the Drug Court and their individual experiences (positive and negative).



Stage 3: Survey participation

All promotional flyers included a QR code to enable participants with a mobile smartphone to complete the survey online. In cases where the participant did not have access to such technology, a hard copy survey was made available for completion. To support participant capacity to complete the surveys by hand where necessary, each TRC venue made a private space available for participants with a locked response box available for participants to submit their completed hard-copy survey forms. The research team ensured informed consent would be received for all research activities with participants.

Within the survey and at the end of all communications and correspondence during the recruitment process, participants were also provided with contact details for various local

and national support services, including the Drug Court team, Lifeline, 13YARN and Beyond Blue, with the research team encouraging participants to talk to service support provider who could help if they felt distressed or upset from any of the engagement.

The survey covered the following key areas:

1. **Demographic Information:** Including a participants' gender, age group, Aboriginal and/or Torres Strait Islander background, and English proficiency.
2. **Participant Background:** The individual's current or past involvement with Drug and Alcohol Treatment Orders (DATOs) and previous experiences with Drug Courts or community-based sentences.
3. **Support Received:** What types of support had the individual received from the Drug Court and what was their perceived effectiveness in reducing substance use and criminal behaviour.
4. **Participant Outcomes:** What the impact of Drug Court incentives and sanctions framework had on behaviour change and what was the impact of housing support provisions during their DATO.
5. **Participant Satisfaction:** The individual's overall satisfaction with the support received from Drug Court team members and their perception of the supports provided in progressing through DATO and reducing substance use.
6. **Other:** Additional support the participant received outside of Drug Court and participants' opinions on the strengths and areas of improvement for the Drug Court.
7. **Interview Opt-In:** Whether the participant would be interested in participating in interviews to further explore their experiences, with a \$50 gift card offered as a voluntary reimbursement for the time taken to engage in an interview.



Stage 4: Pre-screening and interview recruitment

Ensuring participant safety and reducing any risk of harm were the highest priority for the research team during interview recruitment. As such, as pre-screening stage took place prior to any semi-structured interviews to ensure participants were suitable and appropriate, and there were minimal to no risks associated with their engagement in the study. It was expected that where participants had been recruited via the Drug Court team, service providers or Legal Aid team, the participant was considered suitable and appropriate for interview, with low associated risk.

However, it was acknowledged that there was some potential for minor risk of harm associated with participants re-telling their story resulting in distress or unintended trauma. In managing this, the lead researcher ensured the research was delivered in a trauma informed way, ensuring participants always felt safe during an interview. If a participant became distressed at any point, the interview would be paused or cancelled.

As part of the pre-screening process for interview recruitment of both current and former participants, the research team conducted a series of pre-screening calls with those who had opted in for an interview, maintaining their privacy and confidentiality.

During these calls, the research team tested the appropriateness of the individual to participate in an interview, identifying:

- Cognitive capacity to participate and provide consent
- Potential risk of distress recounting their experience with the court
- History of violence or inappropriate conduct against Court staff

Any participants who were deemed to have a high associated risk were to be excluded from participating in the interviews to ensure the wellbeing of participants and researchers.



Stage 5: Semi-structured interviews

For the semi-structured interviews, participants were given the option to conduct them in person at their preferred Drug Court Therapeutic Response Centre (TRC) or via telephone and online video interviews over Microsoft Teams. In advance of the interview, participants were provided with a copy of the Participant Information Sheet to help inform their decision on whether to participate in the research. The information detailed in this sheet was also verbally re-affirmed by the lead researcher at the beginning of each interview to ensure each participant fully understood what they were involved in. An informed consent form was also provided to participants at the beginning of each interview to ensure all risks had been considered and the interviewee had total consent from the participant to engage in discussions.

The interviews were led by a registered psychologist and experienced researcher, and supported by one co-interviewer to take notes. Each interview took approximately 30-60 minutes with participants asked questions about their experience engaging with the Drug Court. Questions that were discussed during the interviews are detailed below.

Example of participant interview questions:

1. Can you tell me a bit about yourself and your journey that led you to engaging with the Drug Court?
2. Tell me in your own words what you know about the Drug Court and how it works?
3. Can you tell me in your own words about your experience with the Drug Court?
4. How has this experience helped or not helped you change your substance use?
5. If substance use has reduced, were there any aspects of the Drug Court support which helped the most and what were these?
6. Do you think you might have reduced your use without the Drug Court?
7. If substance use has reduced, were there parts of the Drug Court that weren't helpful for you to reduce substance use? What were these?
8. Can you tell me about how your experiences at Drug Court may have helped or not helped with reducing your criminal activity?
9. Do you think this might have been the same without the Drug Court?
10. Now, thinking about the Judge or Magistrate that supervised you whilst you were at Drug Court, can you explain what their role was? What parts of seeing the Judge or Magistrate have helped you and what parts haven't?

B.2.1 Recruitment considerations and risk management

The research team designed the recruitment strategy in a way that sought to minimise the risk of harm and distress for participants. However, it was anticipated that the sample of participants who may agree to participate:

- Would be more likely to have had a positive experience with the Victorian Drug Courts;
- Would be more likely to be living in a stable living situation, with supports in place; and
- Could speak English and engage comfortably with an Australian female interviewer, who does not identify as Aboriginal and is not from a culturally and linguistically diverse background.

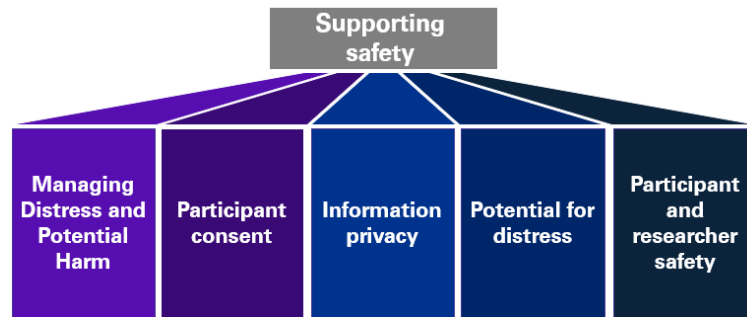
In an effort to mitigate any potential risks during the recruitment and research process, the role of Victorian Drug Court team members in recruiting and supporting participants was clearly defined through a series of briefings with staff and provision of guidance materials, ensuring that their engagement with participants was only in providing assistance and awareness of the search study at the same level to that provided as part of their paid role. For example, making primary contact with Drug Court participants, explaining information featured on promotion material, providing support to understand the nature and process of the research, and emphasising to participants the wholly voluntary nature of engaging with the research study to ensure participants do not feel coerced to participate.

Communications materials utilised to guide staff and promote the study to participants were developed in collaboration with Court Services Victoria and approved by the JHREC. The materials made clear to participants that involvement in the study was completely voluntary, that they could withdraw or redact their statements at any point in time, and that their engagement in the research would have no impact to the Victorian Drug Court or their individual DATO.

All research related tasks were performed solely by a team who are highly experienced in conducting research with vulnerable populations and committed to adherence to ethical research guidelines including the National Statement.

Specifically, to protect the wellbeing of any participants invited to participate in the study, the research team committed to adhering to the following values and principles as aligned to the National Statement, with the following subsequent actions undertaken:

National Statement values and principles	Actions undertaken by the research team
Research merit and integrity	The research team worked closely with the Victorian Drug Courts to design a consultation method that was appropriate for the cognitive capacity of the participants. The research team undertook specific steps and processes to judge the participant's potential vulnerability and capacity to consent. A research protocol and Participant Information Sheet set out the core information to be provided in discussions with participants about the study, any potential effects and additional supports available should the participant require.
Agency	Participants were selected to participate in the research based on either their own self-assessment of capability and capacity, or the Drug Court team's assessment of their capacity and capability to both understand what would be required of them and provide informed consent on their own behalf.
Respect	Consent was obtained from all participants invited to participate via a written informed consent form, with additional consent confirmed prior to an interview. The purpose of the research, survey and interviews was made clear at each point of engagement with participants, using simple and easily understood language suitable for the cohort. Participants that were invited to participate were informed that their involvement would remain anonymous with any findings made to be deidentified and were reassured that any information provided during interviews would not be provided to Drug Courts, Victoria Police or anyone involved in the criminal justice system. In recognising the unique contribution of participants who engaged in an interview with the research team, these individuals were provided with reimbursement for their time contributions and any other incurred costs in the form of a \$50 retail gift card.
Beneficence	All efforts were made to ensure that interviews were conducted in a space where the emotional, physical and cultural safety for the participants was assured. Participants were afforded the opportunity to decide what interview format was most suitable to their needs, including via telephone, video-linkage or face to face. As part of the process, a distress protocol was developed which included mechanisms to ensure that the participant was checked on by the lead researcher throughout the interview, to ensure that they felt emotionally, physically, and culturally safe throughout the entirety of interview.



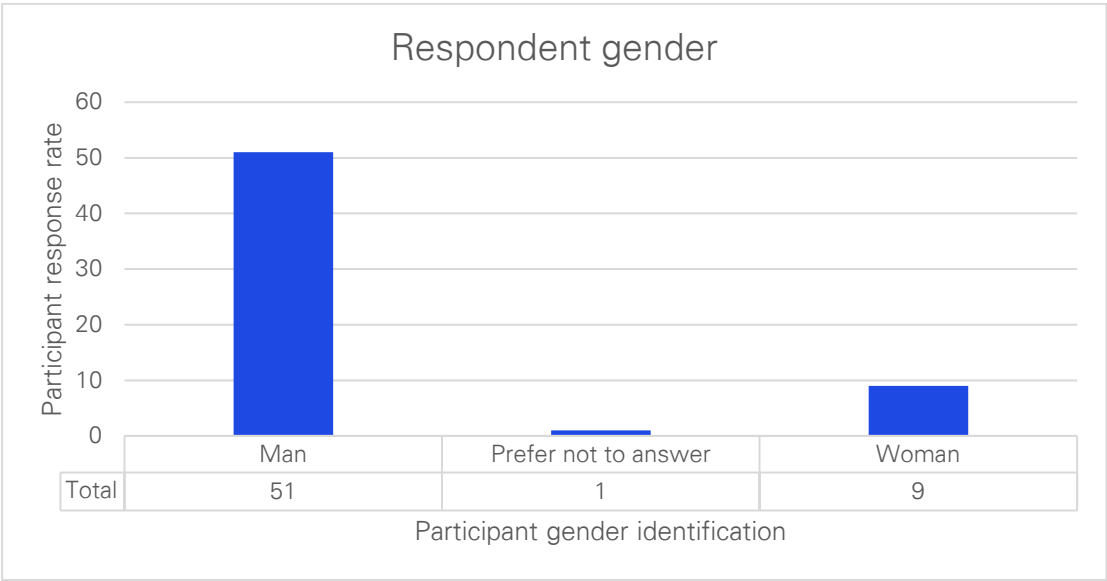
In supporting the safety of participants, the research team and staff involved in the promotion of the research study, the research team designed a recruitment approach that aimed to promote safety, inclusivity and reduce any potential for distress to any former or current Drug Court program participants. To support and manage the psychosocial safety of participants, the research team liaised with Drug Court staff where necessary to ensure that individual participant needs could be accommodated for.

- **Managing distress and potential harm:** The lead researcher for this study was a registered psychologist and helped to ensure that the research was delivered at all times in a trauma informed manner, ensuring participants felt safe throughout the duration of interviews. Participants were also afforded to opportunity to elect to bring a support person to an interview. Following all communication and contact with participants, the research team provided contact information for additional supports such as Lifeline, 13YARN, Beyond Blue and other accessible mental health services to support participants in cases where discussing their involvement with the Drug Court may have caused any unintended distress.
- **Participant consent:** A Participant Information Sheet and Participant Informed Consent Form aimed to emphasise the ability of a participant to opt in (or opt out) of the research study at their discretion.
- **Information privacy:** A member of the research team was present at the interviews with the lead researcher to support by taking detailed notes. The notes were not taken verbatim and did not include any identifying information about the individual participants. Participants were afforded the opportunity to receive a copy at their request and given the option to redact any or all statements.
- **Potential for distress when contacting former Drug Court participants:** When considering the approach to recruitment of former participants for the research study, the research team and Court Services Victoria carefully considered and interrogated the benefits of

	<p>such individuals participating in the research, ensuring that the benefits of engaging this cohort in the research study would strongly outweigh any potential harm. Engagement with the former participant cohort was carefully considered in terms of the risks associated with engaging with individuals that have exited the program, with participant privacy and mitigation of harm the leading priorities for the research team.</p> <ul style="list-style-type: none"> • Participant and researcher safety: Within the recruitment approach, it was agreed that participants may be screened out of the research study if it were determined during the pre-screening process that the risks associated with partaking in an interview would outweigh the benefits. It was acknowledged that participants with an identified high associated risk may be excluded from participation in the study to ensure the wellbeing of all parties involved.
Reciprocity	Participants were provided with the opportunity to elect to receive a summary report of the interview findings.

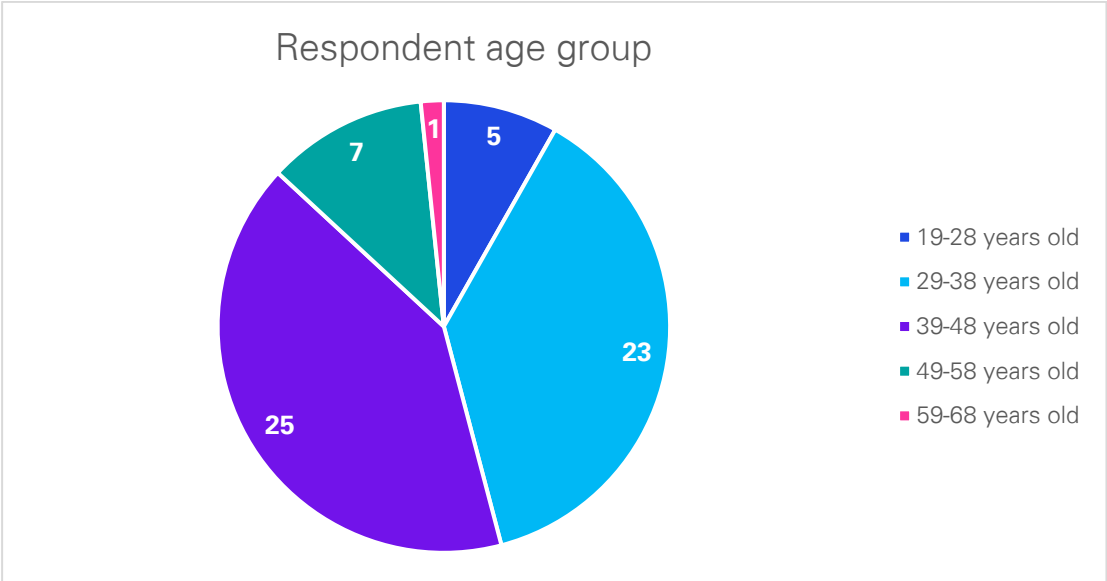
Appendix C: Participant survey results

Figure 17: Question 1 - What gender do you identify with?



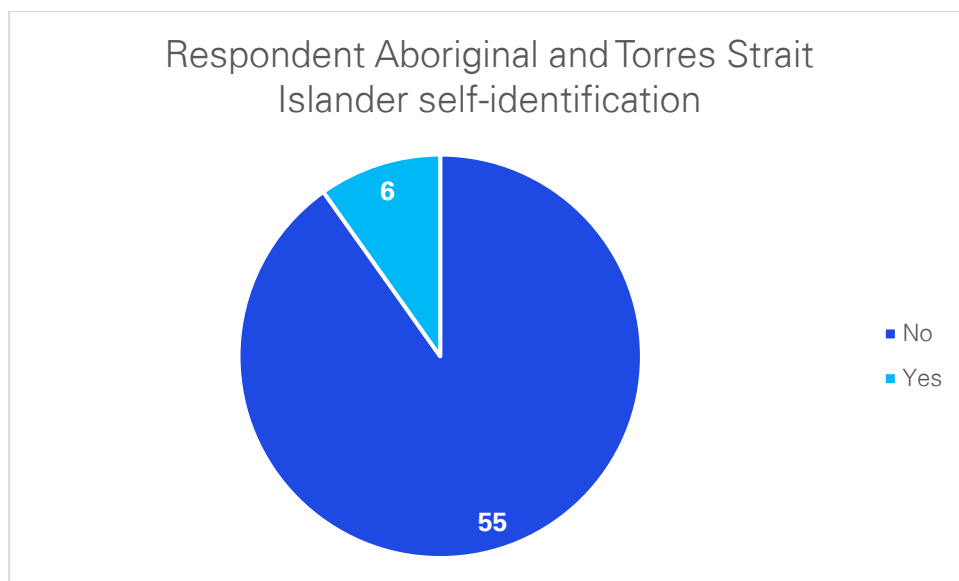
Source: KPMG 2023, adapted from the Participant Voice Survey findings.

Figure 18: Question 2 - What is your age group?



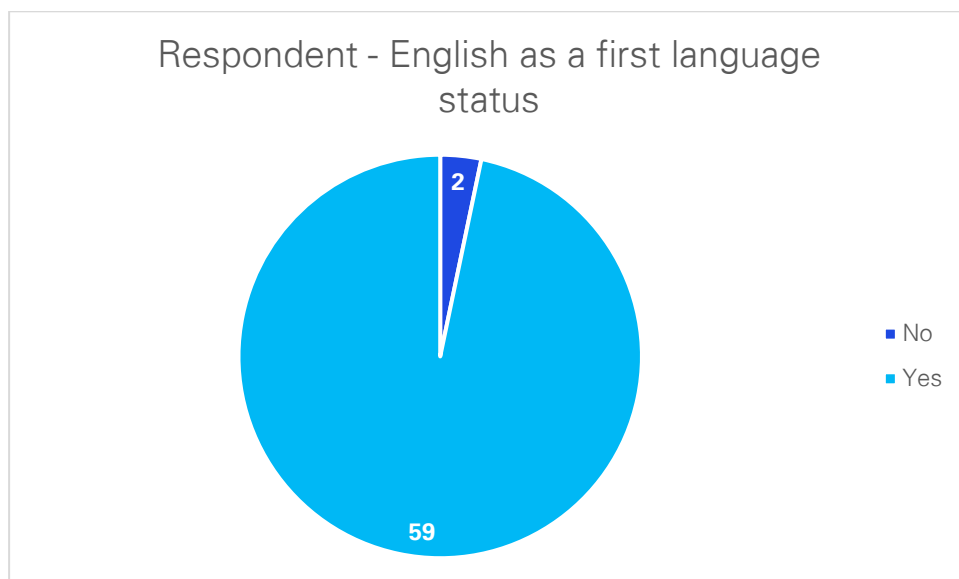
Source: KPMG 2023, adapted from the Participant Voice Survey findings.

Figure 19: Question 3 - Do you identify as being of Aboriginal and/or Torres Strait Islander background?



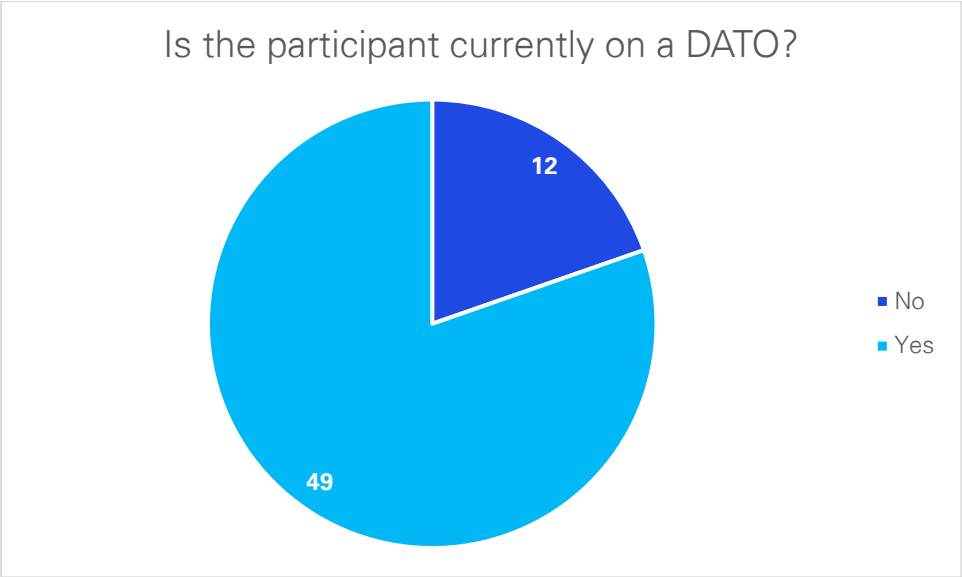
Source: KPMG 2023, adapted from the Participant Voice Survey findings.

Figure 20: Question 4 - Is English your first language?



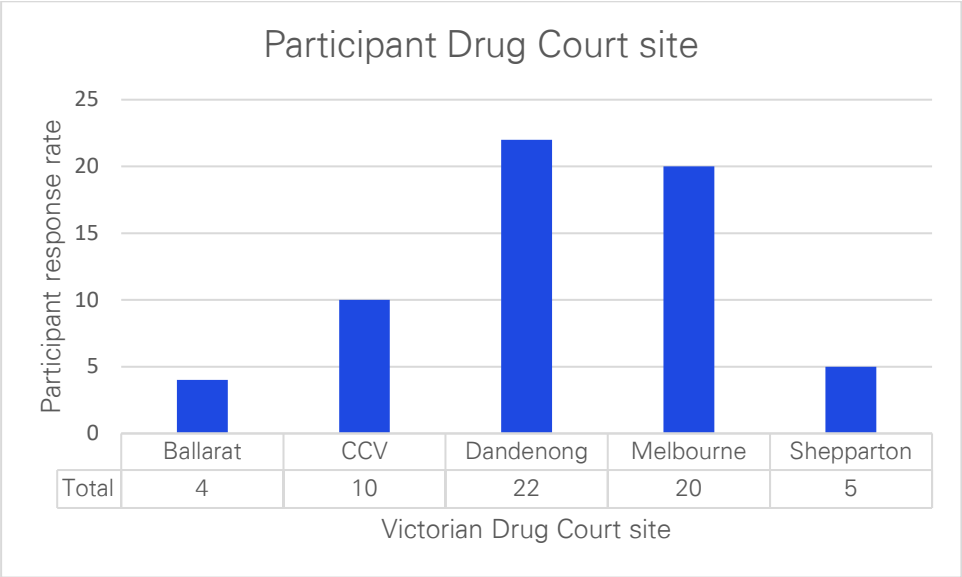
Source: KPMG 2023, adapted from the Participant Voice Survey findings.

Figure 21: Question 5 - Are you currently on a DATO (Drug and Alcohol Treatment Order)?



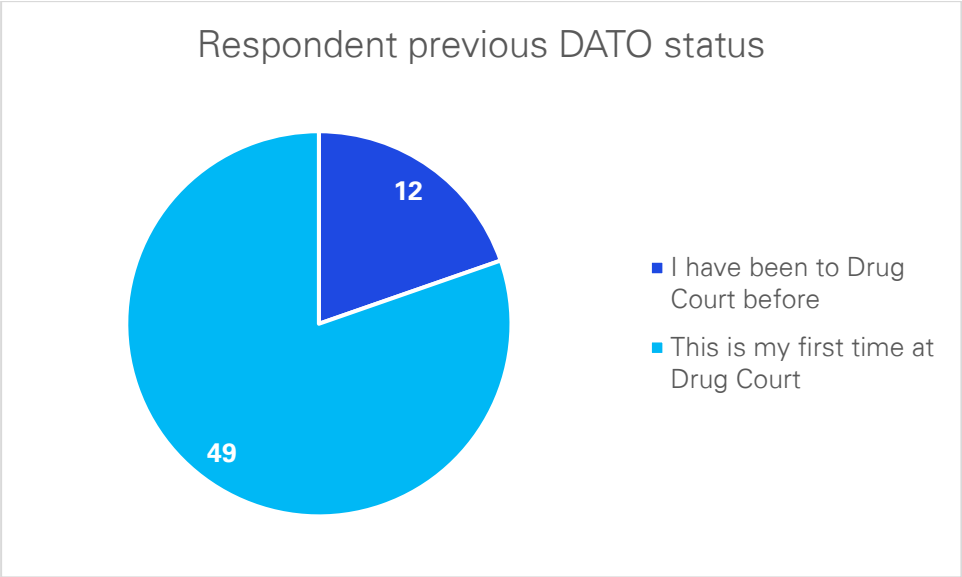
Source: KPMG 2023, adapted from the Participant Voice Survey findings.

Figure 22: Question 6 - Please select the Drug Court you go to/went to.



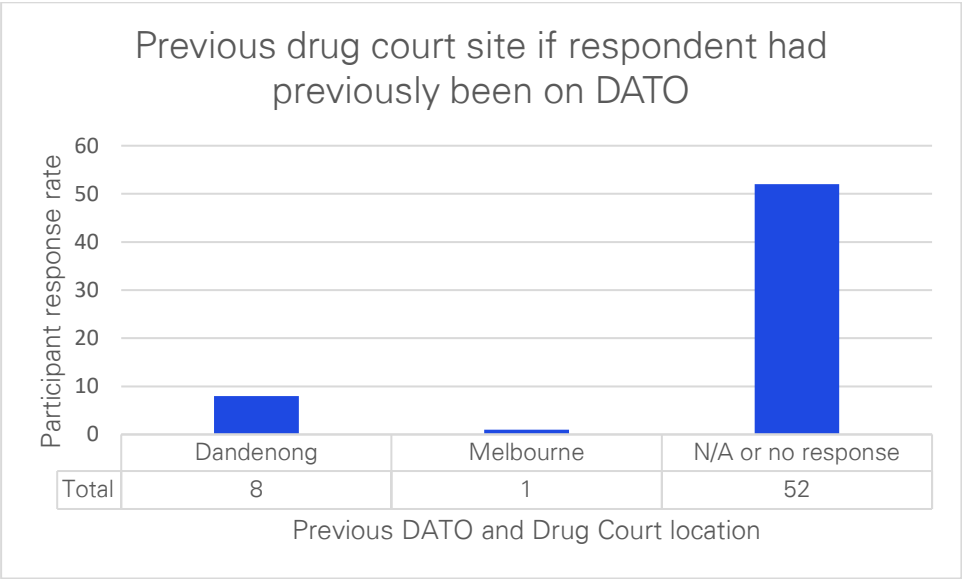
Source: KPMG 2023, adapted from the Participant Voice Survey findings.

Figure 23: Question 7 - Have you been on a DATO or any other Victorian Drug Courts in the past?



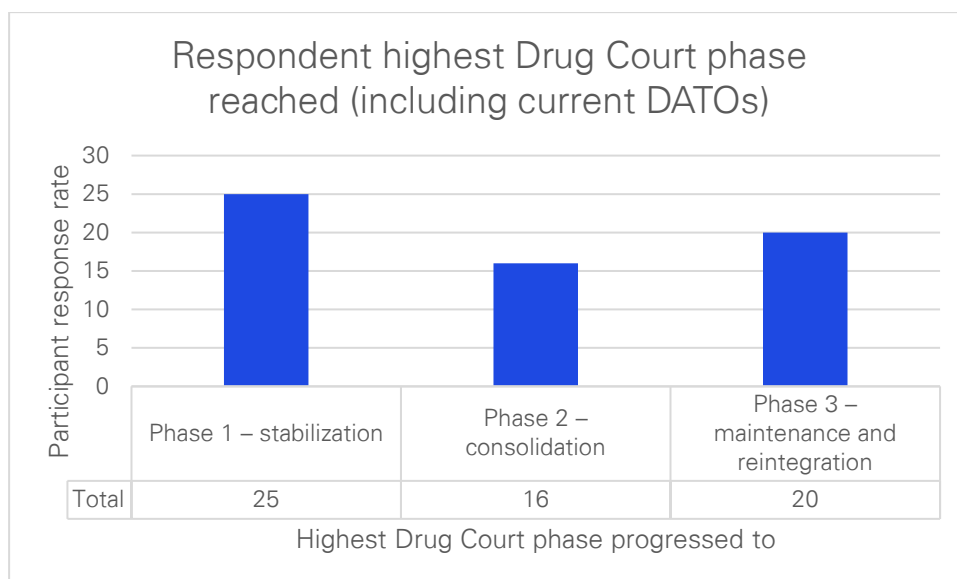
Source: KPMG 2023, adapted from the Participant Voice Survey findings.

Figure 24: Question 8 - If you have been on a DATO or any other Victorian Drug Courts in the past, which one did you go to?



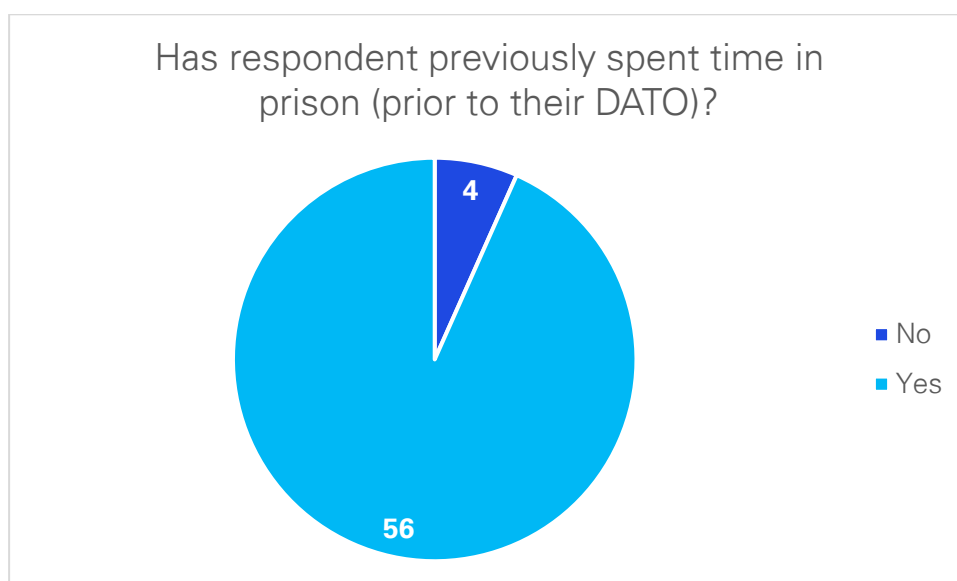
Source: KPMG 2023, adapted from the Participant Voice Survey findings.

Figure 25: Question 9 - What was the highest Drug Court phase you progressed to?



Source: KPMG 2023, adapted from the Participant Voice Survey findings.

Figure 26: Question 10 - Have you previously spent time in prison?



Source: KPMG 2023, adapted from the Participant Voice Survey findings.

Figure 27: Question 11 - What support did you receive from the Drug Court? (Select all that apply).

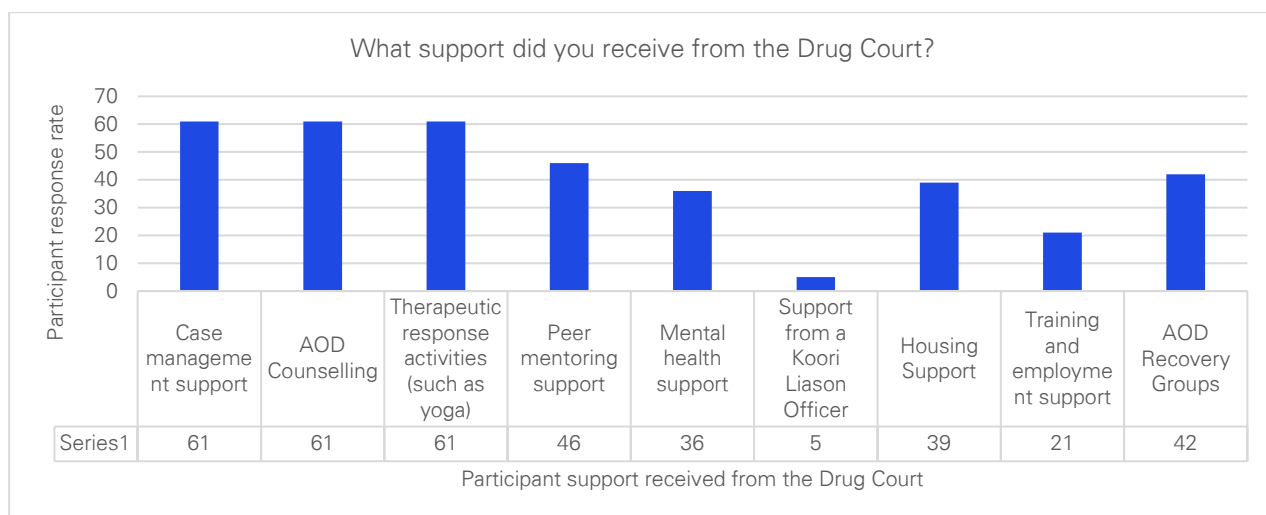
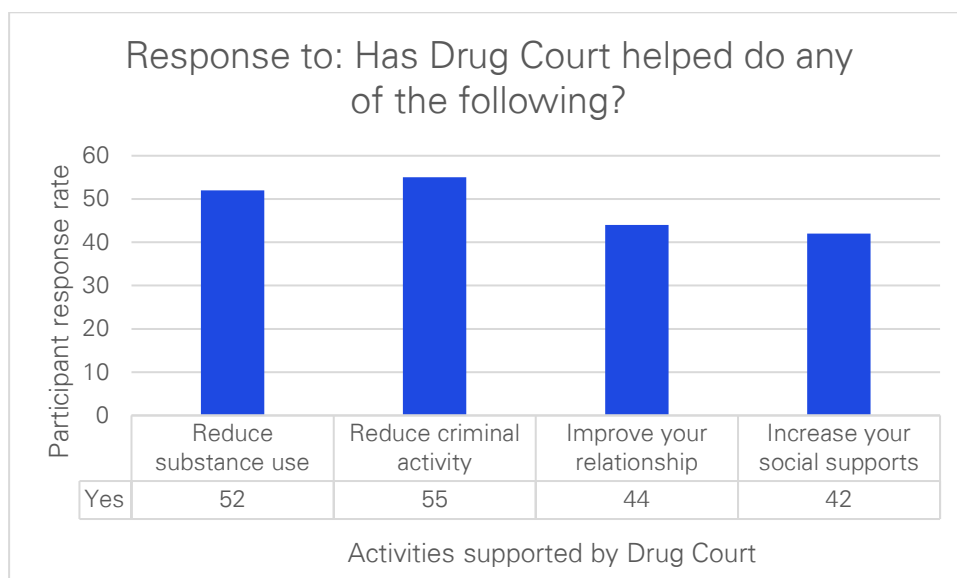
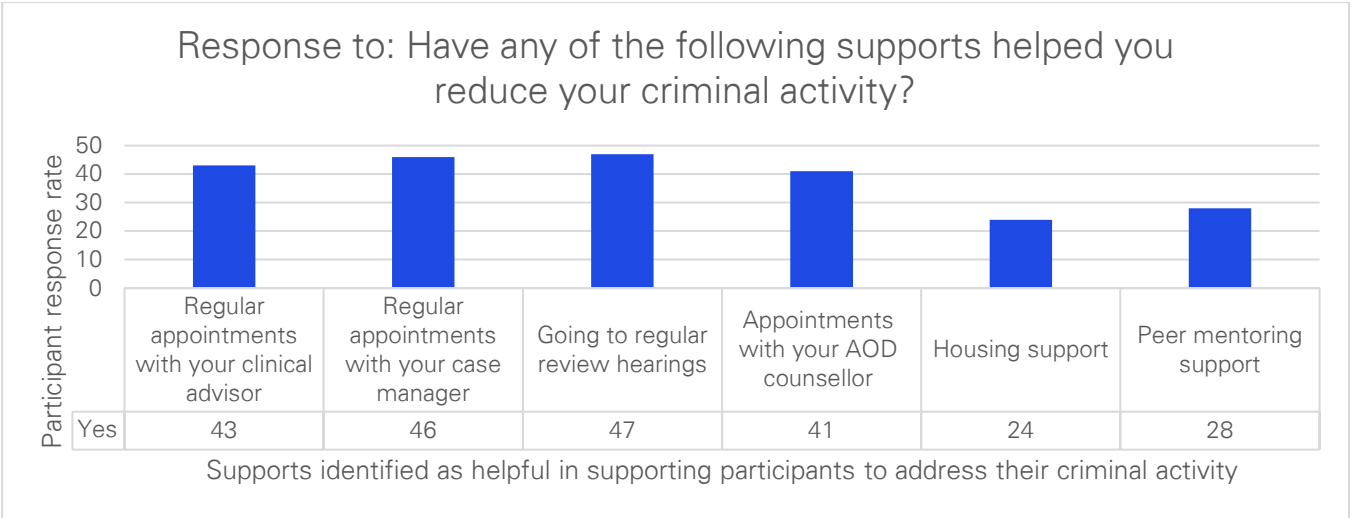


Figure 28: Question 12 - Has Drug Court helped you to do any of the following? (Select all that apply).



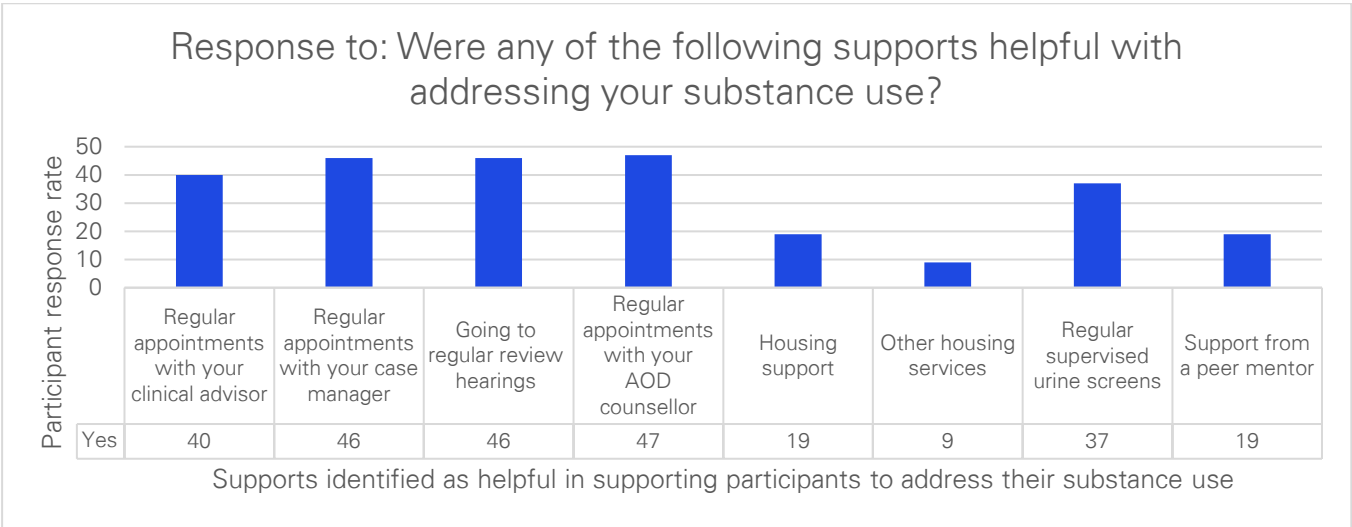
Source: KPMG 2023, adapted from the Participant Voice Survey findings.

Figure 29: Question 13 - Were any of the following supports helpful with addressing your criminal activity?



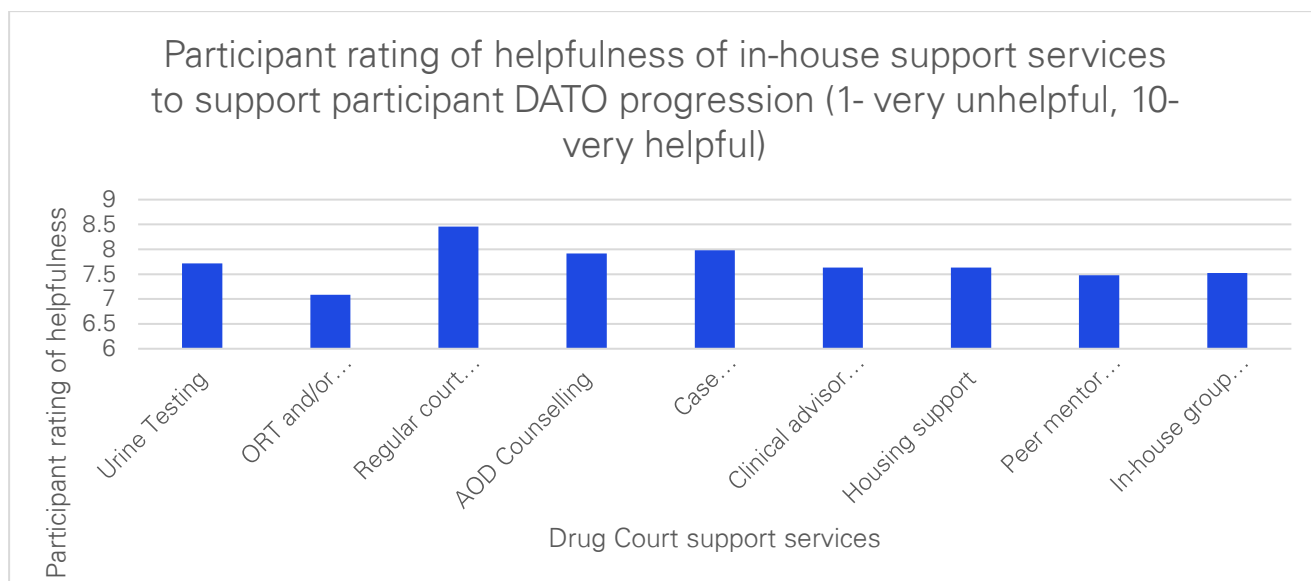
Source: KPMG 2023, adapted from the Participant Voice Survey findings.

Figure 30: Question 14 - Were any of the following supports helpful with addressing your substance use?



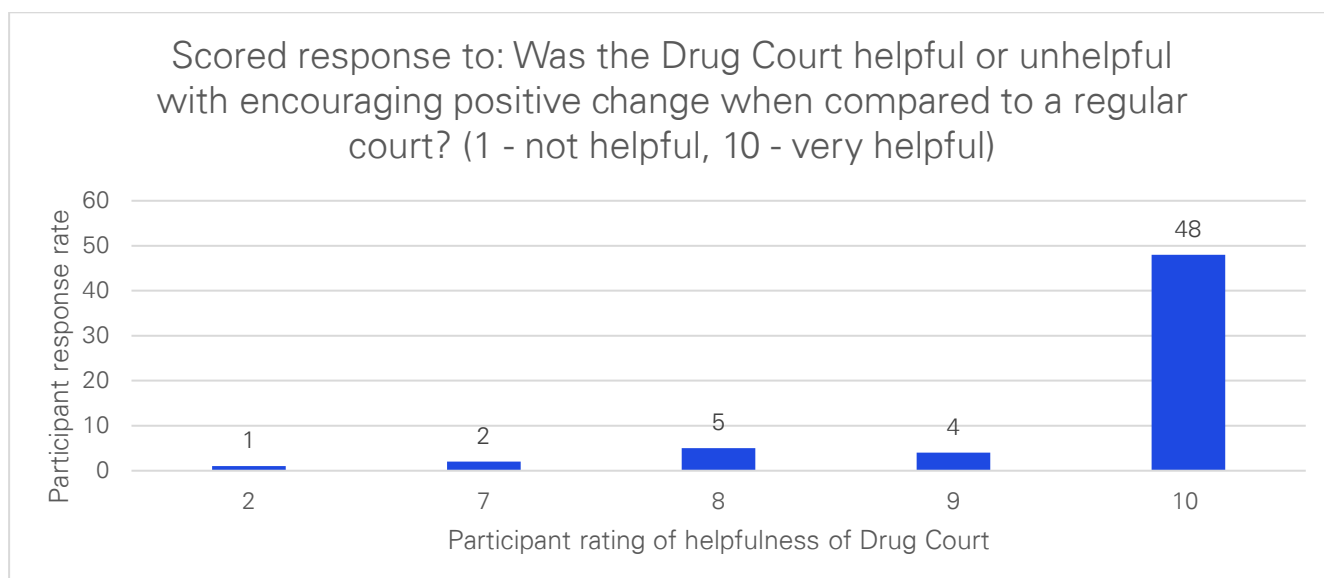
Source: KPMG 2023, adapted from the Participant Voice Survey findings.

Figure 31: Question 15 - Were the below services helpful or unhelpful at supporting you to progress on your DATO?



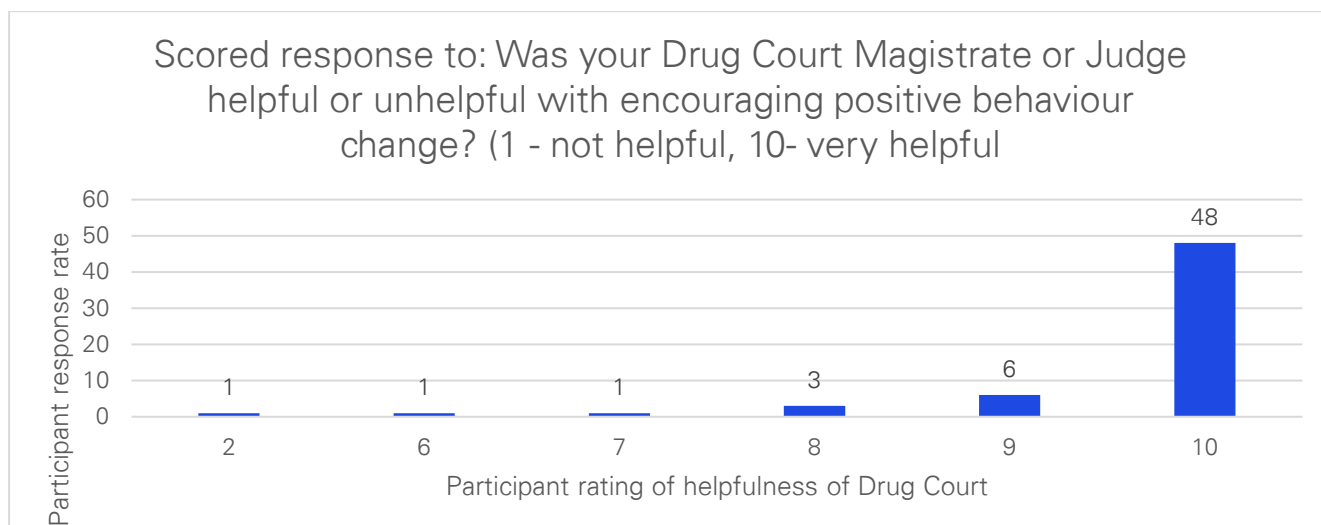
Source: KPMG 2023, adapted from the Participant Voice Survey findings.

Figure 32: Question 16 – Was the Drug Court helpful or unhelpful with encouraging positive change when compared to your previous experiences at a regular court?



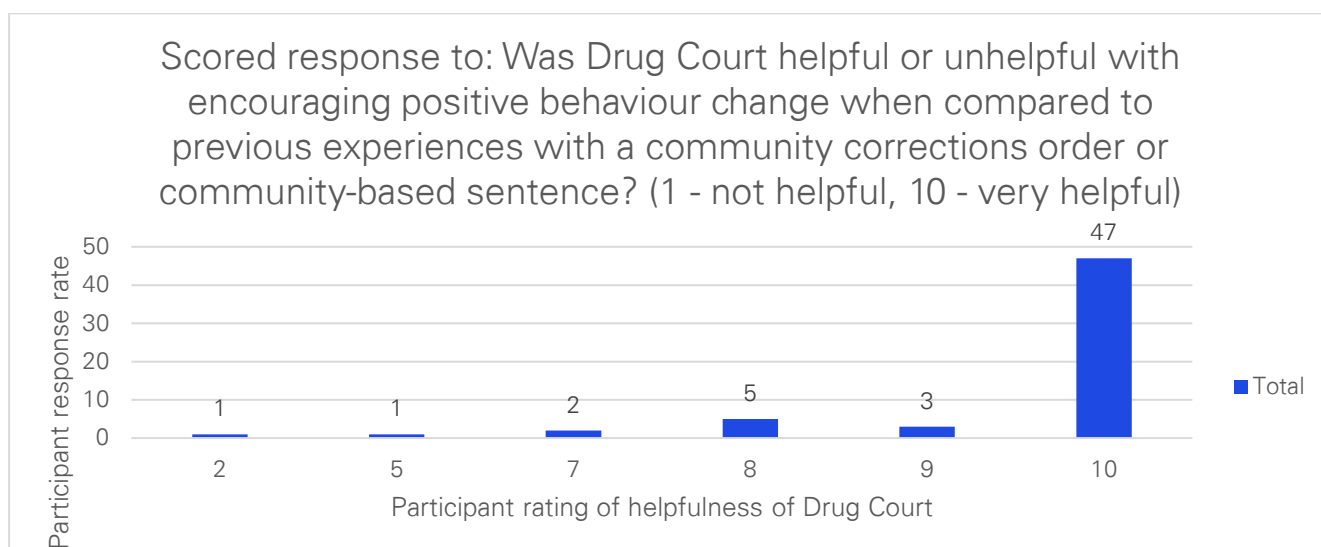
Source: KPMG 2023, adapted from the Participant Voice Survey findings.

Figure 33: Question 17 - Was your Drug Court Magistrate or Judge helpful or unhelpful with encouraging positive behaviour change?



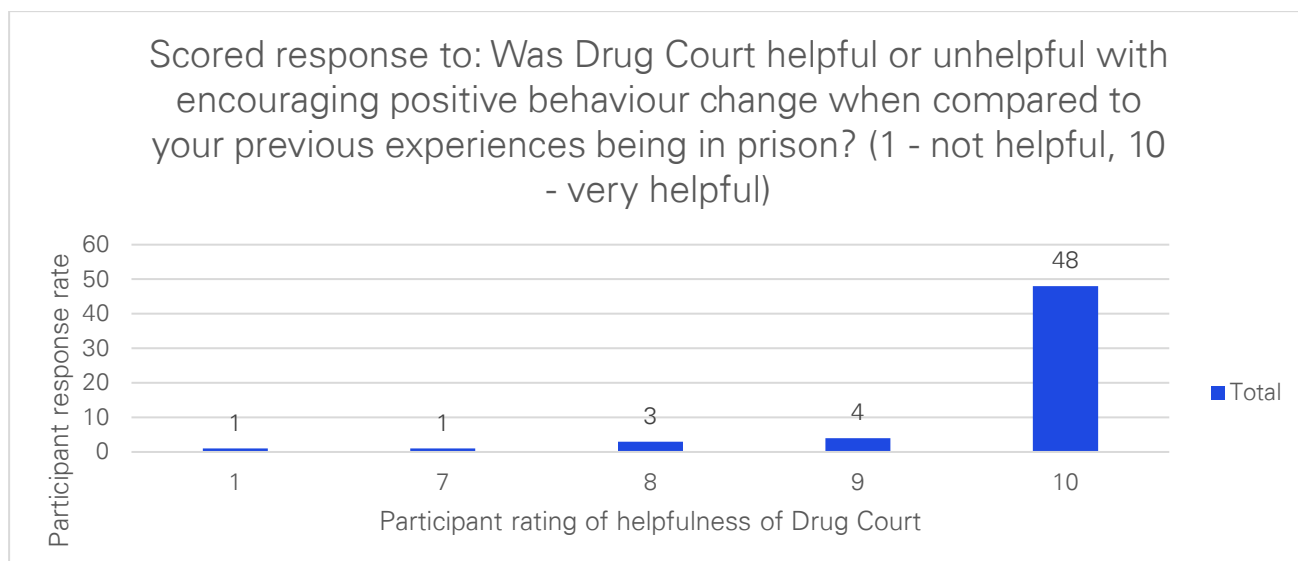
Source: KPMG 2023, adapted from the Participant Voice Survey findings.

Figure 34: Question 18 - Was the Drug Court helpful or unhelpful with encouraging positive behaviour change when compared to your previous experience with a community corrections order or community-based sentence?



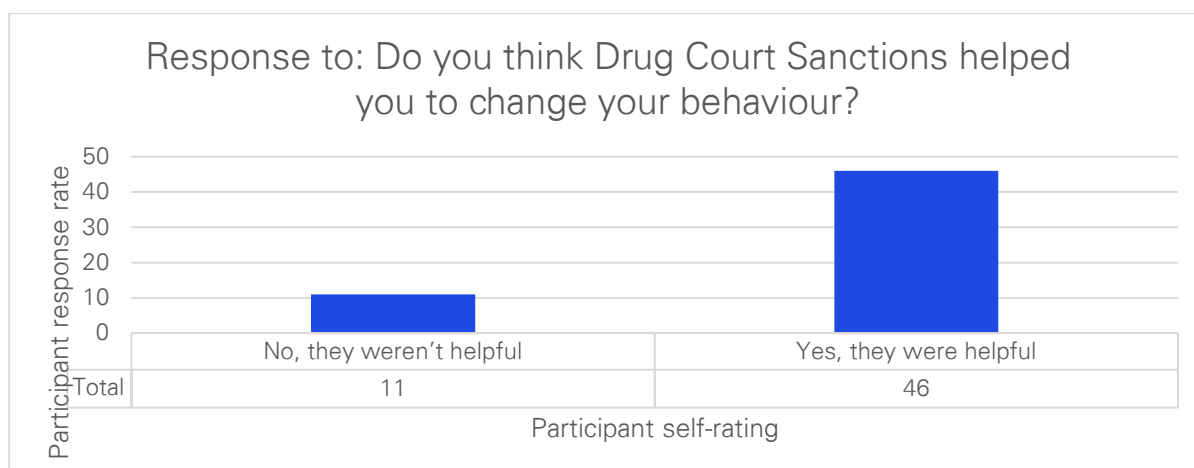
Source: KPMG 2023, adapted from the Participant Voice Survey findings.

Figure 35: Question 19 - Was Drug Court helpful or unhelpful with encouraging positive change when compared to your previous experience when you were in prison?



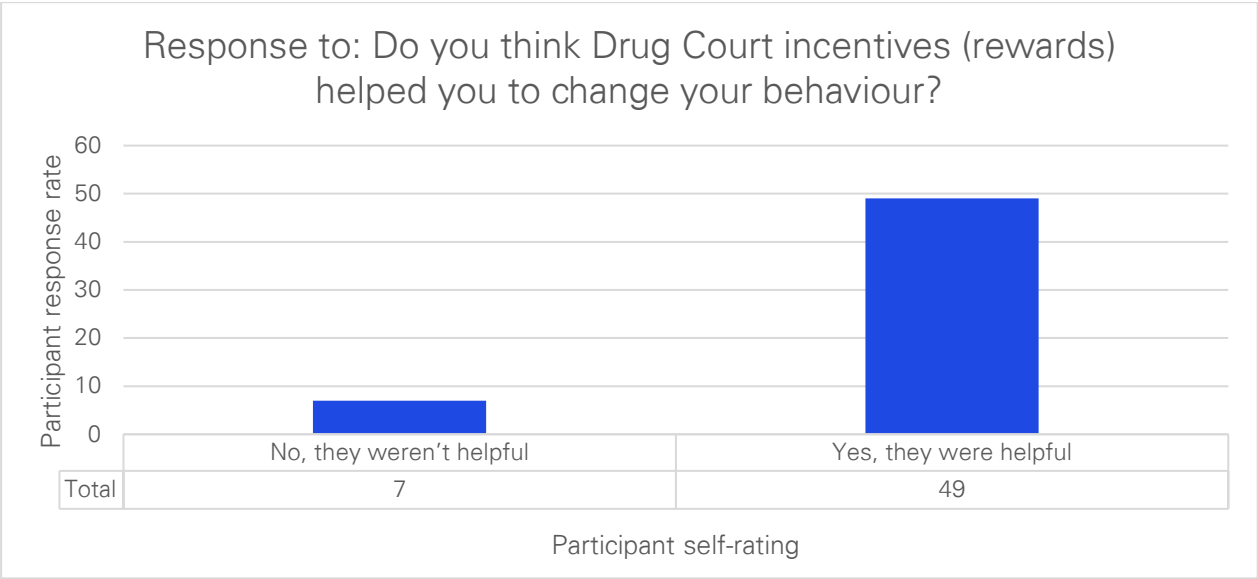
Source: KPMG 2023, adapted from the Participant Voice Survey findings.

Figure 36: Question 20 - Do you think Drug Court sanctions helped you to change your behaviour?



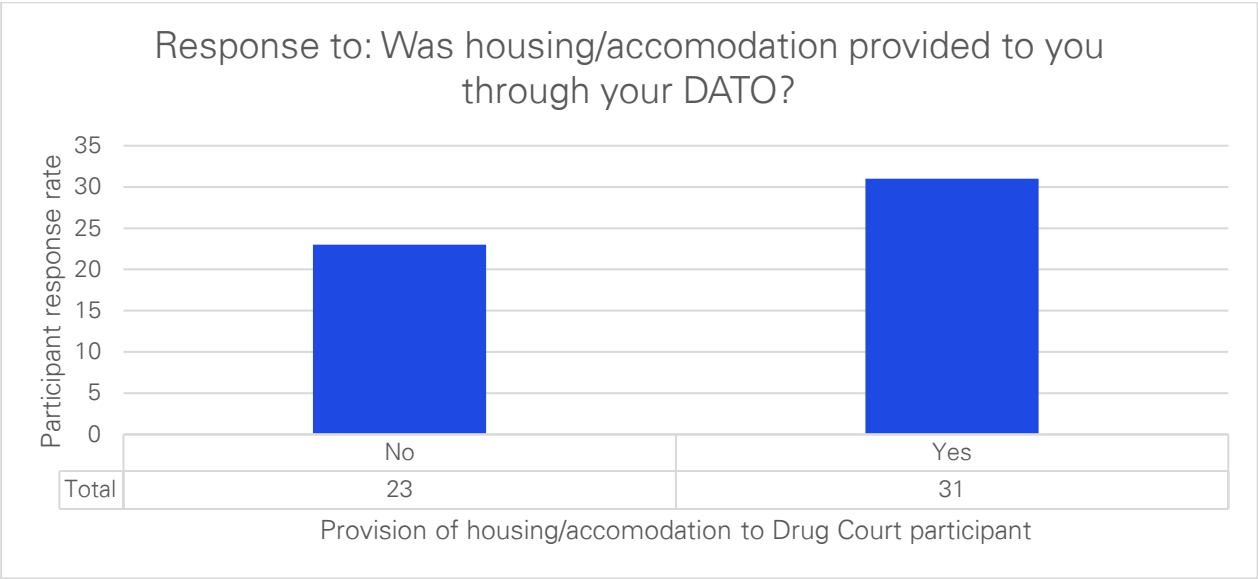
Source: KPMG 2023, adapted from the Participant Voice Survey findings.

Figure 37: Question 21 - Do you think Drug Court incentives (rewards) helped you to change your behaviour?



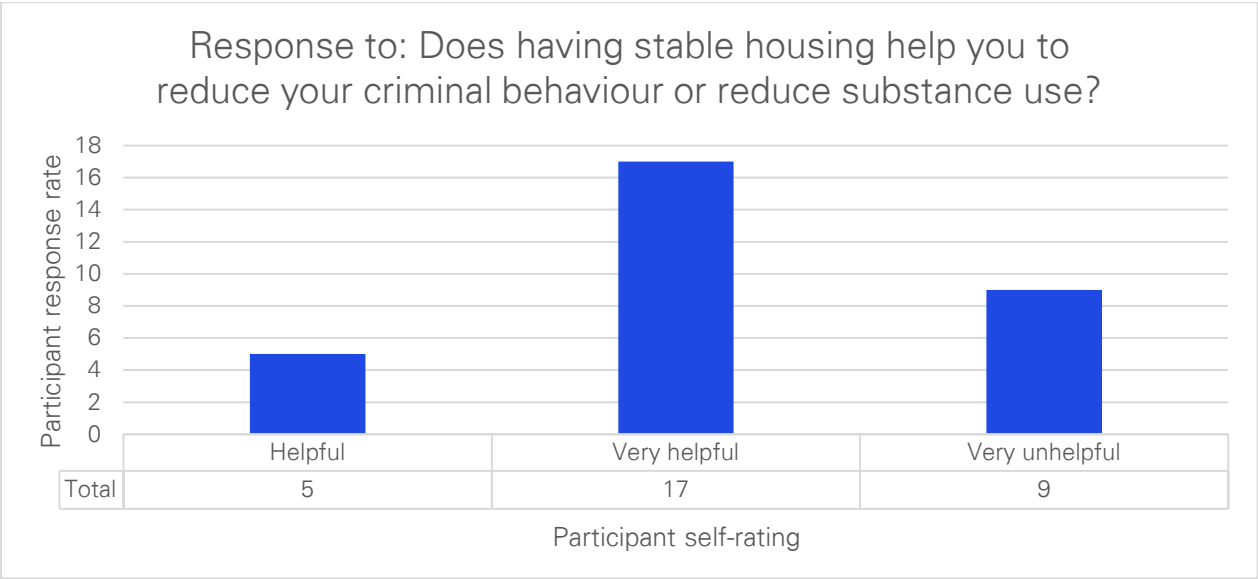
Source: KPMG 2023, adapted from the Participant Voice Survey findings.

Figure 38: Question 22 - Was housing/accommodation provided to you through your DATO?



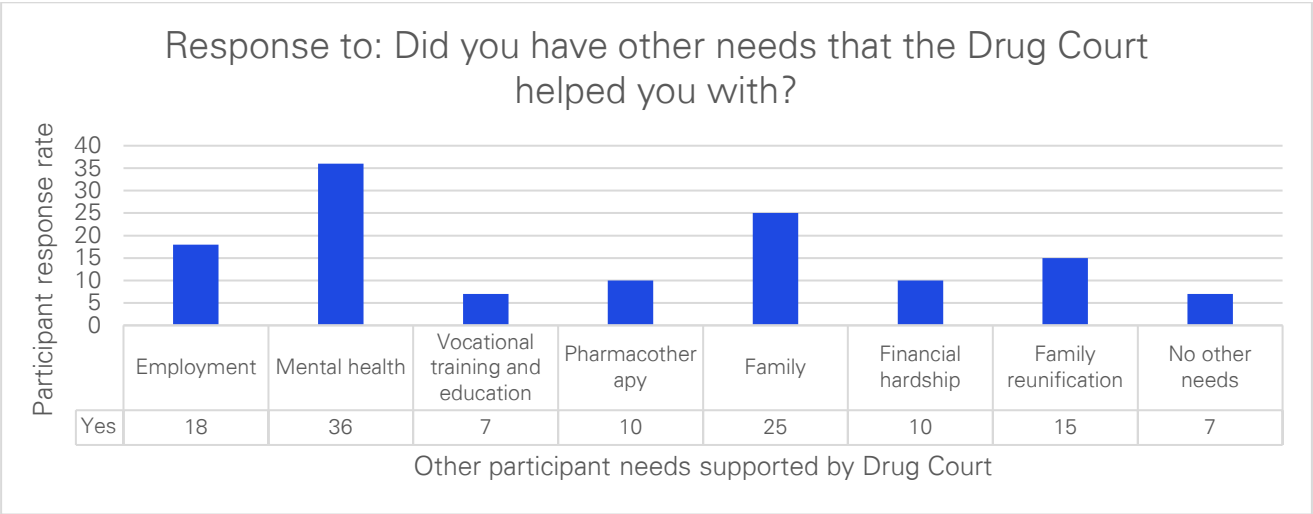
Source: KPMG 2023, adapted from the Participant Voice Survey findings.

Figure 39: Question 23 - Does having stable housing help you to reduce your criminal behaviour or reduce substance use?



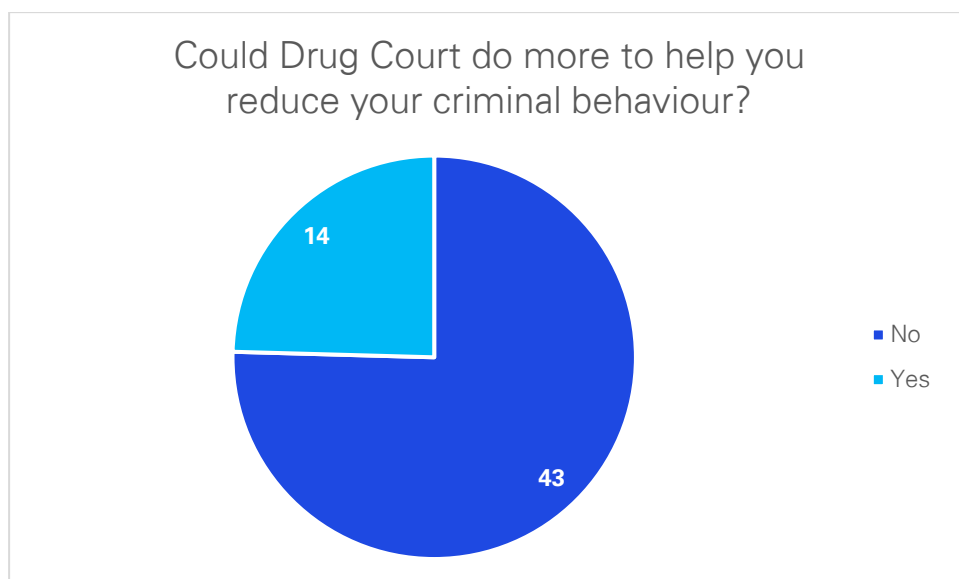
Source: KPMG 2023, adapted from the Participant Voice Survey findings.

Figure 40: Question 24 - Did you have other needs that the Drug Court helped you with?



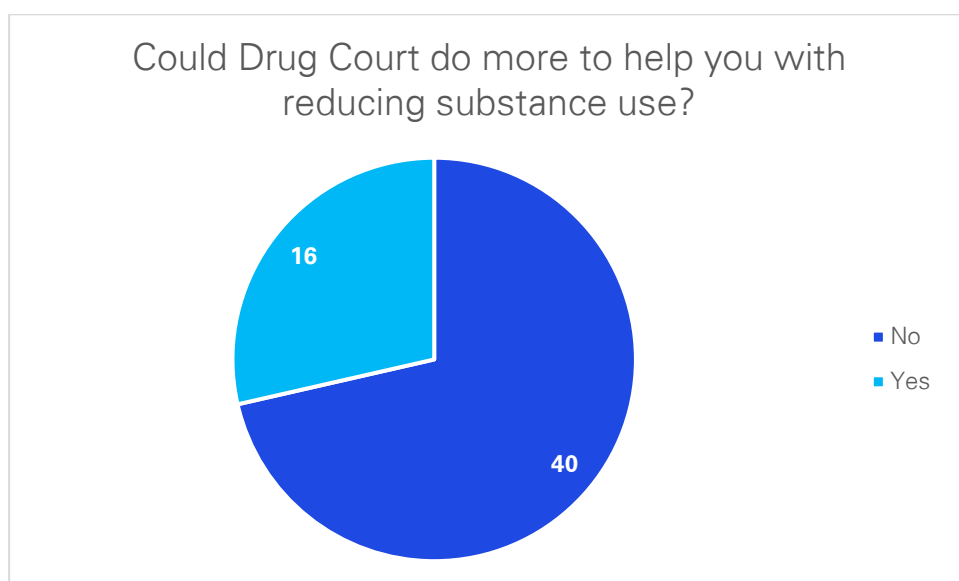
Source: KPMG 2023, adapted from the Participant Voice Survey findings.

Figure 41: Question 25 - Could Drug Court do more to help you reduce your criminal behaviour?



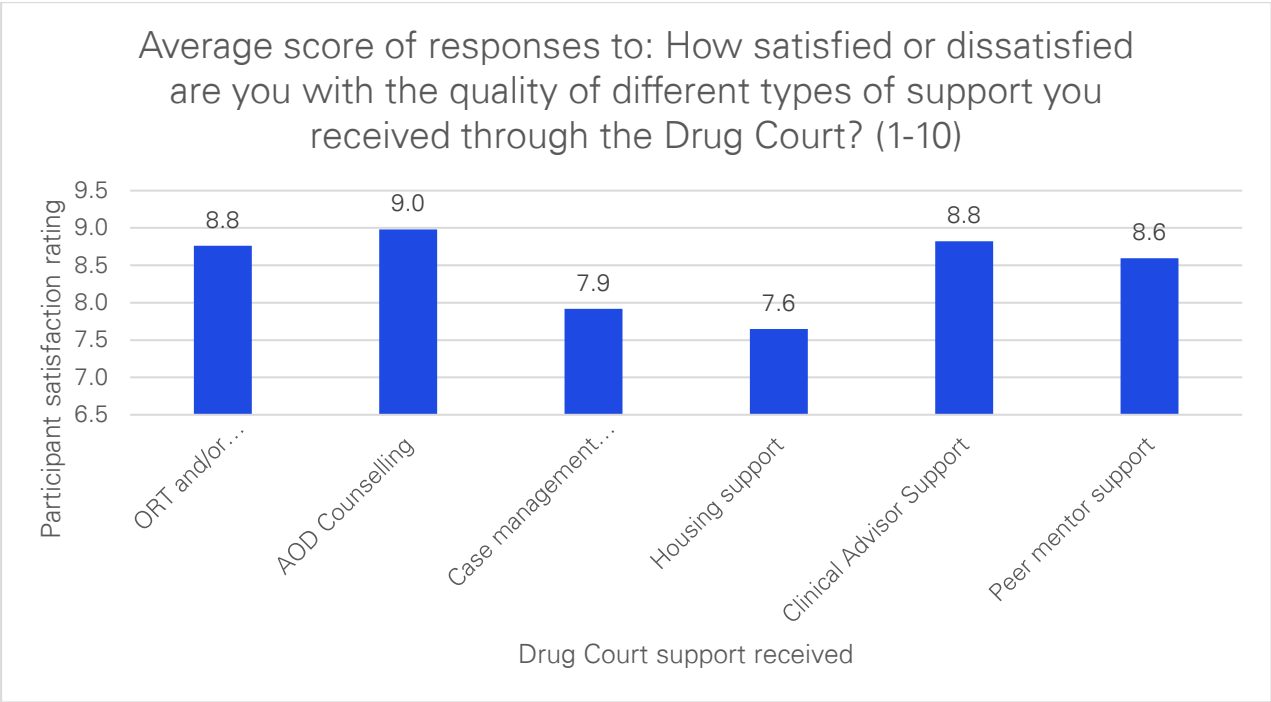
Source: KPMG 2023, adapted from the Participant Voice Survey findings.

Figure 42: Question 26 - Could Drug Court do more to help you with reducing substance use?



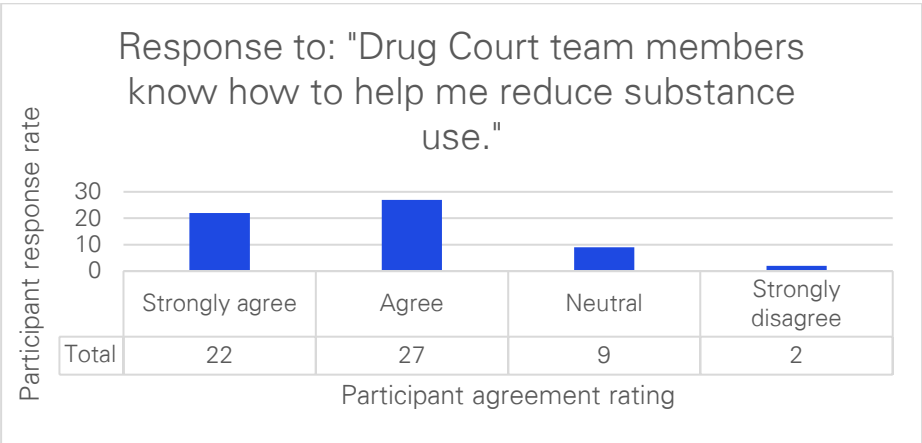
Source: KPMG 2023, adapted from the Participant Voice Survey findings.

Figure 43: Question 27 - How satisfied or dissatisfied are you with the quality of different types of support you received through the Drug Court?



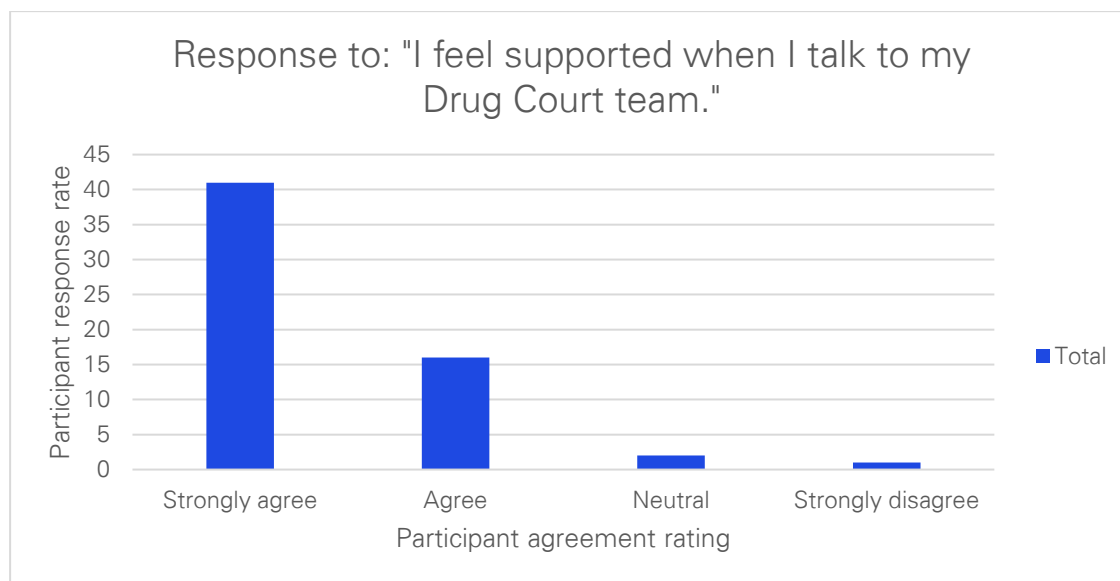
Source: KPMG 2023, adapted from the Participant Voice Survey findings.

Figure 44: Question 28 - How much do you agree with the following statement? "Drug Court team members know how to help me to reduce substance use?"



Source: KPMG 2023, adapted from the Participant Voice Survey findings.

Figure 45: Question 29 - How much do you agree with the following statement? "I feel supported when I talk to my Drug Court team."



Source: KPMG 2023, adapted from the Participant Voice Survey findings



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