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New South Wales Drug Court Evaluation: Program and Participant Profiles

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The first Drug Court in New South Wales began operation on 8 February 1999. It was set up on a trial basis, initially for a period of two years. Modelled on US Drug Courts, the New South Wales Drug Court provides an intensively supervised program of treatment for drug-dependent offenders, with the aim of assisting them to overcome their drug dependence and end their involvement in criminal activity. This bulletin describes the operation of the Court and the means by which it will be evaluated. Summary data from the first 12 months of the Court's operation are presented. The key findings to date are that 224 persons have been placed on the Drug Court Program and two-thirds of these were still on the Program as at 31 January 2000; progress through the Program has been somewhat slower than anticipated; urine testing has proved to be an unreliable indicator of program success; but only about 13 per cent of participants have been sentenced for new offences committed while on the Program. This last result is encouraging given the normally high level of recidivism of heroin-dependent property offenders.

INTRODUCTION

Recently, there has been much public debate concerning illicit drug use, its impact on the community and its relationship to crime. This debate has given rise to a growing disenchantment with the capacity of traditional criminal justice options to break the cycle of drug use and crime. As a result, pressure has mounted on governments to find alternative approaches that offer longterm solutions to these problems. Drug Courts are one such alternative, and are currently being trialed across Australia in several jurisdictions.

Drug Courts are specialist courts which divert offenders who are dependent on illicit drugs into treatment rather than into the traditional criminal justice system. They have operated in the United States (US) since 1989¹ and have been trialed more recently in the United Kingdom and Canada. Although Drug Courts are diverse in their approaches and procedures, they share a common goal: to help offenders overcome their drug dependence and thus end their associated criminal behaviour through court enforced and supervised treatment programs. The Drug Court of New South Wales (NSW) is the first such court to be trialed in Australia, and has been broadly modelled on US Drug Courts. The Drug Court of NSW was originally funded as a two-year trial, accommodating up to 300 participants, and has since been extended approximately six months. Three studies have been designed by the NSW Bureau of Crime Statistics and Research (BOCSAR) to monitor and evaluate the NSW Drug Court Trial.

This bulletin provides an introduction to the Drug Court of NSW, an outline of the evaluation studies planned for the trial, and data on the first 12 months of the Court's operation. The first section outlines the aims of the Drug Court of NSW, the major features of the Court, the conditions for eligibility and the referral process. This section is followed by a summary of the methodologies of three evaluations of the NSW Drug Court Trial being conducted by BOCSAR. The third section of the bulletin presents highlights from the Drug Court monitoring report which examines the Drug Court's first year of operation. A discussion of the main findings and key features of the monitoring report concludes the bulletin.

It should be noted that the term 'program' is used in two senses. When used with a capital, the term 'Drug Court Program' is used in a broad sense to refer to the program run by the Drug Court consisting of ongoing treatment and supervision of offenders. When used in lower case, the term 'Drug Court program' refers to a specific program of treatment and supervision designed for an individual Drug Court participant.

DRUG COURT OF NEW SOUTH WALES

The Drug Court of NSW, located in the Parramatta Court complex, was officially opened on 8 February 1999. The Drug Court of NSW has both Local and District Court jurisdiction. New legislation, the *Drug Court Act 1998* (NSW), was enacted to enable the establishment of the Court. The Act outlines information relating to the Court, such as the eligibility criteria for the Drug Court, the procedures for addressing non-compliance by participants, and the sentencing rules and procedures to be followed by the Drug Court. The aim of the Drug Court of NSW is to 'reduce the level of criminal activity that results from drug dependency'.² The strategy for achieving this aim is to divert drug-dependent offenders into programs designed to reduce or eliminate their drug dependence. By reducing a person's dependence on drugs, their need to commit crime to support that dependence should also be reduced. Furthermore, it is postulated that reducing a person's drug dependence should increase their ability to function as a law-abiding citizen.

In order to achieve this aim, the Drug Court of NSW incorporates a combination of close supervision and therapeutic treatment. Persons referred to the Drug Court and found eligible are given an individually tailored Drug Court program that outlines the supervision and conditions that are imposed by the Court. Each participant's Drug Court program is formulated to address his or her drug dependence and other aspects of well-being including their individual social and welfare needs (such as housing, family support and vocational training). A range of treatment options are offered, including abstinence, methadone and naltrexone programs, and each treatment option is available in either community or residential settings. Treatment providers include Local Area Health Services and non-government drug treatment services who have been contracted to provide services to Drug Court participants. Participants are required to attend individual and group counselling sessions which aim to impart relapse prevention and life skills. Such skills should allow participants to cope with stresses in daily life without relapsing to drug use. Drug Court participants are also required to attend educational and vocational courses.

A key feature distinguishing the Drug Court from other criminal justice options available in NSW that divert offenders from gaol is the level of involvement of the judiciary. At the Drug Court of NSW, the Judge is involved in determining the type of treatment the offender is to receive, and in monitoring the rehabilitation process. There is frequent contact between the Judge and participant, such that a personal, supportive and encouraging relationship is developed. Moreover, it is the Judge who makes the final decision regarding participants' progress through the Program, and, if and when the issue

arises, whether there is no useful purpose to be served by the participant continuing on the Program.

Each participant is assigned a Probation and Parole Officer (known as a case manager) who coordinates the various components of the participant's Drug Court program and addresses the welfare and social needs of the participant. The Probation and Parole Officer is responsible for the ongoing supervision of the participant from Program entry until graduation, and acts as his or her main point of contact with the Court. Program issues and breaches are most commonly reported to the Probation and Parole Officer, who, in turn, informs the Court.

Unlike the traditional criminal justice process, the Drug Court of NSW has adopted a team approach to the management of offenders, as occurs in US Drug Courts. At the Drug Court of NSW, the team consists of a senior Judge (who leads the team), the senior Judge's associate, a magistrate who acts for the senior Judge in her absence, the Drug Court Registrar, an Inspector of Police, a Probation and Parole coordinator, solicitors from the Legal Aid Commission, solicitors from the Office of the Director of Public Prosecutions, and a Nurse Manager from Corrections Health who coordinates the treatment services.

Another key feature of US Drug Courts that has been adopted by the Drug Court of NSW is a non-adversarial relationship between members of the team. This approach stems from the supposition that all team members share the common goal of reducing the drug dependence and offending of the participants. All members of the team participate in team meetings to discuss the progress of each participant and the Court's response. The Probation and Parole Officers and treatment providers prepare regular reports for the Drug Court team, summarising each participant's progress and identifying any breaches that have occurred or issues that have arisen.

PROGRAM CHARACTERISTICS

At the Drug Court of NSW, Drug Court programs are tailored to address the specific needs of each participant, and consequently vary in content. However, there are four fundamental aspects common to each Drug Court program:

- treatment;
- social support and the development of living skills;
- · regular reports to the Court; and
- regular urine testing.3

Each participant's program is designed to take approximately 12 months to complete and is comprised of three phases. Each phase has a distinct goal which must be achieved before a participant graduates to the next phase of their program:

- Phase 1 stabilisation (three months);
- Phase 2 consolidation (three months); and
- Phase 3 reintegration (six months).

Each phase differs in the amount of supervision and the requirements the Drug Court imposes on the participant. The level of supervision decreases with each successive phase. Demotion to a previous phase can occur if a participant is not progressing satisfactorily, and all three phases must be completed before a participant can graduate from the Drug Court Program. Phases 1 and 2 are each designed to last approximately three months, and Phase 3 approximately six months, but each phase may take longer if participants are not compliant or not progressing on their program, or may be shortened if progress is faster than expected.

The first phase is seen as the initiation and stabilisation phase, where participants are expected to cease using drugs, to stabilise their physical health and to cease criminal activity. In this phase, participants are required to undergo urine testing at least twice a week, have one home visit and one additional contact visit with their Probation and Parole Officer each week, and come before the Drug Court for a 'report-back' appearance once a week.⁴

Phase 2 is the 'consolidation' phase. Participants are expected to remain drug-free and crime-free, stabilise their social and domestic environment, develop life and job skills, address major life issues and remain in good health. In Phase 2, a participant's Drug Court commitments are reduced to weekly urine testing, weekly contact with their Probation and Parole Officer, and fortnightly report-back court appearances.⁵ Phase 3 is the 'reintegration' phase. Participants are expected to remain drug-free and crime-free, remain in a stable social and domestic environment, have found employment or be ready to gain employment, and be fiscally responsible. In Phase 3, urine testing is conducted fortnightly, contact with the Probation and Parole Officer is only required once a fortnight, and participants are required to make reportback appearances once a month.⁶ Any of the components of the participant's program may be increased or decreased in any phase in accordance with the Drug Court team's assessment of need.

Before each report-back sitting of the Court, the Drug Court team members meet to discuss the progress of each participant based on reports received from treatment providers and Probation and Parole Officers, and the urinalysis results. At report-back appearances, the Judge discusses with each participant the issues which have been raised in the team meeting regarding their progress, and may impose a sanction or reward at the conclusion of the appearance. A Bench Warrant is issued for a participant's arrest if he or she fails to attend the Drug Court for a report-back appearance without a suitable explanation.

Rewards and sanctions are used to encourage compliance with the participant's program. Rewards are given to participants making steady progress, and the nature of the reward is often decided in consultation with the participant. Rewards include affirmation from the Judge, football tickets, skin-care products and less intensive supervision. Sanctions for a breach range from receiving a stern warning or writing an essay to being sentenced to imprisonment for up to 14 days. The Court recognises that relapse is a common occurrence in recovery from drug dependence, and encourages honesty by imposing more lenient sanctions if a program breach is selfdisclosed.

WHO IS ELIGIBLE TO GO ON THE DRUG COURT PROGRAM?

To be accepted into the Drug Court Program, an offender must be found to be an 'eligible person'. The criteria for 'eligible persons' are set out in legislation under the Drug Court Act 1998 (NSW).⁷ To be eligible for the Drug Court Program a person must:

- be highly likely to be sentenced to full-time imprisonment if convicted;
- have indicated that he or she will plead guilty to the offence;
- be dependent on the use of prohibited drugs (within the meaning of the *Drug Misuse and Trafficking Act* 1985);
- reside within the catchment area (specified areas of Western Sydney);
- be referred from one of the courts in the catchment area;
- · be 18 years of age or over; and
- be willing to participate.

A person is not eligible if:

- he or she is charged with an offence involving violent conduct;
- he or she is charged with a sexual offence or an offence punishable under Division 2 Part 2 of the Drug Misuse and Trafficking Act (1985); or
- he or she is suffering from a mental condition that could prevent or restrict participation in the program.

WHAT HAPPENS TO AN OFFENDER WHO IS REFERRED TO THE DRUG COURT?

Figure 1 provides an outline of the path that is followed for a potential Drug Court participant, from referral to the Drug Court to final sentence. Each step in the figure is numbered, and references to these steps in the text below are accompanied by the relevant number in brackets.

When an offender appears in a Local or District Court charged with an offence or appealing against a sentence, an application can be made to the magistrate or judge to have the matter referred to the Drug Court (1). If the court determines that the offender appears to meet the eligibility criteria and is willing to be referred to the Drug Court, the matter must be referred to the Drug Court. To refer a matter, the referring registry staff make a telephone call to the Drug Court Registry (2). The Drug Court Registry staff conduct a brief screening of the offender in order to ascertain if he or she resides in the catchment area, is being referred from an appropriate court, and is at least 18 years of age (3). If the referral is successful (i.e. if the offender still appears to be eligible and there is a

place available in the preliminary health assessment phase (4)), the matter is referred to the Drug Court and the offender is brought to the Drug Court either on bail or in custody. If the offender does not meet the eligibility criteria or if there are no places available for a preliminary health assessment, the matter is finalised in the referring court (5).

Each offender successfully referred to the Drug Court is given a preliminary health assessment by Corrections Health staff to determine if the offender fits the criterion of drug dependence (6). Offenders who have been refused bail are held and assessed in custody, while those who have been granted bail are assessed at the Drug Court Registry. During this stage, further investigations are made by the Drug Court team regarding the offender's eligibility. If an offender is found to be ineligible for the Drug Court after the preliminary health assessment or is unwilling to participate (7), he or she is sent back to the referring court (5). If an offender is considered to be eligible after the preliminary health assessment and is willing to participate (7), he or she progresses to the next stage.

Offenders still considered to be eligible for the Drug Court after a preliminary health assessment must complete a detoxification stage before they are accepted into the Program. If there are more people eligible for the detoxification stage than there are places available, a random selection occurs to determine who will get the available place (8). This selection occurs openly in Court. Each competing offender is assigned a number, and a computerised program randomly selects the successful persons. Successful offenders (9) are sent back to custody for detoxification, further assessment and formulation of a treatment plan. Male offenders are sent to the detoxification unit at the Metropolitan Reception and Remand Centre (MRRC), while women are sent to Mulawa Correctional Centre (10). Persons who are unsuccessful at this stage of the process constitute a comparison group for the evaluation of the NSW Drug Court Trial (11). These offenders are sent back to the referring court and are dealt with according to the normal criminal justice process (5).

While in the detoxification stage, the offender is further assessed by Corrections Health staff to identify



treatment needs, and to match the offender with the most suitable treatment option. After consultation with the offender and treatment providers, Corrections Health staff broker a treatment place in one of the treatment options available to Drug Court participants. An assessment of the offender may be carried out by the potential treatment provider to ensure that he or she will be suitable for the treatment program. The Drug Court team will only agree on a treatment plan for an offender if it is considered to be 'highly suitable' for that person,⁸ and if the offender can engage in the treatment while residing at a place that is considered suitable by the Drug Court team.9

Once a 'highly suitable' program has been formulated, and provided that the offender is still considered to be eligible for the Program (12), he or she returns to the Drug Court, enters a guilty plea and is given a sentence that is suspended for the duration of their participation on the Drug Court Program (13). Before leaving the Court the offender is asked to sign an undertaking agreeing to abide by the conditions of their individual program. The offender is released from custody to sign the document, and commences the Drug Court Program (14).

If no 'highly suitable' Drug Court program is available (for example, if Corrections Health staff are unable to formulate a 'highly suitable' treatment plan or no suitable residence can be found), or if, on further investigation, the offender does not appear to be eligible for the Drug Court (12), the matter is usually sent back to the referring court to be finalised (5).

While on the Drug Court Program, a participant may change treatment streams on the recommendation of their treatment provider and with the Drug Court's approval. However, if participants fail to make adequate progress (15) they may be terminated from the Program (16) either because the Court finds that there is no useful purpose in their remaining on the Program, or because, upon review, no alternative program is considered 'highly suitable'. Furthermore, a Drug Court participant can choose to voluntarily terminate their participation in the Drug Court Program at any time. Once a person has been terminated from the Drug Court Program, the suspended

sentence is reviewed and a final sentence is imposed by the Drug Court.

The Drug Court Program was designed such that participants who continue to make satisfactory progress on the Program (15) will progress through the three phases of their program and graduate after approximately 12 months. At Program graduation the initial sentence that had been suspended by the Court is reviewed, and a final sentence is imposed (17).

The final sentence for a person who has participated in the Drug Court Program (regardless of whether they graduated) must take into account: the initial sentence; the nature of the offender's participation in the Program; and any sanctions imposed on the offender while on the Program. The final sentence cannot be greater than the initial sentence imposed on the offender.¹⁰

EVALUATION OF THE NSW DRUG COURT TRIAL

Despite the proliferation of Drug Courts in the US in the past decade, relatively few comprehensive evaluations have been conducted. Although many Drug Courts have been evaluated with favourable outcomes, generally these outcomes refer to characteristics of the courts, compliance with the program, and program retention rates. There is still little information on the efficacy of Drug Courts compared with traditional criminal justice approaches in terms of reduced criminal activity, and beneficial health outcomes.

A 1998 review of research on US Drug Courts, conducted by Steven Belenko,11 identified significant gaps in the existing evaluation literature. The majority of the evaluations he reviewed did not contain a comparison group, and had limited, if any, follow-up periods. Only two studies employed an experimental design, but both were of doubtful relevance to other Drug Courts because the models of courts being evaluated were unlike most other Drug Courts. One study used a post-sentence model,12 and the other, due to problems in providing planned treatment services, provided a comparison between the traditional criminal justice stream and a sanctioning (with limited treatment) stream.13

Moreover, evaluation studies that have examined the impact of Drug Courts on participants have focused on drug use and recidivism without investigating health and social benefits to Drug Court participants. The limited data gathered on employment and education outcomes for Drug Court participants make it difficult to draw firm conclusions regarding the benefits of Drug Courts for participants.¹⁴ There is a need to explore the impact of this new criminal justice approach on the participants receiving treatment, in addition to the effects of Drug Courts on crime recidivism rates.

BOCSAR is conducting three evaluation studies of the Drug Court of NSW. The first is a cost-effectiveness study which compares the Drug Court participants with a comparison group to determine the cost-effectiveness of the Drug Court Program in reducing reoffending. The second study measures changes in indicators of health and social functioning of Drug Court participants throughout their participation on the Program, and the third study provides ongoing monitoring of key aspects of the Drug Court. All three studies have been reviewed and approved by the Corrections Health Service Human Research and Ethics Committee.

COST-EFFECTIVENESS

The aim of this study is to evaluate the cost-effectiveness of the Drug Court in reducing reoffending. The study involves comparing Drug Court participants with a comparison group of offenders found eligible for the Drug Court Program, but for whom there was no place available in the Program. The cost-effectiveness of the Drug Court in dealing with the Drug Court participants is to be compared with that of the conventional criminal justice system in dealing with the comparison group. In other words, the aim of this study is to see whether the Drug Court Program can reduce drug-related crime in a way which is less or no more expensive than conventional sentencing options (e.g. imprisonment).

It is important in this type of research to ensure that there are no systematic differences between the 'treatment' group (those who enter the Drug Court Program) and the comparison group. Random assignment to treatment and comparison groups is the conventional means of ensuring that the treatment and comparison groups are identical in all relevant respects, save for the fact that the treatment group has participated in the Drug Court Program. Without random allocation, any obtained differences in outcomes between the groups (e.g. in terms of reoffending) might be attributable to pre-existing differences between the groups.

The present study involves random allocation of eligible Drug Court applicants to either the Drug Court Program or to the comparison group. It was clear prior to the commencement of the Drug Court that there would be many more offenders eligible for the Drug Court than places available in the trial.¹⁵ This characteristic of the trial was capitalised upon by requiring that on any day when the demand for treatment places exceeds the supply, random numbers are used to decide which of the eligible applicants are assigned the treatment places. The comparison group consists of the eligible applicants who are not assigned a place on the Drug Court Program through this random allocation process; they are sent back to the referring court to be sentenced according to conventional criminal justice means.

One of the eligibility criteria for the Drug Court is that an offender be highly likely to receive a full-time prison sentence for the offence which initiates the offender's referral to the Drug Court. Imprisonment achieves a significant reduction in reoffending but at a very high monetary cost. Furthermore, nearly 50 per cent of property offenders imprisoned in NSW reoffend and receive a full-time custodial sentence within two years of release.¹⁶ The Drug Court offers the promise of producing a reduction in reoffending at a much lower cost than imprisonment and one which may prove more durable because it addresses many of the underlying causes of offending. It is for this reason that cost-effectiveness. rather than effectiveness. in reducing reoffending has been selected as the criterion for assessing the Drug Court.

The reoffending of each offender in either the treatment group or the comparison group will be measured over a 15-month period, starting from his or her referral to the Drug Court. Reoffending data for both the treatment and comparison groups will be obtained through the standard criminal court, Police and Corrective Services data collection systems. In order to calculate cost-effectiveness, the costs associated with the treatment and comparison groups will also be measured.

This study is due for completion in the first half of 2002.

HEALTH, WELL-BEING AND SATISFACTION OF PARTICIPANTS

The aims of this study are to assess the extent to which placement on the Drug Court Program affects the health and well-being of participants, and to gauge participant satisfaction with the Program. The data used in this study are obtained from the Drug Court Case Management System and information collected through structured interviews.

The interviews are conducted face to face by a member of the research team. The interview includes questions on the participant's demographics (e.g. age, gender), drug use history, family and social relationships, employment status, physical and mental well-being, and expectations of, and satisfaction with, the Drug Court Program. Included are two standardised questionnaires: the 36-item Short-Form Health Survey (SF-36)¹⁷ and the Opiate Treatment Index Social Functioning Scale.¹⁸

The study sample consists of the first 200 Drug Court participants who agree to participate in the study.¹⁹ Subjects are interviewed every four months they are on the Program, with the first interview conducted after the offender has been sent to detoxification, but before the offender is given a suspended sentence and commences their Drug Court program.

The study will examine changes in indicators of health and well-being over the duration of participation on the Drug Court Program. Participants' satisfaction with various aspects of the Drug Court will also be an analysed.

This study is due for completion towards the end of 2001.

MONITORING

The aim of the monitoring study is to provide feedback to the Drug Court and the NSW Government on key aspects of the Court's operation for management purposes. Quarterly reports provide information on numerous aspects of the Drug Court's operation including the flow of people through the Drug Court, participants' compliance with the Program and their progression through the various phases. The monitoring reports are based on information that is routinely collected by the Drug Court and entered onto the Drug Court Case Management System by the registry staff. To date, four quarterly reports have been produced. The next section presents highlights from the fourth monitoring report, which examined the first 12 months of the Drug Court's operation.

MONITORING THE FIRST 12 MONTHS OF THE DRUG COURT

FLOW OF REFERRALS TO DRUG COURT

Persons are referred to the Drug Court of NSW by one of the 15 courts participating in the NSW Drug Court Trial. Figure 2 shows the number of offenders who have been referred to the Drug Court and have progressed through the various stages of Drug Court assessment over the first year of the Court's operation.

Offenders referred to the Drug Court may be excluded from participation in the Drug Court Program for a number of reasons: ineligibility; a lack of available treatment places; or unwillingness to participate. As detailed previously, an offender who is referred to the Drug Court but does not enter the Drug Court Program is usually sent back to the referring court for finalisation of their matter.

As shown in Figure 2, during the first 12 months of the Court's operation there



were 605 referrals to the Drug Court. Once referred, 472 people received a preliminary health assessment resulting in 91 persons being found ineligible or being unwilling to participate. Of the 381 people found eligible at the preliminary health assessment stage, 260 continued on to detoxification assessment, and 121 joined the comparison group because there was no detoxification place available for them. Two hundred and twenty-four persons started the Drug Court Program in the Drug Court's first year of operation (and another 14 people had not yet completed their detoxification assessment). Of those who started the Program, one-third of the participants (75 people) had been terminated from the Drug Court Program by 31 January 2000, and no participant had vet graduated from the Program. Given that the Program takes approximately 12 months to complete, this is not unexpected.

OUTCOME OF REFERRALS TO DRUG COURT

When an offender is successfully referred to the Drug Court they are given a preliminary health assessment and make an appearance before the Drug Court. A referral is unsuccessful if the offender does not meet the eligibility criteria (for example, resides outside the catchment area), or if there were no places available in preliminary health assessment on the day of referral. Unsuccessful referrals may be referred at a later date with a successful outcome. Moreover, it is possible that persons in both the comparison group and persons terminated from the Drug Court Program may be referred back to the Drug Court *if* they reoffend after completing their sentence.

Of the 605 telephone referrals to the Drug Court in the first 12 months, 133 were unsuccessful. Approximately half (48.9%) of these referrals were unsuccessful because the offenders were ineligible. In the case of the remaining 51.1 per cent of unsuccessful referrals, there was no place available in preliminary health assessment, although some of these referrals may have been referred again at a later time.

In the first three months of the Court's operation a high proportion of referrals to the Drug Court were unsuccessful (35.5%), but the referral process improved with time. For the last three months of the 12-month period the proportion of unsuccessful referrals was less than 8 per cent.

All 472 persons successfully referred to the Drug Court in its first year of operation underwent a preliminary assessment conducted by the Corrections Health Service. Approximately 40 per cent of offenders who underwent a preliminary health assessment were referred from either Fairfield or Parramatta Local Courts. On average, 39 preliminary health assessments were conducted each month.

After the preliminary health assessment was completed, 260 people entered the detoxification units during the 12-month period, with an average of 22 people entering each month.

As of 31 January 2000, 14 of the 260 people sent to the detoxification units had not been fully assessed and consequently the outcome of their assessment was not available. Figure 3 shows the frequency distribution of the number of days between being sent to a detoxification unit and either commencing the Drug Court Program or being sent back to the referring court (because of ineligibility or unwillingness to participate) for the 246 people who had completed detoxification assessment.

Among the 246 offenders who completed detoxification assessment, the average time between entering a detoxification unit and either commencing the Program or being sent back to the referring court was 14.7 days (standard deviation = 10.7 days). The minimum number of days



taken to complete the detoxification stage was 6 days while the maximum was 68 days.

Figure 3 shows that the majority of persons (80.1%) were kept longer than seven days for detoxification assessment, and over 30 per cent of persons were kept longer than 14 days. It is apparent that the assessment time taken is considerably longer than the seven-day period that was expected when the Program was designed. Lengthy stays at the detoxification phase have resulted from unstable benzodiazapene withdrawal, serious illness, or legal complications such as outstanding issues with parole. Moreover, the time required for the Drug Court staff to comply with more recently introduced requirements, such as inspection of potential accommodation before a person commences a Drug Court program, may have added to the length of time participants spent in the assessment period.

Of the 246 people who completed assessment in the detoxification unit, 16 people did not enter the Program, either because they were found ineligible or were unwilling to participate. A further six people met the eligibility criteria for the Drug Court but were unable to participate because no 'highly suitable' program was available after the detoxification assessment. Figure 4 presents the reasons for persons not entering the Drug Court Program, either after completing the preliminary health assessment (91 persons) or detoxification assessment stage (16 persons). Persons who were found eligible after preliminary health assessment but did not enter the Program because detoxification beds were not available are excluded from this table. Also excluded are the six people who were unable to participate because no 'highly suitable' program was available. There may be more than one reason for a participant not entering the Drug Court Program.

The most common reasons were that the offender was unwilling to participate in the Program (32.7% of persons), or that a prison sentence was unlikely (17.8% of persons).

DRUG COURT PARTICIPATION

On average, 19 offenders entered the Drug Court Program each month. When a person commences on the Program, they are convicted of the referring charges, and receive a suspended sentence. Once on the Program, Drug Court participants often have outstanding matters that are referred to the Court for sentencing (if the offence is one that can be referred to the Drug Court and the participant wishes to plead guilty). When this occurs, the offender is convicted of the offence, and the sentence is suspended.

There were a considerable number of pending charges for the 224 participants (186 males and 38 females) who entered the Drug Court in the first 12 months. With 1418 referring offences for the 224 participants, the average number of offences was 6.3 per participant. There were several participants with only one referring offence, while the maximum number of referring offences committed by a participant was 25.

Table 1 shows the type of offences referred to the Drug Court as a percentage of participants.

Although the Drug Court only deals with drug-dependent offenders, it is not limited to dealing with drug offences. It can be seen from Table 1 that over 90 per cent of all participants were charged with theft offences. Among male participants, the next most common category of offence was driving offences (32.3%), while the next most common offence category for female participants was offences against justice procedures (34.2%).

All Drug Court participants are given a suspended prison sentence before they commence the Drug Court Program. The



Table 1: Referring offences for Drug Court participants, by percentage of persons

	М	ales	Fer	nales	T	otal
Offence type	No.	%	No.	%	No.	%
Theft	175	94.1	35	92.1	210	93.8
Driving	60	32.3	5	13.2	65	29.0
Against good order	56	30.1	7	18.4	63	28.1
Drug	54	29.0	8	21.1	62	27.7
Against justice procedures	33	17.7	13	34.2	46	20.5
Property damage	10	5.4	1	2.6	11	4.9
Robbery and extortion	2	1.1	1	2.6	3	1.3
Against the person	1	0.5	0	0.0	1	0.4
Other offences	23	12.4	2	5.3	25	11.2

Note: n = 224 persons with 186 males and 38 females. Percentages refer to the percentage of offenders (male, female or total) who were charged with each type of offence. Percentages do not add to 100% as offenders are usually charged with more than one type of offence.

Table 2: Suspended prison sentences for Drug Court	participants
Number of persons sentenced	224
Minimum sentence imposed (months)	0.9
Maximum sentence imposed (months)	48.3
Average duration of sentence (months)	11.5

Note: The longest sentence imposed upon each person was selected for inclusion in this table. Where sentences were to be served cumulatively the sum of cumulative sentences was included.

Table 3: Place of birth of Drug Court participants

Place of birth	No.	%			
Australia	167	85.6			
Southern Asia	11	5.6			
New Zealand	6	3.1			
United Kingdom	5	2.6			
Other Europe	2	1.0			
Other	4	2.1			
Total	195	100.0			

Note: Information on place of birth was missing for 29 persons.

main features of the suspended prison sentences for Drug Court participants are shown in Table 2. Sentences that were handed down after a person commenced the Program, for offences committed before the participant commenced the Program, are included in Table 2.

The average suspended prison sentence for persons who commenced the Drug Court Program was 11.5 months. The maximum suspended sentence was just over 4 years while the minimum sentence (for one participant) was 0.9 months (28 days).

PARTICIPANT CHARACTERISTICS

Of the 224 participants, 186 (83.0%) were male and 38 (17.0%) were female. The percentage of females is slightly higher than that projected during the planning of the Drug Court (14.5 %).²⁰ As shown in Table 3, the vast majority of Drug Court participants (85.6%) were born in Australia.

Just over 6 per cent of Drug Court participants (14 persons) identified themselves to police as being Aboriginal or Torres Strait Islanders.

Table 4 presents a range of participant characteristics. Of the 186 male participants, 72.0 per cent were under the age of 30 when they commenced the Drug Court Program. A smaller proportion of the 38 female participants were under the age of 30 when they commenced the Program (63.2%). The youngest participant was 18 years of age, while the oldest participant was 62 yeas of age. The average age of a Drug Court participant was 27.4 years (standard deviation = 6.3 years).

More than half the participants completed fewer than four years of high school, reaching no further than Grade 9. Less than one-fifth of Drug Court participants indicated that they had a drug-using partner. A higher proportion of female participants (35.7%) had a drug-using partner than did males (13.8%). This difference was statistically significant ($c^2 = 7.9$; df = 1; p = 0.005).

Most participants (76.8%) had served a full-time custodial sentence prior to being referred to the Drug Court. Although a slightly higher proportion of males (79.2%) than females (64.9%) had previously served a term of imprisonment, this difference was not statistically significant (c^2 = 3.6; df = 1; p = 0.059).

Only one participant had no prior convictions before being referred to the Drug Court, while the maximum number of prior conviction episodes was 62. Drug Court participants had an average of 14.1 prior convictions (standard deviation = 10.8).

PROGRAM PROGRESSION

Each Drug Court participant is given a Drug Court program with which he or she must comply. Drug Court participants must complete all three phases of their program before graduating. The first and second phases are designed to last approximately three months, and the third phase is designed to last approximately six months. Compliance with their program results in progression to the next phase, while non-compliance results in a delay in progression to the next phase, demotion to a previous

Table 4: Characteristics of E	Drug (Court p	articipa	nts				
	N	lales	Fe	males	7	Total		
- Participant characteristics	No.	%	No.	%	No.	%		
Age								
18 - 21	40	21.5	8	21.1	48	21.4		
22 - 25	48	25.8	10	26.3	58	25.9		
26 - 29	46	24.7	6	15.8	52	23.2		
30 - 33	30	16.1	3	7.9	33	14.7		
34+	22	11.8	11	28.9	33	14.7		
Total	186	100.0	38	100.0	224	100.0		
Highest school grade reached								
6	4	2.3	1	3.0	5	2.5		
7	18	10.5	3	9.1	21	10.3		
8	27	15.8	5	15.2	32	15.7		
9	46	26.9	8	24.2	54	26.5		
10	52	30.4	12	36.4	64	31.4		
11	10	5.8	2	6.1	12	5.9		
12	14	8.2	2	6.1	16	7.8		
Total ^a	171	100.0	33	100.0	204	100.0		
Drug using partner								
Yes	20	13.8	10	35.7	30	17.3		
No	125	86.2	18	64.3	143	82.7		
Total ^b	145	100.0	28	100.0	173	100.0		
Prior imprisonment								
Yes	145	79.2	24	64.9	169	76.8		
No	38	20.8	13	35.1	51	23.2		
Total ^c	183	100.0	37	100.0	220	100.0		
Prior convictions								
0 - 5	36	19.4	9	23.7	45	20.1		
6 - 10	46	24.7	10	26.3	56	25.0		
11 - 15	35	18.8	8	21.1	43	19.2		
16 - 20	29	15.6	2	5.3	31	13.8		
21+	40	21.5	9	23.7	49	21.9		
Total	186	100.0	38	100.0	224	100.0		

a: Data missing for 15 male and 5 female participants.

b: Data missing for 41 male and 10 female participants. c: Data missing for 3 male and 1 female participants.

phase or termination from the Drug Court Program.

Figure 5 shows the phase status on 31 January 2000, or at termination for those terminated prior to 31 January 2000, for all Drug Court participants who commenced a Drug Court program.

Twelve participants were in Phase 3 and a further 49 participants were in Phase 2. Note that one person included in Phase 1 was in custody on remand for an offence allegedly committed while on the Program.

Four participants were terminated from the Drug Court Program while in Phase 2: all of the other 71 participants who were terminated were in Phase 1. One participant included in Figure 5 as terminated from the Program died as a result of a drug overdose while absconding after entering the Program but prior to commencing treatment.

Analysis of the average time participants spend in each phase shows that the actual time taken by participants to progress through each phase of the Program is longer than anticipated by the Drug Court.

The 61 participants who were in Phase 2 or 3 spent an average of 15.5 weeks (standard deviation = 6.4 weeks) in Phase 1.²¹ For these participants the minimum length of time spent in Phase 1 was nine weeks while the maximum was 37 weeks. Of the 92 participants who were still in Phase 1 at the end of the fourth quarter, 47 (51.1%) had been in Phase 1 longer than three months. For these 47 participants, the average length of time on the Drug Court Program was 22.5 weeks (standard deviation = 8.5 weeks) and the maximum period was 43 weeks.

Among the 12 participants who were in Phase 3, the average length of time spent in Phase 2 was 13.2 weeks (standard deviation = 6.7 weeks). The minimum length of time spent in Phase 2 was eight weeks and the maximum was 33 weeks. Of the 49 participants in Phase 2, 30 (61.2%) had been in Phase 2 longer than three months. For these 30 participants, the average time spent in Phase 2 was 20.0 weeks (standard deviation = 8.1 weeks) and the maximum period spent in Phase 2 was 37.0 weeks.

PROGRAM COMPLIANCE

Program compliance is assessed through urine testing, progress reports from treatment providers and Probation and Parole Officers, and monitoring of criminal activity while on the Drug Court Program. It is recognised by the Drug Court that recovery from drug dependence is an ongoing process and that breaches of a participant's Drug Court program are likely to occur, especially in the earlier phases. Table 5 shows Drug Court participants' compliance as assessed by key indicators.

Urine testing is one of the key measures of program compliance, but its integrity is compromised unless tests are given randomly and under strict supervision to prevent falsification of test results. Urine tests for Drug Court participants are conducted by numerous service providers, with varying levels of supervision. Some service providers give participants several days' notice before a urine test is to be conducted, compromising the integrity of the testing. The significance of this issue will be addressed further in the discussion section.



Table 5: Percentage of Drug Court participants showing program compliance on key indicators

	Ŋ	Yes		No	Тс	otal
Key indicator	No.	%	No.	%	No.	%
Last urine test result contained drugs prohibited by the Court Custodial sanction imposed Sentenced for new offence	87 180 29	45.1 80.4 12.9	106 44 195	54.9 19.6 87.1	193 224 224	100 100 100

Note: Only 193 participants had a urine test result at their last appearance before the Drug Court.

Table 6: Offences committed by participants while on the Drug Court Program

	- J		
Offence	No.	%	
Theft	21	72.4	
Driving	4	13.8	
Against good order	3	10.3	
Drug	4	13.8	
Against justice procedures	1	3.4	
Other offences	2	6.9	

Note: The percentages are based on the 29 offenders who were charged with each type of offence while on the Program. Percentages do not add to 100% because offenders are usually charged with more than one type of offence.

Of the 193 participants who had a urine test result at their last Court appearance, 54.9 per cent had a result that was clear of any drugs prohibited by the Drug Court. It should be noted here that some participants who do test positive to a drug prohibited by the Drug Court may later be found to have a satisfactory result if the drug use was approved by the Court for medical purposes. Table 5 shows that only 19.6 per cent (44 participants) had not received a custodial sanction for non-compliance with the Program. For the 180 participants for whom the Court had imposed a custodial penalty, a total of 661 custodial sanctions were imposed and the average length of a sanction was 4.6 days. If a Drug Court participant is charged with an offence while on the Program, the Drug Court team is notified by the arresting Police Officer, and the participant is referred to the Drug Court to appear at the next possible sitting date.

Of the total 224 participants, 87.1 per cent (195 persons) had not been sentenced for an offence committed while on Drug Court Program. The 29 people who had been sentenced for an offence committed while on the Program were sentenced for a total of 57 charges (with one person being sentenced on 12 charges).²² Of those who had been sentenced for an offence committed while on the Drug Court Program, 18 (62.1%) were terminated from the Program.

Table 6 presents a breakdown of the offence types committed by these 29 people while on the Program, showing the percentage of persons committing each offence type.

Over 70 per cent of the participants who were sentenced for an offence committed while on the Program were sentenced for theft offences. No participants were sentenced for violent offences.

The Drug Court can terminate an offender from the Drug Court Program if the Program is successfully completed, or the Drug Court decides 'that there is no useful purpose to be served in the drug offender's further participation in the program' (Drug Court Act 1998, Part 2 Div. 2). Drug Court participants can also choose to terminate their participation in the Drug Court Program at any time, and may be performing satisfactorily at the time they choose to end their involvement with the Drug Court.

Figure 6 shows the program status of the Drug Court participants by the quarter in which they started the Drug Court Program.

Figure 6 shows that a significant proportion of participants (33.5%), had been terminated prior to completing the Drug Court Program, and warrants had been issued for the arrest of a further 8.9 per cent who had absconded from the Program. All participants who were terminated from the Program by 31 January 2000 had been terminated prior to completion of the Program.

Of the 50 people who commenced the Drug Court Program in its first quarter of



Table 7: Current treatment for Drug Court participants at 31 January 2000

Treatment type	No.	%
Community-abstinence	37	25.0
Community-methadone	64	43.2
Community-naltrexone	6	4.1
Residential-abstinence	25	16.9
Residential-methadone	13	8.8
Residential-naltrexone	3	2.0
Total	148	100.0

Note: 1 person is in custody and is not participating in the Drug Court Program.

operation, 66 per cent had been terminated by 31 January 2000, and a further 4 per cent had absconded from the Program. Among participants who commenced in the Drug Court's second quarter of operation, 45 per cent had been terminated and a further 10 per cent had absconded.

TREATMENT

Drug Court participants can be assigned to a range of treatment types including methadone, naltrexone and abstinencebased treatments. Each of these treatment types can be delivered in either a residential or community setting. Drug Court participants may change treatment types while on the Drug Court Program. Table 7 shows the current treatment type for persons remaining on the Drug Court Program at 31 January 2000.

Table 7 shows that, as at 31 January 2000, community-methadone was the most common treatment type for Drug Court participants, and 52.0 per cent of participants were on a methadone program. A further 41.9 per cent were on an abstinence-based program and 6.1 per cent were on a naltrexone program. The majority of participants (72.3 %) were receiving treatment in a communitybased setting.

Table 8 shows changes in treatment type for Drug Court participants.

It is clear from Table 8 that it is not uncommon for participants to change treatment type. Although persons originally assigned to residentialmethadone and residential-naltrexone treatments have had few changes of treatment type, the numbers in these two groups are too small to make this result meaningful. Apart from these two groups, participants originally assigned to

Table 8: Treatment changes as of 31 January 2000 for Drug Court participants, by original treatment type

		nunity- nence		nunity- adone		munity- rexone		lential- inence		lential- adone	Resid naltre	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Original treatment type	52	-	63	-	21	-	69	-	16	-	3	-
Changed treatment type once	11	21.2	4	6.3	11	52.4	21	30.4	2	12.5	0	0.0
Changed treatment type twice	1	1.9	4	6.3	1	4.8	2	2.9	0	0.0	0	0.0
Changed treatment type more than twice	0	0.0	2	3.2	0	0.0	3	4.3	0	0.0	0	0.0
Total changed treatment	12	23.1	10	15.9	12	57.1	26	37.7	2	12.5	0	0.0

Table 9: Number of prior treatment episodes for Drug Court participants

	Males		Fei	males	7	otal
Prior treatment episodes	No.	%	No.	%	No.	%
None	59	35.8	7	21.9	66	33.5
1 - 2	79	47.9	18	56.3	97	49.2
3+	27	16.4	7	21.9	34	17.3
Total	165	100.0	32	100.0	197	100.0

Note: Information on prior treatment missing for 21 male and 6 female participants.

community-methadone were the least likely to change treatment type (15.9%). Participants originally assigned to a community-naltrexone program were most likely to change treatment type (57.1%), followed by participants originally assigned to a residential-abstinence based program (37.7%).

Table 9 shows the number of times a participant received treatment for drug dependence prior to their referral to the Drug Court.

More than 30 per cent of participants had not had any prior treatment for their drug dependence before commencing the Drug Court Program.

DISCUSSION

There has been widespread interest in the planned evaluation of the Drug Court of NSW, both across Australia and overseas. The distinct lack of empirical evidence for the effectiveness of Drug Courts from prior evaluations ensures the BOCSAR evaluation studies of the Drug Court of NSW will provide invaluable information to Australian and international policy makers, program administrators and other key stakeholders.

To thoroughly demonstrate the effectiveness of Drug Courts, long-term evaluation studies are needed to assess the impact of Drug Courts on the reoffending rates of participants once they have completed the program, on the cost-effectiveness of Drug Courts compared with traditional criminal justice options, and on the health and well-being of participants. These types of results have not been available for the Drug Court of NSW to date, due to the Court's short period of operation. Results from BOCSAR's health, well-being and participant satisfaction study and costeffectiveness study will not be available until 2001 and 2002, respectively, as

assessing outcome measures over an extended time-frame is imperative to the validity of these studies.

The only current indication of the Drug Court's success in reducing the level of criminal activity of participants, and eliminating or reducing offenders' drug dependence are the level of reoffending and urine test results of participants on the Program.

As mentioned earlier, one of these measures, urine testing, has proved to be unreliable, as much of the urine testing is not consistently carried out randomly or under supervision. As a result, participants have had the opportunity to substitute urine samples or regulate their drug use so that they do not get caught. This is unfortunate as it means the evaluation now lacks any reliable direct indicator of the effect of the Drug Court in curbing illicit drug use.

Nevertheless, the other key indicator of the Court's success, reoffending rates. suggests that the Drug Court has proved successful in reducing the criminal activity of participants while they are on the Program. Given the strong connection between illicit drug use and crime, this indicator suggests that the Drug Court may have been successful in reducing illicit drug use. Only a small proportion (13%) of Drug Court participants have been sentenced for an offence committed while on the Program and the majority of these offences have been minor theft offences. This is a low rate of reoffending for recidivist theft offenders.²³ Once a significant proportion of participants graduate from the Program it will become possible to assess the long-term success of the Drug Court in reducing reoffending. It will also be possible to compare reoffending rates for the Drug Court and comparison groups.

The main findings of the monitoring study for the first 12 months of the Drug

Court of NSW (up to 31 January 2000) are summarised below.

- Of the 224 persons who commenced the Program, 75 persons (approximately one-third) were terminated from the Program, and 149 participants remain on the Program.
- Most Drug Court participants (87.1%) had not been sentenced for an offence committed after commencing the Program. Of the 29 persons who had been sentenced for an offence committed while on the Program, 21 were sentenced for a theft offence. None was sentenced for violent offences. Eighteen of the 29 persons sentenced for an offence committed while on the Program were terminated from the Program. Custodial sanctions had been given to 80 per cent of Drug Court participants in the Court's first year of operation, with an average custodial sanction of 5 days.
- In the first 12 months of the Drug Court's operation, 172 people were found ineligible for the Drug Court Program, either at initial phone call or during assessment (with a further six people not participating because no 'highly suitable' program was available). Being unwilling to participate was the most common reason for a person not entering the Drug Court Program after preliminary health assessment or after detoxification assessment.
- At 31 January 2000, or at termination, 49 (22%) of the 224 participants were in Phase 2 of the Drug Court Program and a further 12 (5%) were in Phase 3. Of the 75 participants terminated from the Program in the first 12 months, 71 (95%) were terminated while still in Phase 1.
- Participants took longer than anticipated in each phase of the Program. Over 50 per cent of participants in Phase 1 on 31 January 2000 had been in that phase of the Program for longer than three months, while over 60 per cent of those in Phase 2 had been in that phase longer than three months.²⁴
- As of 31 January 2000, 52 per cent of participants were on a methadone program, 42 per cent were on an abstinence-based program and 6 per cent were on a naltrexone program. Seventy-two per cent of participants were receiving treatment in a community-based setting.

NOTES

- 1 Dale County Circuit Court, in Miami, Florida, was the first of the modern Drug Courts, where the sentencing judge monitored the offenders' mandatory, intensive treatment and rehabilitation program. Drug Court Clearing House and Technical Assistance Project 1998, Looking at a Decade of Drug Courts, American University, Washington.
- 2 Drug Court Act 1998 No. 150 (NSW), s.3.
- 3 NSW Drug Court 1999a, Drug Court Review Committee Report, December 1999, Drug Court of NSW, Sydney.
- 4 Drug Court of NSW 1999b, Drug Court Program Structure, Drug Court of NSW, Sydney.
- 5 Drug Court of NSW 1999b, op. cit.
- 6 Drug Court of NSW 1999b, op. cit.
- 7 Drug Court Act 1998 No. 150 (NSW), s.5 and Drug Court Regulation 1999.
- 8 Drug Court of NSW 1999c, Treatment Plans and Placement, Drug Court of NSW, Sydney.
- 9 Drug Court of NSW 1999d, Private Residential Accommodation, Drug Court of NSW, Sydney.
- 10 Drug Court Act 1998 No. 150 (NSW), s.12.

- Belenko, S. 1998, Research on Drug Courts: A Critical Review, The National Center on Addiction and Substance Abuse at Columbia University.
- 12 Deschenes, P. E., Turner, S. & Greenwood, P.W. 1995, Drug Court or probation?: An experimental evaluation of Maricopa County's Drug Court', *The Justice System Journal*, vol. 18, no. 1, pp. 55-73.
- 13 The Urban Institute's evaluation of the Washington, DC Drug Court cited in Belenko 1998, op.cit.
- 14 Belenko 1998, op. cit.
- 15 NSW Bureau of Crime Statistics and Research 1998, unpublished NSW criminal court statistics data.
- 16 Thompson, B. 1995, *Recidivism in NSW: General Study*, Research Publication No. 31, NSW Department of Corrective Services, Sydney.
- 17 Ware, J.E., Snow, K.K., Kosinski, M. & Grandek, B. 1993, SF-36 Health Survey Manual & Interpretation Guide, The Health Institute, New England Medical Centre, Boston, Massachusetts.
- 18 Darke, S., Ward, J., Hall, W., Wodak, A., Heather, N. & Ward, J. 1992, 'Development and

validation of a multi-dimensional instrument for assessing outcome of treatment among opiate users: The Opiate Treatment Index', *British Journal of Addiction*, vol. 87, pp. 733-742.

- 19 The current participation rate for this study is approximately 90 per cent of the participants who have commenced a Drug Court program.
- 20 NSW Bureau of Crime Statistics and Research 1998, unpublished data.
- 21 The calculation of the duration in the current phase, as at 31 January 2000, is the time from when the participant *first* commenced this phase to 31 January 2000 or to termination. It does not take into account any temporary promotions or demotions out of this phase that did not last until 31 January 2000 or termination.
- 22 Although only 29 participants were sentenced for offences committed while on the Drug Court Program, this number may underestimate the actual number of participants who have reoffended while on the Program. A small number of participants did not wish to plead guilty to charges. Such charges will be dealt with by courts other than the Drug Court and have not yet been finalised.
- 23 See Thompson 1995, op. cit.
- 24 See note 21.

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