

Evaluation of the Dublin Drug Treatment Court



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Introduction

The Dublin Drug Treatment Court (DTC), established in 2001 as an alternative to custody, aims to provide an intensive, supervised treatment, education and recovery pathway for individuals whose offending is driven by an underlying drug dependency. Participants join the DTC programme after pleading or being found guilty of a non-violent offence. Their charges are paused during the programme, which operates on a voluntary supervision model, meaning individuals must agree to participate. If they engage satisfactorily, their charges are struck out.

After more than two decades in operation the DTC technically remains in pilot status. Despite reviews in 2002, 2005 and 2010, low referral numbers and questions about its ongoing sustainability persist. In the context of Ireland's evolving National Drugs Strategy, which has moved towards a health-led approach to drug use, there is renewed policy interest in evaluating the court's effectiveness and future role.

Ireland's [National Drugs Strategy, Reducing Harm, Supporting Recovery 2017-2025](#), aims to reduce the harms caused by drug and alcohol use in order to promote a healthier and safer Ireland, where every person affected is empowered to improve their health, wellbeing, and quality of life.¹ Following a mid-term review of the Strategy in 2021, six new strategic priorities were identified, including Strategic Priority 5, which focuses on promoting alternatives to coercive sanctions (ACS) for drug-related offences.² Actions were identified to ensure the implementation of these strategic priorities and are set out in the [National Drugs Strategy Action Plan \(2023-2024\)](#).

The Centre for Justice Innovation was previously commissioned by the Department of Health and Strategic Implementation Group 5 (SIG-5), to map [the existing alternatives to coercive sanctions for people found in possession of controlled drugs for personal use in Ireland](#) in fulfilment of SIG Action 5.4. Our report sought to outline the range of currently available ACS and inform the perspectives of the National Oversight Committee for the National Drug Strategy, as well as wider European drug strategies regarding the expansion of ACS for drug-related offences. The report identified Dublin DTC as an example of existing ACS practice. This work was informed by the Citizens' Assembly on Drugs Use, which was established by the Oireachtas in 2023, to consider potential legislative, policy and practice changes that the State could make to significantly reduce the harmful impacts of illicit drugs on individuals, families, and wider communities throughout Ireland. The [Citizens' Assembly's report on drugs use](#), published in January 2024, made 36 recommendations, the central one being that the State adopt a comprehensive health-led response to drugs.

Staff and graduates of the DTC gave evidence to the Citizens' Assembly, outlining how the court works and their experiences of it. The Assembly noted that current diversionary and alternative to custody approaches are not consistently available or used across Ireland and recommended that the Government provide additional resource to support the expansion of structured pathways to divert people away from custodial sentences and into community- and residential-based treatment.³ This includes existing models such as the Drug Treatment Court.

The Centre has been commissioned by the Department of Justice to carry out an evaluation of the DTC, under SIG Action 5.3. This evaluation builds on the Assembly's recommendation, aiming to review how effectively the DTC is operating as an alternative to custody and to consider the future direction of the court and its role within Ireland's criminal justice and public health landscape. It is informed by a comprehensive review of existing evidence and documentation, stakeholder engagement and court observations. It includes mapping the DTC's process through a theory of change model, assessing its effectiveness in measuring impact, and evaluating its adherence to best practice and evidence on effective drug courts. The current effectiveness of the DTC in practice is assessed based on qualitative research, drawing on insights from professional stakeholders and service users. Our findings and reflections have been used to develop recommendations and advice on the most appropriate next steps in the development of the model. It is important to caveat that this is not an outcomes evaluation and thus cannot qualify the success of the programme in relation to its outcomes or in comparison to standard proceedings.

Methodology

Evidence review

We conducted a review of the international evidence relating to drug courts, drawing on meta-analyses and the most robust evidence of the mechanisms through which drug courts achieve impact. This was supplemented by an exploration of two drug court models working within jurisdictions comparable to Ireland, focusing on their successes and lessons learned, which is included as an appendix to this report. The existing reviews and evidence relating to the Dublin DTC were also examined and summarised.

Theory of change

We developed a theory of change, modelling the DTC's goals, intended way of working and target outcomes. This model is informed by the stated aims and processes outlined in the documentation sent to us by the court, and previous evaluations. The purpose of a theory of change is to capture the mechanisms through which a project intends to achieve its desired impact. It therefore provides a clear summary of the project's underlying rationale and as a testable hypothesis, enabling evaluators to assess whether the project is working as intended.

Stakeholder interviews

Interviews were undertaken with a number of stakeholders with knowledge of the DTC. Excluding service users, a total of 20 stakeholders were interviewed as part of this evaluation. From the core DTC team of practitioners, this included the court coordinator, acting court coordinator, court registrar, education coordinators, probation officer, a Garda officer, the clinical nurse and the judge. External practitioners and members of the DTC steering committee were also consulted, as well as several external stakeholders including from those working in relevant academic and policy contexts and from drug and alcohol treatment services working adjacent to the DTC.

The majority of these interviews took place online, in a semi-structured format, lasting approximately one hour each. They explored topics informed by the theory of change, notably relating to the recruitment and assessment of DTC participants, the goals of the DTC, day-to-day operations of the programme, impacts and outcomes, and mechanisms working to enable change. Interviews were recorded, transcribed and coded using an inductive coding framework and the qualitative software analysis package Dedoose.

Service user engagement

Small focus groups and interviews were also conducted with participants and graduates of the DTC, involving a total of six individuals. The purpose was to explore their lived experiences of the programme, as well as the enablers and barriers to success. Most of these interviews were held at the DTC's education centre, to facilitate service user engagement. Participants were given a voucher in recognition of their time and contribution to the evaluation. Interviews and focus groups followed a semi-structured format and were audio recorded with consent. One limitation of this strand of the research was our inability to speak with anyone who did not complete the programme which would have provided valuable first-hand insights into why the DTC may not work for some people.

Court observations

Two sessions of structured court observations were also carried out using research tools to collect information relating to the role of the judge, their interactions with other DTC staff members, the court environment, and other relevant information on the operation of the model within the courtroom. Our observations during these visits focused primarily on adherence to procedural fairness and the international evidence on effective drug court practices.

Brief literature review and background to the DTC: The evidence base on drug courts

Drug courts are part of a family of “problem-solving” criminal court models which use the authority of the court to motivate individuals who have offended to engage with treatment and support, seeking to address their needs and reduce reoffending. The first drug court opened in Florida in 1989 and today there are more than 3,000 in the US. They have also spread to other common law jurisdictions such as Australia, Canada, New Zealand, the United Kingdom and Ireland.⁴ Drug courts operate as a collaboration between a specialist court, usually presided over by a dedicated judge, and a multi-disciplinary team who offer a personalised package of support such as drug treatment, and supervisory measures such as drug testing. The team may include probation, substance use specialists and clinical input relating to trauma, mental health, and other relevant issues.⁵ Clients also attend regular court reviews where they discuss their progress with the dedicated judge. Drug courts tend to operate a system of graduated incentives and sanctions as a method of reinforcing motivation.

Several meta-analyses have established a link between drug courts and a meaningful reduction in recidivism.⁶ While the level of reduction has at times been overestimated due to the inclusion of studies subsequently deemed not methodologically robust enough,⁷ leading meta-analyses do show a reduction in reoffending, reductions in drug use, and improvements in other wider outcomes.⁸

The mechanisms by which drug courts are effective are best evidenced by the 2011 US-based Multi-site Adult Drug Court Evaluation (MADCE), which examined the policies and practices linked to positive outcomes across 23 drug courts, encompassing 1,781 participating clients.⁹ The evaluation highlighted several elements that were key to effective outcomes in drug courts, including:

- effective judicial engagement, which was found to be the most impactful element of the drug court. Judges were most effective when participants perceived them as fair, respectful, and when the judge offered praise and opportunities for participants to be heard;
- participants’ positive perceptions of judicial fairness such as respectful treatment, judicial praise, and the chance to voice their views;
- a clear perception of programme consequences, with participants recognising that failure to complete the programme carried significant negative repercussions;
- a sufficient duration of treatment, with drug treatment lasting for a minimum duration of at least a month;
- regular drug testing as part of programme monitoring.

Participants’ perceptions of in-programme sanctions nor the measure of their initial ‘motivation to change’ were shown to have any impact on outcomes.¹⁰

Some specific categories of individuals were shown to most benefit from, or be most successful in, their drug court participation. Those who had a history of violent offending, for example, showed greater reductions in crime than other groups at the follow-up interviews. However, the evaluation found little evidence that the effectiveness of the programme was impacted by clients’ demographics, social ties, prior drug use, criminality or mental health.

Introduction to the Dublin Drug Treatment Court

Background

The Dublin DTC was established in 2001 as a pilot, following the recommendation of the Working Group who had been tasked with investigating the feasibility of a drug court in Ireland by the Minister for Justice, Equality and Law Reform in 1997. A Drug Court Planning Committee was formed in 1999 and advised on the establishment of the DTC as a pilot for a period of 18 months. It was initially evaluated in 2002, as detailed below, and a further short review was carried out in 2005 that led to its placement on a permanent footing in 2006, although it is still technically considered a pilot.

The DTC operates as a supervised treatment, education, and rehabilitation programme, offering an alternative to custodial sentences. Its multi-disciplinary team is composed of staff from the Health Service Executive (HSE), An Garda Síochána, Probation Service, City of Dublin Educational Training Board, Courts Service, and Judiciary. Referrals occur before sentencing in the Dublin Metropolitan District, with potential participants assessed for suitability based on specific eligibility criteria, detailed in the theory of change below. The team meets weekly to discuss participants' progress with various goals, including reducing drug use, education, mental and physical health and housing. The programme involves an initial assessment process followed by a phased approach to progression, entailing different expectations in drug reduction and court attendance at each phase.

In the 'Bronze' phase participants must attend court weekly, and stop the use of heroin, cocaine and amphetamines. During the 'Silver' phase, court attendance is reduced to fortnightly. Participants continue to reduce the use of non-prescribed drugs and are required to cease use completely to complete the phase. In the final 'Gold' phase, participants attend court monthly and must cease cannabis use to complete the programme. Throughout all three phases, participants are required to engage in a structured programme designed to address the underlying causes of their offending behaviour, including treatment and education. Graduation occurs upon completion of the 'Gold' phase, when charges are struck out, provided the participant agrees to a post-graduation life plan, remains drug-free (except for prescribed medication), and does not reoffend for 12 months.

Evaluations and reviews

Final Evaluation of the Pilot Drug Court (2002)¹¹

This evaluation, commissioned by the Courts Service, examined the DTC's success in achieving its procedural/administrative goals, its long-term outcomes (like reduced recidivism), as well as its cost-effectiveness. The methodology involved court observations and interviews with stakeholders, the DTC team and participants, as well as collecting additional data on participants. The evaluation identified several weaknesses in the DTC model, including delays in accessing drug treatment due to long waiting lists, inconsistent training for DTC staff, lack of staff co-location, and challenges in providing the District Court with progress reports for participants who had been terminated from the programme. The outcomes evaluation was less robust than originally intended due to a lack of reliable control data and lower numbers than expected in the first-year. However, the evaluation did note that of the 37 participants accepted onto the programme only 6 had been terminated from it, and there were early indications that the programme had started to positively impact participants' drug use and offending behaviour. Overall, the recommendation was to continue and expand the programme while addressing the identified issues, with a particular focus on carrying out additional research to understand the likely scale of demand for the drug court beyond its current operational area. It also recommended expanding the court's catchment area from Dublin 1 and parts of Dublin 3, to include Dublin 7.

Report – Drug Treatment Court: Court Service review (2005)¹²

Note: This review is not publicly available and we have not been able to obtain a copy but it is referenced and summarised in the 2010 review

This short review, commissioned by the Courts Service, recommended that the DTC should cease to be a pilot and should be extended to cover the entire Dublin Metropolitan District. It also recommended that the judge assigned to the DTC should sit in other criminal courts to establish stronger links. This review ultimately led to the DTC being established on a permanent footing in 2006, though it continues to technically be considered a pilot.

Review of the Drug Treatment Court (2010)¹³

This review, commissioned by the Department of Justice, Equality and Law Reform, sought to identify the reasons behind the consistently low rate of referrals to the DTC, suggest measures to increase referral rates, and determine whether expanding the DTC was a desirable option. It is primarily based on an examination of existing official reports and data available directly from the DTC, supplemented by discussions with various key stakeholders. The review found that between 2001 and 2009, 374 individuals were referred to the court, but 47% were deemed unsuitable, with over 90% of rejections due to residing outside the limited catchment areas. The graduation rate was also found to be very low - 14% of the 200 participants who had entered the programme. A robust quantification of reoffending outcomes was not possible due to difficulties collecting data on an adequate control group. However, a small-scale study by the Gardaí, which was included in this review, indicated that participants in the DTC committed 67% fewer offences than a comparative group with similar backgrounds and offending histories in the six months following their appearance at the District Court. Overall, the evaluation recommended continuing the DTC for a further two years with an interim assessment to ensure increased participant numbers. It advised that this should include actively promoting the court, introducing a referral protocol for judges, phasing out existing catchment area boundaries, and extending the programme to 16–18-year-olds.

Academic research

Shane Butler (2012) The symbolic politics of the Dublin drug court: The complexities of policy transfer. *Drugs: Education, Prevention and Policy*, 20(1) ¹⁴

This academic review, based on interviews with six stakeholders working at varying levels of proximity to the DTC, explores the rationale behind the introduction of the drug court in Dublin, the effectiveness of the policy transfer of an American court model to Ireland, and the question of its continued operation. The study highlights several contextual differences within the DTC that create challenges for the transfer of the US drug court model. Firstly, it argues that, unlike in the US, the practice of diverting drug-using individuals toward treatment options and away from custodial sentences was not new in Ireland, leading interviewed stakeholders to question the need for the model. Secondly, the absence of a dedicated and funded treatment service within the DTC reportedly caused tensions between the justice and health systems around the already stretched health sector resources, and the question of preferential treatment for DTC participants. Furthermore, the demographics of participants coming through the DTC were much more complex than in US-based models, with individuals often experiencing longstanding and generational social exclusion, and a primary dependence on heroin. The review concludes that those interviewed were unconvinced of the drug court model being more effective than traditional ways of diverting defendants from custodial sentences into treatment, and that the DTC was not true to the US model and the philosophy of therapeutic jurisprudence.

Paul Gavin and Anna Kawalek (2020) Viewing the Dublin Drug Treatment Court through the lens of Therapeutic Jurisprudence. *International Journal for Court Administration* 11(1)¹⁵

This academic review came partially in response to Butler's critique of the Dublin DTC. It outlines the background of international evidence on drug courts, emphasising the centrality of therapeutic jurisprudence, before highlighting some of the weaknesses of the DTC model. The DTC's low graduation rates (17% at the time of the study) were compared with international rates ranging between 26% and 66%. The issue of low referral numbers was also raised. It was suggested that this was likely due to low awareness among judges and other legal professionals but could also be linked to potential participants preferring prison due to the continued access to drugs and shorter time commitment than the DTC programme. However, the review asserts that despite challenges, the DTC shows some promise. The authors argue that while DTC judges may not articulate their approach as therapeutic jurisprudence, their role in forming a relationship with participants as well as treating them holistically and compassionately fulfils this purpose. They conclude that the model's lack of alignment with international drug court principles has undermined its effectiveness, leading to poor publicity, low numbers of participants and disinterest in further rollout, but they stress that this is rectifiable. The paper recommends a new evaluation considering financial cost, recidivism, number of DTC graduates and abstinence, and the need to base this around the international ten key components of drug courts. The ten components listed include: the integration of alcohol and drug treatment services; early identification of participants; provision of a range of rehabilitative services; ongoing programme effectiveness monitoring; and strong partnerships between the drug court and community organisations, among other things.

Key lessons from previous reviews

Previous reviews of the DTC have highlighted several issues that continue to affect the programme. The pilot evaluation identified delays in accessing drug treatment and inconsistent staff training as key limitations, both of which remain unresolved. The subsequent review concluded that the referral rates were too low – a persistent issue attributed to poor awareness among judiciary and legal practitioners, the exclusion of violent offences, and the post-conviction referral process as key contributing factors. Eligibility requirements for participants appear largely unchanged, while awareness among judges and legal professionals is reported to have fluctuated over the years.

Low admission rates were also noted in previous reviews, with findings linked primarily to participants not being within the right catchment areas, with a minority being excluded due to poor displayed motivation or the nature of previous offences. The catchment area of the DTC was expanded following the reviews, which seems to have lessened this particular barrier. However, rates of admission following assessment do not seem to have grown, as the most recent figure shows only 722 of the 1700 referrals (42%) to date have been admitted onto the programme, in comparison to 221 of 422 (52%) in 2010. Exclusions based on displayed motivation and previous offending appear to have become more significant issues. Finally, earlier reviews identified data collection as a priority to provide more robust evidence for future decision-making. However little progress seems to have been made in implementing this recommendation.

Dublin Drug Treatment Court

Theory of Change

Target Group ►	Activities ►	Mechanisms ► for change	Outcomes ►	Impacts
Formal eligibility criteria - At least 18 years old - Pled or found guilty of non-violent crime - No triggered suspended sentence or outstanding circuit court matters - Not suitable for road traffic offences - Resident & committed offence in Dublin - Dependence on the use of prohibited drugs and/or non-prescribed medication - Willing to take part in this voluntary programme Informal eligibility criteria - No previous serious violent offences - Motivation to become abstinent - Medically fit to participate Targeted cohort - Individuals with a drug dependency who offend	Assessment (4-6 weeks) - Gardaí and probation do background checks - DTC team assess motivation & other eligibility factors - DTC team create tailored treatment plan Intervention (9 mnths-2 yrs) - Court supervision - Regular court review meetings (weekly, bi-weekly or monthly) - Regular participant drug testing - Incentive and sanction points system - Drug treatment - External therapeutic support - Education programme - Daily attendance at education centre following a chosen course Wider support - Onward referrals for further support	Relationship with judge - Positive and less formal relationship is fostered between participant and judge - Participants feel they have their voice heard - Participants feel treated fairly and with respect Effective substance use treatment - Sufficient available drug treatment that is appropriate to the individual Deterrence - Consequences of non-completion are fixed and clear - Consequences are proportionate	On participants - Regular attendance and engagement with programme - Gradually reducing drug use - Completion of an accreditation (QQI certificate) or other education course or maintaining employment - Achieving goals from Personal Progression Plan	On participants - Complete abstinence from prohibited drugs and non-prescribed medication - Improved wider life circumstances and opportunities - Improved mental and physical health On justice system - Reduction in short custodial sentences - Reduced reoffending - Improved trust in the justice system On wider community - Reduced crime rates - Long term savings to health care and the justice system

Findings

The following section thematically details our findings from interviews with 20 stakeholders with relevant knowledge of the programme, including the core DTC team; 6 participants or graduates of the programme; and 2 court observation sessions. Qualitative data was analysed and coded using an inductive framework to synthesise the most pertinent themes, highlight recurring points, and compare different perspectives.

The aims of the DTC

Lack of clear and consistent aims

When reflecting on the DTC's wider role within the justice system, practitioners and stakeholders noted a lack of clear direction and definition in its overarching aims. This uncertainty related to both the target cohort and to the primary focus of the programme in terms of desired outcomes. One interviewee described a wide variation among participants: some were recreational drug users charged with possession offences with limited additional needs or offending histories, while others came from very socially deprived backgrounds with intergenerational issues and much more complex patterns of offending.

“ There’s no clear overarching goal for the Drug Treatment Court.
DTC practitioner

Stakeholders emphasised the importance of targeting people who would not be eligible for drug diversion programmes, and for whom the DTC is a proportional response to their offence. They highlighted the importance of making full use of diversion schemes available to individuals who are eligible before resorting to the DTC as it is a much more intensive programme. Several stakeholders working in health policy also reflected on the implications of the ongoing shift towards a health-led response to drug possession offences, which would see possession increasingly managed outside of court, and referrals made directly into health services instead.

“ Ireland will implement a health led approach to drug possession soon [...] what is the purpose of the drug treatment court in that scenario? [...] for me the value will be dealing with people who they don’t deal with now
Stakeholder

“ There’s some sort of other drug-related offence^a they’ve committed, and this is their chance to avoid going to jail. I think you would be wise to think of steps before the drug court becomes the full mechanism that they get ushered into.
Stakeholder

Practitioners also questioned the overall purpose of the DTC, noting a lack of alignment within the team on their ambitions for participants. Some practitioners cited certain specific aspirations of the DTC, such as aiming to improve participants' relationship with the justice system, recognising that many have previous negative experiences with it. However, interviewees described a lack of consensus on the primary objective of the programme.

^a In this context, “drug-related offence” refers to offending linked to underlying drug dependency (for example acquisitive offending such as theft to fund substance use).

“ I do know within the team even asking, ‘What are we here for? What is our goal?’ I have heard others say at team meetings we’ve had, ‘Our goal is to leave people with no convictions’ It’s like, ‘No, that’s not my understanding of it.’

DTC practitioner

“ We’re an alternative to prison programme.

DTC practitioner

Abstinence focus

The abstinence focus of the DTC model was raised as a concern by several interviewees. Some suggested that it caused scepticism about the effectiveness of the DTC among treatment providers who have long adopted harm reduction approaches.

“ And I suppose the sense from some treatment service providers would be that it was very abstinence orientated, in terms of its approach, and it didn’t take into account the harm reduction landscape that the service was operating under.

Stakeholder

“ I do have concerns around the kind of primarily, well it is an abstinence outcome. I would have concerns around that, having worked in harm reduction for years, I value stabilisation as well as abstinence.

Stakeholder

Others felt that the model did not allow for a realistic appraisal of progress made for most participants on the programme. Practitioners linked the abstinence requirement to the low graduation numbers, comparing this to other drug courts with a harm-reduction focus and higher success rates.

“ I think the Belfast Drug Treatment Court has [...] ‘complete, drug-abstinent’ and ‘complete with less harmful substance misuse’. Some terminology like that. I think that would be something that would be useful terminology for us to have, it’s not all or nothing.

DTC practitioner

Referrals into the DTC

Figure 1: Total number of referrals, admissions and graduations of the DTC since 2001

	2010	2012	2014	2016	2018	2020*	2022*	2024
Referrals	56	58	56	170	108	41	72	117
Admissions	30	20	32	104	45	17	33	34
Graduations	4	8	3	5	6	2	1	5

* Lower referral and admission numbers in 2020 and 2022 may be attributable to the operational impacts of the COVID-19 pandemic

Referral numbers to the DTC has been a concern for DTC practitioners as well as external stakeholders since its inception. While referrals have increased since earlier evaluations, averaging approximately 100 per year in recent years, they remain relatively low. This is especially evident once the screening

process has been accounted for, yielding a significantly lower rate of admission into the programme. Interviewees offered varying reasons for this, with some pointing to limited awareness of the DTC among the wider judiciary, while others put it down to a lack of buy-in from parts of the judiciary and legal community.

The responsibility to make referrals into the DTC was described as falling primarily with judges across Dublin, although lawyers would sometimes ask the judge to consider this course of action.

“ It’s usually between the solicitor or judge, occasionally a probation officer might make a recommendation in one of their reports, to say the Drug Treatment Court might be good for this person.

DTC practitioner

Awareness of the DTC

Many interviewees emphasised that low referral numbers stemmed primarily from a lack of awareness.

“ a lot of promotion I think needs to be done for the drug court.

DTC practitioner

Some DTC practitioners described the variation in referral numbers over the years as being affected by factors impacting awareness of the court. One example cited was the arrival of a new DTC judge who actively worked to raise the profile of the court and improve understanding of its purpose. Others noted that resource constraints might have been impacting referrals through the reduced capacity of the Court Co-ordinator to promote the DTC. While the role was originally full-time, it has more recently been reduced to part-time, meaning fewer hours dedicated to the DTC. The high turnover of judges across Dublin courts in recent years was also cited as a possible contributor to low awareness levels as previous knowledge of the DTC faded with the change in staff. One practitioner suggested that the aims of the court are often misunderstood by other judges and lawyers who assume the DTC is for drug-related offences rather than for offences committed due to addiction, and this is another factor leading to fewer referrals.

“ Over the last two years, it has been. How many would we have had? Like, there could’ve been 20 new judges appointed to the district court over that period of time.

DTC practitioner

Support for the DTC model

Other practitioners and external stakeholders reported that low referrals derived from a lack of belief in the DTC model, rather than a lack of awareness. Some put this down to the model being perceived by some as a form of ‘soft justice’ that offers an easy way out for individuals who have offended. Others suggested it was viewed as ineffective by certain members of the justice system due to low graduation rates.

“ There would be a stigma, if that’s the right word, even among court service staff as to what it is, and over the years you’d hear the same from Gardai and solicitors might even as an easy way out for their clients as well.

DTC practitioner

“ I think people then became a bit disillusioned with it ... And there was a little bit of lack of clarity, I suppose, in relation to how successful it was.

Stakeholder

“ It was also suggested that there may be some reluctance to refer among some members of the legal community due to the understanding that participants would no longer need legal representation once admitted onto the programme, meaning a loss of financial incentive for them arising from legal aid.

“ When an individual is sent down to the Drug Treatment Court and they go in without legal representation it can be a hard sell for some legal practitioners that we’re basically asking them to forgo their own fees or minimise their own fees.

DTC practitioner

Admission onto the programme

A significant proportion of individuals referred into the DTC are subsequently screened out at the assessment stage. This occurs due to participants not meeting the formal eligibility criteria, not being considered appropriate for the programme, or choosing not to proceed with the DTC pathway.

Eligibility criteria

Figure 2: DTC formal and informal eligibility criteria

Formal Eligibility Criteria	Informal eligibility criteria
• At least 18 years old • Pled or found guilty of non-violent crime • No triggered suspended sentence or outstanding circuit court matters • Not suitable for road traffic offences • Resident & committed offence in Dublin • Dependence on the use of prohibited drugs and/or non-prescribed medication • Willing to take part in this voluntary programme	• No previous serious violent offences • Motivation to become abstinent • Medically fit to participate

The formal eligibility criteria include requirements relating to the participant, their current offence and their offence history. In terms of the offence committed, it stipulates that this must be an offence which could, in law, incur a custodial sentence. However, DTC practitioners explained that this did not necessarily mean that a custodial sentence had to be a ‘likely’ outcome to make an offence eligible for the DTC.

“ The offence itself can carry a custodial sentence. So the judge may not be going to give them an actual sentence.

DTC practitioner

Though statistics on offence types committed by participants admitted onto the DTC were not recorded, common offences were said to include theft, low-level supply of drugs, and, in some cases, simple drug possession. Interviewees had differing perspectives on how frequently individuals were referred into the drug court for simple possession, with some reporting that this does occur with relative regularity, while others stated that it was not an offence normally referred into the DTC.

“ Generally, they will be... we don’t really have anyone for simple possession.

DTC practitioner

" We would get a few drugs offences in like simple possession, a few sales supplies.

DTC practitioner

" [DTC] will accept somebody with no previous convictions, cannabis use.

DTC practitioner

Individuals' offending histories are also considered in assessing eligibility as an informal criterion, with particular attention given to any violent offences. All DTC practitioners highlighted previous violent offending, where it was deemed to be significant or serious, as a key exclusion factor. This was explained as being primarily about the level of risk posed to practitioners, including non-justice partners, as well as to other participants on the programme. Similarly, individuals whose current offence or offence history included more serious drug supply were also excluded from the programme due to fears that they would jeopardise progress made by other participants.

" Violent offending is an issue, but it's more around patterns of violent behaviour.

DTC practitioner

Assessment of eligibility

After an individual is referred into the DTC, they undergo a pre-assessment by the team based on background checks and information provided by the Gardaí and Probation. Each week, all core agencies involved in the DTC meet for a pre-court meeting, which is held before the court reviews. This meeting is used both to discuss the progress of current participants and to verify the basic eligibility requirements of new referrals. Eligibility checks include confirming the participants' residence, age, and whether there are any outstanding court matters or triggered suspended sentences that would affect their suitability for the programme. The team then assesses the level of risk posed by the individual, including their history of violence and other relevant offences. Interviewees described this process as discretionary, with each team member contributing to the decision as to whether the individual would be suitable for the programme. In cases where a consensus is not reached the judge has the final say.

" It's done by consensus; it's done by everybody in the room has a vote. Not quite a vote, but everybody makes a decision. Usually, it would be the judge who makes a final call on it if it's split. Sometimes it can also be based on presentation in the courtroom themselves.

DTC practitioner

Once pre-screened, participants undergo an assessment period, typically lasting 4-6 weeks. During this period, they are expected to meet with the nurse, the probation officer and the education officer to develop a Personal Progression Plan (PPP), attend weekly court reviews, complete drug screenings, and attend the education centre five days a week unless they are already enrolled in another education or training programme or employed. Participants' motivation to engage with the programme is evaluated from the outset, based on their regular attendance and demonstrated commitment to the demanding expectations of the DTC, including consistent attendance and participation in an intensive education programme.

" [unmotivated participants] won't have the motivation to attend school, they won't attend for their screenings, and it does become obvious, over a number of weeks, that they just don't have the motivation there to do it, so we'd send them back to the originating court.

DTC practitioner

All practitioners reported factoring motivation into their assessments of participants. Some described motivation as hinging on participant's attendance at court, appointments, and education during this period, while others also factored in their displayed motivation to change on the programme as well.

" I'm having a look at motivation. I'm talking to them about, you know, if 10 is, you know, you're totally ready. And if one is, [...] you're only here because you were sent, you know, and the conversation will... I'll ask them about motivation.

DTC practitioner

Practitioners reported that the DTC is explained to participants at the point of referral and during their assessment and a leaflet outlining the programme is provided at their first court review. However, several participants reported that this did not fully convey what the DTC entails, leaving some feeling unclear about certain aspects of the programme and surprised by elements they had not anticipated.

" I'd gone to the drug court thinking that's where you go to get rid of your charge, and all of a sudden- all of a sudden I'm in the middle of a maths class.

Participant

Interventions

Court reviews

Court reviews, which participants attend weekly, bi-weekly or monthly depending on which phase of the programme they are in, were described by practitioners as a marked departure from regular court sittings. They were noted as being more informal and grounded in the consistent relationship between the judge and the participants. The judge's approach was characterised as an effective balance of firmness and encouragement. Participants themselves also reported that the court environment felt very different to the regular district court. Reviews were described more as 'check-ins' than formal court hearings and were said to generate less anxiety than in other court settings. Through court observations, it was recognised that the judge demonstrated respect for participants, was adequately briefed on individual cases, and allowed for a degree of dialogue on sanctions and decisions. In one observed instance, the team had decided in the pre-court meeting that a participant would be breached for lack of engagement. However, following a discussion with the participant during the review in which they stressed their renewed motivation, the judge decided to grant them a final chance.

" It's like night and day [compared to standard district court hearings]

Participant

" The previous judge, somebody referred to her one day, saying she was nearly like a grandmother figure to them, you know, because she'd be sharp and hard when she had to be, but encouraging, as well.

DTC practitioner

However, our observations also identified challenges with the court reviews' adherence to problem-solving court principles. The courtroom environment remained formal, with the judge elevated on a high bench in full robes, and participants individually called into the witness box. Reviews were frequently brief, sometimes under a minute. Discussion was often limited to the judge asking closed questions, limiting opportunities for participants to explain or reflect upon obstacles in their progress. Language used by the judge was, at times, overly complex and difficult for participants to understand.

" [the court room] doesn't really lend itself to what they want to achieve.

DTC Steering Group member

" But then sometimes you feel for people who are very shy and they're just... they're quiet and the conversation is minimal just because they're not comfortable a) in a court situation and b) because the type of information maybe that's being discussed but nobody is ever made to feel uncomfortable on purpose in that kind of way.

DTC practitioner

A system of incentive and sanction points, explained in more detail below, is used to motivate participants' behaviour by rewarding or penalising them for timeliness, attendance and progress. The reviews that we observed largely focused on calculating these incentive and sanction points rather than on reflection, expectation setting or encouragement. In one example, a participant who had previously been making positive progress was charged with a new offence. Rather than discussing the circumstances of the charge the main response was an outline of the resulting deduction in points. Participants also reflected on the communal set-up of the courtroom, where all participants sit together in the room noting that some might find it difficult and intimidating, particularly when sensitive or personal issues were being discussed.

" I found it a bit intimidating - not intimidating, but just a bit personal, you know what I mean.

Participant

" I have seen people that get really - you see them anxious, because they don't want to be called forward, because they don't want everyone to hear.

Participant

Drug treatment

Drug treatment providers are not directly embedded into the programme. Rather, the drug treatment intervention is led by the clinical nurse, who forms part of the DTC team. The nurse meets with participants to assess their needs and types of addiction. Based on this information, the nurse can refer participants into clinics that provide medical addiction support such as methadone maintenance prescriptions, and which may also at times provide case management support. The nurse liaises with these clinics on a regular basis to monitor participants' progress. To access day services and local community treatment providers, participants typically need to first be referred to a clinic, which then refers them onwards to the appropriate services. Where participants have fewer complex needs, the nurse may provide direct 1:1 support, offering a more immediate intervention without the need for external referral.

" Say just somebody on cannabis who just needs, it's probably [practitioner] that does that kind of motivation talking to them. You know meeting with them on an individual basis. And then if [...] they need something further, if they say they want a counsellor or a, you know, a therapist, so [practitioner will] refer lots of people to case managers.

DTC practitioner

" They will have connections, and they will, you know, give names, and contacts, and try and get them in, like [practitioner] would know a lot of people in a lot of areas, and [they] will do [their] best to get people in.

DTC practitioner

Long waiting lists, particularly for residential treatment, were noted as barriers to prompt and effective access to treatment while participants were on the programme.

" HSE can get people into detox and rehab, but it takes months, it can take up to, you know, six months, or whatever, even longer.

DTC practitioner

The lack of direct and fast-tracked access to treatment providers within the DTC was described by some practitioners as a by-design effort intended to avoid creating an incentive for individuals to offend in order to access treatment. Other stakeholders, however, took the view that this was a misguided concern, stating that individuals committing drug-related offences are not motivated by access to enhanced treatment pathways.

" If you're on the drug treatment court and we can get you in in six weeks, are you saying go out there now and pick up a few charges and you'll get in quicker and you know what I mean.

DTC practitioner

" People aren't going to go around committing crimes to get into a bed in the rehab. They're not. (Laughter) They're going to be going round committing crimes anyway.

Stakeholder

Participants highlighted the absence of holistic treatment support, including drugs education, addiction counselling and access to keyworkers, as a crucial gap in the DTC. Those interviewed described not having been linked into any form of drug treatment other than methadone maintenance during their time on the programme, despite wanting this. One participant reported that they received no information about addiction or guidance on where to access relevant services. Another noted that the responsibility for identifying and engaging with treatment services was left largely to participants themselves. While any progress made could be acknowledged in court reviews, there was little proactive support to facilitate access.

Mental health support and counselling was also highlighted as a key need due to the trauma often intrinsically linked to addiction. However, this was also absent from the programme. Participants particularly recalled the emotional impact of having DTC classmates pass away during the programme, and the lack of therapeutic support available to help them deal with these experiences.

" It could just be called the drug court, not the drug treatment court.

Participant

" They walk in thinking they're going to have access to treatment beds, to all these amazing things and they're not, so that would be something that could work better.

DTC practitioner

" I think for the courts, some better help with the addiction, because, like, I'm struggling.

Participant

Education programme

The education programme runs classes for four hours a day, five days a week, at an education centre located in North Dublin city centre, not far from the court. Participants reported that classes were constructive and helpful, providing structure and routine to their days. Practitioners highlighted the programme's role in helping many participants to achieve QQIs (Quality and Qualifications Ireland), express themselves artistically, and learn practical skills such as budgeting.

" It's good, and, I mean, it keeps you out of trouble, it keeps you busy, it keeps you occupied, so yeah, I can't recommend this place enough, to be honest.

Participant

" At least once or twice a week, [practitioners] get somebody coming into [education centre] breaking down, you know, because it's the anniversary of their partner dying, or their brother has died, or they're just struggling. So [practitioners] would spend time with them, you know.

DTC practitioner

Reservations were expressed about the centrality of the education programme in the DTC, particularly given participants' other unmet needs. Participants identified education about addiction and recovery as an important missing element that would be most relevant and useful to them. Vastly differing literacy levels among participants also mean that classes should be structured at multiple teaching levels. One participant expressed scepticism about the value of education classes to the most vulnerable participants.

" I wouldn't mind more options for classes... around addiction, like.

Participant

" They need deeper help than doing a few bleedin' times tables.

Participant

The expectations from the education programme were also very high, requiring participants not only to engage for long periods of time throughout the week, but also to remain sober for the duration of the four-hour session, from the beginning of the programme. Several participants and practitioners highlighted that this was a big ask for some participants, and especially difficult for those who are homeless, for example.

" But people are coming in here in homeless hostels, living in tents. Like, I don't see how doing computers at level three is meeting their needs, you know, and that's- And I mean, obviously it's not a waste of time, but without the other side of it.

DTC graduate

Progression through the programme

Participants' progress is monitored by a system of points, which can be earned and lost for a range of reasons such as drug or alcohol screening results, attendance at appointments and education, completion of qualifications, achievement of goals set in their Personal Progression Plan (mentioned above), and dishonesty, among other things. A fuller description of the points is set out in Appendix 2.

Historically (pre-COVID), reaching 70 negative points meant revocation of bail, sending participants into custody for a week. The DTC is now pivoting away from this option and has not implemented it in several years. Instead, in cases of consistent disengagement and poor behaviour, participants are removed from the programme and sent back to district court for sentencing for their original offence.

Participants often struggled to understand the system, noting its complexity. There was also an element of discretion in how points were awarded for specific achievements or instances of non-compliance, which added to this confusion. Points calculations dominated court review discussions which detracted from focusing on actual progress or key issues.

" I'm on this now a year... I still don't understand these points.

Participant

However, participants also spoke favourably about the positive reinforcement of achieving points, including the €30 voucher they receive once they reach 70 points. They highlighted the impact of being recognised for their achievements, and how this positively influenced their perception of the courts. Some practitioners also pointed to the vouchers as one of the most effective motivators for participants, reinforcing the importance of judicial praise and positive reinforcement.

“ It shows that they’re recognising [that you’re doing something positive], you know?

Participant

External stakeholders working in the drug policy sector expressed reservations about the DTC’s reliance on drug screening as the primary measure of progress, noting it as an outdated approach to monitoring recovery, and emphasising the need for more holistic assessment and support. Some suggested that progress should be assessed through regular conversations with participants, exploring changes and progress made in different areas of their lives. This would involve taking a wider, more nuanced view of success. It was emphasised that the approach to evaluating progress should be more individualised, person-centred, non-judgemental and compassionate. Suggested indicators of progress included strengthened family relationships, improvements in mental health, education and employment developments, among other factors, signalling increased stability and wellbeing that reflects a more realistic and supportive understanding of recovery.

“ So look at it more holistically. But move away from the very direct supervision of somebody peeing into a pot.

Stakeholder

“ You would be doing a holistic evaluation of that person, and saying, ‘Well, they’re back with their family. I know they had a little slip with cocaine, or they had a slip with heroin there a couple of weeks ago, but they’re back on track now.’ There didn’t seem to be that amount of flexibility within the Drug Treatment Court approach, to allow for harm reduction- you know, somebody to progress without being perfect.

Stakeholder

Leaving the programme

Graduation occurs upon successful progression through the bronze, silver and gold phases of the programme, which includes achieving full abstinence from non-prescribed drugs. Graduates have their charges struck out (subject to the condition not to re-offend for 12 months). Some practitioners described the graduation ceremony itself as very positive for participants, where they are given formal recognition and praise by the court in the presence of the full DTC team, participants’ family members and others. However, another practitioner mentioned that graduation ceremonies have changed post-Covid, becoming less special and celebratory for participants.

“ There is a ceremony we have where a speech is given in relation to the achievements they’ve had. They can give a speech to the participants and reflect on their journey. At the end, the judge formally strikes out the charges.

DTC practitioner

“ The actual [graduation] used to be much more of bells and whistles, and it’s gone very sedate now and I prefer us to get back to what it was. It was a much more special... we’d make a big fuss...

DTC practitioner

The DTC team make a life plan with participants outlining any ongoing support and services available to them once they leave the programme. Interviewees raised concern about the steep drop-off in support at this stage, particularly given the intensive nature and time commitment of the programme, noting that more thorough exit planning is an important area for improvement.

“ And really- Well, aftercare, more intense aftercare would be [good], if we could afford that.

DTC graduate

However, graduation is relatively rare, achieved by only approximately 15% of participants. This amounts to 105 individuals since 2001. The DTC programme has no definitive timeframe for engagement, with some practitioners indicating involvement can last up to three years. Low graduation rates were almost unanimously viewed as a byproduct of the abstinence-focused model. Practitioners had differing perspectives on whether this was the most effective focus for success and graduation.

“ They'll get so far with giving up certain drugs, and then it might get to something like cannabis, and they just can't seem to... as one guy said, If I don't smoke cannabis, I don't sleep, you know, and he said, If I don't sleep, then... it has a knock-on effect on him the next day, then he's more likely to drink alcohol, which was a huge problem for him, as well.

DTC practitioner

“ The bar is quite high and while cannabis is illegal, it has to remain like that in terms of we couldn't graduate people still using cannabis, you know

DTC practitioner

Those who do not graduate return to the district court for sentencing, usually with a probation report detailing their progress on the programme. Outcomes for these participants are poorly recorded, though some practitioners indicated that progress on the DTC may be taken into account by the sentencing judge.

DTC team structure

Leadership and definition of team roles

Resource for the DTC team currently depends on the Courts Service, the Probation Service, the HSE, An Garda Síochána, City of Dublin Educational Training Board, and the Judiciary all dedicating a certain proportion of time from their practitioners to the operation of the DTC. Several practitioners reported that the time allocated by each agency has varied over the years, depending on their priorities and the programme needs. This variability was reported to reduce team cohesion, creating a sense of fragmentation that hinders the smooth running of the court.

“ Although the agencies work well together, we are fragmented.

DTC practitioner

One practitioner proposed the co-location of team members to facilitate collaborative working, while another suggested seconding team members to work fulltime on the DTC. Part-time staffing and the lack of replacements for staff on leave was also raised as disruptive with participant progress or concerns put on hold if the relevant practitioner is unavailable.

" I think operationally I believe that the team should be seconded by the respective agencies into one unit where the focus of the role is the Drug Treatment Court. If you work in the Drug Treatment Court, you're working in the Drug Treatment Court, you're not pulled between pillar and post.

DTC practitioner

Additionally, practitioners reported that the DTC does not have one lead agency with overall responsibility for the programme. Due to the disjointed funding structure and the programme's relative independence from non-court partners, it was unclear who the lead agency was.

" Everyone is just dancing around [the DTC]. Who is going to take leadership on it?

Stakeholder

There's nobody in the Drug Treatment Court who actually has overall responsibility.

DTC practitioner

Court observations indicated that the pre-court review meetings were often steered by the health practitioner, in conjunction with the judge. The justice aspect of the intervention is delivered through voluntary (and therefore relatively light touch) supervision by the probation service. While probation do attend weekly court sessions, contribute to developing participants' Personal Progression Plans, and undertake some case management including motivational interviewing, it is not the lead agency delivering the DTC programme intervention. It was explained that due to the voluntary nature of the probation element of the programme, as participants have not been sentenced to any probation requirement, the scope for the agency to have a leading role in the DTC was limited in any case. As a result, the frequency of participant meetings with probation and the level of the involvement that the agency had in the programme was far lower than in other comparable drug court models.

" this particular model because there's no statutory piece to it, every individual is technically speaking on a voluntary supervision order... so it's very hard to have that probation direction piece

DTC practitioner

"it would be a health-led rather than probation led thing"

DTC practitioner

Team training

Practitioners highlighted the lack of training specific to drug use and the drug court model, noting that their professional development was generally limited to what was provided by their respective agencies. This was seen as a consequence of the fragmented staffing structure, which limited opportunities for shared learning. Interviewees suggested that dedicated multi-agency drug court training could help to broaden knowledge about addiction, improve understanding of drug courts, and enhance team cohesion.

" That would be massive if we had something [training].

DTC practitioner

" but as a team, no. Where I think we've done a small amount, like... so, in the court service, we've done trauma-informed training with the court service, but I'd like to see us all doing more, say, addiction kind of thing.

DTC practitioner

Some practitioners also mentioned wanting to be more connected to other drug court models to learn from them and compare how practice differed and how it could be improved. Drug courts across Europe were mentioned as being particularly helpful to visit and learn from.

" We need to link much more in with the international system. The English, the Scottish, the Belgian... European drug courts.

DTC practitioner

Staff motivation

Participants identified the dedication and passion of DTC practitioners and their belief in the drug court model as a key strength of the model. Across their various roles and levels of involvement with participants, staff were seen as committed to improving the lives of the individuals on the programme and to the supportive and health-based approach of this alternative approach.

" I'm very passionate about the place.

DTC practitioner

" People with addiction issues, it's to take them out of the normal court system, you know, take them out, to try and help them to achieve a better quality of life. Not just for them, but it has a huge knock-on effect. When we can help one person, we're not just helping that particular person, we're helping their family, their community, because they're not committing offences anymore, you know, and they can give something back.

DTC practitioner

Monitoring outcomes

Lack of data collection framework

The data collected on DTC outcomes is very limited, omitting any measures of success beyond drug abstinence, and fails to capture the final sentences of non-graduating participants. Many practitioners, steering committee members and external stakeholders identified this lack of data collection as a key weakness for the DTC, stating that the programme's impact on its participants was being missed as a result.

" There needs to be data available and to evolve you need data.

DTC Steering Committee member

" That would be one of the kind-of weaknesses. How do we track this? You know, if we had somebody that was able to track the progression routes... qualitatively be able or quantitatively be able to say they've achieved this, this and this.

DTC practitioner

It was felt by most practitioners that graduation rates did not adequately capture outcomes and that a more comprehensive framework that encompassed other measures of success would be an important addition for the future of the programme. Recording wider data on participants' outcomes was seen as crucial to being able to show a more accurate picture of the value and successes of the DTC and to quantify success to more adequately capture cost-savings.

“ It is a pity that when you ask for the overall stats figures for the graduation over 21 years and it’s, what, a hundred and whatever now, it doesn’t look great on paper and that’s where I think the qualitative statistics are missing and so important. They would tell a whole other story.

DTC practitioner

“ To say they’re going to become completely substance-free, it’s been two years, it’s not going to happen, for me, at the moment. He’s improved his situation an awful lot.

DTC practitioner

Practitioners also highlighted the lack of data capture around sentencing outcomes for non-graduating participants who do not complete the programme and are sent back to district court for sentencing. Sentencing outcomes are often influenced by the progress they made while on the DTC, as outlined to the judge in a pre-sanction report completed by probation, resulting in lesser sentences or alternative disposals than they might otherwise have gotten. This likely generates a cost-saving for the justice system due to the reduction in sentence, or use of a less severe disposal. However, the absence of systematic recording of these outcomes for the majority of non-graduating DTC participants, limits the ability to estimate cost-savings for the justice system.

“ If it’s more nuanced or if there are more details, she’ll ask me to write that report to be sent back to the original judge. That judge can then have that information to take into consideration in sentencing, be it the progress somebody made.

DTC practitioner

“ And I’m sure it’s exactly the same in Ireland, it’s around. I’m going to say it used to be 90 grand a year to keep somebody in prison, but I think it’s gone down a bit.

DTC practitioner

Reflections

Based on our findings above, there are several crucial elements of the Dublin DTC that are not currently aligned with the evidence on effective problem-solving court models and addiction. The following discussion will compare and contextualise the DTC within the wider evidence base.

Target group

The evidence on effective problem-solving courts highlights the risks of engaging the wrong individuals in drug court interventions. One concern is ‘net-widening’: the risk of inadvertently increasing the number of individuals subjected to more intensive or coercive criminal justice sanctions than their offence would otherwise warrant, either directly or through supervisory regimes which include coercive elements designed to motivate compliance.¹⁶ In the DTC context, there is a potential risk of net-widening where individuals whose offending would be unlikely to result in a custodial sentence are admitted onto an intensive and lengthy programme. While current participants do not appear before the DTC solely on the basis of simple possession, possession offences may form part of a broader set of charges. Ireland is moving towards a health-led approach, with the health diversion programme for personal possession of drugs due to come into effect imminently¹⁷ following the recommendation of the Working Group on Alternative Approaches to the Personal Possession of Drugs.¹⁸ In this evolving policy context, continuing to admit individuals into the DTC whose offences would otherwise be suitable for diversion or are not likely to lead to a custodial sentence, would be inconsistent with the evidence on the appropriate target cohort for drug courts.

Research shows that problem-solving courts are most effective at reducing substance use and re-offending when they target individuals that are higher risk with more prolific offending histories,¹⁹ who are likely to receive custodial sentences. Furthermore, evidence from the MADCE study, a US multi-site evaluation of over 1,700 drug court participants across 23 sites, found that individuals with violent offence histories experienced greater reductions in re-offending than other participants.²⁰ Thus, given the right risk-management and supervision tools, the DTC could make a significant impact by working with individuals with a history of violence and / or prolific offending. Although a history of violent offending is not a formal disqualifier for the DTC, the current assessment process and team decision-making around admitting participants with a history of violent offending remains undefined and unclear, risking an overly cautious approach which inappropriately excludes participants.²¹ In addition, the formal eligibility criteria exclude individuals whose current offence involves violence, further limiting the court’s ability to engage with a cohort that might benefit the most from the programme.

Research around motivation to change in the context of substance use treatment emphasises the dynamic rather than static quality of motivation, and the importance of motivational interviewing.²² However in the DTC assessment process, our findings suggest that displayed motivation plays an important role in admission onto the programme, without much apparent support to help participants build motivation. Additionally, the weight placed on displayed motivation to engage with the education programme during the assessment process, with potential participants being deemed unsuitable for the DTC if they are unable to adhere to this ambitious schedule, raises questions about whether this requirement is proportionate.

Court experience and procedural fairness

One important mechanism for change identified in the MADCE study of drug courts in North America is that participants perceive courts as operating with procedural fairness. The four components of procedural fairness are understanding, respect, neutrality and voice.²³ The MADCE study particularly highlights the importance of participants having a positive relationship with the judge, feeling respected,

and having an opportunity for their voice to be heard.²⁴ While we found that the Dublin DTC is built on respectful relationships between participants and the judge and that participants recognise that the DTC operates differently from standard courts, key elements of procedural fairness are missing. Firstly, the majority of questions posed to individuals in court reviews were closed, impeding opportunities for meaningful discussion and restricting participants' ability to share their experiences. When opportunities did arise for participants to speak, they were primarily focused on re-negotiating points rather than exploring reasons for setbacks or reflecting on progress. This, along with the highly constrained timings of reviews, restricted the development of a more collaborative and therapeutic relationship between participants and the judge.

Understanding is a key component of procedural fairness as it is crucial to allow participants to fully engage with court proceedings.²⁵ Our court observations suggested that the language used during court reviews was sometimes overly technical, making it hard for participants to follow. We also noted that the formal layout of the courtroom, with the judge in full robes on a raised bench and participants in the witness box, undermines the relationship and trust built between the two parties, which is central to the model's success.

Appropriateness and proportionality of interventions

The risk-need-responsivity (RNR) model, the dominant framework for modern probation practice, centres around three key principles.²⁶ These are: responding proportionately to the level of risk individuals pose; targeting criminogenic needs in the design and delivery of treatment; and being responsive to individual circumstances, learning styles or characteristics.

In relation to the first principle, proportionality, our findings suggest that the requirements of the education element of the DTC, while positive and impressive as a programme, may be disproportionately demanding on participants' time. It poses the risk of 'over-dosing' an intensive mandated intervention, which evidence has shown to be counter-productive in reducing re-offending, particularly for individuals involved in lower-level offending.²⁷

Furthermore, the second principle of the RNR framework emphasises the importance of focusing interventions on direct criminogenic needs. While the education programme may indirectly target some relevant criminogenic needs, such as employment skills, it is not focused on targeting individuals' specific criminogenic needs. The wider DTC programme is missing the ability to tailor its intervention to the full range of risks and criminogenic needs.

Additionally, the programme is limited in its ability to be responsive to individuals and personalise interventions. Some of the participants described deriving value from their experience with education, while for others, the emphasis on education was reported to be challenging. The expectation of attendance and sobriety for several hours most days of the week does not match up with the reality of addiction for many individuals and is not responsive to specific needs and circumstances.

Linked to this, the evidence on effective drug court models emphasises the importance of adequate drug treatment, including both substitute prescribing and therapeutic/ psychosocial approaches to effectively address participants' needs.²⁸ The strong linkages between drug courts and treatment providers has been found to be crucial to this, with integration of treatment providers into the court model being the most effective approach to positive outcomes.²⁹ The findings show that the DTC does not have strong links with drug treatment providers, or an embedded pathway into treatment options, with participants feeling like they are not receiving sufficient support, especially with regards to therapeutic/ psychosocial treatment.

Appropriateness and proportionality of DTC's abstinence-focused model

The international evidence base increasingly highlights the negative impact associated with abstinence-focused drug court models³⁰, and the growing support for harm reduction approaches.³¹ The findings above highlight concerns from practitioners and external stakeholders about the low number of graduations over the DTC's history, and the unrealistic expectations that the abstinence model presents for the majority of individuals. By contrast, the Belfast Substance Misuse Court (SMC) offers an example of a successful harm reduction approach, allowing participants to graduate based on significant reductions in substance use rather than full abstinence. This model recognises meaningful progress and has been linked to improved well-being and reduced re-offending.³² Similarly, the Intensive Supervision Court (ISC) model of drug court, recently established in three locations in England embraces a 'progression not perfection' approach, taking into account the complex nature of addiction and emphasising the value of steady steps towards positive change.³³

The proportionality of the programme should also be benchmarked against the timelines of comparable community sentences in Ireland. The overall length of the DTC programme should also account for RNR, considering the proportionality of the time commitment required by this intervention in comparison to the risk level posed by participants. The absence of an official time limit on participation in the programme suggests that the current structure requires disproportionately lengthy engagement from participants. Additionally, the lack of clarity for participants on the timescales of the programme, as it has no fixed limit, can be even more taxing for them as they are left without defined expectations on their required level of commitment. A more proportional model needs to clarify to participants what the limit is on the length of the intervention.

Finally, the DTC should take into consideration the progress that has been made in relation to alternatives to coercive sanctions for drug use across the country, and the increasingly health-focused approach towards drugs.³⁴ The array of diversionary measures available, mapped out in our [Drug Use and Alternatives to Coercive Sanctions in Ireland](#) report, should be used to their full potential and as a foundation for the continued expansion of pre- and point-of-arrest diversion. The LEAR programme, for example, enables Gardaí to use discretion in referring individuals who have committed low level drug or public order offences to caseworkers who can support them in addressing their unmet needs. Diversionary measures should always be used where individuals are eligible to ensure that individuals will not be sent to the DTC for personal possession offences.

Team structure

The ISC model in England operates post-sentence with participants technically on Community Orders or Suspended Sentence Orders.³⁵ While decisions and interventions are made jointly, in conjunction with other agencies, the statutory nature of the model enables probation to lead this. For example, assessments are undertaken collaboratively, but Pre-Sentence Reports (PSR) are ultimately written by probation as the agency best placed to make recommendations around risk and suitability for the programme. Probation is described as being "at the core of the model",³⁶ with responsibility for identifying potential ISC candidates, writing PSRs, undertaking weekly appointments with participants on their caseloads, leading court reviews alongside the judge, and liaising with partners. In the Belfast SMC, the intervention is technically classed as a deferred sentence, which also gives probation the authority to take a lead supervisory role as participants are mandated to engage with them.³⁷ In the DTC, as outlined in the findings, probation's role is limited and not positioned as a leading one, as participant's engagement with the service is voluntary. This is due to the programme being neither post-sentence nor classed as a deferred sentence. As a result, the current structure constrains probation's ability to take a leading role in supervising participants or assessing risk and suitability, despite the expertise of probation practitioners in delivering criminal justice interventions, which would otherwise position the agency well to lead this.

Additionally, in other drug court models such as the ISC, team training on the evidence base for problem solving courts, trauma-informed practice and motivational interviewing was provided to practitioners before the launch of the courts. This gave them a relevant and specific understanding of evidence-based practice in drug courts, as well as an opportunity for relationship-building and collaboration between partners, both of which would be invaluable to the DTC.

Monitoring and data collection

Lastly, generating detailed evidence on what works and producing meaningful evaluations of effectiveness is only possible through robust data collection and monitoring. The MADCE study, referenced throughout this evaluation due to its wealth of data on best practice, was made possible by the systematic recording of outcomes across drug courts in the US. To enable comparable evaluation in the Irish context and demonstrate the DTC's effectiveness, the court must significantly strengthen its data capture and monitoring processes.

Recommendations

The DTC was established as an innovative response to drug-related offending, aiming to shift the justice response towards a health-led approach that focuses on recovery and rehabilitation, in line with the direction of Ireland's National Drug Strategy. International evidence demonstrates the effectiveness of drug courts in reducing re-offending and drug use and improving participant outcomes. However, the effectiveness of any drug court depends closely on its implementation fidelity, operational clarity, and the ability to adapt evidence-based practices to the local context.

Our evaluation highlights that the DTC has diverged from a number of core evidence-based principles, raising questions about its effectiveness in its current form. While the team is highly skilled and committed, there are gaps in the professional expertise required to deliver a fully integrated therapeutic model. Furthermore, the DTC currently operates without sufficient oversight or coordinated support from key health and justice partners, limiting its ability to provide the holistic, multi-agency interventions needed to meet participant needs.

Addressing these challenges requires identifying a more effective structure for delivering the service and undertaking a thorough review of the court's model design and implementation. The following recommendations aim to address the key challenges identified in the findings and reflections, drawing on international best practice to strengthen the DTC's effectiveness and long-term sustainability and impact.

Recommendations

1. Establish the court's aims and objectives

- a. **Clarify and develop aims:** Collaboratively define, across the DTC multi-agency team, a clear, unified vision and a set of measurable objectives. This should reflect a proportional, evidence-based approach for the target cohort that aligns with international best practice and the national policy shift towards a health-led approach;
- b. **Embed harm reduction:** In line with international best practice, criteria for graduation should emphasise meaningful reductions in the frequency and harm of substance use, alongside increased stabilisation and improvements in well-being, rather than rigid abstinence. Recognition of progress in these areas should be an integral part of court reviews and interventions determined for a participant's PPP should be tailored towards harm reduction;
- c. **Provide clear guidance for staff:** Develop a staff handbook that clearly sets out the court's vision, principles, operations and team roles, strengthening capacity and ensuring a consistent understanding of the model;
- d. **Undertake regular strategic review:** Routinely review the court's aims and operations to ensure they remain relevant, proportionate, and in line with national priorities and policy reforms.

2. Strengthen the court's delivery structure

- a. **Clarify leadership and coordination:** Establish a clear lead agency with overall responsibility for the DTC, ensuring accountability and strategic oversight. This function could be held by the Court Service provided that the court coordinator role is appropriately resourced to lead on promoting the programme, raising awareness among stakeholders, increasing referrals and coordinating the multi-agency team. Position the Probation Service as the lead for coordinating participant intervention and supervision, working closely with health, education, treatment and other relevant partner agencies to deliver integrated support.

- b. **Integrate team co-location and staffing:** Seek to implement co-location of team members to improve communication, shared decision making and cohesive practice. Expand the team to include embedded community treatment providers who can deliver holistic, psychosocial support through regular engagement with a dedicated keyworker.
- c. **Deliver training and professional development:** Provide regular, specialised multi-agency training for all team members to build a shared understanding of the drug court model and its evidence-based components. Training should include therapeutic approaches, trauma-informed care, addiction and recovery, the use of motivational interviewing in court reviews, and the integration of health-led responses in the criminal justice system.
- d. **Develop community of practice links:** Strengthen links with problem-solving courts in other jurisdictions and provide opportunities for the team to visit to facilitate shared learning and innovation.

3. Increase awareness and expand referrals

- a. **Promote awareness and engagement:** Pro-actively engage stakeholders, including judges, barristers, solicitors, Gardaí and probation officers, through targeted information campaigns, to improve understanding of the DTC's aims, eligibility criteria, and its benefits as an evidence-based alternative to custody.
- b. **Build stakeholder buy-in:** Foster stronger relationships with wider partners by sharing evidence of effectiveness, participant testimonials and the court's positive impact on recovery and re-offending. Address misconceptions by highlighting DTC's role as a rigorous and intensive alternative to custody. Progress should also be communicated regularly to senior members of the judiciary, including an annual update to the President of the District Court and the Chief Justice of Ireland, to reinforce institutional support and raise the DTC's profile at a national level.
- c. **Expand referral pathways and capacity:** Establish clear pathways for referrals from multiple sources. Gardaí should conduct initial screenings of arrest cases going to court and flag any potentially suitable for the DTC; probation officers should recommend the DTC where appropriate in Pre-Sanction Reports; and legal representatives should be supported to pro-actively suggest referral to DTC assessment during court hearings.

4. Refine the eligibility criteria and assessment process

- a. **Refine eligibility criteria:** Align the DTC's eligibility criteria with international best practice by targeting individuals at high risk of re-offending and those most likely to receive custodial sentences, ensuring that lower-level possession cases are diverted, where appropriate. Re-assess exclusions based on violent offending and introduce structured risk management assessments to manage safety concerns. This reflects the evidence that higher-risk participants may achieve the most significant benefits from problem-solving courts.
- b. **Set clear screening and assessment schedule:** Create a transparent, structured assessment process with defined timelines and milestones. Ensure that this process, along with the programme expectations, is clearly communicated to newly referred participants from the outset, enabling informed decision-making and fostering early engagement.

5. Enhance interventions and support

- a. **Embed integrated treatment pathways:** Embed specialised drug treatment providers directly into the DTC programme and core team to ensure immediate access to tailored interventions and ongoing engagement. This approach reduces reliance on ad-hoc nurse- or participant-led referrals and ensures treatment pathways are fully integrated within the court model. It should also enable participants to access ongoing treatment beyond completion of the DTC programme.

- b. **Broaden holistic and personalised support:** Broaden the range of interventions available to participants beyond education to include relapse prevention, psychosocial support, trauma-informed care and probation-led interventions that address offending behaviour and individual criminogenic risks. The risk-need-responsivity (RNR) model, which underpins modern probation practice, should be adopted as the guiding framework for intervention delivery—ensuring that support is proportionate to risk, responsive to individual needs and learning styles, and focused on addressing criminogenic factors.
- c. **Establish post-programme care pathways:** Develop an aftercare support pathway that provides ongoing access to key services for graduates.
- d. **Ensure proportionate programme demands:** Benchmark programme timeframes against community sentences to ensure proportionality and fairness. Review the intensity and duration of the education programme to ensure expectations around sobriety, attendance, and progress are realistic, supportive, and achievable for participants, particularly those in the bronze phase.

6. Optimise reviews and simplify progress measurement

- a. **Reduce formality to improve engagement:** Move court reviews to a less formal setting, such as the boardroom used for pre-review meetings, to foster a more open, therapeutic environment. This change can improve dialogue, build trust and enhance participant engagement.
- b. **Clarify roles during reviews:** At the start of each court review, in particular for those in the assessment phase, introduce all team members and their roles to ensure participants and observers understand who is present and why. This promotes transparency and supports a more collaborative atmosphere.
- c. **Allow more meaningful review time:** Reduce the frequency of court reviews and stagger case lists to create smaller, less busy sessions. This would allow for more meaningful time with each participant and enable them to demonstrate progress between reviews. For example, those in bronze phase could attend reviews fortnightly, those in silver monthly, and those in gold every six weeks.
- d. **Simplify progress measurement:** Replace the complex points system with a transparent, participant-friendly incentives and sanctions framework. This should be clear, consistent and focused on engagement, harm reduction and meaningful progress, enabling participants to better understand and track their own development.
- e. **Enhance graduation ceremonies:** Review and re-invigorate graduations to reinforce the significance of participants' achievement and progress and provide a positive and affirming conclusion to the programme.

7. Establish a data collection and monitoring framework

- a. **Implement comprehensive data collection:** Implement robust monitoring across key outcomes—programme engagement, reductions in drug use, recidivism, education/employment, well-being, and graduations, to systematically capture key participant and programme outcomes. Include monitoring of post-programme outcomes, especially for those who do not graduate, to identify barriers to success.
- b. **Introduce financial analysis:** Develop a system for tracking costs and financial inputs across all agencies involved to support a comprehensive understanding of funding use, value for money, and cost-effectiveness. Where possible, incorporate cost-benefit and cost-comparison analyses to assess the financial impact of outcomes. Collating data on resourcing and expenditure would inform planning for future developments and strengthen the case for dedicated funding.
- c. **Embed ongoing feedback and evaluation:** Embrace having regular process reviews, integrating service-user and stakeholder feedback into policy and operational decisions. Use data insights to drive continuous improvement and ensure the DTC remains aligned with emerging evidence, participant needs and national policy priorities.

Conclusion

Given what we know from the existing evidence about the impact that drug courts can have on individuals whose underlying drug issues lead to persistent offending, the Dublin Drug Treatment Court has the potential to deliver significant benefits for individuals, the justice system, and the wider community. However, achieving this requires a step change in clarity of purpose, operational coherence, and consistent application of evidence-based practice. To fully realise its potential and be considered as a model for wider roll-out, the DTC must first address the key challenges identified in this evaluation and strengthen its alignment with evidence-based principles.

The recommendations set out above should be viewed as an integrated package of reforms designed to strengthen the DTC's capacity to achieve its aims and demonstrate its value as a progressive, health-led response to drug-related offending. By adopting these reforms, the DTC can reconnect with its evidence base, better integrate multi-agency support, and deliver improved outcomes for a greater number of participants and for society.

Through collaboration with and commitment to best practice, the Drug Treatment Court can evolve into a more effective, evidence-led problem-solving court model, maximising its impact on recovery, reducing re-offending and contributing meaningfully to Ireland's vision of a health-led response to drug use.

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Appendix 1: Case studies

Drug courts in comparative jurisdictions

The following case studies highlight recent examples of drug courts in jurisdictions comparable to Ireland, namely Northern Ireland and England. Their structures and operating models are described, as well as successes, strengths and lessons learned outlined in respective evaluations. As the bulk of the drug court evidence base is from the US, which differs more in terms of the social and legal context, these case studies aim to provide practice examples that may be relevant to the Dublin DTC and add to the general evidence about factors constituting viable drug court models.

Intensive Supervision Court pilots, England

The Intensive Supervision Court (ISC) pilot, funded by the Ministry of Justice (MoJ), includes three drug courts. The first two pilot courts launched in Liverpool and Teesside Crown Courts in June 2023. An interim evaluation was published in 2024, covering the operations of the courts from their inception until May 2024. A third drug court was established at Bristol Crown Court in June 2024.

Operating model

The Substance Misuse Intensive Supervision Courts are tailored to individuals whose offences are linked to their drug and/or alcohol use and who would otherwise face a custodial sentence of up to two years. Potential candidates for an ISC order must be aged 18 or over, reside in the pilot area and demonstrate motivation to address their problems and willingness to engage with the programme. Individuals are ineligible if they have committed firearms offences, sexual offences, repeat knife offences, or are linked to organised crime groups.

Support is delivered by a specially trained multi-agency team that includes probation, drug and alcohol treatment providers, police, and local authority representatives. Participants also attend regular reviews at court, conducted by the same dedicated judge, who provides consistent feedback and uses incentives to reward engagement and sanctions for non-compliance. Individuals also receive a bespoke support plan, typically including engagement in substance use treatment, regular drug testing, unpaid work, and mental health support.

Key successes

The interim evaluation report highlights several early successes. The pilots have been effective in diverting individuals from custody, as 65% of participants (41 of 63 cases) would have otherwise received an immediate custodial sentence. Early terminations of ISC orders leading to custody have been notably low, at just 3% of cases (2 out of 63). Participants on ISC orders generally showed good engagement and compliance with their sentence requirements. A majority of rehabilitation activity contacts (63%) resulted in attendance and compliance. Drug tests for individuals on the ISC were negative at an average rate of 67%.

Some individuals reported and demonstrated a reduction in their drug and alcohol intake. Other positive impacts have included improved health, well-being, family relationships, financial circumstances, and engagement with their sentence.

Key strengths

Several factors have contributed to these positive early outcomes. Core delivery partners of the ISC reported having a good understanding of and strong support for the ISC model, along with a perception that it is fair and appropriate for its target group. Training was also felt to be useful and sufficient by

three-quarters of practitioners. This, along with regular partnership meetings, enhanced collaboration and communication within the ISC team. The court coordinator role was seen as particularly crucial in facilitating good collaboration by linking courts with other key partners. Physical co-location has also allowed for effective and timely information sharing between agencies.

Practitioners and individuals going through the ISC who were interviewed all agreed that positive relationships were being created between the judges and ISC participants. Regular judge-led reviews and a less formal court environment, with judges de-robing, reconfiguring seating, and making efforts to connect on a more personal level, have facilitated this building of trust. Judicial involvement and the consistency of the judge overseeing the case was highlighted as particularly important. Consistent contact from the same probation officers and support staff also helps build trust and has allowed for support to be deeply tailored to individual needs and preferences. The ability to provide bespoke support packages and focus on individual strengths and interests, as well as the flexible use of incentives and sanctions was also seen as key to engagement. Participants were made aware of potential sanctions, and this was seen to be a motivator for compliance.

Key lessons

While successful, the pilot has also provided important learnings. The workload for core partners, especially probation, has been higher than anticipated due to the complex needs of individuals and difficulties in having to manage ISC cases alongside non-ISC cases. Furthermore, partner organisations providing support often had not received additional funding for the pilot, which caused some tensions. Differences in professional cultures and priorities between criminal justice agencies and support services led to some disagreements as well, though these were generally resolved through collaboration. The lack of formal involvement from housing services in the core partnership was also identified as a significant challenge, as stable accommodation is a requirement for the programme. Lastly, building understanding and support among wider stakeholders such as non-ISC court staff, police officers, and legal partners, could be a challenge as well. There were reports of potential candidates being advised against the sentencing option due to a lack of buy-in from solicitors.

Belfast Substance Misuse Court

The Belfast Substance Misuse Court (SMC) was initially set up as a pilot in April 2018 as part of a Northern Ireland Department of Justice Initiative and is now operating on a permanent footing. This court model shares many similarities with the Dublin DTC, although there are also some differences in structure and operations. Two evaluations of the Belfast SMC have been undertaken, the first one assessing successes and learning through the pilot stage (April 2018 – June 2019), and the second looking at the following two years (July 2019 – November 2021).

Operating model

The Belfast SMC operates in the local magistrates' court and is delivered primarily by the Northern Irish Court and Tribunal Service (NICTS), Probation Board for Northern Ireland (PBNI) and third sector organisation Addiction NI. Participants are offered the opportunity to take part in the programme before sentencing takes place, and sentencing is deferred while they are on the programme. Their engagement with the SMC impacts the sentence they receive. Referrals to the SMC are made by solicitors, public prosecution or the judiciary, and participants are then screened and assessed by PBNI and Addiction NI, with the final decision on whether to admit them to the programme remaining with the judge. The formal eligibility criteria for the programme include being over 18, having pled/ been found guilty of an offence linked to their substance use, demonstrating a willingness to cooperate with requirements, not having a serious mental illness that would impact their ability to participate in the programme, and not having a chronic alcohol/ drug problem that would require medical intervention.

Following suitability screening, participants undergo a thorough assessment, which explores the types of support needed, as well as criminogenic risk factors and wider life circumstances, in order to develop an individualised intervention plan, make onward referrals and set a baseline for measuring progress. The programme is then initiated, typically engaging participants for 6-9 months until completion, unless they are terminated from it. The intervention includes regular court reviews, substance testing, therapeutic intervention and access to social support.

Key successes

Across the two evaluations undertaken of the Belfast SMC between 2018 and 2021, the programme completion rate was 49.5% of the 105 participants who had come to the end of the programme. Most of them (33) achieved full abstinence, while a minority (19) were able to complete the programme by showing significant harm reduction.

Participants who successfully completed the programme saw a statistically significant decrease in their risk of reoffending (measured using an actuarial tool) from the start to the end of their involvement. Statistically significant reductions were also seen in the extent to which substance use was an issue for participants before and after the intervention. Metrics of self-efficacy and well-being also positively improved. It is important to note that these outcomes were only measured for participants who successfully completed the programme and thus do not consider the half of the cohort that were unsuccessful in finishing it.

Key strengths

Based on interviews with SMC staff as well as service users, there were several elements that underpinned positive outcomes of the programme. The reduced formality of the interactions with the judge, allowing for a relationship between the judge and participants to be formed, was highlighted as one key aspect. A flexible approach to eligibility, allowing judicial discretion to take precedence over pre-defined criteria in certain instances, as well as the high level of outreach by SMC staff to encourage engagement, were also pointed to as important factors in enabling referrals. Collaboration between agencies and within the team was also a crucial element of success. This was the case both during the development of the model and in its operation, ensuring clear communication across all parties for the management of cases, and enabling the facilitation of participant engagement with agencies they may have had previous negative experiences with. Lastly, as participants can complete the programme without necessarily achieving full abstinence where this is not feasible, the success of this model is also grounded in its more realistic and constructive approach to substance use.

Key lessons

Although the initial evaluations of the Belfast SMC yielded overall positive results, there were also some key learnings for future development. High staff turnover and the need for continual training were identified as a point for further attention. Practitioners also reported needing a clearer definition of the programme's end goal, for example, to better understand how to target abstinence versus harm reduction for different clients. It was also felt that the programme did not have enough resources to support the high level of physical and mental health needs among participants, and increased collaboration with the Department of Health was said to be necessary.

Appendix 2: Drug Treatment Court Points System

Bonus points system:

Things you can do to improve your score and get plus (+) points.

When you reach + 70 you receive a €30.00 voucher and a star. Points are reset to 0

Reason	 Bronze	 Silver	 Gold
Urinalysis Screens			
First two consecutive clean screens, appropriate to phase	+8	+6	+6
Regular clean screens, appropriate to the phase	+6	+6	+6
Education Programme			
Regular punctuality	+8	+8	+8
Regular attendance	+6	+6	+6
Good progress	+8	+6	+4
QQI Certificate: Complete Level 2 / Level 3 / Level 4	+5/ +10/ +20	+5/ +10/ +20	+5/ +10/ +20
Complete programme/ achieve certificate	+10	+10	+10
Attend gym/ Wellness Class	+1	+1	+1
Complete magazine article – half page/ full page	+5/ +10	+5/ +10	+5/ +10
General Progress			
Proactive progress	+5	+5	+5
Achieve goals in PPP (for each goal)	+4	+4	+4
Deal with a difficult situation	+5	+5	+5
Regularly attend counsellor/ Probation Officer	+6	+6	+6

Bonus Points for Residential Drug Treatment Programmes will be given at the discretion of the Drug Court Team

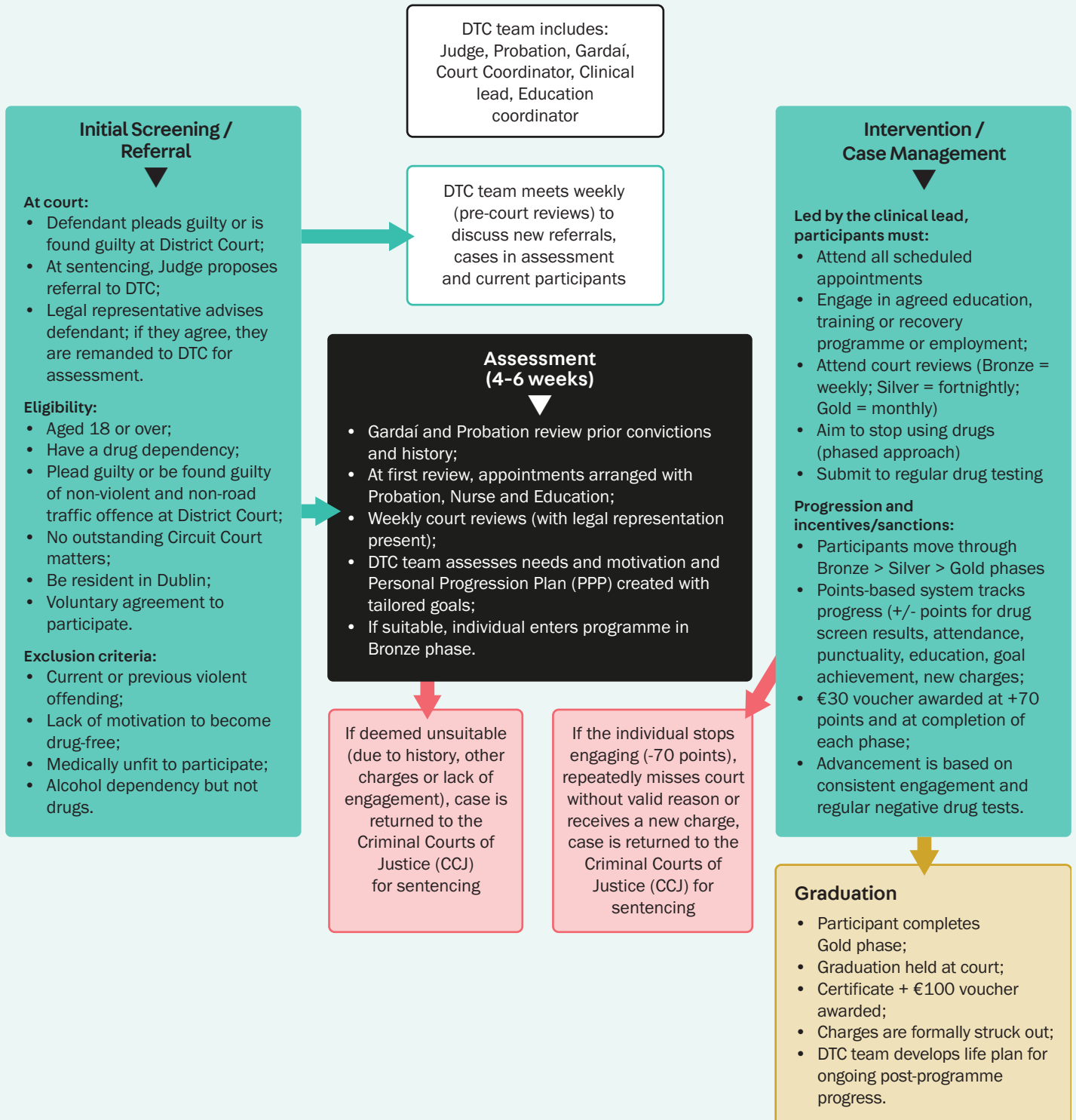
Minus penalty points system:

Avoid doing these things – they will cost you ‘minus’ (-) penalty points

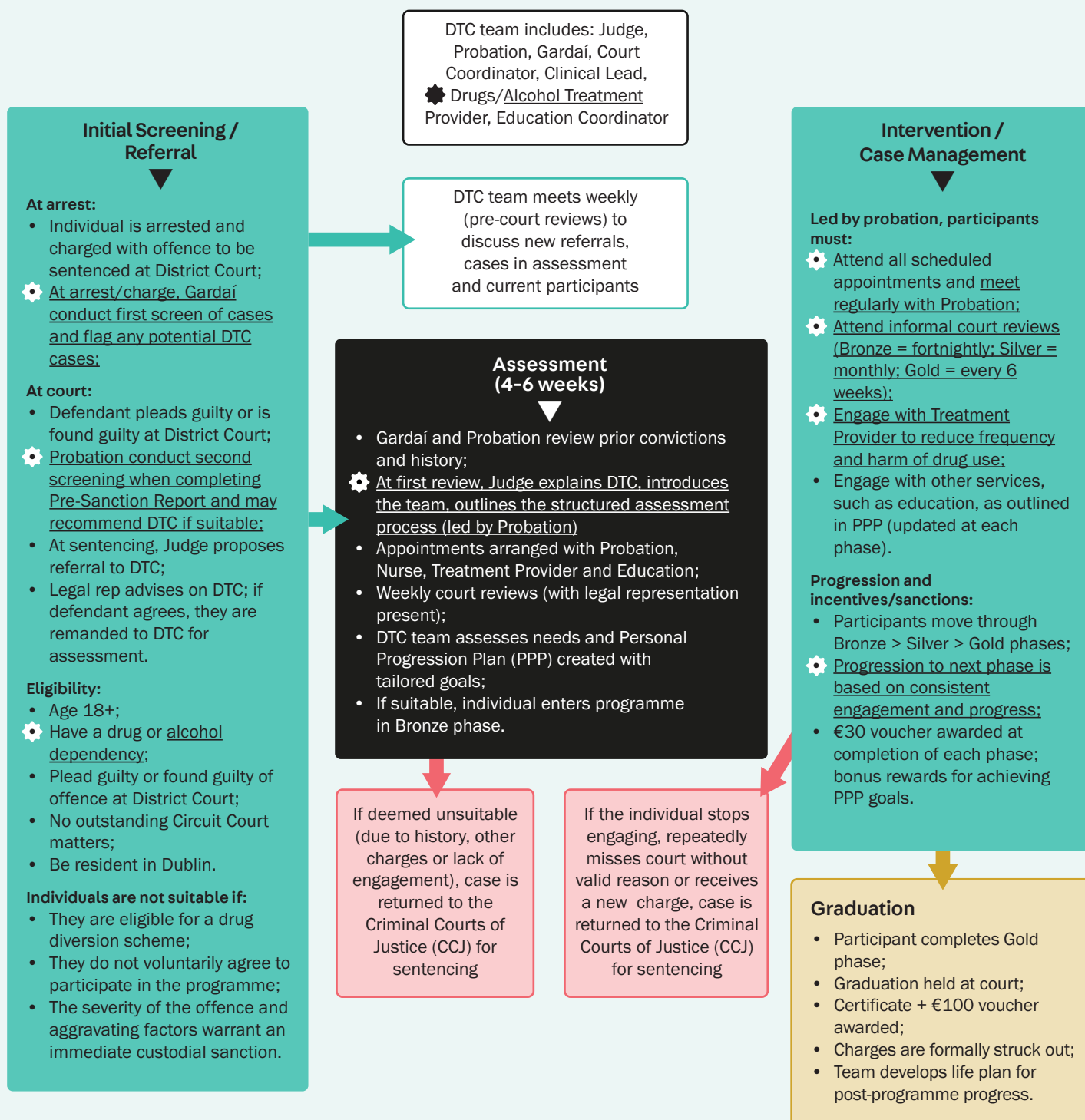
Reason	 Bronze	 Silver	 Gold
Urinalysis Screens			
Drug Positive screen	-2	-4	-10
Alcohol reading in screen – over 100/ 200/ 300	-2/ -4/ -6	-2/ -4/ -6	-2/ -4/ -6
Refusal/ Missed screen	-4	-8	-18
Suspicious screen	-35	-35	-35
Education Programme			
Missed education or course	-4	-4	-8
Missed signing on in CDETB	-7	-7	-7
General Conduct			
Late for court or missed court	-5	-5 to -10	-5 to -10
Missed PPP	-5	-10	-10
Missed clinic or appointment	-4	-4	-8
New charge	-10	-10	-35
Dishonesty	-10	-10	-10
Affected by drugs/alcohol in Court, in Education or with Probation	-5	-5 to -10	-10
Poor behaviour	-5 to -10	-5 to -10	-5 to -10
Suspicious behaviour / unfavourable Garda attention	-5 to -10	-5 to -10	-5 to -10

Appendix 3: Drug Treatment Court Process

Current Process



Proposed Process



**This report was commissioned by the Department of Justice,
Home Affairs and Migration and the Department of Health**



**An Roinn Dlí agus Cirt,
Gnóthaí Baile agus Imirce**
Department of Justice,
Home Affairs and Migration



An Roinn Sláinte
Department of Health

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With thanks to everyone who generously gave their time to speak with us:

The participants and graduates of the Dublin Drug Treatment Court and the practitioners and partners involved in its work.

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