

Tackling Substance Misuse from a Problem-Solving Justice Approach

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Summary: Drug and alcohol misuse is a growing problem within Northern Ireland. NI figures show a 13% increase in the number of visits to needle and syringe exchange schemes, a doubling of drug-related deaths among males over the last 10 years, and estimates of substance dependency directly linked to offending in 76% of cases within the Probation Board for Northern Ireland (PBNI) (NISRA, 2019). It can be argued, therefore, that substance misuse in NI is now a health emergency and is also an ever-increasing challenge for the administration of criminal justice in this jurisdiction. Organisations within the criminal justice system have been involved in a number of projects to tackle substance misuse, including the Substance Misuse Court (SMC) initiative. This initiative has its origins in 'problem-solving justice', which is an approach that seeks to tackle the root causes of offending behaviour (O'Hare, 2018). The Northern Ireland Courts and Tribunals Service (NICTS) has responsibility for developing this programme with delivery and intervention by the Probation Board for Northern Ireland (PBNI) in partnership with Addiction NI (ADNI). This problem-solving court was established at Belfast Magistrates' Court in April 2018, and takes an alternative approach to dealing with offenders when substance dependency is a predominant factor in their offending behaviour. The court directs eligible offenders to engage with an intensive treatment programme, to help tackle their addiction and change their behaviour. While the SMC is still in its infancy and evolving, early results are encouraging, with a sustained participant engagement in supervision and treatment rate of 87.5% recorded. This paper sets out the findings of an evaluation of the SMC conducted in 2019, and looks at the next steps in the development of this innovative project.

Keywords: Substance Misuse Court (SMC), Problem Solving Justice (PSJ), addictions, problem-solving, evaluation.

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Background to the Substance Misuse Court

The SMC programme was one of the pilot projects established under the Department of Justice (DoJ) Problem-Solving Justice (PSJ) initiative,¹ aimed at tackling the root causes of offending and reducing harmful behaviour within families and the community. The aim of this programme was specifically to target individuals whose offending behaviour was driven by drug and/or alcohol misuse, and to provide them with support to help turn their lives around.

The SMC pilot was initially open to fifty clients who met the following criteria:

- Minimum age of 18;
- Convicted of an offence linked to substance misuse;
- Willingness to participate fully on the programme, cooperate with supervision, desist from offending, avail of appropriate treatment interventions and consent to the sharing of personal information between participating agencies/bodies;
- No coexisting serious mental illness, which would impact on their ability to participate in the programme.

The first phase of the pilot took place at Belfast Magistrates' Court and ran from April 2018 to June 2019. Prior to sentencing, prospective clients were diverted from the Magistrates' Court to the SMC for programme suitability screening and assessment. This was conducted by the PBNI/ADNI SMC team and considered attendance, engagement, motivation, client goals, psychological assessment (if required), and an alcohol/drug audit.

Suitable clients were expected to spend six to nine months on the programme, which included regular substance testing, therapeutic intervention, psychological therapies, access to social support and regular court attendance in front of the sole appointed SMC judge, which ensured consistency. Individuals remained under the supervision of the SMC team throughout, and if progress was deemed unsatisfactory, the individual was referred back to the judge for review. These reviews included the option for removal from the programme and also for passing sentence.

Participants who successfully completed the SMC programme were referred back to the judge who determined the final sentencing outcome, taking into account their successful participation in and completion of the

¹ For further information on problem-solving justice, see <https://www.nidirect.gov.uk/campaigns/problem-solving-justice>

programme, and, indeed, the positive progress and outcomes achieved. Sentencing was at the sole discretion of the judge and included the option of 'conditional discharge'. It should be noted that successful participants had routinely completed the SMC programme within six to nine months; therefore, their disposal was shorter than the minimum one-year probation order they would have received if they had been sentenced, rather than routed through the SMC.

Furthermore, it is relevant to note that very few clients were removed from the programme for reoffending, and occasionally a client who was facing custody — for a breach of a suspended sentence, for example — had their sentence postponed whilst participating on the SMC.

The evaluation

This paper presents key findings from the evaluation conducted in 2019. The evaluation used a variety of qualitative and quantitative research methods and included analysis of data collated from key stakeholders, i.e. PBNI, ADNI and NICTS. Statisticians from the Department of Justice's Analytical Services Group (ASG), who are based within NICTS, carried out the evaluation. The findings from this evaluation will contribute towards the delivery of the second phase of the SMC pilot.

There are two parts to the evaluation: (1) the individual's experience, and (2) the programme delivery.

(1) Individual's experience

The first section of the evaluation provides an overview of clients accepted onto the SMC and looks at their engagement and outcome. Findings are derived from analysis of administrative data and client questionnaires collated over the duration of their time on the programme.

Demand for the service/Profile

It is difficult to ascertain the exact number of people who wished to avail of the service. This is due to the total cohort being diverted to the SMC via the Magistrates' Court where the judge offered some individuals the chance to participate, or was petitioned by the offender or their solicitor regarding access to the SMC. The judge then decided independently who to decline or allow to proceed to the screening phase.

However, from considered aspirants, from April 2018, 110 offenders were referred to the SMC in Belfast Magistrates' Court. Fifty of these individuals were deemed suitable and selected to take part in the pilot.

Unsuccessful candidates declined (or were declined) for a variety of reasons. Exclusion criteria included:

- Once they understood the extent of the programme, they were not willing to participate;
- Location problems: they were sentenced locally, but resided in another geographical area, so it was unreasonable to ask or expect attendance;
- They would not consent to regular mandatory drug testing;
- They had axis 2 mental health disorders or high emotional instability at the time of processing;
- They were already accessing similar supportive services (addictions/drug outreach/MH etc);
- They were simultaneously on another PBNI Order (another order had just commenced);
- They were suicidal;
- They were sex offenders, DV, or had a history of violence;
- They were known to be drug dealing;
- They had DNAd a number of assessment appointments

Of the successful candidates, 88% of clients were male. Age ranged from 18 to 45 (median of 30 on entry). Twenty-nine participants had issues of drug misuse, 8 of alcohol misuse only, and 11 were misusing both drugs and alcohol. The majority (94%) were at medium to high risk of reoffending on entry. Prior offending incorporated drugs (30%), theft (25%), motoring (12%) and 'others' (11%).

Substances misused/primary presenting issue

Table 1.

Heroin	26%
Cocaine	18%
Benzodiazepines	16%
Alcohol	26%
Cannabis	14%

Note: Polysubstance use was an issue for many users.

Engagement

Engagement time on the programme varied, with a range from 3 to 59 weeks (the average was 31 weeks). Other SMC programme averages included: counselling sessions = 37; substance use tests = 11; court hearings = 18.

The number of counselling sessions offered was 1,856, and 82% attended, while 515 substance-use tests were offered, which also yielded an 82% attendance record.

Programme completion

Outcome figures at the end of phase 1 (June 2019) showed:

- 13 participants completed the programme and were abstinent;
- 6 participants had completed the programme and, although not fully abstinent, had evidenced significant reduction and/or had left the jurisdiction for employment);
- 11 participants were removed due to various changes in personal circumstances (e.g. loss of bail address, ill health and death);
- 11 other clients were removed due to non-cooperative behaviour, including reoffending and relapsing;

The remaining 9 participants were engaging but had not yet completed the programme and were carried forward into phase 2 to complete their treatment.

Likelihood of reoffending

Clients were assessed on entry and exit to the SMC, using ACE (Assessment, Case Management and Evaluation — a structured risk assessment tool), which incorporates a number of social, personal and offending domains, to determine likelihood of reoffending within a two-year period. Twenty-six clients who had completed, or were nearing completion of, the programme answered both entry and exit ACE questionnaires.

ACE evaluation showed that 21 out of 26 participants displayed a reduction in overall substance misuse. Average group scores evidenced drug misuse declining from a medium–large problem (2.27) on entry to a small–medium problem (1.31) on completion, and alcohol misuse declining from a small–medium problem (1.31) on entry, to a negligible problem (0.46) on exit. These results therefore evidence statistically significant decreases for both

drug and alcohol misuse. Other measures such as self-reports and weekly drug testing throughout time on SMC monitored abstinence, reduction in use and reduction in polysubstance misuse. These support the findings derived from ACE assessments.

In regard to reoffending, 23 out of 26 clients displayed a reduction in risk of reoffending on exit of SMC, with three clients showing an increase in risk. Overall mean scores for reoffending reduced from 26.04 on entry to 17.85 on exit, which, in accordance with ACE, reduces likelihood of offending from the high end of medium, to the low end of medium risk over the time spent on the programme. This represents a statistically significant decrease in risk of reoffending.

By the end of phase 1, the number of high-risk individuals decreased from 8 to 5, and the number of medium-risk individuals decreased from 15 to 7. Subsequently, the number of low-risk individuals increased from 3 to 14. This indicates that the SMC programme was most effective in reducing the risk of reoffending amongst clients classified as medium–low risk on entry.

Self-efficacy, locus of control, wellbeing

Twenty clients who had completed or were nearing completion of the SMC provided responses in relation to global metrics on entry and exit to the programme.

Table 2.

	<i>Average entry scores</i>	<i>Average exit scores</i>
Self-efficacy	16.1	19.2 (out of 25)
Locus of control	16.1	17.7 (out of 25)
Wellbeing	4.3	7.3 (out of 10)

Findings indicate that the SMC had a significantly positive impact in terms of (i) increasing clients' self-belief/confidence in their ability to complete tasks and achieve goals (self-efficacy), (ii) increasing the extent to which they felt they had control over their lives (locus of control), and (iii) increasing the level of satisfaction with their lives overall (well-being).

Client support

Client feedback highlighted SMC staff support as essential to their recovery, as it aided motivation, encouraged openness and honesty, and helped reduce their substance intake.

They found one-to-one counselling sessions beneficial and were particularly appreciative of the 'on-the-ground' support and level of outreach from PBNI, stating that it encouraged engagement and commitment to the programme.

The following are some comments from clients:

I struggled with the commitment; support and phone calls from staff to check on me [was the most helpful element of the SMC].

PBNI helped me get accommodation in a hostel [and] brought me food when I was hungry and hadn't eaten in three days.

I've gotten better, mental health is better and the kids have a father who is off drugs.

Other positives highlighted by clients included: staff encouraging attendance, providing reassurance; provision of self-help materials; help with housing; help setting up appointments; substance testing for motivating them to reduce; signposting to other services, NIACRO and Women's Aid. Clients also stated that they appreciated the encouragement and support given by the judiciary and valued being able to speak directly to the judge.

Feedback in relation to difficulties experienced on the programme included:

- Excessive number of appointments; court and/or any additional appointments (e.g. mental/physical health);
- Travelling to appointments;
- Being surrounded by other substance users;
- Those outside the SMC remit not understanding their circumstances.

It is evident that for some individuals, attendance at the SMC was problematic. Difficulties arose for a variety of reasons and are highlighted below.

Several clients were sentenced in Belfast court but resided outside the court area, so travel cost, duration time, and early-morning court appearances were prohibitive. Antipathy was manifest in some other individuals regarding

having to engage routinely with court, PBNI, ADNI counselling, alongside less frequent GP, mental health, and accommodation appointments. However, in these instances, staff did their best to prevent overload and took ethical and timely decisions in the best interest of clients at all times. A number of other individuals just did not appreciate frequent and sometimes weekly court visits.

It is undeniable that some of the factors outlined did have an impact on various clients as regards their motivation, attendance, compliance and drop-out from the programme, and these factors will be taken on board in the next phase of the SMC. Subsequently, in recognition of the importance of credible feedback, the second phase of SMC has incorporated a service users' group. This is being administered by an external agency rather than the SMC team, to encourage honest reflections and aid validity.

Despite misgivings or reservations, it was encouraging that 27 out of 28 clients reported that they would recommend the SMC to someone who was in a similar position to themselves.

(2) Programme delivery

The second element of the evaluation provided detailed insight into the SMC, based on the views of the programme's staff and key stakeholders involved in the operational administration (i.e. NICTS, PBNI, ADNI). This focused on the implementation of the programme, how it worked and was delivered, lessons learned and ideas for the SMC in the future.

The Problem-Solving Justice approach

All key stakeholders advocated the use of the Problem-Solving Justice (PSJ) approach, with the consensus that it was a welcome transformation in justice delivery. Stakeholder comments included:

We're fully supportive of the approach which looks at providing a holistic way of dealing with some of the issues that many people in the criminal justice system may experience.

There are certain continuous themes that run through [the courts] that account for, really nearly, the majority of offending ... it is clear the current suite of disposals that we have don't really get to the root of the problem.

Substance misuse has undoubtedly been the one that has most easily fitted into the problem-solving justice (PSJ) model at this stage and I think

we will learn quite a lot from the SMC which can ultimately be applied for other models.

I have been impressed by the defendants in the level of respect and engagement they have given at review hearings ... they are turning up on time, they are genuinely wanting to please, not always succeeding, but you can see they are engaging ... they want to improve, they want to meet the expectations of the court and if they don't ... they are apologetic and are quite prepared to hold themselves accountable for what has happened.

Service provision prior to the Substance Misuse Court

Operational staff noted that, prior to the introduction of the SMC, a significant number of habitual offenders were encountering their services due to issues with substance misuse, and that support typically came from public health services with lengthy waiting lists. PBNl noted that its involvement in this process was typically part of a wider probation order, with staff having limited knowledge of issues relating to substance misuse. They viewed the traditional approach processes as strict, contractual and limited by funding, in contrast to SMC. ADNI noted that its services often struggled to engage with this cohort due to their complex needs and chaotic lifestyles, so the introduction of the SMC was seen as a way of potentially 'bridging the gap'.

One stakeholder noted:

When you look at traditional processes, jails are filled with people with mental health problems and drug addiction issues and, if we don't try and downstream that a little and try and provide a different approach, then all we are going to end up with is full prisons and people not being given alternatives.

Changes in justice delivery

Respondents felt that the programme provided a better 'wraparound' service, which was much more accessible to clients, with a quicker speed of access to treatment. Clients were also able to access services such as psychology, which were not available through traditional processes, and therefore the SMC approach better addressed the various social challenges that contributed to offending.

Operational staff felt that the programme enabled more collaborative justice, but highlighted that there was a shorter timeframe in which to deliver

outcomes, in comparison to the traditional approach. From a staff perspective, specific changes in relation to justice delivery included:

- Continuity, consistency and a bespoke continuum of care;
- A more selective approach in terms of clients accepted onto the programme;
- Ownership of the whole process rather than a small part of it;
- The opportunity to work directly with the judiciary;
- A more 'flexible' approach, affording clients the opportunity to become accountable for their actions;
- Regard for client lifestyle and consideration for medical intervention and/or the need for access to additional services;
- Interventions in a more timely and efficient manner.

Implementation of the Substance Misuse Court

Staff were generally satisfied with the referral process, but they had not anticipated the volume of heroin users accepted onto the programme and remarked that these individuals could be particularly difficult to deal with. It was asserted, however, that the programme was working with the correct clientele, with suggestions that working with lower-level users would be tantamount to 'overtreating'. It was also highlighted that, for some referrals, the dominant issues were in relation to the participants' mental health, and it would be beneficial if this were addressed prior to engaging with an addiction programme. Staff agreed, however, that this could be difficult to identify at the assessment stage. In terms of future referrals, it was agreed that the level of complexity of the cases accepted onto the programme needed to match the resources available to the SMC.

Although we set the original criteria, we now have a different core coming through and we have had the flexibility within the programme to adapt and change.

It is clear from the first phase that you have a lot more heroin going on in Belfast and more serious users. I didn't really expect that we would be taking such serious drug users into the court, which has been a big challenge for the team.

Initial challenges

Staff-related challenges included the following:

- The Department of Justice agencies highlighted that the biggest initial challenge was in trying to source a partner to deliver addiction services to the SMC. Statutory services were considered a 'natural partner' in developing the initiative, but they were not in a position at the time to become involved in the pilot. This resulted in a search for a service provider from the voluntary sector. Staff considered that this presented a significant challenge prior to commencement of the pilot but agreed that the partnership between PBNI, NICTS and ADNI ultimately succeeded.
- PBNI staff reported limited experience in dealing directly with substance misuse and felt that more specialist training would have been beneficial for their role and should have preceded the pilot. Although there was some 'learning on the job', a knowledge/skill deficit could be improved on.
- Some staff advocated that co-location between the agencies would have helped teams to 'gel' from the start of the process, and could have been more beneficial in terms of managing cases. ADNI staff, however, felt that, whilst this idea had merit, it was important for them to maintain impartiality and be seen by clients as independent of the justice process.

There were also a number of client-related challenges:

- The general consensus was that most clients coming onto the programme had bought into the idea of dealing with their addiction problems, although staff recognised that a small number had been advised (e.g. by legal representatives) to join the programme before they were completely ready.
- The profile of drug users was unexpected. SMC staff envisaged working towards abstinence with a cohort of cannabis and alcohol users who were medium risk. However, reflective of Belfast's emerging drug trend relating to offending, heroin, cocaine and non-prescribed medication were prominent. In-situ changes in the SMC had to be made to reflect the court referrals and necessitated a move from an abstinence to a harm-reduction approach. It also resulted in low-threshold work being required for high-risk complex drug users.

- Operational staff noted that, aside from addictions, they initially faced many barriers with clients, due to such factors as homelessness, no next-of-kin, and limited appropriate social support beyond the programme. PBNi noted that major outreach work was required to encourage clients to engage with the SMC, but believed that this was a necessity for clients whose lifestyle was typically chaotic. Furthermore, it became apparent that the needs of clients were not static and evolved from their initial 'ideals' as priorities changed throughout their journey on the programme
- ADNI highlighted that specific drug types often require medical intervention prior to the commencement of any other type of treatment and this initial intervention is something that cannot currently be provided through the SMC. They also reported that clients require de-escalation and a level of stabilisation before treatment for substance misuse can begin, and found that it was initially difficult to stabilise some complex clients, with limited timescales and staff resources.
- In the initial stages, staff also found it challenging to find the balance between holding clients to account and providing the appropriate level of encouragement and reassurance required. Staff highlighted that it was important to work out the best way to approach each client and, in that respect, a bespoke package of care was provided.

Whilst these challenges existed in the initial stages of the SMC, staff noted that many problems were addressed and ironed out through continuous feedback over the duration of the pilot, and in the last six months in particular; therefore, they were confident in progressing towards phase 2 of the pilot.

Delivering the Substance Misuse Court

Once teams unified to form one SMC team, staff felt that processes worked very well. It was felt that the overall format of the programme helped in building better relationships with clients. The majority of staff were satisfied or extremely satisfied with most elements of the programme, but they were also candid and highlighted areas where improvement was desired to increase the efficacy of the SMC.

This was an important contribution by staff, as the SMC programme, a previously untried initiative in this jurisdiction, evolves from its infancy into a second more proficient phase.

Table 3.

<i>Element of programme</i>	<i>Staff members satisfied or extremely satisfied</i>
Content of programme	10
Running of programme	8
Timeliness of programme	7
Programme structure	5

Number of staff surveyed = 13

The benefits of having one sole assigned judge was highlighted as ensuring consistency and relationship. It was felt that motivation was higher within the SMC compared with traditional criminal justice approaches, and staff believed that it being allowed to have more of a presence (e.g. within court) resulted in less animosity from clients who appreciated the supportive/empathetic environment offered. Staff felt that this, alongside linking with other agencies to help in improving clients' personal circumstances, was a more useful approach in attempting to address substance misuse.

Supervision and treatment

Supervision and treatment provided through the programme were seen as extremely positive and of great benefit to clients. The main challenge reported was in trying to change client behaviour within the given timeframe. Staff reported that the majority of clients had a low locus of control, and were not used to having any level of responsibility; therefore, attempting to change embedded behaviours over the time spent on the SMC was 'a massive job'.

PBNI stressed that the programme was limited in terms of mental health provision and reiterated the difficulties due to the absence of the statutory health service involvement in the programme. PBNI also noted that the need for psychology services was higher than anticipated, resulting in time pressures when factored in alongside other responsibilities.

It was recommended that fluid care plans for clients and more effective case management were required and would aid contingency if staff changes occurred in future. Care plans could also be used by the judiciary as an alternative to court reports, and their use would ease the administrative

burden on staff. The distinction in working arrangements between PBNI and ADNI was raised, with PBNI staff working full-time in contrast to ADNI's part-time hours. Part-time working could leave clients frustrated if they were unable to reach Addiction NI staff.

These issues need to be addressed as the SMC evolves.

Moving forward, staff noted two key areas requiring clarity:

- *Attendance*: Staff agreed that rules around non-attendance were not clear; however, this was a contentious issue, with some advocating negative consequences, whilst others preferred an approach where the judge was the final arbiter.
- *Measuring success*: Measurement of success was not deemed a straightforward issue or solely about abstinence. Some chronic clients required substitute prescribing instead of therapy, and in other instances, the success of the programme was in keeping clients alive.

Validity/reliability of screening questionnaires

Data were collected by weekly substance testing, ACE, LDQ and global metrics. LDQ and alcohol audits were initially captured by the Probation Officer; however, when PBNI became aware that ADNI was also collecting this data, Probation staff refrained from collecting to avoid duplication. These measures were used by ADNI to chart progress within counselling and were not formally used in the outcome analysis data. It is proposed that in future, these measures should be taken on entry and exit by PBNI staff and used in conjunction with ACE measurement in analysis.

ACE was considered a comprehensive risk assessment tool, but its holistic design limited its effectiveness regarding the nature of substance misuse. A more specific validated measure for determining drug/alcohol use would therefore be beneficial in the future, and these are currently being considered.

Substance testing

Some staff asserted that substance testing was beneficial and necessary in implementing the programme, and believed that it was important to maintain a focus on substance intake, as well as social problems. Others suggested that abstinence is not immediately achievable with all clients, and may be a long-term goal; therefore, progress should not be measured exclusively by weekly substance tests. Moreover, current SMC substance tests show

presence but not level of the substances used, and therefore do not indicate reduction, which would be useful.

It was agreed that, whilst substance tests are an incentive for some clients, weekly testing is not beneficial or cost-effective for all, as some readily admit to using prior to testing, whilst others refrain from using for a limited time prior to the routine testing.

It was recognised that an unintended benefit of drug testing was the evidence of relapse, and the information available to identify triggers and patterns of behaviour specific to the client, which require management or intervention.

The court process

Feedback around the court process for the SMC was extremely positive. It was evident that the biggest difference between the traditional court process and the SMC court was that it gave clients a voice and an opportunity to 'share their story'. This approach highlighted the level of vulnerability amongst clients, but it was felt that 'shining the spotlight' on these individuals also facilitated accountable justice and forced clients to take responsibility for their actions.

It was noted that the SMC court process felt collaborative, with everyone working together towards the same goal. Staff detected less animosity towards the justice system in the SMC, and believed that the SMC process empowered clients with greater motivation to change their behaviour.

Despite clients' regular mandatory attendance at SMC court, staff reported a non-intimidating atmosphere in comparison to other courts. They suggested that although repetitive court visits might be monotonous to some clients, especially those required to attend weekly, the rigidity of the court process was useful in providing structure for clients.

Staff considered pre-court conferences essential, as they provided a full spectrum of perspectives regarding the client prior to summary in court. ADNI reiterated a desire to be seen to 'maintain impartiality and independence from the justice system to protect their integrity', so would have preferred pre-court conferences at a time/place where clients were not within the same location.

The changing client behaviour

All staff agreed that there were visible changes in clients throughout their time on the programme and noted that, in some instances, the programme

had been a life-changing process. Despite the fact that not all clients had achieved abstinence, staff conveyed that positive changes were still evident, such as lower-risk substance use and/or a significant reduction in the number of substances taken. Alongside this, in line with quantitative findings, staff noted a number of additional benefits of the programme, including a reduction in offending behaviour, the development of meaningful relationships, improvements in mental health, access to additional services, and moves towards employment.

ADNI emphasised that it is difficult to provide evidence of all the benefits of the SMC, as many subtle benefits are not necessarily quantifiable and can only be appreciated in the long term.

Staff agreed that whilst participating on the programme, client offending behaviour reduced, and they were optimistic regarding long-term impact. However, they suggested that consideration should be given to a latent measure of reoffending post SMC involvement, to ascertain stable behavioural change in clients.

Future of the Substance Misuse Court: Lessons learnt

There were a number of positive lessons from phase 1 of the SMC:

- From the outset, the team adopted a collaborative approach to utilise a broad range of skills and experience. The original steering group comprised representatives from NICTS, DoJ, DoH, PPS, PSNI, victims groups, PBNI and others. The broad spectrum of views was regarded as a significant asset in developing the SMC model and operating procedures.
- The SMC utilises a flexible approach and encompasses a lot of outreach to engage with clients and encourage them to engage with the programme. Although this was time-consuming, staff adjudged it to have resulted in better relationships with clients compared with traditional processes. They also documented that it is important to continue to maintain a level of flexibility in administering the programme, to prevent clients from 'falling through the gaps'.
- In recognition of the distinctive characteristic process of PSJ, where the defendant engages directly with the judge, family members and legal representatives were permitted to be present in court but took no part in the proceedings. It was acknowledged by all parties that the less formal nature of the SMC was one of the key elements of its success,

and the relationship between the judge and the defendants enabled clients to engage with the court in a less adversarial environment.

- Despite the complexity of clients differing significantly from what was initially expected, ultimately admission to the programme is a matter for the judge and may not fully correspond with any pre-defined target defendant criteria. SMC staff have been open and adaptable to this, providing evolving care in line with a changeable cohort. Staff will take this flexibility forward into the next phase of the SMC pilot.
- In terms of the bigger picture, the focus must be upon a long-term reduction in substance misuse and reoffending, but other benefits have accrued, such as improved links between clients and other agencies outside the SMC. Staff noted that modelling positive engagement with other services, to clients with previously negative experiences, appears to have been beneficial in increasing the willingness of clients to engage with these services moving forward.
- The programme works most effectively when there is good communication amongst all parties, a clear understanding of the roles of individuals, effective care planning, and provision of collaborative care.

There were also lessons to be learned from and built upon beyond the first phase of the pilot: as we graduate into the second phase.

- Some staff felt that expectations of all clients becoming 'clean' or telling clients 'Don't take drugs' may, in some cases, be too idealistic. It does not acknowledge either the difficulty of addressing serious addictions, or the success of substance reduction on offending behaviour and in improvement of social circumstances.
- Staff debated whether the focus and purpose of the programme are to achieve abstinence or to reduce the harm to individuals and/or society. They suggested that these are two different things, which require to be measured accordingly and felt that this definition is important in order to set appropriate goals for clients on entry to the programme. Staff also queried what a 'successful intervention' looked like, or whether uniformity in this regard was possible, due to the variety of differences between clients.
- It was reported that 'time and resources' were not utilised as effectively as possible, because of issues around client motivation and non-attendance. To address this in the future, the initial assessment period

has been extended to four weeks to ensure that only the most motivated clients are accepted onto the programme.

- An appropriate funding stream is required to ensure that the SMC administrators and delivery partners can plan on a long-term basis.
- Several clients who presented to the SMC had serious mental health problems, which would have required treatment prior to addressing issues around substance misuse. A key lesson learnt was that a separate programme is required to run parallel with the SMC, which would accommodate defendants of this nature. This is in line with the American justice model and, alongside other PSJ initiatives, highlights the potential for a range of treatment courts in Northern Ireland.

Sustainability

The core processes of the SMC were adjudged to be working very well and staff believed that there was a necessity for a permanent SMC programme. It was noted, however, that to future proof the programme there is a need for comprehensive care plans to be constituted and put in place. Despite seeing longevity in the programme and opportunities for moving forward, staff highlighted that rolling out the programme further would not be sustainable without increased financial and staffing resources.

In order to ensure that the time and resources currently available were effectively utilised going into phase 2, the initial assessment period for referrals has been extended to four weeks prior to acceptance on the programme. A 'rolling system' has been put in place (i.e. those who are not committed can be replaced by someone who is willing to engage with the programme). It is anticipated that this more rigorous assessment period will ensure that the most committed and motivated clients will be prioritised, accepted and offered treatment. The second phase is now underway.

In terms of sustainability, respondents noted the following:

If you look at the records of the 50 [clients] that we have put through and counted up how many offences they had been committing ... and they haven't been offending ... how much is that saving ... you are not sending them to prison, the other social commitments that they are making, the fact that they are reconnecting with families ... I think taking that, as a whole, it actually does become very good value for money.

It is undoubtedly [sustainable] ... I have no doubt you could take more than 50 [clients] and you could probably run [the court] maybe two days a week, but I understand you need to scale up the support on top of that ... the same team couldn't carry any greater workload.

I think it is value for money ... I think it is probably one of the problem-solving areas that is scalable and could move into a jurisdiction.

Conclusions

It is accepted from the outset that this evaluation was of limited duration and based upon a small sample of individuals with varying and multiple problem factors. Therefore, qualitative input from staff and clients was invaluable to complement quantitative data. It is evident, however, that the SMC approach works with encouraging outcomes regarding abstinence and reduction of substance/alcohol misuse, and reduction in offending behaviour. It is enlightening that the SMC programme was most effective in reducing the risk of reoffending amongst clients who were classified as medium-risk on entry, in comparison to those classified as high-risk, and this may be something to be considered in future, but perhaps requires deeper analysis over a longer time duration.

Many other positives from the SMC approach were confirmed, such as good client attendance with PBNI, counselling and testing appointments, plus significant improvement in clients' self-efficacy, locus of control, and wellbeing measures.

Difficulties were not ignored, with staff highlighting the higher number of heroin users than had been envisaged, the number of clients who were dual diagnosis, difficulties with the referral process, weekly testing, non-attendance and definition of 'successful intervention'. Whilst the latter issues can be remedied in the next phase, mental health is viewed as a huge factor, and staff supported the need for a specific mental health court at a future date.

Latterly, PBNI staff suggested that before the pilot is over, and prior to the SMC being validated for use, all options should be considered. This included advising that the entire programme would run more cohesively and efficiently if delivered by a single organisation (PBNI). Alternatively, it was proposed that further efforts should be made to encourage a collaboration between PBNI and Trust services, which would help deliver a coordinated approach to addiction and health. If this partnership is not feasible, a pathway

of access that enables SMC referral directly to Trust mental health teams should be explored.

SMC staff recognised the limitations of the current structure and process of SMC, whereby offending is highlighted, addiction factors tackled, but causal factors, i.e. root causes of addiction, are not always identified, formulated or addressed. Staff recognise therefore that there is room for improvement within their own practice, and suggested that a comprehensive treatment plan from the outset would benefit this. They also promote the necessity of establishing collaborative links with partner agencies such as Community Addictions Team, Substitute Prescribing Team and Extern. Moreover, they assert that further specialist addiction training is required to enable them to enhance their own professionalism and provide an improved SMC service.

The key principles of problem-solving courts, which are widely researched and evidenced across drug courts in the US, from where this model was adopted, are clearly evident in this project. The essence of problem-solving justice courts is their proficiency in adapting to individual need and that of local communities. This research highlights that the SMC service's individualised approach to justice, with an emphasis on outcomes, has made it one of the most successful legal innovations in recent years.

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