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Measuring success in the ACT's Drug and Alcohol Sentencing List

An ANZSOG Teaching Case by Dr Sophie Yates, Professor Lorana Bartels & Professor Meredith Rossner

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Abstract

This case illustrates the dilemmas of measuring and evaluating success through discussion of the ACT's first adult drug court, the Drug and Alcohol Sentencing List (DASL). Prisons are ineffective in addressing many of the drivers of crime, so governments are increasingly seeking alternatives to incarceration. One option is problem-solving or solution-focused courts, which provide case management and wrap-around services in the community. But the problems they seek to address are often deep-seated and 'wicked', crossing many different policy areas (e.g., health, housing, employment) and involving intergenerational disadvantage and trauma. Any single intervention (however intensive) is unlikely to be able to solve an individual's problems completely or over the long term.

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Offending driven by substance use is one such example, as recovery from drug addiction and desistance from crime are increasingly understood to be complex, interlinked, non-linear processes. Furthermore, evaluations of whether drug courts 'work' often focus on recidivism – i.e., whether the intervention significantly reduces reoffending. Another key metric is 'completion' – whether a client progresses through all the stages of the program. The evidence presented in this case suggests that, if decision-makers focus only on recidivism and a binary measure of completion or non-completion, they miss the many other contributions that drug courts can make to improving health, social and criminal justice outcomes. The key decision-makers in this case were those in the justice portfolio (both politicians and public servants), who had to decide using limited data whether to extend or even expand the DASL trial. Data included criminal justice statistics; drug use, health and wellbeing surveys; financial data; and interviews with professional stakeholders and court clients. Readers will be encouraged to think about what 'success' means in a normative sense, and what kinds of data can be drawn on to evaluate whether to continue funding an intervention – especially in the context of a small jurisdiction where program numbers may be quite low.

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Measuring success in the ACT's Drug and Alcohol Sentencing List

Introduction

In the middle of 2023, the trial phase of the Australian Capital Territory (ACT) Drug and Alcohol Sentencing List (DASL) was about to come to an end. Service agreements with treatment providers were soon to expire, and there had not yet been any announcement about the future of the program. Decision-makers in the ACT Government had to determine how to proceed.

DASL, a prison diversion program, had come about because recidivism in the ACT remained stubbornly high and was often driven by drug and alcohol addiction. In 2017-18, about 44% of people released from prison received a new custodial sentence, and nearly 70% received a new correctional sanction, within two years.¹ Decades of evidence had shown that prisons are ineffective in addressing many of the drivers of crime, so the ACT was not alone in seeking alternatives to incarceration.

One option that shows promise is problem-solving or solution-focused courts, which provide case management and wrap-around services in the community. These kinds of interventions recognise that the offending behaviour of people who repeatedly return to prison is often driven by complex social problems. They tend to be designed around the principles of therapeutic jurisprudence, which involves a collaborative, largely non-adversarial approach focused on participants' needs, and aims to improve future outcomes, rather than punishing past behaviours. Solution-focused courts targeting drug addiction (known as drug courts) vary in target population and program design, but typically involve the following essential elements:²

1. Participant screening and risk assessment
2. Regular judicial monitoring of participants' progress via development of a therapeutic relationship with the participant;
3. Formal monitoring, in the form of drug testing and supervision by a case worker;
4. Graduated incentives and sanctions through the course of the program; and
5. Treatment services.

The ACT's Drug and Alcohol Sentencing List

As part of its push to reduce recidivism and strengthen its harm minimisation approach to substance use, the ACT Government decided to implement a trial drug court, beginning in late 2019. A team of researchers from the

¹ Productivity Commission (2019). *Report on Government Services, 2019*. C Justice, Table CA.4.

² National Institute of Justice. (2020). *Overview of drug courts*. <https://nij.ojp.gov/topics/articles/overview-drug-courts>

Australian National University (ANU) were contracted to assist with aspects of the court's development and evaluate the trial.³

Despite its relatively progressive approach to criminal justice, the ACT was the last jurisdiction in Australia to implement a drug court – New South Wales had led the way in 1999. This program had several differences from most other drug courts in Australia, because of the jurisdiction's small size and the decision to have it operate in the Supreme Court, instead of the lower courts. As referrals from the Supreme Court involve more serious offending, unlike many drug courts, DASL accepts participants convicted of violent offences and is available for sentences of up to four years' imprisonment. This means DASL deals with very complex cases, often preceded by decades of linked substance use and offending. The program's designers also decided to include alcohol as well as illicit drugs, and implemented a collaborative model with health as the lead agency, rather than the more standard corrections-led model.

To access DASL, potential participants are required to plead guilty to the offences they are charged with and go through a brief eligibility check and then a more intensive suitability assessment. Successful applicants are then sentenced to a Drug and Alcohol Treatment Order (DATO), with their original custodial sentence suspended, while they complete the order. DATOs are set by the Court for a minimum term of 12 months. Participants ideally progress through three program phases, with the first being the most intense and structured, and formal requirements easing as they continue in their recovery journey. However, movement between phases is designed to be fluid and participants might progress or regress. In Phase 1, participants attend court once a week, meet with their case managers, and undergo urinalysis three times a week. They are also required to attend treatment programs determined by the DASL team. If participants miss appointments or return positive urinalysis results, they accumulate sanction points. Multiple infractions result in consequences, ranging from verbal warnings, to short custodial stays and ultimately DATO cancellation. Participants can also be rewarded – for example, through phase progression or applause during weekly check-ins.

Although presided over by a judge, drug court hearings operate very differently from those in other courts. At weekly check-ins, participants are expected to talk with the judge and give an account of their activities and progress since the last hearing. The judge also behaves differently from the judicial norm, taking on more of a mentoring role with participants, while still upholding the standards and authority of the court. There is an extensive literature on best-practice approaches for drug court judicial officers and implementation of DASL included training for the judicial officers and other court staff.

Weekly hearings are underpinned by the work of the collaborative treatment team, comprising the judge and representatives from health, corrections, police, prosecutions, Legal Aid and other agencies, as appropriate. One member of the team commented:

Everyone gets to say what they think, and I think it's very unique in that regard. Because it's a multi-disciplinary team, people have skills in so many different areas, and we can look at that one person through so many lenses, so yes, [it's] perfect really.

Before each check-in hearing, the team meets to discuss each participant and make decisions about their treatment. They also plan how the judge might approach their conversation with the participant, to have the most constructive effect.

Implementation challenges

DASL commenced operation in late 2019 and was originally funded for 32 participants. Unfortunately, the COVID-19 pandemic almost immediately interfered with program implementation and participation had to be ramped up slowly over two years.

It also quickly became apparent that the ACT's small size was exacerbating well-known problems with drug court implementation – substance treatment program availability and housing support. The ACT is one of the most affluent Australian jurisdictions but also one of the most difficult in which to obtain affordable housing (see Exhibit 1). Those

³ This included two of the authors of this case. For the full evaluation, see Rossner, M., Bartels, L., Gelb, K., Wong, G., Payne, J., & ScottPalmer, S. (2022). *ACT Drug and Alcohol Sentencing List: Process and Outcome Evaluation Final Report*. ANU. https://www.courts.act.gov.au/_data/assets/pdf_file/0003/2054640/ACT-Drug-and-Alcohol-Sentencing-List_Final-Report.pdf

most in need of drug court programs are also very likely to be homeless. COVID-19 was implicated here too, according to a case manager interviewed in early 2022:

COVID has changed the shape of homelessness in the ACT. ...People are not moving. Rentals have skyrocketed in price, so people aren't moving into private rentals. There's just no properties. ...So everywhere is full, all the hostels are full, temporary accommodation is full, there's no options whatsoever.

Homeless participants were not excluded from the program, but they couldn't be assessed as suitable without at least temporary accommodation; the judge and assessment team recognised that the intensity of program participation was such that participants could not expect to manage sobriety and all the necessary appointments without somewhere to live.

One stop-gap solution was placing participants in residential rehabilitation – but these were already stretched thin. Drug courts are of course limited by the availability of alcohol and other drug (AOD) treatment services, which tend to be run by the community sector and funded using government contracting models. Small cities often have very low program availability and Canberra was no exception. As one AOD worker put it: 'The [AOD] sector has never, still does not have enough resources ...one of the issues with DASL is, we're bed-blocked'.⁴

One treatment provider created a transitional program for homeless clients who had completed residential rehabilitation. Participants were permitted to stay at the facility indefinitely, even after finishing their intensive treatment program. However, this created problems in other areas. Stakeholders commented that some people remained in jail because they could not access residential treatment, some were stuck in residential rehab because they couldn't access housing, and some missed out on doing DASL at all because they had no access to any kind of housing. Those stuck in 'resi' remained under heightened levels of scrutiny, where brief lapses in sobriety – which would not result in DATO cancellation but were not permitted in the residential facility – could lead to expulsion. It was difficult for participants in this position to learn how to be abstinent under more normal residential conditions.

To make things worse, in a small city like Canberra, 'everyone knows everyone', so it could be challenging to find a treatment bed away from participants' usual drug-using or prison networks. Placements in neighbouring New South Wales were technically possible, but administratively very difficult to achieve. One participant, interviewed in jail after his DATO cancellation, said of residential rehabilitation:

It was a bit hard with everyone there from jail. If they spread us out through different rehabs, maybe it might have been better.

One provider had scrambled to add another bed, so they could accommodate DASL-funded participants, but it had come at a cost to their internal resources:

And all of that was done free of cost, we didn't get any financial supports for infrastructure at all, so we had to change a gym into a bedroom, and then because of the impact that was having on the residents we then had to turn a shed into a wellbeing space. So that's how we managed it, to get that bed for the clients.

In the context of stretched resources everywhere, not everyone accepted that DASL clients deserved priority access. AOD providers lamented the necessity of turning away 'community clients'. A DASL judge reflected:

And at the moment, the [social housing list] is years long, literally years long. And I can't justify putting a criminal above a single mum, you know? So it's very difficult. But it does undermine the integrity and the success of the program, and [the program] is good for the community. ...Even if [Housing ACT] double what they're doing now, there would still be people falling through the cracks, but I'd feel much more comfortable about saying these people need to be helped now, because this program is valuable to the whole community as well as them.

⁴ In healthcare, 'bed-blocked' refers to a situation where patients or clients occupy beds for longer than necessary, because something (e.g., lack of housing) prevents them leaving.

Early results: Graduations, recidivism, cost

Despite these challenges, people progressed through the program. The *process* evaluation showed that DASL was operating well and was overall consistent with the principles of therapeutic jurisprudence, but government decision-makers generally focus on the *outcomes* when deciding the fate of a program. Drug courts tend to be most often evaluated using measures of program completion and recidivism. Unfortunately, the numbers, small to begin with and constrained by COVID-19, were encouraging but not much to base a decision on. By the end of the evaluation period, eight people had graduated (i.e., had progressed through all three phases) and three had finished their DATOs without progressing through all the phases, but 15 had had their DATOs cancelled and ended up back in prison. Cancellations represented 27% of the 56 cases entering DASL during the evaluation period. There were 30 active cases: 20 in Phase 1, six in Phase 2, and five in Phase 3.⁵

Preliminary figures suggested that DASL had improved recidivism. There had been an overall reduction of 61% in fresh charges while participants were on the program, compared to the 12 months before program commencement. This included those who had their DATO cancelled (due to non-compliance) or completed the program without graduating. Half of the participants did not reoffend during their order. For the people still on the program at the time the evaluation concluded, there had been an 87% reduction in the number of charges since they began their order. None of the eight graduates had returned to court since graduation.⁶

However, it was simply not possible at that early stage to get a statistically robust understanding of whether DASL had reduced recidivism compared to cohorts who had originally incurred similar charges. Those not sentenced to DATOs generally served a custodial sentence instead, and those whose DATOs were cancelled went immediately back to prison. In both situations, these people had comparatively limited opportunity to incur fresh charges in the short-term, meaning they were not appropriate comparison groups for those who had graduated or completed DATOs.⁷ Rigorous evaluation with matched comparison groups tends to find moderate statistically significant reductions in recidivism over time. For example, an analysis of New South Wales' long-running drug court found a 17 per cent lower reconviction rate compared with the control group.⁸

Regarding costs, the evaluation team estimated that the cost of prison time avoided through the program – in other words, what would have been spent if participants had gone to prison instead of DASL – at approximately \$14 million over the first 26 months of the program (see Exhibit 2). Since the Government had spent \$13.3 million on DASL in its first two years, its cost had arguably been offset through avoided prison time alone.

While some of these early results were promising, the stakeholders interviewed felt it was difficult with these sorts of blunt quantitative measures to understand the holistic value of what is after all intended to be a therapeutic wrap-around program – especially in a small jurisdiction, where low participant numbers make robust statistics difficult to generate.

Wellbeing and qualitative insights

Subjective measures of wellbeing and qualitative interviews had been built into the evaluation model. It is unusual in Australia for research on drug courts to include qualitative information from stakeholders, and especially from participants, who are not often consulted in evaluations of criminal justice system interventions. However, qualitative data can be very important for telling stories of impact and contextualising limited quantitative data.

Through these measures, many social integration and personal development benefits from DASL participation came to light. For example, ACT Health data collected as part of the evaluation (using the TCU-5 tool)⁹ showed that participants' self-reported drug use fell from an average of 9.7/11 at the beginning of their orders, to 3.2 after nine

⁵ Rossner et al. (2022), *ibid*, p. 13.

⁶ For a more detailed discussion of recidivism figures, see Rossner et al. (2022), *ibid*, p. 162-173.

⁷ It is important to note that people do commit offences in prison (especially crimes against other incarcerated people), however this is difficult to accurately measure. Overall, prison constrains people's opportunity to commit many types of offences.

⁸ Weatherburn, D., Yeong, S., Poynton, S., Jones, N., & Farrell, M. (2020). *The long term effect of the NSW Drug Court on recidivism*. NSW Bureau of Crime Statistics and Research. <https://bocsar.nsw.gov.au/bocsar-home/research-evaluations/2020/cjb232-the-long-term-effectof-the-nsw-drug-court-on-recidivism.html>

⁹ Knight, D. K., Blue, T. R., Flynn, P. M., & Knight, K. (2018). The TCU drug screen 5: Identifying justice-involved individuals with substance use disorders. *Journal of Offender Rehabilitation*, 57(8), 525-537.

months and 0.2 after 12 months (see Exhibit 3).¹⁰ Although not all participants managed to progress through all the stages, many achieved periods of unprecedented sobriety, something they could build on for future rehabilitation attempts. For example:

Participant: I haven't given no dirty urines or nothing. I've been clean for 14 months now, so that's the longest I've ever been clean in my life.

Professional stakeholder: It's a joy when someone says 'mm, first time I've been sober since I was 16'. ...my client said the other day 'I've been in and out of prison for my kids' birthdays, and I can be not just present, but sober'. Isn't that a win? The delight on his face.

Self-reported quantitative physical health and psychological health scores also improved, with participants using phrases such as 'hope for the future' and 'a second chance at life'. One graduate enthusiastically reported:

I feel like I'm on drugs all the time now, because I feel so good. Drugs don't make you feel like this, but that's what they should make you feel like. ...maybe that's a shitty way of explaining things, but I was just trying to say that I feel really good all the time, from these people pushing me in certain directions and being super positive. And then you're super positive because of this.

Many interviewees spoke of the family benefits of program participation. One participant described getting back in touch with his family after 'I'd lost contact with all of them' and now 'they definitely can see a change in me'. Another reported regaining partial custody of his young daughter and forming a much better relationship with her. For a third, the family and relationship benefits were transformative:

I suppose it's being a normal member of society, where I can just enjoy the small things, like spending time with my kids, gaining back the respect from my family, rebuilding the connections. Having genuine friendships with people, instead of it being based around crime and drug use and sex and money. I know it's a whole new lease on life for me. I honestly thought that that stuff was out of reach.

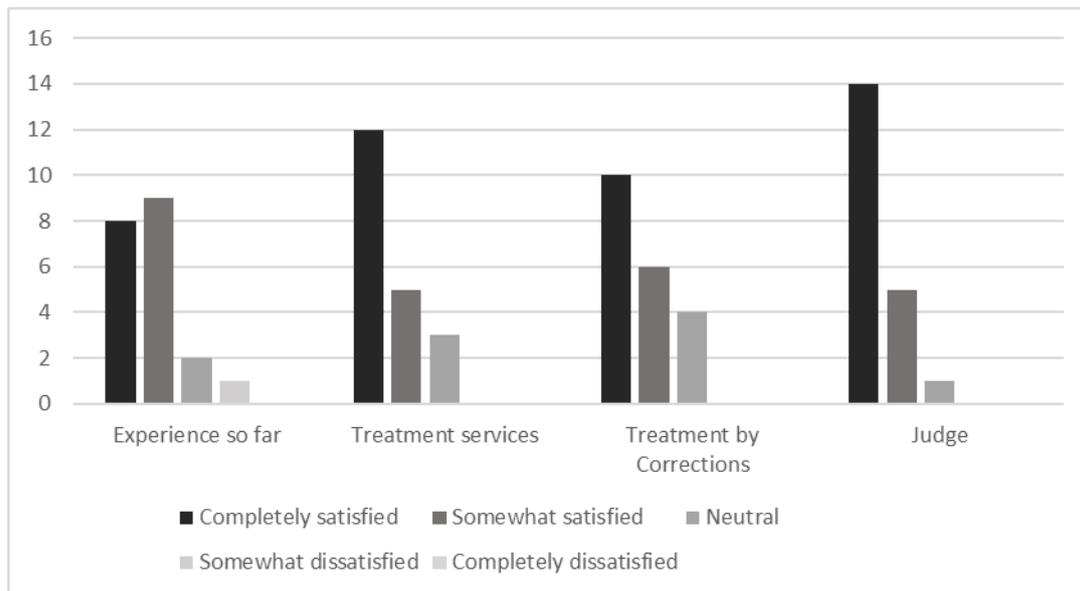
At least two participants had regained custody of their children from state care. As a health worker commented, 'That's a substantial outcome, not just for [client], but the ripple effects that that has then had'. Another stakeholder reflected:

If the program achieved nothing else, assuming that that's sustainable, the cost saved by keeping her out of prison and those children out of care, and the trajectory that they might otherwise have experienced, both emotionally and socially, but [also] financially, would pay for everything that's happened so far.

A fourth form of benefit related to the social, emotional and life skills acquired through the program. At the most rudimentary level, this could be the development of basic life organisation skills, such as an increasing ability to keep or reschedule appointments. On a more complex level, clients learned skills to resist drugs, cope with difficult situations, and resolve conflicts.

One important but commonly overlooked benefit raised by stakeholders related to how participating in DASL can represent an opportunity to engage positively with government and non-government services, including police and corrections. Many participants had developed an antagonistic relationship with services and bureaucracy over years of punitive interactions. Encouragingly, quantitative evidence from a participant survey showed high satisfaction with the program overall, and with treatment services, corrections and especially the judge. Most participants indicated that they were completely or somewhat satisfied with each aspect. This showed that many of the 'process' aspects of the program were working well for clients.

¹⁰ Similar to other quantitative data collected for this evaluation, these scores were incomplete and provisional (due to participant attrition and inconsistent collection), so should be viewed as indicative.

Figure 1. DASL client satisfaction with aspects of program (n=20)

A community corrections stakeholder reflected on how these changes had manifested over the evaluation period:

I think also seeing the positive impact of the way some of these people interact with our service, and with how some of them are really traumatised, and they've had really terrible experiences in the criminal justice system, and going to court's always been a really stressful situation. But for some of them now, going to court is actually getting some affirmation that they're progressing and that experience had changed. And we're seeing that with the way people present, you come into court smiling, you can see that they're getting something from it.

Interviewees felt that the ability to trust service providers, ask for help, and engage positively were all 'seeds' that would set participants up well for ongoing rehabilitation and reintegration.

Finally, stakeholders reflected on the substantial, sometimes unprecedented, progress made even by some participants who had their orders cancelled or finished their DATOs without progressing through all the stages – in other words, those who 'failed' the program, according to traditional notions of drug court success. For example, a professional stakeholder said of one participant:

...he's probably never going to leave Phase 1, but you know what? I think he's been one of the biggest successes of the program. From where he's come from, he was using heroin, meth, cannabis daily, regularly offending and ending up back in custody, whereas now we're almost a year on, he's not using meth anymore, he's not using heroin anymore, he's dosing [his pharmacotherapy] pretty consistently. He'd never had any treatment other than pharmacotherapy in the past, and the most he's using is a bit of cannabis now on the weekends.

Another team member reflected on a client whose order had been cancelled, whom others had labelled 'a big fail':

No way was that a fail. That was a success. That woman had a period of recovery she'd never had in her life. You can always reflect on that. Even if you're in jail, you can always go, 'gee, that time that I had recovery was good'.

Consistent with research showing that desistance from crime and recovery from addiction are longterm processes,¹¹ some stakeholders called for decision-makers to view DASL holistically, within the context of a larger system geared

¹¹ Best, D., Irving, J., & Albertson, K. (2017). Recovery and desistance: What the emerging recovery movement in the alcohol and drug area can learn from models of desistance from offending. *Addiction Research & Theory*, 25(1), 1–10.

toward both the immediate goal of harm reduction and the longer-term goal of rehabilitating substance users who offend.

Program retention and expansion

By mid-2023, the trial period was over, the ACT Government had had a year to consider the evaluation, and service providers working with DASL clients were getting worried – their service agreements were about to expire, but there had been no word about the future of the program. Despite implementation challenges – particularly with housing – stakeholders were generally feeling good about DASL’s processes and outcomes. While cancellations represented 27% of participants, this was not unusual for drug courts internationally. In fact, drug court graduations (meaning those who stay in the program *and* progress through all phases) often only represent about half of those accepted. Many participants incurred fresh charges during the program, but about half did not. Again, it should not be expected that people with long histories of drug addiction and offending would cease using and offending immediately. Desistance from addiction and crime is best understood as an “ongoing process and often involves some false stops and starts”.¹² For some, this had been their first intensive treatment program. Overall, frontline staff and clients felt that it was making a difference.

One week before contracts expired, providers received some good news. After reviewing the evaluation data and considering the policy implications, the ACT Government announced on 22 June 2023 that the program would be expanded from 35 to 42 places, with another three years of funding.¹³

In making the announcement, Chief Minister Andrew Barr argued that “[m]erely locking people up for crimes which flow from the misuse of alcohol and drugs does not work to break the cycle.” Instead, “by addressing underlying causes of addiction such as trauma, this Court changes people’s lives and reduces crime.” ACT Attorney-General Shane Rattenbury concurred that in “treating drug and alcohol dependence as a health issue as much as a justice issue, this program has put lives back on track.”¹⁴ By late 2024, DASL had been the subject of further review by the ACT Government¹³ and an independent cost-benefit analysis suggesting that benefits were improving relative to costs year on year.¹⁴ It seemed that DASL was now here to stay.

¹² HM Inspectorate of Probation (2024). *Desistance – General practice principles*. <https://www.justiceinspectorates.gov.uk/hmiprobation/research/the-evidence-base-probation/models-and-principles/desistance/> ¹³ Fuller, N. (2023, June 22). Last-minute funding for ACT Drug and Alcohol Court. <https://canberradaily.com.au/last-minute-funding-foract-drug-and-alcohol-court/> ¹⁴ Fuller (2023), *ibid*.

¹³ ACT Government (2023). *Statutory Review Report: Drug and Alcohol Sentencing List Provisions*.

¹⁴ KPMG (2024). *Cost-Benefit Analysis of the Drug and Alcohol Sentencing List: Final Report*.

Exhibits

Exhibit 1: Demographic snapshot of the ACT (from 2021 census, unless otherwise specified)¹⁵

Population: 454,000, the vast majority of whom live in the city of Canberra.

Income: The median weekly individual income was \$1,203. This was much higher than the Australian average of \$805.

Education: In 2021, the ACT had the highest proportion of people with a Bachelor degree or above (47%). The national average was 32%.¹⁶

Housing

Proportion of owners and renters in 2021:



The mean price of residential dwellings in the ACT was among the highest in the country for the June quarter of 2024 (\$953,900), second only to NSW (\$1,222,000).¹⁷ Canberra also had the second highest median weekly rent of all the country's capital cities (\$674), behind Sydney (\$770).¹⁸

Public housing average waiting times, as of 2 September 2024:¹⁹

Waiting list	Approved applications	Average waiting time (days)
Priority housing	79	188
High needs housing	1,912	1,169
Standard housing	1,068	1,951

¹⁵ Australian Bureau of Statistics. (2022, June 28). *Snapshot of Australian Capital Territory*. ABS. <https://www.abs.gov.au/articles/snapshotact-2021>.

¹⁶ Australian Bureau of Statistics. (2023, May). *Education and Work, Australia*. ABS.

<https://www.abs.gov.au/statistics/people/education/education-and-work-australia/latest-release>.

¹⁷ Australian Bureau of Statistics. (2024). *Total Value of Dwellings*. ABS. <https://www.abs.gov.au/statistics/economy/price-indexes-andinflation/total-value-dwellings/jun-quarter-2024>.

¹⁸ Owen, E. (2024). Rent growth picked up in the start of 2024, taking rents to new record highs

<https://www.corelogic.com.au/news-research/news/2024/rent-growth-picked-up-in-the-start-of-2024,-taking-rents-to-new-record-highs>

¹⁹ ACT Government. (2024). Waiting lists for public housing. <https://www.act.gov.au/housing-planning-and-property/publichousing/waiting-lists-for-public-housing>

Exhibit 2: Analysis of prison costs avoided through DASL

Table 1: Cost of prison days by program phase, 2020-March 2022

Cohort	Number of prison days not served	Cost (@\$386.23 p/d)
Graduated (n=8)	8526	\$3,292,966.98
Completed (n=3)	2250	\$869,017.50
Phase 3 (n=4)	3485	\$1,346,011.55
Phase 2 (n=6)	6688	\$2,583,106.24
Phase 1 (n=20)	21,240	\$8,203,525.20
Total (n=41)	42,189	\$16,294,657.47
Minus sanction points	167 days (served)	-\$64,500.41

This estimate represents estimated saved costs for those currently serving DATOs, rather than actual saved costs (i.e. it estimates the prison time that would be avoided, if the projected number of participants finished the program). The evaluation team used the Productivity Commission's estimate of the ACT's real net operating daily expenditure per prisoner for 2020/21, at \$386.23. To account for DATO cancellation, the team assumed that 27% of those currently in Phase 1 would not complete the program (cancellations to date had all occurred during Phase 1). This lowered the Phase 1 estimated avoided prison cost from approximately 8 million (as shown in the table) to approximately 6 million. They also accounted for 167 days of prison time served by participants who were sanctioned using brief periods in custody during their DATOs.

The total estimated saved costs came to approximately \$14,015,205. This does not take into account savings or financial benefits associated with other outcomes, such as taxes paid by participants engaged in employment, children leaving the care and protection system, or the prevention of new offending.

In November 2021, the Attorney-General provided a response to a question on notice in the ACT Legislative Assembly, which confirmed that the Government would allocate \$13.251 million over two years to maintain DASL at current levels. The team therefore concluded that prison costs avoided through DASL were likely to be higher than the cost of running the program.

Source: Table 28 and associated commentary in Rossner, M., Bartels, L., Gelb, K., Wong, G., Payne, J., & Scott-Palmer, S. (2022). *ACT Drug and Alcohol Sentencing List: Process and Outcome Evaluation Final Report*. Australian National University.

https://www.courts.act.gov.au/_data/assets/pdf_file/0003/2054640/ACT-Drug-and-AlcoholSentencing-List_Final-Report.pdf

Exhibit 3: Sample of numerical outcomes analysis for DASL

Table 1 gives DASL participants' drug dependency scores over time. The TCU-5 is a self-report tool for drug dependency, scored out of 11. Table 2 provides data from the Australian Treatment Outcomes Profile (ATOP) about participants' psychological and physical health and wellbeing, with participants self-reporting each of the three items out of 10. These surveys were administered by ACT Health, but regular data collection was constrained by resourcing so these datasets are incomplete.

Table 1: DASL participants' TCU-5 drug dependency scores over time, 2020-March 2022

TCU-5 drug dependency score	At screening (n=86)	Start of order (n=36)	3 months (n=24)	6 months (n=16)	9 months (n=11)	12 months (n=6)	15 months (n=1)
Mean score	9.6	9.7	7.2	6.2	3.2	0.2	0
Median score	10	10	10	10	0	0	-
Standard deviation	1.65	1.68	4.82	5.41	5.06	0.41	-

Table 2: Participants' ATOP scores for health and quality of life over time, 2020-March 2022

ATOP score for health and quality of life	Start of order (n=35)	3 months (n=24)	6 months (n=15)	9 months (n=14)	12 months (n=8)	15 months (n=2)
<i>Psychological health</i>						
Mean score	4.6	7.1	8.1	7.3	8.8	7.5
Median score	5	7.5	8	7.5	9	7.5
Standard deviation	2.37	2.06	1.33	1.64	1.28	3.54
<i>Physical health</i>						
Mean score	5.7	7.2	7.7	7.4	8.1	7
Median score	5	7	8	7.5	8	7
Standard deviation	2.62	1.9	1.59	1.87	0.99	4.24
<i>Quality of life</i>						
Mean score	5	7.2	8.3	7.4	8.8	8
Median score	5	7	8	7	9	8
Standard deviation	2.75	1.88	1.16	1.55	1.28	2.83

Table 3 shows counts of re-offending – measured according to 'fresh charges' – for the 12 months before DASL, compared to during and after DASL. Since the amount of time a participant spends on DASL varies according to individual progress, the frequency of offending in the 'during DASL' and 'post-DASL' periods is standardised as an estimate per 365 non-custodial days. This is necessary in order to make comparisons between different individuals in different time periods, but it is important to note that it masks the wide variety of 'free days' that DASL participants actually experienced.

Table 3: Mean number of charges (for free days) per 365 days – before, during and after DASL, 2020March 2022

Participant type	N	Pre-DASL	During DASL	Change, vs pre-DASL	Post-DASL	Change, vs pre-DASL
All participants	46	9.3	3.6	-61%	N/A	N/A
Ongoing	22	9.3	1.2	-87%	N/A	N/A
Graduates	6	6.7	0.4	-93%	0	-100%
Completions	3	6.3	1.6	-75%	2.3	-64%
Cancelled	15	11	18.4	67%	2.1	-81%
Graduates, completions and cancelled	24	9.3	5.5	-41%	1.74	-81%

Source: Tables 10, 29 and 33 in Rossner, M., Bartels, L., Gelb, K., Wong, G., Payne, J., & Scott-Palmer, S. (2022). *ACT Drug and Alcohol Sentencing List: Process and Outcome Evaluation Final Report*. Australian National University. https://www.courts.act.gov.au/_data/assets/pdf_file/0003/2054640/ACT-Drug-and-AlcoholSentencing-List_Final-Report.pdf

Exhibit 4: Last-minute funding for ACT Drug and Alcohol Court (*Canberra Daily*)

Nicholas Fuller, June 22, 2023

To break the cycles of drug and alcohol-related crime, the ACT government has announced it will spend \$8.4 million in next week's Budget to expand the [Drug and Alcohol Court's](#) capacity – a week before service agreements were due to expire, the ACT drugs peak body says.

The Drug and Alcohol Court was set up in 2019 to rehabilitate drug or alcohol dependent offenders, and redirect them to treatment programs. The new funding will increase the Court's capacity by 20 per cent (from 35 to 42 people). A further \$27 million will be provisioned for the next three years. "The program was at capacity, and this expansion will allow more offenders to be diverted from prison, to get treatment, and to break the cycle of offending," Attorney-General [Shane Rattenbury](#) said.

"By treating drug and alcohol dependence as a health issue as much as a justice issue, this program has put lives back on track."

The [Alcohol Tobacco and Other Drug Association ACT \(ATODA\)](#) welcomed the announcement that the Court had been funded for three more years, and said that increased funding would divert more people from the criminal justice system into suitable health care services.

But ATODA also advised the ACT government to provide more certainty next time.

ATODA's interim CEO, Susan Helyar, said that the government made the announcement one week before service agreements with treatment services who accept referrals from the Court were to end. "Without timely notification of contract extensions, services are unreasonably required to operate services without a guarantee that funding will be available to pay for that service," Ms Helyar said. "Community organisations accept this risk in order to prioritise client outcomes and retain qualified staff.

"ATODA urges the ACT government to ensure essential community-based services have certainty of funding several months before the planned end date of contracts and orderly transition arrangements if funding is ceasing."

An [independent review last year by the Australian National University](#) found that the Court reduced reoffending, helped offenders get their lives on track, and saved the community \$14 million in avoided prison time – more than its running costs, Mr Rattenbury remarked.

"Merely locking people up for crimes which flow from the misuse of alcohol and drugs does not work to break the cycle," Chief Minister [Andrew Barr](#) said.

"By addressing underlying causes of addiction such as trauma, this Court changes people's lives and reduces crime."

But, Ms Helyar pointed out, the ANU evaluation also recommended better coordination and collaboration between the Court and the ATOD sector.

“ATODA’s submission to the Statutory Review of the Drug and Alcohol Sentencing List Legislation will make several recommendations regarding improvements that should be implemented in the ongoing delivery of the Drug and Alcohol Court Sentencing List,” Ms Helyar said.

“We look forward to working with the ACT government to implement these improvements. “An effective Drug and Alcohol Court depends on a viable, sustainable and accessible specialist ATOD sector in the ACT.

“There is a significant gap in investment in ATOD services both nationally and locally, and ATODA looks forward to further announcements from the ACT government that services in the ACT will be funded to respond effectively to all people who seek support,” she said.

The [ACT Council of Social Service \(ACTCOSS\)](#) welcomed the ACT Government’s increased investment in the Drug and Alcohol Sentencing List.

“The evidence is clear that the Drug and Alcohol Sentencing List works well to help people improve their own lives and is a good investment for Government given the high financial and human costs of incarceration,” Dr Devin Bowles, ACTCOSS’s CEO, said. “Demand for the program is high, and this expansion will help more people access this valuable pathway.”

Source: <https://canberradaily.com.au/last-minute-funding-for-act-drug-and-alcohol-court/>

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