

cannabis treatment and referrals from police and court diversion

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executive summary

Cannabis is the most widely used illicit drug in Australia. About a third of referrals to drug and alcohol treatment agencies across Australia are recorded as being generated from the criminal justice system. This paper's purpose is as a trigger paper to inform a process that is intended to result in the drafting of Australian cannabis treatment guidelines.

This paper seeks to describe client characteristics of people:

- whose primary drug of concern is cannabis, who receive education, assessment and/or treatment, who specify their referral pathway into treatment was from contact with criminal justice agencies
- who identify their referral pathway as being through the criminal justice system, whose primary drug of concern is another drug and whose cannabis use is also problematic
- in the drug and alcohol treatment system who were referred as a consequence of specific criminal justice diversion schemes.

The criminal justice system is one of many influences acting on people with substance use problems to motivate them to consider seeking treatment. Equally, pressure from family and friends, work-related pressure and personal insight may bring people to discuss their substance use problems with a health professional.

Of the large range of criminal justice referred clients who come into contact with drug and alcohol services each year, at least some of these people:

- may have been referred by police to alcohol and other drug treatment agencies for assessment, education or treatment. This referral may have been either a formal or informal diversion
- have been arrested, then may seek assessment or treatment before they are due to appear in court. Some people may seek assessment and treatment either through formal pre court drug assessment or through informal self-motivated contact with a treatment agency

- appear in courts where they may be referred to treatment as a result of special orders, some of which are generated by specific drug courts or court programs

On the whole those diverted through the various layers of pre-court and court programs may be more complex clients than those who seek assessment after contact with police. Therefore the source of the referral:

- may indicate and be used to inform drug and alcohol service providers about the likely complexity of the client
- can provide some indication of the types of assessment and treatment issues that may be important

Those referred

- by police:
 - may benefit from a brief intervention that assesses their likelihood of dependence to cannabis and inform them of the harms of use, including likely criminal consequences of contact with the criminal justice system
 - if such clients are found to be dependent these clients may benefit from brief motivational interviewing to encourage them to consider some form of cannabis treatment
- by pre court schemes:
 - may require more thorough assessment of their drug use
 - may be polydrug users and cannabis may be their primary or secondary drug of concern
 - motivational interviewing may be useful to assist in treating cannabis dependence amongst this group
 - complex and co-existing problems may also be present which may require referral

- by court order:
 - thorough assessment may be needed for these clients who are likely to be recidivist offenders
 - these clients have often been prior clients at drug treatment agencies
 - motivational interventions may assist in encouraging polydrug users whose main drug of concern is not cannabis to consider engaging in secondary treatment for their cannabis use
 - there may be a case for trialling contingency management with clients on drug court orders to increase compliance with their orders and reduce breaches. This may be particularly useful for adolescent clients

It is important that more research is conducted on cannabis treatment issues amongst clients who are in contact with the criminal justice system. Recent research has usually focused on outcomes in relation to re-offending. Future research on those diverted from the criminal justice system could be extended to include:

- national data on a range of clients who come to treatment after contact with, or as a result of, diversion from the various layers of the criminal justice system about their cannabis use issues
- both quantitative and qualitative work, which could be used to provide a clearer picture about levels of dependence and other associated risk factors and demographic information
- data on cannabis treatment provided as well as other drug treatment issues
- data on medium-term outcomes including drug use as well as recidivism

introduction

This literature review and discussion is intended to inform a process that will result in the first Australian clinical guidelines for the management of cannabis use disorder. As a trigger paper, it provides a description about what is known about clients who report that referral from the criminal justice system was the pathway that brought them into contact with an alcohol and other drug treatment service.

Overall cannabis use appears to have its biggest impact amongst young people, who are the group most likely to be current and regular users (Hall & Swift, 2006). Their drug use, especially when it occurs in association with other social issues including offending behaviour, has an impact on their families and communities (Budney et al., 2007). Those people who are still regular cannabis users in their thirties may also benefit from referral to treatment. This is the group who are most likely to be daily users according to the National Drug Strategy Household Survey (NDSHS) (AIHW, 2005). In particular, many people who come to the attention of the criminal justice system report use of illicit substances including cannabis. In response to this the Australian National Illicit Drug Strategy (NIDS) contributed a substantial amount of funding to states and territories to increase places available in drug treatment agencies.

Programs funded by the NIDS under the Illicit Drug Diversion Initiative were intended to divert minor drug offenders into treatment to prevent them becoming caught up in the criminal justice system. This funding enabled states and territories to add new programs to other initiatives that had been established prior to the late 1990s.

This paper draws on reviews of Australian diversion programs and sets out to describe:

- the level of service provision within the drug and alcohol treatment sector in Australia provided to clients referred from the criminal justice system
- different types of drug diversion programs in Australia that may result in a client coming into contact with a drug treatment agency (see Figure 1)
- what is known about the prevalence of cannabis use amongst groups that come into contact with the criminal justice system
- treatment, both in terms of treatment provision for those who identify cannabis as their primary drug of concern, and also those who present with other drugs as a primary drug of concern who also have problems with their use of cannabis. It is important to understand cannabis treatment in relation to polydrug use clients
- cannabis treatment provision that is not specific to clients referred from diversion programs and where no data is available on that specific group

drug diversion programs in Australia

There is a range of criminal justice drug diversion programs in Australia that can result in offenders being diverted into some form of treatment for their illicit drug use. Cannabis is one of the drugs that may lead offenders into these diversion programs.

There are five main types of drug-crime diversionary programs currently in use across Australia. The continuum of opportunities for minimising the progress of offenders through the criminal justice system (CJS) or diverting them out altogether is described here, along with some examples of diversionary measures. Note that within these broad categories, there are a large number of possible interventions and each strategy can be implemented in different ways and in different combinations. Pre-arrest, pre-court and court diversion programs are the focus of this paper. Figure 1 (page 8) provides information about these three types of diversions from the CJS. For a detailed description of specific diversion programs operating in each jurisdiction in Australia, see Wundersitz (2007).

The following summarises the key stages and main intervention types, including the pre-release stage. However, this paper does not cover research into the treatment provided to offenders at the pre-release from custody stage, though it should be noted that many clients of drug treatment agencies are referred from corrective services. (In the case of referrals with cannabis as the primary drug of concern nine percent of referrals come from corrective services, AIHW, 2007).

Drug diversion types were categorised by Spooner, Hall and Mattick (2001) as follows:

Pre-arrest – i.e. when an offence is first detected, prior to a charge being laid. Diversionary measures here can include police discretion (e.g. offence detected but no action taken); an infringement notice (e.g. fine but no record); informal warning (no record); formal caution (verbal warning with record kept, but no further action); and caution plus intervention (i.e. warning and record, plus information or referral to an intervention program). At the pre-arrest stage some of the programs are specific to minor cannabis offenders. These programs vary depending on the jurisdiction as does the number of people diverted at this level. Some jurisdictions require these minor cannabis offenders to attend an information and education session that is provided by an alcohol and other drug treatment agency.

Pre-trial – i.e. when a charge is made but before the matter is heard at court. Measures can include treatment as a bail condition (e.g. no conviction recorded if treatment program completed successfully); conferencing; and prosecutor discretion (e.g. treatment offered as alternative to proceeding with prosecution).

Pre-sentence – i.e. after conviction but before sentencing. Includes measures such as delay of sentence where the offender may be assessed or treated. The process can include sanctions for non-compliance and incentives such as no conviction recorded.

Post-conviction/sentence – i.e. as a part of sentencing. Diversionary measures here include suspended sentences of imprisonment requiring compliance with specific conditions (e.g. participation in treatment, abstinence from drugs, avoidance of specific associates, etc.); drug courts (i.e. judicially supervised or enforced treatment programs); and non-custodial sentences involving a supervised order, probation or bond requiring participation in treatment as part of a sentence.

Pre-release – i.e. prior to release from detention or gaol on parole. Options include transfer to drug treatment (e.g. while still in custody, being transferred to a secure residential treatment program which is supervised 24 hours a day) and early release to treatment such that an inmate may be released early from detention into a structured, supervised treatment program.

reviews of drug diversion programs

Two recent reviews of drug diversion programs have summarised the available research on these programs and their outcomes (Harvey et al., 2007; Wunderstutz, 2007). Further to this, several forthcoming reviews will also provide more details about the current range of drug diversion programs in Australia, some of which include diversion for minor cannabis-related offences. These reviews include descriptions of a range of generic diversion programs for Indigenous people as well as programs for adolescents, that can also be used in the case of minor drug offences (Joudo, 2008; Hughes & Ritter, 2008). However, little has been written specifically about the treatment outcomes for clients diverted from the CJS whose primary drug of concern is cannabis or about polydrug users who have other drug and cannabis related issues. One recent exception is research conducted on data from the United States by Copeland and Maxwell (2007).

However, drug diversion programs in Australia are distinctly different from those in the United States. In Australia, those diverted at court level are usually offenders with a prior history of property offending and such programs are often used as an option just prior to incarceration, whereas in the US drug courts usually target first-time offenders (Indermaur & Roberts, 2003; Freiberg, 2002). In Australia, first time minor offenders are more likely to be diverted at the police drug diversion level.

The level of monitoring about compliance applied to diversion at the police level is less stringent than that applied and enforced within court level diversion programs. While there are arguments against the use of therapeutic jurisprudence in relation to drug treatment, some of the limited amount of evidence gleaned from drug court evaluations (Indermaur & Roberts, 2003; Freiberg, 2002) has shown some positive benefits including:

- reductions in drug use and criminal recidivism
- improvements in clients' health and well being
- cost savings
- social benefits including increased employment and family connectedness

Many have called for the need for further research into diversion programs, including both a review of eligibility criteria (so that a wider range of offenders can benefit from the option of drug treatment) and a more thorough evaluation of the outcomes of treatment for people diverted from the CJS through different schemes (Vumbaca et al., 2008). This paper tries to draw together the limited information about cannabis treatment and diverted clients.

jurisdictional differences

There are many jurisdictional differences between diversion programs in Australia. These are not systematically described here as this would be outside the scope of this paper. However:

- the detail of some programs is discussed where evaluations highlight cannabis treatment issues for clients
- demographic information is included where this is available from either program descriptions or evaluations
- types of treatment these groups of people receive once diverted into drug treatment

cannabis use

The 2004 National Drug Strategy Household Survey (NDSHS) was the most recently published comprehensive survey concerning licit and illicit drug use undertaken recently in Australia (AIHW, 2004). Almost 30,000 people aged 12 years and older were included in the sample. The study found that one in three, or 34 percent of the Australian population aged 14 years and older, report using cannabis in their lifetime.

recent cannabis users

The 2004 NDSHS found that cannabis is more frequently used by males than females. When asked about use in the last 12 months, 11 percent of the Australian population reported using cannabis. Of these 1.8 million recent users, 16 percent reported daily use and 23 percent reported using it at least once per week. Recent users of cannabis are also likely to be aged 20-29 years. Cannabis users aged 20-29 were most likely to have used cannabis in the last month or in the last week. However, users in their thirties are the most likely to report daily use (AIHW, 2005).

cannabis dependence

The literature supports the existence of cannabis dependence amongst treatment samples. However, dependence probably develops over years not months (Babor, 2006). Crude estimates of cannabis dependence in Australia amongst adolescents and young adult cannabis users have been reported to be about one case for every six users (Anthony, 2006).

use amongst police detainees

The Australian Institute of Criminology (AIC) undertakes a program of regular monitoring of drug use amongst police detainees in Australia. In the most recent reported survey overall 55 percent of men detained and 53 percent of females tested positive to cannabis (Mouzos et al., 2007). Testing positive to cannabis using urinalysis can indicate some use in the past 30 days. Younger detainees were more likely to test positive than older detainees. Sixty one percent of males and 62 percent of females aged 18-20 years tested positive to cannabis, whilst 62 percent of males and 60 percent of females aged 21-25 years tested positive. In comparison, only 40 percent of males and 36 percent of females aged 36 years or older tested positive to cannabis from this sample (Mouzos et al., 2007).

The AIC also conducted a survey of offenders in custodial settings that reported that 53 percent of males and 40 percent of female respondents reported regular use of cannabis in the six months prior to their detention (Makkai & Payne, 2003; Johnson, 2004).

While the survey methods and sample sizes are not comparable between the AIC research and the NDSHS, the AIC studies indicate that the proportion of people who are detained by police and the proportion of those in custody who report regular use of cannabis is much higher than those who report such use in the general population.

social context

Cannabis use issues are complex in the context of Australian culture and many people have experimented with the drug. One third of the Australian population, aged 14 and over, report using cannabis in their lifetime. Just over a quarter of adults (27%) believe cannabis use should be legalised (AIHW, 2005). However, 28 percent believe possession of a small amount of cannabis should be a criminal offence and that offenders should receive a criminal record (no definition of a small amount was specified).

When asked about actions to be taken for those in possession of small amounts of cannabis, NDSHS respondents report significant support for a caution or warning with no action being a consequence (44%). Just under a third (29%) supported referral to treatment or education programs. Fines were supported by 18 percent and a correctional response was supported by only eight percent (AIHW, 2005). Research in Western Australia, conducted in 2002, gauged community support about changes in that state from criminal penalties for minor cannabis possession to prohibition with civil penalties. This indicated that a majority of people (79%) surveyed (n=809) believed the proposed laws were 'a good idea' (Lenton et al., 2005). This study was repeated (n=814) and while the proportion supporting the change to civil penalties had fallen proportionally to 66 percent this was still a clear majority of respondents. This mixed opinion amongst the general public about the illicit status of cannabis possibly complicates the motivational factors affecting people who consider their use as problematic and may be a barrier to seeking treatment.

The researchers also conclude that the change to civil penalties for minor possession has not increased cannabis use in Western Australia and in fact there has been a recent decline in reported use, as is the case for the whole of Australia (Fetherston & Lenton, 2007). After a noted rise in cannabis use in the mid 1990s there has been a recent drop in reported use of cannabis in the past 12 months amongst the general population (2001 12.9%; 2004 11.3%; AIHW, 2004) and amongst young people in particular (Lenton, 2006).

cannabis treatment

While cannabis use has declined in the general population there has been an increase in the proportion of alcohol and other drug treatment episodes where cannabis is reported as the primary drug of concern (AIHW, 2007). This section discusses those who are in contact with alcohol and other drug treatment agencies and identify cannabis as their primary drug of concern. It explores what is known about clients who are described in the national treatment data set as being referred from the criminal justice system.

Much has been written about drug treatment in general and there is a growing literature on cannabis treatment, which highlights that for adults seeking treatment, cognitive behavioural therapy (CBT) and motivational enhancement may be useful treatment options and brief therapy is relatively successful in the longer term (Copeland, 2004; Stephens et al., 2006).

Contingency management is also regarded as a useful treatment tool with adults who want to maintain abstinence and to increase attendance at treatment in the case of young people who are referred to treatment by the justice system (Copeland, 2004; Budney et al., 2007). For clients who are younger and at the more complex end of the spectrum, multi-component treatments may have better outcomes than CBT alone.

coercion

Clients who are described as being referred from the CJS are not a homogenous group. Some of them may identify the CJS as their source of referral because this contact may have prompted them to seek assessment. It probably cannot be assumed that all of these referrals are as a result of formal diversion programs. Others will be more formally diverted and referred by police or pre-court programs or as the result of a court order. In this respect the literature about treatment motivation in regard to the effects

of legal coercion as a pathway into drug treatment, as well as other forms of social coercion affecting people's likelihood of seeking treatment, is relevant to this paper, though not its main focus (see Klag, O'Callaghan & Creed, 2005).

cannabis as a primary drug of concern

Australian drug treatment agencies provide a substantial number of closed treatment episodes where cannabis is reported to be the primary drug of concern (AIHW, 2007). The national minimum data set reports on closed treatment episodes provided by alcohol and other drug agencies that are required as part of their funding arrangements to provide data to government within each jurisdiction. Therefore, the closed treatment episodes reported on do not represent actual client numbers as some clients receive more than one treatment episode per year.

Cannabis is the second most common drug that people report receiving treatment for as their primary drug of concern after alcohol. There has been a recent rise in closed treatment episodes for cannabis and the AIHW reports this is likely to be because of an increase in the illicit drug diversion schemes available to minor cannabis offenders in Australia. In 2001-02, 21 percent of closed treatment episodes were reported where the principal drug of concern was cannabis. By 2004-05 it was the principal drug of concern for a quarter (25%) of closed treatment episodes.

referral pathways into treatment

Of the closed treatment episodes provided for clients for whom cannabis is identified as their primary drug of concern; 28 percent refer themselves, 17 percent are referred by police through diversion schemes, 11 percent are referred by court diversion schemes and nine percent are referred from a correctional service (AIHW table A3.7, 2007). Overall criminal justice referrals are higher than self referrals. It is interesting to note that the same proportion come into treatment for cannabis from diversion as from self referral. Therefore, the group who come from either diversion or correctional programs is a significant factor for treatment services and it is important for services to be aware of their specific needs.

Data analysis specific to those clients diverted from criminal justice is not available when taking into consideration how many clients overall nominate cannabis as one of their drugs of concern. Though it is reported that when taking all treatment episodes into account, including all the drugs of concern for each closed treatment episode, then a total of 46 percent of closed treatment episodes included people for whom cannabis was nominated as one of their drugs of concern. This is important to note as there may be differences in how or whether treatment is provided for cannabis use problems by treatment agencies when cannabis is not the primary reason that these clients are attending a treatment agency.

Australian treatment service provision for cannabis users

The published data from the AIHW dataset does not provide data on the age range of clients being diverted from criminal justice as opposed to other referrals. On the whole, those seeking treatment for their cannabis use are younger than those clients primarily seeking alcohol treatment. The median age of clients who have completed treatment episodes for cannabis treatment is 24 years of age and 70 percent are delivered to male clients. Those aged 20 – 29 make up the largest proportion (41%) and about a quarter were aged between 10 and 19 (26%).

other drug use of those seeking treatment for cannabis as the primary drug of concern

There is no published data that distinguishes between those who are diverted from criminal justice and other forms of referral about other drugs nominated as of concern. Of all clients seeking treatment for cannabis 61 percent had never injected drugs. Nine percent said they did currently inject and 18 percent claimed they had injected in the past. Thirteen percent did not say if they had injected or not.

Twenty-five percent of closed treatment episodes were conducted with people who nominated cannabis as primary drug of concern. In many of these closed treatment episodes the clients involved nominated alcohol as a secondary drug of concern (36%), nicotine in 21 percent, amphetamines in 20 percent and ecstasy in seven percent.

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main reasons for a cannabis treatment episode ending

Of all the completed treatment episodes 47.2 percent finished the treatment that they received for cannabis (in many cases an information and education session). Expiation was recorded as ending the treatment episode for 22.9 percent of those people receiving treatment for cannabis. They finished the required treatment as prescribed due to a diversion scheme penalty, (Table A3.11, AIHW 2007). Almost 15 percent (14.4%) ceased to participate in treatment for cannabis without notice.

type of treatment facility and nature of closed treatment episodes

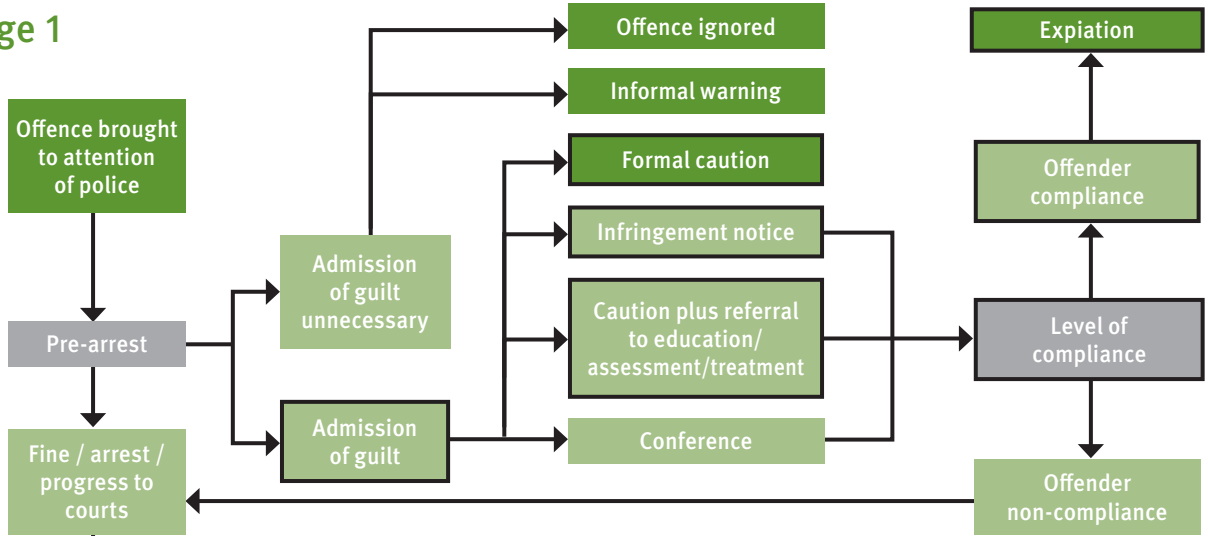
Of all closed treatment episodes delivered to clients who identified cannabis as their primary drug of concern, 72 percent of all episodes were conducted in a non-residential treatment facility. The medium length of a closed treatment episode was reported as being 11 days.

Looking more specifically at data reported on specific treatment types, 10 percent overall received what is classified as an information and education session from the treatment providers. Data reported on these sessions show that 50 percent of people receiving this treatment type came via police diversion schemes and 24 percent came from court diversion schemes. Overall the median number of days for this treatment type was one, and cannabis was the primary drug of concern for 61 percent of these closed treatment sessions.

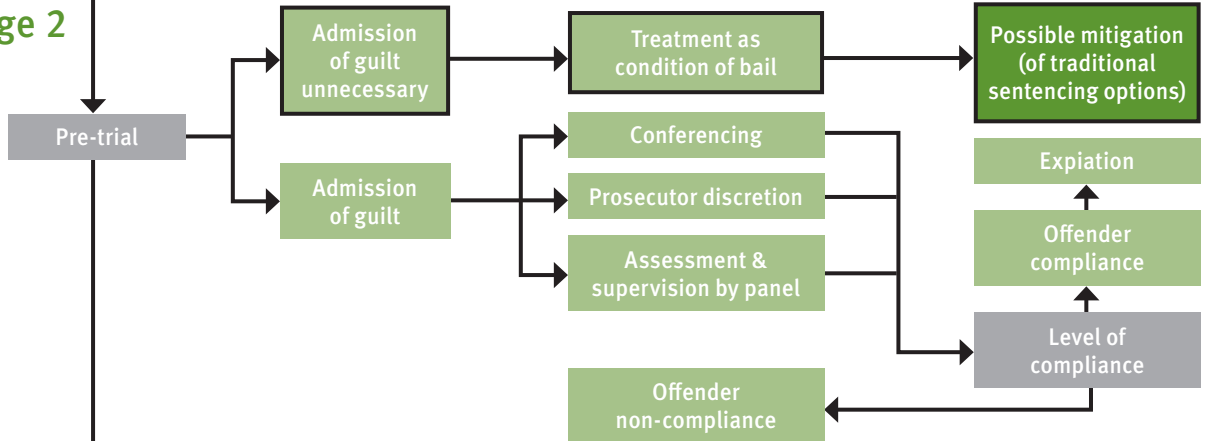
The only other treatment type where diversion was nominated as the first or second most common form of referral was for 'support and case management only' as a main treatment type. This accounted for eight percent of closed treatment episodes. After self referral (accounting for 33% of such episodes) court diversion was proportionally the second highest referral pathway that resulted in this treatment type. Again, for this treatment type, cannabis was the most common principal drug of concern (32% of episodes) followed by alcohol (24%) and heroin (20%).

Figure 1: Flowchart of Australian drug diversion options

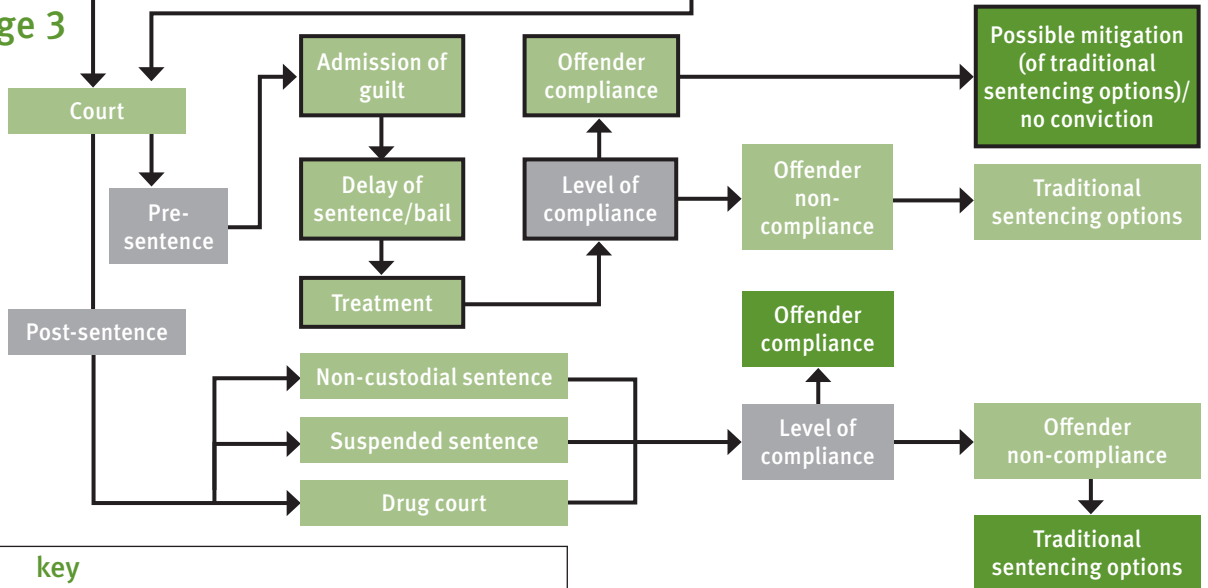
stage 1



stage 2



stage 3



key

- Diversion under IDDI
- Process beginning or end
- Stage in process
- Decision point for justice official and/or offender

Note. Non-diversionary criminal justice responses (i.e. traditional policing and sentencing options) are not portrayed unless they are used in response to offender non-compliance with diversion requirements. Source: Borzycki & Willis, 2005

evidence

There has been little research conducted in Australia about the specific groups of people who are diverted through official IDDI programs and receive some kind of treatment service each year for cannabis use issues. The studies that have been conducted report on different types of outcomes and many studies were primarily interested in the effect of the interventions on recidivism. Some of the studies also report on outcomes in relation to drug use or broader social and health outcomes while others look at cost effectiveness. Very few studies have any kind of control group.

A recent review article identified 19 diversion or aftercare outcome studies that had control groups and were considered of high quality that were about pre-detention initiatives. Of these 19 studies only 21 percent were carried out in Australia (Harvey et al., 2007). For a table that details these studies and their design and sample characteristics and outcome data collected, refer to Table 1. (Harvey et al., 2007). Only nine of these studies reported on drug use outcomes and the review reports that six of the studies had positive results. Of these, one noted that the best outcomes were for high risk clients and another concluded that those mandated to treatment had better outcomes. Three of the evaluations showed no difference between control and diversion groups. All of the studies reported on in this review reported on outcomes related to recidivism mostly measured by official records, although one relied on self report data (Harvey et al., 2007).

For a description of process and outcome evaluations that have been published on drug diversion initiatives in Australia see Wundersitz (2007, Tables 8, 12 & 16 respectively). This review indicates that surprisingly few evaluations specifically measure changes in drug use. Other outcome measures used by the studies were: criminal activity, physical and mental health status or change in status, extent of diversion of minor cannabis offenders from court, impact on criminal justice system time and resources, reoffending, and social functioning. The outcomes are difficult to compare as the studies were so diverse in their methods and measures.

Other work in this area includes a review of Australian diversion programs that can be used for minor drug use offences that includes general youth diversion programs as well as specific drug programs (Hughes & Ritter, 2008) and a forthcoming review of programs for Indigenous people that can respond to substance abuse and offending (Joudo forthcoming). More

information will also soon be available on outcomes from IDDI funded police diversion programs (Payne, Kwiatkowski & Wundersitz, 2008).

treatment research on clients who identify cannabis as their primary drug of concern

Recent research was conducted by Copeland and Maxwell (2007) on clients receiving treatment for cannabis investigated case files from treatment agencies in Texas in the United States. This research compared the treatment outcomes of clients who were either self referred or were referred from the criminal justice system (67%). In the case of cannabis treatment clients in Texas, those referred from the criminal justice sector required less intensive treatment episodes and were psychologically less distressed and were more likely to complete treatment for cannabis. However, the proportion of clients in drug treatment in this Texan sample who were treated for cannabis use issues and had a referral pathway from criminal justice, is higher than in Australia where 37 percent of referrals for cannabis use issues were from criminal justice (AIHW, 2007). Differences between Texas and Australia are many and varied so it is difficult to apply this finding to Australia without a similar research study being conducted here.

Copeland and Maxwell (2007) discuss the importance of assessing cannabis treatment outcomes using samples of clients that identify cannabis as their primary drug of concern. They comment that outcomes for samples of polydrug users whose primary drug of concern is not cannabis may confound results relating to cannabis treatment outcomes. A recently published analysis of data on juveniles in residential drug treatment in NSW and the ACT shows that those juveniles who identify cannabis as their primary drug of concern have differing characteristics to those whose primary drug of concern was alcohol or other illicit drugs (Arcuri, Copeland & Howard, 2007). It is also noted that this treatment group as a whole were complex clients with a range of issues including a high proportion who had contact with the criminal justice system prior to entry into treatment.

severity of dependence amongst clients diverted from the criminal justice system

There is little research that sheds light on the severity of cannabis dependence amongst people diverted from the CJS in Australia whose primary drug of concern was cannabis. Some information is available from a study of 640 men and 187 women

diverted through the Queensland Illicit Drug Diversion Initiative. This sample is derived from participants at a hospital based alcohol and other drug service. This is one service providing assessment and treatment to those diverted by police in Queensland. The researchers found that almost 60 percent of participants were cannabis dependent as determined by the Severity of Dependence Scale (Feeney et al., 2005). The sample also performed more poorly than the general Australian population on the GHQ-28 sub-scale scores for poorer health.

The requirement or option for people in some jurisdictions to attend some kind of cannabis education session in response to police detected possession of small amounts (actual amounts vary between jurisdictions) of cannabis for personal use perhaps could be broadly classified as a brief intervention. These sessions are provided by alcohol and other drug service providers. Brief intervention is recognised in the literature as a treatment option for people who have issues with their cannabis use (Copeland, 2004). However, there is little publicly available research about the outcomes of the information and education sessions that are delivered where jurisdictions refer minor cannabis users to such sessions.

The one study that did report on the impact of drug use from such referrals was a study by Hales et al. (2004) conducted in Queensland. This study derived its data from a series of interviews with people attending the required cannabis education and assessment session. While some attempt was made to compare these people to a small number who failed to attend, the numbers (n=15) were too small to form a useful comparison group. This study indicated that 95 percent of participants at baseline reported regular use of cannabis and this proportion dropped to 74 percent at the six month follow up (Hales et al., 2004).

In Western Australia the Cannabis Infringement Notice (CIN) scheme allows for expiation by Cannabis Education Session (CES) or payment of a fine. A CES is described in Section 17 of the Cannabis Control Act (2004).

17. Cannabis Education Sessions

- 1) The purpose of a Cannabis Education Session is to educate those who complete it about:
 - a) the adverse health and social consequences of cannabis use;
 - b) the treatment of cannabis related harm; and
 - c) the laws relating to the use, possession and cultivation of cannabis

(Government of Western Australia 2007).

Only 13.4 percent of 9,328 CINs (as at 30 September 2007), are reported to be expiated by attendance at a CES. Similar proportions of males and females expiate their CINS through attending a CES (Government of Western Australia, 2007). Other ways CINs were expiated include that 29.4 percent were expiated by paying a fine within 28 days, 24.5 percent resulted in suspension of a driver's licence and 23.9 percent were paid fully through the Fines Enforcement Registry (FER) system. When those diverted in Western Australia are presented with a choice to expiate their CIN by attendance at a CES or by payment of a fine, only a minority choose the CES. This would appear to indicate that there is little motivation amongst this group to find out more about cannabis use or treatment options.

demographics of those who are diverted by police schemes

The following data is from a forthcoming report analysing data from police drug diversion programs in Australia funded by the Australian Government (Payne et al., 2008). These data sets do not include all police diversion programs as some programs provided by jurisdictions are funded locally. Especially under represented here are the adult programs that offer civil penalties for minor cannabis offenses, particularly in the Northern Territory, the Australian Capital Territory and in South Australia.

Table 1. Age and sex of people diverted by police

	NSW	ACT	Victoria	WA [^]	SA * **	Qld	Tas***	NT
% males	86	81	84	82.7	80	77	80	70.4
Mean age	25.9	23.2	23.7	26.9	21.5	26.3	26.6	15.2
Median age	23	20	21	24	17	24	23	15
% of juveniles	0.05	27	17****		61	14	15	99
Age range	14 – 53	13 – 53	13 – 69	14 – 65	10 – 66	13 – 55	14 – 67	12 – 26

source AIC police diversion data file

- [^] cannabis infringement notice in WA – about 13% attend a cannabis education session to expiate their notice
- * this includes both numbers from juvenile cannabis diversion as well as people who are diverted for minor other illicit drug offences – diverted to education sessions
- ** Adults in this jurisdiction given fines for minor cannabis offences – not included in this sample
- *** 10% of this sample diverted at level 3 of this program which may have included some minor other illicit drug offenders
- **** this proportion is approximate as it's taken from a slightly larger sample including some people diverted for minor other illicit drug charges

As Table 1 shows, in all the states and territories the mean age of those diverted by police schemes is usually higher than the median age. More younger people are diverted overall and the median age is between 15 and 24. In states like NSW and Victoria, where the cannabis cautioning scheme is supposed to be restricted to adult offenders, there are some younger people who are being cautioned as well (the Victorian proportion for juveniles also includes some juveniles cautioned under another illicit drug program). In NSW and Victoria juveniles are usually diverted for minor cannabis offences by juvenile diversion schemes.

Men are more likely to be diverted by police than women, the range in the proportion of men diverted is from 86% in NSW to 70.4% in the Northern Territory. The Northern Territory also diverts mostly juveniles under their diversion scheme (99%). South Australia also diverts juveniles for cannabis (61% under their scheme that also includes minor other illicit drug offences for adults), whereas adults in both jurisdictions can be given fines for minor cannabis offences and these figures are not included in this table.

In Tasmania the police have a three tier diversion scheme. Proportionally, over a half of this sample were diverted at the first level. Those diverted at the highest level may be minor other illicit drug offenders (those diverted at level three made up about 10% of this sample). The average age of women diverted was higher than men (30.1 years of age for women compared with 25.7 years for men). Juvenile offenders made up 15 percent of this sample.

In the Queensland sample of those diverted under the Cannabis Diversion Scheme the average age was 26.3 years and 14 percent were under 18 years of age. Seventy-seven percent were males. Males were on the whole younger than females.

treatment outcomes from court level diversion programs in Australia

intermediate court level programs

While treatment outcomes for cannabis use are clearest when a sub-group is identified as having cannabis as their primary drug of concern, it may be useful to identify strategies to assist polydrug users to reduce their cannabis use. Programs at the intermediate court level (usually magistrates or local courts) target a range of alcohol and other drug offences, the outcomes from these programs may shed some light on cannabis treatment amongst clients with alcohol and other substance use as well as cannabis. Most often they are not limited to offenders with drug charges, though their offending has to be related to drug use. This may include property or driving offences, for example, although a few programs have criteria which only allow minor drug offenders to take part.

One evaluation of an Australian intermediate court-based diversion program (Passey, 2003) found that overall there was a reduction in illicit drug use amongst program participants. However, the percentage of people who had a preference for using cannabis increased during the intervention. The sample included program participants in the

Magistrates Early Referral into Treatment program in NSW. Both program completers and non-completers made up their study sample and the participants were interviewed on entry, exit and post exit (n at entry = 69, n at exit = 50, n at post exit interview = 55). The evaluators discussed their findings in regard to an increased preference for cannabis and commented that some respondents may have substituted cannabis for heroin and/or some continued their use of cannabis even though they became abstinent from heroin. This finding indicates that it is important to be able to differentiate results for those who indicate that cannabis is their primary drug of concern from those who do not identify it as a primary drug of concern. Without this level of distinction in evaluations of diversion programs, sub group analysis cannot pick up on differences between clients who have different drug type preferences on admission to treatment.

Another evaluation of the Western Australian program, the Pre-sentence Opportunity Program, measured changes in drug use amongst 49 individuals. A large reduction in cannabis use from 74 down to 16 percent was noted from referral to program completion, however many people dropped out of the study (135 forms at referral to only 58 at program completion). Reductions in alcohol use from 46 to four percent and amphetamine use from 34 to 11 percent were also noted.

This lack of data may be addressed as the review of these evaluations in Wundersitz (2007), which noted that in many jurisdictions there are evaluations underway. These may well be measuring reductions in drug use as many of these programs have as an objective to reduce drug use. More data on treatment types would also be useful.

drug court programs

The evaluations of the South East Queensland and Northern Queensland drug courts are one of the few of such studies to report on dependence amongst their samples (Payne, 2005; Makkai & Veneer, 2003). A dependency scale was used (three positive responses to DSM-IV dependency measure) and it is reported that 75 percent of those issued an Intensive Drug Rehabilitation Order (IDRO) were dependent on an illicit drug.

Table 2. Queensland drug court evaluations – summary

	North Queensland	South East Queensland
Male	80%	87%
Mean age	28 years	29 years
Indigenous	8%	13%
Cannabis last 6 months	71%	63%

Source adapted from Payne, 2008

Recent cannabis use was common amongst participants in the South East Queensland drug court study. Sixty three percent of participants self reported cannabis use in the six months prior to assessment compared to 67 percent who were ineligible and 54 percent of those who refused to enter the program.

Further information was also available from this study on participants prior treatment experiences. Makkai & Veneer (2003) report that just under a half of those referred to this drug court had previously accessed treatment. Those who had previously accessed treatment were slightly more likely to be given an IDRO (58%) than those deemed ineligible (55%) and those who refused to enter the program.

In regards to cannabis use, those who participated in the North Queensland Drug Court study who were issued IDROs compared to those who participated in the South East Queensland Drug Court were more likely to have used cannabis in the six months prior to referral (Payne, 2005). Cannabis dependence was measured in the North Queensland study and 39 percent of those referred were assessed by DSM IV criteria as being cannabis dependent.

The types of treatment options that were taken up by these drug court clients provides more information about their complexity. More than two thirds of participants in these evaluations took up some form of residential treatment option (67 percent in the SE Queensland study and 64 percent in the North Queensland one). Less participants in both studies took up non residential treatment options over the course of their IDROs (South East Queensland drug court 54 percent and in the North Queensland study 43 percent). There was overlap and some participants took up both residential and non-residential treatment. The South East Queensland drug court evaluation stated that residential treatment had a positive effect on graduation.

The three most common programs received as part of treatment programs recorded on the database for participants of the South East Queensland drug court were cognitive skills, relapse prevention and life skills, with just over 50 participants participating in each. Supported accommodation was provided to about 45 participants. From the North Queensland drug court 46 participants received life skills programs, 26 participants received relapse prevention programs, 25 participants received cognitive skills programs, and 27 received abuse counselling (less than 10 received abuse counselling in the South East Queensland evaluation).

For the North Queensland drug court the evaluation found that during their participation in the program both graduates and those that did not graduate reduced their level of drug use. Graduates report improvements across a range of physical and mental health measures (Payne, 2005).

Unfortunately, the drug court evaluations did not report on outcomes for those whose main drug of concern was cannabis as compared to other primary drugs of concern. Over half of the participants of these programs had used cannabis in the six months prior to assessment, which along with the finding in the North Queensland Drug Court evaluation that two people in every five are dependent on cannabis, indicates that effective treatment strategies should be put in place.

recommendations

The criminal justice system is one influence motivating people with substance use problems to consider seeking treatment. Equally, pressure from family and friends, work related pressure and personal insight may bring people to discuss their substance use problems with a health professional.

There is a range of clients who come into contact with drug and alcohol services from those who are diverted for minor cannabis possession offences by police to those who are referred from drug courts who may be complex clients with polydrug use problems. The source of referral from police to drug courts can inform drug and alcohol service providers and provide some indication of the types of assessment and treatment issues that may be important. Those referred from police may benefit from a brief intervention that assesses their likelihood of dependence, and if that is the case such an intervention could provide brief motivational interviewing to encourage the person to consider some form of cannabis treatment.

For those referred from the intermediate court or court diversion schemes, more thorough assessment of their drug use may result in treatment for poly drug use where cannabis may be their secondary drug of concern. In this case treatment providers need guidance about how to provide motivational interventions that assist polydrug users to assess their poly drug use and prioritise which drugs they are motivated to receive treatment for. There may also be a case for trialling contingency management with clients on drug court orders to increase compliance with their orders and reduce breaches, this may be particularly useful for adolescent clients.

For those clients who are entrenched in the criminal justice system as well as being drug dependent, treatment services need to be aware of the complexity of these clients and to treat them accordingly. This may involve working with clients to refer them to other services where applicable or providing other services within the alcohol and other drug agency to increase the likelihood of these clients engaging with other service providers.

It is important that more research is conducted on cannabis treatment issues amongst this group of clients referred from the criminal justice system. Current research is more focussed on outcomes in relation to re-offending and does not provide a good enough account of cannabis treatment issues amongst this group of clients. National research could seek to conduct research with a range of clients diverted at different layers of the criminal justice system about their cannabis use issues. Such research could include both quantitative and qualitative work that provides consistent information about levels of dependence and other associated risk factors and demographic information. Research needs to collect outcome data for these clients into the medium term looking at both drug use outcomes and also recidivism as many of the programs main objective is to reduce recidivism.

If a national study cannot proceed then at least evaluations should seek to consider capturing data in comparable ways to studies in other jurisdictions so that a meta-analytical analysis could be applied to the findings of such studies.

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