



Cayman Islands Drug Rehabilitation Court

Evaluation Report 2017

The positive effects may not only have an impact on the criminal justice system, but it is believed that it should also positively impact upon the health system as well. [Extract from DRC Evaluation Report 2017] The success of DRC's can be measured perhaps not only in terms of dramatic reductions in criminal behavior by those involved in the program, but also by a significant reduction in drug use.

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Introduction

International Perspective¹

Given the empirical evidence that prison is neither the only, nor the best alternative for addressing drug problems, there has been growing international debate about the importance of developing viable and appropriate alternatives to incarceration. Among the alternatives most often discussed and implemented are drug courts (or drug treatment courts). The main goal of such courts is to defer the case or sentencing of drug offenders while they undergo a treatment programme supervised by this specialised court. Participants in drug courts who complete the programme successfully may have their sentence lifted or reduced. However, those who fail to comply with their treatment through the drug courts may be incarcerated.

Proponents of drug courts argue that these courts are a viable alternative that addresses the drug problem more appropriately. Within this system of drug court, drug use is considered a public health issue, and the person is given the possibility to receive treatment instead of a prison sentence. This would reduce prison overcrowding and avoid criminal recidivism by addressing the underlying factors of drug-related crime. Besides offering an alternative to incarceration, these courts are more cost-effective. The drug court model would also lower rates of recidivism and help reduce violence and crime in communities, as well as improve the family and social relationships of those who receive treatment.

The drug court model has two key objectives. The first objective is to keep people who have committed minor drug offenses and who show signs of drug dependence out of prison. The purpose is to reduce recidivism among drug court beneficiaries: the key assumption being that treating drug dependence can reduce the risk that the person will commit another crime.

The second key objective is to reduce criminal justice system overload. This objective encompasses averting prison overcrowding and keeping people, especially those with no criminal record, away from a prison environment where they might come into easier contact with criminal networks and increase their drug use. This was noted in a recent CICAD document on the relevance of drug courts².

¹ Drug courts: Scope and challenges of an alternative to incarceration. <http://chivasentada.com/portales/cedd1/publicaciones/pub-col/drug-courts.pdf>

² Cooper, C., Franklin, B., & Mease, T., (2010) Establishing drug treatment courts: strategies, experiences and preliminary outcomes. Vol 1 Organization of American States-CICAD, p6.

Drug courts share common perspectives; firstly they are conceived as an alternative to prison for minor drug-related crimes. People referred to these courts do not receive a prison sentence, or the sentence is suspended as long as they comply with conditions set by the drug court, which generally consist of treatment for drug dependence. A person who successfully completes the drug court process also has the opportunity to have the related offences not be recorded. However, if they fail to meet the conditions set out by the court, or if the treatment fails, they must serve a prison sentence, and have the charges be held on record.

Treatment is a second common element of the drug courts model. The basic idea of drug courts is to offer people who have committed low-level drug-related offences, various degrees of treatment, for a certain period of time. The underlying assumption is that drug dependence is one of the factors associated with the commission of crimes, and treatment is therefore expected to help reduce the risk factor related to certain crimes. If the person undergoes treatment and stops using drugs, without going to prison, he or she is expected to be better prepared to reintegrate into society, find employment and attain a certain degree of stability that will make the commission of future crimes less likely.

The third shared element is that although treatment is meant to offer an alternative to prison, the model remains strongly judicial. The essential structure of drug courts is that of a court of law, in which one or more judges are responsible for making key decisions about the person referred to the court. Besides the judge, there is generally a prosecutor who presents the case, and a defence attorney who represents the interests of the person referred to the court.

The fourth common element is the existence of a system of rewards and sanctions related to compliance with treatment. These include periodic random testing to determine if the person has used drugs during treatment, and status hearings to establish whether or not the person under the drug court's jurisdiction is complying with the treatment programme. Compliance earns a person the ability to move on to the next phase, receive a certificate or small tokens such as movie passes. A person who does not comply with his/her treatment or stops showing up for tests and hearings are sanctioned, which can consist of having to write a letter to the court or losing his/her freedom for short periods of time for positive test of certain substances, while the criminal proceedings or sentence remain suspended.

Local Perspective

Substance abuse has become a very serious problem in many communities across the Cayman Islands. An increase in drug abuse and drug trafficking in our country correlates to a dramatic rise in drug-related crime and violence. Drug abuse is not simply a crime affecting the individual and community; but a disease that pulls users into a downward spiral of dependency often supported by finance gained through criminal or illegal activity.

Given this reality, there is consequently a need for a paradigm away from the routine imprisonment of drug offenders, to alternatives offered through drug courts. Treating addiction and providing the offender with the life skills needed, has been shown to reduce relapse and recidivism.

In this regard, the Government and the Judiciary of Cayman Islands have acknowledged that it is necessary to explore treatment alternatives to incarceration for drug-dependent offenders, which would involve the diversion of substance-abusing offenders from prison into treatment and rehabilitation under judicial supervision. Such an initiative is best achieved through the establishment of Drug Rehabilitation Courts (this is synonymous with the terminology, **Drug Treatment Court**). By increasing direct supervision of offenders, coordinating public resources, and expediting case processing, treatment alternatives to incarceration can help break the cycle of criminal behavior, alcohol and drug dependency, and imprisonment.

Virtually, all adult drug courts are community-justice partnerships that include public agencies and community organizations such as drug treatment and social services providers. Generally speaking, drug courts have implemented deferred prosecution or post-adjudication case-processing approaches, or have blended both in their organizational structures.

Drug court participants attend regularly held judicial status hearings or court sessions, receive access to comprehensive treatment services (including substance abuse treatment, as well as other services such as employment assistance, physical or mental health care, and family services), participate in frequent drug testing, and receive sanctions for behavioral infractions, or conversely, incentives for achievements. The courtroom experience, including the interaction between the judge and the participant, the public aspect of being sanctioned or incentivized, and the collaborative approach among the “key stakeholders” (including prosecution and defense) are thought to be essential to drug courts.

Drug courts differ from conventional court case processing in a number of fundamental ways (Berman and Feinblatt 2005; Casey and Rottman 2003; Farole, Puffett, et al. 2005; Office of Justice Programs and National Association of Drug Court Professionals 1997)³:

- 1) *Participation is voluntary.*
- 2) *A non-adversarial, problem-solving focus.*
- 3) *Integration of treatment services that ideally represent a continuum of outpatient and residential treatment, as well as support groups, with treatment assignment and frequency of attendance depending on participants' particular needs.*
- 4) *Intensive supervision of the treatment process by judges and case managers.*
- 5) *Direct conversational interaction between defendants and the judge during frequent status hearings.*
- 6) *Graduated sanctions, such as more frequent court appearances or increased drug testing, are used to monitor compliance and respond to problems.*
- 7) *Routine drug testing.*
- 8) *A team approach to decision-making.*
- 9) *Incentives are used to motivate and acknowledge accomplishments.*

Essentially drug courts incorporate behavior modification principles from psychology; escalating legal sanctions for noncompliance and incentives for compliance, to inducing good behavior and positive outcomes from drug-involved offenders (see Marlowe and Kirby 1999).

³Defining Drug Courts: The Key Components January 1997 Reprinted October 2004 - www.ncjrs.gov/pdffiles1/bja/205621.pdf.

Background

The Rationale Behind Cayman Island Drug Treatment Courts

The experience of several courts of the Cayman Islands is that there is a pervasive problem of offenders who are addicted to narcotics, while recognising that addiction is the underlying cause of the criminal behavior.

There are the obvious offences such as the consumption and or possession of controlled drugs. Apart from these, there are the offences against property such as thefts and burglaries and offences against persons and public order such as assault and threatening violence, which result from addiction.

Several jurisdictions have incorporated the use of Drug Treatment Courts as a part of their jurisprudence. The philosophy of these Courts is that by addressing the problem of an offender's addiction in the most aggressive manner possible, the judicial system benefits due to the reduction in recidivism.

In the Drug Treatment Court, the traditional parties to criminal court actions: judge; prosecutor and defence attorney step back from their traditional roles. The court system joins forces with the providers of medical, emotional and rehabilitation services (Treatment Providers) in a combined "assault" against the root of the offender's problem, his addiction.

All parties meet frequently to assess and discuss the progress of each offender. The goal of all is to get the offender to cease acting upon his addictive needs and thereby cease the resulting criminal behavior of the individual.

Each offender who participates in the program is motivated to continue because of the opportunity to circumvent imprisonment for his most recent criminal offences as well as have those charges removed from their record.

Identifying the Problem

The courts have found that many of the persons appearing before it, have a problem with drug addiction. This addiction lies at the heart of their criminal behavior. Certain persons are arrested on a recurring basis for either

the possession and/or consumption of a controlled drug. Several years after their first appearance in court, they have amassed a string of convictions for similar offences.

Other persons commit offences against property such as burglary or theft. Often the offender seeks cash or easily sold items to put him in the position to feed his habit. Frequently the courts of the Cayman Islands deal with offenders who are involved with the supply of drugs. Unlike the major distributor who remains at quite some distance from the product, these are persons who also use controlled substances due to addiction.

Such an offender may purchase a certain quantity of the controlled substance. He then uses a portion for personal consumption and sells the remaining portion to obtain funds to start the cycle all over again. Thus he is as much a victim of his offending as are the persons he supplies with the controlled substance.

Another matter that the courts are aware of is where controlled substances are the currency of choice in prostitution. Such information usually comes to the court's attention as a part of some other offence that is before the court. For example, a "deal gone wrong" has led to common assaults and other offences against the person, being charged.

With all of these types of cases, the underlying problem is the offender's addiction. Until the addiction is dealt with effectively, the offender will continue to commit offences.

Justification for the Solution

The main goal is to get the recidivist to break the cycle of drug use and criminal behavior. Statistics from jurisdictions that have successfully implemented drug treatment courts show the gradual drop in repeat offender rates.

Drug Treatment Courts deal with offenders on a continuing one on one basis. For judges, prosecutors and even some defence attorneys, this is vastly different from their usual experience with offenders. Once a conviction is entered and sentence passed, there is usually no further contact between the court official and the offender unless and until he is brought before the court for another offence. Even in cases where a community based sentence such as probation order is imposed, the court is often only aware of the offender's "progress" when he is brought back to court for breaching that probation order.

Drug Treatment Courts provide the means to break the offender's addiction cycle. A key element to success is that these courts demonstrate to the offender that there are many persons and sectors of the court system that are genuinely interested in helping him. This provides a huge boost to the offender's self-esteem.

The process is not an easy one and the offender is called upon to constantly account for his behavior. Furthermore the process teaches the offender that he has to be committed and serious in dealing with his addiction. Certain types of behaviors will earn the offender sanctions and he may be eventually expelled from the program with the consequent sentence of imprisonment to follow. Successful Drug Treatment Courts however also incorporate a system of rewards, which encourages the offender as he progresses through the program.

The projected benefits to individuals and to society as a whole far outweigh the cost of any resources that may be called for.

The Drug Court Model of the Cayman Islands

Although drug courts vary in target population, program design, and service resources, they are generally based on a comprehensive model involving:

- Offender screening and assessment of risks, needs, and responsivity.
- Judicial interaction.
- Monitoring (e.g., drug testing) and supervision.
- Graduated sanctions and incentives.
- Treatment and rehabilitation services.

Drug courts are usually managed by a non-adversarial and multidisciplinary team including judges, prosecutors, defense attorneys, community corrections, social workers and treatment service professionals. Support from stakeholders representing law enforcement, the family and the community is encouraged through participation in hearings, programming and events like graduation.

What is the Cayman Islands Drug Rehabilitation Court (DRC)?

The DRC is an alternative to prison for non-violent offenders who are abusing alcohol and drugs. The emphasis in the DRC programme is on accountability and intensive monitoring of individuals charged with drug-related offences. The DRC programme was established in October of 2007 and is based on the Drug Rehabilitation Court Law of 2006.

The DRC law of 2006 defines “Drug Court: as (a) the sitting of a summary court declared to be Drug Rehabilitation Court pursuant to section 3(1); or (b) the sitting of the Grand Court declared to be a Drug Rehabilitation Court pursuant to section 3 (2).

Offenders found eligible and suitable are removed from the busy courtrooms of the traditional criminal justice system and placed in a specialised court that provides treatment for drug dependency, randomly tests for drug use, requires regular appearances before the judge and monitors compliance. The underlying belief is that drug use is not simply a law enforcement or criminal justice problem, but rather a public health problem with roots deep in society.

How does it work?

The DRC is a voluntary pre-sentencing programme for offenders who are abusing alcohol or other drugs that have been unsuccessful in previous attempts at getting sober. The four phase programme consists of an initial assessment period, intensive supervision by a probation officer, frequent appearance before the DRC judge, mandatory drug and alcohol counseling, attendance at self-help groups (AA or NA), and random drug testing. There are general requirements for completion of each phase of the programme, however, programme length depends on the progress of individual participants and will not be less than 12 months.

Following arrest, if an offender is eligible, he/she may be offered a choice between applying for the DRC programme, or attending regular court. If the offender is accepted into the programme, he/she will be required to plead guilty and their duty counsel or private attorney will continue to represent them. The offender will be released on bail subject to conditions set by the Drug Rehabilitation Court. Failure or expulsion from the program will result in their case proceeding to sentencing on the basis of their guilty plea.

The **Mission** of the Cayman Islands Drug Rehabilitation Court –

To stop criminal activity relate to the abuse of alcohol and drugs, and to increase the likelihood of successful rehabilitation of offenders through early, continuous and intensive judicially supervised substance abuse treatment and other appropriate rehabilitation services that will allow participants to become more integrated into the community as productive and responsible members of society.

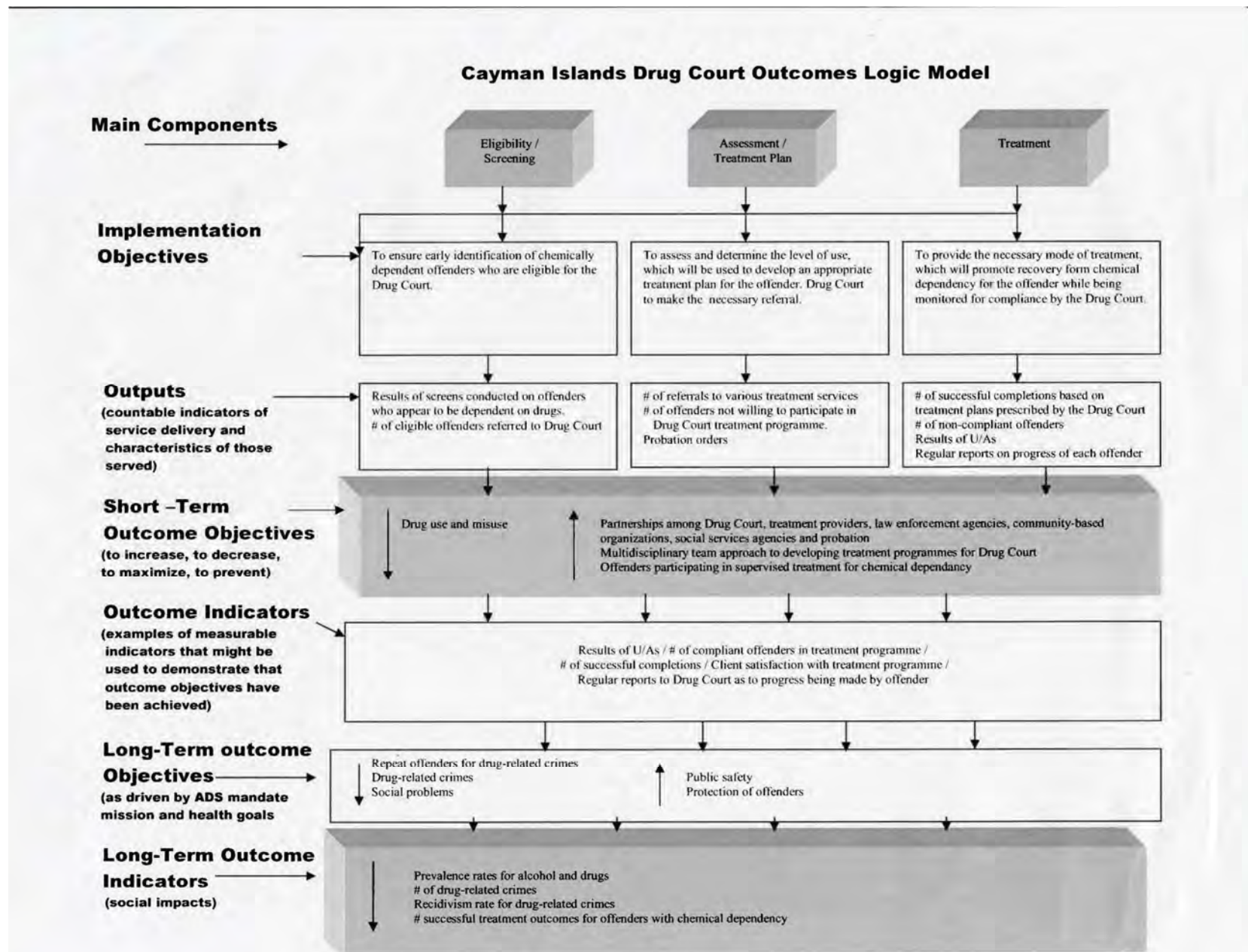
The Cayman Island **Drug Court Outcome Logic Model** is presented on the following page. The main components are:

1. *Eligibility/ screening*
2. *Assessment/ Treatment Plan*
3. *Treatment*

Implementation objectives include:

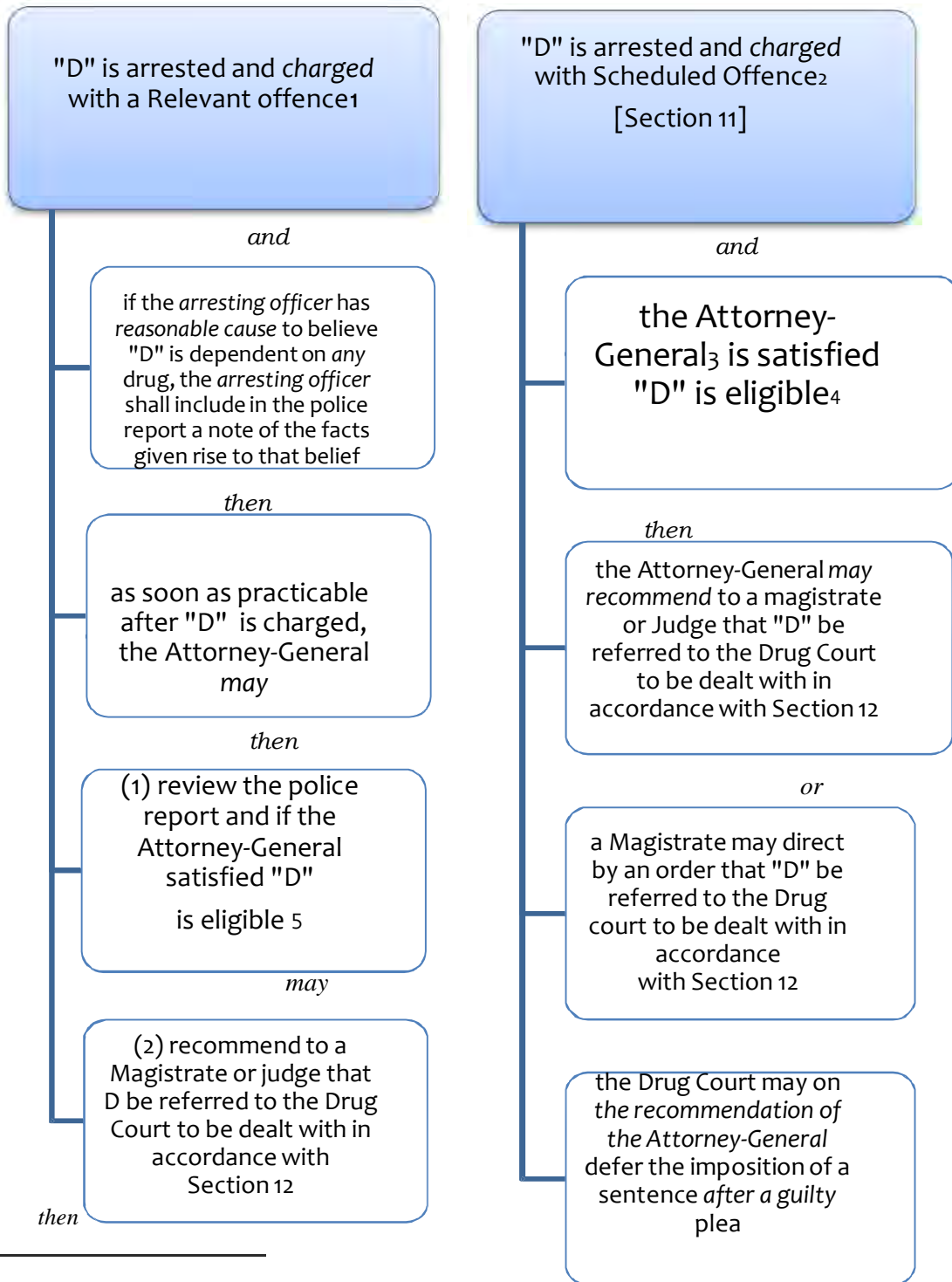
1. *To ensure early identification of chemically dependent offenders who are eligible for the Drug Court*
2. *To assess and determine the level of use which will be used to develop an appropriate treatment plan for the offender. Drug Court to make the necessary referral.*
3. *To provide the necessary mode of treatment, this will promote recovery from chemical dependence for the offender while being monitored for compliance by the Drug Court.*

The outputs, short-term outcome objectives, outcome indicators, long-term outcome objective and long-term outcome indicators are further elaborated in the Logic Model below.



The Critical Elements of the Programme

PROCEDURES AFTER ARREST – FLOW CHART



¹ As defined in Section2 of the Drug Court Bill

² Offences listed in the Schedule to the Drug Court Bill

³ In practice, Crown Counsel

⁴ As defined in Section8 of the Drug Court Bill

⁵ Ibid.

How do you access the programme? –

An extract from the Drug Rehabilitation Court Manual

A referral to the DRC programme may be made by your attorney, the prosecuting attorney, the judge, your probation officer, the arresting officer, or your treatment provider. You are then required to submit your completed application form to the prosecuting attorney, who will determine whether you are eligible for the programme. If you are eligible, the judge will place you on a 30-day provisional order to determine your suitability for the programme. You will be expected to attend appointments with a counselor and probation officer in order to complete an assessment.

You are eligible for the programme if you are:

- *Seventeen (17) years and older;*
- *Seventeen (17) years and older;*
- *Charged with a relevant offence;*
- *Chemically dependent (drugs and/ or alcohol);*
- *Willing to plead guilty to the relevant offence(s) charged against you;*

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You are NOT eligible if you are:

- *Charged with a violent offence and/ or have a history of violence;*
- *Dealing drugs for commercial gain; and*
- *Suffering from any severe developmental deficiencies, which make you unable to fully participate in the programme.*

Do you have to enter a plea to get into the programme?

Yes, you will be required to plead guilty before entering the DRC programme. Please note that you will not be allowed to withdraw your guilty plea if you are terminated or withdraw from the programme.

What are the rules of the programme?

You must obey all the rules of the programme. Failure to comply with the rules of the programme may result in a sanction, which could include being put back into a lower phase of the programme, community service, written assignments, 7-14 day therapeutic remand, financial or monetary sanctions and more frequent court appearances.

You are expected to:

- *Attend court as required and be on-time.*
- *Attend all ordered treatment sessions, which includes individual and group counseling, and other sessions as directed. If you are unable to attend scheduled sessions you must contact either your counselor or probation officer;*
- *Be on time, If you are late for counseling you will not be allowed to participate and will be considered non-compliant;*
- *Do not make threats or exhibit threatening behaviour towards DRC or other participants. Violent or inappropriate behaviour will not be tolerated and will be reported to the DRC, which may result in arrest and/or dismissal from the programme.*
- *Attend all DRC sessions. As a participant you will be expected to dress*
- *Appropriately for court and all DRC activities;*
- *Abstain from the use of alcohol and illicit drugs. The goal of the DRC programme is to help you achieve total abstinence from alcohol and illicit drugs;*
- *Submit to urinalysis, breath tests or saliva tests as requested;*
- *Maintain confidentiality of other DRC participants. Treatment cannot succeed unless all participants maintain confidentiality of other participants and of information disclosed in treatment;*
- *Focus on Treatment. Participants are not allowed to live together, work for each other, or become involved on a romantic or sexual basis with each other. These activities distract from the focus of treatment; and/ or*
- *Lead a law abiding lifestyle (do not re-offend);*

Dress Code

When you appear at court you should be dressed in respectable attire. If you are coming to court directly from work and you are wearing old or battered clothing, please bring a change of clothes with you and change in the bathroom, jeans with rips and holes, cut-off jeans, short shorts, or tank tops will not be allowed in court. Hats are not allowed in court, sunglasses may only be worn if medically prescribed. If you are not dressed appropriately you may be asked to leave and your absence will be counted as unexcused. Please see below.

- *Absolutely no article of clothing will be allowed bearing any alcohol or drug advertisement or message.*
- *No sexually explicit clothing is allowed.*
- *Shirts and shoes must be worn at all times.*
- *No do rags may be worn at any time.*
- *No sleeveless shirts I tank tops or backless shirts will be allowed.*
- *Shorts and skirts must be no higher than your fingertips when hands are straight down at your side.*
- *Swimsuits not allowed, unless covered appropriately.*
- *No bare skin around the mid-rift should be exposed.*
- *Long shirts must be tucked into trousers or skirts.*

Treatment Process

An initial treatment plan will be developed by you and your counselor following an overall assessment of your problems and needs. This will serve as a guide during the first phase of treatment. The plan will be updated as necessary as you progress through the programme.

You will be tested throughout the entire treatment process. As you progress through the programme you will be tested less frequently. Attempts to dilute, adulterate, or tamper with drug or alcohol testing may lead to discharge from the DRC. Positive or dirty results will not necessarily disqualify you. No new criminal charges will be filed as a result of any dirty test.

Substance abuse counseling is comprised of individual and group sessions. These are designed to help you develop self-awareness, realize your self-worth, and teach you to practice self-discipline. You may also be required to address other life areas such as education, employment, housing, health issues and family counseling.

Phase 1 -Assessment

This phase lasts approximately 30 days during which time you are placed on a DRC provisional order. You will be ordered to attend counseling for intake and assessment, complete Options programme and attend the orientation session.

Phase 2 - Treatment

This phase lasts approximately 3-6 months. Based on your assessment in Phase 1 you will either receive treatment on an out-patient basis or in a residential facility (see Table 1 for details). In order to move to the next phase, you must have consistent negative test results in conjunction with reports of compliance with all aspects of your treatment plan. You must also be compliant with any employment referrals and complete pre-work preparation workshop at the Department of Employment Relations, if required. In addition, you must submit an application form, which will be supported by a progress report prepared by your counselor. You must be living in the community to move to Phase 3.

Phase 3 - Maintenance

This phase lasts approximately 3-6 months. You will be expected to attend sessions at the Counselling Centre (see Table 1 for details). In order to move to the next phase, you must have consistent negative drug and alcohol test results in conjunction with reports of compliance with all aspects of your treatment plan. In addition, you must submit an application form, which will be supported by a progress report prepared by your counselor. You must also have stable employment, volunteer work or be enrolled in an educational programme to move to Phase 4.

Phase 4 - Transition

This phase lasts approximately 3 months. The requirements of the programme in this phase will depend on your particular circumstances. You should be able to demonstrate to the DRC team that you have the necessary support in the community and that you are capable of making positive lifestyle choices that affect both you and your loved ones.

Graduation checklist

Once you have successfully completed all phases of the DRC programme, you become eligible for graduation from the programme. The following criteria will be used by the DRC team when making the decision as to whether you can graduate from the programme.

- *Six (6) months sobriety from illicit drugs;*
- *Full-time employment, voluntary service, or full-time student*
- *Successful completion of all court ordered treatment*
- *Completion of all specialized probation terms*

Table 1 – Breakdown of the DRC Programme

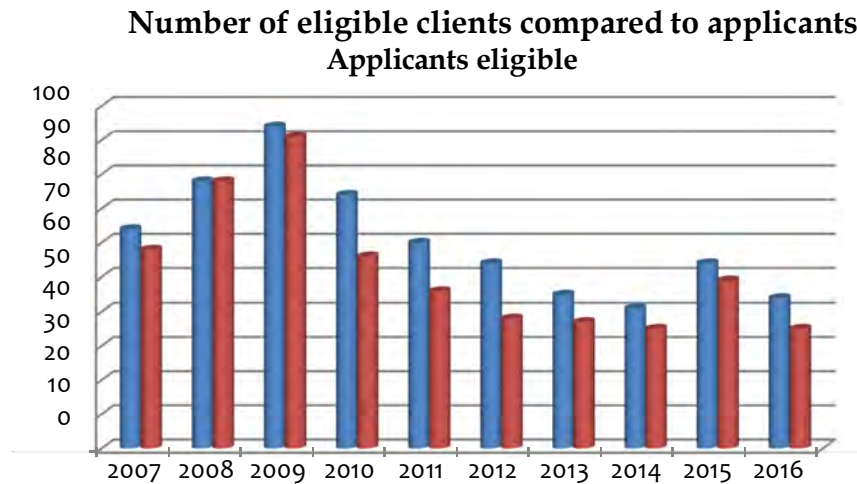
PHASE 1 Assessment (Approx 1 month)	PHASE 2 Treatment (Approx 3-6 months)	PHASE 3 Maintenance (Approx 3-6 months)	PHASE 4 Transition (Approx 3 months)
<p>In the community <i>On a Provisional DRC Order (should be completed in 30-days)</i></p> <ul style="list-style-type: none"> Attend Intake with the Counselling Centre Orientation Attend Options Programme Report to DCR-Probation Provide urine screens as required <p>In the residential Centre <i>Either on Provisional Order or Full Order with bail to Caribbean Haven residential Centre (CHRC)</i></p> <ul style="list-style-type: none"> Orientation – min 2 wks Early Primary – min 6 wks Late Primary – min 6 wks Early Re-Entry - min 6 wks Late Re-Entry - min 6 wks 	<p>In the community <i>On a full DRC Order</i></p> <ul style="list-style-type: none"> Random Protocol 1 on 1 counselling I.O.P . Relapse Prevention Anger Management Women's Group AA and NA Report to probation officer (DCR) <p>In the residential Centre <i>Continue residential programme</i></p> <ul style="list-style-type: none"> Orientation – min 2 wks Early Primary – min 6 wks Late Primary – min 6 wks Early Re-Entry - min 6 wks Late Re-Entry - min 6 wks 	<p>In the community <i>On a full DRC Order</i></p> <ul style="list-style-type: none"> 1 on 1 counselling Couples and /or family counseling Early recovery Relapse prevention Women's group Anger management Parenting Report to probation <p>In the residential Centre <i>Continue residential programme</i></p> <ul style="list-style-type: none"> Orientation – min 2 wks Early Primary – min 6 wks Late Primary – min 6 wks Early Re-Entry - min 6 wks Late Re-Entry - min 6 wks 	<ul style="list-style-type: none"> Report to Probation (DCR) Recommend that you continue 1 on 1 counselling sessions Complete and comply with all requirements of the programme Have been sober/drug free for min of 6 months Secure appropriate housing Secure stable employment Volunteer in the community Full-time student

Client Population 2007 through 2016

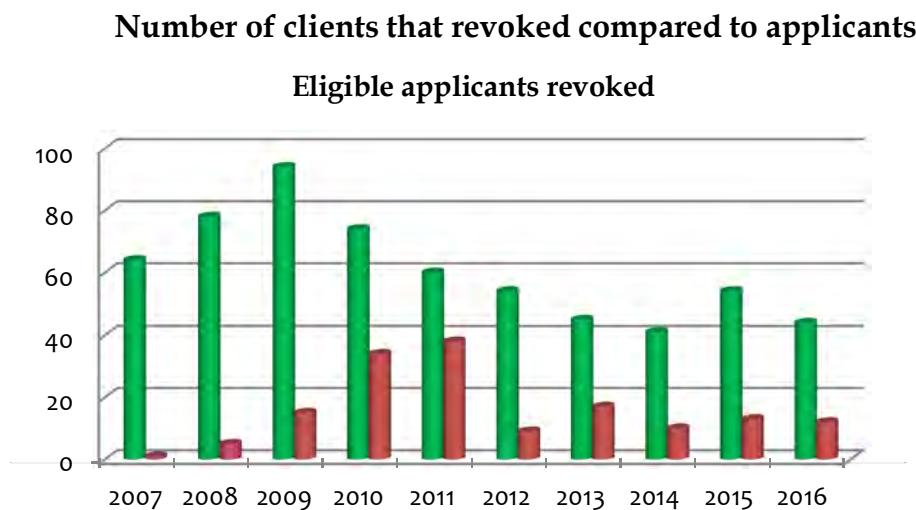
	Year in operation										Total
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	
Number of applications for Drug Court by year	64	78	94	74	60	54	45	41	54	44	608
Number deemed eligible	58	78	91	56	46	38	37	35	49	35	523
Number deemed ineligible	6	0	3	18	14	16	8	6	5	9	85
Number revoked	1	5	15	34	38	9	17	10	13	12	154
Number withdrew	1	1	6	13	2	14	14	11	12	16	90
Number graduated each year (each period)	0	0	17	23	15	13	6	10	8	13	105

The table above present's data related to the number of applicants over the review period (2007-2016), a period of 10 years. Comparisons are shown for the proportion (number) of drug court applicants who were deemed eligible, ineligible, revoked, withdrew and graduated.

- Over the review period a total of 608 applications were received for participation in the drug court (an average of 60 applications per year). Some 86% (523/608) of these applications were deemed eligible for the programme while 14% (85/608) were deemed ineligible.
- About one quarter, 25% (154/608) were expelled (revoked) for non-compliance with programme requirements.
- 90/523 or (17%) of the eligible clients dropped out of the programme (withdrew).
- Overall, 20% of the overall applicants deemed eligible for the programme graduated



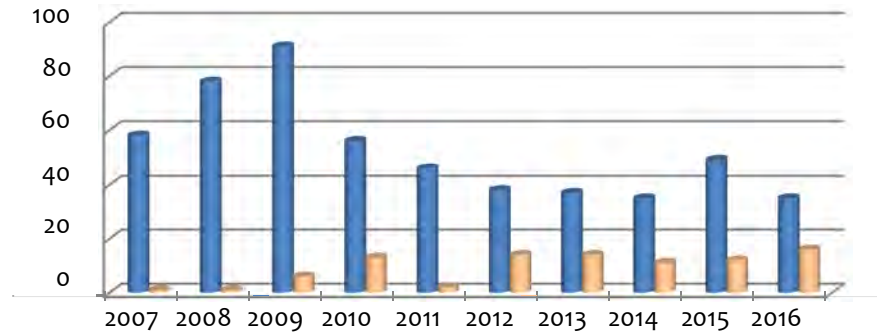
Notably more clients had applied for participation into the programme in the first five years (2007-2011) compared to the last five years (2012-2016). The chart shows that a considerable large proportion of clients were deemed to be eligible for the programme and this was evident in that throughout the ten years greater than 70% (70-100%) of applicants were so deemed.



Revocations of applicants from the programme were at their lowest in the first two years, with 4% of applicants being revoked between 2007 and 2008. The highest rate of revocations took place between 2010 and 2011 when approximately 71% of applicants being revoked. In the last five years an average of 31% of revocations took place.

Number of clients that withdrew compared to applicants

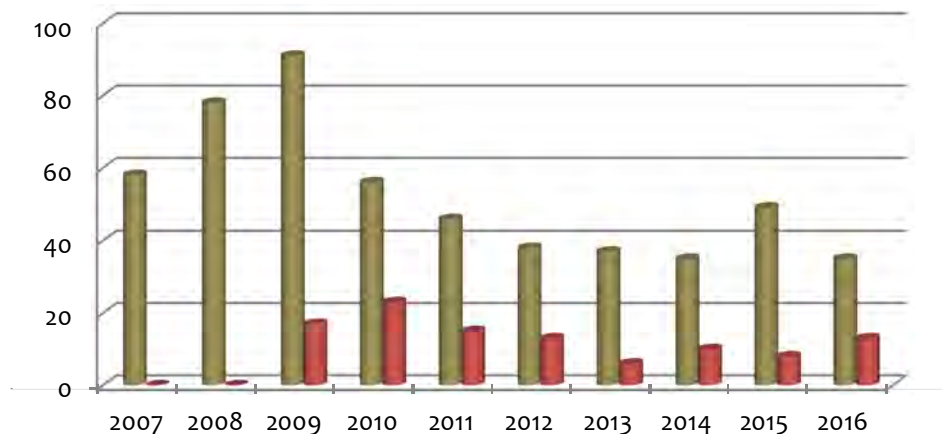
Eligible applicants withdrew



In the early part of the programme very eligible participants withdrew. There was a notable increase in clients withdrawing in the last five years of the programme – from 24-46% of eligible participants. The highest proportion of withdrawals being, 16/35 (46%) in 2016.

Number of graduated clients compared to applicants

Applicant graduates



There was a range of 16-41% of eligible clients graduated from the programme during the review period - averaging out at 20% overall.

Evaluating Clients Using the Crown Questionnaire

A sample of questionnaires that form part of the initial assessment for acceptance into the programme was analyzed to provide a profile of the typical drug court client. The results are presented as follows.

In this sample (n=48), 87.5% were males and 10.4% were females. For the most part **the charges** were predominantly related to consumption and or possession of marijuana and cocaine, burglary, theft, driving under the influence and resisting arrest.

What drug was the offender addicted to:

- 37 (77%) ganja/marijuana
- 9 (18.8%) crack cocaine
- 2 (4.2%) other – alcohol, cocaine

When was the last time the offender used addictive drug:

- Today - 3 (6.5%)
- Within last 7 days - 13 (27%)
- Last 30days - 6 (12.5%)
- Last 12 months or more – 18 (37.5%)

In the past, has the offender taken any steps to stop using drugs?

- Yes – 39 (81.3%)
- No – 9 (18.8%)

What types of accommodations are available to offender?

- Permanent – 27 (26.3%)
- Temporary – 8 (16.7%)
- None – 1 (1.1%)
- Other – 6 (12.5%)
- Not stated 6 (12.5%)

Does the offender have a criminal record?

- Yes - 29 (60.4%)
- No – 16 (33.3%)

Time spent incarcerated:

- Overall 4 (8.3%) - between 1-5 years 1 offender; and > 5 years 3 offenders

Does the offender have any record of any violence/violent offences:

- Yes - 9 (18.8%)
- No – 39 (81.3%)

Any exceptional circumstances which the court should consider

- “ I really need help”; has no previous conviction (first offence); “longing for a drug free life”

Drug Screen – Frequency and Percent Response – “YES”

Questions	“Yes”
Did you use large amounts of drugs or use them for a longer time than you has planned or intended?	36 (75.0)
Did you try to cut down on your drug use but were unable to do it?	41 (85.4)
Did you spend a lot of time getting drugs, using them, or recovering from their use?	32 (66.7)
Did you get so high or sick from drugs that it kept you from doing work, going to school, or caring for children?	21 (43.8)
Did you get so high or sick from drugs that it caused an accident or put you in danger	11 (22.9)
Did you spend less time at work, school, or with friends so that you could use drugs?	19 (39.6)
Did your drug use cause - emotional or psychological problems?	19 (36.9)
Did your drug use cause - problems with friends, family, work, or police?	45 (93.8)
Did your drug use cause - physical health or medical problems?	14 (29.2)
Did you increase the amount of a drug you were taking so that you could get the same effects as before?	29 (60.4)
Did you ever keep taking a drug to avoid withdrawal or keep from getting sick?	20 (41.7)
Did you get sick or have withdrawal when you quit or missed taking a drug?	17 (35.4)

Which drugs caused you the MOST serious problems?

Frequency (%)				
	Crack cocaine	Ganja	Alcohol	Other
Some Problems	2 (4.2)	12 (25.0)	14 (29.2)	-
More Serious Problems	4 (8.3)	8 (16.7)	3 (6.3)	-
Most Serious Problems	23 (47.9)	14 (29.2)	11 (22.9)	-

How often did you use each type of drug during the last 12 months?	Drug use in last 12 months (Percent)				
	Never	Few times	1-3 times per mth	1-5 times per mth	About every day
Alcohol	4.2	16.7	12.5	25.0	20.8
Ganja	6.3	2.1	16.7	16.7	43.8
Crack cocaine	20.8	4.2	4.2	20.8	27.1
Methamphetamine/speed/ice	39.6	2.1	-	-	-

How serious do you think your drug problems are?

- Not at all (-)
- Slightly 3 (6.3)
- Moderately 7 (14.6)
- Considerably 14 (29.2)
- Extremely 23 (47.9)

How many times before now have you ever been in a drug treatment program?

Never	One time	Two times	Three times	4 or more
26 (54.2)	14 (29.2)	4 (8.3)	1 (1.2)	1 (1.2)

How important is it for you to get drug treatment now?

Not at all	Slightly	Moderately	Considerably	Extremely
1 (2.1)	2 (4.2)	3 (6.3)	10 (20.8)	31 (64.6)

In summary, the typical offender is one who is a habitual drug user (mainly ganja and crack/cocaine; with cocaine being the drug the causes the most serious problems); has been arrested previously and has a criminal record; has taken steps in the past to try and stop using drugs (in and out of rehabilitation/counseling); typically a non-violent offender; has expressed a desire to quit; has experienced emotional, psychological problems because of drug use as well as problems with work, family, friends and or police; is of the opinion that their drug problem is considerably or extremely serious; and that it was considerably or extremely important for them to get into drug treatment immediately.

A candidate in the program will typically experience the following:

A candidate in the program for 11 months will typically experience the following:

- 24 court appearances
- 24 Community Rehabilitation appointments
- 130 Random drug testing / protocols – 3X a week (M/W/F) – sanctions are given if calls are missed
- 41 Drug tests plus 10X in court testing
- Intensive Outpatient Programme 3 hours a week for 12 weeks



A candidate in the programme for 22 months will typically experience

- 250 Random drug testing protocols
- Being drug tested approximately seventy (70) times.

Sanctions can include

- Seven (7) days incarceration for positive cocaine or other “hard” drugs
- Essay writing

Discussion, Conclusions and Lessons Learnt

Implementation of the drug court over the past ten years draws attention to several lessons learned. The model implemented in the Cayman Islands can identify with many elements of the core principles identified by CICAD as core elements of any drug court programme. There is strong evidence of:

- Treatment and case management services
- Legal eligibility
- Plea status – participant must plead guilty at the time of entry
- Sanctioning practices –use of graduated sanctions
- Graduation requirements – minimum time in drug court programme
- Supplemental services – educational, employment, housing, etc
- Short-term outcome objectives as outlined in the logic model
 - Partnerships among Drug Court, treatment providers, law enforcement agencies, social services and probation
 - Multidisciplinary team approach to developing the treatment programme for Drug Court
 - Offenders participating in supervised treatment for chemical dependence

Sufficient evidence was not immediately available to determine the social impact - long-term outcome objectives as outlined in the logic model. Seeing that the programme has been in place for over 10 years better effort must be put in place to readily document for evaluation data to determine the long-term outcomes of the programme. In that light information must be collected in a standard format to indicate the following as detailed in the logic model:

- *Prevalence rate for drugs and alcohol among graduated participants*
- *Number of drug related crimes*
- *Recidivism rate for drug related crimes*
- *Number of successful treatment outcomes for offenders with chemical dependency*

The drug court population is typically a population that faces severe challenges that go beyond addiction. They struggle with insecure accommodation, criminal offending and reoffending, has emotional, psychological, and sometimes medical and physical health problems. With the participation of females, additional challenges can be identified since they tend to face consistently greater socio-economic challenges than do males. The information gleaned from the analysis of the intake assessment (Crown questionnaires) indicates that the Cayman Island Drug Court is challenged not only to treat drug use and addiction but also to address multiple interrelated needs. Hence supplemental services in the areas of employment, education, family services, and even parenting may play a helpful role in ensuring the effectiveness of the Drug Court treatment intervention.

Immediacy is a critical factor in the likelihood of a Drug Court participant's success. Relapse and non-compliance are also typically parts of the recovery process. Combining these two elements, it is important that every effort be made to implement legal and clinical screening assessments and treatment matching that can produce rapid turnaround time from intake to placement in treatment programme. Concurrently, it is important that multiple chances be maintained as a part of the programme since it is highly likely that clients will experience at least one positive drug screen during their participation.

Drug Court graduation is a powerful predictor of reduced post-programme recidivism. Graduates are usually less likely than both Drug Court failures and non-participants to recidivate in the post-programme period. It therefore means that graduation is the key to successful long-term outcomes; participants remaining active for more time but then ultimately failing out do not tend to accrue benefits from their drug court experience. With 20% (16-41%) graduation rate overall for the Drug Court programme it means that significant resources of services and human capital had been made available over the last 10 years to provide for these successes which, if maintained, will significantly impact each participant's life in the longer term.

Measuring the long-term impact of Drug Court participation is important to evidence the fact that Drug Court really works. The overall outcome that we are looking for is to reduce criminal and drug use recidivism. Although a huge body of data has been collected over the past ten years, this evaluation was not able at this time to describe the long-term of the Cayman Island Drug Court programme. It is therefore important that data collection strategies be developed or improved to

gather evidence to measure participant's drug use and criminal behaviour beyond the period of active judicial supervision.

Of the ten key components outlined by the U.S. Department of Justice Office of Justice Programs Bureau of Justice Assistance, and presented following, the one that is most important as a recommendation coming out of this evaluation is **Key Component #8: Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.** Among other concepts, it highlights the fact that evaluation is the institutional process of gathering and analyzing data to measure the accomplishment of the program's long-term goals. The ten key components are indicated following, however, a detailed articulation of the key component #8 is presented in full to provide for future planning to strengthen the data gathering and analysis for future evaluation and programme management.

As evaluation becomes foremost in our minds as the ultimate tool to properly describe the success or failure of the programme, it is important that electronic databases be developed and used throughout the programme. This is especially needed for the drug test results. With minimal efforts, an electronic database can be developed and implemented so that retrieval of data enhances the overall management of the Drug Court programme.

Defining Drug Court – The Key Components

1. **Key Component #1:** Drug courts integrate alcohol and other drug treatment services with justice system case processing
2. **Key Component #2:** Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights
3. **Key Component #3:** Eligible participants are identified early and promptly placed in the drug court program
4. **Key Component #4:** Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services
5. **Key Component #5:** Abstinence is monitored by frequent alcohol and other drug testing
6. **Key Component #6:** A coordinated strategy governs drug court responses to participants' compliance
7. **Key Component #7:** Ongoing judicial interaction with each drug court participant is essential
8. **Key Component #8:** Monitoring and evaluation measure the achievement of program goals and gauge effectiveness
9. **Key Component #9:** Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations
10. **Key Component #10:** Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness

Key Component #8

Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.

Purpose

Fundamental to the effective operation of drug courts are coordinated management, monitoring, and evaluation systems. The design and operation of an effective drug court program result from thorough initial planning, clearly defined program goals, and inherent flexibility to make modifications as necessary.

The goals of the program should be described concretely and in measurable terms to provide accountability to funding agencies and policymakers. And, since drug courts will increasingly be asked to demonstrate tangible outcomes and cost-effectiveness, it is critical that the drug court be designed with the ability to gather and manage information for monitoring daily activities, evaluating the quality of services provided, and producing longitudinal evaluations.

Management and monitoring systems provide timely and accurate information about program operations to the drug court's managers, enabling them to keep the program on course, identify developing problems, and make appropriate procedural changes. Clearly defined drug court goals shape the management information system, determine monitoring questions, and suggest methods for finding information to answer them.

Program management provides the information needed for day-to-day operations and for planning, monitoring, and evaluation. Program monitoring provides oversight and periodic measurements of the program's performance against its stated goals and objectives.

Evaluation is the institutional process of gathering and analyzing data to measure the accomplishment of the program's long-term goals. A process evaluation appraises progress in

Meeting operational and administrative goals (e.g., whether treatment services are implemented as intended). An outcome evaluation assesses the extent to which the program is reaching its long-term goals (e.g., reducing criminal recidivism). An effective design for an outcome evaluation uses a comparison group that does not receive drug court services.

Although evaluation activities are often planned and implemented simultaneously, process evaluation information can be used more quickly in the early stages of drug court implementation. Outcome evaluation should be planned at the beginning of the program as it requires at least a year to compile results, especially if past participants are to be found and interviewed.

Evaluation strategies should reflect the significant coordination and the considerable time required to obtain measurable results. Evaluation studies are useful to everyone, including funding agencies and policymakers who may not be involved in the daily operations of the program. Information and conclusions developed from periodic monitoring reports, process evaluation activities, and longitudinal evaluation studies may be used to modify program procedures, change therapeutic interventions, and make decisions about continuing or expanding the program.

Information for management, monitoring, and evaluation purposes may already exist within the court system and/or in the community treatment or supervision agencies (e.g., criminal justice data bases, psychosocial histories, and formal AOD assessments). Multiple sources of information enhance the credibility and persuasiveness of conclusions drawn from evaluations.

Performance Benchmarks

1. Management, monitoring, and evaluation processes begin with initial planning. As part of the comprehensive planning process, drug court leaders and senior managers should establish specific and measurable goals that define the parameters of data collection and information management. An evaluator can be an important member of the planning team.
2. Data needed for program monitoring and management can be obtained from records maintained for day-to-day program operations, such as the numbers and general demographics of individuals screened for eligibility; the extent and nature of AOD

Cayman Islands Drug Rehabilitation Court

problems among those assessed for possible participation in the program; and attendance records, progress reports, drug test results, and incidence of criminality among those accepted into the program.

3. Monitoring and management data are assembled in useful formats for regular review by program leaders and managers.
4. Ideally, much of the information needed for monitoring and evaluation is gathered through an automated system that can provide timely and useful reports. If an automated system is not available manual data collection and report preparation can be streamlined. Additional monitoring information may be acquired by observation and through program staff and participant interviews.
5. Automated manual information systems must adhere to written guidelines that protect against unauthorized disclosure of sensitive personal information about individuals.
6. Monitoring reports need to be reviewed at frequent intervals by program leaders and senior managers. They can be used to analyze program operations, gauge effectiveness, modify procedures when necessary, and refine goals.
7. Process evaluation activities should be undertaken throughout the course of the drug court program. This activity is particularly important in the early stages of program implementation.
8. If feasible, a qualified independent evaluator should be selected and given responsibility for developing and conducting an evaluation design and for preparing interim and final reports. If an independent evaluation is unavailable the drug court program designs and implements its own evaluation, based on guidance available through the field:
 - Judges, prosecutors, the defense bar, treatment staff, and others design the evaluation collaboratively with the evaluator.
 - Ideally, an independent evaluator will help the information systems expert design and implement the management information system.

- The drug court program ensures that the evaluator has access to the relevant justice system and treatment information.
 - The evaluator maintains continuous contact with the drug court and provides information on a regular basis. Preliminary reports may be reviewed by drug court program personnel and used as the basis for revising goals, policies, and procedures as appropriate.
9. Useful data elements to assist in management and monitoring may include, but are not limited to:
- The number of defendants screened for program eligibility and the outcome of those initial screenings.
 - The number of persons admitted to the drug court program.
 - Characteristics of program participants, such as age, sex, race/ethnicity, family status, employment status, and educational level; current charges; criminal justice history; AOD treatment or mental health treatment history; medical needs (including detoxification); and nature and severity of AOD problems.
 - The number and characteristics of participants (e.g., duration of treatment involvement, reason for discharge from the program).
 - The number of active cases.
 - Patterns of drug use as measured by drug test results.
 - Aggregate attendance data and general treatment progress measurements.
 - The number and characteristics of persons who graduate or complete treatment successfully.
 - The number and characteristics of persons who do not graduate or complete the program.
 - The number of participants who fail to appear at drug court hearings and number of bench warrants issued for participants.
 - Re arrests during involvement in the drug court program and type of arrest(s).
 - The number, length, and reasons for incarcerations during and subsequent to involvement in the drug court program.

10. When making comparisons for evaluation purposes, drug courts should consider the following groups:
 - Program graduates.
 - Program terminations (revocations and withdrawals).
 - Individuals who we referred to, but did not appear for treatment.
 - Individuals who were not referred for drug court services.

11. At least six months after exiting a drug court program, comparison groups (listed above) should be examined to determine long-term effects of the program. Data elements for follow-up evaluation may include:
 - Criminal behavior/activity.
 - Days spent in custody on all offenses from date of acceptance into the program.
 - AOD use since leaving the program.
 - Changes in job skills and employment status.
 - Changes in literacy and other educational attainments.
 - Changes in physical and mental health.
 - Changes in status of family relationships.
 - Attitudes and perceptions of participation in the program.
 - Use of healthcare and other social services.

12. Drug court evaluations should consider the use of cost-benefit analysis to examine the economic impact of program services. Important elements of cost-benefit analysis include:
 - Reductions in court costs, including judicial, counsel, and investigative resources.
 - Reductions in costs related to law enforcement and corrections.
 - Reductions in health care utilization.
 - Increased economic productivity.

Conclusion


The introduction of a DRC in the Cayman Islands marked a vast departure from the traditional roles, responsibilities and relationships of the traditional adversarial model of justice that this country follows.

A United Nations office on drugs and crime document entitled, "Drug Rehabilitation Courts Work!" List the following DRC success factors:

- *Effective judicial leadership of the DRC Team.*
- *Strong interdisciplinary team collaboration - each maintaining professional independence.*
- *Good knowledge of addiction, treatment and recovery by Justice System team members, and of criminality by the healthcare members.*
- *Operational manual for consistency and efficiency.*
- *Clear participant's eligibility criteria, with objective screening of potential participants.*
- *Detailed assessment of each potential participant.*
- *Fully informed/ documented consent of each participant to be admitted to DRC.*
- *Speedy referral of participants to treatment and rehabilitation following arrest.*
- *Swift, certain and consistent sanctions for non-compliance and rewards for compliance.*
- *Ongoing DRC program evaluation and willingness to make improvements.*
- *Sufficient, sustained and dedicated DRC funding.*
- *Changes in underlying substantive or procedural law, if necessary or appropriate.*

The success of DRC's can be measured perhaps not only in terms of dramatic reductions in criminal behavior by those involved in the program, but also by a significant reduction in drug use. The positive effects may not only have an impact on the criminal justice system, but it is believed that it should also positively impact upon the health system as well. In Canada, for instance, it has been found that most of the DRC participants demonstrate a significant Improvement in their physical and mental health.

The success story of the Drug Court programme cannot only be told from the statistical evaluation of the primary data but can also be told from the heart of those who are involved with the programme on a daily basis – the clients themselves and the members of the multi-disciplinary team.



When seven individuals graduated from the Drug Rehabilitation Court in May 2017, Magistrate Valdis Foldats admitted he was surprised by the effort and number of hours the graduates had put in. During the graduation ceremony, the magistrate explained that he had decided to examine one graduate's file, picked at random, to see how much work it took to graduate. "It knocked my socks off," he said. As well as 25 court appearances, 24 probation meetings and 200 days of wearing an electronic monitor, the individual had to make three phone calls per week for nine months to see if he had been selected to come in for a drug test. He also had to undergo 30 tests outside of drug court, 12 tests in drug court, and 76 counselling sessions, including 63 groups and 13 individual.

"Those are the numbers needed for success," he said.

Magistrate Valdis Foldats May 4, 2017

Notable Recommendations

1. An electronic database of the Crown's Questionnaire would be valuable to provide data for continuous evaluation and reporting on the profile of the typical drug court client.
2. Develop a one-page synopsis sheet for the cover of each file for ease of data collection, collating and updating electronic files post court appearances. (**Appendix B – DRC Participant Data Capture Sheet**).
3. A quarterly reporting format must be developed for reporting on the objectives/short-term outcomes as defined in the Drug Court Logic Model.
4. Additionally, it would be instructive to develop an annual reporting format based on the evaluative indicators as defined in component #8 of the Key Components.
5. Full computerization of drug test results will provide additive value in analysis and reporting on another aspect of the clientele.
6. To ensure sustainability of all efforts (critical to success activities such as drug testing, treatment and counseling, etc.), memorandum of understandings should be implemented with the multi-agency teams such as the National Drug Council and the Department of Counseling Services to ensure coordination, support for activities critical to the drug court and the continuum of care for the client, and budgetary collaboration, to include items such as payment for drug testing.
7. Dedicated budget to support drug testing and monitoring and reporting (quarterly, half-yearly or annually) must be made available to the National Drug Council and or other pertinent multi-disciplinary agency or agencies.

Further notes and comments on the Drug Rehabilitation Court

1. Changes have been made in the DRC programme since its inception over the past nine years. These programme changes have been based on what was viewed as having worked and what hasn't worked well. General changes for improvements have been made primarily to increase efficiency of the progress.
 - a. Draft manual of revisions has been provided by DRC administrator. The current
 - i. edits provided are indicated in **blue (Appendix C – Operation Manual)**
2. An application submitted for DRC takes approximately 30 days to be processed. An application can be made into a provisional order on the same day if all the paperwork is in order. Once the application is approved a provisional order can be made.
3. Provisional orders can always be extended and some clients have multiple extensions.
 - a. However, there was no easy way, if any, to determine why the extensions were granted. It appeared that for many extended orders that due to the requirement for applicants to attend at least 3 counselling sessions for the assessment phase, some applicants required an extended period of time for this process to be completed.
4. The treatment process begins at phase II and a full order is then prepared.
5. Drug testing protocols:
 - a. Three (3) days a week DRC candidates are called at random
 - b. Nine (9) persons per day equaling 27 (twenty-seven) samples per week
 - c. Clients who appear in court are also called via a process with Department of Community Rehabilitation on various court days. This means that some clients are called more than once per week to provide a sample.
 - d. *NB – drug testing results are not available electronically as data is stored in a composition book as a log.*
6. 6. Number of client sanctions for those suspended or graduating is currently unavailable.

Appendix A – Terms of Reference

Terms of Reference for the Evaluation of the Cayman Islands Drug Court

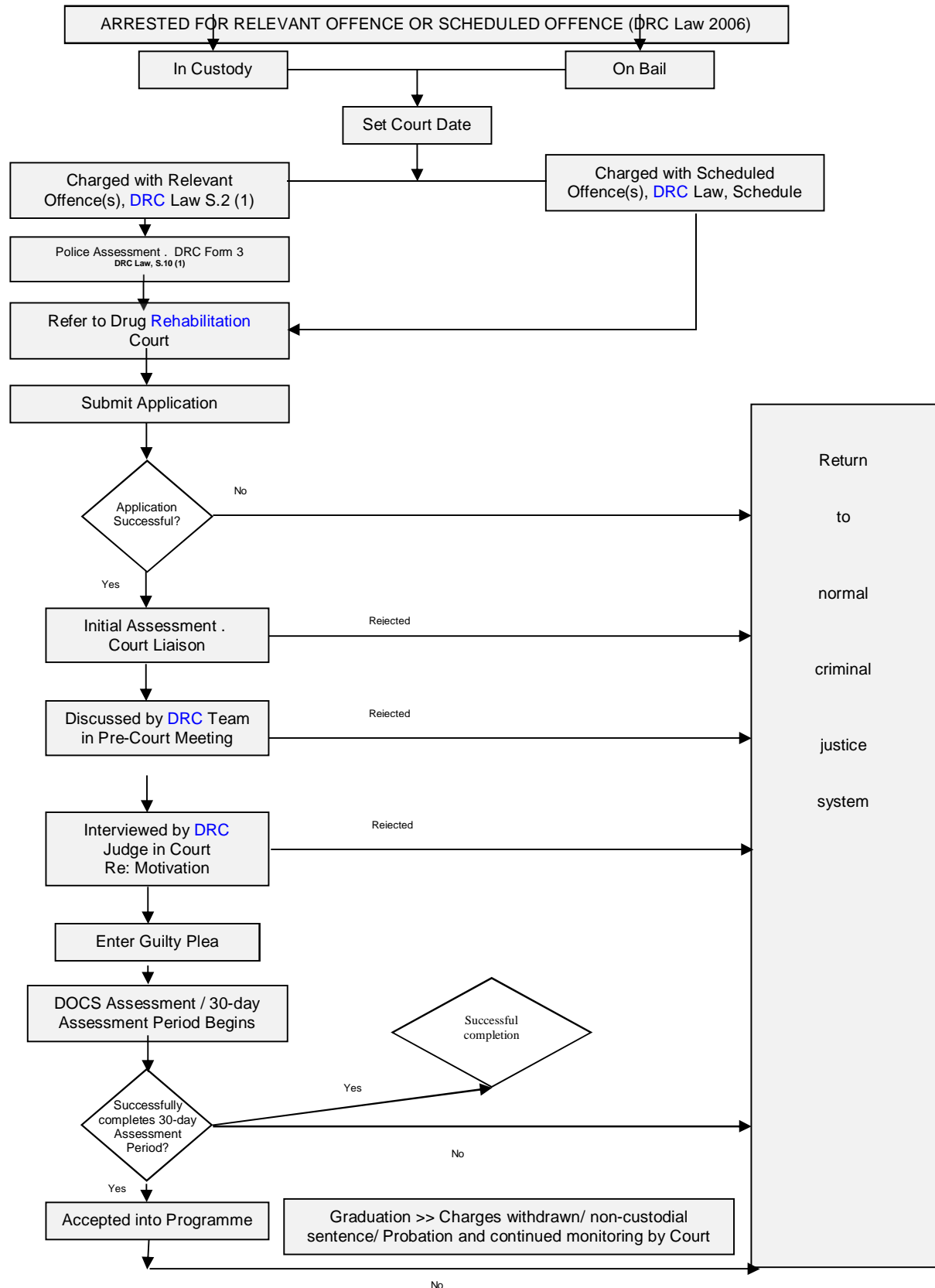
1. The evaluation will analyze the protocols in the Drug Court system
2. The evaluation will review and update the protocol, making suggestions and recommendations to improve existing data capture recording
3. The evaluation will make recommendations for appropriate scales to measure outcomes
4. The evaluation will expand the protocol to include additional details on methodology and data analysis. These sections should include details on sampling methods (past and present clients or past potential clients), definition of variables, and calculations, to allow for replications of the study leading to comparable results.
5. The evaluation will standardize reporting formats and work on any other aspects of the protocols agreed on during coordination meeting with Drug Court staff/National Drug Council.

Appendix B – DRC Participant Data Capture Sheet

Client Name (First, M.I., Last):		Case No.:		DOB (dd/mm/yyyy):	
Male / Female					
Other Agency Involvement:		<input type="checkbox"/> DCR <input type="checkbox"/> DOCS <input type="checkbox"/> Other : _____			
Application Date (dd/mm/yyyy):		Application Extensions: 1. 2.			
Phase I Commencement Date:		Sanctions & Dates: 1. 2. 3.		Phase I Extensions/period/reason: 1. 2. 3.	
Phase II Application Date:	Phase II Commencement Date:	Sanctions & Dates: 1. 2. 3.		Phase II Extensions/period/reason: 1. 2. 3.	
Phase III Application Date:	Phase III Commencement Date:	Sanctions & Dates: 1. 2. 3.		Phase III Extensions/period/reason: 1. 2. 3.	
Phase IV Application Date:	Phase IV Commencement Date:	Sanctions & Dates: 1. 2. 3.		Phase IV Extensions/period/reason: 1. 2. 3.	
Drug Testing Please note if DRC or Other Court (OC)	Date (dd/mm/yyyy)	Alcohol (+ / -)	Ganja (+ / -)	Other (please identify	
Graduation Application Date:	Graduation Date & Notes:				
Withdrawn Date:	Reason for withdrawal:				
Revocation Date:	Reason for revocation:				
Additional Notes: (Should include any medical/ psychiatric hx)					

Appendix C – Operation Manual

DRC CLIENT DECISION POINT MAP



DRUG REHABILITATION COURT TEAM

Research has shown that the success of DRC depends on effective judicial leadership of the DRC Team. Special emphasis is placed on the establishment of strong interdisciplinary collaboration between the judge and team members. While functioning as a cohesive team, each member still maintains their respective professional independence.

This type of collaboration requires a fundamental shift from both the normal course of criminal justice and the traditional role of the treatment provider(s). As members of the DRC Team, each member must share an understanding of the process of recovery from drug dependence/abuse. This common vision forms the basis of their commitment to helping offenders break the cycle of drug use/abuse and crime. Simply put, to escape the “revolving door” lifestyle of drug use and incarceration.

In forging the relationships necessary to assemble the DRC Team, our partner agencies have made a commitment to providing cross-discipline training.

DRC TEAM

The team is composed of one or more of the following:

- The Judge;
- Crown Counsel;
- Defence Attorney;
- Probation Officer;
- Treatment provider;
- Court Registrar; and
- Court Clerk.

All members of the team believe in the DRC concept and are available to appear in court on a consistent basis. Research has shown that the success of the DRC depends on the willingness of the Judge and team members to work together. In addition, all team members see their job as the facilitation of the offender’s rehabilitation.

THE JUDGE

The **DRC** Judge recognises the limitations of judicial coercion as a tool for drug rehabilitation and adopts a new strategy that relies on the development of an ongoing, working relationship between the judge and the offender and the use of sanctions and rewards to encourage compliance.

In the drug court, communications between judge and offender are essential. During the frequent court hearings an offender can expect there to be intense and lengthy exchanges by which the judge is able to establish him/herself as a powerful motivator in the rehabilitation process of the offender. Before an audience of offenders, the judge must play the role of confessor, taskmaster, cheerleader, and mentor as appropriate.

The Judge's duties include, inter alia, the following:

- Presiding in the **DRC**;
- Chairing the pre-court meetings;
- Supervising and re-enforcing treatment by reviewing the reports from the treatment providers and input from each offender;
- Establishing a rehabilitative relationship with the offender through intensive interaction during court appearances.

He/she must have the following attributes:

- Fairness and consistency in their approach;
- Good listening skills;
- Displays empathy
- Understands addiction;
- Willingness to work as part of a team;
- Solves problems easily; and
- Motivates others

CROWN COUNSEL

The role of the Crown can best be described as conciliatory or non-adversarial. A high degree of professional excellence and consistency is maintained in executing the role of Crown Counsel in [DRC](#), primarily through multidisciplinary training and provision for permanent assignment to [DRC](#) for minimum of 12 months.

The Legal Department is responsible for reviewing cases and making referrals to [DRC](#). They are the ‘gate-keepers’ of the programme. For each offender, Crown Counsel must verify whether the charges against the offender are appropriate for the [DRC](#) Programme, and whether the offender has any prior charges or other reasons that would disqualify him/her from the [DRC](#) Programme (e.g. violent offences). At no time has their interest in ensuring public safety been compromised.

In addition, the Crown agrees not to prosecute a pre-trial offender who is participating in the [DRC](#) Programme, until, and if the offender is unsuccessful in completing the programme. If the offender is unsuccessful in completing the programme then he/she is returned to normal criminal justice system and charges pursued as normal.

Crown Counsel’s duties include the following:

- Reviews cases at all stages of the criminal justice process to identify appropriate cases where the offender is eligible to apply to [DRC](#).
- Acts as gatekeeper by screening [DRC](#) applications to determine whether the preliminary [DRC](#) eligibility criteria have been met;
- Monitors participants’ compliance with [DRC](#) programme;
- Provides training to their team members on relevant aspects of the prosecution function;
- Participates in outreach activities;
- Attends pre-court meetings.

DEFENCE ATTORNEY / DUTY COUNSEL

When the DRC commenced, there were two Court teams sitting on different days of the week. Two defence attorneys filled the role of Duty Counsel, one sitting with each team. Both teams were subsequently amalgamated but one attorney-at-law filled the role of Duty Counsel, from inception to the present, that being Mr. John Furniss. In [DRC](#), the defence attorney takes on a non-adversarial

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role. This is a very challenging role to assume given their professional training otherwise. Defence attorneys, in their traditional role, are expected to articulate the wishes of their clients, but as part the **DRC** team their decisions may be in conflict with that of their client. As a result, the defence attorney rarely gets between the Judge and the offender and thereby takes on a more conciliatory role.

The Defence Attorney's duties include the following:

- Assist offenders without legal counsel, whether in or out of custody, to make application to **DRC** programme;
- Interview offenders and provide legal advice on **DRC** programme;
- Review **DRC** Rules and Waiver forms with offenders before they decide to enter the programme;
- Attend pre-court meetings on behalf of **DRC** participants;
- Assist offender in entering guilty plea;
- Represent offenders who do not otherwise have legal counsel throughout their term of participation in the **DRC**.
- Represent offenders who exit the programme e.g. graduation, expulsion;

DEPARTMENT OF COMMUNITY REHABILITATION (PROBATION)

The probation officer is an integral part of the **DRC** Team. He/she's primary role is to bring a probation perspective to bear on decisions of the **DRC** Team.

The Probation Officer's duties include the following:

- Assist the Crown by collecting past and current information on the offender's response to community supervision as a means of determining suitability for the programme;
- Update court on any outstanding failures to comply with probation orders that must be dealt with before admission into the **DRC** programme;
- **Supervision of CIDRC Drug Court Orders;**
- **Submission of reports of the Court;**
- **Enforcing CIDRC Drug Court Orders including notifications of breaches and recommending variations accordingly;**

- Liaison with Community – families and interested persons
- Liaison with partner agencies regarding housing, employment, etc.
- Conducting facility visits and home visits with or without the assistance of the police;
- Attending Treatment Team and DRC Team meeting
- Attends pre-court meetings”

POLICE / COURT LIAISON

In discerning the role and function of Royal Cayman Islands Police (RCIP) we made the following assumptions:

- i. Police are usually the first point of contact for potential DRC participants.
- ii. Many DRC participants are chronic/repeat offenders known to the police.
- iii. Police are an invaluable source of information with respect to the general circumstances and character of the offender.

The duties of the Police / Court Liaison are as follows:

- To provide information to be used to screen DRC participants.
- To make recommendations on conditions of bail and other such matters as they relate to DRC participants.
- To provide general information on DRC participant compliance with bail conditions.
- To alert DRC of any further criminal activity by DRC participants.
- To ensure effective communication of information between Police and DRC Team.
- To ensure the effective and prompt execution of all DRC Warrants/Orders.
- To update police information systems to ensure effective communication of DRC participant status to Police Officers.
- To educate DRC stakeholders / partners on police procedures and concerns.
- To assist DRC with organization of training sessions and preparation of training materials for Police Officers.
- To update DRC stakeholders and partners on public safety concerns.

- To participate in [DRC](#) outreach activities aimed at educating the public and other interested persons about the [DRC](#) programme.
- To be active participants in the governance of [DRC](#).

The RCIP decided to use a two tiered approach to fulfill its role to the [DRC](#). On one tier there will be a dedicated Police Liaison Officer to [DRC](#) emanating from the Drugs Task Force (DTF), and on the other support will be provided through District Commanders who will, in turn, involve officers with direct links to the community. No matter the origin of the liaison required, the Police Liaison Officer will be responsible for bringing these matters to the attention of [DRC](#).

DRUG REHABILITATION COURT COORDINATOR

The role of the [DRC](#) Coordinator is multi-faceted and involves coordinating varying tasks interconnected with the continued function and maintenance of the [DRC](#) programme. The Coordinator's primary role is to facilitate the establishment and maintenance of a robust [DRC](#) programme, as described in the Drug Rehabilitation Court Law 2006.

The Drug Court Co-ordinator's duties include:

- Facilitate community consultation regarding programme policy and direction
- Coordination of court and other partner agency services
- Advise on ethical standards and best practices to be observed
- Management of information systems
- Coordinate and oversee research and evaluation initiatives
- Develop and coordinate governance structure
- Coordinate delivery of training and professional development needs
- Promote increased understanding of Government regarding the programme's role in promoting healthy and safe communities
- Create communication infrastructure for dissemination of [DRC](#) information
- Develop mechanisms to ensure alumni participation

- Develop and coordinate tasks associated with [DRC](#) publications, documents and website maintenance
- Spokesperson for [DRC](#)
- Right to attend pre-court meetings

COURT REGISTRAR

The Registrar's functions as are outlined in Section 7 (1) of the Drug Rehabilitation Court Law 2006. He/she has an extensive understanding of the judicial process. The Registrar provides administrative support to the [DRC](#) Team and reports to the Chief Clerk of Courts.

The Court Liaison's duties include the following:

- Collection and dissemination of information from treatment team and the court team
- Collection and dissemination of all information pertaining to the monitoring of urine screens
- Update and maintain court dockets
- Plan, schedule and co-ordinate client graduations
- Attend pre-court meetings

COURT CLERK

There is one clerk assigned to the [DRC](#) to provide administrative support to the judge and other members of the [DRC](#) Team as needed.

The Court Clerk's duties include the following:

- Collect and file folders of [DRC](#) participants who will be appearing before the [DRC](#) that week and have them available for the judge;
- Provide clerical and administrative support to [DRC](#); and
- Attends pre-court meetings.

TREATMENT PROVIDERS

The treatment for clients participating in the **DRC** Programme is coordinated and delivered by the **DRC** Treatment Team, all of whom are employees of the Department of Counselling Services (DCS), Cayman Islands Government. The Treatment Team consists of: the Clinical Supervisor; Programme Coordinator(s); and Therapist(s).

The duties and responsibilities of the **DRC** Treatment Team are as follows:

CLINICAL SUPERVISOR:

- Clinical staff supervision
- Staff performance management
- Resource management, including budgets and reports to funding agency
- Promote **DRC** within the treatment community and the community in general
- Promote and monitor collaboration between the treatment team and other stake holders
- Ensure integrity of **DRC** programs is maintained in the service delivery of the treatment component of the program

CLINICAL SUPERVISOR AND PROGRAM COORDINATOR

- Balance clinical perspectives and needs of treatment with the requirements of the court/treatment partnership, bearing in mind that neither system on its own is effective with **DRC** clients
- Advocate for the interests and perspectives of the treatment component of the program and treatment staff within the **DRC** and its governance structures, treatment community and community in general.
- Ensure treatment policies, procedures, recommendations and decisions are congruent with standards and practices and ethics of **DRC** and relevant clinical disciplines.

PROGRAM COORDINATOR(S)

- Facilitate problem-solving regarding inter-team issues
- Provide opportunities for inter-team education
- Develop and monitor procedures for effective communication of clinical and other issues between teams
- Provide comprehensive case management
- Participate in treatment team case conferences
- Consult with Court Liaisons regarding client's drug test results
- Participate in professional development and educational sessions.
- Attend pre-court meetings

THERAPIST(S)

- Complete comprehensive assessment of prospective clients
- Provide individual counseling and therapy
- Facilitate group counseling sessions
- Prepare progress reports for court
- Provide clients with support and information regarding program procedures, recommendations and decisions
- Document client's participation in all individual and group sessions
- Document all contacts relevant to client's involvement in the program
- Participate, when required, in program activities such as graduation ceremonies

FORENSIC SCIENTIST

Drug-testing is a critical component of the [DRC](#). Research has shown that accurate results of testing are important and objective markers by which we are able to verify admitted drug use, unreported drug use, and participant's progress in the programme. To this end the Forensic Scientist has responsibility for the supervision and reporting of results from court-ordered drug testing.

The Forensic Scientist's duties include the following:

- Training of court marshals (male & female) to collect biologic samples;
- Supervise collection and testing of samples;
- Review test results to confirm whether samples are admissible;
- Recommend and/or authorise further testing when needed;
- Liaise with treatment providers to discuss specific lab results;
- Assist programme staff with interpretation of complex results;
- Provide technical assistance to [DRC](#) on matters related to drug-testing;
- Assist in cross-training when necessary;
- Provide regular reports on drug testing results to the [DRC](#) Team for use in pre-court meetings;
- Advise the Crown and defence on specific test results in preparation for expulsion hearings.

THE ENTRY PROCESS

The [DRC](#) is a voluntary programme. Potential applicants must apply for admission into the programme. Each applicant will be reviewed and screened for eligibility and suitability before admittance into the programme.

ELIGIBILITY CRITERIA

The eligibility criteria for [DRC](#) Programme have been established to ensure that suitable candidates are identified for entry into the programme without compromising public safety. The eligibility criteria include the following:

- Persons seventeen (17) years and older;
- Persons charged with relevant offence;
- Persons apparently dependent on the use of drugs;
- Persons committing non-violent offences, where the drug dependence is the most significant contributing factor;
- Persons who do not have a history of violence;

- Persons dealing drugs primarily to support the offender's drug habit may be included (addict trafficker). Persons trafficking drugs for commercial gain are excluded;
- Persons who suffer from severe developmental deficiencies, which would prevent or restrict them from active participation in the programme;
- Persons prevented or restricted from actively participating in the programme; and
- Persons who have not involved a minor in committing the offence(s).

Cayman Islands Drug Rehabilitation Court

Entry Policy	Exceptions	Comments/ Assumptions
Application must be voluntary and with legal advice	None	None
Must be 17 yrs or older	None	None
Must be charged with a relevant offence	None	
Drug dependence must have contributed significantly as a reason for committing the offence. (Reasons other than drug dependence e.g. commercial gain are excluded)	Drug Dependent applicants may be excluded, if the alleged offences are of a level of sophistication, criminality, or seriousness beyond minor street level criminal behaviour.	Must be dependent on drugs.
Non-violent offences and/or no history of violence	<p>This will be assessed on a case-by-case basis. We will consider:</p> <ul style="list-style-type: none"> • Complete criminal history; • Internal and external factors contributing to violent acts (past & present) 	<p>May consider whether person has sought and/or completed treatment for violent behaviour.</p> <p>May include mental issues, aggravation; and psychological factors.</p>
Quick enrolment into DRC programme (Max XX working days)	Where they were unforeseen and unavoidable delays in screening process	e.g. additional information required or temporary housing needs to be arranged.

<p>Outstanding charges must either be resolved or waived into the DRC before the applicant can be considered for admission. These include, but are not limited to:</p> <ul style="list-style-type: none"> ▪ serving criminal sentence ▪ On parole ▪ On hold by immigration ▪ On probation orders inconsistent with DRC Order, ▪ On existing bail order ▪ Bench warrants 	<ul style="list-style-type: none"> ▪ None ▪ None ▪ None ▪ A successful applicant may apply to DRC judge to vary the terms of those orders to facilitate participation in the programme. ▪ Other charges must be waived (voluntarily) into DRC and guilty plea entered for all charges. ▪ Dealt with by Judge in a manner appropriate to the circumstances. 	<p>Applicants subject to non-DRC court orders or processes may be frustrated in terms of their ability to engage in the programme i.e. In congruency between DRC and Court orders.</p> <ul style="list-style-type: none"> ▪ May reapply after resolution or completion of the matter. ▪ May reapply after resolution or completion of the matter. ▪ May reapply after resolution or completion of the matter. ▪ None ▪ Case-by-case basis.
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Cayman Islands Drug Rehabilitation Court

	circumstances.	
Eligible DRC applicants must be sign Rule and Waiver forms prior to entry into DRC	None	With legal advice.
Must be prepared to enter a guilty plea to the charges listed		Decision taken under advice of Lawyer
Eligible DRC participants will be placed on Drug Rehabilitation Court Order(s)	None	Breaches are triggers for sanctions and/or incentives
Exclude persons in circumstances where either internal or external factors are known of that may prevent the person from succeeding/ completing the programme.	None	This may include not being available to take advantage of a programme that is at least 12 months in duration.

THE REFERRAL PROCESS

Referrals of drug-pendant offender charged with an eligible **DRC** offence usually comes from the following persons:

- Judges and Magistrates
- Defence Attorneys
- Police Officers
- Probation Officers
- Treatment Providers
- Crown Counsel

THE APPLICATION PROCESS

A person charged with an offence who wishes to be considered for participation in **DRC** programme must file an application (Forms 1 & ??) with the Court. All applications will be screened by the Legal Department for eligibility and suitability.

The application process begins with screening for applicants to be referred to the **DRC**. The main reason for screening is to:

- Identify potential participants as soon as possible after arrest;
- Engage eligible participants in the **DRC** programme as soon as practicable following submission of application (XX days maximum);
- Address any case management issues necessary to facilitate the applicant's participation in treatment, e.g. housing concerns; family issues; employment issues etc.

Stage I – Legal eligibility and preliminary review for suitability.

The Crown, upon receipt of the offender's application conducts this initial screening.

Stage II- Substance abuse history and early case management

The applicant is interviewed by Court Liaison on the day of his/her first appearance in court, since the applicant is typically in custody and therefore available to be interviewed.

This screening also identifies some early case management issues such as availability of housing. The applicant is required to complete Crown Questionnaire. Completed forms are forwarded to Prosecutor/Legal Department for inclusion in case files.

Stage III - General eligibility and suitability

This is conducted by the [DRC](#) in the pre-court meeting immediately prior to the applicant's first appearance in [DRC](#). Eligible candidates are discussed in this meeting, and information gathered from [DRC](#) Team members is reviewed as part of a joint assessment of each applicant's suitability.

Stage IV -In-court review of the [DRC](#) applicant by [DRC](#) Judge

This occurs as part of the applicant's first appearance in [DRC](#).

Stage V- General assessment by the DCS

This is an in-depth assessment conducted by DCS therapists, and generally takes place between the applicant's first and second appearance in [DRC](#).

If at the end of the assessment, the applicant is found inappropriate to enter the programme, his/her guilty plea will be struck on the next court date and he/she will return to the normal criminal justice system. If applicant found to be appropriate, then he/she will become a probationary client in the [DRC programme](#).

Stage VI - Thirty-day assessment period

The Successful applicant is informed in court that he/she is appropriate to enter the programme on 30-day trial period. The judge will set the date of completion of assessment stage. If still willing to participate, TDC Team will monitor the client's involvement over the next 30-days. If at the completion date the client is found to be appropriate to continue, he/she will be informed at next court appearance, and placed on [DRC](#) Order pursuant to Section 13 (2) of Drug Court Law, 2006.

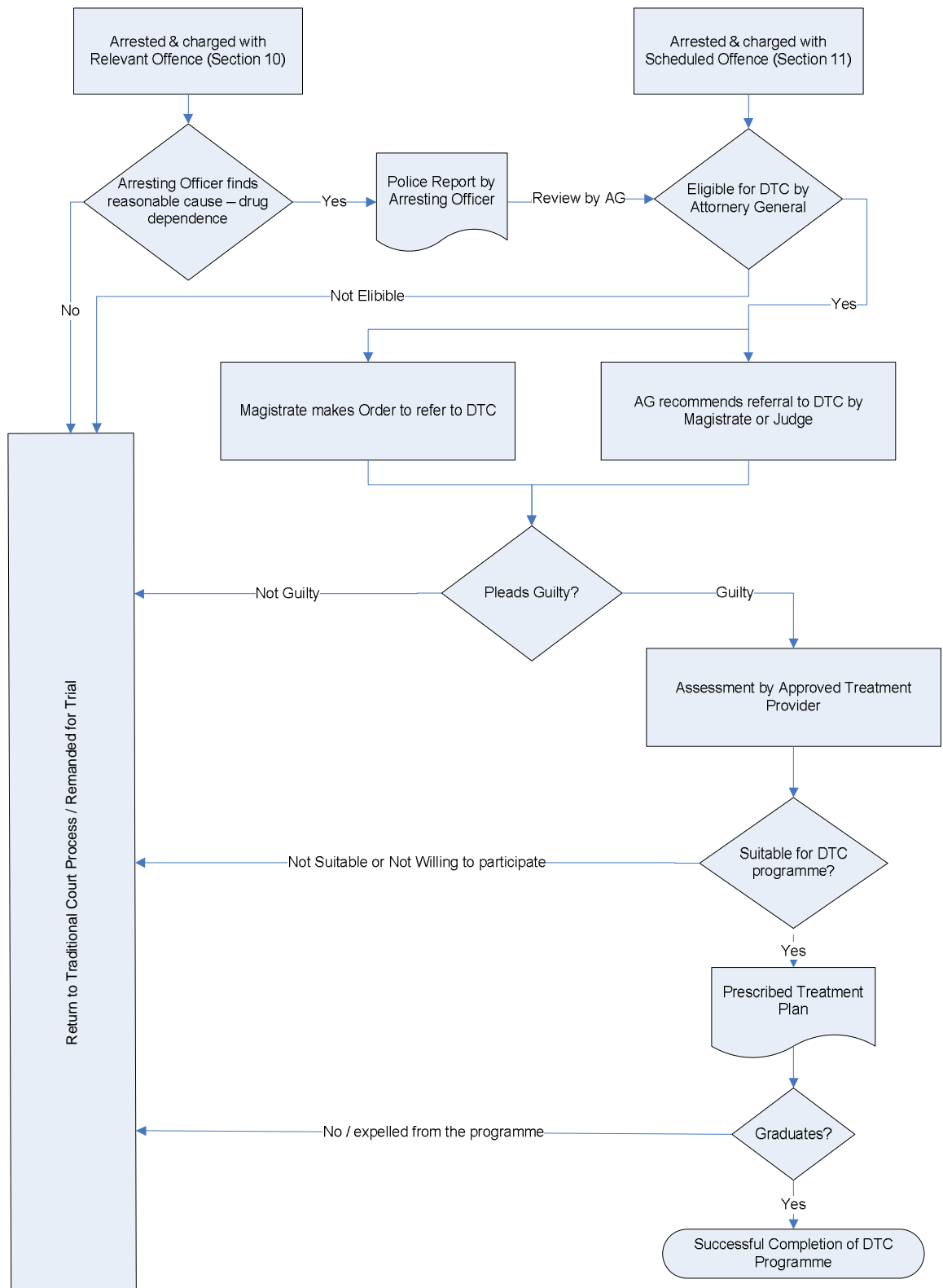
If the client is found to be inappropriate to continue the [DRC](#) programme, he/she will be informed in-court. Other treatment options may be decided and referrals made accordingly.

Cayman Islands Drug Rehabilitation Court

Clients not appropriate or not willing to enter [DRC](#) programme will be returned to the normal criminal justice system.

Cayman Islands Drug Rehabilitation Court

Drug Court FlowChart – Cayman Islands



CIDRC Order

Every applicant must enter into a **DRC** Order (Form). The following are the criteria that must be met for an applicant to be released on **DRC** Order:

- Must have completed Stages I-IV of screening process;
- Must have a fixed or stable accommodations; and
- Must have an immediate appointment arranged for clinical assessment.

The **DRC** Order conditions have been designed to assist the applicants in:

- Actively participating in treatment;
- Attending for urinalysis as required;
- Honestly reporting all drug use to the **DRC**;
- Attending court as required;
- Remaining at fixed address unless given permission to move to another address approved by the **DRC**;
- Advising **DRC** of any other charges picked up while in **DRC** programme; and
- Being subject to special conditions of bail, which will include the abstention from the use of alcohol and illegal drugs.

The applicant will usually be released on his/her own recognizance, but surety may be stipulated.

THE TREATMENT PROCESS

The treatment for participants of the **DRC** Programme is delivered and co-ordinated by the staff of the Department of Counselling Services (DCS), as the approved treatment providers for the programme. The law does provide for delivery of services from private practitioners, however, formal arrangements for their involvement have not yet been made. This matter will certainly be the subject of future discussions regarding the continuum of care for treatment of drug dependency.

The DCS have designated the following personnel the Treatment Team for the DRC Programme:

- Clinical Supervisor
- Programme Coordinator(s)
- Therapist(s)

TREATMENT OPTIONS FOR CIDRC CLIENTS

Outpatient services are provided by the [DOCS on the 3rd Floor, Block B, Flagship Building in George Town, Grand Cayman and in Cayman Brac](#). In addition, residential facilities are located at Caribbean Haven in Breakers, Grand Cayman.

The primary goal of the Treatment Team is to promote and support healthy individual and family life for participants in the [DRC](#) Programme. This is accomplished by adopting a client-centered approach to the determination and delivery of treatment services. Each [DRC](#) participant will therefore have a unique treatment plan designed to address their specific needs. These treatment plans form the basis of the [DRC](#) programme for each participant, which the court will monitor carefully for compliance along with the general rules of the programme.

Clinical Assessment

A clinical assessment is completed on every client that attends at The Counselling Centre or Caribbean Haven Residential Services. A bio/psycho/social interview is conducted on each client and exploration regarding their use of substances occurs during this process. There are three tools administered to clients who present with substance use/misuse/abuse issues, to assist clinicians with identifying areas in their life that are of concern, their level of motivation to participate in a treatment experience, their level of recognition that their substance use is problematic and any ambivalence regarding change that they may be experiencing. A Clinical Assessment and treatment plan is written incorporating all of the above, as well as, the techniques that the clinician will be utilizing to assist the client in achieving their goals. It is understood that all assessment is an ongoing process throughout the client's involvement with the department.

Drug Testing

Drug Testing is an integral part of the [DRC](#) Programme. It should be noted that a positive urine screen will not necessarily result in expulsion from the programme or incarceration. In fact, drug testing is used to encourage participants to be honest and timely in their disclosure of drug use. This is not to say that drug use will be tolerated in the programme. It simply acknowledges that the

relapse is not an uncommon feature of one's recovery process. Through drug testing a relapse can be detected soon after occurrence and can therefore inform treatment providers of the need for adjustments to be made to the client's treatment plan.

If a **DRC** participant refuses or fails to provide a urine sample, or tampers with the sample in any way, sanctions may be imposed (see appropriate section for more information on Sanctions and Rewards).

Drug Testing Procedure

- The court liaison Officer will pick up urine screen results from the Forensic Lab on the day before court.
- The Forensic Scientist will review all results on a weekly basis and provide a report for circulation to the **DRC** Team.
- Missed urine screens will be recorded as "No Show" and reported to the therapist. Without a legitimate reason (medical note), a missed drug test will result in a sanction being imposed.
- If there is a discrepancy between a clients' reported drug use and their test result (e.g. positive result with no reported use), the urine sample will be tested for confirmation of drug use. **DRC** participants are allowed one (1) challenge for a negative result. Once a challenge has been issued, they will be automatically put on a more rigorous urine collection regimen.

Treatment Policies and Procedures

Treatment for drug dependency is based on a client-centred approach to determining the therapeutic needs of the client. The treatment plan is outcome informed with clearly defined milestones that can be used to monitor the client's progress in the programme. In addition, the client's treatment plan will address contingency management issues and client motivation.

The overall **DRC** Treatment plan can be broken down into four (4) phases that include delivery of a unique combination of the following services:

1 TO 1 SESSIONS – Individual one to one sessions are scheduled for one hour duration according to the client's needs for individual therapy sessions, usually one time per week. At the time of the clinical assessment a treatment plan is developed in collaboration with the client. One to

one sessions are utilized to address any individualized treatment needs that the client may have, assess the client's progress with obtaining the initially stated goals, developing strategies to achieve those goals while addressing the client's emotional experiences and cognitive beliefs.

INTENSIVE OUTPATIENT PROGRAMME (IOP) – The purpose of IOP is to allow members to process their experiences, improve their lifestyle; learn about substance misuse/abuse and to develop strategies to maintain abstinence from their drug of choice. During each session the clients will learn some information, talk about how it relates to their lives, and assist one another in the implementation and maintenance of abstinence from substances. The Intensive Outpatient Programme is an ongoing group; the length of participation will be in accordance with the client's treatment needs, determined by the client and their individual counsellor. The group meets three times per week for three hours each meeting. Individual sessions are also expected while a client participates in the IOP group.

RELAPSE PREVENTION – The purpose of the Relapse Prevention Group is to learn about substance abuse, develop refusal skills and assist client's to develop strategies to work towards and maintain abstinence from their drug of choice. During each session clients will learn some information, talk about how it relates to their lives, role play difficult scenarios and assist one another in the process of change. The Relapse Prevention Group is an ongoing group; the length of participation will be determined by the client and the assigned individual counsellor, depending upon the client's treatment needs. The group meets one time per week for 1.5 hours. Individual sessions are also expected while attending this group.

ANGER MANAGEMENT - The purpose of the Anger Management Group is to assist participants to work through feelings of anger and develop strategies to better manage these internal experiences. During each session clients will learn some relevant information about anger, talk about how it relates to their lives, and assist one another to manage anger in an assertive manner. The Anger Management Group is an ongoing group; the length of participation will be determined by the client and the individual counsellor assigned to the client. The group meets one time per week for 1.5 hours. Individual sessions are also expected while a client is attending this group.

EARLY RECOVERY– The Early Recovery Group is designed as an open group in order to meet the needs of clients who are and have been in active recovery for a significant period of time.

During each session client's will talk about their recovery, both the success and the struggles, process how each can relate to one another's lives, and assist one another in the process of recovery. The Early Recovery Group is an ongoing group; the length of participation will be determined by the client and his/her assigned individual counsellor. The group meets one time per week for 1.5 hours. Individual sessions are also expected while attending this group.

FAMILY COUNSELLING – This group presents an opportunity for clients of the agency to focus on relationship issues within the context of the family system. Trust, communication, honesty and respect are a few of the broad topics that are addressed when families attend for family Therapy. Family sessions are usually scheduled one time per week for the duration of one hour. Family therapy is not deemed useful when the client is actively using and therefore is often at the end of the treatment experience.

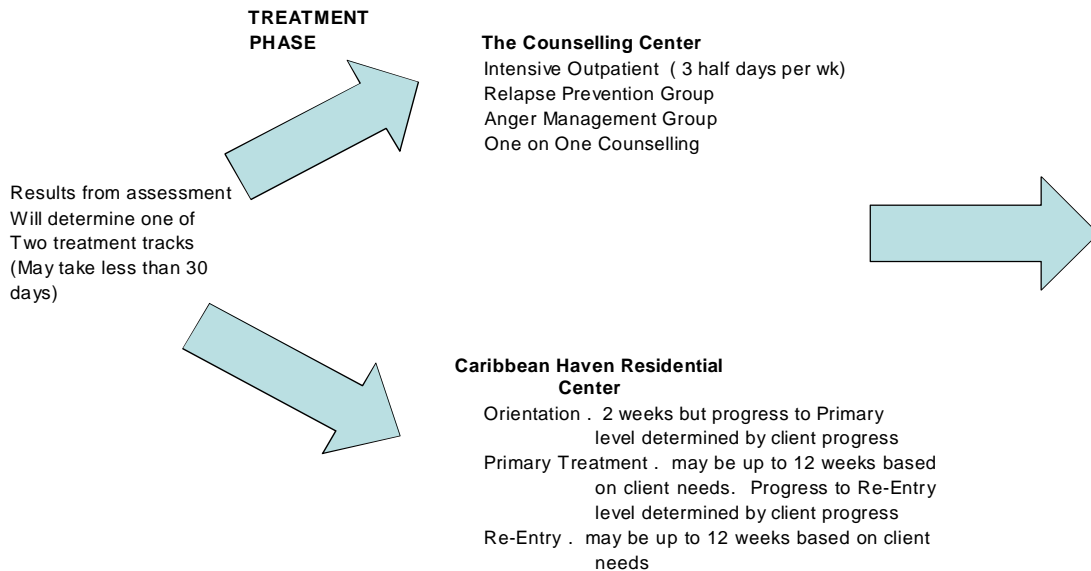
RESIDENTIAL TREATMENT – This treatment option is the most intense option available for clients. The residential facility is a voluntary adult facility currently for men over the age of 18 years, soon to service women as well. The programme is set up to be client driven in terms of succession throughout the phases of treatment ending with the re-entry phase to the community. The treatment approach is based on a modified therapeutic community where the emphasis is developing skills in interacting with others. Each client will have an individualized treatment experience with individualized goals and timeframes for each phase of the programme. Residential treatment can range from two months to six months depending upon the client's individual needs.

WITHDRAWAL MANAGEMENT UNIT (WMU) – The WMU unit is a short term residential non-medical withdrawal opportunity for clients who are actively using substances and need a safe, comfortable place to detox from their drug of choice. A client can remain in the WMU unit from 3 to 5 days, at which time a transition conference is scheduled and the most appropriate treatment match determined by the client, a counsellor from The Counselling Centre and a counsellor from Caribbean Haven Residential Centre.

The four (4) phases of the CIDT Programme are as follows:

Phase I – Assessment (See Clinical Assessment described above)

D.C.S. Treatment Process



Phase II – Treatment

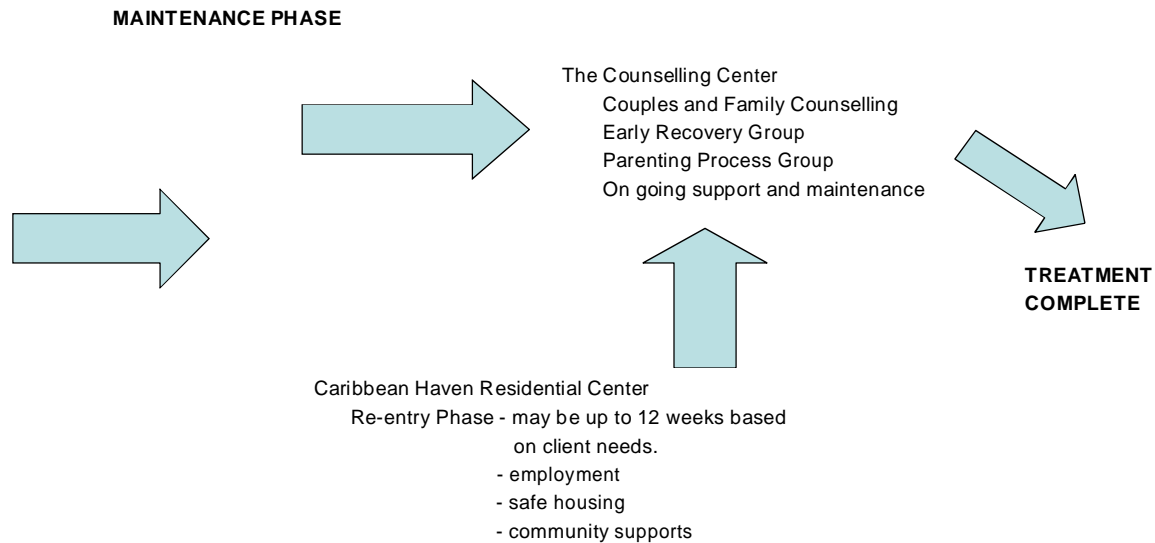
The results of the assessment conducted in Phase I will determine one of two treatment tracks the client may take along his/her path to recovery. Therefore, the client will be required to follow one of the following paths to recovery in this phase:

1. Attend sessions at The Counselling Centre at a suitable frequency as determined by the therapist. This outpatient therapeutic process may involve sessions of Intensive Outpatient treatment, Relapse Prevention Group, Anger Management Group and One on One counseling;

or

2. Reside at the Caribbean Haven Residential Centre, where he/she will be expected to attend Orientation, Primary Treatment and Re-entry. The duration of time spent on this path will depend on the client's progress and needs accordingly.

D.C.S. Treatment Process



Phase III – Maintenance

Upon successful completion of Phase II, the client will be expected to attend sessions at the Counselling Centre, which may include Couples and Family Counselling, Early Recovery Group, Parenting Process Group, and On-going support and Maintenance. Successful completion of this Phase marks the completion of treatment.

Phase IV – Transition

Upon successful completion of Phase III, the client will move into the transition phase of the DRC Programme. The requirements of the programme at this stage will depend on the particular circumstances of the client. The DRC team will be seeking to ensure that the client was the necessary support to ensure that he/she can start taking more control of their life and make positive choices with respect to lifestyle and family matters. The client may for example be requested to begin or continue attending 12-step programmes in their community.

COURT PROCEDURES

The DRC is a court supervised treatment programme. It is a requirement of the DRC that participants attend court regularly in order to monitor their progress in the programme. The DRC aims to address compliance and non-compliance in a balanced manner so that:

1. Clients may be recognized for their progress in the programme;
2. Unacceptable behaviour that may be hindering the client's progress may be addressed appropriately; and
3. Clients may observe, learn and benefit from the progress or lack thereof of their fellow DRC participants.

While court procedure is expected to address the needs of its participants, it must be consistent in order to preserve the integrity of the court. Appearances in court are used to provide support to the client in their recovery programme. The punitive and adversarial features of the traditional court are notably absent.

Pre-court Meetings

These meetings are a very important feature of DRCs. Usually held immediately prior to court and is attended by the DRC Team. The main purpose of this meeting is to discuss the progress of current clients and recommend clients for entry into the programme. It is in these meetings that appropriate sanctions and rewards are determined as part of the overall discussion about the client's progress in the programme.

Appearances in Court

Factors to be considered in determining frequency of court appearances include: length of time in the programme; phase of treatment; and the overall participation and progress made. The following should provide the basis for deciding on the frequency of appearance for each client in the programme:

- X – times per week while in Phase I – Assessment (can be reduced by DRC team if appropriate);
- Reducing court appearances is based on the recommendation of treatment, which is informed by the client's progress;
- Reducing court appearances is usually done gradually;
- Increasing frequency of appearances may be used as a supportive measure e.g. where the client is struggling with recovery.

Satisfactory Compliance

The DRC must recognize the performance of its clients in the programme. This is an important feature of the programme as it not only assists the client in making progress, but also as an example to other participants. In Section 14 of the Drug Rehabilitation Court Law, 2006 the DRC may make an order conferring rewards and sanctions accordingly.

Incentives/Rewards – for maintaining satisfactory and above level of compliance in programme, may include:

- Specified privileges;
- Change in frequency of treatment options
- Decrease in degree of supervision
- Decrease in the frequency of drug testing
- Reduction in fine or monetary penalty
- Appropriate change in the nature and/or frequency of attendance at vocational and/or social services

Sanctions/Punishment – for not attaining a satisfactory level of compliance in programme, may include:

- Withdrawal of any specified privileges conferred by **DRC**
- Appropriate change in the frequency of treatment services
- Increase in supervision
- Increase in the frequency of drug testing
- Fine or monetary penalty
- Incarceration for up to 14 days for breach of **DRC** Order
- Appropriate change in the nature and/or frequency of attendance at vocational and/or social services

Criteria for Graduation

Graduation from the **DRC** programme is based on a recommendation from treatment that the client is both appropriate and ready. Graduation is contingent upon the approval of the **DRC** Team. They should have, inter alia:

- Completed and complied with all phases of the programme;
- Secured appropriate housing; and
- Secured employment, schooling or appropriate volunteer work.

At graduation they will be sentenced for the charges before the court. Successful **DRC** Clients will usually receive a non-custodial sentence, which will usually involve a suspended sentence and a period of probation. Conditional discharges may also be appropriate in some cases.

After Graduation

DRC participants who are placed on probation will be expected to return to court on a monthly basis and report to the Judge about their recovery (see Section 19 of Drug Rehabilitation Court Law, 2006). The Probation Officer will monitor their compliance and liaise with treatment accordingly. The court has the power to vary the probation order if difficulties arise with respect to sobriety. This may include enhanced treatment and more frequent court appearances.

Upon successful completion of the probationary period the participant will be expected to return to court and take part in a graduation ceremony at which he/she will receive a certificate of completion for the programme.