Study on alternatives to coercive sanctions as response to drug law offences and drug-related crimes

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Study on alternatives to coercive sanctions as response to drug law offences and drug-related crimes

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PREFACE

The EU Action Plan on Drugs 2013-2016 requires EU member states to ‘provide, where appropriate and in accordance with their legal frameworks, alternatives to coercive sanctions (such as education, treatment, rehabilitation, aftercare and social integration) for drug using offenders’. The EU Action Plan on Drugs 2013-2016 also requests increased monitoring, implementation and evaluation of alternatives to coercive sanctions for drug-using offenders.

This document reports findings from a ‘study on alternatives to coercive sanctions as response to drug law offences and drug-related crimes’, which has been conducted by RAND Europe for the European Commission, DG Migration and Home Affairs. This document includes:

- Introduction to the study (Chapter 1), an overview of the approach to data collection (Chapter 2) and an explanation of how alternative sanctions were selected for inclusion in this report (Chapter 3).
- Findings about the alternatives to coercive sanctions that are available across EU member states (Chapter 4).
- Findings about the statistics available about the use of alternatives to coercive sanctions with the member states (Chapter 5) and about the reasons why alternatives are used in practice, or not (Chapter 6).
- Findings from the review and assessment of international research on the effectiveness of alternatives to coercive sanctions (Chapter 7).
- Conclusions and suggestions for further action (Chapter 8).

About RAND Europe

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SUMMARY

1. The aims and scope of this study

This study aims to map alternatives to coercive sanctions (ACS) for drug law offences and drug-related crimes that are available under the law in each EU member state and describe the use of these sanctions in practice. This was complemented by a review of international research on the effectiveness of ACS in reducing reoffending and drug use.

For this study, building upon the EU Action Plan on Drugs 2013-2016, ACS were defined as measures that had some rehabilitative element or that constituted a non-intervention (for example, deciding not to charge or prosecute), as well as those used instead of prison or other punishment (for example, a suspended sentence with drug treatment). Further details of the measures included within the definition of ACS can be found in Section 1.2. This study builds upon a report produced by the EMCDDA (2015) on alternatives to punishment for drug-using offenders, widening the scope of that study by including a broader range of sanctions and by looking at practice in each member state in more detail.

2. Data collection approach

An expert in each of the 28 EU member states completed a questionnaire to provide information about the availability and use of ACS in their country, as well as statistics and research on ACS in their country.[1] Their answers were based on their own expertise, interviews with relevant practitioners in their country (178 interviews were conducted across all member states), and desk-based research (i.e. collecting relevant statistics and literature). The strength of this data collection approach is that it provides detailed information about each member state. The limitation is that there are differences between member state experts' interpretation of the questionnaire and the level of detail reported, which could mean the data are not comparable.

3. Key findings

Thirteen different types of ACS were identified across all 28 member states. Out of 180 ACS reported by experts, 108 (60%) met the definition used in the study. These were grouped into the following thirteen categories by the research team.

[1] In some member states, completion of the questionnaire was shared between two or more experts.

1. Caution/warning/no action
2. Diversionary measure
3. Drug Addiction Dissuasion Committees
4. Suspension of investigation/prosecution with a treatment element
5. Suspension of court proceedings with a treatment element
6. Suspension of sentence with a treatment element
7. Drug Court
8. Drug treatment
9. Probation with a treatment element
10. Community work with a treatment element
11. Restriction of liberty with a treatment element
12. Intermittent custody/release with a treatment element
13. Parole/early release with a treatment element

All member states reported having at least one ACS available, and most had more than one*.* The most commonly occurring ACS was a drug treatment order (available in 17 member states),[2] followed by suspension of sentence with drug treatment (15 member states) and suspension of investigation/prosecution with a treatment or rehabilitative element (ten member states). Eight member states reported the availability of ACS which involved 'non-action' or diversion from the criminal justice system or from sentencing. Only two member states reported the availability of drug courts.

All member states had some form of drug treatment available as part of at least one of their ACS*.* Not all member states had a drug treatment order, but all had one (or more) ACS that involved the provision of treatment. Commonly, these were ACS where drug treatment could be added by the court or prosecutor as an optional element (for example, a suspension of sentence could have a drug treatment requirement attached). A wide range of treatment programmes were reported by experts and in almost all cases the treatment was quasi-compulsory (i.e. individuals are provided with a choice between treatment and a punitive outcome such as incarceration).

ACS appeared to be mainly offered at the end stages of the criminal justice system*.* The court and sentencing stages were the most common points at which ACS could be imposed, and in line with this, ACS were mainly offered by judges and prosecutors. There is scope for member states to explore the availability of ACS earlier in the criminal justice process – through diversion from arrest, prosecution or investigation. However, further evaluation is required to determine whether some kinds of ACS might be more (or less) effective when used at different stages.

A variety of organisations and/or professionals were responsible for delivery of the ACS including healthcare organisations, probation services and prisons. Compliance was mainly the responsibility of the judiciary, probation or a combination of services.

Data about the use of ACS in practice, particularly in relation to completion rates and the needs of those receiving ACS, were limited. Member state experts were asked about the availability of data on the use of ACS, completion rates and characteristics of the offence and offender for which the alternative was used. A total of 27 member state experts

[2] Given the differences in the level of detail reported by each expert, absolute numbers of ACS reported within a Member State could be misleading. Where possible, this report data presents findings in a binary manner (i.e. 'is a certain type of ACS available at all in a particular member state?', rather than 'how many different ACS are available in each member state'?).

indicated that some data on use were available – this was most often regarding the number of times an ACS was used – but completeness and quality of the data varied considerably. Of the 108 ACS included in this study, only 19 were accompanied with statistics on completion rates. Having these data is essential to evaluating the effectiveness and cost effectiveness of ACS.

There appear to be common barriers to the use of ACS in practice across member states. The extent of the use of ACS appears to vary between countries (according to the experts' knowledge, the views of their interviewees and available statistics). However, the research team identified the following common themes regarding why ACS were or were not used in practice:

- The use of ACS was reported to be strongly influenced by the individual beliefs of those responsible for imposing ACS, such as prosecutors and judges. Their views about the benefits of treatment over incarceration, the nature of drug use and motivations of drug users, as well as their awareness about what ACS are available, was reported to determine the extent to which ACS are used.
- Practical and administrative factors were also reported to affect the extent to which ACS are used. These included the availability of financial resources to fund treatment and the extent to which there is feedback from those delivering treatment (for example, health professionals) to those monitoring compliance (such as judges). Without this feedback, those who are able to impose ACS may lack confidence in the quality, content and effectiveness of the ACS, which may act as a barrier to use.
- Use of ACS appears to be shaped by factors that can be changed by policy makers. Legislative measures were reported to have both increased (in the case of laws mandating use in certain circumstances) and decreased (where legislation imposed restrictive conditions) the use of ACS.

These findings about the barriers to use suggest that, if member states wanted to increase the use of ACS, one route could be improving the knowledge of police, prosecutors and judges about what ACS are available, the evidence on the effectiveness of treatment, and improving feedback and information exchange between those imposing the sentence and those supervising the sentences.

There is some evidence that ACS can reduce reoffending and drug use but the evidence base to support or disprove their effectiveness and cost effectiveness is weak. Overall, the evidence can be characterised as promising, but equivocal. Most of the studies on ACS identified in this study employed research designs that do not allow firm conclusions to be drawn about effectiveness, and studies identified were skewed heavily towards drug courts. More research of good quality is needed on the effectiveness of the range of ACS described in this report, in a European context (much of the existing research is from the United States).

There is a developing body of evidence about features that might make ACS more effective. Ensuring ACS are targeted at individual needs and risk factors of offenders and taking steps to retain individuals in treatment programmes appear to increase effectiveness. There is no conclusive evidence as to the effectiveness of compulsory (i.e. mandatory enrolment of individuals in a drug treatment program) or quasi-compulsory treatment, compared to voluntary treatment (or indeed whether compulsory or quasi-compulsory treatment might result in worse outcomes). Motivation may be more important than source of referral in determining whether ACS are effective.

An important step towards developing the evidence base would be to improve the quality of monitoring data routinely collected by member states and to increase the number of randomised or at least quasi-experimental studies into the effectiveness of ACS. The quality of future research is dependent on the availability of information about when ACS

are used and for whom (including the needs and characteristics of offenders), as well as compliance and completion rates. Only with these data, will member states be able to improve their understanding of the potential costs and benefits of ACS relative to other sanctions. Studies with randomised or quasi-experimental designs could use such data, and this would allow firmer conclusions about effectiveness to be drawn.

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Elma Dujso, Joanna Miler, Mafalda Pardal and Marina Tzvetkova from RAND Europe provided essential support in undertaking the study.

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United Kingdom	**Alex Stevens** Professor in Criminal Justice at the University of Kent

1. INTRODUCTION

1.1 Purpose of the study

The purpose of this study is to 'explore, describe and assess member states' practice when applying their rules and regulations on alternatives to coercive sanctions (ACS)' for drug law offences and drug-related crimes. There are two elements to the study:

1) Gathering information to allow a description of the following in each member state:

   a) The legal situation: the available ACS and the relevant rules and regulations for these alternatives.

   b) How such ACS are actually applied and implemented in practice.

   c) Available evidence regarding the effectiveness of the use of these ACS, including the impact on reoffending and their cost-effectiveness.

   d) Statistics and data about the use of ACS.

2) A review of international research (beyond EU member states) on the effectiveness of ACS most relevant to the European context.

1.2 Scope of the study

Defining 'alternatives to coercive sanctions'

The term 'alternatives to coercive sanctions' is taken from the EU Action Plan on Drugs 2013-16, which states that:

> 'Members States [are] to provide, where appropriate and in accordance with their legal frameworks, alternatives to coercive sanctions (such as education, treatment, rehabilitation, aftercare and social integration) for drug using offenders' (The Council for the European Union, 2013).

In order to agree a definition of 'alternative to coercive sanctions' to be used for the purposes of this study, the research team undertook discussions with the European Commission DG Migration and Home Affairs and with key informants (see Section 2.1) during the first few months of this study. The agreed definition was also influenced by comments from a selection of member state experts who piloted data collection instruments, as described in Section 2.1.

As a result, it was agreed that the focus and scope of this study will be only on alternatives that have the following characteristics:

Alternatives that have some rehabilitative element[3] (or alternatives that constitute a non-intervention (e.g. not taking further action).

Alternatives used instead of prison or other punishment, including instead of part of a prison sentence (e.g. early release from prison to undertake treatment).

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[3] i.e. an intention to address drug use and the harms of use. This would include programmes that contain punitive elements, on the basis that treatment may operate on a continuum between rehabilitation and punishment. See EMCDDA (2015). The inclusion/exclusion criteria are further outlined in Chapter 3 of this report.

The study includes alternatives constituting 'quasi-compulsory treatment' (i.e. treatment offered by a court as an alternative to a sanction, where individuals are provided with a choice between treatment and a punitive outcome such as incarceration)[4] that take place outside of prison.

As illustrated in Table 1.1, the study includes ACS applied at any stage of the criminal justice system.

Table 1.1: Examples of ACS at different stages of the criminal justice system

Pre-arrest/Pre-trial	Courts	Sentencing	Execution of sentence
Police or prosecutor can decide to take no further action at all Police can give an offender a warning / caution if the offence is considered 'minor' Police / prosecutor can decide not to press charges / not to prosecute **if** the suspect agrees to undertake education/ awareness courses counselling / therapy/ treatment / rehabilitation / social integration	The court can discontinue proceedings if the defendant voluntarily undergoes education/ awareness courses counselling / therapy/ treatment / rehabilitation / social integration There is the option for a case to be heard in a specialised drug court	Legal provision for the convicted person to be sentenced to education/ awareness courses counselling / therapy/ treatment / rehabilitation / social integration Legal provision for suspending a prison sentence if the convicted person undertakes education/ awareness courses counselling / therapy/ treatment / rehabilitation / social integration Legal provision for a convicted person to be sentenced to treatment at a residential/ in patient facility.	A prisoner can be *temporarily released* to undergo education/ awareness courses counselling / therapy/ treatment / rehabilitation / social integration in the community A prisoner can be *released early* to undergo education/ awareness courses counselling / therapy/ treatment / rehabilitation / social integration in the community

ACS can be applied for a range of offences. The terms of reference for the study mention the use of ACS for (i) 'drug law offences' and (ii) 'drug-related crime'.

In undertaking the mapping of ACS in each member state the study was not limited to sanctions only available for these types of offences, but collected information on the

[4] This can be distinguished from compulsory treatment, which involves mandatory enrolment of individuals in a drug treatment programme. See Werb et al. (2016).

offences for which these sanctions are commonly used in each member state, in order to further explore what ACS for drug using offenders are available in member states.

1.3 Other recent work in this field

This study builds on the findings of a recently published study by the EMCDDA '*Alternatives to punishment for drug-using offenders*' (EMCDDA 2015).[5] The EMCDDA aimed to look at what rehabilitative measures of treating, educating or reintegrating drug users as alternatives or additions to conviction or punishment were established in the laws of European countries. It also aimed to explore their use in practice and the evaluation of these sentences. This study differs from the EMCDDA study in scope and methodology.

The research question asked by the EMCDDA report primarily related to treatment-oriented alternatives. In contrast, the present study looks at ACS, which includes a broader range of sanctions – including some that constitute forms of diversion or non-action and do not include treatment per se and including those that partially replace prison sentences. In relation to methods, the EMCDDA research was primarily based on reports made to the EMCDDA from the Reitox network, [6] whereas the present study developed a questionnaire to be completed by member state experts (predominantly academics and researchers from outside of government) based on interviews with stakeholders in their country as well as their own knowledge. This meant that more detailed information and data on ACS could be captured from a broader range of perspectives.

The EMCDDA study concluded that:

- Alternatives or additions to punishment are established in the laws of many countries in Europe, with a particular focus on problem drug users.
- However, there is variability in their availability and their use in practice.
- Some alternatives to punishment faced issues in implementation, lack of appropriate legislation, uncertainty regarding assessment of eligibility of offenders, and a mismatch between offender needs and the interventions available.
- Design, implementation and evaluation of alternatives is sometimes undermined by a confusion of the aims of interventions, which conflate attempts to reduce harms by problem drug users with attempts to reduce 'structural burdens to the criminal justice system by non-problem users' (pp.16-17).
- Evaluation evidence reviewed in the EMCDDA report suggests some beneficial results, but findings are largely inconclusive because of the poor quality of available evidence, and 'success depends partly on the degree to which they are accurately targeted to specific objectives and specific users' (p.16).

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[5] There have been several other publications in this field. For example, CICAD (2014b). The EMCDDA has an online tool available where 'penalties or rehabilitative responses for the core offences of drug use, possession for personal use, and supply-related offences, across countries in Europe' could be examined and compared (EMCDDA 2016a).

[6] "Reitox is the European information network on drugs and drug addiction created at the same time as the EMCDDA. The abbreviation 'Reitox' stands for the French 'Réseau Européen d'Information sur les Drogues et les Toxicomanies'. Members of the Reitox network are designated national institutions or agencies responsible for data collection and reporting on drugs and drug addiction. These institutions are called 'national focal points' or 'national drug observatories'" (EMCDDA 2016c).

2. OVERVIEW OF STUDY APPROACH

2.1 Overview of study approach

Data collection for the study consisted of the following four elements:

- Key informant interviews.
- Completion of a detailed questionnaire by named experts in each member state. These experts reviewed legislation, policy and actual practice in each of the 28 member states relating to alternatives to coercive sanctions.
- Searching for and assessing international research evidence on the effectiveness of alternatives to coercive sanctions.
- Expert workshops to synthesise findings.

Key informant interviews

The research team conducted key informant interviews with experts in sanctions and rehabilitative measures for drug users. These key informants were representatives from the European Monitoring Centre of Drugs and Drug Addiction (EMCDDA), the Pompidou Group, the Confederation of European Probation, the World Health Organisation and the European Organisation of Prison and Correctional Services (EuroPris). The aim of these interviews was to:

- Provide an orientation as to the nature of ACS in different member states and their use in practice.
- Clarify the scope of the study, including a clearer definition of ACS.
- Identify any problems that the team may encounter during the data collection process.
- Refine the study questionnaire.
- Direct the team to useful resources and people and provide some insight in relation to the existing literature and research.

Findings from the key informant interviews were taken into account in agreeing the definition of ACS used in the study, designing the questionnaire to be completed by member state experts and designing the approach to identifying and assessing research literature.

Completion of a questionnaire by member state experts

The main data collection approach used by this study was a questionnaire completed by member state experts. This gathered information about:

1. The legal situation in each member state regarding the laws, and rules and regulations on ACS.
2. How such ACS are actually applied/implemented in practice in each member state, including guidelines for their use in practice.
3. Statistics and data about the use of ACS.
4. What is known about the effectiveness of ACS in each member state, including the impact on reoffending and their cost-effectiveness?

Questionnaire design

The questionnaire was designed by the research team, informed by key stakeholder interviews, consultation with a peer reviewer of this study and a review of available

literature. The questionnaire was piloted with experts from two member states, and experts from ten member states provided further comments. Additionally, drafts of the questionnaire were shared with experts at the EMCDDA, RAND, the Confederation of European Probation and the Ministry of Justice of the Czech Republic.

Feedback from this piloting and consultation was incorporated into the final version of the questionnaire, provided in Appendix A.

The questionnaire was divided into six sections:

- Section 1: summary of available ACS.
- Section 2: description of ACS.
- Section 3: statistics on the use of ACS.
- Section 4: use in practice of ACS.
- Section 5: research and evaluation on the effectiveness of ACS.
- Section 6: other comments regarding ACS.

Completion of the questionnaire

The member state experts were experts in law, criminology, drugs policies and related disciplines. The role of the member state expert was to:

- Complete and return one questionnaire for their country. Experts were instructed that the questionnaire should be completed by undertaking desk-based research, using their own knowledge and based on interviews they were to conduct (described further below).
- Send copies of relevant national or local data and statistics regarding the use of alternatives to coercive sanctions.

Member state level interviews

Member state experts conducted between five and eight interviews in their country to provide the information to complete the questionnaire. In total, 178 interviews were conducted across member states. Experts were instructed that the interviewees in their country should depend on the kinds of ACS available and who is involved in administering them. However, interviewees could be drawn from the following groups:

- Those involved in delivering or administering ACS – such as probation officers, health workers and treatment professionals.
- Judges, magistrates or prosecutors who impose ACS.
- Representatives from law enforcement authorities specialised in dealing with drug users in the criminal justice system.
- Academics and researchers who have conducted relevant work or studies in the country.
- Representatives of NGOs/field workers involved in delivering or administering ACS.
- Representatives (civil servants, ministers, etc.) of national authorities (ministry of interior, ministry of justice or other government department responsible for drafting national legislation on ACS).

All member state experts sent their suggested list of interviewees to the research team before approaching interviewees.

Review, data entry and analysis of completed questionnaires

When completed questionnaires were returned to the research team they were reviewed and requests for clarification were sent where needed. Once finalised, information from the completed questionnaires was inputted to analysis software (SPSS and the qualitative analysis software Nvivo). As explained in Chapter 3, the research team excluded some of the ACS reported by member state experts that did not meet the criteria set out in Section 1.2.

Where possible, the research team undertook descriptive analyses of each response to the questionnaire, by member state and by type of ACS. The research team also conducted a thematic analysis of information provided in the questionnaires about use of the ACS in practice. This entailed systematically coding expert questionnaire responses. This was an inductive approach and involved iteratively classifying and grouping responses to identify into overarching themes.

A draft version of the report was shared with all member state experts to verify if the information on their respective country was accurate.

Identification and assessment of international literature

The study team undertook a review of the main features of internationally (i.e. not including member state specific evidence) available research into the effectiveness of ACS. The search includes studies published in English and Spanish since 2010. The methodology for the search is described in Appendix C. In addition, the questionnaire completed by member state experts provided a template for recording information about research studies in each member state and in the language spoken by the member state expert (see Appendix A for an overview of how studies were to be reported on).

Expert workshops and consultation

The research team presented preliminary results at the EMCDDA Legal Correspondents' Network on 9 September 2015, based on responses from 26 member states' questionnaires. The objective of this presentation was to: identify any significant gaps in (and test the accuracy of) information reported by member state experts; gather participants' thoughts on why (or why not) ACS were used in practice; and learn about completed or ongoing national research into the effectiveness of ACS. Attendees included experts in drugs policy across member states.

An expert workshop was held in November 2013 involving representatives from the research team, European Commission DG Migration and Justice, and EMCDDA in order to further test and validate preliminary findings and support the development of conclusions from the study.

2.2 Limitations of the study

This study had ambitious scope and objectives, in which the research team aimed to diligently pull together both law and practice across all 28 member states. However, and as with any study, particularly one that involves such broad objectives, there are some limitations, which are explained below.

Reliance on information provided by member state experts

To gather the necessary information within the time and resources available for the study, the research team relied mainly on member state experts to provide (through the questionnaire) the information on which this report is based. Member state experts were

instructed to complete the questionnaires using their own expertise as well as information from interviewees and stakeholders. The questionnaires had to be completed to a sufficient level of detail within a constrained time period and within resources available.

There was variation among member state experts in the level of granularity applied when reporting on available ACS in their country. While some experts reported an ACS with different conditions as one ACS, other experts reported this as several ACS. Where possible, the research team aimed to address this by conducting analysis based on the *availability* of an ACS in a particular member state instead of the exact number of these particular ACS in a country.

The research team took care to check the responses of member state experts and to ensure information gaps were filled. However, in line with the scope of the study, the research team could not independently verify the information provided.

Limited available statistics and official data on use of ACS

The research questions for this study included an exploration of the use of ACS in practice. Member state experts were asked to provide statistics on the number of times ACS were used, as well as completion rates and other metrics that would help build a picture of the extent to which they are used. As was anticipated at the start of the study, the available data were very limited. This is discussed further in Chapter 5 and 7.

Having described how this study was conducted, the next chapter describes how the research team selected ACS to be included in this report.

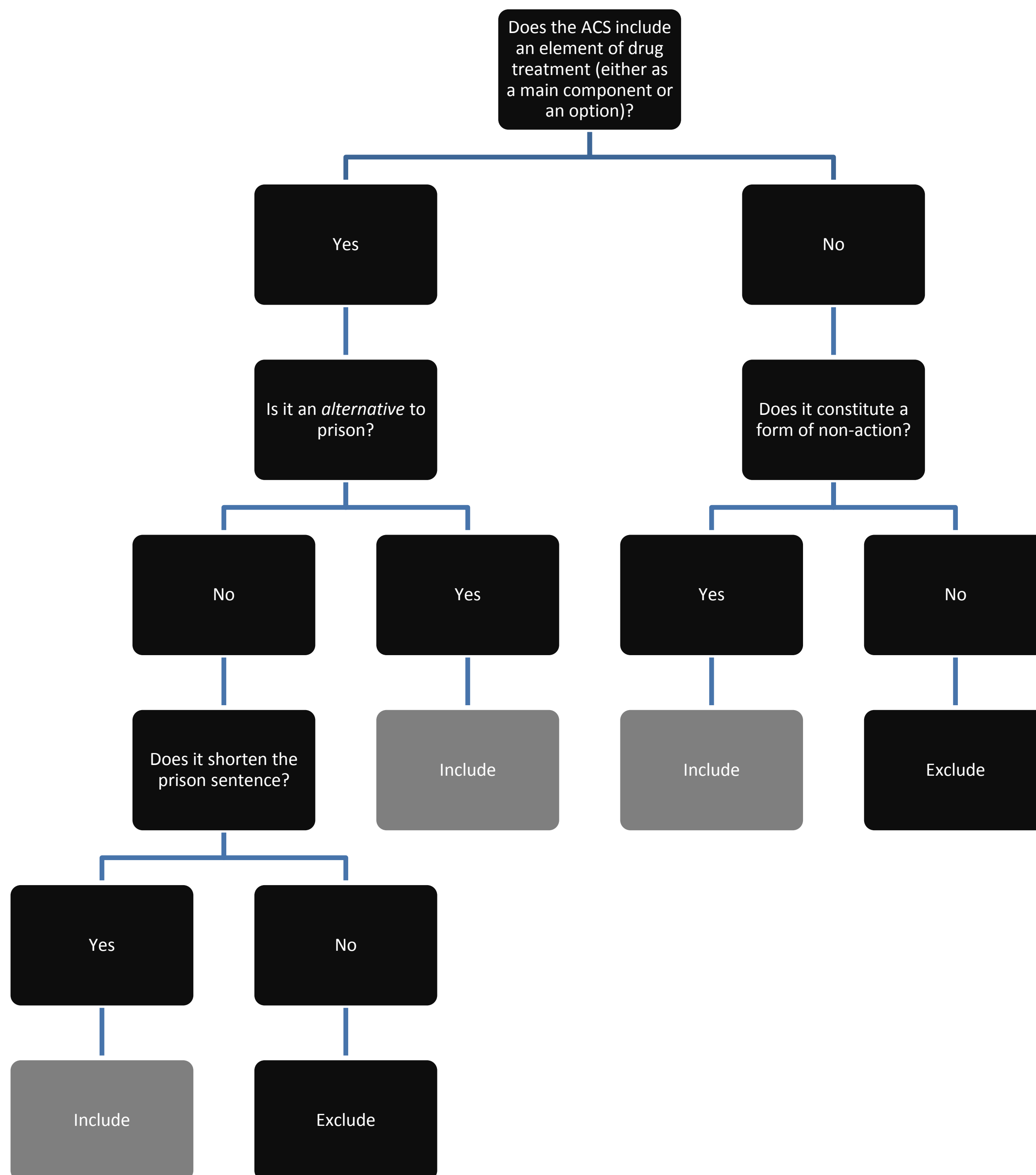
3. APPLYING THE DEFINITION OF ACS

In total, 180 ACS were reported by experts across 28 member states. Since the member state experts were asked to be as inclusive as possible when completing the questionnaires, ACS without a rehabilitative/treatment element (i.e. falling outside of the scope of the definition) were sometimes reported. The first task for the research team was to review the ACS reported and confirm whether they met the inclusion criteria outlined in Section 1.2. As a result of this review, 72 reported ACS were excluded. The process of deciding to exclude ACS was not straightforward and required the research team to make judgements on a case-by-case basis, referring back to the definition in Section 1.2, and having in mind the purpose of the study. This short chapter explains what types of ACS were excluded and included.

The research team went through a rigorous process to (i) classify and group the reported ACS and (ii) exclude those that were beyond scope – according to the definition of ACS used in this study. Figure 3.1 illustrates the decision-making process. The rationale behind each question is further explored below.

The inclusion criteria specified that ACS have a rehabilitative element. This term is used to refer to 'education, treatment, rehabilitation, aftercare and social integration', as mentioned in the EU Action Plan on Drugs 2013-2016. However, the vast majority of ACS reported, constituted 'treatment'. For this reason, this report will from here on use the term 'treatment' as a generic term except where it is clearly explained otherwise.

Figure 3.1. Decision-making process for including/excluding ACS



NOTES: The research team used their discretion in this process and some ACS may have been included or excluded following further clarification with experts. The EU Action Plan on Drugs 2013-2016 refers to 'education, treatment, rehabilitation, aftercare and social integration', but the vast majority of ACS reported constituted 'treatment'. Treatment was defined broadly and could include drug education and counselling (see Section 4.3). In line with the definition in Section 1.2 this is related to the rehabilitative intent of the ACS.

The process of deciding which ACS should be included involved asking a number of questions about each alternative reported by member state experts:

Does the ACS include drug treatment for drug users? The easiest inclusion criterion to apply was to ask whether the ACS involved some kind of drug treatment:

- A clear example where ACS were excluded following asking this question involved parole available for all type of offenders. Such an ACS does not have a treatment element and has no special provision for drug-using offenders. Similarly, fines with no accompanying treatment were excluded.
- The research team included ACS which could *possibly* include drug treatment. For example, in Luxembourg, the alternative 'Deferred sentence with probation' *may* include drug treatment as a condition (see Box 3.1).[7]

Does the treatment occur in prison and is the sanction genuinely an 'alternative'?

- Sanctions that consisted of only drug treatment in prison were excluded when the alternative did not shorten a prison sentence or formed an additional obligation after a prison sentence had been applied. For example, in Estonia, when a court grants release on parole (which is available for all offenders) it could 'impose an *additional* obligation to undergo the prescribed treatment if the offender has previously consented to such treatment' (Estonian expert, italics added by research team). This was excluded from the scope of this study because it was not an ACS, but an additional requirement. Similar ACS were excluded for Croatia, Lithuania and the Netherlands, because these formed an additional obligation to a prison sentence (such as general parole).
- ACS involving intermittent custody, day parole or prison leave with a (conditional) treatment element were included since they involved an element of treatment or rehabilitation. For example, day parole in Luxembourg has a rehabilitative and social settlement purpose, in which 'the person sentenced to imprisonment is authorised to carry on work activities, *education programs*, professional training as well as to undertake *medical treatment*[8] outside prison. The sentenced person is required to return back to the correctional centre nightly and during his spare time' (Luxembourger expert, italics added by research team).

If the alternative does not involve treatment, is it a form of non-action? (i.e. deciding not to arrest or prosecute):

- For example, an ACS in Denmark, 'No Further Action/Warning/Withdrawal of Charges', does not include a treatment element but was included within the scope of the study since it is an alternative to a coercive course of action (i.e. taking forward a prosecution) and could be applied to drug-using offenders (in Denmark, there are guidelines that regulate this ACS in relation to drug offences and drug addicts specially) (see Box 3.2).
- For similar reasons, ACS where a prosecutor refrains from prosecution in the case of possession of small amounts of drugs for personal use when it is not in the public interest to prosecute, as is the case in Germany ('Refraining from prosecution / ending proceedings'), were included.
- However, alternatives which involved general powers not to prosecute *not specifically aimed at drug offences/users*, were excluded. For example, the 'Attorney General's power not to prosecute or to stop prosecution' in Cyprus. In Greece, the alternative 'Omitting from the excerpt of the criminal record that is for public (not for court) use convictions for offenders who participate in a recognised drug treatment programme' was an example where the research team decided to exclude the alternative, because this was not, in itself a form of 'non action' (since a case would already have reached court).

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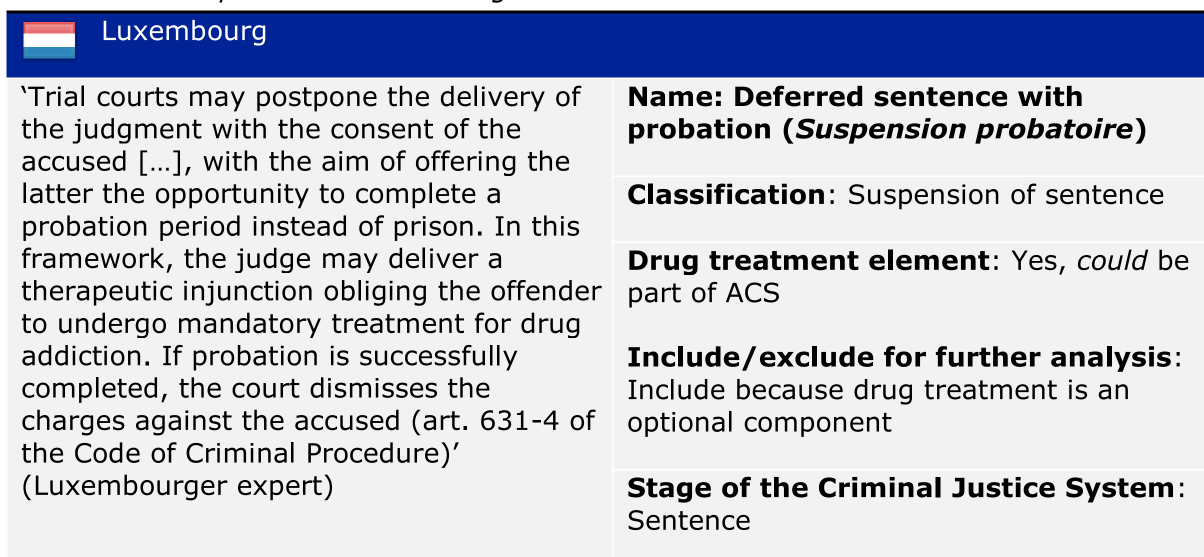
[7] As further explained in Chapter 4, the research team later categorised ACS according to whether treatment was the main component or a possible condition.
[8] Including drug treatment.

Box 3.1: Example from Luxembourg



Luxembourg	
'Trial courts may postpone the delivery of the judgment with the consent of the accused […], with the aim of offering the latter the opportunity to complete a probation period instead of prison. In this framework, the judge may deliver a therapeutic injunction obliging the offender to undergo mandatory treatment for drug addiction. If probation is successfully completed, the court dismisses the charges against the accused (art. 631-4 of the Code of Criminal Procedure)' (Luxembourger expert)	**Name: Deferred sentence with probation (*Suspension probatoire*)** **Classification**: Suspension of sentence **Drug treatment element**: Yes, *could* be part of ACS **Include/exclude for further analysis**: Include because drug treatment is an optional component **Stage of the Criminal Justice System**: Sentence

Box 3.2: Example from Denmark

Denmark	
'The public prosecutor may decide not to prosecute a suspect. "Decision not to prosecute" and "withdrawal of charges" (tiltalefrafald) [are] cases where the prosecuting authority believes that the cases would probably lead to conviction, but for other reasons the prosecutor prefers to withdraw the charges. This is in general applied in minor cases […] or in case of special mitigating circumstances. Danish law has thereby accepted the "principle of opportunity". Tiltalefrafald covers a number of different "reactions'. Normally, the Danish legal system will refer to AJA Section 722 in cases of: • No further action taken by the police • Withdrawal of charges 'Withdrawal of charges' can be divided into two categories: conditional withdrawal and unconditional withdrawal of charges. Conditional withdrawal of charges can take place only, if the accused has made an unqualified confession in court, the correctness of which is corroborated by other available evidence, and the conditions are approved by the court […]. Conditional withdrawal of charges is used for young offenders under the age of 18,	**Name: No Further Action/ Warning/Withdrawal of Charges (*Tiltalefrafald*)** **Classification**: Caution/warning/no action **Drug treatment element**: Not applicable **Include/exclude for further analysis**: Include because it is a form of non-action **Stage of the Criminal Justice System**: More than one stage

but rarely for adult offenders. Unconditional withdrawal of charges is used in some cases, where the offender is a drug abuser. In these cases, a formal warning can be given (the offender is warned about the fact that if it will happen again, the offender will be charged and punished) or unconditional withdrawal of charges can be used without a formal warning.' (Danish expert)	

Following this approach, out of a total of 180 reported ACS, 108 ACS (60%) are included for further analysis as described in the remainder of the report. A total of 72 alternatives (40%) were excluded from further analysis.

It is important to note that some member states have ACS available that did not meet the inclusion criteria for this study, for example, probation available for all type of offenders. These types of ACS are vitally important sentencing options which commonly aim to rehabilitate offenders, reduce reoffending and encourage desistance from crime. However, this study focused closely on ACS targeted at drug-using offenders and those convicted of drug-related crime.

Furthermore, and in line with the earlier comment about granularity applied, the research team note that some ACS were separately reported by member state experts, for example, drug treatment in the Czech Republic (AOT), but are not self-standing measures and could be attached to different procedural situations such as suspension of sentence.

A full list of all ACS reported by member state experts showing which were included/excluded is provided in Appendix B. In the chapters where findings from the completed questionnaires are described and analysed, it should be emphasised that these findings are based on descriptions provided by member states experts. Where possible this study aimed to indicate this throughout these chapters.

4. FINDINGS ABOUT ACS AVAILABLE IN MEMBER STATES

Summary of key points:

- All member states reported the availability of at least one ACS for drug-using offenders.
- The research team identified 13 categories or types of ACS reported by member state experts. The most commonly available type of ACS, taking all member states and all ACS together, are 'drug treatment' (i.e. a treatment order) and 'suspension of sentence (with a treatment option)'.
- The ACS were further categorised according to whether drug treatment (or education/awareness courses on drugs or counselling) constituted the main element of the ACS (such as a drug treatment order) or whether it was an option or possible condition of the ACS (for example, where treatment could be attached as a condition of a probation order). It was found that all 28 member states had a form of drug treatment available, and 23 had an ACS in which drug treatment was the main component.
- The types of available drug treatment were not reported by all member state experts. However, where they were reported, there appeared to be a wide range of treatment available to drug-using offenders.
- Most of the included ACS were reported to have been introduced between 1990 and 2010. For those ACS with drug treatment as a central component, most countries introduced these between 2000 and 2009.
- Apart from a few examples from Belgium, Ireland and the United Kingdom, reported ACS are made available across the entire country.
- Most of the included ACS are available at court, sentencing stage or at the stage of the execution of the sentence and are mainly offered by judges and prosecutors.
- A variety of organisations and professionals deliver the ACS, including healthcare organisations, probation, prison or more than one organisation. Monitoring compliance is mainly done by the judiciary.
- Where drug treatment is a central component, the ACS mainly take place in a residential setting such as a health facility.
- If drug treatment is or could be part of an ACS, there is variability across member states as to who pays for this. In some this is paid for by the health system, in others the costs were covered by criminal justice system funding or a mix of different funds.
- Most ACS are available for all types of offences.
- When drug treatment is a central component, the minimum length of the ACS is not specified in law for most cases, while the maximum length is not specified in a third of cases.
- For most of the ACS included in this study, the offender could be prosecuted for the original offence and/or breach when not complying with the ACS. This confirms the quasi-compulsory nature of ACS across the EU.

4.1 Types of ACS reported

One of the stages in analysing information reported by member state experts was to group the included ACS (n=108) into categories. This was an iterative and inductive approach, in which similar ACS were grouped together based on the information provided in the questionnaire completed by member state experts. New categories were created, or categories merged, until the research team felt a sensible categorisation had been achieved. A draft of the report in which the categorisation was included was shared

with member state experts, and where appropriate, amendments were made in light of their comments.[9]

As a result of this process the ACS were grouped into 13 categories and one 'other' category. Table 4.1 explains what kind of ACS fall into each of the categories. In addition, the right-hand column of the table indicates whether these ACS are: proactive interventions to treat (primarily in the case of a drug treatment order) or whether these are ACS that 'interrupt' the criminal justice process (ACS that involve diversion from prosecution or from court); and whether they are sanctions or institutions (Drug Courts in Belgium and Ireland and Portuguese Dissuasion Committees were classified as institutions). With regard to the latter, this study acknowledges that these institutions, as such, are not ACS, but mechanisms that could offer different ACS.

Table 4.1 shows that **ACS were available across all stages of the criminal justice system**: at the pre-trial stage and investigation stages (e.g. diversionary measures, suspension of investigation); at court (drug courts, suspension of court proceedings); sentencing (drug treatment orders; suspension of sentence with treatment); and in the execution of the sentence (e.g. intermittent custody/ release with a treatment element and parole/early release with a treatment element).

Some of the reported ACS could be classified under more than one of the categories. For example, ACS categorised as 'Suspension of investigation/prosecution', could in some cases be considered as 'no action' when a prosecutor decides to waive punishment.

In order to ensure transparency in the categorisation, and so as not to lose the detail of the specific ACS by creating these categorisations, Appendix B lists all 180 ACS as reported by member state experts, with the original title and allocated categorisation.

Table 4.1: Definition of ACS categories (for ACS included in this study)

Categorisation	Description	Type of intervention
Caution/ warning/ no action	A caution is an alternative to prosecution and could be given by a police officer, and may include specific conditions such as drug treatment or attendance at an education session. A warning includes a (written) notice by a police officer, for example given on the street. No action for example includes the police refraining from further action such as a warning.	Interruption of criminal justice system process; sanction
Diversionary measure	This includes measures aimed to divert people from the criminal justice system, mainly but not only at the (pre-) arrest stage where the police refer the offender into other services such as drug treatment.[a]	Proactive intervention to treat; sanction
Drug Addiction Dissuasion	This category relates to an alternative available in one country – Portugal. The Committees are administrative authorities in	Proactive intervention to treat; institution

[9] For example, following review, the Polish expert indicated that he omitted the possibility of 'discontinuing proceedings' for drug-using offenders, offered by public prosecutors. This would equate a 'suspension of prosecution' in line with the classification outlined below. This underlines that the questionnaire may have been interpreted slightly differently by member state experts in some cases.

Categorisation	Description	Type of intervention
Committees	Portugal that deal with offenders accused of drug-consumption and/or drug possession offences for personal use (see more information in Section 4.6) [b]	
Suspension of investigation/ prosecution with a treatment element	During the investigation or prosecution stage, the relevant professional (e.g. prosecutor) decides to suspend the case (suspension could depend on specific conditions)	Interruption of criminal justice system process; sanction
Suspension of court proceedings with a treatment element	During the court stage, the prosecutor or the judge decides to suspend the case/proceedings (suspension could depend on specific conditions)	Interruption of criminal justice system process; sanction
Suspension of sentence with a treatment element	During the sentencing stage, a judge decides to suspend the suggested sentence (suspension could depend on specific conditions)	Interruption of criminal justice system process; sanction
Drug Court	Special courts (mostly based in existing criminal courts) established to deal with drug-using offenders.[c]	Proactive intervention to treat; institution
Drug treatment	Any form of drug treatment (including counselling and opiate substitution) that could be made available at different stages of the criminal justice system.[d]	Proactive intervention to treat; sanction
Probation with a treatment element[e]	Supervision of offenders in the community by probation services	Proactive intervention to treat Sanction
Community work with a treatment element[e]	Unpaid work in the community	Proactive intervention to treat Sanction
Restriction of liberty with a treatment element[e]	This entails restricting the offender's movement, such as home arrest and electronic monitoring	Proactive intervention to treat Sanction
Intermittent custody/ release with a treatment element	This could involve being in prison or any other secured setting during the week, while spending weekends in the community	Interruption of criminal justice system process; sanction
Parole/early	This includes temporary or permanent	Interruption of criminal

Categorisation	Description	Type of intervention
release with a treatment element	release from prison or detention under specific conditions	justice system process; sanction
Other	ACS that could not be included in other classifications	NA

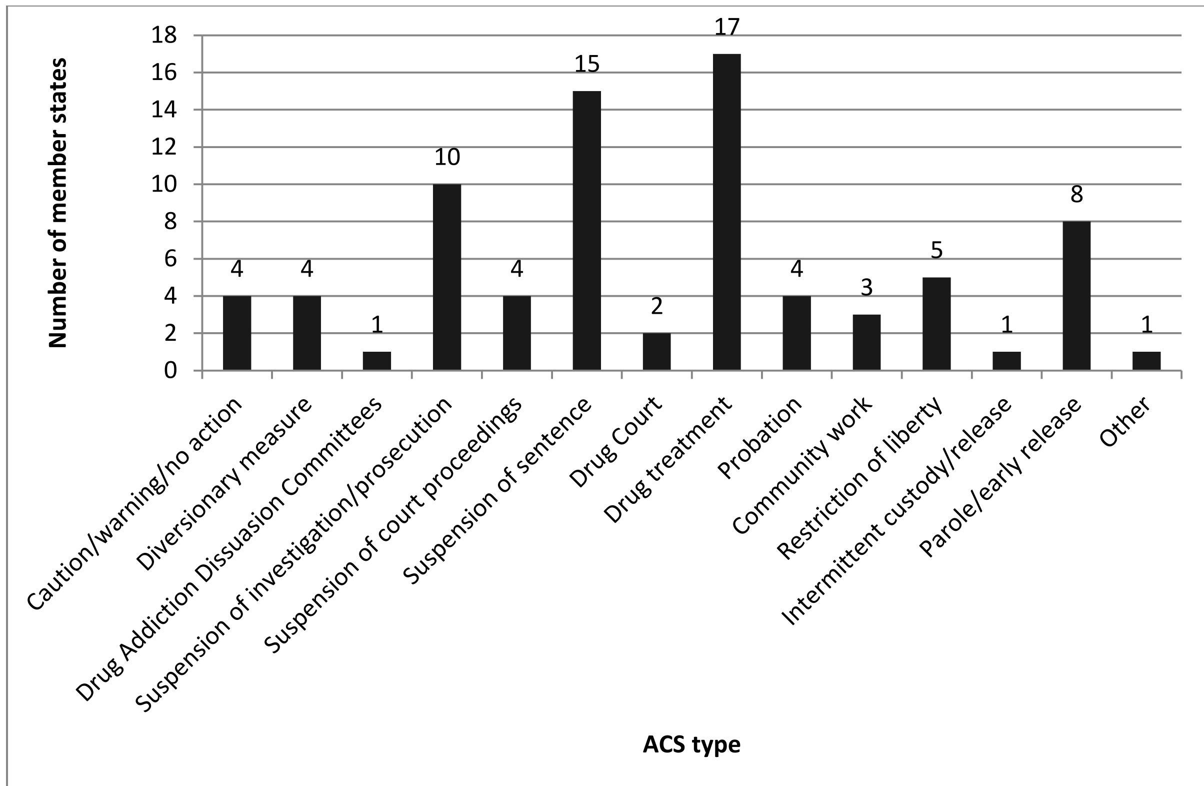
NOTES:
[a] Arrest can have different definitions, yet within this study details on what arrest includes in each member state were not provided.
[b] Following referral by the police, the CDT deals with both dependent and non-dependent drug users. '[T]he CDT hears the offender and rules on the offence, aiming to treat any addiction and rehabilitate the person using the most appropriate interventions. The CDT is authorised to suspend the proceedings or the execution of a punitive sentence as it considers appropriate'. (EMCDDA 2015, 9).
[c] Drug courts are distinct from the other ACS because they are a mechanism for issuing ACS rather than a sanction per se. However, they are a unique institutional process with an underlying rehabilitative intent, which falls within scope of this project.
[d] This also includes having a drug specific education element. This is the case for one instance (France), where a drug awareness course is categorised under this broader category of 'drug treatment', yet it does not include treatment as such, like opiate substitution.
[e] The research team notes that probation, community work or restriction of liberty could be considered a coercive measure. These sanctions were only included in cases where there was a possibility of a treatment being attached to the sanction.

Figure 4.1 below shows the number of member states that reported at least one ACS in a given category (n=108 ACS). The information has been displayed according to availability of each category of ACS per country, and not the number of particular ACS in a country, according to each national expert. This approach to data analysis was employed because a breakdown of individual ACS risks misrepresenting the balance across countries. As mentioned in Chapter 2, the level of granularity applied varied per expert as some experts presented a particular type of ACS as several separate ACS, while others presented this as a single ACS with sub-variations. As such, displaying each type of ACS risked distorting the overall European picture. Therefore, it was felt more appropriate to display the availability of an ACS in a country overall. This logic has been used throughout this section unless mentioned otherwise.

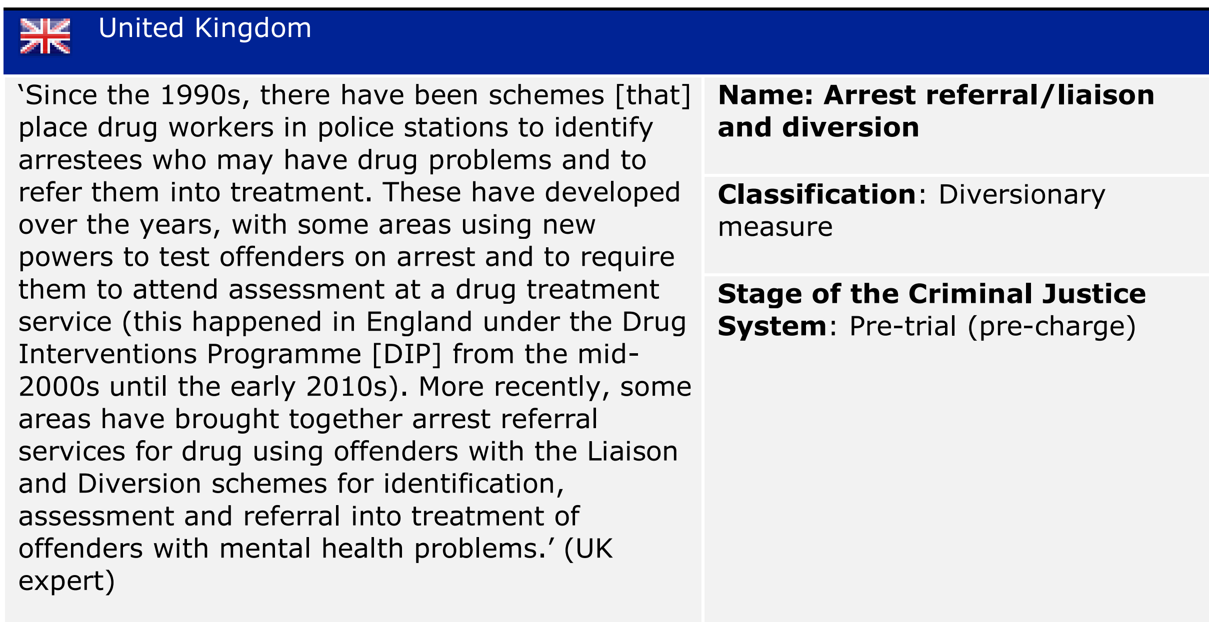
Based on these categorisations, the most frequently occurring ACS across member states were drug treatment (17 member states), suspension of sentence with a treatment element (15 member states) and suspension of investigation/prosecution with a treatment or rehabilitative element (ten member states). Collectively, these ACS accounted for over half of all available ACS (58%) and overall, ACS were roughly equally distributed across countries where they were available (e.g. one or two of these ACS were reported per country if it was available). Slightly different in this respect were Spain, Greece and Portugal that reported relatively high numbers of specific ACS. In Spain, three ACS were classified as 'drug treatment'; in Greece, four ACS were classified as 'parole/early release'; and in the case of Portugal, the reported ACS were all categorised under 'Drug Addiction Dissuasion Committees' (n=4). This particular category was unique to Portugal. Intermittent custody is another example of a category that was only found in one country, namely Luxembourg.

Examples from two member states of ACS classified as 'diversionary measure' and 'drug treatment' respectively are presented after the figure.

Figure 4.1: Availability of ACS types that met study definition across member states



Box 4.1: Example from the United Kingdom



United Kingdom	
'Since the 1990s, there have been schemes [that] place drug workers in police stations to identify arrestees who may have drug problems and to refer them into treatment. These have developed over the years, with some areas using new powers to test offenders on arrest and to require them to attend assessment at a drug treatment service (this happened in England under the Drug Interventions Programme [DIP] from the mid-2000s until the early 2010s). More recently, some areas have brought together arrest referral services for drug using offenders with the Liaison and Diversion schemes for identification, assessment and referral into treatment of offenders with mental health problems.' (UK expert)	**Name: Arrest referral/liaison and diversion** **Classification**: Diversionary measure **Stage of the Criminal Justice System**: Pre-trial (pre-charge)

Box 4.2: Example from Spain

Spain	
'The special sentence suspension with drug treatment is decided by a court and requires the offender to undertake drug treatment, including drug testing, to attend appointments with medical and educational professionals, and the probation officer, and not to reoffend during the period of suspension. It is supervised by the probation service' (Spanish expert)	**Name: Special sentence suspension for drug users (*suspensión especial para drogodependientes*)** **Classification**: Drug treatment **Stage of the Criminal Justice System**: Sentence

Table 4.2 provides an overview of whether a type of ACS is *available* in a member state or not (n=108); it does not indicate *how often* a particular alternative was reported by the member state expert.

Table 4.2: Type of ACS per member state

Member state	Caution/warning/no action	Diversionary measures	Drug Addiction Dissuasion Committees	Suspension of investigation/	Suspension of court proceedings	Suspension of sentence	Drug Court	Drug treatment	Probation	Community work	Restriction of liberty	Intermittent custody/release	Parole/early release	Other
Austria								X					X	X
Belgium		X		X		X	X							
Bulgaria									X					
Croatia						X								
Cyprus				X	X			X						
Czech Republic								X			X			
Denmark	X					X		X			X			
Estonia				X		X		X						
Finland	X	X								X	X		X	
France	X							X						
Germany				X		X		X						

Greece				X	X	X							X	
Hungary				X	X	X								
Ireland							X							
Italy						X		X		X	X			
Latvia													X	
Lithuania						X		X						
Luxembourg				X		X		X				X	X	
Malta						X		X	X	X			X	
Netherlands		X		X		X		X						
Poland				X	X								X	
Portugal			X											
Romania						X		X						
Slovakia				X		X		X						
Slovenia						X								
Spain								X					X	
Sweden								X	X		X			
United Kingdom	X	X						X	X					
Total number of member states that reported ACS type	4	4	1	10	4	15	2	17	4	3	5	1	8	1

4.2 Treatment as a main component or condition

For each of the 108 ACS included, the research team examined the role, if any, played by the provision of drug treatment (recalling earlier comments that this term is used to refer to education/awareness courses on drugs or counselling). Based on the research team's interpretation of experts' descriptions, the 108 ACS were grouped into the following categories:

- Drug treatment is a *central component* of ACS: An ACS that primarily comprises the provision of drug treatment. For example, 'Drug Treatment Order' in Malta.
- Drug treatment is *an optional element* of ACS: An ACS that can, but does not always, have a drug treatment element. For example, in some member states, 'suspension of sentence' could include drug treatment, but does not necessarily do so.[10]
- No drug treatment element: The ACS does not include a treatment element, yet includes other elements that do meet the inclusion criteria. For example, 'No Further Action/ Warning/Withdrawal of Charges' in Denmark (see Box 3.2).

As shown in Table 4.3, for almost half of the ACS reported (49% of ACS reported, accounting for 21 member states) treatment *could* be part of the ACS but is not the central component or core element. This accounts for 11 out of the 14 ACS categories. Across nine categories, there were 46 ACS (accounting for 23 member states) for which drug treatment was the central component. Unsurprisingly, for the majority of these, ACS were in the category 'drug treatment' (26 ACS).

Table 4.3: Drug treatment element of ACS

'Drug treatment…' → ACS category ↓	is *central component* of ACS	*could be* part of ACS	*is not applicable* (no drug treatment element)	Total
Caution/warning/no action	0	2	3	5
Diversionary measure	1	3	0	4
Drug Addiction Dissuasion Committees	3	0	1	4
Suspension of investigation/prosecution	4	9	3	16
Suspension of court proceedings	1	4	0	5
Suspension of sentence	0	21	0	21
Drug Court	2	0	0	2
Drug treatment	26	0	0	26
Probation	1	3	0	4
Community work	0	2	1	3
Restriction of liberty	1	3	1	5

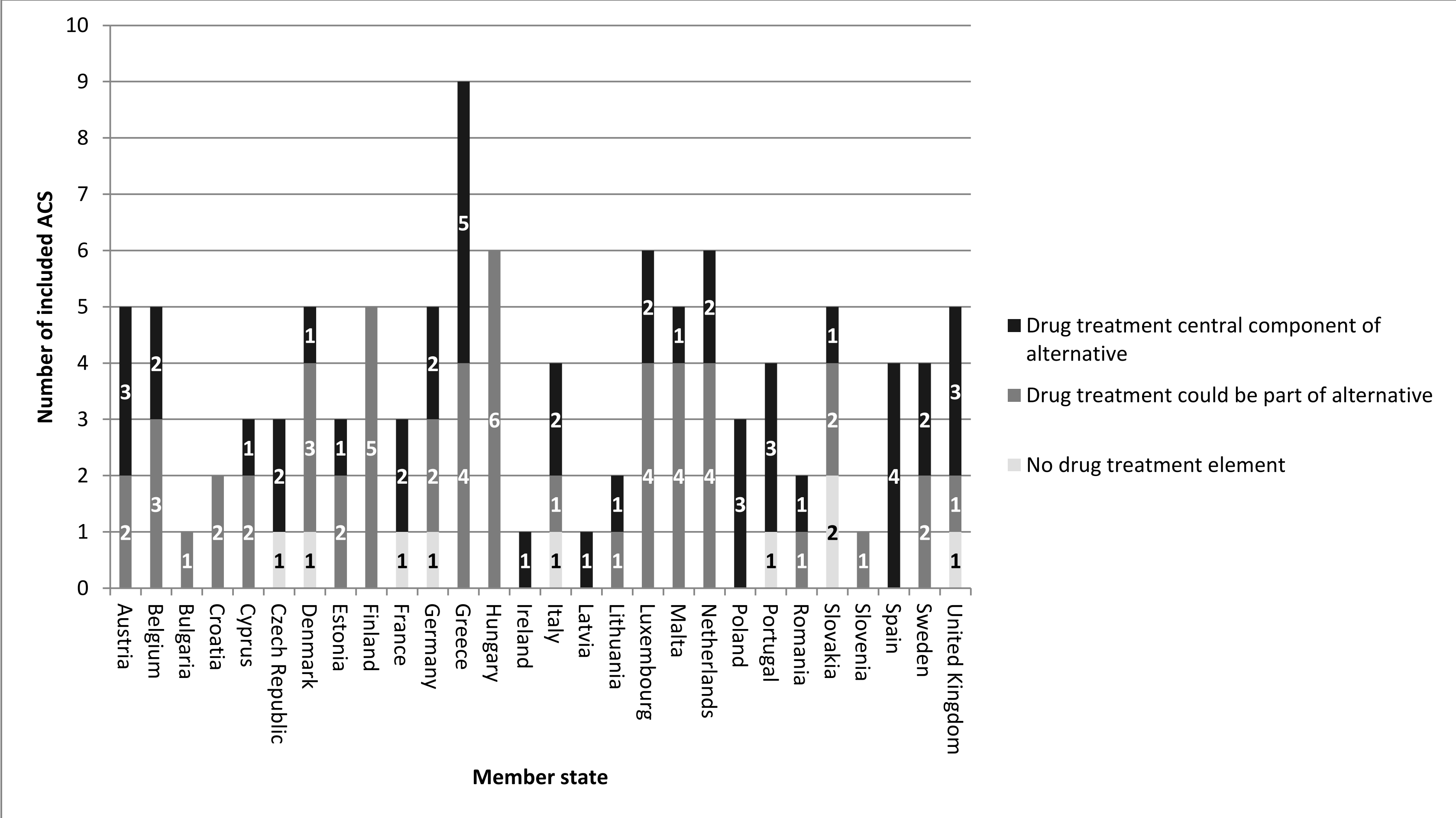
[10] For some of these ACS there might be other conditions than drug treatment, depending on the type of offender. This was subject to interpretation by member state experts. For example, in Hungary, the member state experts completed the questionnaire on the basis that, for all their ACS, treatment was a main component (since they only looked at drug offences). However, these sentences could also be used for other offenders.

Intermittent custody/release	0	1	0	1
Parole/early release	7	4	0	11
Other	0	1	0	1
Total (%)	46 (43%)	53 (49%)	9 (8%)	108 (100%)
Number of ACS categories covered	9	11	5	14
Number of member states covered	23	21	8	NA (numbers not mutually exclusive)

Figure 4.2 shows the distribution of included ACS and whether they had a drug treatment element or not, linked to each member state (n=108 ACS). Based on this graph, it can be concluded that all member states had a form of drug treatment available as part of one (or more) of their reported ACS, whether this was as a 'central component' or as an element that *could* be part of the ACS. More specifically:

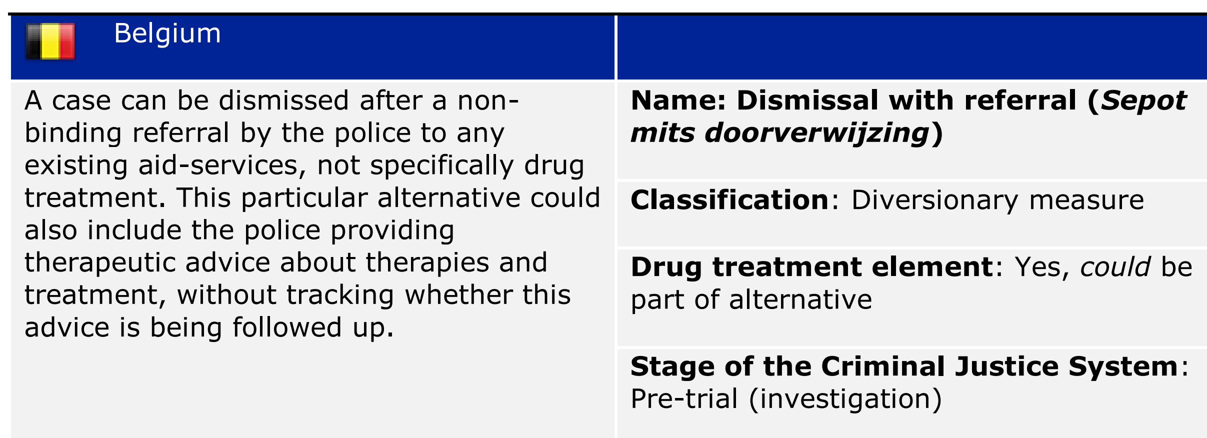
- Sixteen member states reported on availability of ACS in both categories.
- Twelve member states had either ACS with drug treatment as a central component or ACS where treatment could be an option.
- Eight member states reported on ACS with no drug treatment specific component (e.g. the 'no further action' examples)

Figure 4.2: Drug treatment element of included ACS per member state



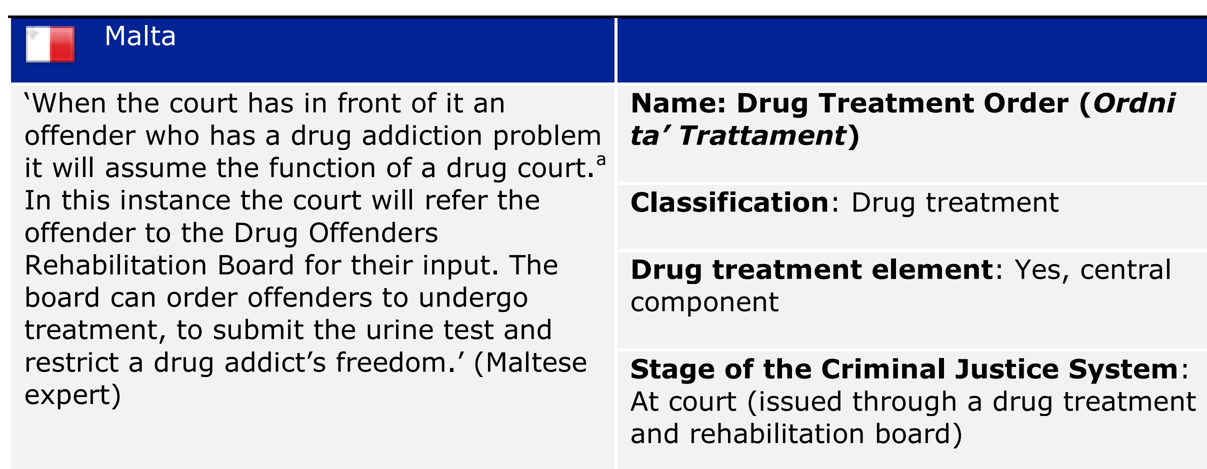
The following boxes describe two country-specific examples of ACS with treatment as the central component or that have a treatment element as one of the options.

Box 4.3: Example from Belgium



Belgium	
A case can be dismissed after a non-binding referral by the police to any existing aid-services, not specifically drug treatment. This particular alternative could also include the police providing therapeutic advice about therapies and treatment, without tracking whether this advice is being followed up.	**Name: Dismissal with referral (*Sepot mits doorverwijzing*)**
	Classification: Diversionary measure
	Drug treatment element: Yes, *could* be part of alternative
	Stage of the Criminal Justice System: Pre-trial (investigation)

Box 4.4: Example from Malta



Malta	
'When the court has in front of it an offender who has a drug addiction problem it will assume the function of a drug court.[a] In this instance the court will refer the offender to the Drug Offenders Rehabilitation Board for their input. The board can order offenders to undergo treatment, to submit the urine test and restrict a drug addict's freedom.' (Maltese expert)	**Name: Drug Treatment Order (*Ordni ta' Trattament*)**
	Classification: Drug treatment
	Drug treatment element: Yes, central component
	Stage of the Criminal Justice System: At court (issued through a drug treatment and rehabilitation board)

NOTES: [a] The research team clarified with the expert whether the Drug Offenders Rehabilitation Board could be classified as a drug court. In a response, the Maltese expert indicated that this is not the case and the drug court was not listed by the expert as a separate alternative, but was explained under the heading of Drug Treatment Order: 'The courts have also been given the possibility to transform themselves [into] drug courts. To date no magistrate's court has taken up this opportunity. For a Magistrates Court to become a drug court there has to be: 1. A case of a serious drug problem; 2. There was no violence or arms involved in the crime and 3. The offender shows a willingness to recover from the addiction. If these criteria are met, the defence lawyer will ask the court to transform itself into a drug court. It is up to the magistrate to decide if there is a case for transformation or not. To date there have been about 32 applications (this number is not official, but has been obtained from the interviewees), but no Magistrates court has been transformed into a drug court.' (Maltese expert).

4.3 Types of treatment available

Member state experts reported a wide range of treatments available to drug-using offenders. Since experts did not consistently report the same level of detail regarding treatment, it is not possible to assess the availability of different forms of treatment across member states. However, based on information that was documented by experts, it is evident that there is a broad spectrum of treatment both within and across member states (see Box 4.5). As noted by the Dutch expert, treatment could range from 'low intensive forms of support (accommodation) and methadone programs to intensive treatment, including treatment in secure accommodation'. The Spanish expert commented that in general, high intensity treatments were offered to drug-using

offenders 'with a short drug habit and a good prognosis and low-intensity treatments for more complex patients.' There are also comprehensive packages of treatment available that entailed a range of these measures, such as a 12-step treatment programme, [11] reported to be commonly used in Sweden.

Drug testing was mentioned by five member states, including Croatia (ARC), Luxembourg (Suspended sentence with probation, suspended sentence), Spain (Special sentence suspension for drug users', 'Surveillance in the community with drug treatment requirement', 'Detention in a drug treatment centre', 'Residential treatment in a drug centre'), Sweden ('Contract care', 'stay in care') and the UK ('Arrest referral/Liaison and diversion schemes', 'DRR', 'DTTO'). However, when member state experts described these elements, it was usually in relation to testing compliance with an ACS rather than a means of facilitating rehabilitation.

Some ACS allowed offenders more flexibility in selecting treatment options. For example, in Belgium, ['Praetorian probation'], the member state expert identified that 'the offender chooses himself the kind of treatment he wants to follow', which could include a broad range of options including residential and counselling. By contrast, the Slovakian expert highlighted several challenges associated with 'compulsory treatment', which was imposed upon offenders without their consent (see Box 5.3). One of the issues noted by the Slovakian expert was that compulsory treatment was not perceived as suitable for some offenders, since some were reported to lack motivation to complete the treatment. A related issue was that there were 'excessively long waiting times', which could result in circumstances where offenders had already undergone a form of treatment in custody for at least a year, before having to go on the treatment programme even if they were no longer in need of treatment.

Although one expert was able to provide some statistics regarding the proportion of the different types of treatment available under 'Suspension of a Sentence' and 'Restriction of liberty', other experts commented that overall there were limited data available about numbers of offenders participating in treatment programmes, as well as completion rates and effectiveness of different treatment approaches.

Box 4.5: Types of treatment reported by member state experts[12]

- Detoxification (Austria, Czech Republic, Luxembourg, Spain).
- Opiate substitution[13] (Croatia, Cyprus, Czech Republic, Estonia, Germany, Ireland, Italy, Netherlands, Portugal, Romania, Slovenia, Spain, United Kingdom).
- Abstinence-oriented treatment (Austria, Croatia, Greece, Poland).
- Counselling (Austria, Cyprus, Croatia, Italy, Romania, Slovenia, Spain).
- Psycho-therapy (Austria, Croatia, Cyprus, Estonia, Germany).
- Therapeutic communities (Croatia, Czech Republic, Greece, Italy, Spain).
- Pharmacotherapy (Croatia, Cyprus).
- Social re-integration (e.g. aftercare, advisory services) (Czech Republic, Greece, Italy, Netherlands, Romania, Spain).
- Education, awareness (France, Portugal, Spain).
- Twelve-step treatment programmes (Sweden).

[11] The 12-step programme (also referred to as the 'Minnesota model') is programme which entails group sessions, primarily aimed at encouraging clients to accept that drug dependence is a disease (EMCDDA 2014).

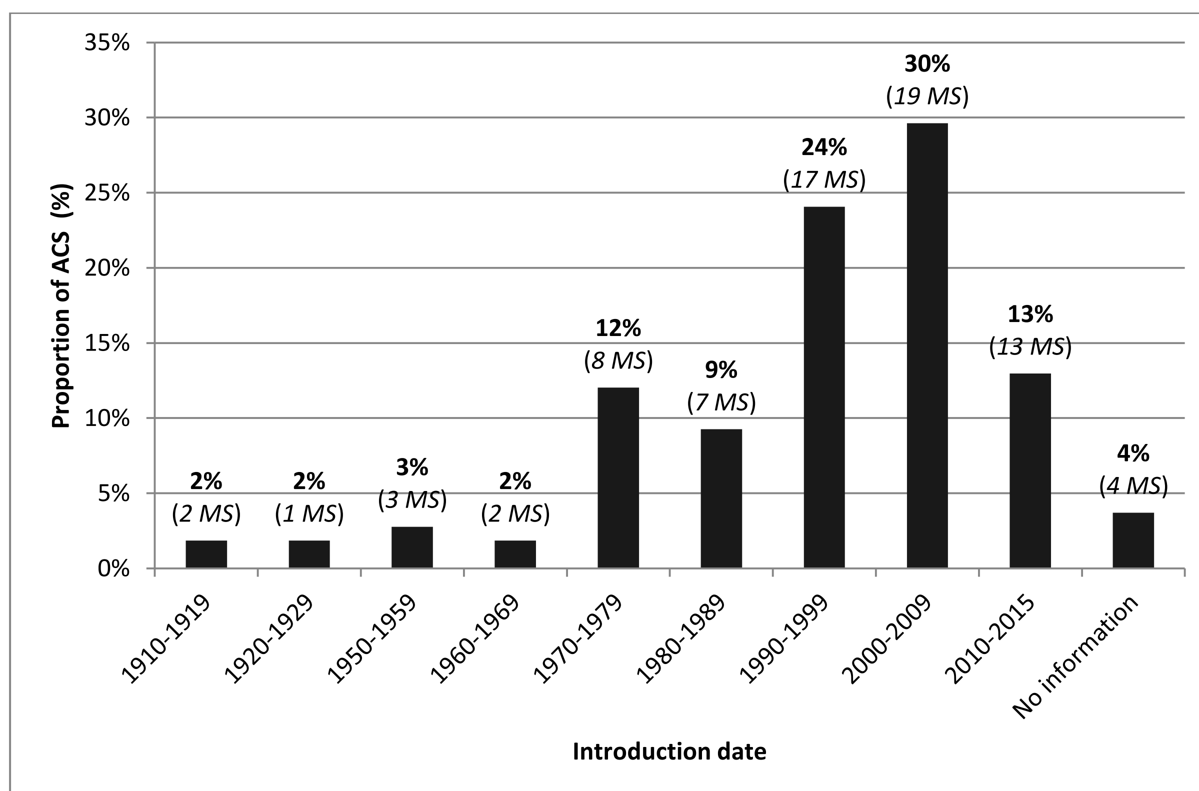
[12] It is acknowledged that other member states may have also had these forms of treatment available, however these were not explicitly reported by experts. Specific ACS have not been identified for each form of treatment because in the majority of cases, treatment was reported to be available across all ACS within a member state.

[13] This often entailed methadone and buprenorphine substitution, although it was not always specified whether this was offered at inpatient or outpatient settings

4.4 Introduction dates of ACS

Figure 4.3 provides an overview of when ACS (n=108) were reported to have been introduced. The majority were reportedly introduced between 1990 and 2010 (54%) and 13 per cent were introduced in the period 2010-2015.[14] When looking at the number of countries that introduced an ACS in a specific period in time (indicated in brackets), most member states (n=19) introduced ACS in 2000-2009.

Figure 4.3: Introduction date of ACS included for this study



NOTES: The numbers in brackets represent the number of member states where an ACS is introduced in a specific period in time. The 'no information' bar indicates that for four ACS (4%), the introduction date was not specified in the questionnaire. Note that there is a shorter date range for the 2010-2015 category.

Figure 4.4 looks at only those included ACS in which drug treatment is a central component of the ACS (n=46) and indicates what countries introduced these ACS at what points in time. Out of the countries with drug treatment as a central component (n=23), 20 reported to have had ACS introduced in the time periods 1990-1999 (nine in total) and 2000-2009 (11 in total).

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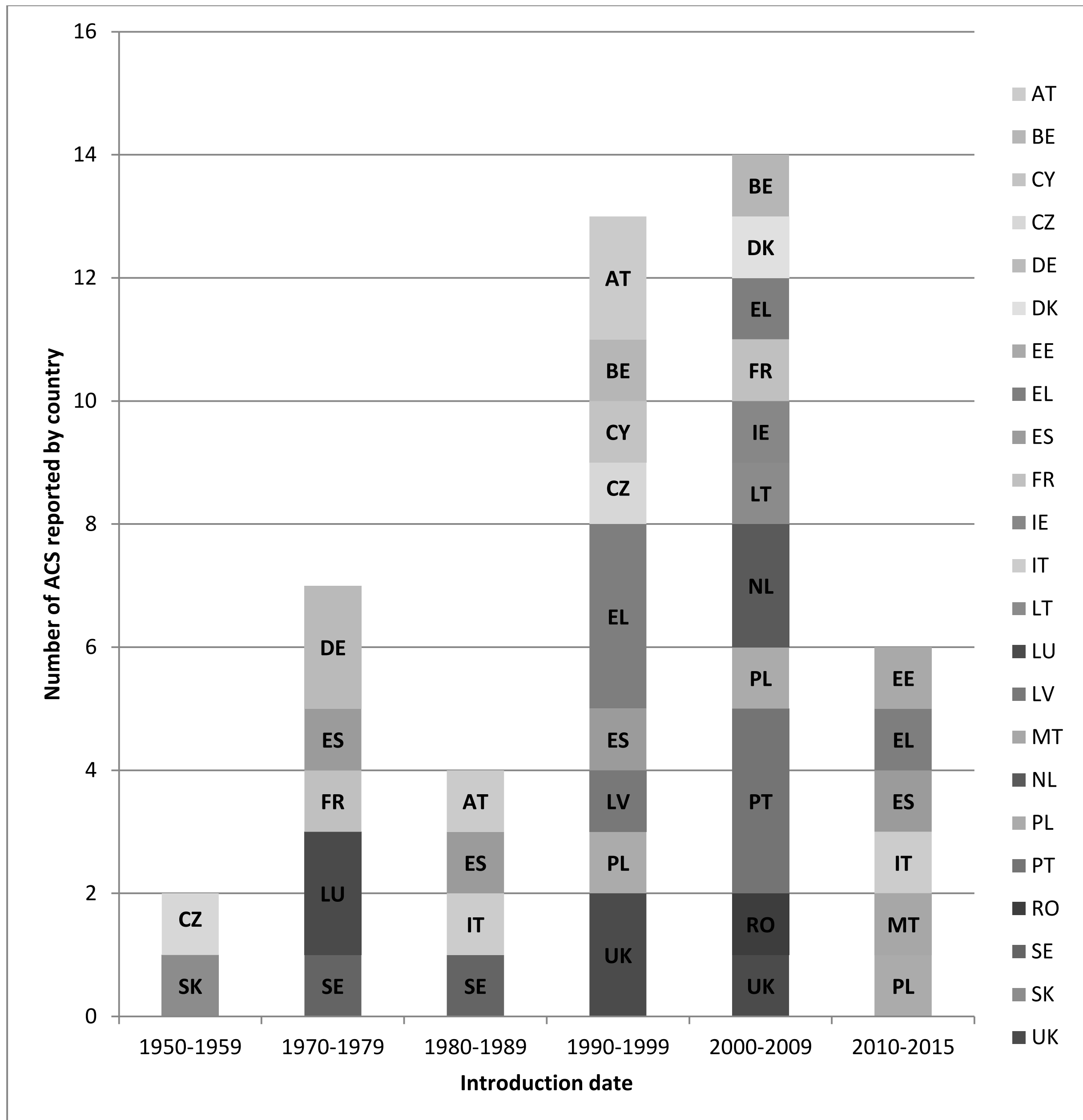
[14] Caveat: note that since the cannabis/khat warning is taken as one alternative for the analysis, the year in which the earliest of the two was introduced is included for analysis. This refers to the cannabis warning as introduced in 2004. The khat warning was introduced in 2014. This caveat applies for all tables relating to introduction date.

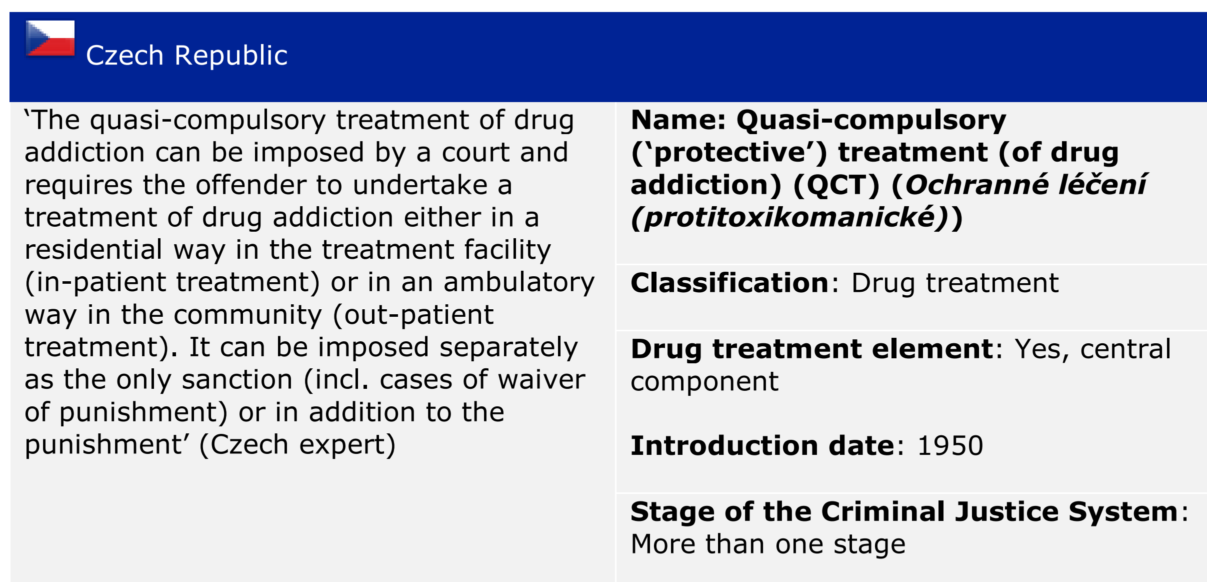
Figure 4.4: Introduction date of ACS with drug treatment as a central component



The oldest ACS that specifically focused on drug treatment is (quasi-) compulsory treatment in former Czechoslovakia, reported by the Czech expert as Czech 'Quasi-Compulsory Treatment' (Box 4.6) and by the Slovak expert as 'Compulsory Treatment', as introduced in 1950. Some of the more recently introduced ACS were not yet used in practice at the time the questionnaires were completed. In Malta, for example, the Drug Treatment Order (as explained in Box 4.6) was introduced in 2015, yet the first use was not expected until the end of September 2015.[15] This demonstrates that new ACS are still being created in member states.

[15] Since data collection from questionnaires was completed in September 2015, data is reported as of that date.

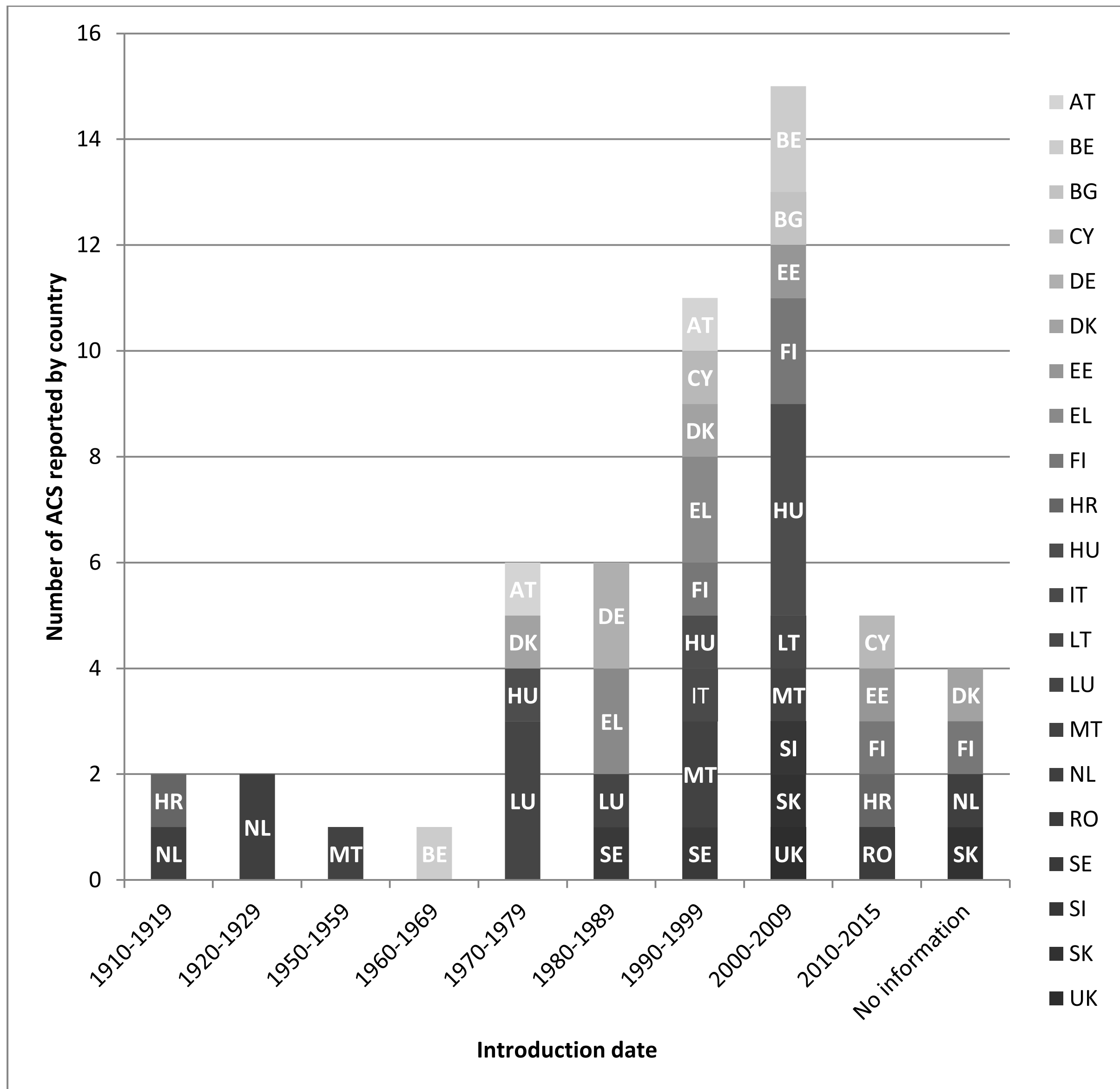
Box 4.6: Example from Czech Republic



Czech Republic	
'The quasi-compulsory treatment of drug addiction can be imposed by a court and requires the offender to undertake a treatment of drug addiction either in a residential way in the treatment facility (in-patient treatment) or in an ambulatory way in the community (out-patient treatment). It can be imposed separately as the only sanction (incl. cases of waiver of punishment) or in addition to the punishment' (Czech expert)	**Name: Quasi-compulsory ('protective') treatment (of drug addiction) (QCT) (*Ochranné léčení (protitoxikomanické)*)**
	Classification: Drug treatment
	Drug treatment element: Yes, central component **Introduction date**: 1950
	Stage of the Criminal Justice System: More than one stage

Figure 4.5 shows ACS where drug treatment *could* be part of the ACS (as explained in Section 4.2), yet is not a central component (n=53). A total of ten member states reported 15 such ACS, which were introduced in the period 2000-2009. For some countries, the majority of these types of ACS were introduced in the same time period. For example, four out of six included ACS from Hungary were reportedly introduced in 2000-2009. Similarly, in Luxembourg, ACS where drug treatment could be part of an ACS were mainly introduced between 1970 and 1980. The Netherlands introduced some of its ACS where drug treatment could be an element in the early 1900s and Bulgaria introduced the first (and currently only) ACS, probation, in recent years (2005).

Figure 4.5: Introduction date of ACS where drug treatment could be part of the alternative



NOTES: The 'no information' bar indicates that for four ACS of four countries the introduction date was not specified in the questionnaire. Note that there is a shorter date range for the 2010-2015 category.

4.5 Scope of geographic application

The country experts were also asked to indicate whether the reported ACS was available in all states/provinces of their country. Of all member states, only Belgium, Ireland and the United Kingdom had instances of ACS that were not available across the entire country. In Belgium this is the case for the Drug Court, which currently only exists in Ghent. In Ireland, the catchment area for the Drug Court programme was a designated area in Dublin, which later expanded to more areas in Dublin and since 2013 includes the County of Dublin. Finally, out of the five ACS reported for the United Kingdom, one is available across the United Kingdom (arrest referral/liaison and diversion),[16] three are

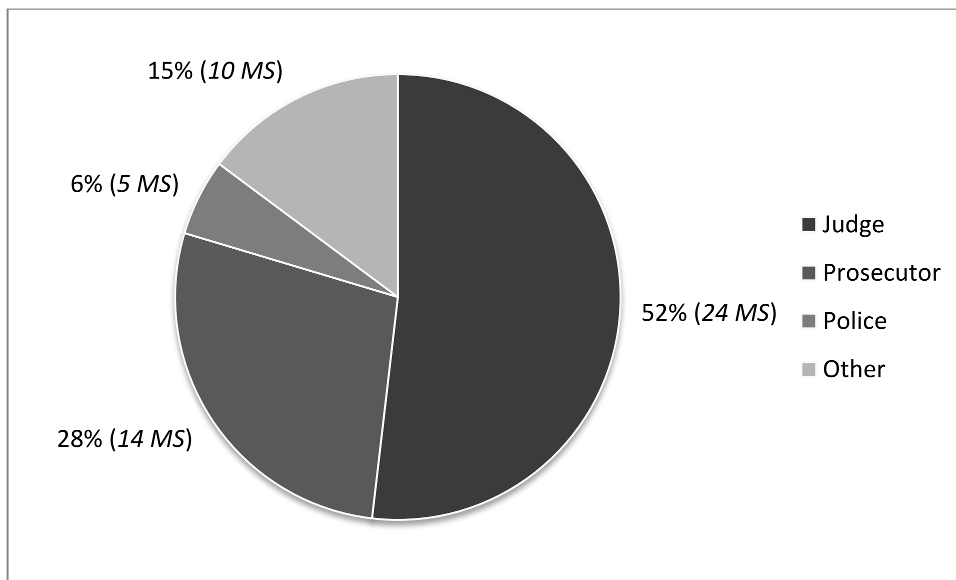
[16] According to the UK expert, 'all nations of the UK have had some form of arrest referral scheme (although the three schemes in Northern Ireland have been closed in the last year).'

available in England and Wales only (cannabis/khat warning; conditional caution; the drug rehabilitation requirement (DRR)) and one, the Drug Treatment and Testing Order (DTTO), is available in Scotland only.[17]

4.6 Professionals who offer ACS, professionals delivering ACS and setting in which ACS can be applied

The included ACS were mainly available during court, sentencing and execution of sentence stages (64%). In line with these findings, ACS were mainly reported to be offered by judges (52%, reported by 24 member states), followed by the prosecutor (28%, reported by 14 member states) (Figure 4.6). Member state experts' responses on these issues might have in part been driven by the features of the legal systems of the member states regarding the powers of police, prosecutors and judges – which varies between member states. Examples of 'other' professionals offering ACS include the prison service and the Drug Addiction Dissuasion Committees (Portugal only). This research also included 'other' ACS that could be offered by more than one body, such as judge or prosecutor.

Figure 4.6: Professionals who offer the ACS



NOTES: The percentages are based on the number of included ACS (n=108). The numbers in brackets represent the number of member states in which it was indicated that an alternative was offered by a specific professional.

To illustrate the findings above, the following boxes provide country-specific examples of ACS offered by different professionals.

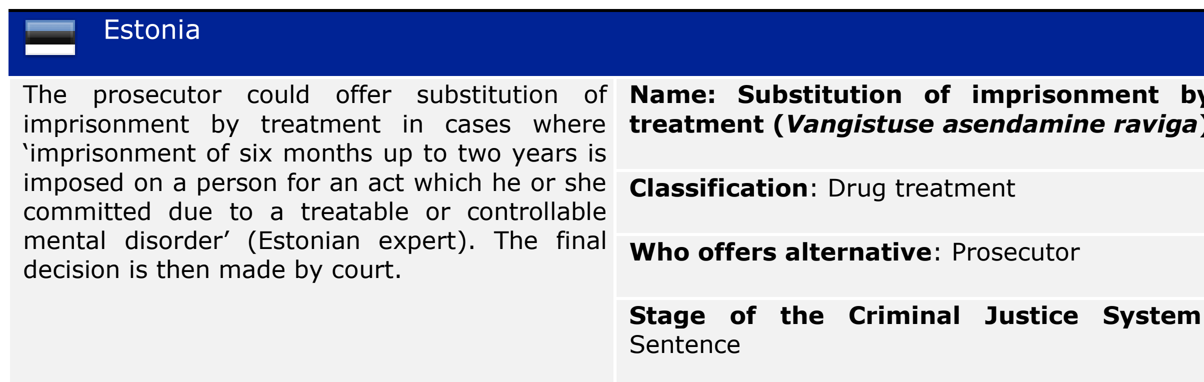
Box 4.7: Example from Luxembourg

Luxembourg	
'Trial courts may issue a therapeutic injunction providing that the person accused of personal use of drugs undergoes mandatory treatment	**Name: Therapeutic injunction exempting from punishment (*Injonction thérapeutique entrainant l'exemption de***

[17] 'The DTTO is only used in Scotland. It was replaced by the DRR in England and Wales' (UK expert).

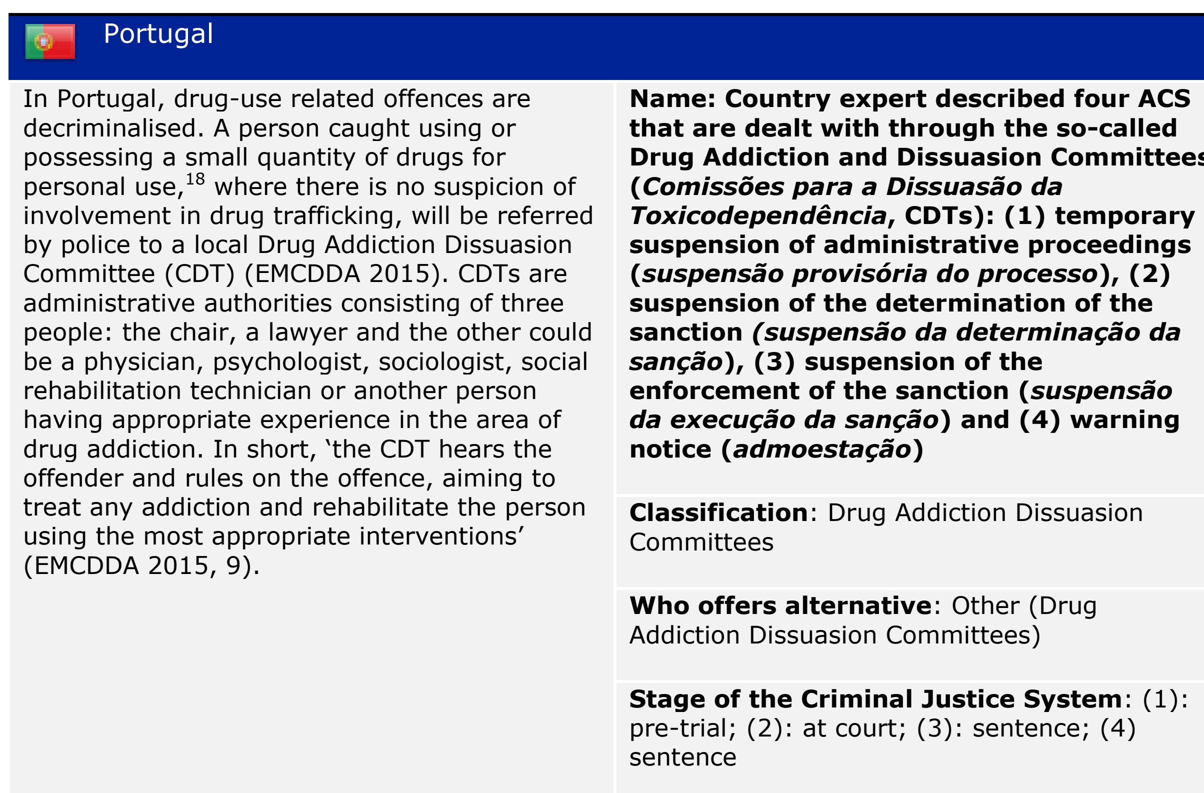
for drug addiction. At the investigation stage of proceedings, therapeutic injunctions may also be delivered by the investigative judge (*juge d'instruction*) upon request of the public prosecutor or the person charged with personal use of drugs' (Luxembourger expert)	***peine*)**
	Classification: Drug treatment
	Who offers alternative: Judge
	Stage of the Criminal Justice System: At court

Box 4.8: Example from Estonia



Estonia	
The prosecutor could offer substitution of imprisonment by treatment in cases where 'imprisonment of six months up to two years is imposed on a person for an act which he or she committed due to a treatable or controllable mental disorder' (Estonian expert). The final decision is then made by court.	**Name: Substitution of imprisonment by treatment (*Vangistuse asendamine raviga*)**
	Classification: Drug treatment
	Who offers alternative: Prosecutor
	Stage of the Criminal Justice System: Sentence

Box 4.9: Example from Portugal



Portugal	
In Portugal, drug-use related offences are decriminalised. A person caught using or possessing a small quantity of drugs for personal use,[18] where there is no suspicion of involvement in drug trafficking, will be referred by police to a local Drug Addiction Dissuasion Committee (CDT) (EMCDDA 2015). CDTs are administrative authorities consisting of three people: the chair, a lawyer and the other could be a physician, psychologist, sociologist, social rehabilitation technician or another person having appropriate experience in the area of drug addiction. In short, 'the CDT hears the offender and rules on the offence, aiming to treat any addiction and rehabilitate the person using the most appropriate interventions' (EMCDDA 2015, 9).	**Name: Country expert described four ACS that are dealt with through the so-called Drug Addiction and Dissuasion Committees (*Comissões para a Dissuasão da Toxicodependência*, CDTs): (1) temporary suspension of administrative proceedings (*suspensão provisória do processo*), (2) suspension of the determination of the sanction (*suspensão da determinação da sanção*), (3) suspension of the enforcement of the sanction (*suspensão da execução da sanção*) and (4) warning notice (*admoestação*)**
	Classification: Drug Addiction Dissuasion Committees
	Who offers alternative: Other (Drug Addiction Dissuasion Committees)
	Stage of the Criminal Justice System: (1): pre-trial; (2): at court; (3): sentence; (4) sentence

[18] According to the Decree Law 30/2000, this shall not exceed the quantity required for average individual consumption over a period of 10 days (EMCDDA 2016b).

Experts were also asked to indicate who delivers the ACS and who monitors compliance. Experts reported a variety of organisations and/or professionals responsible for delivering the ACS, and this is unsurprising given the range of ACS reported. Delivery of the ACS included healthcare organisations, probation services, prison (e.g. the Danish example of 'leave from prison and transfer to another institution') or more than one organisation (e.g. probation plus healthcare services). Activities of these organisations include providing regular updates to the relevant authorities (e.g. court) regarding the progress the offender made, also including notes on breach and completion of the ACS. Monitoring compliance of the ACS was mainly the responsibility of the judiciary (judges, prosecutors), probation or a combination of services, as can be the case when someone with a treatment order, which is monitored by healthcare services, is also under supervision of probation (e.g. QCT in the Czech Republic).

ACS that had treatment as a central component (n=46) were most commonly applied in a residential setting such as a health facility (20 ACS, 43%). Eleven were applied in either a residential setting or in a community setting (11 ACS, 24%). For some ACS, such as arrest referral in the United Kingdom, the setting varied: 'arrest referral and testing on arrest takes place in police stations. Required assessments take place at drug treatment services' (UK expert). Overall, for most of the alternative categories that had drug treatment as a central component, there was a spread across the settings where the ACS took place. The 'drug treatment' category (n=26), for example, was mainly applied at a residential/health facility setting[19], yet there were also cases where this could take place in the community, either of those, or at other places. One example of an 'other' place is the Dutch ACS concerning placement in an institution for repeat offenders in which offenders spend a few months in a residential setting, then move to a semi-open facility and in the third stage move to the community. Analysis at the member state level indicates that among those countries that had ACS with drug treatment as a central component, most offered treatment in residential/health facility settings only (13 out of 23 member states; six offered only community settings and six offered both community and residential/health facilities).

4.7 Who pays for the treatment provided under ACS?

Of the 99 reported ACS that consisted or could consist of a form of drug treatment (central component or where treatment could be part of the ACS) the treatment element was paid for by the health system (including health insurance) in just over a third of cases (34%) and by the criminal justice system in just under a fifth of cases (18%). This data was provided in qualitative responses by member state experts, and in the majority of cases, experts did not elaborate on these funding arrangements.

In just under a third of cases (30%) of the reported ACS it was paid for through other sources or a mix of funds or it varied per type of treatment. An example of a mix of funds paying for an ACS can be found in the Drug Treatment Court in Ireland, where funding 'was established from within existing resources across a number of service providers [in which] each [provider] is responsible for funding in respect of its own area of responsibility' (Irish expert), including the Probation Service, the Health Service Executive and the Vocational Education Committee. 'Dismissal' in the Netherlands where treatment could be part of the ACS, is an example of funding varying per type of treatment, since it depends on the type of activity or type of treatment provider who pays for it. The other category (17%) included cases for which this information was not specified in the questionnaire.

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[19] The fact that residential drug treatment was so common might not be as expected. The questionnaire completed by MS experts mentioned the categories of 'residential' and 'community' treatment. Experts assigned ACS to these categories, but were not asked for further information. It was therefore not always detailed what was meant by 'residential' or 'community', for example.

4.8 Type of offences and offenders for which ACS can be used

The title of this study specifies ACS as a response to drug law offences and drug related crimes. In this regard, member state experts were asked whether the law or guidance specified the type of offence and type of offender for which the ACS could be used. Overall it was found that for the ACS included in this study (n=108), most member states (22) reported that they were available for all offences, although there were some exceptions. For example, when the ACS was only available for offences attracting a prison sentence of up to a certain number of years (see Box 4.10 for an example from Italy). In addition, experts also reported on ACS that were solely available for drug offences, as is the case for the cannabis/khat warning in the United Kingdom (see Box 4.11). The majority of ACS were not limited to first offences.

This picture remained broadly the same when looking only at ACS that had drug treatment as a central component (n=46), as 13 out of 23 member states had these options available for all offences or all offences with some exceptions. In Belgium, for example, the ACS 'mediation', in which the offender is provided with the opportunity to undergo treatment with the result that criminal prosecution is suspended if the treatment is complied with, was available not just for drug offences specifically. In fact, it was available for offences 'with an identifiable victim (since 1999) and for offences for which the prosecutor is convinced that the sentence […] would be no higher than two years' (Belgian expert). In Denmark, there was no restriction with regard to the type of offence for which the drug treatment ACS called 'leave from prison and transfer to another institution' was available. It was only specified that it could only be imposed for offences attracting 'a prison sentence of a certain length' (Danish expert) and that the offender receiving the sentence had to be a drug addict.[20]

Unsurprisingly, most of the included ACS that had drug treatment as a central component were only available for drug using offenders. This included, for example, cases where offences related to the offender's drug use, as is the case for the Austrian 'suspension of execution of the sentence' (with drug treatment order) under the Austrian Narcotic Act.

Box 4.10: Example from Italy

Italy	
'The therapeutic probation is requested by an addict offender (that is, an addict not detained) or prisoner and granted by the Court of surveillance (*Tribunale di sorveglianza*) that decides with an order (*ordinanza*) in cases of prison sentences of a maximum of six (or four in special cases) years. It requires the offender or prisoner to attend treatment appointments in therapeutic public structures (Servizio per le tossicodipendenze - SerT) or in authorized private communities' (Italian expert)	**Name: Probation for special cases (so called 'therapeutic probation') (*Affidamento in prova in casi particolari (c.d. affidamento terapeutico*))** **Classification:** Drug treatment **Offence type**: All offences with some exceptions: 'Any offence sentenced with a maximum of six years of prison and cases where up to six years of prison are yet to be served. For those serious offences listed in art. 4-bis of the Statute n. 354 of 26.07.1975 (Prison act), this alternative is available for prison sentences up to four years or cases where up to four years remain to be served. The list of serious offences includes: offences of terrorism through violence; mafia-type

[20] The term 'drug addict' was not further specified by the expert.

	association and other crimes committed with the same method or with the same purpose; enslavement; child prostitution and child pornography; trafficking in human beings; trade of slaves; gang rape; kidnapping; criminal association in the fields of drugs and of trafficking or smuggling of tobacco' (Italian expert) **Offender type**: More than one type: 'This alternative can be applied to all the offenders with prison sentences or remaining period of imprisonment of the level indicated under 'offence type' above, who are drug (or alcohol) addicts' (Italian expert)
	Stage of the Criminal Justice System: Execution of sentence

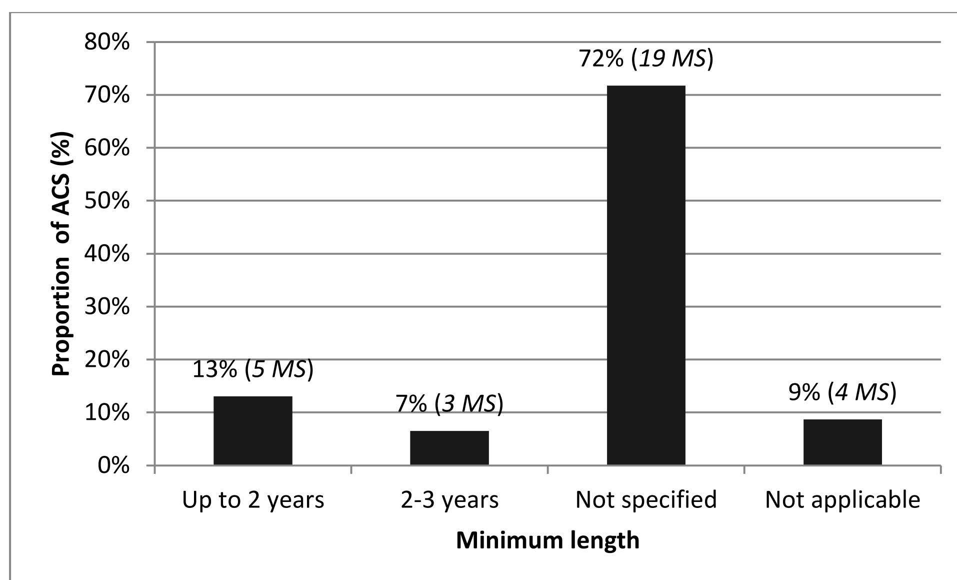
Box 4.11: Example from the United Kingdom

United Kingdom	
'The cannabis and khat warnings are a written notice that is given on the street by a police officer to an adult who is found to be in possession of a small amount of cannabis or khat. They lead to no penalty, but there can be escalation to a Penalty Notice for Disorder (an on-street fine) or further criminal justice intervention for repeated offences.' (UK expert)	**Name: Cannabis/khat warning (England and Wales)**
	Classification: Caution/warning/no action
	Offence type: Drug offence (possession of a small amount of cannabis or khat) **Offender type**: 'Only those over the age of 17 can be given a cannabis or khat warning. Only first-time offenders should be given a cannabis warning.' (UK expert)
	Stage of the Criminal Justice System: Pre-arrest

4.9 Minimum and maximum length of ACS imposed

Experts were asked whether law or guidance on the ACS specified the minimum and maximum length that could be imposed for the ACS. As can be seen in Figure 4.7, for the majority of ACS with drug treatment as a central component (n=46, covering 23 member states) the minimum length of the ACS was not specified in law or guidance (72%). This was the situation in 19 of the 23 member states where drug treatment was a central component to an ACS. In 20 per cent of cases, the minimum length ranged from a few months to three years. In some cases, a minimum length did not apply, for example in the case of the drug awareness course in France.

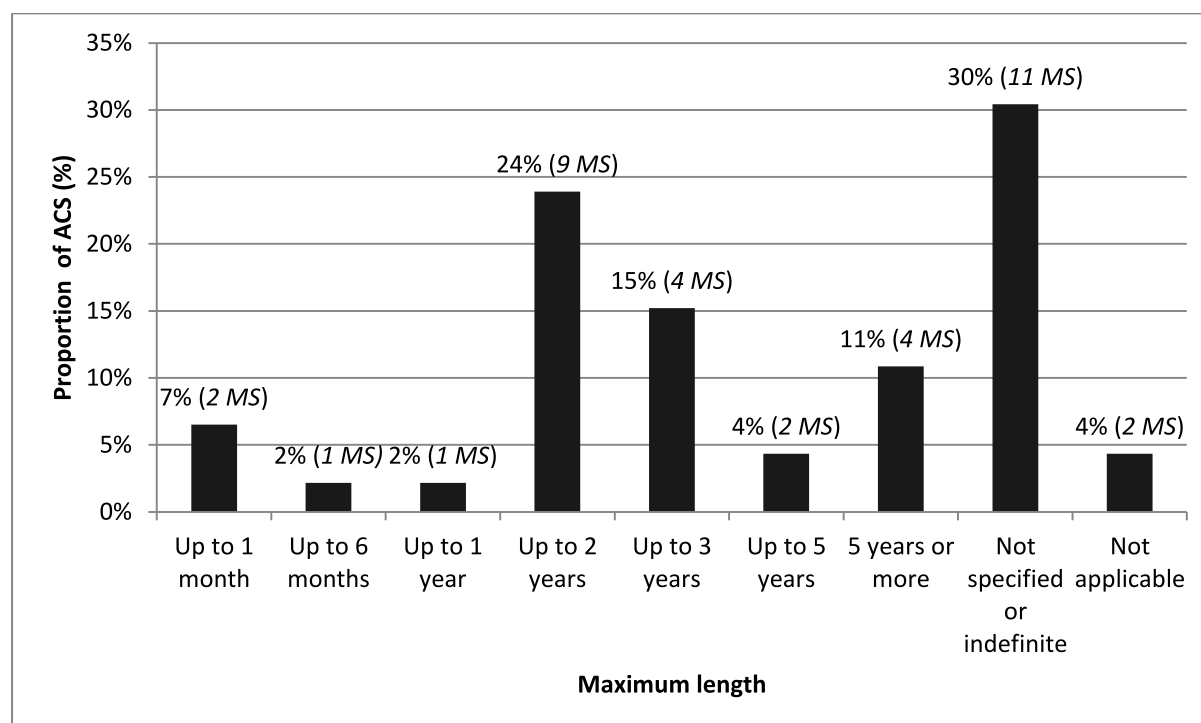
Figure 4.7: Minimum length of ACS with drug treatment as central component, as specified in law or guidance



NOTE: The numbers in brackets represent the number of member states that reported on minimum length.

Overall, the maximum length of an ACS was more often specified than a minimum length (n=46 ACS). In 30 per cent of the ACS (representing 11 member states) analysed and with drug treatment as a central component, the maximum length was not specified, or the length was indefinite. When a maximum was specified, this was most frequently up to two years (24%, mentioned by nine member states), and in 11 per cent of the cases (four member states) it could involve a length of five years or more. For 'Surveillance in the community with drug treatment requirement' in Spain, for example, the maximum length of this ACS is five years, yet could last up to ten years in exceptional cases (not further specified by the expert). In this example, there was no minimum length specified. In Greece, an ACS that involves early release from prison for those having participated in a drug treatment programme in prison and continuing this in the community 'can be imposed until the end of the remaining prison sentence for sentences longer than three years and at three years in case the remaining sentence is less than three years. Offenders of very serious offences convicted to life sentence would not usually be eligible for such an alternative' (Greek expert) (see Box 4.12 for more information).

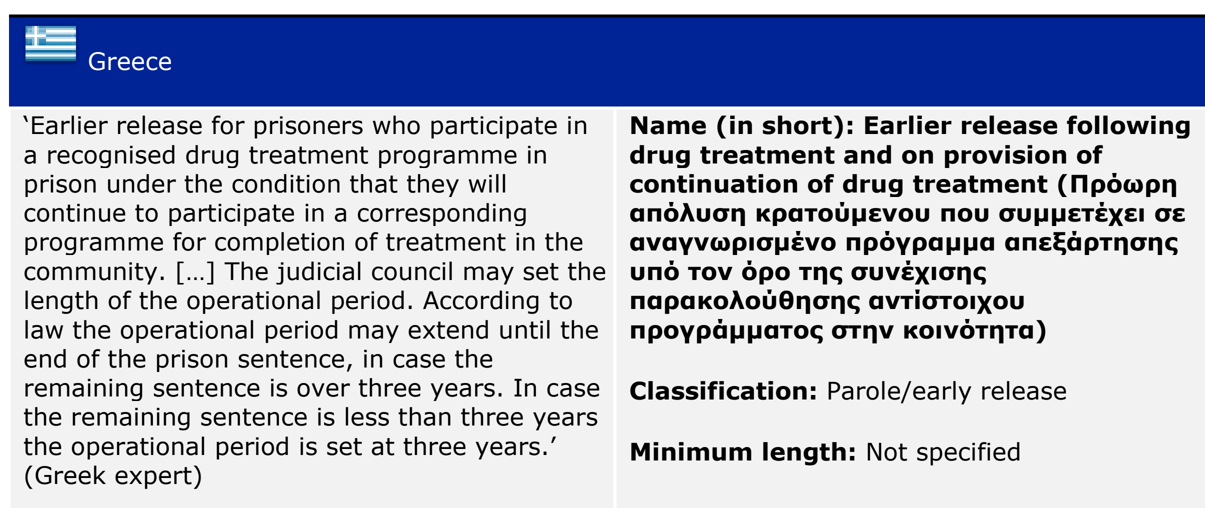
Figure 4.8: Maximum length of ACS with drug treatment as central component, as specified in law or guidance



NOTE: The numbers in brackets represent the number of member states that reported on maximum length.

There was a variety of responses by interviewees regarding the typical length of the ACS as ordered by the relevant professional (e.g. court, prosecutor, etc.). In several cases it was mentioned that no data were available regarding these practices, while in other cases, for example for some ACS in Belgium, Romania and Luxembourg, the typical length depended on particular characteristics for each case such as the severity of the offence. In Germany there was no specific legal provision to determine the length of treatment provided under 'suspended prison sentence combined with therapy instruction', and as such 'the length of therapy is up to the therapy institutions which are available for the treatment of drug addiction.' (German expert).

Box 4.12: Example from Greece


Greece

'Earlier release for prisoners who participate in a recognised drug treatment programme in prison under the condition that they will continue to participate in a corresponding programme for completion of treatment in the community. […] The judicial council may set the length of the operational period. According to law the operational period may extend until the end of the prison sentence, in case the remaining sentence is over three years. In case the remaining sentence is less than three years the operational period is set at three years.' (Greek expert)	**Name (in short): Earlier release following drug treatment and on provision of continuation of drug treatment (Πρόωρη απόλυση κρατούμενου που συμμετέχει σε αναγνωρισμένο πρόγραμμα απεξάρτησης υπό τον όρο της συνέχισης παρακολούθησης αντίστοιχου προγράμματος στην κοινότητα)** **Classification:** Parole/early release **Minimum length:** Not specified

	Maximum length: 5 years or more[21] **Stage of the Criminal Justice System:** Execution of sentence

4.10 What happens when offenders do not comply with the conditions of ACS imposed?

For most of the ACS included in this study, including those ACS with drug treatment as the central component, the offender could be prosecuted for the original offence and/or could be prosecuted for the breach when s/he does not comply with the conditions of the ACS imposed. A prison sentence may then follow, depending on the nature of the original or new (i.e. when offender further offended) offence type.

While breach may result in imprisonment, experts commonly reported that decision makers had discretion regarding the response to the breach (e.g. this was the case when the ‘Compulsory treatment’ in Slovakia is breached). Some ACS require several steps before the offender is given another ACS or re-sentenced to imprisonment. For example, in Spain, breaches of ‘Special sentence suspension for drug users’ and ‘Surveillance in the community with drug treatment requirement’ are monitored firstly by the treatment centre and repeated non-compliance is reported to the probation officer, who arranges two to three interviews with the offender. If this is unsuccessful the case is ultimately reported to the judge, who may issue a warning, and as a last resort, may sentence the offender to prison instead.

[21] Note that the Greek expert clarified in an email that it is more accurate to state ‘three years or more’. Since this would not fall under the existing categories, it is placed under the broader heading of ‘five years or more’.

5. STATISTICS ON THE USE OF ACS

Summary of key points:

- Member state experts were asked to collect data on the use of ACS in their country, where possible including data on use, completion rates and characteristics of the offence type and offender for which the alternative was used.
- Overall, for ACS as included in this study, 27 member state experts indicated that some data on use were available, with data mainly being available regarding the number of times an ACS was used.
- However, completeness of the data varied considerably and data were in most cases not of high quality, a limitation acknowledged by member state experts. Different sources were used, varying from national focal point or national statistics to data obtained from interviewees.
- Data on completion rates were only available for 19 of the 108 ACS as included in this study.
- Findings from this study correspond with those from previous research regarding limited data available on the use of ACS in practice.
- As such, it is not possible to compare data or provide trends across member states, and case studies for different ACS types are presented instead in this chapter.
- The picture that emerges where statistics are available is that, in many cases, ACS are being issued to a small number of offenders, although the data provided do not allow comment on the proportion of cases or drug-using offenders receiving ACS.

5.1 Collecting statistics on ACS

Member state experts were asked to collect data on the use of ACS in their country. In particular, they were asked to provide, where possible, data on:

- The number of times each ACS has been used, if possible broken down by year for a period of five years (starting in 2010, or the most recent five years available).
- The proportion commenced that are successfully completed, if possible broken down by year for a period of five years (starting in 2010, or the most recent five years available).
- The offence types for which the ACS has been used, if possible broken down by year for a period of five years (starting in 2010, or the most recent five years available).
- The characteristics of the suspects/offenders who have received each ACS, if possible broken down by year for a period of five years (starting in 2010, or the most recent five years available). This information could include nature of their drug problem, age, gender, etc.).

In addition, experts were invited to report on any other relevant data or statistics about the ACS available in their member states.

Experts were instructed that possible data sources could include, but were not limited to, official statistics as published by national or local government, police, probation or treatment services' statistics or statistics provided by NGO or voluntary organisations.

Member state experts were asked to indicate the source of any statistics reported, including by whom, how, and how frequently these data were collected, what definitions, counting rules or other elements were applied to compile the data and what the main limitations were of the data. This information then helped the research team understand

and assess the quality, reliability, completeness and comparability of the available statistics, and their main limitations.

5.2 Overview of ACS for which data were provided

As a first step in the analysis of the statistics provided, only ACS included for this study (n=108) were taken into account. The second step involved only including those ACS for which (some) statistics were reported by experts (n=79). An overview of the data availability for the included ACS is provided in Table 5.1.

Table 5.1: Overview of statistics provided related to ACS

Data availability	Total
Total number of included ACS for which some data were available	79[i]
Data on the number of times an ACS has been used	78
Data on the proportion of ACS commenced that are successfully completed	19
Data on the offence types for which the ACS has been used	39
Data on the characteristics of the suspects/ offenders who have received each ACS	32
Other relevant data or statistics	21

NOTE: The numbers provided in this table do not add up to the total number of included ACS for which statistics are available (79). For some ACS, data on all requested elements was available while for others data was available for one or some of the elements.

Table 5.2 outlines a more detailed overview of the included ACS for which (some) statistics are available. **Please note that there are differences in the level of detail and quality of statistics provided.** As such, if a member state has data on completion rates, for example, it may vary between member states as to whether this is complete or partial data (both are classified as 'yes' in Table 5.2 to indicate that there is at least partial data available). Furthermore, data are not available on the number of ACS issued relative to the total number of sanctions issued in each member state.

Table 5.2: Included ACS for which (some) statistics were provided by member state experts, by member state

Member state	ACS name	ACS categorisation applied for this study	Data on use	Data on completion rate	Data on offence type	Data on offender characteristics
Austria	Preliminary abandonment from prosecution by public prosecution department	Drug treatment	Y	Y	N	N
Austria	Preliminary stop of proceedings by court	Drug treatment	Y	Y	N	N
Austria	Suspension of the execution of the sentence	Drug treatment	Y	N	N	N
Belgium	Dismissal with referral	Diversionary measure	Y	Y	Y	N
Belgium	Praetorian probation ('praetorian' can be defined as 'with conditions')	Suspension of investigation/prosecution	Y	N	N	N
Belgium	Mediation	Suspension of investigation/prosecution	Y	Y	Y	N
Belgium	Suspension / deferral of the delivery of the sentence	Suspension of sentence	Y	N	N	N
Bulgaria	Probation	Probation	Y	N	Y	Y
Croatia	Conditional sentence	Suspension of sentence	Y	Y	N	Y
Cyprus	The Protocol of Cooperation For the Referral of Young Offenders to approved Treatment Centres (suspension of prosecution)[a]	Suspension of investigation/prosecution	Y	Y	Y	Y
Czech Republic	Quasi-compulsory ('protective') treatment (of drug addiction)	Drug treatment	Y	N	Y	Y
Czech Republic	Appropriate obligation to undergo treatment of addiction to addictive substances, which does not qualify as quasi-compulsory treatment	Drug treatment	Y	N	Y	Y

Member state	ACS name	ACS categorisation applied for this study	Data on use	Data on completion rate	Data on offence type	Data on offender characteristics
	(AOT)					
Czech Republic	Appropriate restriction to refrain from consuming alcoholic drinks or other addictive substances (ARC)	Restriction of liberty	Y	N	Y	Y
Denmark	No Further Action/ Warning/Withdrawal of Charges	Caution/warning/no action	Y	N	N	N
Denmark	Suspended sentence	Suspension of sentence	Y	N	N	N
Denmark	Suspended sentence (with conditions of community service)	Suspension of sentence	Y	N	N	N
Denmark	Leave from prison and transfer to another institution	Drug treatment	Y	N	N	N
Denmark	Alternative to imprisonment	Restriction of liberty	Y	N	N	N
Estonia	Substitution of imprisonment by treatment	Drug treatment	Y	Y	Y	Y
Estonia	Probation with subjection of offender to supervision of conduct	Suspension of sentence	Y	Y	Y	Y
Finland	Waiver of measures	Caution/warning/no action	Y	N	Y	N
Finland	Treatment Referral by the Police	Diversionary measure	Y	N	Y	N
Finland	Community Sanctions	Community work	Y	N	Y	Y
Finland	Monitoring Sentence	Restriction of liberty	Y	N	Y	Y

Member state	ACS name	ACS categorisation applied for this study	Data on use	Data on completion rate	Data on offence type	Data on offender characteristics
France	Cautions and warnings (with or without a convocation notice)	Caution/warning/no action	Y	N	N	Y
France	Therapeutic Injunction/ Mandatory treatment	Drug treatment	Y	N	Y	N
France	Awareness Course on the dangers of drug use	Drug treatment	Y	N	Y	Y
Germany	Refraining from prosecution / ending the proceedings	Suspension of investigation/prosecution	Y	N	N	N
Germany	Refraining from accusation / suspending the proceedings	Suspension of investigation/prosecution	Y	N	N	N
Germany	Suspended prison sentence combined with therapy instruction	Drug treatment	Y	N	N	N
Germany	Custodial addiction treatment order	Drug treatment	Y	N	Y	Y
Germany	Deferment of the execution of a sentence	Suspension of sentence	Y	N	N	N
Greece	Serving part of the prison sentence at the Detention Centre for Drug Dependent Prisoners	Parole/early release	Y	Y	N	Y
Greece	Earlier release from prison for prisoners who participate in in a recognised drug treatment programme in prison, under the condition to continue participating in a corresponding programme in the community	Parole/early release	Y	Y	N	N
Hungary	Postponement of indictment	Suspension of sentence	Y	N	Y	N
Hungary	Termination of investigation	Suspension of investigation/prosecution	N	N	Y	N

Member state	ACS name	ACS categorisation applied for this study	Data on use	Data on completion rate	Data on offence type	Data on offender characteristics
Hungary	Conditional sentence	Suspension of sentence	Y	N	N	N
Ireland	Drug Treatment Court	Drug Court	Y	Y	Y	Y
Italy	Probation for special cases (so called 'therapeutic probation')	Drug treatment	Y	Y	N	Y
Italy	Suspension of the execution of the custodial sentence	Suspension of sentence	Y	N	N	N
Italy	Substitute community service	Community work	Y	N	N	N
Italy	House arrest at the domicile of the drug (or alcohol) addict	Restriction of liberty	Y	N	N	N
Lithuania	Suspension of a Sentence	Suspension of sentence	Y	N	N	N
Lithuania	Restriction of Liberty	Drug treatment	Y	N	N	N
Luxembourg	Deferred sentence with probation	Suspension of sentence	Y	N	N	N
Luxembourg	Suspended sentence with probation	Suspension of sentence	Y	Y	Y	Y
Luxembourg	Conditional release	Parole/early release	Y	Y	N	Y
Luxembourg	Day parole	Intermittent custody	Y	Y	N	Y
Malta	Probation order	Probation	Y	N	Y	Y
Netherlands	Dismissal	Suspension of investigation/prosecution	Y	N	N	N

Member state	ACS name	ACS categorisation applied for this study	Data on use	Data on completion rate	Data on offence type	Data on offender characteristics
Netherlands	Conditional suspension of pre-trial detention (remand)	Suspension of investigation/prosecution	Y	N	N	N
Netherlands	Conditionally suspended sentence (fine, community service order and custodial sentence)	Suspension of sentence	Y	N	N	Y
Netherlands	ISD measure: placement in institution for repeat offenders	Drug treatment	Y	N	N	Y
Netherlands	Life style training (cognitive behavioural training for offenders with addiction problems, aiming at relapse prevention)	Drug treatment	Y	N	N	N
Poland	Suspension of investigation (with the purpose to undergo therapy)	Suspension of investigation/prosecution	Y	N	N	N
Portugal	Temporary suspension of administrative proceedings	Drug Addiction Dissuasion Committees	Y	N	Y	Y
Portugal	Suspension of the determination of the sanction	Drug Addiction Dissuasion Committees	Y	N	Y	Y
Portugal	Suspension of the enforcement of the sanction	Drug Addiction Dissuasion Committees	Y	N	Y	Y
Portugal	Warning notice	Drug Addiction Dissuasion Committees	Y	N	Y	Y
Romania	The inclusion in an consumer's integrated assistance program	Drug treatment	Y	N	Y	Y
Romania	Postponing the application of the penalty/ Suspending the execution of the penalty	Suspension of sentence	Y	N	Y	N
Slovakia	Waiver of punishment	Suspension of investigation/prosecution	Y	Y	Y	N

Member state	ACS name	ACS categorisation applied for this study	Data on use	Data on completion rate	Data on offence type	Data on offender characteristics
Slovakia	Conditional waiver of prosecution	Suspension of investigation/prosecution	Y	N	Y	N
Slovakia	Suspended Imprisonment Sentence for a Probationary Period	Suspension of sentence	Y	N	Y	N
Slovakia	Suspended Imprisonment Sentence for a Probationary Period with Supervision	Suspension of sentence	Y	N	Y	N
Slovakia	Compulsory treatment	Drug treatment	Y	N	Y	N
Slovenia	Suspended sentence with custodial supervision	Suspension of sentence	Y	N	N	N
Spain	Surveillance in the community with drug treatment requirement	Drug treatment	Y	N	N	Y
Spain	Detention in a drug treatment centre	Drug treatment	Y	N	N	Y
Spain	Residential treatment in a drug centre	Parole/early release	Y	N	N	N
Sweden	Probation with a special order about treatment	Probation	Y	N	Y	Y
Sweden	Probation with a special treatment plan (Contract care)	Drug treatment	Y	N	Y	N
Sweden	Intensive supervision with electronic monitoring	Restriction of liberty	Y	N	Y	N
Sweden	Stay in care	Drug treatment	Y	N	Y	N
United Kingdom	Cannabis/khat warning (England and Wales)	Caution/warning/no action	Y	NA	Y	N

Member state	ACS name	ACS categorisation applied for this study	Data on use	Data on completion rate	Data on offence type	Data on offender characteristics
United Kingdom	Conditional caution (England and Wales)	Caution/warning/no action	Y	Y	Y	Y
United Kingdom	Arrest referral/liaison and diversion	Diversionary measure	Y	N	N	N
United Kingdom	Drug Rehabilitation Requirement (England and Wales)	Probation	Y	Y	Y	N
United Kingdom	Drug Treatment and Testing Order (Scotland)	Drug treatment	Y	Y	N	Y
Total			78	19	39	32

NOTE:
[a] According to the Cypriot expert: 'This alternative, which is the main alternative available to drug offenders in Cyprus, covers young offenders aged 14-24 arrested for the first time for drug use only. This means that this alternative covers only part of what the study wants to cover'

For the majority of ACS, spanning 27 member states,[22] at least some data was provided, mainly with regard to the number of times an ACS was used in one or more years. Sources ranged from national statistics, Reitox focal point data and court data, to data obtained from interviewees or academic articles.

Overall, the quality, completeness and comparability of the data varied, for example:

- Data were reported for only a few years (e.g. for the suspension of the execution of the custodial sentence in Italy where data were available for 2010 and 2011).
- Numbers were obtained through other sources than national statistics, for example, through interviews (e.g. in the case of the 'Protocol of Cooperation For the Referral of Young Offenders to approved Treatment Centres' in Cyprus, which was based on interviews and desk research).
- Data were provided for one city or area only (e.g. data on therapeutic injunction/mandatory treatment in France covered Paris only; for the Spanish ACS, some data referred to Spain and some to Catalonia).
- Data were provided in an aggregated form through combining different ACS (e.g. 'Preliminary abandonment from prosecution by public prosecution department' and 'Preliminary stop of proceedings by court' in Austria were taken together when providing completion rates).
- The numbers of drug-using offenders receiving the sentences could not always be distinguished within the data provided (e.g. in Spain where statistics were provided on the total numbers of offenders receiving 'surveillance in the community', and did not distinguish between those receiving the condition to undergo a drug treatment requirement and/or detention in a drug treatment centre).

The member state experts acknowledged the lack of comprehensive statistics and clearly noted these limitations in their questionnaires. The limited availability and generally low quality of data on the use of ACS is in line with the limited evidence found as to the effectiveness of ACS (Chapter 7).

Given the variation in data provided in relation to those 79 ACS for which any information was available, and difficulties in making comparisons, generalisations or analysing trends on that basis, this report describes four ACS for which data were available in more depth, in the form of case studies.

5.3 Case studies on statistics regarding use in practice

Box 5.1: Developments in cannabis warnings given in England and Wales (2006-2014)

ACS name: Cannabis warning (no separate data are available on the number of khat warnings given)

Description: See Box 4.11.

Categorisation for this study: Caution/warning/no action

Key data available: Use and offence type (although the latter is in line with numbers of use since this warning can only be imposed for offence type, namely possession of cannabis). Data on completion rates are not applicable for cannabis/khat warnings.

[22] Latvia provided data related to an ACS that was excluded from the study.

Source: Criminal Justice Statistics Quarterly Update, Ministry of Justice

Limitations of the data as indicated by the expert: There is no separate data provided for khat warning

Year(s): 2006-2014

Number of cannabis warnings 2006-2014:

- 2006: 77,400
- 2007: 99,500
- 2008: 108,300
- 2009: 91,200
- 2010: 82,400
- 2011: 80,000
- 2012: 70,100
- 2013: 65,800
- 2014: 50,300 (the 2014 cannabis warning figures were provisional pending Home Office validation)

Comments made by the member state expert regarding these developments:

'The use of the cannabis warning has declined in recent years, reaching its lowest ever level in 2014. This may be due to a number of factors, including:

- A decline in the number of people using cannabis in England and Wales.
- A decline in the use of stop-and-search [by the police] following national guidance (Best Use of Stop and Search[23]) that has reduced the numbers of such interventions.
- A decline in the number of police officers on the streets, following the [budget] cuts that have taken place since 2010.
- The end of the use of performance management targets for 'sanction detections' in 2008. It has been suggested by one of the expert's interviewees that such targets incentivised police officers to issue cannabis warnings, as they were a time-efficient way of achieving a sanction detection.' (UK expert)

Box 5.2: The use of therapeutic probation in Italy in 2010-2014

ACS name: Probation for special cases (so called 'therapeutic probation')

Categorisation for this study: Drug treatment

Description: See Box 4.10.

Key data available: Use, completion rates and characteristics of offenders

Source: National sentencing statistics, Ministry of Justice

Limitations of the data as indicated by the expert: It is not indicated for what type of offence the ACS was imposed

[23] For more information, see UK Home Office (2014).

Year(s): 2010-2014

Trends in use of therapeutic probation:

- Trends were presented for both drug and alcohol addicted prisoners/offenders. Separate numbers for drugs addicted offenders only could not be given.
- Trends in use were distinguished between prisoners and offenders receiving the ACS. The latter refers to those directly admitted to the ACS without spending time in prison first.
- The total number of therapeutic probation orders per year for drug or alcohol addicted prisoners increased from 2,863 in 2010 to 3,552 in 2014, and for drug or alcohol addicted offenders from 1,679 in 2010 to 1,899 in 2014.
- The completion rates were stable throughout those years for both prisoners and offenders, with completion rates being slightly higher for those directly admitted to the ACS, without spending time in prison (around 92-95% compared to 88-90% for prisoners).[24]
- The ACS was mainly imposed on prisoners/offenders in the age category 26-50, and the majority (~90%) were Italian males

Box 5.3: Compulsory treatment in Slovakia 2010-2014

ACS name: Compulsory treatment

Categorisation for this study: Drug treatment

Description: 'Compulsory treatment is ordered by the court based on an assessment by an expert. Compulsory treatment can be imposed by the court separately, alongside a sentence or waiver of punishment. Compulsory treatment is not a punishment but a "Protective Measure". The compulsory treatment can be carried out in prison or at liberty in medical establishments or as an out-patient or hospitalised patient. Compulsory treatment shall be provided for as long as it is required for the attainment of its purpose. Compulsory treatment imposed upon the offender abusing a habit-forming substance who committed the criminal offence under its influence or in connection with its abuse may, however, be discontinued if it becomes evident during the treatment that its purpose may not be fulfilled. The decision on discharging the person from protective treatment shall be taken by the court.' (Slovak expert).

Key data available: Use and offence type

Source: National sentencing statistics, Ministry of Justice

Limitations of the data as indicated by the expert: Sources from the Ministry of Justice present 'possible errors', for example due to the incorrect selection of the type of compulsory treatment (out-patient versus institutional drug treatment) (Slovak expert)

Year(s): 2010-2014

[24] The current study acknowledges that this is a high completion rate. No further explanation for these high rates was provided in the questionnaire.

Trends in use of compulsory treatment:

- The number of compulsory treatment cases decreased slightly from 307 in 2010 to 256 in 2014.[25]
- Compulsory treatment was mainly imposed for drug crimes and theft, together representing around 70% of the cases.

Comments made by the member state expert regarding these developments: '[I]n the vast majority of cases, compulsory treatment is imposed together with a conditional or non-conditional custodial sentence. The possibility of imposing compulsory treatment and waiving the further punishment of a drug-addicted offender is used only minimally. The possibilities of imposing Community service work and a Pecuniary penalty [fine] together with compulsory treatment are similarly very little used.'

Box 5.4: The use of the Drug Treatment Court in Ireland 2001-2014

ACS name: Drug Treatment Court (DTC)

Categorisation for this study: Drug Court

Description: 'The Drug Treatment Court is a specially established court to deal with offenders whose criminal behaviour is as a result of or related to their dependence on illegal drugs. Its aim is to help participants develop their personal resources so that they make improvements in their lives, including access drug treatment and educational services as well as staying out of trouble. The programme is led by a District Court Judge and is supported by the Courts Service, An Garda Siochana (Police), City of Dublin Education and Training Board, The Health Service Executive, the Probation Service and the Health Research Board.' (Irish expert).

Key data available: Use, completion data, offence type and offender characteristics

Source: Court Service, Ireland (also using the unpublished Support and Advisory Committee 2013 Report on the Drug Treatment Court)

Limitations of the data as indicated by the expert: Data gathered primarily for the internal purposes of the Drug Treatment Court

Year(s): 2001-2014

Trends in use of compulsory treatment:

- Over the period 2001-2014, a total of 682 offenders were referred to the Drug Treatment Court.
- Over this period, the numbers varied between 25, which was on the lower end (2004), and 94, which was the highest number (2013).
- According to the Irish expert, 'even in the absence of data showing the total number of drug-related offenders in the areas of Dublin covered, the level of referrals to the DTC remains very low.' (Irish expert).
- Of the offenders referred to the DTC between 2001 and 2009, '174 (47%) were found to be unsuitable for the programme during the assessment phase. A total of 200 progressed from assessment to Phase 1 of the programme. However, of those

[25] The reasons for this decrease are not known. For example, it could have been because of a decline in the number of arrests. This information was not available.

200, only 29 participants (14%) graduated from the programme during this period. […] Following a review of the DTC in 2010, which highlighted the low numbers referred to and graduating from the court, the Department of Justice in that review, made a number of recommendations to improve the situation. One of these recommended called for an extension of the catchment area. […] Following the extension of the DTC catchment area, there has been a significant increase in the numbers referred in 2012 and 2013 but this fell back in 2014 […]. During this period, there has also been an increase in the numbers deemed unsuitable.' (Irish expert).

- Since the establishment of the DTC in 2001, only 40 offenders completed all three phases of the programme (with successful completion being achieved when the offender is drug free and not involved in criminal behaviour).
- The 2010 review of the DTC by the Department of Justice reported the following: Of the 200 referrals deemed suitable for the DTC programme up until then, 29 (14%) graduated, 131 discharged without completing all phases of the programme, and 39 were still engaged in one of the three phases of the programme […] A further 5 were in assessment.
- 'Although few participants have graduated successfully, their involvement in the DTC has brought about numerous positive benefits.' (Irish expert). 'The progress of participants is measured across a number of different metrics during their participation in the programme, with credits being awarded throughout for pro-social behaviours exhibited. The DTC has three phases – Bronze, Silver and Gold – with Gold being achieved by those participants who refrain from use of all harmful and illegal drugs. Silver level graduation is granted to those people who stop using all illegal or harmful drugs except for cannabis.' (Irish expert). Between 2010 and 2014, there were 16 gold level graduates and between 2012 and 2014 there were 6 silver graduates (no data available for bronze).
- For the 2013 review of DTC, 51 referrals were analysed of which the majority of cases were linked to theft from a commercial property or public order cases.
- Of those 554 referred to the DTC between 2001 and mid-September 2012, the majority (77.7%) were men. Of the 40 who graduated, 87.5% were men and 12.5% were women.
- As of September 2012, the average age of admission was 30.4, 'with the average age at graduation being 32.4.' (Irish expert).

6. THEMATIC ANALYSIS OF THE USE OF ACS IN PRACTICE

This section of the report presents findings on the use of ACS in practice, according to member state experts. It examines the reported frequency of use and presents a thematic analysis of reasons for use (and non-use) of ACS.

Summary of key points:

- There were considerable differences between member states in reported frequency of use of ACS.
- Reasons for use of ACS related to decision-maker beliefs and practices, administrative, legislative and contextual factors.
- Decision-maker beliefs and practices that reportedly affect use of ACS include: individual beliefs about the nature of drug use and attitudes towards drug users; awareness or knowledge about available ACS; and ability to assess offender compliance.
- Administrative factors, such as the availability of resources, bureaucratic procedures, and relationships between relevant systems could also influence the extent to which ACS were used.
- Use in practice was also shaped by legislative factors, such as changes to legislation, discretion afforded to judges, and restrictive or absent legislation.
- Changes to policy or practice—either directly or indirectly related to the ACS (and in some cases governed by public opinion) could also determine patterns of use.

6.1 Frequency of use of ACS in practice

The questionnaire completed by member state experts asked about:

- The frequency of use of each ACS in practice
- Why the ACS was used, or not
- Perceived advantages/disadvantages of ACS.

These sections of the questionnaire allowed the experts to enter 'free text' responses. Member state experts were asked to complete these sections based on their own knowledge, the views of the people they interviewed and official statistics. Only a minority of experts were able to base their assessments on official statistics (as these were often unavailable), although it was not always clear from expert responses when this was the case.

In order to provide an overview of the frequency of use, the research team classified each ACS into one of the following categories: 'used widely', 'used occasionally', 'hardly ever used', or 'never used'. This categorisation involved analysing experts' free-text responses about frequency of use. It is noted however that these comments were subjective and it was not always clear whether frequency related to relative or absolute figures (e.g. some may have judged an ACS to be frequently used compared to other sanctions, whilst others might have described the frequency as an absolute value and determined that it was infrequently used). Although the research team also attempted to corroborate this information with statistics provided by experts where this was available,

the lack of comparability means that the data is only able to provide an indicative estimate of use in practice. This is shown in Table 6.1

It should be noted that use was not static over time and that experts reported changing trends in the extent to which ACS were used in practice. Table 6.1 shows there were considerable differences between and within member states with regard to frequency of use of specific ACS (n=108). For example, drug treatment and suspension of sentence were reported to be used widely by some experts and reported to be hardly ever used by others.

The wider context is important in understanding whether the use of ACS is actually changing in practice relative to other sentences. For example, while use of drug treatment in Spain ('Surveillance in the community with drug treatment requirement') has been reportedly falling according to official statistics, the expert indicated that prison and community sentences have also declined at a similar rate, meaning that use of drug treatment is relatively stable.

Table 6.1: Use of each ACS in practice (as classified by the research team)

	Used widely	Used occasionally	Hardly ever used	Never used	Not specified	Total
Caution/warning/no action	1	3	1	0	0	5
Diversionary measure	0	1	2	0	1	4
Drug Addiction Dissuasion Committees[26]	1	0	3	0	0	4
Suspension of investigation/prosecution	3	6	5	0	2	16
Suspension of court proceedings	3	0	1	1	0	5
Suspension of sentence	5	8	6	1	1	21
Drug Court	1	0	1	0	0	2
Drug treatment	4	8	11	1	2	26
Probation	1	2	0	0	1	4

[26] As mentioned in Section 4.1, CDTs are a mechanism, not an ACS as such. Within these CDTs, different measures can be offered, of which four were included for this study. As such, the data in this table refer to specific measures offered by CDTs, rather than the overall use of CDTs. The measure classified as being used widely, based on questionnaire responses is 'Temporary suspension of administrative proceedings'. 'Suspension of the determination of the sanction', 'Suspension of the enforcement of the sanction' and 'warning notice' are used less frequently.

Community work	0	0	3	0	0	3
Restriction of liberty	0	2	3	0	0	5
Intermittent custody	0	0	0	0	1	1
Parole/early release	0	5	4	1	1	11
Other	0	0	1	0	0	1
Total (%)	19 (18%)	35 (32%)	41 (38%)	4 (4%)	9 (8%)	108 (100 %)
Total number of member states that reported on use in practice for particular ACS	12	14	22	3	6	28

6.2 Reasons why ACS were and were not used in practice

Member state experts reported a broad set of reasons for the use and non-use of ACS. Based on a thematic analysis of qualitative responses by member state experts (the process of analysis was described in Section 2.1), the research team identified the following themes in relation to barriers to, and facilitators of, the use of the ACS:

- Decision-maker beliefs and practices
- Administrative factors
- Legislative factors
- Contextual factors.

These four themes were reported to be facilitators of the use of ACS in some instances (e.g. less restrictive legislative terms, such as increasing the number of offences eligible to receive an ACS), and barriers in other cases (e.g. reducing the number of offences eligible to receive an ACS). Experts often reported multiple factors that worked in combination to inhibit or facilitate use. For example, judges may prefer to issue a suspended sentence both because it was believed to lessen burden on the criminal justice system and because of wider cultural practices that acknowledge drug addiction as a health issue.

Decision-makers' beliefs and practices

Experts interviewed a wide range of professionals who were responsible for offering ACS, including judges, prosecutors and police. Experts indicated that these professionals often had discretion in their sentencing practices and that the exercise of this discretion was shaped by personal and organisational beliefs and practices.

Understanding of the nature of drug use, and attitudes towards drug users, among judges and criminal justice professionals was perceived by experts to affect the use of ACS. For example, experts reported that judges and prosecutors used particular ACS because they were seen as allowing drug dependent offenders to receive treatment (e.g. drug treatment in Sweden ['Contract care'] and suspended sentences in Denmark ['Suspended sentence with community service']).

In Austria, it was reported by the expert that drug treatment ('Preliminary stop of proceedings by court') was used frequently by judges who perceived drug addiction as an illness that required a medical rather than punitive response. A similar situation was reported more generally in the case of Portugal and the Netherlands, where a harm reduction approach underpins the response to drug-using offenders – characterised by medical care as opposed to penal sanctioning.

By contrast, suspended sentences ('Conditional sentence') in Croatia were reported by the expert (and confirmed in statistics) to be used less frequently than community work ('Community Service')[27] because judges reportedly held punitive attitudes toward drug users, and they regarded community work as a more severe sanction. Similar reasons for infrequent use of ACS were reported for drug treatment in Greece ('Suspension of the arrest warrant' and 'Postponement from prosecution for offenders who participate in a drug treatment programme'; no official statistics available) and in the Czech Republic ('Appropriate obligation to undergo treatment of addiction to addictive substances, AOT'; reflected in official statistics).

Use was also shaped by practical considerations about the suitability of ACS for certain offenders.

For example, experts in the Czech Republic (Quasi-compulsory treatment) and Estonia (Substitution of imprisonment by treatment) reported that judges and prosecutors refrained from using ACS with treatment options because of concerns that the offender would not co-operate with treatment components.

In Poland, the expert highlighted how **organisational and performance monitoring arrangements** can affect individual decisions to administer ACS. The expert indicated how a performance culture operated in the Polish prosecution system, which is organised in a hierarchical structure. This reportedly means that supervisors have significant influence over subordinates, allowing them little discretion. Within this context, prosecutors are evaluated based on certain criteria. One example is suspension of investigation/prosecution ('Suspension of investigation [with the purpose to undergo therapy']). According to the expert 'having too many suspended investigations is often considered by the superiors to be a proof that a given prosecutor is inefficient, and may bring for him/her negative consequences', which has therefore curtailed the use of this ACS.

There was also a reported **lack of awareness or knowledge** among judges and prosecutors about the ACS that were available which resulted in their limited use. This was reported to be the case for drug treatment in the Czech Republic (AOT; ARC), the 'Drug Treatment Court' in Ireland, and suspension of investigation/prosecution in Greece ('Suspension of the arrest warrant' and 'postponement from prosecution for offenders who participate in a drug treatment programme') and Poland ('Suspension of investigation with the purpose to undergo therapy'). In Poland, this situation was attributed to a lack of training available for both prosecutors and judges.

The use of ACS could also be affected by how easy it is to **assess offender compliance**. Overall, and as seen in Chapter 5, data regarding completion rates was only available for 19 out of 108 ACS included in this study, and almost no information was provided regarding the time (in terms of total days, weeks or months) of the ACS that had typically been served before it is breached. If information was available this was

[27] 'Community Service' in Croatia was excluded from the final analyses because it can be applied to all offenders and is not specific to drug-using offenders.

mainly based on interviewee responses, which indicated that ACS were primarily breached in their early stages.

In Bulgaria, one of the difficulties faced by the probation service in dealing with drug-dependent offenders was that, apart from conducting an interview with the offender, there were no other means of assessing whether the offender continued to use drugs. In contrast, restriction of liberty (‘house arrest’) in Italy was reportedly relatively easy to monitor because the police played a central role in ensuring that offenders remained in the therapeutic facilities. However, for the majority of other ACS where drug treatment formed the central component, experts indicated that breach was specific to the conditions of a particular treatment programme. Assessment of compliance is therefore dependent on reports from the treatment centre, for example suspended sentences in Austria (‘Suspension of execution of the sentence’). This became even more problematic where communication between the court, the treatment provider and the offender was not always present, as reported in relation to drug treatment in the Czech Republic (‘QCT’) (the quality of relationships between different relevant systems is discussed in greater detail as an ‘administrative factor’ below). Poor assessment of compliance can therefore undermine judges’ confidence in the delivery of an ACS, which when combined with other barriers may result in limited use.

Even where there were no reported difficulties in co-ordination between services, a **lack of clarity about what successful completion of a sentence meant** in practice could also inhibit use. For example, judges interviewed by the French expert were reported to have expressed uncertainty about whether drug treatment (‘awareness course’) has been successfully completed, since participants could attend the course without paying attention. In this example, while attendance might be used as an outcome measure to indicate success, there was no way of knowing whether the offender had actually achieved anything from attending the course. In such instances where it is difficult to assess compliance, some judges may be reluctant to issue the ACS.

Administrative factors

Many reported barriers and facilitators to use of ACS related to administrative elements across the criminal justice system and other key partners.

The availability of resources was regarded by experts as a significant factor in decisions about offering ACS. This referred to both financial resources and the availability of facilities to support the execution of the ACS. In Denmark, the use of restriction of liberty (‘alternative to imprisonment’) was reported in statistics to have fallen by approximately 50 per cent since 2007, which the expert attributed to the fact that the municipality have to pay for treatment outside of prison (with the implication that judges may face pressures not to use this ACS if local resources are constrained).[28] In Austria, some judges reportedly refrained from using suspension of sentences ('suspension of the execution of the sentence') for serious drug addicts because the criminal justice system only funds the treatment for six months. Thereafter, the offender has to make an application for federal funding, but this is not guaranteed, and therefore may not be considered appropriate for drug users with histories of repeated drug addiction.

Relatedly, the availability of treatment facilities could affect the use of ACS according to experts. In Bulgaria, a lack of human and financial resources was reported by the member state expert as barriers to using ‘Probation’ for drug-dependent offenders.

[28] A similar point was made by a Finnish representative at the EMCDDA legal correspondent’s network, who described how the use of ACS could sometimes depend on whether they were funded centrally or locally.

Parole/early release in Latvia ('Release from Punishment or Serving of Punishment'), as well as drug treatment in Estonia ('Substitution of imprisonment by treatment'), and community work in Italy ('substitute community service') were reportedly hardly ever used, with one of the reasons being a lack of suitable treatment centres for drug addicts. In Finland, decreasing budgets have meant that there are insufficient personnel to escort prisoners to treatment, which has partly explained decreased use of parole/early release ('rehabilitative activities'). In such cases, it is possible that judges may be reluctant to send drug addicts to treatment when they are aware of limited places and long waiting lists.

Bureaucratic procedures associated with some ACS were also regarded by experts as barriers to use. For example, drug treatment ('Contract care') in Sweden required clearance from Social Services when they had to finance certain aspects of treatment, which was regarded by the expert as time consuming and complex. Similar instances were reported for suspension of court proceedings in Austria ('Preliminary stop of proceedings by court'), suspension of sentence ('Suspended sentence with custodial supervision') in Slovenia, and drug treatment in Greece ('Serving part of the prison sentence at the Detention Centre for Drug Dependent Prisoners') and the Czech Republic ('QCT'). In Germany, suspension of investigation/prosecution ('suspension of proceedings') entailed a lengthy bureaucratic procedure:

'The suspension of proceedings requires a complete investigation of the offence on the one hand and on the other checking the beginning and monitoring the continuation of a drug therapy. If the treatment fails or is interrupted, the prosecution has to start again. This often means double work and therefore usually hinders the public prosecutor to apply this alternative.' (German member state expert)

Likewise, suspension of investigation/prosecution ('Suspension of investigation with the purpose to undergo therapy') in Poland was reluctantly used by prosecutors because of concerns about creating additional delays in the criminal justice system. Specifically, the Polish expert indicated that prosecutors were under pressure from supervisors to make the investigation stage more expedient and that anything that delays the final decision – such as suspension of investigation – may result in a negative evaluation of the prosecutor. This links to the aforementioned challenges associated with performance monitoring arrangements that can affect use of ACS.

Suspension of investigation/prosecution ('Praetorian probation') in Belgium was regarded as an ACS that was easy to administer relatively quickly as the drug user could be sent to treatment instead of having to go through a potentially lengthy court process.

Relationships between relevant systems could also influence whether ACS were used in practice. A reported absence of co-ordination between institutions (specifically the judiciary and probation) was identified in the case of 'suspension of sentence' in Lithuania, which meant that judges and prosecutors were unaware of the relevant legislation underpinning this ACS (Probation Law of Republic of Lithuania 2011). Likewise, in relation to parole/early release in Greece,[29] the expert reported barriers in delivering treatment because of 'contradicting aims, ideologies and cultures among different partners of the system seem to create two worlds where one does not know anything about the other'. Similar challenges were also reported in Poland, where communication between the criminal justice system and the health system was limited ('Suspension of investigation with the purpose to undergo therapy').

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[29] 'Earlier release from prison for prisoners who participate in in a recognised drug treatment programme in prison, under the condition to continue participating in a corresponding programme in the community'.

By contrast, one of the reported advantages of CDTs in Portugal was that they allowed drug-addicted offenders to benefit from a comprehensive dialogue 'between the administrative control agencies and the health facilities' from the outset.[30] Likewise, the Luxembourger expert explained how different organisations worked together to address drug-addiction:

'…public authorities, health care structures, NGO's and social workers coordinate their action and meet on a regular basis. This network enhances the rehabilitation process of drug users by providing information and counselling before and after medical treatments'.

In France, specialist doctors (referred to as 'intermediate doctors') are used to support drug treatment ('Therapeutic Injunctions'). According to the French expert, intermediate doctors 'make the link between the patient and justice…to make therapeutic injunction enforcement more effective and provide a support to therapeutic injunction services'. They are used to bridge gaps between criminal justice and health systems by acting as a liaison point between both – although resource limitations have reportedly hampered use in practice.

Box 6.1: Strong co-ordination between services may facilitate use of ACS

In Cyprus, 'The Protocol of Cooperation For the Referral of Young Offenders to approved Treatment Centres' was reported to be frequently used and this was reflected in statistics.[31] The expert attributed part of the success to the strong collaboration between partners, since it was developed jointly between the police and the Ministry of Health, and has been shared widely with relevant partners, such as prosecutors:

- 'The Protocol of Cooperation For the Referral of Young Offenders to approved Treatment Centres' in Cyprus is a form of suspension of investigation/prosecution, targeted at young offenders (14 to 24) arrested or noticed for the first time by the police as a consequence of use or possession of illegal substances.
- The Protocol entails referral to therapeutic/counselling programmes as an alternative to imprisonment.
- The Protocol was established as part of a collaboration between the Cyprus Police (Drug Law Enforcement Unit – D.L.E.U.), the Sovereign Base Areas Police[32] and The Ministry of Health, and involves close contact between affiliated partners (such as prosecutors).
- The Protocol has reportedly 'facilitated access of young people and their families to the Treatment Centres; it has motivated drug users to become involved with the rehabilitation programmes and successfully reduced the period of drug use before treatment (from 8.5 years in 2006, 6 years in 2008 to 5.7 years in 2011), reducing largely drug related offences.' Cypriot member state expert

[30] Quote taken from e-mail communication with the Portuguese expert.
[31] In relation to available statistics, the Cypriot expert commented : 'the individuals that can be served through the protocol are young people (aged 14-24) arrested or noticed by the police for drug use or possession of a quantity intended for personal use. Thus, the data […] concerns this group of people who are not the exact category this study is concerned with [adults]. Furthermore, […] often [police] will suggest this procedure to individuals who do not necessarily meet the protocol's criteria, thus expanding the scope of the protocol. The [data provided], do not distinguish between age groups so we are not in a position to provide [this study] with the details of how many adults were served through the protocol' .
[32] The Sovereign Base Areas Police is the local civilian police force for the British controlled Sovereign Base Areas of Akrotiri and Dhekelia in Cyprus: http://www.sbaadministration.org/index.php/police As of 26 February 2016.

Legislative factors

Member state experts indicated that some ACS were either increasing or decreasing in use because of **legislative changes** that had affected applicability. For example, the percentage of offenders sentenced to a suspended sentence in Slovakia ('Suspended Imprisonment Sentence for a Probationary Period') increased, according to statistics, from 101 offenders (17%) in 2013 to 137 (25%) in 2014, which the expert attributed to a change in the lower limit of the sentence from four to three years (therefore broadening the applicability of the ACS).[33] In Croatia, suspended sentences ('Conditional sentence') had, according to statistics, consistently declined each year (40 were given in 2010, compared with four in 2014).[34] The Croatian expert explained that the principal reason for this decreasing trend was that 'minor offences, for which this ACS was usually imposed, were transferred from the Criminal Code to the Law of Misdemeanours', meaning that fewer cases were applicable.

In some cases, ACS were used frequently because judges had **limited discretion** in sentencing drug offences, which meant that they were bound to sentence an ACS if certain conditions had been met. In Germany for example, the number of 'custodial addiction treatment orders' have steadily increased each year (according to statistics, up from 11,628 in 2005, to 22,457 in 2013), reportedly due to an (unspecified) ruling of the Federal Criminal Court that established that first instance courts had to impose the order when the prerequisite conditions for this measure were met. Suspension of sentences in Greece ('Suspended sentence for offenders who have successfully completed drug treatment with the condition to abstain from drug use'; no official statistics available) and Hungary ('Postponement of Indictment') were reported by experts to be occasionally used because of a similar lack of discretion in sentencing practice.

Some ACS were reported to be infrequently or never used because of **restrictive legislative provision**s. For example, the Belgian expert described the difficulty in applying mediation to drug users (the use was reflected in statistics):

'In drug related offenses, it's very complicated to use this kind of ACS because mediation can only be used when a victim can be identified. It can thus not be used for drug users who 'only' use drugs nor for offenders who only hurt themselves.' (Belgium member state expert)

In Ireland, data reported low throughput of cases because of similar restrictions. In particular, it was noted by the expert that the Drug Treatment Court (DTC) criteria excludes offenders whose offences involve violence and offenders under the age of 18. Additionally, offenders can only be referred to the DTC at the post-conviction stage, which further reduces throughput. Restrictive terms in legislation were also seen as excluding certain drug-dependent offenders from receiving ACS, such as drug treatment in Estonia ('Substitution of imprisonment by treatment'). In this case, based on interviews with prosecutors, the expert indicated that the ACS was only applicable for offences attracting 'imprisonment from six months up to two years', which according to prosecutors was too restrictive, as it excludes many offenders with longer imprisonment terms (particularly repeat offenders who, according to the expert, may be more motivated to use the ACS than first-time offenders). According to the expert, this means that in practice, this ACS 'is applicable for offenders who have committed thefts or minor drug-trafficking offences.'

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[33] This increase was only relevant for Section 172 of the Criminal Code according to statistics provided by the Slovakian expert.
[34] Only offenders under the supervision of probation system who committed drug law offences and drug-related crimes were included in these data.

In some instances, ACS could only be offered to offenders where drug-addiction could be proved, which was difficult to achieve in practice. For example, 'Substitute community service' was, according to interviewees, rarely used in Italy, relating to a requirement to prove a 'causal connection between the offence and the state of drug addict or frequent drug consumer' (Italian member state expert). In Greece, drug treatment ('Postponement of prosecution for offenders who participate in a recognised drug treatment programme') could only be imposed where there was proof that the offender was a drug addict, but this was not feasible at the stage of sentence according to the expert:

'At this stage such proof has not been included in the case file yet, while it is doubtful whether the prosecutor has the legal competence to order such a technical examination.'

In Cyprus, an **absence of legislation** was seen by the expert as inhibitive. While 'Treatment Orders' and 'Postponing sentencing' had been introduced in law in 1992, no regulations have ever been issued to regulate the operation of the treatment centres required to administer the orders. Consequently, the law has remained inactive to date, although the expert indicated that new legislation is expected to be introduced to change this.

Contextual factors

Some experts also pointed to some contextual factors, such as **changes to policy or practice**, which may have affected the number of ACS given. For example, in the United Kingdom, use of cannabis warnings has declined in recent years, reaching its lowest ever level in 2014, according to the country expert. The expert reported that there may have been many reasons for this decline, but it is not possible to know which of these (if any) actually drove the changes (for more information, see Section 5.3).

In Sweden, the member state expert similarly indicated a wide range of possible factors that might be associated with a decline in the use of drug treatment ('Stay in care') since 2012. The expert cited a report from the Swedish Prison and Probation Service (SPSS):

'The decrease is partly due to difficulties in obtaining a decision on liability from social services in the client´s municipality as well as the quality improving interventions and rules the SPPS has introduced. These have meant greater restrictions for holiday leaves, regular attendance checks, control of the implemented urine tests, follow-up visits to care providers twice a year, as well as greater accuracy in selecting the care providers. Also negligence and lack of motivation among inmates affect the number of placements.'

Other possible explanations that were reported by the expert also included an overall decline in prison sentences, an increased number of treatment programmes within the SPPS, and increased outpatient care in the community. Although it is not possible to determine the extent to which these factors may (or not) have affected the decline in 'Stay in Care', this example illustrates the wide set of contextual factors that may influence changes in use of ACS.

According to statistics provided by the Danish expert, the use of suspension of investigation/prosecution ('No further Action/Warning/Withdrawal of Charges') has fallen since 2012. This declining use is reported by the expert to be related to political will not to use this ACS (with an emphasis instead on punishment for possession of small quantities of drugs).

These decisions can be dictated by public attitudes, as expressed by the Slovakian expert in relation to a reported hesitation amongst judges to use suspension of sentence ('waiver of punishment'):

‘Judges take decisions under the pressure of a public with a relatively repressive mood and with relatively little support for a “harm reduction” type attitude in drug policies.’ (Slovakian member state expert)

These instances illustrate how broader factors, such as political pressure, can sometimes affect the use of ACS in practice. In some cases, wider changes to criminal justice policy may have unintended disruptive effects on the delivery of ACS. In England and Wales, recent changes to the provision of probation services have resulted in a handover of supervision of low to medium risk offenders from probation services to Community Rehabilitation Companies (CRCs). According to the UK expert, this shift has ‘disturbed partnership arrangements that previously existed between courts, probation providers and drug treatment services’. This is reported to have caused confusion amongst services delivering Drug Rehabilitation Requirements (DRRs) about what offenders are expected to do whilst engaging in a DRR and this in turn may have an effect on the use of this ACS in practice.

7. REVIEW OF INTERNATIONAL LITERATURE

Summary of key points:

- To complement the mapping of the ACS available in member states, a review of international research on the effectiveness of ACS in reducing reoffending and reducing drug use was undertaken. member state experts were asked to identify relevant research conducted in their country and the research team conducted a search for studies published internationally.
- Most of the studies identified employed research designs that do not allow firm conclusions to be drawn about the effectiveness of ACS. While there is some evidence that ACS can reduce reoffending and drug use, the evidence base to support or disprove the effectiveness of ACS is weak. Overall, the evidence can be characterised as promising, but equivocal.
- Experts from 16 member states identified over 50 studies but only a small proportion were evaluations of the effectiveness of ACS for drug using offenders.
- Previous studies have found associations between ACS and reduced reoffending and reduced drug use. However, few studies employ research designs that allow causal conclusions to be drawn.
- Studies identified in the search were skewed heavily towards drug courts. There were fewer, good quality studies on the effectiveness of the other types of ACS in a European context. The largest number of studies and the most methodologically robust research comes from the United States – which raises questions about transferability to a European context.
- There is a developing body of evidence about features of ACS that might make them more effective, such as ensuring they are targeted at the individual needs and risk factors of participants and taking steps to retain individuals in treatment programmes that form part of ACS for longer. There is equivocal evidence about whether quasi-compulsory and compulsory treatment can be as or more effective as treatment undertaken voluntarily, and some evidence that coerced or quasi-coerced treatment might produce worse outcomes.
- Researchers face a number of challenges in evaluating ACS, many of which stem from the very limited official statistics available in member states on completion rates and the characteristics of participants.
- It is therefore important to carry out more robustly designed evaluations into the effectiveness of ACS and to develop better routine data collection systems at member state level to support robust evaluations.

7.1 Scope and objective: updating recently-conducted reviews

Understanding the evidence base on ACS provides important context to mapping the availability of ACS in Europe. If there is evidence that ACS can be effective, there could be a case for increasing the availability and use of these ACS. If there is evidence about the features of ACS that might enhance effectiveness, there could be a case for ensuring ACS are designed and implemented in accordance with this evidence.

To complement the description of the ACS available in law and practice in member states, this study includes a review of literature to provide an overview of international research on the effectiveness of ACS most relevant to the European context. This study looks for evidence of the effect of ACS on:

- Reoffending or reconviction
- Stopping or reducing drug use or the harms from drug use
- Social reintegration (e.g. accommodation, employment, basic skills, etc.).

The scope of the literature review was decided in light of the publication of a number of previous reviews of relevant evidence:

- The study by the EMCDDA (2015) into alternatives to punishment for drug-using offenders included a non-systematic review of available evidence in Europe.
- A review by Bahr et al. (2012) looked at empirical research published after the year 2000, classified as Level 3 or higher on the Maryland Scale.[35] This review looked at a number of types of treatment programmes (some were delivered in prison which are not within the definition of ACS used in this study).
- A review of quasi-compulsory treatment of drug-dependent offenders (Stevens, Berto, Heckmann, Kerschl, Oeuvray, Ooyen van et al. 2005) and of compulsory treatment (Werb et al. 2016).
- A number of meta-analyses and systematic reviews (Brown 2010; Mitchell et al. 2012; Sevigny et al. 2013; Shaffer2011; Wilson et al. 2006) examining the effectiveness of drug courts.

Given these existing reviews in relation to drug courts, no further literature searches were conducted and this study relied on the findings from the previous meta and systematic review. In relation to other forms of ACS, a search was undertaken to identify recent evidence or studies that were not captured in the above sources. This search had two elements:

Member state experts were requested to identify literature conducted in their country. In the questionnaire, experts were asked to 'provide details of studies, research or evaluations conducted in your country or in your language into the effectiveness and cost effectiveness of alternatives to coercive sanctions.' A template was provided for national experts to describe the research methodology, limitations and key findings (see Appendix A). As with other information provided by member state experts in the questionnaire, the research team relied on the description and assessment of these studies provided by member state experts. The studies listed by member state experts were reviewed by the research team against inclusion/exclusion criteria (described below) to identify those that might include relevant findings.

The research team conducted a targeted search to identify literature published in English and Spanish.[36] The research team applied a targeted search approach. The intention was not to conduct a systematic review, but to identify key additional studies conducted since the previous reviews identified above. The search approach is described in Appendix C and can be summarised as follows:

- Step 1: Reviewing specialised websites to identify relevant publications produced by national and international institutions active in the field of drug treatment and international and national drug policy.

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[35] The Maryland Scale sets out five levels of methodological rigour, beginning with level 1 (the lowest standard, applicable to studies that focus only on correlations between programmes and particular measures at one point in time), and ending with level 5 (the highest standard, reserved for studies that involve random assignment of programme and control conditions to units). Level 1: Correlation between a crime prevention programme and a measure of crime or crime risk factors at a single point in time. Level 2: Temporal sequence between the programme and the crime or risk outcome clearly observed or the presence of a comparison group without demonstrated comparability to the treatment group. Level 3: A comparison between two or more comparable units of analysis, one with and one without the programme. Level 4: Comparison between multiple units with and without the programme controlling for other factors or using comparison units that evidence only minor differences. Level 5: Random assignment and analysis of comparable units to programme and comparison groups (Sherman et al. 1998).

[36] Spanish was selected in order to identify evidence relating to ACS in South America. This region was selected because the research team were aware that there is discussion about the use of ACS in this region and that there might therefore be published research on effectiveness that might not be picked up in English-language searches (CICAD 2014a, 2014c).

- Step 2: Applying a 'snowballing' approach, i.e. following-up on bibliographies and references to identify evaluations to be included in the review.
- Step 3: Searching in the bibliographic databases to identify relevant evidence published in academic journals or books.
- Step 4: Applying an inclusion/ exclusion criteria as follows:
  - The search was limited to studies published between 2005[37] and 2015.
  - Studies that looked at the process of implementing and applying ACS (including factors influencing judicial decision-making) were excluded.
  - Only studies examining the effectiveness of drug treatment for offenders were included.[38]
  - The focus was on the types of ACS identified in Chapter 4 of this report (or those that were similar). As such, studies focusing on treatment delivered in prison were not included.
  - Studies that did not focus on offenders who were drug users or convicted of drug-related crime were excluded (i.e. studies that looked at general populations of offenders).

A total of 54 studies were listed by member state experts, but of those only seven met the inclusion criteria. Most were excluded because they evaluated ACS that were not targeted at drug users (for example, probation without a treatment element) or because they only described implementation and did not record outcomes.

Just under 50 research studies were identified as a result of the search conducted by the research team in English. These are listed in Appendix D along with a description of whether each met the criteria set out above. 18 studies met the criteria. The search in Spanish identified process, but not outcome evaluations; the literature identified was qualitative, offered only anecdotal evidence on effectiveness or focused on implementation processes of programmes (see Appendix C). This does not necessarily mean that no evaluation is being undertaken in Spanish-speaking countries. It could be that results are not being reported.

Overall, the additional studies identified did not provide evidence that changed the conclusions of the previous reviews, mentioned above.

7.2 Evidence on effectiveness

This section summarises the evidence as to the effectiveness of ACS in reducing reoffending, reducing drug use and addressing other needs experienced by offenders. It is important that readers bear in mind that, overall, the evidence base is limited.

7.3 Effectiveness of ACS in reducing reoffending

There is some evidence that ACS can reduce reoffending. The evidence from Europe comes from a small number of methodologically weak studies (i.e. studies employing

[37] This was selected because the review by Stevens et al. (2005) was published in 2005.

[38] An area of literature not included in this review is the growing evidence relating to swift and certain punishment (For example, Hawaii's Opportunity Probation with Enforcement - HOPE). This focuses on testing with swift, certain, and fair sanctions in order to deter offenders from drug use, and thereby reduce re-offending. See (Hamilton et al. 2015; Hawken & Kleiman 2009; Kleiman & Hawken 2008; Kleiman et al. 2014). "HOPE is different from most diversion and drug court programs in that it does not attempt to impose drug treatment on every probationer. Instead, it relies on a Behavioral Triage Model. Rather than require all probationers to receive drug treatment (even those without substance abuse disorders), an offender's need for treatment is based on observed behavior signals, such as positive drug tests, rather than through self-reporting. Probationers are sentenced to drug treatment only if they continue to test positive for drug use or if they request a treatment referral" (Crime Solutions 2016).

before and after designs, without control groups)[39], whereas there are some studies employing more robust designs from the United States (i.e. quasi-experimental designs using matched comparison groups).[40]

All the studies reviewed by the EMCDDA (2015) found evidence that those receiving ACS showed reduced reoffending. However, not all these studies could show a causal relationship between the ACS and reduced reoffending, and some indicated that within the group of individuals receiving treatment, some *increased* reoffending following treatment. The review by Stevens et al. (2005) came to a similar overall conclusion – results of the studies they reviewed 'showed a slight positive effect on individual criminal behaviour' (p. 274). The review by Bahr et al. (2012) concluded that certain forms of treatment for drug-using offenders[41] could be effective in helping individuals desist from criminal activity (p. 164-5). Bahr only included studies that scored 3 or higher on the Maryland Scale, which gives some confidence in the findings. However, most of the studies reviewed in the paper (and identified in the search as part of the present study – see Appendix D) were from the United States, which raises questions about transferability to the EU.

In a European context a study conducted in Austria, Germany, Italy, Switzerland and the UK found that quasi-compulsory treatment through the criminal justice system was effective in reducing crime and was as effective as voluntary treatment received *in the same treatment services* (Uchtenhagen, 2006).[42] The importance of the treatment setting in this study indicates the complexity of understanding 'what works' in ACS and the range of factors that contribute to effectiveness (this is addressed further in Section 7.7). In the part of this study conducted in England, McSweeney et al. (2008) compared outcomes from court-mandated treatment clients (receiving Drug Treatment and Testing Orders) and clients entering treatment services through non-criminal justice routes in two areas of England and found that self-reported offending was reduced in both groups following treatment. The group undergoing quasi-compulsory treatment reported most substantial reductions regarding involvement in criminal activity.

A study in the US (Rengifo and Stemen, 2010) compared the recidivism rates of offenders convicted of drug possession who were sentenced under the Kansas mandatory drug treatment policy to those of similar offenders receiving other sentences. The study found somewhat mixed results depending on the methods used to explore the association between the ACS and reoffending. Using multinomial logistic regression, participation in mandatory treatment was associated with a decrease in the likelihood of recidivism. However, models relying on matched samples of offenders generated via propensity scores showed no significant impact on recidivism rates relative to community corrections and actually increased recidivism rates relative to court services. However, the authors suggest that the results could be due to net-widening effects of mandatory sentencing policies that offenders rather than inherent problems with the delivery of treatment. One lesson from this US study for the European context is the importance that ACS are used in cases that are appropriate (i.e. where the treatment delivered addresses the needs of and is suited to the offender – which is discussed further at Section 7.3). Secondly, it highlights the challenge of identifying suitable control groups with which to compare offenders receiving ACS). Lastly, it illustrates the equivocal nature of the evidence base.

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[39] Appendix D provides information about the research design of included studies. No studies employing randomised designs (which would score level 5 on the Maryland Scale) were identified.
[40] However, even in the United States the only randomised studies identified related to drug courts.
[41] Therapeutic communities, cognitive-behavioural treatment, contingency management and pharmacological treatment.
[42] This study compared drug-using offenders undergoing quasi-compulsory treatment, voluntary treatment and imprisonment or other punishment (the QCT Europe study).

Another US study looking at probationers undergoing treatment reported similarly nuanced results. The study used existing datasets about probationers in Illinois. Using statistical methods to look for relationships between treatment and reoffending, the study found that 'drug treatment can reduce recidivism. However, simply entering treatment does not improve outcomes' (Huebner and Cobbina, 2007 p. 629). Drug using probationers who needed but *failed to complete treatment* were the more likely to be arrested than probationers who need treatment but did not receive it.

A US study compared participants in a 'Drug Treatment Alternative to Prison' programme New York with those who received a mandatory prison sentence found lower arrest and reconviction rates among those given the alternative. This was used to develop a cost-benefit analysis of the programme which showed that was cost-beneficial from a criminal justice system perspective (i.e. it is less costly to the criminal justice system to divert drug-using offenders to treatment instead of prison). Findings from this study are not necessarily transferable to a European context – while some member states were found (see Chapter 4) to offer treatment-based ACS – the costs of programme delivery in a European context might not be similar.

The box below describes the studies identified by member state experts that looked at the effects on reoffending of ACS on drug using offenders.[43] As mentioned above, the research team are reliant on descriptions of these studies provided by member state experts.

Box 7.1: Studies listed by member state experts meeting the inclusion criteria

Bakker et al. (2013) - Netherlands

Clients of the probation service specialising in offenders with addiction problems (sample was 8,400 people under probation supervision between 2008 and 2012) had fewer re-arrests (using official police data) following the sanction than in the five years after the start of probation supervision.

Limitation: study employed a before and after design, and background information about the addiction problems was missing for some participants.

Bonfill i Galimany (2012) - Spain

This study looked at variables related to recidivism among 237 offenders who undertook treatment as part of a suspension for drug users. The study found that individuals who successfully finished treatment had lower rates of recidivism than those abandoning treatment.

Limitations: The study looks at recidivism but not other outcomes such as drug use, employment, housing and lacks a control group of prison inmates with drug abuse problems who had not had their sentence suspended.

Hofinger (2010) - Austria

Drug using offenders receiving treatment were reconvicted less frequently compared to offenders receiving a prison sentence. The study mainly looked at those offenders

[43] As explained above, of the 54 studies described by member state experts, only a small number looked at the effectiveness of ACS (rather than describing the process of implementation) and looked at drug-using offenders (rather than all types of offenders). Unpublished PhD and Master's theses are also not included in Box 7.1.

convicted for trafficking narcotic substances.

Limitation: Treatment and control groups had differences that were not controlled for.

Muñoz Sánchez et al. (2011) - Spain

Offenders receiving ACS involving drug treatment in the community (special sentence suspension for drug users and residential treatment in a drug centre) were arrested less in the six years after treatment compared to a matched control group of offenders receiving drug treatment in prison.[44]

Limitation: re-arrest rates from the police are used to measure reoffending, which could be reflecting police targeting trends as well as offending activity.

Ramos (2010) - Spain

This study conducted in Spain looks at the 'dynamic variables' associated with recidivism in 120 offenders who received the ACS residential treatment in a drug centre. The study did not include a comparison to traditional sanctions (before and after measure only). The study found a higher percentage of reoffending among individuals who have been expelled from treatment or who had abandoned it than amongst the group that was discharged (97% vs 20%). Other factors found to be positively associated with reoffending were: the level of studies/training; labour habits; infectious diseases; length of the treatment. The study authors concluded that attention to these in delivering the alternative may improve the effectiveness of the alternative in terms of reducing reoffending.

Limitation: no control group – the study compared outcomes before and after offenders received the ACS.

Vander Laenen et al. (2013) - Belgium

Some 52 offenders attending drug court had significantly lower rates of reoffending than members of a control group made up of offenders undertaking traditional sanctions (appearing in another part of Belgium where there was no drug court).[45]

Limitation: Not clear if control and intervention groups were matched, and whether the study looked only at those who completed treatment

Wermink et al. (2009) - Netherlands

Offenders on community service had 50% fewer reconvictions compared to those serving short prison sentences. This study used a comparison group design and followed up the sample for nine years.

Limitation: No control group, lack of background information about offenders such as drug or alcohol use.

[44] The member state expert reported that '70 per cent of inmates receiving drug treatment reoffended, whereas only 46 per cent of offenders receiving treatment in the community reoffended'.
[45] The member state expert reports this was 38.6 per cent compared to 56.1 per cent in the 18 months after the judgement of the drug court.

7.4 Effectiveness of ACS in reducing drug use

Overall, studies have found evidence that ACS can help reduce levels of substance use. Stevens et al. (2005) reported that some of the studies they reviewed showed 'positive results on addictive behaviour' following quasi-compulsory treatment (although they note that clients usually 'continued their drug use in the long-term', p. 274). These findings were supported by results from the QCT Europe study (Uchtenhagen et al. 2006), which found reductions in drug use following both quasi-compulsory and voluntary treatment. Bahr et al. (2012) concluded on the basis of the studies they reviewed, that drug treatment programs for prisoners, parolees and probationers 'can be an effective tool in helping many individuals reduce their drug use' (p. 165).[46]

De Wree et al. (2009) found in a pre and post study of 565 drug-dependent offenders given judicial alternative sanctions in Belgium that the use of alternative sanctions led to reductions in drug use amongst participants. In the UK context, Powel et al. (2011) similarly found a reduction in self-reported drug use among offenders on court-mandated Drug Treatment and Testing orders. In a US context, offenders on probation who were undergoing drug treatment (the sample included 181 offenders) self-reported marked reductions in drug use relative to the time they entered treatment (Gryczynski et al, 2012). None of these studies employed a comparison group design, and without a control group it is not clear if these reductions would have occurred without the sanctions being imposed.

Studies as reported by member state experts rarely looked at drug use as an outcome, or when they did, were not of robust quality or lacked the data needed. For example, a study in Belgium (Vander Laenen et al. 2013) that looked at the drug court in Ghent reported that there were not enough data to report on significant improvements in drug use for those offenders that went through the drug court.

7.5 Effectiveness of ACS in improving other outcomes

Few studies identified provide insight into the impact of ACS on outcomes such as homelessness, education and training or well-being. Neither the EMCDDA (2015) nor Bahr (2012) mention other impacts of ACS (besides reduced reoffending or drug use). McSweeney et al. (2007) found a reduction in self-reported homelessness in the proportion of those sentenced to quasi-compulsory treatment in England (comparing self-reported improvement in the quality of relationships before and after treatment).[47] The study, however, did not find a reduction in the proportion of offenders who spent free time with other drug users (in fact this increased at the point when follow-up interviews were conducted, raising questions about the longer-term sustainability of any impacts of ACS) and there was no significant increase in the proportion that were employed.

Better understanding whether ACS have an impact on these outcomes could be of value to policy makers because these are all identified as risk factors for offending and further drug use (Farrington et al. 2013).

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[46] The EMCDDA (2015) report mentions one study from France that measured the impact of drug awareness courses on cannabis use. However, this focused on self-reported intentions by programme participants, which is an unreliable measure.

[47] This study however did not find a reduction in the proportion of offenders who spent free time with other drug users, and there was no significant increase in the proportion that were employed.

7.6 Effectiveness of drug courts

Drug courts are included in the mapping of ACS in Europe set out in earlier chapters of this report, but it is acknowledged that they are better described as mechanisms that could offer different ACS, rather than ACS in their own right.[48] As explained in Section 7.1, this study relied on recent meta-analyses and systematic reviews that looked at the evidence on drug courts. These are summarised in Box 7.2. The evaluations of drug courts look at the effectiveness of the drug court mechanism, rather than whether an ACS is more effective when issued by a drug court.

Box 7.2: Systematic reviews and meta-analyses of drug courts

Sevigny et al. (2013) undertook a meta-analysis of the effectiveness of adult drug courts in the United States as compared to incarceration. A total of 19 studies were included; most were randomised experiments or strong quasi-experiments (although some quasi-experiments were included where the comparison group was likely to differ in key ways from the experimental group) that had a comparison group which was treated in a traditional manner by the justice system.

Shaffer (2011) conducted a meta-analysis to identify the characteristics of effective drug courts in the United States, in particular, the relationship between structural (target population, leverage, service delivery, funding, staff and quality assurance) and process (assessment, treatment, predictability, philosophy and intensity) dimensions and the effectiveness of drug courts in terms of recidivism. Some 60 studies were included that had a quasi-experimental or experimental design with a distinct comparison group.

Brown (2010) undertook a systematic review to look at the impact drug courts had on recidivism. Some 44 studies were included (29 were studies or programme evaluations; of these, 11 were quasi-experimental recidivism studies and three were randomised controlled studies).

Wilson et al (2006) undertook a systematic review of the evidence on the effectiveness of drug courts on recidivism. The review examined 50 experimental and quasi-experimental comparison group studies covering 55 evaluations, including drug courts in the United States and New South Wales. Five studies used random assignment methods (although two of these had serious weaknesses). About half of the quasi-experimental studies did not statistically control for differences between the two groups.

Mitchell et al (2012) report on a systematic review into the drug courts' effectiveness in reducing recidivism and drug use. It included 92 evaluations of adult drug courts and 34 evaluations of juvenile drug courts. These were all experimental and quasi-experimental studies which compared drug court participants to a comparison group which was treated 'traditionally' by the court system. The majority of evaluations included examined US drug courts, with four looking at adult drug courts in Australia, two in Canada and one in Guam. One evaluated a juvenile drug court in New Zealand and the last evaluation looked at an adult drug court in Guam. The review noted that, overall, the evaluations included in the review were methodologically weak, with few randomised studies of each type of drug court or of rigorous quasi-experimental studies of adult drug courts and juvenile drug courts.

[48] This is also the case for Drug Addiction Dissuasion Committees in Portugal. No evidence on the effectiveness of the latter was highlighted by the Portuguese expert.

Overall, the systematic reviews and meta-analyses indicate that the evidence of the effectiveness of drug courts in a number of contexts is largely favourable, in comparison to traditional sanctions for such offences, but (as with other ACS) the evidence base is weak. The reviews were unanimous in their finding that drug courts had consistently favourable effects on recidivism for their participants. A small number of studies also found positive effects in terms of substance abuse among participants in drug courts. However, all reviews stressed the methodologically weak evidence base on which they established their findings. The authors of the reviews noted the limited number of rigorous randomised controlled trials in this field and the risks of selection bias in the quasi-experimental studies that were included in their reviews.

The EMCDDA report (2015) reviewed a study into drug courts in Ireland, and concluded that participation in the court 'was seen to have had a positive effect on participants' behaviour, significantly reducing offending, even if they ultimately failed to complete' (p. 15). The EMCDDA report also referred to a quantitative analysis of 280 cases that went through the drug court in Ghent (Belgium), of which just over half (148) commenced drug treatment. It was found that of this group, '91 persons had finished treatment (of which 41 cases were closed successfully) and 57 persons were still in treatment [and that] commitment to the treatment programme resulted in less severe sentences at court' (p. 16). Other findings regarding the drug court in Ghent are described in the previous section when referring to the study conducted by Vander Laenen et al. (2013).

Bahr et al. (2012) include a recommendation that 'drug courts should be expanded for offenders on probation and in the community' (p. 166), based on the studies they reviewed. However, the same warning as above should be heeded about transferability to the European context.

There are questions about whether drug courts are value for money. The EMCDDA (2015) noted that the evidence on drug courts in Europe indicates that '[t]he completion rates for drug courts in Europe […] appear quite low, with consequent high-level criticisms of their value for money' (p. 15). The review of US drug courts by Sevigny et al (2013), raised some questions about cost effectiveness, but for different reasons: the authors found that drug courts produced net benefits, due to their impact on recidivism, but that these might not translate into savings for the criminal justice system if offenders that fail are given longer prison sentences (p. 424). The review conducted by Mitchell et al, however, found that drug courts did yield a net benefit.

7.7 Evidence of factors enhancing the effectiveness of ACS

As with any intervention that aims to change behaviour, the effectiveness of ACS in reducing offending or drug use is dependent on the way in which it is implemented and delivered. There is a developing picture from existing research of the features of an ACS that might enhance effectiveness. The key features (based on the literature included in the review) are summarised here**.**

Existing research indicates the importance of targeting and tailoring interventions attached to ACS. Bahr et al. (2012), based on the evidence they reviewed, concluded that '[e]ffective treatment programs tend to (a) focus on high-risk offenders, (b) provide strong inducements to receive treatment, (c) include several different types of interventions simultaneously, (d) provide intensive treatment, and (e) include an aftercare component' (p. 155). This is in accordance with the broader evidence base on what works in encouraging desistance from crime (McNeill et al. 2012).

The idea that ACS must be tailored and appropriate is strongly stressed in the EMCDDA's review of alternatives to punishment (2015), in particular that there must be a match between an offender's needs and the treatment offered: 'the key to success seems to be

having a range of interventions available that can be matched appropriately to the needs of individuals with different types and levels of drug problems' (EMCDDA 2015, 18). If there is a mismatch, it could increase the chances that the ACS is not complied with, thus wasting resources and failing to protect the public or address an offender's drug use.

A study described by the Spanish expert (Ramos et al. 2010) looked at the variables associated with recidivism in offenders who benefitted from treatment in a residential drug centre.[49] The authors found that the following factors were associated with reoffending among those receiving the ACS: levels of education or training; employment factors; infectious diseases; how treatment ceased (whether the person was expelled, abandoned treatment vs. discharged from the treatment) and length of the treatment. The Spanish expert noted that these elements could be addressed as part of the ACS (e.g. by providing support from social and medical services, and by providing opportunities for education and work) and may improve the effectiveness of the alternative in terms of reducing reoffending.[50]

The key challenge here is that there is a lack of information about the nature of the offenders receiving ACS – their particular circumstances and needs – which would provide insight into which types of ACS work better for particular types of offenders. Following a qualitative study in England looking at the impact of drug treatment and testing orders on offenders who are homeless, Hollingworth (2008) concludes: 'It is hard to justify the current situation, where treatment is being recommended [by courts] on the basis of such limited evidence … There is, therefore, urgent need for research into the effectiveness of court-ordered treatment for specific groups such as homeless offenders in order to ascertain what works and what does not' (p. 134).

There is no conclusive evidence as to the effectiveness of compulsory and quasi-compulsory treatment, compared to voluntary treatment. Stevens et al. (2005) looked particularly at the effectiveness of quasi-compulsory treatment (into which category almost all the ACS reported in this study fall). Among the studies reviewed, some showed negative outcomes from quasi-compulsory treatment and some positive outcomes. The authors of that review concluded that '[t]here is no evidence the coerced treatment inevitably produces worse outcome than does voluntary treatment. Several studies suggest that motivation is more important than source of referral in predicting outcome' (Stevens et al., 2005, p. 275). The importance of motivation, or at least 'treatment readiness' was highlighted in a before and after study of probationers undergoing drug treatment in the US, which found that reduced drug use and crime was associated with higher (self-reported) treatment readiness reported in the later stages of the probation order (Gryczynski et al, 2012).

Mixed results among different studies were also highlighted in a systematic review of compulsory treatment (Werb et al. 2016). The review looked at whether compulsory treatment[51] reduced drug use or reoffending. Nine quantitative studies were included in the review (four from Southeast Asia, four from North America and one from Sweden).[52] The conclusion of the review authors was that there was very limited evidence that

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[49] This was based on analysis of official statistics in one local area in Spain.
[50] Limitations of this study include the lack of a control group and the narrow definition of reoffending (i.e. re-entry into prison).
[51] The review looked at studies of a number of types of drug treatment, including in prison, inpatient and outpatient settings.
[52] None of the nine included studies were randomised controlled trials. Research designs included longitudinal, cross-sectional and case controlled trials.

coerced treatment was effective.[53] Where impacts had been detected they were short-term and small-scale. The study in England by McSweeney et al. (2007) concluded that 'drug treatment that is motivated, ordered or supervised by the criminal justice system does not have significantly superior retention or different outcomes to 'voluntary' treatment when other factors are statistically controlled' (p. 485).

Given this limited and equivocal evidence of effectiveness and bearing in mind the potential infringements of individual rights involved in compulsory treatment, the review authors urge other approaches are considered to address drug use. The review by Bahr et al. (2012) found that coercing ('legally mandating') treatment 'tends to lower dropout rates and reduce illicit drug use and criminal offending' (p. 165), a conclusion which is not in accordance with the findings of Werb et al (2016).[54]

The length of retention in treatment appears to be positively associated with positive outcomes. For example, Sung (2011) used a post-matching case–control design to identify risk and protective factors of recidivism among a group of drug-using offenders receiving a drug treatment alternative in New York and found that 'weak treatment engagement and social isolation considerably increase the risk of recidivism.' (p. 219). Similarly, in their longitudinal study including a comparison group, Huebner and Cobbina (2007) found that those on probation that did not complete treatment were more likely to reoffend.

7.8 Limitations and challenges for the evidence base on ACS

This chapter concludes with a summary of the areas for improvement as regards the evidence on ACS.

The additional searches conducted indicate that the conclusions drawn in the previously-conducted reviews remain accurate and current. Our searches identified some additional evaluations not included in the previous reviews (see Appendix D) and meeting the inclusion criteria. However, none of these provide new or more definitive evidence on the effectiveness of ACS. Therefore the conclusions of the previous reviews remain an accurate summary.[55]

Most of the studies identified employed research designs that do not allow firm conclusions to be drawn about the effectiveness of ACS; while there is some evidence that ACS can reduce reoffending and drug use, the evidence base to support or disprove the effectiveness of ACS is weak. There was a marked absence of randomised and quasi-experimental studies, particularly in Europe and into ACS other than drug courts, which would allow firmer conclusions about effectiveness to be drawn. This supports the conclusions from the EMCDDA (2015) and Stevens et al. (2005) that evaluations that have been conducted are subject to limitations, which make it difficult to state with confidence 'what works' in relation to ACS.

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[53] Three studies did not find any significant effects on drug use compared with control interventions (involving some kind of voluntary treatment); two found equivocal results in relation to drug use (but did not have a control group). Two studies found negative impacts of increased offending) compared to those receiving control interventions; two found that long-term compulsory, in-patient treatment had a significant positive effect on reoffending.

[54] These two reviews had slightly different foci and looked at different studies. Bahr et al. were not conducting a systematic review.

[55] The search in Spanish identified process, but not outcome evaluations. The literature identified was qualitative, offered only anecdotal evidence on effectiveness or focused on implementation processes of programmes (see table C3, Appendix C). This does not necessarily mean that no evaluation is being undertaken in Spanish-speaking countries. It could be that results are not being reported.

Member state experts identified over 50 studies but only a small proportion were evaluations of the *effectiveness* of ACS for drug using offenders. Following a review by the research team, the majority of studies listed by member state experts were found not to provide findings about the effectiveness of ACS (for example, they described the characteristics of those in drug treatment or the process of applying ACS), or were studies in which it was not possible to distinguish drug-using offenders or those convicted of drug related crime (i.e. the findings related to general populations of sentenced offenders).

Studies identified in our search were skewed heavily towards drug courts. This skew was also observed in the EMCDDA (2015). Additionally, the studies on drug courts were primarily from the United States, with a smaller number of studies from Canada, Australia and New Zealand. There are questions about the transferability of these to the European context, as well as their relevance given the relatively limited use of drug courts (only two member states reported the availability of drug courts).

More research of good quality is needed on the effectiveness of the range of types of ACS described in earlier chapters of this report, in a European context. Of the 13 categories of ACS set out in the report, most are not addressed in the literature included in previous reviews, or identified by the additional searches conducted in this study (and meeting the inclusion criteria). As noted by Stevens et al. (2005), the current limitations to the evidence mean that 'policy and practical decisions are being made in the absence of conclusive evidence on which to base them' (p. 276).

Researchers and policy makers face a number of challenges in their attempts to synthesise research into the effectiveness of ACS. As discussed by the EMCDDA (2015) a number of challenges are faced in making sense of the studies that have been conducted in this area. One challenge is that there are many outcomes and outputs that are used as indicators of 'effectiveness' of ACS. These include reduced drug use, reduced expenditure by those receiving an ACS on drugs, reduced use of specific drugs, such as heroin, reduced reoffending and reconviction and proportion of sentenced offenders completing the ACS. This means that it is hard to compare between different evaluated ACS, and to pull the existing evidence together to draw more general conclusions. A second challenge is that there are also many approaches for measuring these outputs (officially recorded statistics, self-reported measures, drug test results, etc.), each have their own challenges in terms of generating valid data, and might not be comparable between studies. As noted in Chapter 5, there are often limited official data about ACS, including completion rates.

There is a need for future research to gather data to assess the extent to which ACS are appropriately targeted. Robust evaluation requires good information about the nature and severity of the treatment population at the point when the sanction is imposed. The evidence indicates that ACS are more likely to be effective if they are targeted at an offender's particular needs, therefore evaluation must take into account the extent to which an ACS was appropriate for the population to which it was applied. Relatedly, most evaluations include limited information about the 'quality, environment, and context of treatment' (Stevens, Berto, Heckmann, Kerschl, Oeuvray, Van Ooyen et al. 2005, 276), including the nature of the client group and the extent to which an ACS is coercive. Understanding the nature of the ACS is important to facilitate proper assessments of transferability of findings from research between countries and between different ACS. Some of these challenges could be addressed by improving the quality of monitoring data routinely collected by member states about the use of ACS.

Employing randomised and experimental designs can be costly and face implementation challenges. These might require support from criminal justice agencies, which can be difficult to secure and such trials can be costly to implement.

Evidence about effectiveness is not necessarily transferable between countries. Evidence from the United States, which tends to include larger sample sizes and more robust designs, is not necessarily transferable to the criminal justice systems of EU member states. Further studies might not hold transferable lessons between member states.

The studies that have been conducted do not provide a strong evidence base for policy and decision makers charged with designing and implementing ACS. There is an active research community interested in the effectiveness of ACS, but the studies lack sufficient sample sizes, robust designs (such as randomised trials) and sufficient information about the population to which ACS are applied. The findings of these studies have been positive as regards the ability of ACS to reduce reoffending and drug use, and support improvements in other spheres of participants' lives, but these findings are treated cautiously, because of limitations of the designs of these studies. Strengthening the evidence base will require support for robust evaluation and better and more routine collection of data by member state authorities as regards the implementation, outputs and outcomes of ACS.

8. CONCLUSIONS AND SUGGESTIONS FOR FURTHER ACTION

This study aimed to describe member states' practice when applying their rules and regulations on alternatives to coercive sanctions (ACS) for drug law offences and drug-related crimes. The definition of ACS used in this study (which built upon that set out by the EU Action Plan on Drugs 2013-16, which outlines a range of rehabilitative measures for drug-using offenders) included measures that had some rehabilitative element or that constituted a non-intervention, as well as ACS that were used instead of prison or other punishment (including those that were used as an alternative to part of a prison sentence). Chapter 3 describes in more detail the kinds of ACS that were included in the scope of this study.

To address this research topic, member state experts were asked to complete a questionnaire about the availability, statistics, evidence and use in practice of ACS in their country. In addition, a review of international research (within and beyond EU member states) on the effectiveness of ACS was conducted by the research team. This approach generated detailed information about the availability and use of ACS at the member state level, but was susceptible to differences in interpretation amongst member state experts completing the questionnaire, and means that the research team was reliant on the accuracy and completeness of information provided by the experts.

8.1 Conclusions from mapping the types of ACS available

Thirteen types of ACS were identified in this study (Section 4.1). Out of 180 ACS reported by experts, 108 (60%) were assessed by the research team as meeting the definition used in the study and these were grouped into 13 categories. Decisions about exclusion and categorisation were verified with member state experts. Chapter 2 and 3 of this report describe the process of inclusion/exclusion and categorisation. The categories of ACS identified are summarised in the table below.

Table 8.1: Categories of ACS identified in the study

Categorisation	Description
Caution/warning/no action	A caution is an alternative to prosecution often given by a police officer and may include specific conditions such as drug treatment or attendance at an education session. A warning includes a (written) notice by a police officer. No action includes (e.g.) the police refraining from further response in relation to an offence.
Diversionary measure	Measures diverting people from the criminal justice system, mainly but not only at the (pre-) arrest stage where the police refer the offender into other services such as drug treatment.
Drug Addiction Dissuasion Committees	This category relates to an alternative available in one country – Portugal. The Committees are administrative authorities that deal with offenders accused of drug-consumption and/or drug possession offences for personal use.
Suspension of investigation/ prosecution with a treatment element	During the investigation or prosecution stage, the relevant professional (e.g. prosecutor) decides to suspend the case on the condition that the suspect undergoes treatment.
Suspension of court	During the court stage the prosecutor or the judge decides to

Categorisation	Description
proceedings with a treatment element	suspend the case/proceedings on the condition that the defendant undergoes treatment.
Suspension of sentence with a treatment element	During the sentencing stage, a judge decides to suspend the suggested sentence on the condition that the defendant undergoes treatment.
Drug Court	Special courts established to deal with drug-using offenders
Drug treatment[56]	Any form of drug treatment made available at different stages of the criminal justice system.
Probation with a treatment element	Treatment in addition to supervision of offenders in the community by probation services
Community work with a treatment element	Treatment in addition to undertaking unpaid work in the community
Restriction of liberty with a treatment element	Treatment in addition to restrictions such as home arrest or electronic monitoring
Intermittent custody/release with a treatment element	Serving time in prison or other secure setting (e.g.) during the week while spending weekends in the community/
Parole/early release with a treatment element	Temporary or permanent release from prison or detention on the condition that the parolee undergoes treatment

Given the differences in the level of detail reported by each expert, absolute numbers of ACS reported within a member state could be misleading. As such, findings in this report were presented in a binary manner (i.e. 'is a certain type of ACS available at all in a particular member state?', rather than 'how many different ACS are available in each MS?') where possible.

All member states reported having at least one ACS, and most had more than one (Section 4.1) and all member states offered treatment for drug use as part of at least one ACS (Section 4.2). A total of 17 member states had ACS available that were classified as involving solely a drug treatment focus, which primarily included drug treatment orders. Other ACS frequently reported included suspension of sentence with treatment or rehabilitative requirement attached (15 member states) and suspension of investigation/prosecution with a treatment or rehabilitative element (ten member states). Eight member states also reported the availability of ACS with no drug treatment component, but which involved 'non-action' or diversion from the criminal justice system or from sentencing.

Where information about treatment programmes were provided by experts, a wide range of treatment options were reported (Section 4.3). The information provided by member state experts was not sufficiently detailed to examine the full range of treatment available within and across member states. In line with findings from the EMCDDA

[56] The term drug treatment is used to also include ACS with a drug specific education element or counselling.

(2012), the majority of ACS fall on a continuum between treatment and punishment (i.e. most contain a combination of punitive and rehabilitative elements) and are quasi-compulsory.

New ACS are still being created and implemented within member states (Section 4.4). Most member states (n=19) introduced ACS in the period between 2000 and 2009. In the majority of member states, ACS are applicable across the country (only for Belgium, Ireland and the United Kingdom were there instances where ACS were not available across the entire country - Section 4.5).

ACS appeared to be offered mainly at the end of the criminal justice process (Section 4.6). Due to differences in reporting and legal systems, it is difficult to make generalisable statements about the exact point of the criminal justice system when ACS were offered, but ACS appeared to be offered mainly at the end of the criminal justice system at the court, sentencing and execution of sentencing stages; fewer constituted diversion or non-action at the front-end of the criminal justice system. This raises a question about the advantages and disadvantages of offering ACS earlier or later in the criminal justice process. Available evidence does not provide insight into whether some kinds of ACS might be more or less effective at earlier or later stages. Further evaluation would be needed to explore this question and thus inform decisions about the most effective point at which to offer ACS.

A variety of organisations and/or professionals were responsible for delivery of the ACS (Section 4.6). This included healthcare organisations, probation services and prisons. Compliance was mainly the responsibility of the judiciary, probation or a combination of services. Of the reported ACS that consisted or could consist of a form of drug treatment (central component or where treatment could be part of the ACS) the treatment element was paid for by the health system in just over a third of cases and by the criminal justice system in just under a fifth of cases (Section 4.7).

ACS were available for all types of offences (Section 4.8). The terms of reference for this study specified a focus on ACS as a response to drug law offences and drug related crimes. Most member states reported that ACS were available for all offences, with some exceptions such as limiting availability of ACS to offences only attracting a prison sentence of up to a certain amount of years. Minimum lengths were not specified in law for the majority of ACS with drug treatment as a central component. Maximum lengths were more often specified, and were commonly around two or three years (Section 4.9).

The vast majority of ACS included in this study were quasi-compulsory (Section 4.10). For most ACS, including those with drug treatment as the central component, the offender could be prosecuted for the original offence and/or could be prosecuted for the breach in the event of non-compliance.

8.2 Conclusions from examining the use of ACS in practice

There is very limited data available in member states about the use of ACS in practice and this is a barrier to evaluation (Chapter 5 and 0). A key objective of the EU Drugs Strategy 2013-20 is better 'dissemination of monitoring, research and evaluation and of a better understanding of all aspects of the drug phenomenon and of the impact of interventions […]' (Council of the European Union 2012, 3). In order to do so, ideally data would be available to support assessment of whether ACS are being 'accurately targeted to specific objectives and specific users' (EMCDDA 2009, 16). To assess this, one would need to know whether a particular offender was eligible to receive an ACS in a given case (given their needs, nature of the offence, previous sentences etc.), what the outcome of the ACS was, and data on compliance and completion of the alternative. However, the majority of member states were unable to provide this array of data. When

they were available, national statistics were unavailable or varied in completeness or quality.

There was a particular lack of available data on completion rates (i.e. the proportion of people starting an ACS who complete as planned), which is essential to evaluating the effectiveness of ACS (Section 5.2). Some member states reported that one reason for this was ambiguity about what success entailed (e.g. is completion of an awareness course evidence of treatment?). To address this ambiguity, the EMCDDA proposed a definition that could be adopted across member states: 'successful in this sense is a legal definition rather than a medical one; cases will be closed as decided by the prosecutor or judge, rather than in accordance with any strictly medical definition' (EMCDDA 2009, 17).

A related limitation on national statistics is the inability to identify drug-using offenders (Section 5.2). This data gap means that it is not possible to look at the kinds of sentences given to drug-using offenders or in response to drug law offences compared to other offenders. It also restricts the possibility to determine how many drug-using offenders might have benefitted from ACS, but were receiving other sanctions such as custodial penalties or community work without drug treatment.

A lack of good-quality monitoring data could undermine confidence in ACS (Section 6.2). The absence of reliable information on completion rates may undermine the credibility of ACS both with those imposing ACS (such as prosecutors or judges) and among policy makers and funders.

There are a series of recurring barriers and facilitators to the use of ACS that were common across member states (Section 6.2). Based on the limited available statistics and descriptions by member state experts (as sometimes informed by their interviewees), the majority of ACS are being used in practice, albeit to varying extents. The following factors were reported as acting as barriers or enablers to the use of ACS.

> *(i) In all member states, decision-makers have discretion in deciding whether to use ACS and there are a number of factors that may influence how that discretion is exercised*. For example, a judge or prosecutor's individual beliefs about the benefits of treatment over incarceration, their perceptions about the nature of drug use and attitudes towards drug users, their awareness or knowledge about available ACS, and their ability to assess offender compliance.
>
> Some of these beliefs and views were reported to stem from a lack of evidence and information. It was felt that improving information flow between those offering and those delivering ACS (e.g. criminal justice and health systems) might help to fill those gaps, improve knowledge about ACS and increase use where appropriate.
>
> Analysis of information collected during the study indicates that there are some levers available to policy makers within member states to change the discretion available to decision-makers. Evidence comes from countries where changes in legislation have been associated with increased use of ACS. Likewise, targets and performance management of police and prosecutors were reported to have affected the level of use of ACS in some member states, sometimes with counterproductive effects. Caution should also be exercised when setting entry targets because they may increase the number of people receiving treatment that is not appropriate for their situation. This underscores the importance of ensuring that ACS are targeted at those most likely to benefit from them (EMCDDA 2015).

(ii) Administrative or bureaucratic burdens on prosecutors or judges were reported to inhibit the use of ACS in some cases, even though they may be a more suitable disposal for an offender. Some experts reported that lengthy bureaucratic processes could discourage decision-makers from offering ACS, particularly where the ACS required involvement from other systems involved in delivery. This could be exacerbated by poor communication between criminal justice and health systems, which some member states indicated could result in judges lacking confidence in offender compliance and completion. Conversely, strong co-ordination between services may facilitate use of ACS.

(iii) Who finances ACS and who benefits from them can affect patterns of use. The distribution of incentives between systems can have an influence on the use of ACS. In some cases, experts reported reduced use of ACS where the financial burden fell upon either the local municipality or the criminal justice system. This could be exacerbated where there was a lack of suitable treatment providers, since the cost of treatment may have to be borne by the state. Over half of ACS that had a drug treatment element were funded by either the health or criminal justice system. The EMCDDA (2011) similarly found that drug treatment is predominantly funded by the public sector, but that there was variation in the level of government at which the funds are managed.

The quality and availability of accurate cost data to further explore this is limited.[57] Information about cost-effectiveness is important in order to make evidence-based decisions about resources, but overall the findings from this study show that data about cost effectiveness are lacking.

(iv) Use of ACS in practice is affected by a set of broader contextual factors, beyond the criminal justice system. Attitudes about appropriate responses to drug-using offenders by both those offering ACS and the wider public could affect use of ACS. In some cases, member state experts reported that use of ACS was facilitated by the existence of a wider public health approach, whilst punitive attitudes in other member states appeared to restrict the use of ACS. In the case of the latter, this meant that some ACS represent a compromise between punitive and rehabilitative objectives (EMCDDA 2009).

8.3 Conclusions from the evidence of the effectiveness of the use of ACS

The findings from previous studies have found associations between ACS and reduced reoffending and reduced drug use. However, few studies employ research designs that allow causal conclusions to be drawn (Section 7.2). Even though the evidence base suffers a number of limitations, the findings – especially when taken as a whole across the body of evidence – lend support to the continued use of ACS within EU member states. However, it is essential that this is coupled with robust evaluation.

There is a developing body of evidence about features of ACS that might make them more effective (Section 7.3). Generally, these features relate to ensuring alternatives are targeted at individual needs and risk factors. There is also evidence that taking steps to retain individuals in treatment programmes that form part of ACS can increase effectiveness.

[57] Further, the EMCDDA report only focused on treatment, as opposed to the broader set of ACS included in the present study, and therefore little is known about overall costs of ACS.

8.4 Implications of this study for possible next steps

This final section draws out the following possible implications of the conclusions set out in this Chapter:

- If member states wished to increase the use of ACS, there appears to be scope to do so. While it is not possible to determine the number of cases in which an ACS would be suitable but an ACS is not used, findings indicate that the ACS already available could be used more.
- Where member states desire to increase the use of ACS, one step that could be taken is to ensure that those imposing ACS (police, prosecutors, judges) have good knowledge about the ACS available and evidence about their effectiveness, completion rates. This stems from findings that individual beliefs of those passing sentences are an important factor determining whether ACS are used.
- Related to the above point, member states could explore whether ensuring good communication between those delivering the ACS and those monitoring compliance might increase confidence of those offering these measures. This follows from findings that confidence in ACS might be damaged when those handing out ACS do not receive reliable feedback about the outcomes of these measures.
- Another way in which member states could increase the use of ACS, if they wished to do so, could be to consider using legislation to mandate ACS in some cases. However, this would need to be done carefully, with strong monitoring to avoid increasing the inappropriate use of ACS (i.e. use in cases where the ACS did not address the needs of the offender and/or was not suitable given their characteristics). The performance metrics used to monitor police and prosecutors might also be reviewed to see if they provide incentives to use ACS in appropriate cases.
- Finally, and perhaps most importantly, significantly improved monitoring data is required from the member states as well as further research to identify the effectiveness and cost-effectiveness of ACS. Any moves to increase the use of ACS should be accompanied with randomised or quasi-experimental evaluation where possible.

Improved monitoring data might include:

- **How and to what extent ACS are used.** Statistics relating to the frequency of use for ACS, relative to other penal sanctions, as well as details on the actual ACS (such as length of treatment).
- **For whom ACS are used.** The characteristics of those receiving ACS, including data on socio-demographic details and data about drug-use.
- **The comparability in relation to the proportion of eligible cases or drug-using offenders.** Data on types of offences, broken down by type of offenders receiving ACS. Ideally it will be possible to distinguish between drug-using and drug-dependent offenders (although recognising that this distinction is not always clear).
- **Data on compliance and completion rates.** Data concerning compliance (e.g. the stage at which ACS are typically breached, the most prevalent reasons for breach) and completion (e.g. the proportion of offenders starting an ACS who complete as planned, as determined by the prosecutor or judge).
- **Outcomes of completing ACS.** Systematic long-term data relating to re-offending rates, drug-use and social re-integration (e.g. employment rates).

Studies with randomised or quasi-experimental designs could use such data, and would allow firmer conclusions about effectiveness to be drawn. Much of these data can only be collected if those offering and delivering ACS are willing and able to share data as part of

an ongoing dialogue across relevant systems. Only with these data will member states be able to better understand the potential costs and benefits of ACS relative to other sanctions.

REFERENCES

Bahr, S. J., Masters, A. L. and Taylor, B. M. 2012. 'What works in substance abuse treatment programs for offenders?' *The Prison Journal*, 92(2), 155-174.

Bakker, I., Tierolf, B. and Los, V. 2013. *Daar doen we het voor! Opbrengsten en effecten van verslavingsreclassering*. Utrect: Verwey-Jonker Instituut.

Bonfill i Galimany, R., Gómez, M. C., Rubio, C. M. and Losada, S. R. 2012 'La eficacia de las suspensiones judiciales con obligación de tratamiento de deshabituación'.

Brown, R. T. 2010 'Systematic review of the impact of adult drug treatment courts' *Translational research : the journal of laboratory and clinical medicine,* 155(6), 263-274.

CICAD. 2014a. Alternativas al encarcelamiento para los delitos relacionados con drogas. Bogotá: CICAD.

CICAD. 2014b. Alternatives to incarceration for drug related crimes. Bogota, Colombia: CICAD.

CICAD. 2014c. Technical report on alternatives to incarceration for drug-related offenses. Washington DC: OAS CICAD.

Council of the European Union 2012. 'EU Drugs Strategy (2013-20)' *Official Journal of the European Union,* 351(30.11.3.01), 1.

Crime Solutions 2016. Hawaii Opportunity Probation with Enforcement (HOPE). As of 29 February 2016: https://www.crimesolutions.gov/ProgramDetails.aspx?ID=49

De Wree, E., Pauwels, L., Colman, C. and De Ruyver, B. 2009 'Alternative sanctions for drug users: fruitless efforts or miracle solution?' *Crime, Law and Social Change,* 52, 513-525.

EMCDDA. 2009. 'Drug offences: sentencing and other outcomes' *Selected Issue 2009.* Luxembourg: Publications Office of the European Union.

EMCDDA. 2014. *Residential treatment for drug use in Europe*. Luxembourg: Publications Office of the European Union.

EMCDDA. 2015. *Alternatives to punishment for drug-using offenders.* Luxembourg: Publications Office of the European Union.

EMCDDA. 2016a. Penalties for drug law offences in Europe at a glance. As of 29 February 2016: http://www.emcdda.europa.eu/topics/law/penalties-at-a-glance.

EMCDDA. 2016b. Portugal Country Overview. As of 29 February 2016:

http://www.emcdda.europa.eu/countries/portugal.

EMCDDA. 2016c. Reitox network. As of 29 February 2016: http://www.emcdda.europa.eu/about/partners/reitox-network

Farrington, D., Piquero, A. R. and Jennings, W. G. 2013. Offending from childhood to late middle age: Recent results from the Cambridge study in delinquent development. Springer Science & Business Media.

Hamilton, Z., van Wormer, J., Kigerl, A., Campbell, C. and Posey, B. 2015. 'Evaluation of Washington State Department of Corrections (WADOC) Swift and Certain (SAC) Policy Process, Outcome and Cost-Benefit Evaluation'.

Hawken, A. and Kleiman, M. 2009. 'Managing Drug Involved Probationers with Swift and Certain Sanctions: Evaluating Hawaii's HOPE: Executive Summary' *Washington, DC: National Criminal Justice Reference Services*.

Hofinger, V. 2010. (Keine) Wiederverurteilung nach "Therapie statt Strafe", *ÖsterreichischeJuristenzeitung*, 53, 451-458.

Hollingworth, M. 2008. 'An examination of the potential impact of the Drug Rehabilitation Requirement on homeless illicit drug-using offenders' *Probation Journal,* 55(2), 127-138.

Huebner, B. M. and Cobbina, J. 2007. 'The effect of drug use, drug treatment participation, and treatment completion on probationer recidivism' *Journal of Drug Issues,* 37(3), 619-641.

Kleiman, M. A. and Hawken, A. 2008. 'Fixing the parole system' *Issues in Science and Technology,* 24(4), 45-52.

Kleiman, M. A., Kilmer, B. and Fisher, D. T. 2014. 'Theory and Evidence on the Swift-Certain-Fair Approach to Enforcing Conditions of Community Supervision' *Fed. Probation,* 78, 71.

Gryczynski, J., Kinlock, T. W., Kelly, S. M., O'Grady, K. E., Gordon, M. S. and Schwartz, R. P. (2012) 'Opioid agonist maintenance for probationers: Patient-level predictors of treatment retention, drug use, and crime' *Substance abuse,* 33(1), 30-39.

McNeill, F., Farrall, S., Lightowler, C. and Maruna, S. 2012. 'How and why people stop offending: discovering desistance' *Insights evidence summary to support social services in Scotland*.

McSweeney, T., Stevens, A., Hunt, N. and Turnbull, P. J. 2007. 'Twisting arms or a helping hand? Assessing the impact of 'coerced' and comparable 'voluntary' drug treatment options' *British Journal of Criminology,* 47(3), 470-490.

McSweeney, T., Turnbull, P. J. and Hough, M. 2008. 'The treatment and supervision of drug-dependent offenders. A review of the literature prepared for the UK Drug Policy Commission.' London: The UK Drug Policy Commission (UKDPC).

Mitchell, O., Wilson, D., Eggers, A. and MacKenzie, D. 2012. 'Drug courts' effects on criminal offending for juveniles and adults' *Campbell Systematic Reviews,* 4.

Powell, C., Christie, M., Bankart, J., Bamber, D. and Unell, I. 2011. 'Drug treatment outcomes in the criminal justice system: What non-self-report measures of outcome can tell us.' *Addiction Research & Theory,* 19(2), 148-160.

Ramos, B., Carcedo, G. and Rodrigo, J. 2010. 'Dynamic factors of recidivism among drug-dependent prisoners in therapeutic community treatment.' *BEHAVIORAL PSYCHOLOGY-PSICOLOGIA CONDUCTUAL,* 18(3), 613-627.

Rengifo, A. F. and Stemen, D. (2010) 'The impact of drug treatment on recidivism: Do mandatory programs make a difference? Evidence from Kansas's Senate Bill 123' *Crime & Delinquency,* 59(6), 930-950.

Sánchez, J. M., Jiménez, F. P., Domínguez, A. I. C. and España, E. G. 2011. 'El tratamiento terapéutico en drogodependientes delincuentes como alternativa a la prisión I' *boletín criminológicO,* (127), 1.

Sevigny, E. L., Fuleihan, B. K. and Ferdik, F. V. 2013. 'Do drug courts reduce the use of incarceration?: A meta-analysis' *Journal of Criminal Justice,* 41(6), 416-425.

Shaffer, D. K. 2011. 'Looking inside the black box of drug courts: A meta-analytic review' *Justice Quarterly,* 28(3), 493-521.

Sherman, L. W., Gottfredson, D. C., MacKenzie, D. L., Eck, J., Reuter, P. and Bushway, S. D. 1998. 'Preventing Crime: What Works, What Doesn't, What's Promising. Research in Brief. National Institute of Justice'.

Stevens, A., Berto, D., Heckmann, W., Kerschl, V., Oeuvray, K., Ooyen van, M., Steffan, E. and Uchtenhagen, A. 2005. 'Quasi-compulsory treatment of drug dependent offenders: An international literature review' *Substance use & misuse,* 40(3), 269-283.

Stevens, A., Berto, D., Heckmann, W., Kerschl, V., Oeuvray, K., Van Ooyen, M., Steffan, E. and Uchtenhagen, A. 2005. 'Quasi-Compulsory Treatment of Drug Dependent Offenders: An International Literature Review' *Substance Use & Misuse,* 40, 269-283.

Sung, H.-E. 2011. 'From diversion to reentry: Recidivism risks among graduates of an alternative to incarceration program' *Criminal Justice Policy Review,* 22(2), 219-234.

The Council for the European Union. 2013. 'EU Action Plan on Drugs 2013-16 ' *Official Journal of the European Union,* 402(29.12.2012), 1.

Uchtenhagen, A., Schaaf, S., Bock, I., Frick, U., Grichting, E. and Bolliger, H. 2006. 'Quasi-compulsory and compulsory treatment of drug-dependent offenders in Europe: Final report on quantitative evaluation' *Zurich: Research Institute for Public Health and Addiction*.

UK Home Office. 2014. *Best use of stop and search scheme*. London: Home Office. As of 26 February 2016:

https://www.gov.uk/government/publications/best-use-of-stop-and-search-scheme.

Vander Laenen, F., Vanderplasschen, W., Wittouck, C., Dekkers, A., De Ruyver, B. (Universiteit Gent), De Keulenaer, S. and Thomaes, S. (Dienst voor het Strafrechtelijk beleid) 2013. *Het pilootproject drugbehandelingskamer te Gent: Een uitkomstenevaluatie*. As of 29 February 2016: https://www.belspo.be/belspo/organisation/Publ/pub_ostc/Drug/rDR61_nl.pdf.

Werb, D., Kamarulzaman, A., Meacham, M. C., Rafful, C., Fischer, B., Strathdee, S. A. and Wood, E. 2016. 'The effectiveness of compulsory drug treatment: A systematic review' *International Journal of Drug Policy,* 28, 1-9.

Wermink, H., Blokland, A., Nieuwbeerta, P. and Tollenaar, N. 2009. Recidive na werkstraffen en na gevangenisstraffen. Een gematchte vergelijking, *Tijdschrift voor Criminologie*, 51(3), 211-227.

Wilson, D. B., Mitchell, O. and MacKenzie, D. L. 2006. 'A systematic review of drug court effects on recidivism' *Journal of Experimental Criminology,* 2(4), 459-487.

APPENDIX A: QUESTIONNAIRE COMPLETED BY MEMBER STATE EXPERTS

Attached separately

APPENDIX B: LIST OF ACS REPORTED FOR THIS STUDY

Table B1: List of all ACS reported by member state experts[58]

Country	Original alternative name (English translation as indicated by expert)	Categorisation applied for this study[a]	Drug treatment central (main) component of could be part of alternative (condition)	Included/excluded for this study
Austria	Preliminary abandonment from prosecution by public prosecution department	Drug treatment	Main component	Include
Austria	Preliminary stop of proceedings by court	Drug treatment	Main component	Include
Austria	Suspension of the execution of the sentence	Drug treatment	Main component	Include
Austria	Use of less stringent methods than pre-trial confinement	Other	Condition of alternative	Include
Austria	Court orders	Parole/early release	Condition of alternative	Include
Austria	Probation service	Probation	Not applicable	Exclude
Belgium	Dismissal with referral	Diversionary measure	Condition of alternative	Include
Belgium	Praetorian probation ('praetorian' can be defined as 'with conditions')	Suspension of investigation/prosecution	Condition of alternative	Include
Belgium	Mediation	Suspension of investigation/prosecution	Main component	Include
Belgium	Amical settlement	Fine	Not applicable	Exclude
Belgium	Release under conditions	Parole/early release	Not applicable	Exclude
Belgium	Suspension/deferral of the delivery of the sentence	Suspension of sentence	Condition of alternative	Include
Belgium	Drug Court	Drug Court	Main component	Include
Bulgaria	Probation	Probation	Condition of alternative	Include
Croatia	Conditional sentence	Suspension of sentence	Condition of alternative	Include
Croatia	Community service	Community work	Not applicable	Exclude
Croatia	Release on parole	Parole/early release	Not	Exclude

[58] There were a few instances where experts specifically indicated that alternatives were similar and could be merged or removed. After review of these alternatives by the research team, and using discretion for other alternatives that appeared to be similar, these were merged or removed from the list. When particular conditions were slightly different for similar alternatives, the research team decided to discuss them separately, for example in the case of Custody Order in Cyprus.

			applicable	
Croatia	Partial conditional sentence	Suspension of sentence	Condition of alternative	Include
Cyprus	The Protocol of Cooperation For the Referral of Young Offenders to approved Treatment Centres (suspension of prosecution)	Suspension of investigation/prosecution	Condition of alternative	Include
Cyprus	Custody order[b]	Probation	Not applicable	Exclude
Cyprus	Custody Order - Community Service	Probation	Not applicable	Exclude
Cyprus	Custody Order	Probation	Not applicable	Exclude
Cyprus	Discharge order	Suspension of court proceedings	Not applicable	Exclude
Cyprus	Supervision order	Probation	Not applicable	Exclude
Cyprus	Treatment order[c]	Drug treatment	Main component	Include
Cyprus	Postponing sentencing[c]	Suspension of court proceedings	Condition of alternative	Include
Cyprus	Attorney Generals power not to prosecute or to stop prosecution (nolle prosequi)	Not an alternative	Not applicable	Exclude
Cyprus	Presidents Constitutional power to reduce, postpone or otherwise alter any sentence imposed by any Court with the agreement of the Attorney General	Not an alternative	Not applicable	Exclude
Czech Republic	Quasi-compulsory ('protective') treatment (of drug addiction)[d]	Drug treatment	Main component	Include
Czech Republic	Appropriate obligation to undergo treatment of addiction to addictive substances, which does not qualify as quasi-compulsory treatment (AOT)[d]	Drug treatment	Main component	Include
Czech Republic	Appropriate restriction to refrain from consuming alcoholic drinks or other addictive substances (ARC)[d]	Restriction of liberty	Not applicable	Include
Denmark	No Further Action/Warning/Withdrawal of Charges	Caution/warning/no action	Not applicable	Include
Denmark	Ticket fine	Fine	Not applicable	Exclude
Denmark	Fine (accepted in court AND at sentence)	Fine	Not applicable	Exclude
Denmark	Suspended sentence	Suspension of sentence	Condition of alternative	Include

Denmark	Suspended sentence (with conditions of community service)	Suspension of sentence	Condition of alternative	Include
Denmark	Leave from prison and transfer to another institution	Drug treatment	Main component	Include
Denmark	Alternative to imprisonment	Restriction of liberty	Condition of alternative	Include
Denmark	Released on parole after half term	Parole/early release	Not applicable	Exclude
Estonia	Substitution of imprisonment by treatment	Drug treatment	Main component	Include
Estonia	Probation with subjection of offender to supervision of conduct	Suspension of sentence	Condition of alternative	Include
Estonia	Release on parole	Parole/early release	Not applicable	Exclude
Estonia	Release on parole of offender who was minor at time of commission of criminal offence	Parole/early release	Not applicable	Exclude
Estonia	Termination of criminal proceedings in case of lack of public interest in proceedings and negligible guilt	Suspension of investigation/prosecution	Condition of alternative	Include
Finland	Waiver of measures	Caution/warning/no action	Condition of alternative	Include
Finland	Treatment Referral by the Police	Diversionary measure	Condition of alternative	Include
Finland	Penalty Order (Fine given by the police)	Fine	Not applicable	Exclude
Finland	Fine	Fine	Not applicable	Exclude
Finland	Conditional Imprisonment/Supervision of Conditionally Sentenced Young Offender	Suspension of sentence	Not applicable	Exclude
Finland	Community Sanctions	Community work	Condition of alternative	Include
Finland	Monitoring Sentence	Restriction of liberty	Condition of alternative	Include
Finland	Supervision of Conditionally Released Prisoner	Parole/early release	Not applicable	Exclude
Finland	Rehabilitative Activities -Substance Abuse Treatment in in Prison	Parole/early release	Condition of alternative	Include
France	Community Service (*Travail d'Intérêt General*, TIG)	Community work	Not applicable	Exclude
France	Community Service (*Travail Non Rémunéré*, TNR)	Community work	Not applicable	Exclude
France	Criminal Mediation Fine	Fine	Not applicable	Exclude
France	Cautions and warnings	Caution/warning/no	Not	Include

	(with or without a convocation notice)	action	applicable	
France	Therapeutic Injunction/Mandatory treatment	Drug treatment	Main component	Include
France	Awareness Course on the dangers of drug use	Drug treatment	Main component	Include
France	Day-fine or unit fine	Fine	Not applicable	Exclude
Germany	Refraining from prosecution/ending the proceedings	Suspension of investigation/prosecution	Not applicable	Include
Germany	Refraining from accusation/suspending the proceedings	Suspension of investigation/prosecution	Condition of alternative	Include
Germany	Suspended prison sentence combined with therapy instruction	Drug treatment	Main component	Include
Germany	Custodial addiction treatment order	Drug treatment	Main component	Include
Germany	Deferment of the execution of a sentence	Suspension of sentence	Condition of alternative	Include
Germany	Supervision (after release from prison or from a clinic of addiction treatment)	Probation	Not applicable	Exclude
Greece	Postponement of prosecution for offenders who participate in a recognised drug treatment programme	Suspension of investigation/prosecution	Condition of alternative	Include
Greece	Suspension of the arrest warrant	Suspension of investigation/prosecution	Main component	Include
Greece	Restrictive condition of participating in a recognised drug treatment programme	Not an alternative	Not applicable	Exclude
Greece	Restrictive condition of participating in a recognised drug treatment programme instead of remand detention	Not an alternative	Not applicable	Exclude
Greece	Replacement of remand detention with the restrictive condition of participating in a recognised drug treatment programme	Not an alternative	Not applicable	Exclude
Greece	Participation in a recognised drug treatment programme during remand detention	Not an alternative	Not applicable	Exclude
Greece	Mandatory	Suspension of court	Condition of	Include

	postponement of trial if the defendant is participating in a recognised drug treatment programme	proceedings	alternative	
Greece	Mandatory recognition of mitigating circumstance	Not an alternative	Not applicable	Exclude
Greece	Suspended sentence for offenders who have successfully completed drug treatment with the condition to abstain from drug use	Suspension of sentence	Condition of alternative	Include
Greece	Participation of a drug addicted offender in a recognised drug treatment programme in prison	Not an alternative	Not applicable	Exclude
Greece	Serving part of the prison sentence at the Detention Centre for Drug Dependent Prisoners	Parole/early release	Main component	Include
Greece	Beneficial calculation of time served in prison for prisoners who participate in a recognised drug treatment programme in prison	Parole/early release	Main component	Include
Greece	Earlier release from prison for prisoners who participate in in a recognised drug treatment programme in prison, under the condition to continue participating in a corresponding programme in the community	Parole/early release	Main component	Include
Greece	Earlier conditional release for prisoners who have successfully completed participation in a recognised drug treatment program in prison	Parole/early release	Main component	Include
Greece	Suspension of the execution of prison and financial penalties for offences committed prior to the admittance in a recognised drug treatment program in the community	Suspension of sentence	Condition of alternative	Include
Greece	Omitting from the excerpt of the criminal record that is for public (not for court) use	Not an alternative	Not applicable	Exclude

	convictions for offenders who participate in a recognised drug treatment programme			
Hungary	Postponement of indictment	Suspension of sentence	Condition of alternative	Include
Hungary	Suspension of investigation	Suspension of investigation/prosecution	Condition of alternative	Include
Hungary	Termination of investigation	Suspension of investigation/prosecution	Condition of alternative	Include
Hungary	Suspension of procedure	Suspension of court proceedings	Condition of alternative	Include
Hungary	Termination of procedure	Suspension of court proceedings	Condition of alternative	Include
Hungary	Termination of investigation against co-operative suspect	Not an alternative	Not applicable	Exclude
Hungary	Rejection of complaint against co-operative suspect	Not an alternative	Not applicable	Exclude
Hungary	Suspension of the execution of imprisonment	Probation	Not applicable	Exclude
Hungary	Conditional sentence	Suspension of sentence	Condition of alternative	Include
Hungary	Release on parole	Parole/early release	Not applicable	Exclude
Hungary	Waiver of trial	Not an alternative	Not applicable	Exclude
Ireland	Drug Treatment Court	Drug Court	Main component	Include
Ireland	Community Service order	Community work	Not applicable	Exclude
Ireland	Community return	Parole/early release	Not applicable	Exclude
Italy	Probation for special cases (so called 'therapeutic probation')	Drug treatment	Main component	Include
Italy	Suspension of the execution of the custodial sentence	Suspension of sentence	Condition of alternative	Include
Italy	Substitute community service	Community work	Not applicable	Include
Italy	House arrest at the domicile of the drug (or alcohol) addict	Restriction of liberty	Main component	Include
Latvia	Community Service	Community work	Not applicable	Exclude
Latvia	Fine	Fine	Not applicable	Exclude
Latvia	Suspended sentence	Suspension of sentence	Not applicable	Exclude
Latvia	Conditional release from criminal liability	Suspension of investigation/prosecution	Not applicable	Exclude
Latvia	Release from Punishment or Serving of Punishment[e]	Parole/early release	Main component	Include

Lithuania	Suspension of a Sentence	Suspension of sentence	Condition of alternative	Include
Lithuania	Restriction of Liberty	Drug treatment	Main component	Include
Lithuania	Parole	Parole/early release	Not applicable	Exclude
Luxembourg	Voluntary treatment for drug addiction withdrawing charges	Suspension of investigation/prosecuti on	Main component	Include
Luxembourg	Therapeutic injunction exempting from punishment	Drug treatment	Main component	Include
Luxembourg	Community sentence	Community work	Not applicable	Exclude
Luxembourg	Deferred sentence with probation	Suspension of sentence	Condition of alternative	Include
Luxembourg	Suspended sentence with probation	Suspension of sentence	Condition of alternative	Include
Luxembourg	Conditional release	Parole/early release	Condition of alternative	Include
Luxembourg	Day parole	Intermittent custody	Condition of alternative	Include
Luxembourg	Temporary leave and suspended custodial sentence	Intermittent custody	Not applicable	Exclude
Luxembourg	Electronic monitoring	Restriction of liberty	Not applicable	Exclude
Malta	Probation order	Probation	Condition of alternative	Include
Malta	Community Service Order	Community work	Not applicable	Exclude
Malta	Combination order	Community work	Condition of alternative	Include
Malta	Suspended Sentence	Suspension of sentence	Not applicable	Exclude
Malta	Suspended Sentence Supervision Order	Suspension of sentence	Condition of alternative	Include
Malta	Drug Treatment order	Drug treatment	Main component	Include
Malta	Prison Leave	Parole/early release	Condition of alternative	Include
Malta	Parole	Parole/early release	Not applicable	Exclude
Netherlands	Referral to care/welfare, crisis intervention, mental health care (diversion)	Diversionary measure	Condition of alternative	Include
Netherlands	Dismissal	Suspension of investigation/prosecuti on	Condition of alternative	Include
Netherlands	Conditional suspension of pre-trial detention (remand)	Suspension of investigation/prosecuti on	Condition of alternative	Include
Netherlands	Conditionally suspended sentence (fine, community service order and custodial sentence)	Suspension of sentence	Condition of alternative	Include
Netherlands	Community Service Order	Community work	Not applicable	Exclude

Netherlands	ISD measure: placement in institution for repeat offenders	Drug treatment	Main component	Include
Netherlands	Hospital Order or TBS measure (committal to the care of the government)	Restriction of liberty	Not applicable	Exclude
Netherlands	Conditional release from prison (parole)	Parole/early release	Not applicable	Exclude
Netherlands	Life style training (cognitive behavioural training for offenders with addiction problems, aiming at relapse prevention)[d]	Drug treatment	Main component	Include
Netherlands	Behavioural training programmes (cognitive skills, aggression regulation, labour skills, budgeting)[d]	Other	Not applicable	Exclude
Netherlands	Penitentiary Programme	Not an alternative	Not applicable	Exclude
Netherlands	Art. 37 Criminal Code: The court may order that the person to whom a criminal offense cannot be attributed because of his inadequate development or mental disorder, will be referred to a psychiatric hospital, but only if he is dangerous to himself, others, or for the general safety of persons or goods	Not an alternative	Not applicable	Exclude
Netherlands	Art 43. Prisons Act: The prison governor is responsible for transferring the detainee to the designated place, if required by the necessary care and assistance as referred to in the first paragraph and such a transfer is compatible with the steady implementation of the deprivation of liberty	Not an alternative	Not applicable	Exclude
Netherlands	Admission to a psychiatric hospital (BOPZ)	Not an alternative	Not applicable	Exclude
Poland	Suspension of investigation (with the purpose to undergo therapy)	Suspension of investigation/prosecution	Main component	Include

Poland	Suspension of court proceedings (trial) (with the purpose to undergo therapy)	Suspension of court proceedings	Main component	Include
Poland	Suspension of implementation of imprisonment sentence (with the purpose to undergo therapy)	Parole/early release	Main component	Include
Portugal	Temporary suspension of administrative proceedings	Drug Addiction Dissuasion Committees	Main component	Include
Portugal	Suspension of the determination of the sanction	Drug Addiction Dissuasion Committees	Main component	Include
Portugal	Suspension of the enforcement of the sanction	Drug Addiction Dissuasion Committees	Main component	Include
Portugal	Warning notice	Drug Addiction Dissuasion Committees	Not applicable	Include
Portugal	Other non-pecuniary sanctions	Drug Addiction Dissuasion Committees	Not applicable	Exclude
Romania	The inclusion in an consumer's integrated assistance program	Drug treatment	Main component	Include
Romania	Fine	Fine	Not applicable	Exclude
Romania	Postponing the application of the penalty/Suspending the execution of the penalty	Suspension of sentence	Condition of alternative	Include
Romania	Safety measure of obligation to medical treatment	Not an alternative	Not applicable	Exclude
Romania	Safety measure of obligation to being hospitalised	Not an alternative	Not applicable	Exclude
Slovakia	Waiver of punishment	Suspension of investigation/prosecution	Not applicable	Include
Slovakia	Conditional waiver of prosecution	Suspension of investigation/prosecution	Not applicable	Include
Slovakia	Suspended Imprisonment Sentence for a Probationary Period	Suspension of sentence	Condition of alternative	Include
Slovakia	Suspended Imprisonment Sentence for a Probationary Period with Supervision	Suspension of sentence	Condition of alternative	Include
Slovakia	Pecuniary Penalty	Fine	Not applicable	Exclude
Slovakia	Community Service Work	Community work	Not applicable	Exclude
Slovakia	Compulsory treatment	Drug treatment	Main component	Include

Slovenia	Home imprisonment	Restriction of liberty	Not applicable	Exclude
Slovenia	Intermittent sentence	Intermittent custody	Not applicable	Exclude
Slovenia	Work to the common benefit (community work)	Community work	Not applicable	Exclude
Slovenia	Suspended sentence with custodial supervision	Suspension of sentence	Condition of alternative	Include
Slovenia	Conditional release with custodial supervision	Parole/early release	Not applicable	Exclude
Spain	Special sentence suspension for drug users	Drug treatment	Main component	Include
Spain	Surveillance in the community with drug treatment requirement	Drug treatment	Main component	Include
Spain	Detention in a drug treatment centre	Drug treatment	Main component	Include
Spain	Residential treatment in a drug centre	Parole/early release	Main component	Include
Sweden	Probation with community service	Probation	Not applicable	Exclude
Sweden	Probation with a special order about treatment	Probation	Condition of alternative	Include
Sweden	Probation with a special treatment plan (Contract care)	Drug treatment	Main component	Include
Sweden	Community service	Community work	Not applicable	Exclude
Sweden	Intensive supervision with electronic monitoring	Restriction of liberty	Condition of alternative	Include
Sweden	Special preparatory release measures (including activity release, extended activity release and stay in half way house)	Restriction of liberty	Not applicable	Exclude
Sweden	Stay in care	Drug treatment	Main component	Include
United Kingdom	Cannabis/khat warning (England and Wales)	Caution/warning/no action	Not applicable	Include
United Kingdom	Conditional caution (England and Wales)	Caution/warning/no action	Condition of alternative	Include
United Kingdom	Arrest referral/liaison and diversion	Diversionary measure	Main component	Include
United Kingdom	Drug Rehabilitation Requirement (England and Wales)	Probation	Main component	Include
United Kingdom	Drug Treatment and Testing Order (Scotland)	Drug treatment	Main component	Include

NOTES:
a. In the initial stages of the analysis, it was found that some alternatives could be directly excluded following suggestions by the expert or based on the research team's discretion. Also, some alternatives were classified as 'fine' (i.e. any pecuniary measure), and were excluded after ensuring that there were no conditions that met the study inclusion criteria. These two alternative categories were as such marked as 'not an alternative' and

'fine' respectively. These categories were excluded for further analysis and therefore not included in the main body of the report.
b. It should be acknowledged that the Cypriot expert indicated that these three forms of custody order (custody order, custody order with community service and custody order with education), who are dealt with under the same law, could be seen as one alternative. The Cypriot expert further noted that these were presented separately in the questionnaire as 'this would make the relevant options of the Court more comprehensible to the research team' (Cypriot expert). Following these comments, the research team decided to separately discuss these alternatives, since they have different terms attached to them (e.g. completing certain amount of working hours under custody order with community work versus following educational classes under the custody order with education).
c. It was noted by the Cypriot expert that: 'The law introducing this alternative was enacted in 1992. However, no regulations have ever been issued regulating the operation of the treatment centres as provided in the law. As a result, the law remains inactive to date'. However, new legislation was proposed in September 2015.
d. Note that these alternatives cannot be given on their own, only as a condition to another sentence. With regard to QCT in the Czech Republic, the experts noted: 'It can be imposed separately as the only sanction (incl. cases of waiver of punishment) or in addition to the punishment.' (Czech expert). With regard to lifestyle training aimed at drug-using offenders in the Netherlands, which was included for this study, the following was noted by the expert, 'Due to its limited length and intensity it seems fair to believe that the lifestyle training itself does not replace prison or other sentences. However conditional sentences with this training as one of its special conditions quite likely replace prison sentences of a considerable length.' As such, this alternative was included for this study.
e. Comment by Latvian expert: 'majority of the category «release from punishment» is for more severe drug crimes (i.e. Section 253(2) of the Criminal Law) but could rather be [used] because of lack of evidence

APPENDIX C: FURTHER INFORMATION ABOUT THE LITERATURE REVIEW

Table C1: Websites searched

Organisation	Website (all as of 29 February 2016)
UNODC (United Nations Office on Drugs and Crime)	https://www.unodc.org/
UNICRI, including Probation and Parole Database and related resources/publications	http://www.unicri.it/
Relevant Government department websites, such as, US Office of National Drug Control Policy, US National Institute on Drug Abuse	https://www.whitehouse.gov/ondcp http://www.drugabuse.gov/
Pompidou Group	http://www.coe.int/t/dg3/pompidou/default_en.asp
Australian Institute of Criminology	http://www.aic.gov.au/
Inter-American Drug Observatory	http://www.cicad.oas.org
National Drug and Alcohol Centre	https://ndarc.med.unsw.edu.au/
EMCDDA - European Monitoring Centre for Drugs and Drug Addiction	http://www.emcdda.europa.eu/
OEA-CICAD (Organización de los Estados Americanos – Comisión Interamericana para el Control del Abuso de Drogas)	http://www.cicad.oas.org/main/default_spa.asp
OID (Observatorio Interamericano sobre Drogas) and relevant national observatories, including: Argentina: Observatorio Argentino de Drogas Chile: Observatorio Chileno de Drogas (Ministro del Interior y Seguridad Publica)	http://www.cicad.oas.org/Main/Template.asp?File=/oid/redla_eng.asp Argentina: http://www.observatorio.gob.ar/ Chile: http://www.senda.gob.cl/
COPOLAD (Programa de Cooperación entre América Latina y la Unión Europea en Políticas sobre Drogas)	https://www.copolad.eu/
Organización Panamericana de la Salud	http://www.paho.org/hq/?lang=es
IDPC (International Drug Policy Consortium)	http://idpc.net/
UNODC (United Nations Office on Drugs and Crime)	https://www.unodc.org/

Box C1: search terms used in database search

"Drug treatment" AND "Offender OR criminal" "Drug treatment" AND "criminal justice" Sentence* AND drug AND offender Sentence* AND drug AND user Drug treatment order	Drug treatment AND sentence Alternatives to coercive sanctions Alternatives to prison AND drug drug addiction dissuasion committees Alternative sanctions AND drug
Medidas alternativas (alternative measures); "Alternativas al encarcelamiento" (alternatives to incarceration); "Alternativas a la persecución penal" (alternatives to penal prosecution); "Alternativas a la privación de libertad" (alternatives to deprivation of liberty) "Drogodependencia" (drug addiction); "Delitos de drogas" (drug-related infractions); "infractores dependientes de drogas" (drug using/dependent offenders)	"Tratamiento" (treatment); "Rehabilitación" (rehabilitation); "Reintegración" (reintegration); "Educación" (education); "Tribunales de Tratamiento de Adicciones" (drug courts) "Evaluación" (evaluation); "Costo-beneficio" (cost-benefit); "Eficiencia" (efficiency); "Reducción de la delincuencia" (crime reduction)

NOTES:
In the search of English language material, these terms were entered into the database 'EBSCO host' (specifying a search in Criminal Justice Abstracts and Social Sciences Abstracts) on 05/11/15. These terms yielded just under 70 hits, of which 45 were downloaded for review by the research team. Researchers undertook initial screening only downloading papers which (on basis of review of abstract) were relevant. Examples of sources that were excluded were those about: racial disparities in referrals; public acceptance; descriptions of the characteristics of treatment; conceptual, ethical aspects of quasi-coerced treatment; analysis of length of sentences for narcotics offences in the United States; availability of treatment. Appendix D lists all the studies identified in the search that were assessed to be broadly relevant – including those found not to meet the inclusion criteria.
In the initial searches of Spanish literature these terms were entered into the database 'EBSCO host' (specifying a search in Criminal Justice Abstracts and Social Sciences Abstracts and National Criminal Justice Reference Service Abstracts; academic Search Complete).

The Spanish language websites listed in Box C.1 identified five articles that appeared relevant (see Table C.2). However, after a screening the literature it became evident that none of the articles met the inclusion criteria, and such these references were excluded. In particular, the literature identified was qualitative in scope, offered only anecdotal evidence on effectiveness or focused on implementation processes of programmes.

Table C2: Spanish sources identified through search of specialist websites

Reference	Brief description
Treviño, M. 2014. Evaluación formativa y sumativa de Tribunales de Tratamiento de Drogas en las Américas. Informe de evaluación. As of 26 February 2016: http://cicad.oas.org/fortalecimiento_institucional/dtca/publications/files/Evaluation_DTCprogram2014_SPA.pdf	This evaluation is mainly focused on programme implementation. The study design is not clear and only a few interviews with participants were conducted. The evaluation includes a preliminary discussion on outcomes, but it is based solely on anecdotal evidence.
Droppelman, R. 2008. Análisis del proceso de implementación de los Tribunales de Tratamiento de Drogas en Chile. As of 26 February 2016: http://www.pazciudadana.cl/wp-content/uploads/2014/01/analisis-del-proceso-de-implementacion-ttd.pdf	This is a process evaluation of drug treatment courts in Chile. However, the study design is not clear. A satisfaction survey is included which was conducted on 20 participants of the drug courts.
López Beltrán, A.M. 2008. Las Cortes de Drogas Bajo el Enfoque de Justicia Terapeutica: Evaluación de Programas en Puerto Rico. Estudios de criminología, Vol. 3. 2008. ISBN 978-84-8427-620-3	This is a process evaluation of drug treatment courts in Puerto Rico. The focus of the evaluation is the interaction between the judge and the offender.
Rempel, M. 2014. Estudio diagnóstico del tribunal de tratamiento de adicciones de Guadalupe, Nuevo León, México. Observaciones y Recomendaciones. As of 26 February 2016: http://www.cicad.oas.org/Main/Template.asp?File=/main/pubs/pubs_spa.asp	This is a process evaluation which examines the policy context and the practices of a pilot drug treatment court in Mexico. The evaluation is based on a document review, 17 interviews with stakeholders and drug treatment court team members, two focus groups with a total of 14 drug court participants and structured observations.

APPENDIX D: STUDIES IDENTIFIED IN LITERATURE SEARCH

This appendix lists all the studies identified by the research team in the English language search.

Table D1: List of studies identified in literature search meeting the inclusion criteria (not including the studies as identified by member state experts)

	Description	Abstract (taken directly where possible)	Countries	Comments (see inclusion/exclusion criteria set out in Section 7.1)
Bahr, S. J., Masters, A. L., and Taylor, B. M. 2012. 'What Works in Substance Abuse Treatment Programs for Offenders?' *The Prison Journal* 92(2) 155–174.	A review of the current empirical research on the effectiveness of drug treatment programs.	The purpose of this article is to review current empirical research on the effectiveness of drug treatment programs, particularly those for prisoners, parolees, and probationers. The authors reviewed empirical research published after the year 2000 that they classified as Level 3 or higher on the Maryland Scale. Participants in cognitive-behavioral therapy (CBT), therapeutic communities, and drug courts had lower rates of drug use and crime than comparable individuals who did not receive treatment. Several different types of pharmacological treatments were associated with a reduced frequency of drug use. Those who received contingency management tended to use drugs less frequently, particularly if they also received cognitive behavioural therapy. Finally, researchers reported that drug use and crime were lower among individuals whose treatment was followed by an aftercare program. Effective treatment programs tend to (a) focus on high-risk offenders, (b) provide strong inducements to receive treatment, (c) include several different types of interventions simultaneously, (d) provide intensive treatment, and (e) include an aftercare component.	USA	Included Literature review of the effectiveness of ACS
Brown, R. T. (2010) Systematic reviews of the impact of adult drug-treatment courts, Translational Research 155 (6), 263-274	A systematic review of the impact of drug courts on reconviction and reincarceration of drug offenders in the United States.	The U.S. correctional system is overburdened with individuals suffering from substance use disorders. These illnesses also exact a heavy toll on individual and public health and well-being. Effective methods for reducing the negative impact of substance use disorders comprise critical concerns for policy makers. Drug treatment court (DTC) programs are present in more than 1800 county, tribal, and territorial jurisdictions in the United States as an alternative to incarceration for offenders with substance use disorders. This review article summarizes the available descriptive information on representative DTC populations and the observational studies of drug court participants, and it specifically reviews the available experimental effectiveness literature on DTCs. The review concludes by examining the limitations of the current literature, challenges to conducting research in drug court samples, and potential future directions for research on DTC interventions. A review of nonexperimental and quasi-experimental literature regarding the impact of DTCs points toward benefit versus traditional adjudication in averting future criminal behaviour and in reducing future substance use, at least in the short term. Randomied effectiveness studies of DTCs are scant (3 were identified in the literature on U.S. adult drug courts), and methodological	USA	Included Systematic review of the effectiveness of ACS

	Description	Abstract (taken directly where possible)	Countries	Comments (see inclusion/exclusion criteria set out in Section 7.1)
		issues develop in combining their findings. These randomized trials failed to demonstrate a consistent effect on rearrest rates for drug-involved offenders participating in DTC versus typical adjudication. The 2 studies examining reconviction and reincarceration, however, demonstrated reductions for the DTC group versus those typically adjudicated.		
De Wree, E., Pauwels, L., Colman, C. and De Ruyver, B. 2009b. 'Alternative sanctions for drug users: fruitless efforts or miracle solution?' *Crime, Law & Social Change.* 52 (5): 513-525.	The study examines the effects of judicial alternatives for drug users in Belgium.	In most Western European countries, including Belgium, judicial alternative sanctions are increasingly being used for drug users. Because no study into the effectiveness of Belgian judicial alternatives for drug users has yet been carried out, this became the objective of the current research. The design of this study comprises a pre and post measurement of the criminal activity, drug use and situation in different spheres of life of 565 drug-dependent offenders. Two conclusions can be drawn. First, after an alternative sanction or measure is imposed, there is a reduction in the criminal activity of the offender. Second, this crime reduction goes hand in hand with a progress in several relevant life spheres.	Belgium	Included Before and after study on the effect of ACS on recidivism, drug use and situation in life.
Gryczynski, J., Kinlock, T. W., Kelly, S. M., O'Grady, K. E., Gordon, M. S. and Schwartz, R. P. 2012. 'Opioid Agonist Maintenance for Probationers: Patient-Level Predictors of Treatment Retention'. *Drug Use, and Crime Substance Abuse*. 33 (1): 30-39.	Examination of impacts of specific form of drug treatment on heroin and cocaine use and income-generating criminal activity.	This study examined outcomes and their predictors among 181 probationers enrolling in opioid agonist maintenance with methadone or levo-alpha-acetylmethadol (LAAM). Participants were interviewed at treatment entry and 2-, 6-, and 12-month follow-ups. Treatment retention and frequency of heroin use, cocaine use, and income-generating criminal activity were examined using survival and longitudinal analyses. Participants reported marked reductions in drug use and crime relative to treatment entry. A number of patient characteristics associated with various outcomes were identified. The findings support engaging probationers in treatment and highlight patient factors that might influence outcomes.	USA	Included Before and after study looking at the effectiveness of ACS on drug use and offending
Hough, M., Clancy, A., McSweeney, T. and Turnbull, P. 2003. The Impact of Drug Treatment and Testing Orders on Offending: two-year reconviction results. Home Office.	The report analyses the impact of DTTOs on reoffending.	Drug Treatment and Testing Orders (DTTOs) were introduced as a new community sentence under the Crime and Disorder Act 1998. They were designed as a response to the growing evidence of links between problem drug use and persistent acquisitive offending. The order was originally piloted at three sites – in Croydon, Gloucestershire and Liverpool – over an 18-month period, beginning in late 1998. This report summarises the impact of the order on reconviction rates two years after the start of the order.	UK	Before and after study on reoffending following an ACS Included Already included in the review by EMCDDA (2015)
Huebner, B. M. and	This study	The prevalence of drug use among probationers, and the entire offender	USA	Excluded

	Description	Abstract (taken directly where possible)	Countries	Comments (see inclusion/exclusion criteria set out in Section 7.1)
Cobbina, J. 2007. 'The Effect of Drug Use, Drug Treatment Participation and Drug Treatment Completion on Probationer Recidivism', *Journal of Drug Issues*. 37 (3): 619-641.	considers the interaction of drug use, drug treatment provision, and treatment completion on recidivism using data from the 2000 Illinois Probation Outcome Study.	population, has been well documented. Numerous drug treatment modalities have been shown to reduce recidivism among this population; however, analyses of programmatic success are often based on a subset of offenders who complete treatment. Less is known about individuals who fail to complete treatment. The goal of the current study is to consider the interaction of drug use, drug treatment provision, and treatment completion on recidivism using data from the 2000 Illinois Probation Outcome Study. Based on probationer self-reports, official court documentation, probation records and arrest data. Findings from a series of proportional hazard models indicate that probationers who failed to complete treatment were more likely to be rearrested in the four years following discharge from probation, even when compared to individuals who needed treatment but did not enroll. Moreover, probationers who failed to complete treatment had more serious criminal histories and fewer ties to society. The research has important implications for the measurement of treatment provision in studies of recidivism, in specific, and more generally for the need to engage and retain probationers in drug treatment.		Longitudinal study with comparison group looking at effect of ACS on offending
McSweeney, T., Stevens, A., Hunt, N. and Turnbull, P. 2007. 'Twisting arms or a helping hand? Assessing the Impact of 'Coerced' and Comparable 'Voluntary' Drug Treatment Options' Brit. J. Criminol. 47:470–490.	This study looks at offending behaviour, illicit drug use and reintegration outcomes of a group of court-mandated treatment clients and clients entering these treatment services through non-criminal justice routes.	Despite the rapid expansion of options to coerce drug-dependent offenders into treatment—culminating recently in the provisions of the 2005 Drugs Act and the government's 'Tough Choices' agenda—research findings to date are equivocal about their impact in reducing crime. This paper presents UK findings from a pan-European study on this issue. The results—at both national and international levels—reveal that court-mandated clients reported significant and sustained reductions in illicit drug use and offending behaviours, and improvements in other areas of social functioning. Those entering the same treatment services through non-criminal justice routes also reported similar reductions and improvements. The implications of these findings are discussed in the context of recent policy developments.	UK	Included Study looking at effectiveness of ACS on offending and other outcomes, involving comparison between a random sample of court-mandated treatment clients and clients entering these treatment services through non-criminal justice routes.
Mitchell, O., Wilson, D. B., Eggers, A. & Mackenzie, D. L. 2012. 'Assessing the effectiveness of drug courts on recidivism: A meta-analytic	The review calculated effect sizes in relation to the drug courts' effects on general recidivism, drug-related recidivism	Purpose: The objective of this research was to systematically review quasi-experimental and experimental evaluations of the effectiveness of drug courts in reducing offending. Methods: Our search identified 154 independent evaluations: 92 evaluations of adult drug courts, 34 of juvenile drug courts, and 28 of DWI drug courts. The findings of these studies were synthesized using meta-analysis. Results: The vast majority of adult drug court evaluations, even the most	United States of America, Australia, New Zealand, Canada and Guam	Included Meta analysis of the effectiveness of ACS

	Description	Abstract (taken directly where possible)	Countries	Comments (see inclusion/exclusion criteria set out in Section 7.1)
review of traditional and non-traditional drug courts.' Journal of Criminal Justice 40, 60-71. Mitchell, O., Wilson, D. B., Eggers, A. & Mackenzie, D. L. (2012) Drug Courts' Effects on Criminal Offending for Juveniles and Adults, Campbell Systematic Review 4.	and drug use.	rigorous evaluations, find that participants have lower recidivism than non-participants. The average effect of participation is analogous to a drop in recidivism from 50% to 38%; and, these effects last up to three years. Evaluations of DWI drug courts find effects similar in magnitude to those of adult drug courts, but the most rigorous evaluations do not uniformly find reductions in recidivism. Juvenile drug courts have substantially smaller effects on recidivism. Larger reductions in recidivism were found in adult drug courts that had high graduation rates, and those that accepted only non-violent offenders. Conclusions: These findings support the effectiveness of adult drug courts in reducing recidivism. The evidence assessing DWI courts' effectiveness is very promising but more experimental evaluations are needed. Juvenile drug courts typically produce small reductions in recidivism.		
Powell, C., Christie, M., Bankart, J., Bamber, D. and Unell, I. 2011, 'Drug treatment outcomes in the criminal justice system: what non self-report measures of outcome can tell us', *Addiction Research and Theory* 19(2), pp. 148–160.	The report examines the non-self-report measures of offending and drug use for coerced drug treatment (DTTO).	Coerced drug treatment has become a common route for drug users to enter drug treatment in the UK and has been shown to be effective in reducing drug use and offending. This article presents the non-self-report measures of offending and drug use for one such treatment. The results support the findings of other studies in that those with lower offending rates prior to starting treatment and lower drug use during treatment show reduced offending following treatment commencement. More serious drug-using offenders showed limited changes in their offending following drug treatment. Possible explanations for this are discussed.	UK	Included Before and after study into effectiveness of ACS in terms of offending
Rengifo, A. F. and Stemen, D. 2013. 'The Impact of Drug Treatment on Recidivism: Do Mandatory Programs Make a Difference? Evidence From Kansas's Senate Bill 123'. *Crime & Delinquency.* 59 (6): 930-950.	A comparison of the recidivism rates for eligible drug possessors sentenced under Kansas's mandatory drug treatment policy to those of similar offenders receiving alternative sentences.	This study compares the recidivism of eligible drug possessors sentenced under Kansas's mandatory drug treatment policy (SB 123) to those of similar offenders receiving other sentences. Using multinomial logistic regression, the authors found that participation in SB 123 was generally associated with a *decrease* in the likelihood of recidivism. However, models relying on matched samples of offenders generated via propensity scores showed that SB 123 did not have a significant impact on recidivism rates relative to community corrections and actually increased recidivism rates relative to court services. The authors argue that the limited effect of SB 123 on recidivism stems from the net-widening effects often encountered with mandatory sentencing policies rather than inherent problems with the delivery of treatment.	USA	Included Study using a matched comparison looking at effect of ACS on recidivism.

	Description	Abstract (taken directly where possible)	Countries	Comments (see inclusion/exclusion criteria set out in Section 7.1)
Sevigny, E. L., Fuleihan, B. K. & Ferdik, F. V. 2013. 'Do drug courts reduce the use of incarceration?: A meta-analysis.' Journal of Criminal Justice 41, 416-425.	Review of non-experimental, quasi-experimental and experimental studies on the effect of drug courts on length and indigence of incarceration.	Drug courts have been widely praised as an important tool for reducing prison and jail populations by diverting drug-involved offenders into treatment rather than incarceration. Yet only a small share of offenders presenting with drug abuse or dependence are processed in drug courts. This study uses inmate self-report surveys from 2002 and 2004 to examine characteristics of the prison and jail populations in the United States and assess why so many drug-involved offenders are incarcerated. Our analysis shows that four factors have prevented drug courts from substantially lowering the flow into prisons and jails. In descending order of importance, these are: drug courts' tight eligibility requirements, specific sentencing requirements, legal consequences of program noncompliance, and constraints in drug court capacity and funding. Drug courts will only be able to help lower prison and jail populations if substantial changes are made in eligibility and sentencing rules.	USA	Included Meta analysis of the effectiveness of ACS
Shaffer, D. K. 2011. 'Looking Inside the Black Box of Drug Courts: A Meta-Analytic Review.' Justice Quarterly, 28 (3), 493-521	Review of non-experimental, quasi-experimental and experimental studies on the effect of drug courts on recidivism and the characteristics of effective drug courts.	There has been a rapid proliferation of drug courts over the past two decades. Empirical research examining the effectiveness of the model has generally demonstrated reduced rates of recidivism among program participants. However, relatively little is known about the structure and processes associated with effective drug courts. The current study seeks to address the issues by exploring the moderating influence of programmatic and non-programmatic characteristics on effectiveness. The methodology goes beyond previous meta-analyses by supplementing published (and unpublished) findings with a survey of drug court administrators. Consistent with previous research, the results revealed drug courts reduce recidivism by 9% on average. Further analyses indicated target population, program leverage and intensity, and staff characteristics explain the most variability in drug court effectiveness. These findings are discussed within the context of therapeutic jurisprudence and effective interventions.	USA	Included Meta analysis of the effectiveness of ACS
Skodbo, S., Brown, G., Deacon, S., Cooper, A., Hall, A., Millar, T. et al. 2007. *The drug interventions programme (DIP): addressing drug use and offending through 'Tough Choices'*, Home Office. As of 26 February 2016:	Before and after study on recidivism in participants in the Drug Interventions Programme	This paper outlines how individuals who test positive for heroin, cocaine or crack cocaine in the custody suite were engaged by the Drug Interventions Programme (DIP) and directed to the point of drug treatment, and how well DIP managed to retain individuals at various stages in the process. It also examines whether the implementation of Tough Choices from 1 April 2006 changed the characteristics of people coming through DIP and whether it improved the retention of drug users in the programme. Finally it describes the offending patterns of those testing positive before and after they are exposed to DIP.	UK	Included Before and after study into effectiveness of ACS in terms of offending

	Description	Abstract (taken directly where possible)	Countries	Comments (see inclusion/exclusion criteria set out in Section 7.1)
(http:// webarchive.nationalarchives.gov.uk/20081023092008/http://www.homeoffice.gov.uk/rds/pdfs07/ horr02c.pdf).				
Sung, H. 2011 'From Diversion to Reentry: Recidivism Risks Among Graduates of an Alternative to Incarceration Program', *Criminal Justice Policy Review.*22(2): 219–234.	Study looks at offenders who were diverted into community-based restrictive sanctions and the impact on recidivism.	Re-entry usually refers to the transition from incarceration to community living. However, offenders diverted from prison to community-based restrictive sanctions also face the challenge of social reintegration. This study uses a post-matching case–control design to identify risk and protective factors for 1-year recidivism among completers of the Drug Treatment Alternative to Prison (DTAP) program in Brooklyn, New York. DTAP is a deferred-sentencing program targeting repeat drug-abusing felons arrested for drug sales. Participants are required to plead to a felony charge and spend 18 to 24 months in residential treatment. Forty-seven DTAP completers who had been re-arrested within a year of their dismissal are compared to 47 matched non-recidivists. Results suggest that weak treatment engagement and social isolation considerably increase the risk of recidivism. Certain health conditions and/or medical needs also significantly correlate to reoffending. Implications for re-entry policy making and research are discussed.	USA	Included Post-matching case-control design evaluation looking at effect of ACS on recidivism
Uchtenhagen, A., Schaaf, S., Bock, I., Frick, U., Grichting, E., Bolliger, H. 2006. 'QCT Europe Quasi-compulsory and compulsory treatment of drug dependent offenders in Europe. Final report on quantitative evaluation. Zurich: Research Institute for Public Health and Addiction at Zurich University	This study examines the effects of QCT on drug using offenders in the United Kingdom, Italy, Austria, Switzerland and Germany.	This study looked at several hypotheses around the effect of quasi-compulsory treatment (QCT) on drugusing offenders in different countries. Within this study, the experimental group consisted of the QCT group receiving treatment (residential or out-patient) on court order, as an optional alternative to imprisonment or other punishment, in a regular treatment institution where voluntary treatment is also provided. Comparison group type 1 (CG1) consisted of persons entering voluntarily treatment institutions where QCT also is provided. Comparison group type 2 (CG2) were persons eligible for being referred to treatment institutions but preferring imprisonment or some other punishment. Based on data collection at several points in time and through different methods (self-report interviews, medical and police information) it was found that quasi-compulsory treatment is effective in reducing substance use and crime, and in improving social integration through employment. Quasi-compulsory treatment is as effective as voluntary treatment (if received in the same treatment services). Giving drug dependent offenders an option to go to treatment is an effective alternative to imprisonment.	Different sites in the United Kingdom, Italy, Austria, Switzerland and Germany	Included Comparative study with experimental and control groups (sampling strategy unknown). Looking at effect of ACS on substance use and crime

	Description	Abstract (taken directly where possible)	Countries	Comments (see inclusion/exclusion criteria set out in Section 7.1)
Wilson, D. B., Mitchell, O. & Mackenzie, D. L. 2006. 'A systematic review of drug court effects on recidivism.' The Journal of Experimental Criminology, 2, 459-487.	Review of quasi-experimental and experimental studies on the effect of drug courts on recidivism.	Drug courts have been proposed as a solution to the increasing numbers of drug involved offenders entering our criminal justice system, and they have become widespread since their introduction in 1989. Evaluations of these programs have led to mixed results. Using meta-analytic methods, we systematically reviewed the extant evidence on the effectiveness of drug courts in reducing future criminal offending. Fifty studies representing 55 evaluations were identified, including both experimental and quasi-experimental comparison group designs. The overall findings tentatively suggest that drug offenders participating in a drug court are less likely to reoffend than similar offenders sentenced to traditional correctional options. The equivocation of this conclusion stems from the generally weak methodological nature of the research in this area, although higher quality studies also observed positive results. Furthermore, the evidence tentatively suggests that drug courts using a single model (pre- or post-plea) may be more effective than those not employing these methods. These courts have a clear incentive for completion of the drug court program.	USA	Included Systematic review of the effectiveness of ACS
Zarkin, G. A., Dunlap, L. J., Belenko, S. and Dynia, P. A. 2005. 'A Benefit-Cost Analysis of the Kings County District Attorney's Office Drug Treatment Alternative to Prison (DTAP) Program', *Justice Research & Policy.* 7 (1): 4-4.	Comparison of the DTAP programme against traditional sanctions.	The findings indicated that in comparison to the traditional criminal justice process, the DTAP program provided a cost-beneficial alternative to prison for nonviolent felony drug offenders. The results indicated that 57 percent of DTAP participants were rearrested during the follow-up period compared with 75 percent of the comparison group. Moreover, only 30 percent of DTAP participants had a new jail sentence and only 7 percent had a new prison sentence compared with 51 percent and 18 percent, respectively, of comparison subjects. The authors note that the benefits increase in each subsequent year of analysis, underscoring the importance of adopting a long-term perspective to criminal justice policy. The 6-year cumulative cost of the programs indicated that the DTAP program saved an average of $88,554 over the study period. Data from a 6-year longitudinal quasi-experimental design with 2 groups--150 DTAP participants and a matched comparison group of 130 drug offenders who entered prison were used to estimate the criminal justice system costs associated with criminal recidivism across the 2 groups.	USA	Included Study into effect of ACS on reoffending using a non-randomised comparison group and including a cost benefit analysis.
Werb, D., Kamarulzaman, A., Meacham, M. C., Rafful, C., Fischer, B., Strathdee, S. A. and Wood, E. 2016. 'The effectiveness of compulsory drug	Systematic review	We conducted a systematic review of studies assessing the outcomes of compulsory treatment. We conducted a search in duplicate of all relevant peer-reviewed scientific literature evaluating compulsory treatment modalities. Eligibility criteria are as follows: peer-reviewed scientific studies presenting original data. Primary outcome of interest was post-treatment drug use. Secondary outcome of interest was post-treatment criminal recidivism. Results: Of an initial 430 potential studies identified, nine quantitative studies met the inclusion criteria. Studies evaluated compulsory treatment options including drug	China, Sweden, Taiwan, Thailand, US	Included Systematic review of effectiveness of ACS.

	Description	Abstract (taken directly where possible)	Countries	Comments (see inclusion/exclusion criteria set out in Section 7.1)
treatment: A systematic review' *International Journal of Drug Policy,* 28, 1-9.		detention facilities, short (i.e., 21-day) and long-term (i.e., 6 months) inpatient treatment, community-based treatment, group-based outpatient treatment, and prison-based treatment. Three studies (33%) reported no significant impacts of compulsory treatment compared with control interventions. Two studies (22%) found equivocal results but did not compare against a control condition. Two studies (22%) observed negative impacts of compulsory treatment on criminal recidivism. Two studies (22%) observed positive impacts of compulsory inpatient treatment on criminal recidivism and drug use. Conclusion: There is limited scientific literature evaluating compulsory drug treatment. Evidence does not, on the whole, suggest improved outcomes related to compulsory treatment approaches, with some studies suggesting potential harms. Given the potential for human rights abuses within compulsory treatment settings, non-compulsory treatment modalities should be prioritized by policymakers seeking to reduce drug-related harms.		

Table D2: List of studies identified in literature search that did not meet the inclusion criteria (not including the studies as identified by member state experts)

	Description	Abstract (taken directly were possible)	Countries	Comments
Best, D., Day, E. D., Morgan, B., Oza, T., Copello, A. and Gossop, M. 2009. 'What treatment means in practice: An analysis of the delivery of evidence-based interventions in criminal justice drug treatment services in Birmingham, England', *Addiction Research & Theory* 17 (6): 678-687.	The report assesses drug working sessions in the criminal justice system.	There is evidence that treatment for opiate addiction is effective in reducing drug use and offending, based on effective combinations of substitution prescribing and evidenced psychosocial treatments, yet concerns that few structured interventions are delivered in 'real life' settings. The current study assessed what keyworkers perceive as going on in drug working sessions in the criminal justice system. To assess what is actually delivered, cross-sectional case reviews were undertaken of 344 files of drug-using offenders in treatment, and interviews with the 35 keyworkers delivering case management and psychosocial interventions to the clients in these cases. This constituted all the active cases in the Drug Intervention Programme (DIP) in Birmingham, UK. Clients were typically seen for a mean of 44.3 min per session, in which time a range of tasks were undertaken, and workers estimating that evidenced interventions accounted for an average of 10 minutes per session. There was marked variability in session length and content, with some of this variability predicted by client characteristics, and by worker and team factors. The study provides little support for the delivery of evidence-based psychosocial interventions in mandated drug treatment services.	UK	Excluded Focus is not on the effectiveness of ACS.(Process evaluation of how treatment is implemented)
Birgden, A. 2008. 'A Compulsory Drug Treatment Progam for Offenders in Australia: Therapeutic Jurisprudence Implications', *Thomas Jefferson Law Review.*30 (2): 367-390.	A report on the *Compulsory Drug Treatment Correctional Centre Bill* 2004, from a therapeutic jurisprudence perspective.	This article has considered social science evidence to determine the likely therapeutic and anti-therapeutic effects of the Compulsory Drug Treatment Program in practice. In operationalizing the objectives of the legislation, the Program aims to manage risk and meet needs, which is consistent with therapeutic jurisprudence principles in the context of offender rehabilitation, as previously proposed. In conclusion, with appropriate procedures and legal actors in place, the Compulsory Drug Treatment Program is potentially therapeutic for the community in managing risk and therapeutic for participant in meeting needs.	Australia	Excluded Focus is not on the effectiveness of ACS.(non-empirical discussion of likely impacts of a new law)
Clancey, G. and Howard, J. 2006. 'Diversion and criminal justice drug treatment: mechanism of emancipation or social control?' *Drug & Alcohol Review.* 25 (4): 377-385.	An overview of alternative sanctions available in Australia with brief	In Australia, as elsewhere, there has been a rapid growth in programs to divert drug-using offenders from the criminal justice system to assessment and treatment. In this Harm Reduction Digest, which builds on papers presented at the APSAD Conference in Melbourne, November 2005, Clancey and Howard take a reflexive look at the Australian experience since the	Australia	Excluded Focus is not on the effectiveness of ACS (maps ACS in Australia and

	Description	Abstract (taken directly were possible)	Countries	Comments
	descriptions on evaluation findings of these initiatives.	launch of the National Illicit Drug Diversion Initiative in 1999. In putting diversion within a broader criminological and societal context, they suggest that we may have criminalised drug policy and may ultimately be doing more harm than good.		included some non-systematic description of evaluations)
Eley, S., Beaton, K. and McIvor, G. 2005. 'Co-operation in Drug Treatment Services: Views of Offenders on Court Orders in Scotland'. *Howard Journal of Criminal Justice.* 44 (4): 400-410.	This paper looks at client perspectives about co-operation in substance misuse treatment.	Accessing client perspectives about co-operation in substance misuse treatment offers important information to enhance services and improve drop-out rates. This article reports upon qualitative data from a localised study of service needs of offenders in Scotland who were undertaking community-based court orders. The views of 27 men and two women on their current and recent treatment offer rich insights into factors influencing their co-operation in treatment. In contradiction to the voluntaristic ideology of treatment services, their voices identify the criminal justice system as offering strong support in the completion of treatment programmes.	Scotland	Excluded Focus is not on the effectiveness of ACS (process evaluation of views of those receiving ACS)
Gainey, R., Steen, S. & Engen, R. L. 2005. 'Exercising Options: An Assessment of the Use of Alternative Sanctions for Drug Offenders.' *Justice Quarterly*, 22:4, 488-520.	This paper considers the relationship between the use of alternative sanctions and sentencing guidelines.	In this paper, we explore a relatively unexamined area of sentencing—the use of alternative sanctions. While researchers have discussed the potential uses and misuses of alternative sanctions, few have focused on who receives them and why. We argue that, while alternative sanctions have the potential to be useful tools, they also open "windows of discretion" that may disadvantage certain groups. We use quantitative and qualitative data from Washington State to explore how alternative sanctions are applied in cases involving felony drug offenders. The results of quantitative analyses are largely consistent with current theories of sentencing in that court officials rely heavily on indicators of danger and blameworthiness in determining when to apply alternative sanctions. Qualitative analyses, however, suggest that decisions about alternative sanctions are complex, and that court officials' beliefs about the fairness and efficacy of sentencing options influence the extent to which they will use available alternatives. Implications for criminal justice theory, public policy, and future research are discussed.	USA	Excluded Focus is not on the effectiveness of ACS.
Greaves, A., Best, D., Day, E. D. and Foster, A. 2009. 'Young people in coerced drug treatment: Does the UK Drug Intervention Programme provide a useful and effective service to young offenders?', *Addiction Research & Theory*. 17 (1): 17-29.	This study investigated a sample of young drug-using offenders	Although clear relationships have been identified between dependent drug use and crime, the relationship is less evident in young offenders, particularly for less physically dependent users. This study investigated a sample of young drug-using offenders (aged 18–24; n=36) accessing drug treatment through the criminal justice system in Birmingham, UK, using structured	UK	Excluded Focus is not on the effectiveness of ACS.(Process evaluation of

	Description	Abstract (taken directly were possible)	Countries	Comments
	accessing drug treatment through the criminal justice system.	interviews for the collection of both qualitative and quantitative data. It identified high levels of heroin dependence, with frequency of use linked to both acquisitive crime and willingness to engage in treatment. The relationship between crack cocaine use and offending was less clear with more client ambivalence regarding desire to stop using the drug. Whilst most praised their treatment, and their workers, substitute prescribing was less positively endorsed. The study offers some support for diverting young dependent opiate users from criminal justice services into drug treatment, but presents a less positive prognosis for primary stimulant users.		how treatment is implemented)
Holloway, K., Bennett, T. and Farrington, D. 2008. *Effectiveness of Treatment in Reducing Drug-Related Crime*. Swedish National Council for Crime Prevention, Stockholm.	Systematic review on the effects of certain interventions for drug use on criminal behaviour.	This report presents the results of a systematic review of the literature on the effects of different kinds of intervention for problematic drug use on criminal behaviour. The main selection criteria were that the evaluation should be based on voluntary treatment programmes that aimed to reduce drug use (e.g. methadone maintenance, detoxification, or self-help programs) or criminal justice programmes that aimed to reduce drug use and drug-related crime (e.g. drug courts and drug testing programmes).	Most studies were from the United States; the remainder from the UK and a few other countries.	Excluded Review did not disaggregate in analysis between voluntary treatments that aimed to reduce drug use and interventions that were part of ACS
Hueber, B. M. 2006. *Drug Abuse, Treatment, and Probationer Recidivism*. Illinois Criminal Justice Information Authority.	This report examines the relationship between drug use and recidivism among a sample of probationers.	The purpose of this study is to examine the relationship between drug use and recidivism among a sample of probationers and to consider how generalized drug treatment participation and completion further affect this relationship. Data for this project were obtained from the 2000 Illinois Probation Outcome Study and includes 3,017 individuals discharged from probation in the State of Illinois from October 30 through November 30, 2000. Probationers were followed up for four years to ascertain the prevalence and timing of arrests subsequent to discharge from probation.	USA	Excluded Focus is not on the effectiveness of ACS. (Research on relation between drug use and recidivism but not about effect of ACS on drug use)
Kolind, T., Frank, V. A., & Dahl, H. 2010. 'Drug treatment or alleviating the negative consequences of imprisonment? A critical view of prison-based drug treatment in Denmark.' *International Journal of Drug Policy* 21: 43–48.	A study of four cannabis treatment programmes and four	*Background:* The availability of prison-based drug treatment has increased markedly throughout Europe over the last 15 years in terms of both volume and programme diversity. However, prison drug treatment faces problems and challenges because of the tension between ideologies of rehabilitation and	Denmark	Excluded Study was about prison-based drug treatments (not

	Description	Abstract (taken directly were possible)	Countries	Comments
	psychosocial drug treatment programmes in four Danish prisons.	punishment. *Methods:* This article reports on a study of four cannabis treatment programmes and four psychosocial drug treatment programmes in four Danish prisons during 2007. The data include the transcripts of 22 semi-structured qualitative interviews with counsellors and prison employees, prison statistics, and information about Danish laws and regulations. *Results:* These treatment programmes reflect the 'treatment guarantee' in Danish prisons. However, they are simultaneously embedded in a new policy of zero tolerance and intensified disciplinary sanctions. This ambivalence is reflected in the experiences of treatment counsellors: reluctantly, they feel associated with the prison institution in the eyes of the prisoners; they experience severe opposition from prison officers; and the official goals of the programmes, such as making clients drug free and preparing them for a life without crime, are replaced by more pragmatic aims such as alleviating the pain of imprisonment felt by programme clients. *Conclusion:* The article concludes that at a time when prison-based drug treatment is growing, it is crucial that we thoroughly research and critically discuss its content and the restrictions facing such treatment programmes. One way of doing this is through research with counsellors involved in delivering drug treatment services. By so doing, the programmes can become more pragmatic and focused, and alternatives to prison-based drug treatment can be seriously considered.		within definition of ACS.)
McSweeney, T. 2008. Quasi-coerced treatment of adult drug-dependent offenders: findings from a survey conducted in the Pompidou Group's member states, Council of Europe, Strasbourg. As of 26 February 2016: (http://www.coe.int/T/DG3/Pompidou/Source/Activities/Justice/P-PG-CJ_2008_15rev1_en.pdf).	An overview of existing guidelines on QTC disposals for adult drug-dependent offenders	The aim of the survey was to provide an overview of existing guidelines on quasi-compulsory treatment disposals for adult drug-dependent offenders within 35 member states of the Council of Europe.	35 member states of the Council of Europe.	Excluded Focus is not on the effectiveness of ACS (relates to guidelines for quasi-compulsory treatment).
Pelissier, B., Jones, N. and Cadigan, T. 2007. 'Drug treatment aftercare in the criminal justice system: A systematic review'. *Journal of Substance Abuse Treatment.* 32 (3): 311-320.	This paper reviews how much is actually known about	Drug treatment aftercare is frequently cited as necessary for individuals served within the criminal justice system. The purposes of this article are to review how much is actually known about aftercare and to highlight issues in studying the role of aftercare. We begin with a review of the literature, looking at	USA	Excluded Focus is not on the effectiveness of ACS (looks at

	Description	Abstract (taken directly were possible)	Countries	Comments
	drug treatment aftercare for individuals in the criminal justice system, and highlights issues in studying the role of aftercare.	how aftercare is defined within the criminal justice system outcome literature and the findings on aftercare for offenders who received initial treatment from in-prison substance use treatment programs. We continue with a discussion of how substance use treatment provided within the federal system, drug use patterns, and responses to drug use create methodological difficulties in adequately assessing the effectiveness of aftercare services. Taking into account both the previous research on aftercare and the issues encountered in attempting to evaluate the federal aftercare services, we concluded that the claim of certainty about aftercare effectiveness is not well substantiated and that the precise nature of aftercare services needed is not well understood. We conclude with a discussion of the methodological and substantive issues that need to be addressed in future research. Issues identified include the need to address self-selection bias and to disentangle offender behavior from the effects of criminal justice system policies. Research is also needed to identify the most effective type and intensity of aftercare.		effectiveness of after care)
Powell, C. L., Bamber, D., and Christie, M. M. 2007. 'Drug treatment in the criminal justice system: Lessons learned from offenders on DTTOs'. *Drugs: Education, Prevention & Policy.* 14 (4): 333-345.	A process evaluation of the DTTO programme.	The current paper formed part of a wider evaluation of a stand-alone Drug Treatment and Testing Order (DTTO) programme within a UK area probation service. One hundred forty-three semi-structured interviews were conducted over a four-year period with 107 offenders at varying stages of a DTTO in order to sample opinions on and experiences of DTTOs. Overall, offenders reported their primary aim on a DTTO was to become drug free through use of their time, gainful employment and stable housing. They appreciated the sentencing courts' view of the order as treatment for drug use rather than a punishment for offending, resulting in multiple chances for offenders on the order. Generally, interviewees found the staff support and the activities helpful and viewed drug testing and court reviews as positive incentives to reduce their substance use. The breach process was reported as positive although overly strict. Other criticisms reflected the difficulties with group interventions for such a varied group of offenders, some of whom were more motivated to change their drug use than others. In light of the findings in the current paper, the implications for the Drug Rehabilitation Requirements (DRRs), introduced under the UK's Criminal Justice Act (2003), are discussed.	UK	Excluded Focus is not on the effectiveness of ACS (process evaluation about implementation of ACS)..
Ricketts, T., Bliss, P., Murphy, K. and Brooker, C. 2005.	This paper	*Aims*. To examine the experiences of offenders in engaging with	UK	Excluded

	Description	Abstract (taken directly were possible)	Countries	Comments
'Engagement with drug treatment and testing orders: A qualitative study'. *Addiction Research & Theory* 13 1 65-78	considers the experiences of offenders participating in DTTOs.	Drug Treatment and Testing Orders (DTTOs). To identify the processes common to successful engagement and how those processes differ in unsuccessful engagement. *Design*. Grounded theory method utilising data from semi-structured interviews with DTTO participants. *Participants*. Fifteen informants at varied stages of DTTO participation across South Yorkshire, England. *Findings*. Engagement appeared to be affected by factors related to the organisation of services, intensity and relevance of activities, and relationships with staff. There was a changing emphasis in the importance of different aspects as the DTTO progressed. Factors identified relate to well-organised services and the concept of programme integrity. *Conclusions*. Many of the factors identified as supporting enhanced engagement with DTTOs are under the control of services and staff. There are particular implications for communication among staff and between the staff and offenders.		Focus is not on the effectiveness of ACS (process evaluation of views of those receiving ACS)
Roberts, E. A., Contois, M. W., Willis, J. C., Sr., Worthington, M. R. and Knight, K. 2007. 'Assessing Offender Needs and Performance for Planning and Monitoring Criminal Justice Drug Treatment', *Criminal Justice & Behavior.* 34 (9): 1179-1187	This article provides an overview of how selected scales are being used to inform treatment planning and service delivery in a large, intensive therapeutic community program for substance-abusing offenders.	With the rise of coerced treatment in both correctional and community settings, increased awareness and focus is being placed on motivation for change and treatment readiness as dynamic factors relevant to individual treatment planning. In addition, within correctional-treatment populations, the need for targeting criminal-thinking and attitudes as primary treatment issues also has been well-established. The importance of these two issues to the effectiveness of treatment programming highlights the need for instruments that can reliably assess offender risk and needs, guide the treatment planning process, and monitor progress over time. This article provides an overview of how selected scales from the Texas Christian University Criminal Justice Client Evaluation of Self and Treatment and Criminal Thinking Scales instruments are being used to inform treatment planning and service delivery in a large, intensive therapeutic community program for substance-abusing offenders in Virginia.	USA	Excluded Focus is not on the effectiveness of ACS (looks at tools for treatment planning).
Seddon, T. 2007. 'Coerced drug treatment in the criminal justice system: Conceptual, ethical and criminological issues', *Criminology & Criminal Justice: An International Journal*. 7 (3): 269-286.	This paper looks at the conceptual, ethical and criminological aspects of	A striking phenomenon in many western countries is the increasing use of the criminal justice system as a means of channelling and coercing drug users into treatment. Despite somewhat equivocal research evidence about its effectiveness, this approach has continued to expand, including in Britain. This article takes a step back and explores some of the critical	UK	Excluded Focus is not on the effectiveness of ACS (non-empirical

	Description	Abstract (taken directly were possible)	Countries	Comments
	coerced treatment in the criminal justice system.	background issues that have been largely overlooked to date. Some conceptual, ethical and criminological aspects of coerced treatment in the criminal justice system are considered. It is argued that coerced treatment is a central issue for both contemporary criminology and criminal justice policy.		discussion of merits of coercive and quasi coercive treatment)
Soulet, M.-H. and Ouveray, K. 2006. *QCT Europe final report: constructing, producing and analysing the qualitative evidence.* As of 26 February 2016: (https://english.wodc.nl/onderzoeksdatabase/the-quasicompulsory-treatment-of-drug-dependant-offenders-in-europe-qct-europe.aspx).	Final report of a series looking at how court ordered treatments work in practice.	The focus of these reports is to understand how court ordered treatments work. Much emphasis was placed upon what was seen as an intrinsic tension or paradox consisting of 'pushing' individuals into treatments whereas, according to much accumulated evidence from previous studies, treatments for drug offenders will be compromised if clients are not willing or motivated.	Europe-wide	Excluded Focus is not on the effectiveness of ACS.(Process evaluation of how treatment is implemented)
Taxman, F. S., Perdoni, M. L., and Harrison, L. D. 2007. 'Drug treatment services for adult offenders: The state of the state', *Journal of Substance Abuse Treatment.* 32 (3): 239-254.	A national survey of correctional institutions, estimating the prevalence of entry into and accessibility of correctional programs and drug treatment services for adult offenders.	We conducted a national survey of prisons, jails, and community correctional agencies to estimate the prevalence of entry into and accessibility of correctional programs and drug treatment services for adult offenders. Substance abuse education and awareness is the most prevalent form of service provided, being offered in 74% of prisons, 61% of jails, and 53% of community correctional agencies; at the same time, remedial education is the most frequently available correctional program in prisons (89%) and jails (59.5%), whereas sex offender therapy (57.2%) and intensive supervision (41.9%) dominate in community correctional programs. Most substance abuse services provided to offenders are offered through correctional programs such as intensive supervision, day reporting, vocational education, and work release, among others. Although agencies report a high frequency of providing substance abuse services, the prevalence rates are misleading because less than a quarter of the offenders in prisons and jails and less than 10% of those in community correctional agencies have access to these services through correctional agencies; in addition, these are predominantly drug treatment services that offer few clinical services. Given that drug-involved offenders are likely to have dependence rates that are four times greater than those among the general public, the drug treatment services and correctional programs available to offenders do not appear to be appropriate for the needs of this population. The National Criminal Justice Treatment Practices survey provides a better understanding of the distribution of services and programs across prisons, jails, and community correctional agencies and allows researchers and policymakers to	USA	Excluded Focus is not on the effectiveness of ACS (about access to treatment rather than its effectiveness)

	Description	Abstract (taken directly were possible)	Countries	Comments
		understand some of the gaps in services and programs that may negatively affect recidivism reduction efforts.		
Turnbull, P. J. and Webster, R. 2007. Supervising crack-using offenders on Drug Treatment & Testing Order.	The findings of a study into three services provided to crack-using offenders in three probation areas.	This report presents the findings of a study into three services provided to crack-using offenders in three probation areas: central London, the West Midlands and Yorkshire. The study took place between August 2003 and May 2004 with the aim of identifying best practice in engaging and retaining crack users on Drug Treatment and Testing Orders (DTTOs). Process report using a mix-methods approach including an analysis of case records, interviews with key stakeholders and interviews with crack-using offenders on DTTOs. Not able to comment on outcomes.	UK	Excluded Focus is not on the effectiveness of ACS (process evaluation about implementation/ operation of ACS).
VanderWaal, C. J., Taxman, F. S., and Gurka-Ndanyi, M. A. 2008. 'Reforming Drug Treatment Services to Offenders: Cross-System Collaboration, Integrated Policies, and a Seamless Continuum of Care Model'. *Journal of Social Work Practice in the Addictions.* 8 (1): 127-153.	This article calls for the reform of drug treatment services for drug-addicted offenders.	For the past 2 decades the U.S. "war on drugs" has contributed to soaring incarceration rates, prison overcrowding, and overly harsh and race-based sentencing. This article calls for reform of drug treatment services for drug-addicted offenders. This article introduces an integrated model for delivering drug treatment services by improving cross-system collaboration along a seamless continuum of care. We offer practical principles and policies for improving drug treatment services across criminal justice and drug treatment agency boundaries. Reforming drug treatment services for offenders may reduce illicit drug use in the United States because the majority of heavy drug users are involved in the criminal justice system.	USA	Excluded Focus is not on the effectiveness of ACS (proposals for reform of ACS/ treatment)
Welsh, W. N., McGrain, P., Salamatin, N. and Zajac, G. 2007. 'Effects of Prison Drug Treatment On Inmate Misconduct', *Criminal Justice & Behavior*. 34 (5): 600-615.	A study on the effect of participation in prison treatment programs on inmate misconduct.	A small body of research supports the "treatment hypothesis" that participation in prison treatment programs reduces inmate misconduct, although methodological weaknesses have limited generalizable conclusions. Using general linear modelling repeated measures techniques, this study examined pre- and posttreatment misconduct for 1,073 inmates who participated in therapeutic community (TC) drug treatment (n = 294) or a comparison group (n = 779) at five state prisons. Predictors included age, length of sentence, drug dependency, and prior and current criminal history. The hypothesis that TC treatment alone would significantly reduce misconduct over time was not supported. Instead, changes in misconduct over time interacted with individual characteristics and time served posttreatment. The article discusses implications of these results for treatment policies and future research.	USA	Excluded Study was about prison-based drug treatments (not within definition of ACS.)

	Description	Abstract (taken directly were possible)	Countries	Comments
Worrall, J. L., Hiromoto, S., Merritt, N., Du, D., Jacobson, J. O. and Iguchi, M. Y. 2009. 'Crime trends and the effect of mandated drug treatment: Evidence from California's Substance Abuse and Crime Prevention Act', *Journal of Criminal Justice*. 37 (2): 109-113.	Analysis of the impact of California's, The Substance Abuse and Crime Prevention Act.	The Substance Abuse and Crime Prevention Act (SACPA), implemented state-wide in California in July 2001, mandates drug treatment rather than incarceration for certain nonviolent drug offenders. Critics of the legislation suggest that crime increased as a result of the legislation, but researchers have largely ignored this issue. Utilizing time series methodology applied across several independent data sets from Orange County, California, the effects of SACPA on crime were assessed. Results indicate that significant increases in commercial burglaries and paraphernalia arrests may have been attributed to SACPA, but the overall pattern does not support a conclusion that crime increased markedly.	USA	Excluded Focus is not on the effectiveness of ACS (examine impact of new law on crime trends more broadly)

APPENDIX E: LITERATURE IDENTIFIED BY MEMBER STATE EXPERTS

The table below provides a reference list of studies for which information was provided by MS experts in Section 5 of the questionnaire. Some experts provided additional references without a full description of the study findings and these are not included here since the research team could not review the findings. Although experts were asked to only include studies published since 2010, some did include references to studies dated before that period.

Table E1: List of studies identified in literature search by member state experts

	Country	Reference
1.	Austria	Schaub, M., Stevens, A., Berto, D., Hunt, N., Kerschl, V., McSweeney, T., Oeuvray, K., Puppo, I., Santa Maria, A., Trinkl, B., Werdenich, W. and Uchtenhagen, A. 2010. Comparing Outcomes of "Voluntary" and Quasi-Compulsory" Treatment of Substance Dependence in Europe, *European Addiction Research, 16*(1), 53-60.
2.	Austria	Hofinger, V. 2010. (Keine) Wiederverurteilung nach "Therapie statt Strafe" [engl.: (No) Reconviction after "Treatment instead of punishment")], *ÖsterreichischeJuristenzeitung, 53*, 451-458.
3.	Austria	Hofinger, V. and Neumann, A. 2010. Legalbewährung nach Diversion und Bewährungshilfe [engl.: Legal probation after diversion and probation service], *Neue Kriminalpolitik, Vol. 22*(1), 32-34.
4.	Austria	Burtscher, D. 2012. Gesundheitsbezogene Maßnahmen im Bereich der Substanzabhängigkeit – Selbstwirksamkeitserwartung, Selbstkonzept und Behandlungsmotivation im Rahmen von Quasi-Zwangsbehandlungen (Therapie statt Strafe) [engl.: Health-related measuresin the field of substancedependence - perceived self-efficacy, self-concept and treatment motivation in the context of quasi-compulsory treatment.]. Unpublished diploma thesis. As of 26 February 2016: http://othes.univie.ac.at/24942/.
5.	Austria	Beathalter, E. 2013. Selbstwirksamkeitserwartung, Selbstkonzept und Behandlungsmotivation im Rahmen von Quasi-Zwangsbehandlungen (Therapie statt Strafe) - eine katamnestische Untersuchung [engl.: Perceived self-efficacy, self-concept and treatment motivation in the context of quasi-compulsory treatment - a catamnestic study]. Unpublished diploma thesis. As of 26 February 2016: http://othes.univie.ac.at/27497/1/2013-02-20_0709673.pdf.
6.	Austria	Koechl, B., Danner, S.M., Jagsch, R., Brandt, L. and Fischer, G. 2014. 'Health-related and legal interventions: A comparison of allegedly delinquent and convicted opioid addicts in Austria'. *Drug Science, Policy and Law, 0*(0), 1–9.
7.	Austria	Zwettler, M. 2011. *Katamnese - Therapiemotivation bei substanzabhängigen Patienten im Programm Therapie statt Strafe* [engl.: Catamnesis - Treatment motivation of drug-dependent patients undergoing treatment instead of punishment]. Unpublished diploma Thesis. As of 26 February 2016: http://othes.univie.ac.at/19086/1/2012-03-14_0702075.pdf.
8.	Austria	Bruckmüller, K., Köchl, B., Fischer, G., Jagsch, R. and Soyer, R. 2011. Medizinische und juristische Beurteilung substanzabhängiger (mutmaßlicher) Täter [engl. Medical and juristic assessment of substance-dependent (suspected) offenders)], *Journal für Rechtspolitik, 19*(3-4), 267-278.
9.	Belgium	Plettinckx, E., Antoine, J., Blanckaert, P., De Ridder, K., Vander Laenen, F., Laudens, F., Casero, L. and Gremeaux, L. 2014. *Belgisch Nationaal drugsreport 2014, Nieuwe Ontwikkelingen en Trends*. WIV-ISP, Brussels.
10	Belgium	Christiaens, F. 2014. '*Alternatieve afhandeling als keerpunt in een criminele carrière.*' Master thesis. As of 29 February 2016: http://lib.ugent.be/nl/catalog/rug01:002163083.
11	Belgium	Vander Laenen, F., Vanderplasschen, W., Wittouck, C., Dekkers, A., De Ruyver, B. (Universiteit Gent), De Keulenaer, S. and Thomaes, S. (Dienst voor het Strafrechtelijk beleid) 2013. *Het pilootproject drugbehandelingskamer te Gent: Een uitkomstenevaluatie*. As of 29 February 2016: https://www.belspo.be/belspo/organisation/Publ/pub_ostc/Drug/rDR61_nl.pdf.
12	Belgium	Adams, M. 2013. *De samenwerking tussen justitie en drughulpverlening inzake de alternatieve afhandeling van drugsmisdrijven*. Master thesis. As of 29 February 2016: http://www.scriptiebank.be/sites/default/files/webform/scriptie/AdamsMarie_De%20samenwerking%20tussen%20justitie%20en%20drughulpverlening_0.pdf.
	Bulgaria	No relevant research identified.
	Croatia	No relevant research identified.

	Country	Reference
	Cyprus	No relevant research identified.
	Czech Republic	No relevant research identified.
	Denmark	No relevant research identified.
	Estonia	No relevant research identified.
13	Finland	Kainulainen, H. 2009. *Criminal Control of Drug Users*. Institute of Legal Policy and Criminology. As of 26 February 2016: http://bjc.oxfordjournals.org/content/47/3/470.abstract.
14	Finland	Kinnunen, A. 2008. *The Paradox of Criminal Policy Studies of Drug Crime and its Control in Finland*. National Institute of Legal Policy. As of 26 February 2016: https://helda.helsinki.fi/bitstream/handle/10138/23541/kriminaa.pdf?sequence=2.
15	Finland	Rautniemi, L. 2009. *Freedom – A Big Prison?* Criminal Sanctions Agency, Helsinki, Finland. As of February 2016: http://rikosseuraamus.fi/material/attachments/rise/julkaisut-risenjulkaisusarja/6AqMFtHVu/1_2009_Vapaus_nettiin.pdf.
16	Finland	Kaurala, M. & Kylmäjäri, V. 2010. *The Position of a Released Inmate*. Criminal Welfare Association.
17	Finland	Rautiainen, M. & Asikainen, A. 2013. Monitoring service sentence plan and the criteria of attendance, *Edilex 2013/2*. As of 26 February 2016: http://www.edilex.fi/artikkelit/9340.
18	Finland	Tyni, S. 2015. Effectiveness of prison sentences. Is there a statistical basis for treatment? Criminal Sanctions Agency.
19	Finland	Ostbaum-Federley et al. 2015. Who Receive Substance Abuse Treatment in the Real World of the Prison: A Register Based Study of the Finnish Inmates, *Journal of Scandinavian Studies on Criminology and Crime Prevention, Vol. 16*, 76-96.
20	France	Obradovic, I. 2010. The criminalization of drug use in France, *Tendance, n°72*, 6p. As of 26 February 2016: http://en.ofdt.fr/publications/tendances/criminalization-drug-use-france-tendances-72-october-2010/.
21	France	Obradovic, I. 2012. Awareness courses on the dangers of drug and alcohol use, *Tendance, n°81*, 6p. As of 26 February 2016: http://en.ofdt.fr/publications/tendances/awareness-courses-dangers-drug-and-alcohol-use-tendances-81-june-2012/.
22	France	Kopp, P. and Fenoglio, P. 2006. Le coût de mise en œuvre de la loi concernant les drogues licites et illicites en France. As of 26 February 2016: http://www.ofdt.fr/BDD/publications/docs/ctlpart2.pdf.
23	France	Kensey, A., Lévy, R. and Benaouda, A. 2010. *Criminologie, vol. 43*(2), 153-178.
24	Germany	Zurhold, H., Verthein, U., Reimer, J., Savinsky, A.L. 2013. *Medizinische Rehabilitation Drogenkranker gemäß § 35 BtMG ("Therapie statt Strafe"): Wirksamkeit und Trends*. Federal Ministry of Health. As of 26 February 2016 http://www.drogenbeauftragte.de/fileadmin/dateien-dba/DrogenundSucht/Illegale_Drogen/Heroin_andere/Downloads/Abschlussbericht_Forschungsstudie____35_BtMG.pdf.
25	Germany	Schäfer, C. and Paoli, L. 2006. Drogenkonsum und Strafverfolgungspraxis – Eine Untersuchung zur Rechtswirklichkeit der Anwendung des § 31 a BtMG und anderer Opportunitätsvorschriften auf Drogenkonsumentendelikte. Schriftenreihe des Max-Planck-Instituts für ausländisches und internationales Strafrecht - Kriminologische Forschungsberichte, Bd. K 130 ; Berlin.
26	Germany	Hartl, C. 2012. Wie erfolgreich ist die Behandlung im Maßregelvollzug nach §§ 63 und 64 StGB? University Regensburg. As of 26 February 2016: http://epub.uni-regensburg.de/27198/1/dissertationwinCH.pdf.
27	Germany	Bauer, a. and Kinzig, J. 2014. *Rechtspolitische Perspektiven der Führungsaufsicht*. Ministry of Justice. As of 26 February 2016: http://www.bmjv.de/SharedDocs/Downloads/DE/pdfs/Kurzbericht%20Evaluation%20Fuehrungsaufsicht.html?nn=1468620.
	Greece	No relevant research identified.
28	Hungary [59]	Vitrai J., Demetrovic, Zs., Füzesi, Zs., Busa, Cs. and Tistyán, L. 2009/2010. *Az elterelés eredményességének elemzése követéses vizsgálatban*. Zárójelentés. Egészség Monitor, 2009. L'Harmattan. As of 26 February 2016:

[59] More references were provided by the Hungarian experts, yet the research team decided to only include the article most relevant to the scope of this study, since the majority of references provided did not appear to be research into the effectiveness and/or cost effectiveness of ACS and were not described in detail.

	Country	Reference
		http://www.harmattan.hu/konyv_637.html.
29	Ireland	The Support and Advisory Committee of the Drug Treatment court. 2013. *Report of the Support and Advisory Group of the Drug Treatment Court*. Unpublished report.
30	Ireland	Department of Justice. 2010. *Review of the Drug Treatment Court*. As of 26 February 2016: http://www.courts.ie/.
31	Ireland	Probation service. 2013. *Probation service recidivism study*. As of 26 February 2016: http://www.probation.ie.
32	Ireland	Irish Prison Service/ The Probation Service. 2014. *Community return: a unique opportunity. A descriptive evaluation of the first 26 months (2011-2013)*. As of 26 February 2016: http://www.probation.ie
33	Italy	Leonardi, F. 2009. *Tossicodipendenza e alternative alla detenzione: il rischio di recidiva fra gli affidati al servizio sociale*. Rassegna penitenziaria e criminologica. As of 26 February 2016: http://www.rassegnapenitenziaria.it/cop/665101.pdf.
	Latvia	No relevant research identified.
34	Lithuania	Gavrilovienė, M. 2005. Legal Aspects of the Appliance of the Suspended Sentense for Drug-Addicted Offenders in Lithuania, *Lithuanian Journal of law.*
35	Lithuania	Gintautas Sakalauskas. 2013. Theory and practice of Parole when the new probation law entry into force, *Lithuanian Journal of law problems, 4* (82), 5-39.
36	Luxembourg	Trautman, F. and Braam, R. 2014. Evaluation of the governmental strategy and action plan 2010-2014 of Luxembourg regarding the fight against drugs and addictions. Utrecht: Trimbos Instituut.
37	Luxembourg	Trautman, F. and Braam, R. 2009. Evaluation of the National Drug Action Plan (2005-2009) of Luxembourg. Utrecht: Trimbos Instituut.
	Malta	No relevant research identified.
38	The Netherlands	Aarten, P.G.M. 2014. *Suspended sentences. Public opinion, compliance and recidivism*. Dissertation. Amsterdam: NSCR & VU University.
39	The Netherlands	Bakker, I., Tierolf, B. and Los, V. 2013. *Daar doen we het voor! Opbrengsten en effecten van verslavingsreclassering* (This is what we are working for! Yields and effects of the rehabilitation and probation of drug-addicted offender). Utrecht: Verweij Jonker Instituut.
40	The Netherlands	Boonmann, C., Wartna, B.S.J., Bregman, M., Schapers, C.E. and Beijersbergen, K.A. 2015. *Recidive na forensische zorg* (Recidivism after forensic care). Den Haag: WODC, Ministry of Security and Justice.
41	The Netherlands	Tollenaar, N., van der Laan, A.M. and Beijersbergen, K.A. 2014. *Korte- en langetermijneffecten van de ISD maatregel* (Short and long term effects of the ISD measure)**.** Den Haag: WODC, Ministry of Security and Justice.
42	The Netherlands	Wermink, H., Blokland, A., Nieuwbeerta, P. and Tollenaar, N. 2009. Recidive na werkstraffen en na gevangenisstraffen. Een gematchte vergelijking (Recidivism after community service orders and prison sentences), *Tijdschrift voor Criminologie, 51*(3), 211-227.
43	The Netherlands	Zebel, S., Alberda, D.L. and Wartna, B.J.S. 2014. *Recidive na een reclasseringscontact* (Recidivism after a contact with the probation service). Den Haag: WODC, Ministry of Security and Justice.
	Poland	No relevant research identified.
44	Portugal	Quintas, J. 2011. Regulação legal do consumo de drogas: impactos da experiência portuguesa da descriminalização. Porto: Fronteira do Caos Editores Ltda.
	Romania	No relevant research identified.
45	Slovakia	Hičárová, T., Kiššová, L., Očenášová, Z., Miklíková, S., Škařupová, K., Vavrinčíková, L., Krošláková, M., Kuropková, K., Rojčeková, J., Staroňová, K. and Dolejš, M. 2010. *Summary Final Report Project to Evaluate Selected Drug-Possession Provisions of Act No. 300/2005 –Criminal Code of the Slovak Republic*. Open Society Foundation. As of 26 February 2016: http://www.opensocietyfoundations.org/sites/default/files/evaluation-drug-paragraphs-20110308.pdf.
46	Slovakia	Okruhlica, L., Alexanderčíková, Z., Slezáková, S. and Olejárová, V. 2010. Why is necessary to change law about court ordered treatments? *Alkoholizmus a drogové závislosti. (Protialkoholický obzor), 46*(1), 35 – 40.
	Slovenia	No relevant research identified.
47	Spain	Adam, A. and Francès, F. 2014. *La eficacia de la suspensión de la pena con drogodependientes*. Gaceta Internacional de Ciencia Forense. As of 26 February 2016: http://www.uv.es/gicf/4A3_Adam_GICF_11.pdf.
48	Spain	Bonfill Galimany, R., Casado Gómez, M., Moreno Rubio, C. and Ruz Losada, S. 2014. *La eficacia de las suspensiones judiciales con obligación de tratamiento de deshabituación*. As of 26 February 2016:

	Country	Reference
		http://justicia.gencat.cat/web/.content/home/ambits/formacio__recerca_i_docum/recerca/cataleg_d_investigacions/per_ordre_cronologic/2014/eficacia_suspensions/eficacia_suspensiones_esp_sc318613.pdf.
49	Spain	Martin Hernández, M.A. 2012. Incidencia del proceso terapéutico en el comportamiento delictivo del paciente dependiente de sustancias tóxicas en Córdoba. Aspectos penales y criminológicos. PhD Dissertation. As of 26 February 2016: http://e-spacio.uned.es/fez/eserv/tesisuned:Derecho-Mamartin/Documento.pdf.
50	Spain	Ramos Barbero, V. and Carcedo González, R. 2012. Reingreso en prisión de reclusos drogodependientes excarcelados a una comunidad terapéutica, en función de variables previas al tratamiento, *Adicciones 24*(2), 329-338.
51	Spain	Muñoz Sánchez,J., Pérez Jiménez, F., Cerezo Domínguez, A. and García España, E. 2011. El tratamiento terapéutico en drogodependientes delincuentes como alternativa a la prisión (I) and (II), *Boletín Criminológico, n. 127*: 1-4; *n. 128*: 1-4.
52	Spain	Ramos, V. and Carcedo, R. 2010. Factores dinámicos de la reincidencia de reclusos drogodependientes en comunidad terapéutica, *Behavioral Psychology/Psicología conductual, 18*(3), 613-627.
53	Sweden	Marklund, F. and Holmberg, S. 2009. Effects of early release from prison using electronic tagging in Sweden, *Journal of Experimental Criminology, 5*(1), 41-61.
54	United Kingdom	Adda, J., McConnell, B. and Rasul, I. 2014. Crime and the Depenalization of Cannabis Possession: Evidence from a Policing Experiment, *Journal of Political Economy*. The working paper on which this article is based is available at: (As of 26 February 2016) http://www.ucl.ac.uk/~uctpimr/research/depenalization.pdf.

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