

# A comparative assessment between the NSW Drug Court, Cape Cod, Nashville and Morgan County Drug Courts and the case for a Drug Court in Lismore

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## Introduction

Drug Diversion programs have operated in Australia since 1977. Australia's first Drug Court opened in NSW in 1999.<sup>1</sup> The Drug Court was an initiative undertaken by the NSW government in order to divert drug using offenders from the conventional criminal justice system. The primary purpose of a drug court is to reduce the criminal activity of drug-dependent offenders by directing them into supervised drug treatment that is designed to target their drug use and increase their ability to function as productive and law-abiding members of society. Drug Courts first commenced in the US in 1989. The experience of therapeutic jurisprudence and in particular the implementation of Drug Courts in the United States has influenced the roles and functions of the NSW Drug Court and other Drug Courts around the world. There is currently a Drug Court in Parramatta, Sydney and Toronto. The Drug Court is not available to those in other areas in NSW (including many areas in regional NSW).

## Analysis

A comparison between Drug Courts in Tennessee (Nashville and Morgan County), Barnstable (Cape Cod) and NSW is more complicated than it appears at first blush. The principle of therapeutic jurisprudence underpin all drug courts with the view to addressing drug-related offending from a problem solving perspective. When looking at recidivism, graduation rates and an economic analysis of costs between the US and Australian jurisdictions it is difficult to compare. The underlying contributors towards drug addiction problems and those drugs most widely abused are distinctly different. The US is dominated by opiate addiction. Australia is dominated by crystal methamphetamine. The differences in the operation of the courts are inextricably linked to the inherent differences in the provision of public healthcare services (or lack thereof in the US), the interplay between the regulatory bodies in respect of prescription medications in addition to a culturally different approach taken by medical practitioners in the prescription of pain killing medication. Ultimately each Drug Court has adapted to suit the broader political, institutional and legal context in which they sit.<sup>2</sup> They have also been adapted to suit different populations, patterns of drug use and criminal behaviour.

From a structural perspective **Annexure A** to this report sets out a comparative table for each of the courts.

What is observed is that all courts involve judicially supervised engagement in an interdisciplinary program focused on substance abuse treatment and rehabilitative

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<sup>1</sup> Kornhauser, R. (2018). The effectiveness of Australia's drug courts. *Australian & New Zealand Journal of Criminology*, 51(1), 76–98 at 77.

<sup>2</sup> Ibid at pages 94 and 95.

services.<sup>3</sup> Participants appear personally in court before a judge to report back on progress. Sanctions are used for non-compliance with programs and non-compliance can result in program termination and being placed back into custody.<sup>4</sup>

The Drug Court in Cape Cod falls under the banner of Massachusetts. There is no specific statute or regulation in Massachusetts pertaining to the operation of Drug Courts. Each court (including Cape Cod) is certified and is to operate in compliance with the best practice standards provided by the National Association of Drug Court Professionals. The Drug Courts in Nashville and Morgan County however are operated pursuant to the Drug Court Treatment Act 2003<sup>5</sup>. This legislation provides less guidance on the operation of the court than the NSW legislation but does set out the eligibility criteria that is essentially guided by the same restrictive principles as NSW.

Nashville and Morgan County are residential drug courts (where participants actually live at the court that houses rehabilitation facilities). At Cape Cod and NSW tailored treatment plans are designed for each participant. A treatment plan may require a participant to enter a residential rehabilitation centre, or allow a participant to live in accommodation nominated by a participant and approved by the Court, or in supported accommodation organised by the Court.

At the NSW Drug Court sentences are suspended upon participants entering the Drug Court program. In the US Drug Courts all offenders entering the program are on probation and supervised through the court by parole officers. In NSW and the US probation officers are assigned to each participant and responsible for reporting back to the Court for each Court appearance. They assist with housing, social security, education and other non-health issues as they arise.<sup>6</sup>

In short, the Cape Cod Drug Court operates in a less formal manner but more closely to the NSW Drug Court. The Nashville and Morgan County Drug Courts operate less like a conventional court system in comparison and more like residential rehabilitation facilities with judicial supervision in a much less formal manner than the NSW Drug Court.

### **Effectiveness of the NSW Drug Court**

There are now three separate Drug Court locations in NSW: Parramatta, Toronto and Sydney. The Drug Court of NSW operates according to the governing legislation, the Drug Court Act 1998 and the Drug Court Regulation 2015. In 2017 the Drug Court reported that the Parramatta Court had 170 participants, Sydney 40 and the Hunter Drug Court can accommodate 80 participants. The demand for places exceeding supply.<sup>7</sup>

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<sup>3</sup> Ibid at pages 77

<sup>4</sup> Ibid.

<sup>5</sup> Accessed at <https://law.justia.com/codes/tennessee/2014/title-16/chapter-22>

<sup>6</sup> Noting probation and parole officer roles are less intensive for participants in residential rehabilitation or in the Nashville and Morgan County Drug Courts.

<sup>7</sup> His Honour Judge Dive, Reflections on 2017, page 7 accessed at [http://www.drugcourt.justice.nsw.gov.au/Pages/dc\\_publications/dc\\_annual\\_reviews.aspx](http://www.drugcourt.justice.nsw.gov.au/Pages/dc_publications/dc_annual_reviews.aspx) last on 08 January 2019.

From an economic perspective there is evidentiary support that the Drug Court is actually cheaper and in fact produces results in the alternative for the community in terms of recidivism and it is a cost-effective approach for the right type of offender.

BOCSAR and the Centre for Health Economics Research and Evaluation (CHERE) conducted an assessment on the total cost of the Drug Court in 2002. It was estimated the total cost of Drug Court for 309 participants was \$13.496 million (\$42,307 per participant). The analysis found the cost per day of participant placement in the program was lower than if the participant was subjected to imprisonment (\$143.87 and \$151.72 respectively).<sup>8</sup> The study found:

“[T]he total cost of the program is estimated to be \$32,752 million over two years (or \$16.376 million per annum). This gives a mean cost of \$114,119 per participant. The largest drivers of this total cost are the cost of final imprisonment following participation in the Drug Court Program (51%) and the cost of staffing and running the court (9%).”<sup>9</sup>

Further:

“[T]he estimated cost of the Drug Court participants if they did not participate in the Drug Court Program (i.e. conventional incarceration) would be \$36,268 million over two years (or \$18.134 million per annum). This gives a net saving of the Drug Court program of \$3,516 million (\$1.758 million per annum).”<sup>10</sup>

BOSCAR’s evaluation concluded that when compared to a comparison group, offenders who had been treated through the Drug Court Program were: (a) 37% less likely to be convicted of an offence; (b) 65% less likely to be convicted of an offence against a person, (c) 35% less likely to be convicted of a property offence; and (d) less likely to be reconvicted of a drug offence.<sup>11</sup>

In the absence of further evaluations since 2008 reflections from the NSW Drug Court from 2017 provide that the number of graduates across all Drug Courts from 2013 to 2017 has increased each and every year, with a total increase of 167% across the past five years since the Sydney Drug Court commenced. Further that 57.09% participants were not required to be returned to custody at the end of the program. Statistics from 2013 to 2017 demonstrate a sustained improvement in results in terms of sentenced program completers, graduates and the number of graduates not required to be returned to custody at the end of their program.<sup>12</sup>

The cost analysis of the program from the latest report prepared by His Honour Senior Judge Dive in 2017 states:

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<sup>8</sup> Stephen Goodall, Richard Norman and Marion Haas, ‘The costs of NSW Drug Court’ (2008) NSW Bureau of Crime Statistics and Research, page 1.

<sup>9</sup> Ibid.

<sup>10</sup> Ibid.

<sup>11</sup> Ibid.

<sup>12</sup> His Honour Judge Dive, NSW Drug Court Annual Review 2017 accessed at [http://www.drugcourt.justice.nsw.gov.au/Pages/dc\\_publications/dc\\_annual\\_reviews.aspx](http://www.drugcourt.justice.nsw.gov.au/Pages/dc_publications/dc_annual_reviews.aspx) on 9 January 2019.

“The cost to the community by NOT providing a Drug Court program is reflected in some analysis of the 2017 year. Ninety-six (96) apparently suitable offenders were unsuccessful in the ballots conducted. Between them they had committed 938 crimes.

So what happened to them? The 96 referred offenders who were unsuccessful in the ballot were sentenced in the Local Court, or the District Court (either at first instance or on appeal) to a total of 561 months as their non-parole periods. Applying the average daily cost of adult incarceration of \$172.80, those sentences cost the community \$2.91 million. Additionally, 96 months of Intensive Corrections Orders were imposed in lieu of full-time custody, which carries an actual cost, on Corrective Services calculations, of \$62,000.”

In addition His Honour Judge Dive identified the other potential indirect and intangible societal benefits derived as a result of the program which included ‘birth of drug free babies, re-united families, educational level changes, employment and longer-term physical health’.<sup>13</sup>

### **The Case for a Drug Court in Regional Areas**

On the 10<sup>th</sup> anniversary of the Drug Court of NSW. The previous NSW Director of Public Prosecutions Nicholas Cowdery presented a paper which stated:

“At the 2002 Conference I also said: “If [the Drug Court] continues as presently constituted it will operate to the exclusion of people in other parts of the State who are unable to apply for its services. Especially given the spread of drug use into country areas... that would mean inconsistency in the application of criminal justice in this State. That is undesirable. Generally, we work very hard to ensure that criminal justice is provided consistently within the jurisdiction wherever the offending occurs.”<sup>14</sup>

The Drug Court has far surpassed its “pilot” phase and in fact celebrates its 20<sup>th</sup> anniversary in February 2019. Not all members of the legal profession or broader community may be supporters of the Drug Court or the therapeutic approach to sentencing however the point to be made is that the Drug Court is an integral and recognised part of the criminal justice system in NSW. The Drug Court has only expanded since 2002 to Toronto and Sydney. While that may be an achievement, in order to be eligible for a Drug Court program an offender is required to fall within a particular postcode.<sup>15</sup> Those people (including large Indigenous populations) in regional NSW who as a by-product of their geographical location do not have

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<sup>13</sup> Ibid.

<sup>14</sup> Nicholas Cowdery AM QC, Director of Public Prosecutions, Conference paper, Drug Court of NSW 10<sup>th</sup> Anniversary Practitioners’ Conference, 6 February 2009.

<sup>15</sup> The eligibility criteria of the Drug Court Act prescribes the eligibility test which requires a person must: Live in the Auburn, Bankstown, Blacktown, Campbelltown, Cessnock, Fairfield, Hawkesbury, Holroyd, Lake Macquarie, Liverpool, Parramatta, Penrith, Port Stephens, The Hills Shire or City of Sydney Local Government Areas; be referred from the District Court at Campbelltown, Parramatta, Penrith, East Maitland, Newcastle or Sydney; be referred from the Local Court at Bankstown, Belmont, Blacktown, Burwood, Campbelltown, Central, Cessnock, Downing Centre, Fairfield, Kurri Kurri, Liverpool, Maitland, Mount Druitt, Newcastle, Newtown, Parramatta, Penrith, Raymond Terrace, Richmond, Ryde, Toronto, Waverly and Windsor.

the same access to drug and alcohol health facilities as those in metropolitan areas remain out of jurisdiction. They are therefore excluded from that integral component of the current criminal justice system.

Regional and remote communities in Australia face unique and complex challenges regarding drug use and access to treatment services. The causes of illicit drug use in rural and remote areas are multiple and inter-related. “[D]istance and isolation, poor or non-existent public transport, a lack of confidence in the future and limited leisure activities all contribute to illicit drug use in rural communities.”<sup>16</sup> The National Wastewater Drug Monitoring Program<sup>17</sup> has identified that regional areas have higher levels of methamphetamine use in NSW compared to capital sites.<sup>18</sup> The Parliamentary Joint Committee on Law Enforcement, Inquiry into crystal methamphetamine (ice) first report identified people living in remote regions 'were at least twice as likely to have used methamphetamines in the previous twelve months as people living in Major cities and Inner regional areas'.<sup>19</sup>

Indigenous communities share the same vulnerabilities as other people found in regional and remote communities. 'Indigenous vulnerabilities however are more complex due to other factors such as the disparity in the general health of Aboriginal Australians compared to non-Indigenous Australians and higher imprisonment rates than the non-Indigenous population'<sup>20</sup>

### Lismore – would it work?

Lismore located in the Richmond-Tweed region (SA4) has long suffered (as with many regional areas in NSW) high rates of illegal drug use and crime with a disproportionate effect on low-socioeconomic communities and its indigenous communities.<sup>21</sup>

For example, in 2018 Richmond-Tweed had conviction rates of 26.1 and 110.1 per 100,000 people for possession and/or use of cocaine and amphetamines respectively. BOSCAR statistics showed in the 2015-16 financial year, there were 9,808 drug-driving charges finalised in the NSW local court. The local area command with the highest rate of convictions for drug driving charges was Richmond-Tweed with 470 convictions per 100,000 people. At the time it was approximately five times the state average.<sup>22</sup>

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<sup>16</sup> National Rural Health Alliance, *Illicit Drug Use in Rural Australia, Fact Sheet 33*, June 2015, p. 1.

<sup>17</sup> ACIC, *National Wastewater Drug Monitoring Program*, Report 1, March 2017

<sup>18</sup> ACIC, *National Wastewater Drug Monitoring Program*, March 2017, p. 35.

<sup>19</sup> Parliamentary Joint Committee on Law Enforcement, *Inquiry into crystal methamphetamine (ice): First Report*, September 2017; see also AIHW, *Submission 6*, p 4.

<sup>20</sup> Parliamentary Joint Committee on Law Enforcement, *Inquiry into crystal methamphetamine (ice): First Report*, September 2017, pp xi–xii.

<sup>21</sup> See: NSW Bureau of Crime Statistics and Research Reference: jh18-16986; Australia Bureau of Statistics provides 4.1% of the Richmond-Tweed region (SA4) as being Indigenous in 2016.

<sup>22</sup> See MacKenzie B, Turnbull S, Northern New South Wales leads statewide rise in drug-driving charges, 30/05/2017 accessed at <https://www.abc.net.au/news/2017-05-30/rise-in-drug-driving-with-north-nsw-leading-the-way/8572580> ; see also BOSCAR, *July 2015-June 2016*; NSW Bureau of Crime Statistics and Research, The number of interest (POIs) proceeded against for driving with an illicit substance present in their system in 2015 by the Local Government Area where the offence was detected identified Richmond-Tweed (amongst Tamworth, Wagga Wagga, Orange, Newcastle and parts of Western Sydney) were identified as having the highest number of detections for drug driving offenders in 2015. Accessed at <https://www.bocsar.nsw.gov.au/Documents/pdf-maps/Drug%20driving%20Map.pdf> on 9 January 2018.

Diversion programs for drug offenders directed to address underlying drug use in an attempt to curb criminal activity are not new to regional areas. In the absence of a Drug Court it is useful to look at the NSW Magistrates Early Referral Into Treatment (MERIT) program that diverts adult offender's with significant drug problems from the Local Court, on bail into a short 3 month intensive drug treatment program within the Lismore area.

It is recognised the MERIT program is distinctly different from the NSW Drug Court program<sup>23</sup>. However outcomes in Lismore can be considered when looking at how the regional area could potentially benefit from the implementation of a Drug Court (and the associated benefits of providing drug treatment to offenders with illicit drug problems).

The MERIT pilot program was introduced in Lismore in 2000 for two years. Since that time the program has continued in the area. The pilot was the subject of lengthy evaluation which will not be repeated in this report. In short it found the program to be successful in supporting the earlier findings that drug treatment programs improve the health and social functioning of offenders but also reduce recidivism.<sup>24</sup> It was concluded that:

“[P]articipants who completed the program were significantly less likely to reoffend, took longer to reoffend and received less severe sentences than those who did not complete the program. The reduction in reoffending was found to be significantly associated with program completion even when other factors associated with recidivism are controlled for, including previous incarceration. Overall [the] findings contribute to the growing literature indicating that providing treatment for offenders with illicit drug problems can be an effective crime reduction strategy”<sup>25</sup>

For the purpose of this report a request was made to BOSCAR regarding statistics in respect of the MERIT adjournments in the Lismore Local Court and section 11<sup>26</sup> deferrals in the Lismore Local Court and Lismore District Court. The data<sup>27</sup> sourced provided:

- (a) Between July 2013 and June 2018, 20 out of 702 matters had at least one section 11 deferral prior to finalisation in the Lismore District Court.
- (b) Between July 2013 and June 2018, 360 out of 7,778 matters had at least one MERIT adjournment in the Lismore Local Court.<sup>28</sup>
- (c) Between July 2013 and June 2018, 64 out of 7,778 matters had at least once section 11 deferral prior to finalisation in the Lismore Local Court.

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<sup>23</sup> At the Drug Court a participant is convicted and sentenced to a term of imprisonment suspended on entering an intensive drug court program following a plea of guilty. MERIT is an 'opt-in' program where participants are required to give consent and sign a contract. They are not required to enter a plea of guilty in order to participate. Compliance on program is required and it is intended to be an early intervention program.

<sup>24</sup> Passey, M., Patete, S., Bird, G., Bolt, S., Brooks, L., Lavender, K., Scott, D., Sloan, K., Spooner, C., Vail, J. (2003). *Evaluation of the Lismore MERIT Pilot Program*, NSW Attorney General's Department, Sydney.

<sup>25</sup> Passey, M., Bolitho, J., Scantleton, J., & Flaherty, B. (2007). The Magistrates Early Referral Into Treatment (MERIT) Pilot Program: Court Outcomes and Recidivism. *Australian & New Zealand Journal of Criminology*, 40(2), 199–217 at 199.

<sup>26</sup> Pursuant to former section 11 of the Crimes (Sentencing Procedure) Act 1999. A court that finds a person guilty can make an order adjourning the proceedings for a maximum of 12 months for a number of specific purposes (including rehabilitation). The purposes which a court could adjourn the proceedings are set out in section 11(1) of the Crimes (Sentencing Procedure) Act 1999.

<sup>27</sup> NSW Bureau of Crime Statistics and Research, reference 18-17056.

<sup>28</sup> Noting that BOSCAR was unable to advise whether the defendant completed the MERIT program.

The figures of those considered appropriate for section 11 and MERIT adjournments do not represent the number of people that would be referred or meet the eligibility criteria for a Drug Court program however it does provide some insight into the number of matters where the Lismore Local or District Court considered offenders with drug dependency issues appropriate for such adjournments within the Lismore area. It is mindful to note however that those statistics do not take into account applications that should have but were not made by defence practitioners<sup>29</sup> or police (in respect of MERIT referrals).<sup>30</sup>

The Richmond-Tweed community suffer from the resulting crime and health impacts from drug addiction problems. The statistics from the NSW Drug Court demonstrate it is a cost effective approach. The positive results from the MERIT program (a far less intensive, three month program) in the region also supports the proposition that Lismore would benefit from the extension of a more intensive intervention: the extension of the NSW Drug Court program in the area.<sup>31</sup> The literature and evaluations demonstrate 'although diversion is unlikely to be a part of the sole solution to the problem of drug related crime, it appears to be a promising part of a comprehensive approach to this complex issue.'<sup>32</sup>

### **What to take from the USA**

Having observed the US Drug Courts, I am of the view that the NSW Drug Court is working well in the Australian and NSW legislative context. In particular it operates under specific legislation and operates in a clear, accountable and more formal manner than its US counterparts. The NSW Drug Court Model does not require amendment but rather an extension in its current form to regional areas, such as Lismore in NSW.

There were however some differences observed from the US Drug Courts that could be considered for implementation as set out below.

#### Financial independence

An interesting component of the Nashville and Morgan County Drug Courts is that once participants are working they pay a fee for their accommodation reducing the overall costs to run the Drug Court Program. The ideology being: (a) an attempt to off-set and reduce costs; and (b) the introduction of financial responsibility to participants.

#### Ballot and waiting list

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<sup>29</sup> As a result of the role required to get their clients into drug treatment, particularly when treatment services are limited.

<sup>30</sup> For instance if they were not familiar with the defendants, did not regard them as deserving of such an intervention or were unable to obtain required reports in order to make such an application. The Lismore MERIT pilot Program was designed with the expectation that the police would refer many participants at the time of arrest. However the majority of referrals came from the magistrate (62%) or legal representatives (7%) while police referred about 12% and 8% were self-referred. See Passey, M., Bolitho, J., Scantleton, J., & Flaherty, B. (2007). The Magistrates Early Referral Into Treatment (MERIT) Pilot Program: Court Outcomes and Recidivism. *Australian & New Zealand Journal of Criminology*, 40(2), 199–217 at 205, 212 and 213 which discusses potential reasons why police did not make referrals in large numbers.

<sup>31</sup> An economic assessment of possible facilities and services for a drug court in Lismore is not explored in this paper. An extension and replication of the NSW Drug Court program to regional and remote areas in NSW would include start-up costs required to set up any new Drug Court. Those set-up costs should be viewed as an investment for the future.

<sup>32</sup> Passey, M., Bolitho, J., Scantleton, J., & Flaherty, B. (2007). The Magistrates Early Referral Into Treatment (MERIT) Pilot Program: Court Outcomes and Recidivism. *Australian & New Zealand Journal of Criminology*, 40(2), 199–217 at 214.

In Nashville and Morgan County there are waitlists for people to enter the Drug Court program in a similar manner to waiting for residential rehabilitation places. Offenders are sentenced to a term of imprisonment and will wait in custody until a place becomes available.

Currently in NSW, there are more eligible applicants than program places. As a result each week a random selection process is determined by a computerized ballot. Those who are not successful in the ballot are returned to their referring court and sentenced in the conventional way.

### Court times

The Nashville Drug Court sits in the evenings in order to allow those participants to concentrate on their employment without it clashing with their court commitments.

A regularly recognised difficulty with NSW Drug Court phase three participants is the ability to meet the competing demands of new employment and attendance at the Drug Court. This is also a problem for female participants who are often single parents trying to juggle employment, court program and employment commitments. Participants required to advise prospective employers of their criminal antecedence and Drug Court commitments during the day may also find it difficult to secure employment. Holding court later in the day or earlier in the morning could assist in making Drug Court program demands in phase three easier to meet.

### Residential Drug Court facility

The Morgan County and Nashville models are something that can be viewed with interest. Those models provide residential rehabilitation facilities housed at the court with all required health and justice services in one place.

An inquiry in 2018 by the NSW Legislative Council into the provision of drug rehabilitation services in regional NSW identified ice addiction as a huge concern. The inquiry reporting “the need for more services is apparent when the waitlist for many non-government residential rehabilitation facilities can stretch to six months.”<sup>33</sup> A separate joint parliamentary inquiry into crystal methamphetamine reported that state governments should “individually and collectively develop and implement plans to increase the capacity of residential rehabilitation across Australia in a way that ensures equitable access.”<sup>34</sup>

There were a number of identified challenges with the Lismore MERIT Pilot Program that persist with the program today. They are relevant as they would likely replicate and present similar barriers to participants in a Lismore based Drug Court program. These include:

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<sup>33</sup> Provision of drug rehabilitation services in regional, rural and remote New South Wales/ Portfolio Committee No. 2 – Health and Community Services [Sydney, NSW]: the Committee, 2018 accessed at <https://www.parliament.nsw.gov.au/lcdocs/inquiries/2466/Final%20report%20-%20Drug%20rehabilitation%20services%20-%206%20August%202018.pdf> on 9 January 2018.

<sup>34</sup> Recommendations from joint parliamentary inquiry into crystal methamphetamine accessed at [https://www.aph.gov.au/Parliamentary\\_Business/Committees/Joint/Law\\_Enforcement/Crystalmethamphetamine45/Final%20Report/b02](https://www.aph.gov.au/Parliamentary_Business/Committees/Joint/Law_Enforcement/Crystalmethamphetamine45/Final%20Report/b02) on 9 January 2019.



- (a) Shortages at residential treatment places that without further investment would present problems.<sup>35</sup>
- (b) The absence of low cost, reliable public transport to assist participants to meet program requirements such as attend court, group sessions or urinalysis.
- (c) Shortage of low cost housing, transitional housing and crisis accommodation in the rural area.<sup>36</sup>

Putting the resource, funding and property acquisition issues aside having identified difficulties with the MERIT program in Lismore, the idea of a residential rehabilitation drug court facility (where participants live at the facility monitored on-site by court staff) should be viewed with considerable interest. Issues associated with public transport, access to health facilities and housing costs would be redundant if they were all provided at one residential site directed completely towards rehabilitation tempered with continued Court contact.

## **Conclusion**

As recognised by the Joint Parliamentary Committee on Law Enforcement inquiry into Crystal Methamphetamine first report: “[Ice] use is not a problem we can solve overnight, and not something we can simply arrest our way out of.”<sup>37</sup> It is readily recognised crystal methamphetamine (along with other drug use) is a significant and increasing problem in NSW both in metropolitan and regional areas. The on-flow effect of substance abuse is detrimentally affecting communities, the economy and the NSW health and justice systems.

There needs to be a significant shift in NSW and Australia’s national drug strategy from both health and law enforcement bodies. Put simply: it is a combined health, law enforcement and community issue. It is critical to ensure the right measures are kept in place to strike the correct balance between rehabilitation and public safety which is a difficult task. The NSW Drug Court (directed towards the prevention of drug-related criminal offending) is merely one piece of a very complex puzzle in tackling drug addiction problems widespread through our communities.

The Drug Court program demonstrates fundamental co-operation between multiple government agencies and non-government agencies addressing a real and increasing societal problem combining resources from a health and justice perspective. Although the level of cooperation and communication between these departments gives Drug Court participants an opportunity to succeed from a problem solving approach it is restricted to those participants that fit within the specific referral post codes.

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<sup>35</sup> However residential rehabilitation stakeholders do not necessarily need to be within close proximity as is demonstrated through the current court program participants often travel several hours within NSW to participate in a residential rehabilitation program.

<sup>36</sup> Passey, M., Patete, S., Bird, G., Bolt, S., Brooks, L., Lavender, K., Scott, D., Sloan, K., Spooner, C., Vail, J. (2003) *Evaluation of the Lismore MERIT Pilot Program*, NSW Attorney General’s Department, Sydney.

<sup>37</sup> Parliamentary Joint Committee on Law Enforcement, *Inquiry into crystal methamphetamine (ice): First Report*, September 2017; see also Nation Ice Taskforce, *Final Report*, 2015, p. ii.

Evaluations of the Drug Courts demonstrate it is cost-effective alternative to custodial terms when it comes to reducing recidivism by more adequately and appropriately responding to the drug crime cycle. Like anything else, a Drug Court in a regional area such as Lismore is an investment for the government of NSW for which the broader community of NSW can benefit. The evidence supports the need for Drug Courts to be expanded across regional areas of NSW including Lismore.