

# The Magistrates Early Referral into Treatment (MERIT) Pilot Program: A Descriptive Analysis of a Court Diversion Program in Rural Australia<sup>†</sup>

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**Abstract**—There has been a rapid expansion of drugs courts and diversion programs in Western countries, with the aim of diverting drug offenders into treatment. This study presents data from a rural pre-plea court-based diversion into treatment program for adult defendants appearing at a Local (Magistrate's) Court who have significant illicit drug problems. Unusual features include the intended duration of treatment (three months), and the emphasis on specialised caseworkers, who provide case management services, intensive individual counseling and group therapy sessions, and attend court, providing detailed legal reports. In the first two years, 238 participants were recruited to 266 program episodes. The participants were mostly recidivist offenders, with 61% having been previously imprisoned, and 85% having at least one prior conviction. Half the participants completed the program. Characteristics significantly associated with program completion were principal drug of concern (heroin/amphetamines vs. cannabis/other, OR = 0.4 [95% CI: 0.2, 0.7]), Aboriginality (Aboriginal vs. not, OR = 0.4 [95% CI: 0.2, 0.9]) and accommodation (privately owned vs. other, OR = 2.5 [95% CI: 1.3, 4.7]). Participants identified the caseworker support as the most important element of the program. We conclude that the program was successfully implemented, and that adequately supported skilled caseworkers were critical to its success.

**Keywords**—drug court, drug crime diversion programs, evaluation, rural, substance abuse

Though drug treatment policy in Australia has typically developed within the context of a strong harm minimisation philosophy (Ministerial Council on Drug Strategy 2004, 1993; Fitzgerald & Sowards 2002), a “tough on drugs” orientation by

the current Australian federal government has led to greater emphasis on the use of the criminal justice system to divert offenders into drug treatment (Makkai 2002; Freiberg 2000). The first specifically designated “drug court” commenced in

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western Sydney, New South Wales, in 1999 on a limited trial basis. This was followed by similar initiatives in other states including the Court Referral, Education, Drug Intervention and Treatment (CREDIT) scheme in Victoria (Heale & Lang 2001).

Following a high-level statewide drug summit, New South Wales introduced the Magistrates Early Referral Into Treatment (MERIT) Program on a pilot basis in a rural location: the North Coast Region (Reilly, Scantleton & Didcott 2002; NSW Government 1999). In contrast to the metropolitan-based drug court, which targets convicted serious offenders facing prison sentences, MERIT is an “early” court scheme which operates at the pre-plea stage. It was intended to target defendants charged with relatively minor offences appearing at the Local (Magistrate’s) Court, with the aim of preventing them from entering the criminal justice system, and thus breaking the “drug/crime” cycle. (Spooner, Hall & Mattick 2001).

## DESIGN AND IMPLEMENTATION

The target population consisted of adult defendants who had a demonstrable illicit drug problem, were eligible for bail, and were motivated to engage in treatment for their drug problems. Defendants charged with serious violent or sexual offences, or those with wholly indictable offences (i.e. charges which could not be heard in the Local Court jurisdiction) were not eligible to participate. Entry into the program was “opt-in” and, in contrast to some other diversion programs, participants were not required to enter a prior plea. Nor was participation restricted to first time offenders. The expected program duration was set at approximately three months, as this was consistent with the typical period between first court appearance and finalisation of a Local Court case.

Potential participants could be referred by police, the Legal Aid Commission solicitors, private legal practitioners and magistrates operating in the participating courts, with the intention of referring as soon after arrest as possible. Participants could also refer themselves, or be referred by other drug and alcohol services. After giving informed consent, potential participants were bailed to the next court date to attend an assessment by the MERIT team.

The magistrate was encouraged to undertake an increased level of judicial supervision as a core element of the program. This usually involved one or two additional “mentions” to establish how a defendant was progressing and to offer encouragement, as appropriate. Where possible, the same magistrate dealt with the defendant throughout the bail order and the final sentencing.

The completion of the MERIT program usually coincided with the final hearing and sentencing of the person. The magistrate was provided with a comprehensive report on the participant’s response to the drug treatment. The relevance of compliance or noncompliance with the MERIT

program to the determination of the final sentence was at the discretion of the magistrate.

The intended outcomes of MERIT were:

- Decreased drug-related crime by participants, during the program and following completion;
- Decreased illicit drug use by participants, during the program and following completion;
- Improved health and social functioning among participants, during the program and following completion; and
- Reduced sentences due to better rehabilitation prospects.

The evaluation of the MERIT Pilot Program was commissioned by the NSW Attorney General’s Department. It required a series of studies: (1) an implementation review; (2) a description of the program and participant profiles; (3) participant satisfaction and perspectives of the program; (4) court outcomes and recidivism; (5) health and social functioning outcomes; (6) an economic assessment; and (7) a review of legal issues.

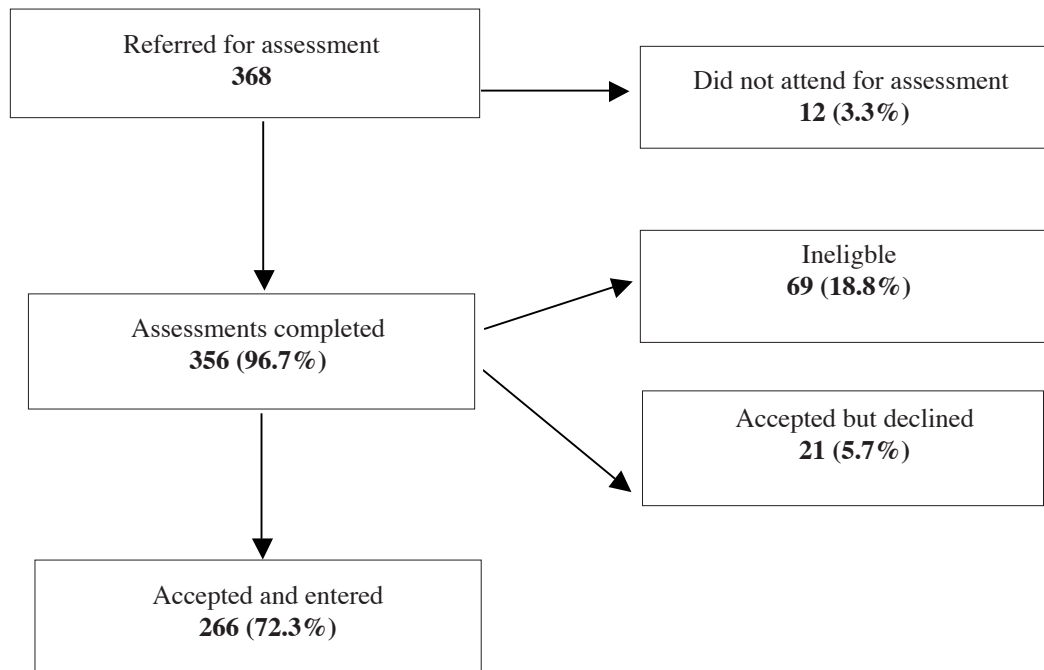
This article presents the key findings from the first three components of the evaluation. It presents an analysis of routinely collected data in order to: provide process indicators of program implementation; describe characteristics of participants; and assess characteristics associated with program completion. It also presents views expressed by participants and other key stakeholders in relation to program implementation.

## METHODS

### Stakeholder Interviews

Two sets of structured interviews with key stakeholders were conducted as part of the implementation reviews—the first in February 2001, when the program had been running for seven months; and the second in August 2002, when the program had completed two full years of operation. In both rounds of interviews personnel directly involved in provision of services to the participants were interviewed, including staff from MERIT, the court, police, legal aid, probation and parole, and key health services. A total of 12 people from eight agencies were interviewed in the first round. Staff from a number of local Aboriginal services were also interviewed in the second round, giving a total of 19 people from nine agencies.

Questions covered the individual’s knowledge of and experience with MERIT; their perception of its progress and achievements to date; any problems they had encountered with the program and the extent to which such difficulties had been rectified. All interviews were conducted in private, took 30 to 45 minutes to complete, were tape-recorded and subsequently transcribed. The transcribed documents were then organised into themes, with grouping of responses from different interviewees.

**FIGURE 1****Referral and Assessment Outcomes for 368 referrals to the MERIT Pilot Program, July 2, 2000 to June 30, 2002**

Note: percentages are calculated as the percentage of all people referred for assessment (ie % of 368)

### Participant Interviews

Participants were interviewed at program entry, exit and three to nine months after program exit. These interviews were conducted in conjunction with data collection for another study on participants' health and social functioning. All program participants were invited to participate, regardless of exit status. A standard interview schedule was developed for each interview time. Questions focused on their experience of and satisfaction with the MERIT Program. The majority of the questions were open-ended, allowing participants to express their opinions in their own words. All data were entered into an Access database, then collated and coded for key themes and responses.

### Program Data

The program collected data on participants, court processes, treatment provided and exit status of participants. Data recorded at the initial assessment included sociodemographic data, drug use and treatment history, other health issues, and prior convictions and current charges. Data on operational processes included outcomes of referrals and assessments, services provided, and exit status. Data for all referrals to the program for the first two years of operation were analysed using Epi-Info 6 (version 6.04a) and SAS

(version 8). Standard descriptive statistics were produced.

For the analysis of characteristics associated with program completion, participants were classified as completers or noncompleters. Exit status was classified as: completed (successfully completed all program requirements); breached by the program (a breach of program conditions, not a breach of bail); removed (by the court); withdrew voluntarily; or other (died, transferred to another program, etc). All those with an exit status other than "completed" were then grouped together as noncompleters. (There were four people still in the program at the time of data extraction, not included in this analysis.)

Initial analysis involved cross-tabulations using chi-square tests to assess differences in proportions of completers for a range of variables. All variables where the chi-square test gave a  $p$  value  $\leq 0.1$  in the univariate analyses were then entered into a multivariate logistic regression model. Two different approaches to model building were taken: backwards elimination and stepwise selection. Both approaches yielded the same final model. Because of *a priori* concerns that Aboriginals and female participants may do less well in the program, these two variables were maintained in the model.

**TABLE 1**  
**Drug Use on Entry Among Participants Accepted into the MERIT Pilot Program (N = 266)**

	Principal Drug		Problem Use	
	Number	Percent	Number	Percent
Heroin	144	54.1	163	61.3
Cannabis	60	22.6	167	62.8
Amphetamines	49	18.4	96	36.1
Alcohol	1	<1.0	63	23.7
Benzodiazepines	5	1.9	49	18.4
Other opiates	2	<1.0	16	6.0
Other	5	1.9	-	

## RESULTS

### Referral and Assessment

During the two-year pilot period (July 2, 2000 to June 30, 2002) there were 368 referrals for assessment. Nearly two thirds of referrals were from the magistrate on the day of court (63%), with the police being the second most common source of referrals (11%). Nine percent were self-referred, with the remainder referred by the solicitor (5%), the Probation and Parole service (3%), or a variety of other sources (9%).

Assessment was undertaken by the MERIT caseworkers, employed by the local Area Health Service, who also supervised treatment for those accepted. Assessments involved a comprehensive review of drug use, problems associated with drug use, previous treatment, family relationships and family drug history, social situation, medical problems, mental health and psychological well-being, motivation for change, and legal issues. The MERIT team then provided a written report to the magistrate in court recommending whether or not the defendant was suitable for the program and the type of treatment recommended. The magistrate made the final determination as to whether the person should be bailed to the program.

Of the 368 referrals, 266 (72.3%) entered the MERIT Pilot Program (Figure 1). Those who were considered ineligible were more likely to be male (91%) than those accepted into the program (76%). There were no other differences identified between those accepted and those who did not attend, were considered ineligible, or declined the program.

Reasons for assessing defendants as ineligible included: no demonstrable drug problem (37%); a current serious violent or sexual offence (16%); ineligible for bail (12%); unwilling to participate (13%); indictable offence (9%); or issues related to capacity to participate in treatment (10%), e.g., severe mental health problems. One person's entry was not endorsed by the magistrate.

### Participant Characteristics on Entry

There were 238 people accepted into the MERIT Pilot Program— a total of 266 times, since it was possible for people to be accepted to the program more than once during

this period, and several people had more than one episode of care.

The participants had a mean age of 29.9 years (range 18 to 54) and the majority were male (75.9%). The great majority were Australian-born (90.0%); most were single (58.0%); and slightly more than half reported having children (53.7%). Aboriginal and Torres Strait Islander people made up 16.1% of those accepted into the program. Most of the participants were dependent on some sort of welfare benefit as their main source of income (temporary benefit 59.0%; pension 27.1%), with only 7.1% in full-time or part-time employment. While the majority reported that they lived in a rented house or flat (54.3%), one fifth reported living in privately owned accommodation (not necessarily their own). There were a significant number living in caravan parks (12.8%), and 14 (5.3%) reported that they had no fixed address. Education levels of the participants were generally low, with nearly two-thirds having Year 10 education or less, and only 6.6% having completed tertiary education.

### Drug Use and Treatment History

Participants were asked about their principal drug of concern as well as other drugs used. For drugs not considered their principal drug of concern, participants were asked whether they considered their use of that drug to be a problem. These data are shown in Table 1.

Over half (54.1%) of the participants nominated heroin as their principal drug of concern, with 19 (7.2%) more indicating that they considered their heroin use a problem. Although less than a quarter (22.6%) nominated cannabis as their principal drug of concern, nearly two thirds (62.8%) identified cannabis as a problem drug. The other common type of principal drug of concern was amphetamines, with nearly 20% identifying them as their principal drug of concern and slightly more than one third (36.1%) identifying them as a problem drug. Of course, many of the participants used more than one class of drug.

Participants were also asked about their usual method of use and recency of injecting. Two thirds (67.5%) usually injected, with 72.6% reporting injecting at least once in the previous three months. Only 14.4% reported that they had never injected drugs.

**TABLE 2**  
**Prior Conviction and Imprisonment, and Exit Status, for Participants Accepted onto the MERIT Pilot Program**

	Number	Percent
Prior imprisonment *		
Yes	154	60.9
No	99	39.1
Number of prior conviction episodes *		
None	17	8.6
1-5	65	32.8
6-10	42	21.2
11-15	26	13.1
16-20	22	11.1
>20	26	13.1
Exit status		
Completed	134	50.4
Breached by the program	69	25.9
Removed by the court	30	11.3
Withdrew voluntarily	22	8.3
Other	7	2.6
Currently in program **	4	1.5

\* Missing data: Prior imprisonment – 13 missing; Prior conviction episodes – 68 missing

\*\*Four participants were still on the program at the time of data extraction.

Many of the participants reported that they had accessed treatment for their drug problems in the past. However, around a fifth (21.1%) had not previously received any treatment.

As part of the assessment, participants were asked about health problems other than their drug use. Three quarters of the participants (74.8%) reported that they suffered from at least one chronic physical health problem, and 39.1% suffered from a mental health problem. Additionally, 26.3% had previously attempted suicide, and 34.6% reported at least one previous overdose. Hepatitis B and C infections were common among this group, with 45.9% of the participants reporting being infected.

### Prior Convictions and Current Charges

Data on prior convictions and imprisonment are presented in Table 2. Nearly two thirds of the participants had previously spent time in jail. Despite relatively high levels of missing data on prior convictions, it is clear that the majority of the participants had extensive criminal histories, with a mean number of prior convictions of 10.5 (median 7). Of the 68 participants for whom no data on number of prior convictions was recorded, 56 had data on prior imprisonment. Of these, 34 (60%) had previously been sentenced to jail, indicating at least one prior conviction. Thus, at least 215 of the 254 (84.6%) participants for whom information is available had at least one prior conviction.

Data on current charges indicated that 55% of those accepted into the program were charged with a theft offence, 46% with drug offences, 22% with driving offences and 16% with offences against good order. There were a range of other charges, and many participants had multiple charges.

### Treatment and Supervision

Each participant was assigned a caseworker, who managed their treatment and court liaison for the duration of their time in MERIT. The caseworker worked closely with the participant to develop a suitable, individualised treatment program. Participants were matched to appropriate treatments, including detoxification, pharmacotherapies (eg. methadone, buprenorphine), residential rehabilitation, and community outpatient services.

The vast majority of participants (87.9%), received individual counseling as their main intervention from their caseworker, with most participants requiring intensive supervision and counseling, particularly in the first few weeks when daily contact was often required. A few of those who exited the program early received information and education only (4.3%), or assessment only (7.4%).

Participants, staff and other stakeholders all commented on the importance of the caseworker: the degree of chaos, disorganisation and crisis in participants' lives required intensive supervision, counseling and support and case loads were consequently relatively small (typically 10 per worker). When asked about the most useful component of the program, the vast majority of participants interviewed identified the support of the caseworker as the most important element.

The most common external drug treatment services referred to were residential detoxification (27.1% of participants) and residential rehabilitation (21.4%). There were 45 participants (16.9%) referred for methadone maintenance treatment (MMT), and a number were already receiving MMT (the data did not allow exact determination of this number). While many were referred to more than one external drug treatment service, one fifth of the participants

**TABLE 3**  
**Univariate Analysis of Characteristics Associated with Program Completion**

	Completers n = 134		Noncompleters n = 128		Chi-squares test p value
	No.	%	No.	%	
Gender					
Male	105	78.4	95	74.2	0.431
Female	29	21.6	33	25.8	
Aboriginality *					
Aboriginal	15	11.4	27	21.3	0.031
Not Aboriginal	117	88.6	100	78.7	
Accommodation *					
Rented house/flat	64	48.1	78	60.9	0.015
Privately owned house/flat	38	28.6	18	14.1	
Other	31	23.3	32	25.0	
Principal drug of concern					
Heroin	69	51.5	71	55.5	0.023
Amphetamines	18	13.4	31	24.2	
Cannabis	38	28.4	22	17.2	
Other	9	6.7	4	3.1	

\*Missing data: Aboriginality – 3 missing; Accommodation – 1 missing

(20.9%) were provided with outpatient counseling and case management only by the MERIT team, and data was missing for 16.9%.

Participants were also required to attend group sessions, run weekly by the caseworkers. Topics covered included: social coping skills; time and financial management; relapse prevention; drug use and its health and social impacts; and anger management.

In addition to specialised drug treatment services, ancillary services were used, as appropriate, including medical and other health services; accommodation and housing; employment and vocational services; education and training; family counseling; and psychiatric and psychological interventions.

The mean time in the program was 86.5 days, (median 91), measured from the day of referral. Duration on the program was a mean of 116 and a median 104 days for those who completed and a mean of 55, median 42 days for those who did not ( $p < 0.0001$ ). These times are considerably less than most drug court programs. In addition, MERIT staff noted that it often took several weeks to stabilise their clients, including detoxification, providing assistance to find suitable accommodation and meeting other basic needs. The exit status of the 266 participants accepted into the program is shown in Table 2. As can be seen, half (50.4%) the participants entering the program completed it. Characteristics associated with completion are discussed below.

#### Characteristics Associated with Program Completion

The association of a number of characteristics with program completion was assessed by comparing their distribution

between program completers and noncompleters. Results of the univariate analysis for all variables where the chi-square test gave a  $p$  value of  $\leq 0.1$  are presented in Table 3. Other variables tested but found to be not significant at this level were: age at entry; marital status; source of income; education; chronic physical disease; mental health problem; previous attempted suicide; previous overdose; and prior imprisonment. The results for gender are also included in Table 3, although they do not meet the significance criterion.

Aboriginals were less likely to complete the program. Those living in privately owned accommodation were more likely to complete than those living in either rented house/flat or other situations. For the multivariate analysis, this variable was further collapsed to privately owned versus all others. Principal drug of concern was highly significant as a predictor of completion, with users of heroin and amphetamines less likely to complete than users of cannabis or other drugs. This variable was also further collapsed for the multivariate analysis into heroin/amphetamines versus cannabis/others.

Results of the multivariate logistic regression are shown in Table 4. The likelihood ratio for the overall model had a  $p$  value of 0.0003. Addition of other variables did not improve the model. It can be seen that all the variables found to be significant in the univariate analysis are significant in the multivariate model.

The lower rate of completion among Aboriginal participants was recognised by MERIT staff and other stakeholders, who suggested that low literacy levels, the predominantly non-Aboriginal composition of groups and

**TABLE 4**  
**Multivariate Analysis of Characteristics Associated with Program Completion**

	Odds Ratio	95% Confidence Intervals		<i>p</i>
		Lower	Upper	
Gender (male vs female)	1.1	0.6	2.0	0.710
Aboriginality (Aboriginal vs not)	0.4	0.2	0.9	0.028
Accommodation (privately owned vs other)	2.5	1.3	4.7	0.006
Principal drug (heroin/amphetamines vs other)	0.4	0.2	0.7	0.003

inadequate involvement of Aboriginal service providers may have contributed to this result.

### Participant Perspectives

At both the exit and the follow-up interviews, participants were asked a series of questions about the most useful and least useful aspects of the program, and what they found most difficult to manage. The vast majority of participants identified the support of the caseworker as the most useful aspect of the program:

- “Caseworker support, the way the workers are always positive and give you support, they’re more personal, they’re there for you.” (33 year-old female completer, exit interview)
- “Caseworker, having a counsellor who made me face things.” (43 year-old male completer, follow-up interview)

Participants had varied reactions to the group sessions, with some identifying them as the most useful and others as the least useful aspect of the program. Comments were made both about the content, and the contact and interaction with others.

- “Groups because I got to see other people heavily involved with drugs and you don’t want to be like them and you can see people fully worse off than you.” (“Most useful aspect” —24 year-old female noncompleter, follow-up interview)
- “Groups, I learnt a lot of stuff I didn’t know and now I can prepare for events which I couldn’t do before like coping with relationship and depression issues.” (“Most useful aspect” —29 year-old male completer, exit interview)
- “Group stuff. I reckon I’m not real sociable and I never really got nothing out of it because you always got someone there being the town clown or something. You get to know them [injecting drug users attending group] but I don’t want to know them . . .” (“Least useful aspect” —25 year-old male completer, exit interview)

The majority of respondents at both the exit and the follow-up interviews identified difficulties with transport as the biggest challenge—a consequence of operating the project in a rural area. Staff also expressed concern about difficulties experienced by participants with transportation

and travel. “Staying clean” was the second most commonly identified challenge at both interview times.

### DISCUSSION

This article presents findings on the implementation of the MERIT Pilot Program, a pre-plea court-based diversion into treatment program in a rural area of Australia. The program is unusual because of its short intended duration of treatment of only three months, and its emphasis on the caseworker in providing treatment and support. The program was successfully implemented, recruiting 238 participants for 266 program episodes between July 2, 2000 and June 30, 2002. The majority (72%) of those referred were accepted onto the program, and half of those entering completed it.

The overall picture of the program participants is one of a group of people with complex social and health problems and with substantial prior criminal histories. This picture is consistent with the picture emerging from other drug courts both in Australia (Freeman 2002; Heale & Lang 2001; Briscoe & Coumarelos 2000) and in the United States (Turner et al. 2002; Belenko 2001, 1998). Meeting these needs by providing suitable drug treatment and referral to other services is challenging. It requires access to a range of drug and alcohol, health and social services, as well as considerable capacity and flexibility within the program.

Most participants had a long history of drug abuse, with only 14% never having injected, and nearly half reporting infection with hepatitis B or C viruses. They also reported extremely high rates of chronic physical and mental health problems.

The participants were mostly recidivist offenders, with 61% having previously been imprisoned, and 85% having at least one prior conviction, indicating that the majority of the participants had a long history of criminal behavior. This compares with the criminal history of the Adult Drug Court participants in Sydney, of whom 76% had previously been imprisoned, and only one person had no prior conviction (Freeman 2002). Thus, the program is not generally capturing drug offenders early in their involvement with the criminal justice system, but at a stage where they are more entrenched in their antisocial behaviour.

The MERIT Pilot Program was designed as an early court intervention program, with the expectation that many

participants would be referred by the police shortly after arrest. However, only 11% of participants were directly referred by police. As there is typically a gap of up to four weeks between a person being charged and their first court appearance, this could create delays in conducting assessments and providing treatment.

A distinguishing feature of the MERIT Pilot Program was that the caseworkers acted as both primary treatment provider and case managers—they not only developed case management plans and referred participants to other services, but also provided counseling (often on a daily basis in the early stages of the program), and ran group sessions. Additionally they supervised participants and reported to the court on progress.

The caseworkers were skilled clinicians with a range of professional backgrounds. This contrasts with the low level of professional training among counsellors found by Bouffard and Taxman (2004). In their study of four United States drug courts, the most common level of educational attainment was a high school degree or less (40%), and only two of 35 counsellors responding to their survey had post-graduate qualifications. Another difference between the MERIT Pilot Program and these four United States drug courts was in the caseload of the workers. MERIT caseworkers had lower caseloads than their American counterparts, who had as many as 35 clients each (Bouffard & Taxman 2004). However, MERIT caseworkers also performed additional functions and had only three months to achieve significant client outcomes, as compared to 12 to 24 months in most drug court programs, necessitating a more intensive approach. MERIT workers were also required to undertake all of the program processes themselves, whereas drug courts usually depend on an approach from health and judicial teams.

The majority of participants found the caseworker support to be a vital element of the program. In another study among drug-dependent women in the same rural area, the support provided by their case manager was also identified by clients as the single most useful element in the program (Sheldrake et al. 2003). Although we did not formally measure the therapeutic alliance, the importance of the participant/caseworker relationship identified here is consistent with other research finding that the early therapeutic alliance is associated with both engagement and retention in treatment (Meier, Barrowclough & Donmall 2005). Caseworkers identified individual counseling as the major service provided by the program, although all participants were also expected to attend the weekly group sessions run by the caseworkers. This again contrasts with the drug courts described by Bouffard and Taxman (2004) in which the majority of clinical interventions provided were group activities.

The program has achieved a reasonable rate of completion, with half of the participants who started the program

completing it. This is similar to the 55% retention in the Adult Drug Court at four months (Freeman 2002), and the 52% retention in the Victorian CREDIT program (Heale & Lang 2001), on which MERIT was originally modelled. It is also apparent that although some participants were able to complete the program within the three months initially planned, other participants needed considerably longer.

Compared with other diversion programs, three months is a brief intervention, particularly as the program may have to include a detoxification and stabilisation component. The drug treatment component of the NSW Adult Drug Court runs for a minimum of 12 months, and is not initiated until the participant has undergone detoxification (Taplin 2002), while most of the drug courts in the United States have programs of at least 12 months. Peters and Murrin (2000) reported similar completion rates for two drug courts in the United States: 48% for the Escambia program, and 53% for the Okaloosa program.

Consideration of characteristics associated with completion of the program is important for reasons related to efficiency of resource allocation and concerns regarding equity and quality. Identification of characteristics of successful participants may help in future targeting and refinement of the assessment of potential cases. However, concerns related to program quality and equitable distribution of scarce resources dictate that subgroups which are less successful are identified. This will support future exploration of the underlying reasons, with possible modification of the program.

Though the completion rate for Aboriginal participants is relatively low compared with that for non-Aboriginal participants, their acceptance rate is high. This contrasts with the Adult Drug Court in Sydney, in which Taplin (2002) reported that Aboriginal offenders were disproportionately excluded from the program because of previous violent offences. The importance of offering culturally appropriate programs, and evaluating their impact, has been demonstrated by Beckerman and Fontana (2001) in the United States.

The higher completion rate for people living in privately owned accommodation may reflect greater stability in the lives of these participants, particularly compared to those living in hostels, caravan parks or those who are homeless. MERIT staff identified housing problems as one of the key challenges in their work, particularly finding crisis accommodation for those living in inappropriate situations.

The somewhat lower completion rate among those using heroin or amphetamines, compared to those with other drugs as their principal drug of concern, may reflect a more serious drug problem in this group. Heroin and amphetamine users may have more severe drug dependency, and more severe social and health consequences of their drug use. However, as 46% of those whose principal drug of concern was heroin or amphetamines did successfully complete the program, it appears that the program is still reasonably effective with this group.

The majority of participants interviewed, even those who did not complete, were satisfied with the program. The stakeholders interviewed, including magistrates, court staff, solicitors and legal support personnel, police officers, drug and alcohol staff and the MERIT staff themselves, all overwhelmingly supported the program and believed it was having a beneficial impact on the participants. Although some were initially sceptical, the professionalism of the staff

and the rigour of the program convinced them of its value. Findings from the studies on health and social functioning outcomes and on court outcomes and recidivism will be presented in subsequent papers. Following early promising results (Reilly, Scantleton & Didcott 2002; Linden 2001), the MERIT Program has been expanded in Local Courts across NSW.

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