Policy brief: Community-based drug and alcohol treatment orders

Executive summary

Community-based drug and alcohol treatment orders have the potential to support recovery and provide an alternative to imprisonment, but their effectiveness depends heavily on how they are designed and delivered. Current evidence does not demonstrate clear health and wellbeing benefits, while qualitative evidence highlights both opportunities and risks. Future policy should:

- prioritise the routine collection of relevant outcomes, and
- prioritise treatment orders which are person-centred, trauma-informed, and integrated with approaches that address the wider social circumstances affecting recovery and rehabilitation.

Introduction

People involved in the justice system experience disproportionately high rates of substance use, poor mental health, and social disadvantage. Community-based treatment orders aim to address underlying causes of offending while reducing reliance on imprisonment. In Scotland, these approaches align with broader policy ambitions to reduce incarceration and promote rehabilitation.

However, the available evidence highlights important uncertainties about their effectiveness for rehabilitation (addressing underlying health needs) and raises questions about how such interventions should be designed and implemented to maximise positive outcomes.

Methodology

Two complementary systematic reviews addressing the effectiveness and experience of legally mandated drug and alcohol treatment orders - implications for sentencing and rehabilitation in Scotland.

This policy brief addresses key areas of research interest in relation to sentencing and rehabilitation:

1. *Features of an effective community sentence for people with substance dependency*
2. *Experience of receiving community sentences and participating in rehabilitative programmes*

Findings and Conclusions

1. Effectiveness of Treatment Orders

Evidence from 11 studies involving more than 4,600 participants found no clear evidence that mandated treatment orders improve key health outcomes such as substance use, depression, or adverse events compared with usual justice processes. The overall quality of evidence was rated as very low certainty.

Importantly, no studies reported several outcomes that are highly relevant to policymakers, including:

- Quality of life.
- Overall functioning.
- Anxiety.
- Impacts on families and significant others.

In contrast, qualitative evidence suggests that individuals often perceive benefits in terms of recovery, wellbeing, and reduced substance use, while also highlighting potential harms arising from coercive approaches.

2. Compliance and Engagement

The evidence does not identify specific groups that are less likely to comply with treatment requirements. However, several factors were consistently identified as barriers to engagement:

- Poverty and financial hardship.
- Homelessness and unstable housing.
- Mental health difficulties.
- Histories of trauma.
- Limited access to appropriate support services.
- Having dependent children (especially for women)

These wider life circumstances often limited individuals' ability to engage with treatment and sustain recovery.

3. Experiences of Community Sentences

Individuals receiving mandated treatment orders report both benefits and challenges. Benefits include reduced substance use, improved emotional coping, greater self-confidence, and improved physical and mental health. Many participants viewed treatment orders as supporting recovery and helping stabilise drug use.

At the same time, participants described significant challenges, including stress associated with monitoring and legal oversight, feelings of coercion, and the risk of re-traumatisation for those with previous trauma experiences. Some individuals felt that compulsory treatment undermined trust and meaningful engagement with rehabilitation.

Implications and Recommendations

1. Implications for Sentencing and Rehabilitation Policy

The available evidence suggests that treatment orders should not be viewed simply as a mechanism for enforcing abstinence. Programmes based primarily on surveillance and compliance may increase stress and reduce engagement. Instead, interventions appear most promising when they focus on supporting recovery and addressing the broader social determinants of substance use as well as the implications of reoffending.

Key features of a potentially effective approach include:

- Person-centred and trauma-informed practice.
- Flexible treatment tailored to individual circumstances.
- Harm-reduction approaches rather than abstinence-only models.
- Access to evidence-based treatment, including medication-assisted treatment where appropriate.

- Integration of justice, health, housing, welfare, employment, and social support services.
- Supportive rather than punitive responses to relapse.
- Involvement of people with lived experience in service design and delivery.

The reviewed studies focused primarily on community settings however these principles are likely to be relevant to the management of problematic substance use more broadly within rehabilitation and justice pathways.

2. Suggested Policy Options

The following options could be inferred from the evidence.

1. Strengthen the evidence base by supporting high-quality Scottish evaluations that measure health, wellbeing, quality of life, and long-term outcomes, as well as reoffending.
2. Improve understanding of compliance and engagement by examining how poverty, housing instability, mental health, and trauma influence participation and completion of treatment requirements.
3. Promote person-centred and trauma-informed approaches across community justice services, recognising the complex needs of people with substance dependency.
4. Support whole-system responses that integrate justice, healthcare, housing, welfare, and social services rather than relying on treatment orders alone.
5. Embed lived experience in policy development and evaluation to improve relevance, acceptability, and engagement.

References

Campbell, P., Cowie, J., Davis, B. et al. Effectiveness of legally mandated non-custodial drug and alcohol treatment orders for improved health, well-being, global functioning and quality of life: a systematic review and meta-analysis. Health Justice 14, 11 (2026). https://doi.org/10.1186/s40352-025-00354-4

France, E., Hoyle, L., Campbell, P. et al. Understanding the health and well-being impacts and implementation barriers and facilitators of legally-mandated non-custodial drug and alcohol treatment for justice-involved adults: a qualitative evidence synthesis. Health Justice 13, 58 (2025). https://doi.org/10.1186/s40352-025-00361-5

NESSIE. Effectiveness of legally mandated non-custodial drug and alcohol treatment orders for improved health, well-being, global functioning and quality of life: a systematic review and meta-analysis. https://usher.ed.ac.uk/nessie/our-projects/treatment-orders_quant (accessed 12 October 2026)

NESSIE. Understanding health and well-being related to legally-mandated non-custodial drug and alcohol treatment for justice-involved adults: a qualitative evidence synthesis. https://usher.ed.ac.uk/nessie/our-projects/treatment-orders_qual (accessed 12 October 2026)

Contact

NESSIE@ed.ac.uk