

Adult Drug Courts and the Treatment of Substance Abuse: A Marriage of Corrections and Substance Abuse Treatment

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Abstract

An overview of adult drug courts with an emphasis upon practice within the United States is provided. Research and analysis describing impact, effectiveness, and programmatic processes for drug court programs are cited. Drug court future trends are described.

Introduction

Drug courts have been an aspect of the corrections scene for over twenty years. Beginning with the first drug court in Miami, Florida in 1989, there are now 2840 drug courts throughout the United States and territories, serving about 52777 participants who are at risk for substance abuse and dependence (National Drug Court Institute, 2014). This represents about 10 percent of the 1.2 million adults arrested in the United States each year that are at risk for substance abuse and dependence (Sevigny, Fuleihan, & Ferdik, 2013).

Drug courts emerged as a means to deal with the burgeoning criminal justice system population within the United States. Between 1973 and 2009, the prison inmate population increased 705 percent coupled with rapid cost increases required to operate prison systems (Henrichson & Delaney, 2012). This boom in inmate populations was associated with several factors to include more stringent sentencing for drug related crimes at the state and federal levels. Since 2010, inmate populations have declined in a majority of American states (Carson & Golinelli, 2013; Desilver, 2014). Part of this decline is attributed to state level changes in drug policies and sentencing, and alternative sentencing and corrections programs to include the drug court program.

The drug court movement reaches beyond the United States. Twenty-three nations utilize drug courts, also known as drug treatment courts, in providing services to substance abusing adults and their families (Global Center for Drug Treatment Courts, 2014). These nations are likely to endorse reduction in demand through the use of prescribed maintenance drugs or needle exchange programs rather than advocating total abstinence from all substances as is likely the case in a United States drug court. These nations also view success in terms of reducing drug use and criminal activity opposed to striving for no criminal recidivism or drug use as espoused within United States drug court programs. International Drug Treatment Courts (<http://nadcp.org>) and Nolan (2010) provide perspectives on international drug courts and comparative practices within these courts and those in the United States .

What are Drug Courts

Drug courts are an aspect of several types of accountability or problem solving court programs. A drug court is a specific court docket with the purpose of reducing criminal recidivism, substance abuse and increasing the likelihood of successful habilitation among nonviolent substance abuse offenders. Drug courts have central philosophical and empirical principles that guide program operation. Known as the ten key concepts (Huddleston & Marlowe, 2011; United States Department of Justice, 1997), these principles include:

- Integration of alcohol and drug treatment with justice system case processing;

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- Non-adversarial judicial process with prosecution and defense personnel promoting public safety and protecting participant due process rights;
- Early identification and prompt placement of eligible participants into the court program;
- Participant access to a continuum of alcohol and drug related treatment and rehabilitation services;
- Drug abstinence is monitored through frequent alcohol and drug testing;
- Coordinated treatment, sanction, and reinforcement strategies are used to respond to participant compliance;
- Judicial interaction, oversight, and review with each participant is essential throughout the drug court experience;
- Program goals and effectiveness are monitored through systematic program evaluation;
- Interdisciplinary education and a multidisciplinary team approach promotes effective court planning, implementation, and operations;
- Partnerships are established between community and public organizations and the court to enhance program effectiveness and promote community support.

Detailed information and research regarding the ten key concepts are described in U.S. Department of Justice (1997), Carey, Finigan, & Pukstas (2008), and Carey, Makin, & Finigan (2012).

Drug courts are structured, combining judicial and probation oversight with empirically based treatment strategies. Court programs range from 12 to 24 months with participants working through the program through a series of graduated phases or stages. Each stage reinforces life skills necessary for the participant to attain a drug free lifestyle. In addition to treatment phases, participants are involved in community based recovery programs such as 12 step or similar programs, and random weekly drug and alcohol testing. Case management processes are an integral part of the program's operation (Monchick, Scheyett, & Pfeifer, 2006). There are sanctions for failure to comply with drug court behavioral standards, and mandates. Sanctions are usually graduated in nature depending upon the severity of the infraction (Guastaferrero & Daigle, 2012; Marlowe, 2008). In addition to sanctions, participants are provided incentives for program compliance (Stitzer, 2008). Regular court appearance with judicial review of participant progress is an essential aspect of the drug court process.

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Drug courts are usually of two types of plea models. These include preadjudication and postadjudication models (Fulkerson, Keena, & O'Brien, 2013). In the preadjudication process, the defendant waives judicial rights with charges being dismissed upon successful completion of the drug court program. In the postadjudication procedure, the defendant enters a guilty plea to charges, placed on probation with probation supervision transferred to the drug court. If unsuccessful in the drug court program, the defendant is terminated from the program and sentenced following revocation of a probationary sentence. Over 50 percent of United States drug courts follow a post-adjudication process (Huddleston & Marlowe, 2011). Cooper (2003) provides an overview of drug court procedures and processes.

Research on the Effectiveness and Operation of Drug Courts

Much of the drug court research has focused upon reduction in criminal and drug recidivism and cost effectiveness. Comparative studies indicate that drug court participants have lower recidivism than non-participants. Recidivism rates or the average number of re-arraignments from the time that a participant enters the drug court program drop from 38 to 58 percent with such effects demonstrated up to three year time periods (Downey & Roman, 2010; Mitchell, Wilson, Eggers, & MacKenzie, 2012; Rempel, 2006). Recidivism reduction rates or decrease in average number of re-arrests ranged from 37 to 50 percent up to three years post drug court participation (Mitchell, Wilson, Eggers, & MacKenzie, 2012).

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Reductions in the use of illegal drugs and alcohol are also shown for participants graduating from drug court programs (Marlowe, 2010; Mitchell, Wilson, Eggers, & MacKensie, 2012).

Cost effectiveness is another dimension that researchers advance for drug court effectiveness. For every dollar invested, drug courts produce \$2.21 to \$27.00 (U.S. dollars) in direct benefits to the criminal justice system. A 221% return on investment is estimated relative to reduced re-arrests, reduced contacts with law enforcement officials, use of jail space, expenses associated with court proceedings, and similar factors (Bhati, Roman, & Chalfin, 2008; Carey, Finigan, & Pukstas, 2008; Carey, Mackin & Finigan, 2012). Drug courts provide economic benefits to communities that range from \$3000 to \$13000 per drug court participant. These include economic benefits provided by participant employment earnings, monies spent within the community for housing and other goods and services, and tax dollars collected (Logan, et. al., 2004; Marlowe, 2010).

Research suggests that drug courts produce positive psychosocial effects. These positive impacts include reduced family conflict, improved family relationships, improved socioeconomic wellbeing, higher employment and educational rates, higher income levels, improved family reunification rates, and experiencing life difficulties at reduced rates with improved skills to deal with such difficulties (Bryan & Havens, 2008; Green & Rempel, 2012; Worcel, Furrer, Green, et al., 2008).

There are a number of studies that address the effectiveness of specific drug court operations. These studies focus upon practices that are associated with or have impact upon participant recidivism and cost effectiveness. Drug court policies and practices that include treatment provider representation at drug court staffings and court hearings, and internal and external reviews of program data and statistics promoting program operation modifications are associated with both reduced recidivism and enhanced cost effectiveness. Practices associated with improved recidivism rates include lower drug court caseloads, a specific 90 day period of drug and alcohol free screens required for program graduation, frequent judicial status hearings of at least three minutes or more of judicial time spent with each participant, regular communication between treatment providers and court personnel, law enforcement representation at drug court staffings and court hearings, and program admission for offenders with nondrug as well as drug related charges. These programmatic analyses are described further in Carey, Mackin and Finigan (2012).

Research provides insight into cost saving drug court practices. These practices include the use of and written policies on gradually escalating sanctions for infractions (Arabia, Fox, Caughie, Marlowe & Festinger, 2008; Hawken & Kleiman, 2009; Guastafarro & Daigle, 2012; Sevigny, Fuleihan, & Ferdik, 2013), a participant's defense attorney attending program staffings, participant requirement for involvement in an educational program or employment, drug test results being available within 48 hours or less, and drug and alcohol testing being conducted at least twice per week. These programmatic analyses are further described in Carey, Mackin and Finigan (2012).

Other drug court operational strategies associated with program effectiveness include program and treatment practices that retain offenders in treatment longer which equates to better treatment outcome (Lindquist, Krebs, Warner, & Lattimore, 2009) as well as offering a continuum of care and wraparound services that may include residential treatment (Deschenes, Ireland, & Kleinpeter, 2009). Participants being required to pay court fees and the use of internal treatment providers are other policies associated with drug court effectiveness. Carey, Mackin, & Finigan (2012), Zweig, Lindquist, Downey, Roman, and Rossman (2012), and Zweig, Rossman, and Roman (2011) provide further details regarding the impact of policies on drug court practice.

Research also suggests that effective drug courts utilize empirically based treatment strategies that are intertwined within the judicial/corrections process. Evidence based treatments commonly used within drug court programs are identified within the National Registry of Evidence-based Programs and

Practices (www.nrepp.samhsa.gov). Hardin and Kushner (2008) and Nissen (2014) also describe evidence based interventions that may be used within drug courts. Evidence based treatments are often combined with case management, relapse prevention interventions, and community based recovery programs.

Drug Court Trends

Several trends appear to be emerging in drug court practice. Drug courts increasingly intervene with high risk participants. Such participants include those who are relatively young, have more felony convictions, diagnosed with antisocial backgrounds, and possess histories of previous failure within less intensive treatments or programs (Lowenkamp, Holsinger, & Latessa, 2005; Marlowe, 2012).

Drug courts are serving participants with co-occurring disorders. It is estimated that 15 percent of male and 34 percent of female offenders have mental disorders with over 70 percent of these offenders having co-occurring substance abuse disorders (Peters, Kremling, Bekman, & Caudy, 2012; Steadman, Peters, Carpenter, Mueser, et al., 2013). Zweig, Rossman, and Roman (2011) report that 79 percent of drug courts integrate substance abuse and mental health treatment for participants with co-occurring disorders. Including these offenders within drug court programs requires modification of operational processes to meet the unique needs of these participants. Such modifications may include increased screening and assessment, accommodation or modification of treatment services, accommodated sanctions and incentives, more supervision within the community, and community service linkages. Peters (2008) and Peters, Kremling, Bekman, and Caudy (2012) provide analyses of program practices that may be required in accommodating offenders with co-occurring disorders within drug court programs. An increasing number of drug court programs are providing medication assisted treatment for selected substance abuse offenders entering the drug court program (Schuster & O'Brien, 2008). This trend may align United States drug court practice with that found in drug courts within other nations.

Conclusion

Drug court programs have manifested steady development over the twenty plus years of their existence. Evaluative research is a fundamental tenet of the drug court movement and continues to espouse the effectiveness and impact of drug courts upon the community, the United States, and from a global perspective as well as detailing drug court components and practices that are effective in putting forth the drug court's mission. Drug courts are truly a marriage between treatment and corrections. They have the structure, supervision, and mandates associated with the corrections system incorporated with the person centered treatment philosophy and empirical strategies designed to help participants develop life skills to improve their lives, and the lives of those within their milieu to lead a drug free lifestyle. Drug courts are cost effective correctional alternatives. It is likely that drug court programs will continue to expand within the United States and on a global basis.

References

- Arabia, Patricia., Fox, Gloria., Caughie, Jill. Marlowe, Douglas, and Festinger, David. 2008. "Sanctioning practices in an adult felony drug court." *Drug Court Review*, 6, 1-31.
- Bhati, A., Roman, J. and Chalfin, A. 2008. *To treat or not to treat: Evidence on the prospects of expanding treatment to drug involved offenders*. Washington, DC: The Urban Institute.
- Bryan, Valerie. and Havens, Jennifer. 2008. "Key linkages between child welfare and substance abuse treatment: Social functioning improvements and client satisfaction in a family drug treatment court". *Family Court Review*, 46, 151-162.
- Carey, Shannon., Finigan, Michael, and Pukstas, K. 2008. *Exploring the key components of drug courts: A comparative study of 18 adult drug courts on practices, outcomes, and costs*. Portland: NPC Research. Assessed July 20, 2014. www.npcresearch.com.
- Carey, Shannon., Makin, Juliette., and Finigan, Michael. 2012. "What works? The ten key components of drug court: Research-based best practices". *Drug Court Review*, 8, 6-42.
- Carson, Ann., and Golinelli, Daniela. 2013, July. *Prisoners in 2012-Advance Counts*. Washington, DC: Department of Justice, Bureau of Justice Statistics. Accessed July 20, 2014. www.bjs.gov.
- Cooper, Caroline. 2003. "Drug courts: Current issues and future perspectives". *Substance Use and Misuse*, 38, 1671-1711.
- Deschenes, Elizabeth, Ireland, Connie, and Kleinpeter, Christine. 2009. "Enhancing drug court success". *Journal of Offender Rehabilitation*, 48, 19-316.
- Desilver, Drew. 2014, April. "Feds may be rethinking the drug war, but states have been leading the way". *Pew Research Center*. Accessed August 24, 2014. www.pewresearch.org.
- Downey, P. and Roman, J. 2010. *A Bayesian meta-analysis of drug court effectiveness*. Washington, DC: The Urban Institute.
- Fulkerson, Andrew, Keena, Linda, and O'Brien, Erin. 2013. "Understanding success and nonsuccess in the drug court". *International Journal of Offender Therapy and Comparative Criminology*, 57, 1297-1316.
- Global Center for Drug Treatment Courts. Accessed August 24, 2014. <http://globaldrugcourts.com>.
- Green, Mia, and Rempel, Michael. 2012. "Beyond crime and drug use: Do drug courts produce other psychosocial benefits?" *Journal of Drug Issues*, 42, 156-177.
- Guastafarro, Wendy and Daigle, Leah. 2012. "Linking noncompliant behaviors and programmatic responses: The use of graduated sanctions in a felony-level drug court". *Journal of Drug Issues*, 42, 396-419.

- Hardin, Carolyn, and Kushner, Jeffrey (Eds.) 2008. *Quality improvement for drug courts: Evidence-based practices*. Alexandria, VA: National Drug Court Institute.
- Hawken, A., and Kleiman, M. 2009. *Managing drug involved probationers with swift and certain sanctions: Evaluating Hawaii's HOPE*. {NCJRS no. 229023}. Washington, DC: National Institute of Justice. Accessed August 20, 2014. www.ncjrs.gov/pdffiles1/nij/grants/ww9023.pdf.
- Henrichson, Christian., and Delaney, Ruth. 2012. *The price of prisons: What incarceration costs taxpayers*. New York: Vera Institute of Justice.
- Huddleston, West, and Marlowe, Douglas. 2011. *Painting the current picture: A national report on drug courts and other problem-solving court programs in the United States*. Alexandria, VA: National Drug Court Institute.
- International Drug Treatment Courts. Accessed July 12, 2014. <http://nadcp.org>.
- Lindquist, C., Krebs, C., Warner, T., and Lattimore, P. 2009. "An exploration of treatment and supervision intensity among drug court and non-drug court participants". *Journal of Offender Rehabilitation*, 48, 167-193.
- Logan, T., Hoyt, W., McCollister, K., French, M., Leukefeld, C., and Minton, L. 2004. "Economic evaluation of drug courts: Methodology, results, and policy implications". *Evaluation and Program Planning*, 27, 381-396.
- Lowenkamp, C., Holsinger, A., and Latessa, E. 2005. "Are drug courts effective?" A meta-analytic review". *Journal of Community Corrections*, Fall, 5-28.
- Marlowe, Douglas. 2008. "Application of sanctions". In Hardin, Carolyn and Kushner, Jeffrey (Eds.). *Quality improvement for drug courts: Evidence-based practices*. (107-114). Alexandria, VA: National Drug Court Institute.
- Marlowe, Douglas. 2010. *Need to know: Research update on adult drug courts*. Alexandria, VA: National Association of Drug Court Professionals.
- Mitchell, Ojmarrh, Wilson, David, Eggers, Amy, and MacKenzie, Doris. 2012. "Assessing the effectiveness of drug courts on recidivism: A meta-analytic review of traditional and non-traditional drug courts". *Journal of Criminal Justice*, 40, 60-71.
- Monchick, Randy, Scheyett, Anna, and Pfeifer, Jane. 2006. *Drug court case management: Role, function, and utility*. Alexandria, VA: National Drug Court Institute.
- National Drug Court Institute. Accessed July 12, 2014. www.ndci.org.
- National Registry of Evidence-based Programs and Practices. Accessed July 12, 2014. www.nrepp.samhsa.gov.
- Nissen, Laura. 2014. "Alcohol and drug prevention, intervention, and treatment literature: A

- bibliography for best practices”. *Best Practices in Mental Health*, 10, 59-97 (Lyceum Books).
- Nolan, James 2010. “Harm reduction and the American difference: Drug treatment and problem solving courts in comparative perspective”. *Journal of Health Care Law and Policy*, 13, 31-47.
- Peters, Roger. 2008. “Co-occurring disorders”. In Hardin, Carolyn and Kushner, Jeffrey (Eds.). *Quality improvement for drug courts: Evidence-based practices* (51-61). Alexandria, VA: National Drug Court Institute.
- Peters, Roger, Kremling, Janine, Bekman, Nicole, and Caudy, Michael. 2012. “Co-occurring disorders in treatment based courts: Results of a national study”. *Behavioral Sciences and the Law*, 60, 800-820.
- Rempel, Michael. 2006. “Recidivism 101: Evaluating the impact of your drug court”. *Drug Court Review*, 5, 83-112.
- Schuster, Charles, and O’Brien, Charles. 2008. “Medication-assisted treatment for participants in drug court programs” In Hardin, Carolyn and Kushner, Jeffrey (Eds.). *Quality improvement for drug courts: Evidence-based practices*. (33-42). Alexandria, VA: National Drug Court Institute.
- Sevigny, Eric., Fuleihan, Brian., and Ferdik, Frank. 2013. “Do drug courts reduce the use of incarceration? A meta-analysis”. *Journal of Criminal Justice*, 41, 416-425.
- Steadman, Henry, Peters, Roger., Carpenter, Christine., Mueser, Kim, et al. 2013, April. *Drug court practitioner fact sheet: Six steps to improve your drug court outcomes for adults with co-occurring disorders*. Alexandria, VA: National Drug Court Institute.
- Stitzer, Maxine. 2008. “Motivational incentive in drug courts”. In Hardin, Carolyn and Kushner, Jeffrey (Eds.). *Quality improvement for drug courts: Evidence-based practices*. (97-105). Alexandria, VA: National Drug Court Institute.
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- United States Department of Justice, Office of Justice Programs, Drug Court Program Office (1997, January). *Defining drug courts: The key components* (Grant No. 96-DC-MX-K001). Washington, DC: Author.
- Worcel, Sonia., Furrer, Carrie., Green, Beth., Burrus, Scott., and Finigan, Michael. 2008. “Effects of family treatment drug courts on substance abuse and child welfare outcomes”. *Child Abuse Review*, 17, 427-443.
- Zweig, Janine., Lindquist, Christine., Downey, Mitchell., Roman, John., and Rossman, Shelli. 2012. “Drug court policies and practices: How program implementation affects offender substance use and criminal behavior outcomes”. *Drug Court Review*, 8, 43-79.
- Zweig, Janine., Rossman, Shelli., and Roman, John. 2011. *What’s happening with drug courts: A national portrait of adult drug courts*. Washington, DC: The Urban Institute.