

Recommendations for Implementing a Successful Drug Court Model

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Recommendations for Implementing a Successful Drug Court Model

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Recommendations for Implementing a Successful Drug Court Model

Abstract

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Under the Supervision of Dr. Dedra Tentis

Statement of the Problem

The drug court phenomenon started in 1989 in Miami-Dade County, as a response to the lack of effectiveness the traditional response had on offenders. Since that time, drug courts have grown immensely in popularity. The National Association for Drug Court Professionals (NADCP), states the number of drug courts grew to 2,633 in 2010, and that every state and U.S. territory, has a drug court in operation. Drug courts have also garnered attention on the federal level, with Congress making grants available to states and counties implementing new drug courts. The Congressional Research Service reported that congress made \$45 million available for drug court grants in 2010, and since 1995, has given \$530 million in grants to drug courts.

With all of this money and resources being directed toward drug courts, it would seem that this court model would be highly successful. Organizations such as the NADCP agree with the statement, and actually claim that drug courts are responsible for transforming millions of lives. Other groups like the National Association of Criminal Defense Lawyers (NACDL), believe this money and resources are being wasted, and that there are better ways for the courts to be handling these cases. The biggest reason these groups have such varied opinions on the effectiveness of drug courts, is the lack of conclusive empirical data. The Congressional Research Service reported in 2010, that over the years, evaluations into the effectiveness of drug court programs has varied, and that questions still remained on how effective drug courts truly are.

The Congressional Research Service noted that some of the reasons that problems persist, in the evaluation of drug courts, stems from the variations of each drug court (Franco, 2010). While drug courts utilize key components, they also vary greatly in aspects of admission criteria, allowable degrees of offenses, application of sanctions for noncompliance, and the degree of judicial monitoring and intervention. This has led some to advocate for drug court accreditations, or a more standardized and universal drug court model.

Methods and Procedures

The purpose of this study was to utilize a qualitative analysis to examine drug treatment courts and to determine key attributes of successful drug treatment courts. Since addiction is such a complex issue, a single model may not be able to account for all of the complexities of addiction. By establishing keys to success from the available research, the drug treatment court model moves closer toward an accredited model. Establishing key components allow drug treatment courts to be fluid enough to account for all of the complexities of addiction within the criminal justice system. This paper looks to build on the already existing key components of drug treatment courts, by adding new components based on research from successful drug treatment courts.

The information for this paper was gathered from secondary sources to include the textbooks that were used in pursuit of this degree. This also included accredited journals, found in the Karrmann Electronic Library at the University of Wisconsin-Platteville. Websites of individual drug treatment courts, along with websites of organizations dedicated to drug treatment courts, were also reviewed to gather information for this paper.

Summary of Results

Research for this paper showed very positive results in the success of drug treatment courts. This included overall high graduation rates, reductions in recidivism, and an overall cost benefit to the communities utilizing drug treatment courts. The few criticisms that surfaced focused on the lack of continuity among the different drug courts and issues of disparity. This included the overall disparity from lack of continuity, financial, and racial disparity. Based on the success of the two drug treatment courts examined, this paper advocates the adding of two more key components. The addition would add a participant focus to the existing key components, and would help to quell some of the criticism of drug treatment courts.

Drug treatment courts would find great benefit, in examining the key components, from more of theoretical perspective. Little research exists in applying major criminal justice theories to the drug treatment court model. This type of research could further add to the already existing key components.

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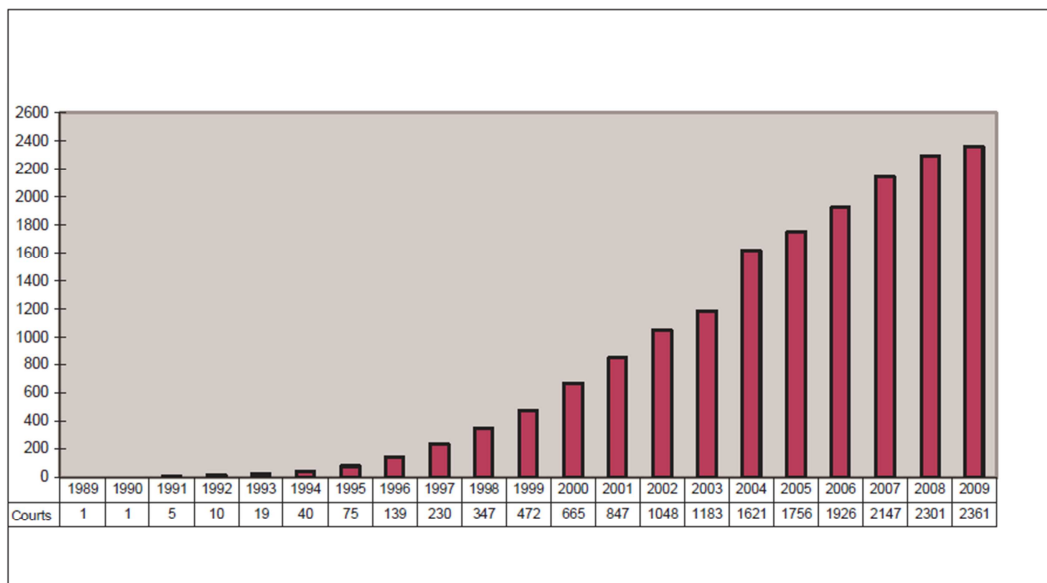
I. Introduction

With a basic understanding of economics, it is easy to understand that supply and demand are two intertwined principles that govern any business. A lot can be stated about how a business is affected, if either the supply or demand for a product changes. Until 1989, the response to ending the drug business has been to attack the supply of drugs coming into the United States. In 1989, Miami-Dade County decided to try a new approach, by attacking the demand for drugs. This approach turned out to be a movement that became known as the Drug Treatment Court approach. King and Pasquarella noted in their 2009 report for the Sentencing Project, that the advent of drug courts was a switch from reducing supplies, to a judicial response of treating addiction. Franco, in his 2010 congressional report, places a little more emphasis on how big the transition was, to go from attacking the supply of drugs, to attacking the demand for drugs. Franco describes the drug treatment court movement, as a fundamental shift from reducing drug use through limiting supply, to reducing drug use by reducing the demand for drugs.

The rapid growth of drug courts across the nation sparked the reference of the “Drug Court Movement.” Franco (2010) notes that many criminal justice researchers termed the rapid growth of drug courts as a “movement,” since the popularity of drug courts came about without any empirical evidence to show the effectiveness of drug courts on the reduction of demand.

Lowering of the demand for drugs as a means of reducing the business of drugs in the U.S. is actually a very logical approach. This is evidenced by the popularity of the drug treatment court. Its quick expansion is a testament to the logic behind the approach. The National Association of Drug Court Professionals (NADCP) notes in 2012, there were 2,734 drug courts in operation in every state and territory in the U.S. Looking at Figure 1, from Franco's congressional report (2010), it is easy to see the rapid expansion of drug courts in the United States from 1989 to 2009.

Figure 1 The Growth of Drug Courts from 1989 to 2009



Since the inception of the original drug court in 1989, the drug court movement has led to variations of drug courts that still follow the same principle that was first established by Miami-Dade County. The NADCP lists multiple variations from adult to juvenile drug courts, as well as Veterans Treatment Courts, DWI Courts, Family Drug Courts, Federal Reentry Courts, Reentry Courts, Reentry Drug Courts, Tribal Healing to Wellness Courts, and Back on TRAC: Treatment, Responsibility, Accountability on Campus Courts. The drug court movement also

generated other variations, which have been termed Problem Solving Courts. These courts follow the same principles of drug courts, but are more specialized to issues like mental health, domestic violence, gambling, and truancy.

Drug Court Basics

Drug courts are typically a judicial program aimed at treating addiction. King and Pasquarella (2009) note that drug courts are usually run at the local level, and eligibility into each drug court is very different. The guidelines for eligibility, and structure for completion, are set by the individual drug treatment court program. Most drug courts follow the same ten key principles designed by the NADCP Standards committee and the Bureau of Justice Assistance.

Participation by a client in a local drug court is not mandatory, but clients willing to participate and successfully complete the program, usually avoid further prosecution and have the offense expunged from their record. A typical drug treatment court program is completed as a pre or post adjudication diversion program. Post adjudication programs require the client to plead guilty and then the sentence is deferred while the client participates in the program. Clients who begin participation, but fail to complete the program either execute their sentence, or are returned to the court calendar to face further prosecution, depending on the program. In some ways, this could be looked at as a high risk high reward scenario, for those clients willing to participate in drug treatment courts. Clients who successfully participate, and eventually complete the program, are rewarded with a path to an addiction free life. However, clients who chose to participate, but fail to complete the program, face a tougher path, as their failure may have negative effects on their eventual sentence when prosecuted.

King and Pasquarella (2009) note that most drug court programs are six to twelve months in length, but also add that many participants stay in the program longer. Participants are

required to complete the entire program, attend regular court hearings to discuss the participant's progress and setbacks with the judge, and attend some type of treatment component. Participants are monitored for compliance through urine analysis (UA), and by treatment providers. Clients who are making positive progress in the program, are publically complimented during the court hearings for their success. On the other hand, positive UA results, missed appointments, and other issues, are also addressed with the judge during these regular court hearings. These can lead to added sanctions or the eventual termination of the client from the program.

Cost Effectiveness of Drug Courts

With the added attention of the judicial system, treatment programming, and time that participants spend in a drug court program, it is easy to see drug courts as a potentially more costly alternative. Studies have shown that this belief is actually false. Carey and Finigan completed a cost analysis study of drug courts in 2004. The study and figures include all participants of the drug treatment courts studied; both successful, and those terminated after the first week of participation. The cost-benefit analysis found that cost savings for a drug court actually began right away in upfront investment. The study revealed an initial combined savings of \$1,441.52 for all of the agencies involved in the drug court. Carey and Finigan further found that the drug court program provided a savings of \$3,520.85 per participant, in outcome and investment costs. When victimization costs were also added, the figure jumped to \$4,788.88 per participant.

In a three year study of the Baltimore City Drug Treatment Court, Gottfredson, Kearley, Najaka, Rocha (2005) found that the city of Baltimore saved 2.5 million dollars during the three year period. In a more recent study completed by Brown in 2011 on the Dane County Drug Treatment Court, similar results were found. Brown's research indicated an average jail cost for

repeat criminal behavior at \$7,134 compared to the cost of \$2,585 for a participant in the drug treatment program in outpatient care.

King and Pasquarella (2009) report that the Government Accountability Office's (GAO) 2005 study of seven different drug courts, found net benefits from drug treatment courts ranged from \$1,000 to \$15,000 per participant. King and Pasquarella (2009) also reference a Washington study of five different drug courts. This study found \$1.74 in benefits for every dollar spent on drug treatment courts. A ten year evaluation of a drug treatment court in Multnomah County also showed positive financial outcomes. This evaluation found that Multnomah County saved \$9 million in case processing costs alone. When other factors like recidivism, jail time, and savings from reduced victimization were added in, the figure grew to \$88 million (King, Pasquarella, 2009).

Finding Evidence of Drug Court Effectiveness

There are a few ways to determine if a drug treatment court is effective. The most obvious way is to determine the courts effectiveness on recidivism. A second way is to examine the graduation rate, which is the number of offenders that successfully complete the drug treatment court program. Ideally, graduation should be tied to recidivism. This means that clients who graduate from the program should not reoffend or would reoffend at a much lower rate. Realistically graduates over time may turn back to the vices that originally brought them into the treatment program. Addiction is a powerful vice that is not easy to remove. Therefore, if the client reoffends at a much smaller rate than of those offenders following the traditional court track, the program should still be considered successful.

It is actually fairly easy to find studies that show drug courts to be effective in reducing recidivism and drug usage. The problem is finding a study without flaws that is generalizable to

a large number of drug treatment courts. Franco (2010) provided three reasons why it is easy to find studies indicating effectiveness, but not studies that are generalizable or without flaws. Franco first suggested that many studies do not include comparison groups, or contain biased comparison groups (i.e. offenders who refused or failed drug treatment programming). A second reason Franco gave, was that reports only included outcomes from participants that successfully completed the program, and excluded dropouts from the results. Lastly, Franco noted studies use flawed data collection methods; such as self-reporting by drug court participants.

An example of a study that illustrates Franco's first assessment about biased comparison groups, but still yields positive results, is the study completed by Spohn, Piper, Martin, and Frenzel in 2001. The study compared recidivism rates between Douglas County Drug Court participants, felony offenders assigned to diversion prior to 1997, and individuals who received felony drug charges between January 1997 and March 1998. This study compared recidivism rates between those in the drug treatment program to those that may have been eligible for the drug treatment court if the court had been around. However, eligibility criteria for the two programs were not the same. The study also used a group of individuals that were convicted in court and not part of the drug treatment court program, to make assessments. The study basically compared three dissimilar groups to judge whether the drug treatment court was having success.

This left the study with samples of high (convicted felony offenders), medium (drug court participants), and low risk client (diversion group) offenders. When comparing recidivism rates of lower risk offenders to those with higher risks, the outcome of the recidivism study should not yield surprising results, unless the original assessments were not correct. This recidivism study yielded results as expected. Drug court participants in Douglas County reoffended more than

lower risk clients, but less than higher risk clients. At the end of the study, there was no more evidence that the drug treatment court in Douglass County was effective in reducing recidivism than there was at the start of the study.

Gottfredson, Najaka, and Kearley noted in a randomized trial study, completed in 2003 on the effectiveness of drug treatment courts, some of these same issues with past research. Their research specifically noted that most studies are small scale evaluations that have a number of limitations, such as post completion, and only comparison groups to dissimilar comparison groups. Also noted was that a good portion of studies compare graduates to non-graduates, with results yielding that graduates are less likely to reoffend while non-graduates tend to reoffend.

To better address some of the limitations of these small scale studies, researchers began comparing numerous studies in an attempt to show broader more generalizable effectiveness of drug treatment courts. An example of this approach can be found in the previously mentioned randomized trial by Gottfredson, et al (2003). Another great example of this approach can be seen in a study by Wilson, Mitchell, and MacKenzie in 2006. In this study Wilson, et al (2006) completed a systematic evaluation of 55 different studies on drug courts and their rates of recidivism. By compiling a large sample of studies into one study that used sound methodology, the authors hoped to minimize the drawbacks that these studies had on an individual basis.

The biggest problem in finding studies that have large scale generalizability in reference to recidivism, or even graduation, is that each drug treatment court is different. As King and Pasquarella (2009) noted, each drug treatment court is run at a local level, and eligibility into each drug treatment court is very different. Each drug treatment court will also have individual criteria for completion of phases, or terms of the program. For these reasons, this paper

examined well established drug courts to find similarities in their success. This provided ideas and considerations for improving or implementing new drug treatment courts.

Key Components of Drug Treatment Courts

Some of the biggest criticism of drug treatment courts is the lack of continuity between drug court models. Groups like the National Association of Criminal Defense Lawyers (NACDL) suggest this is a hindrance for recovery and treatment, while researchers like Franco (2010), point out the irregularities of drug treatment courts as the reason researchers struggle to create large scale studies that prove the overall effectiveness of drug treatment courts. As previously stated, a key reason for these differences is that drug courts are run at a local level, and eligibility into each drug court is very different. However, a set of key components was originally established in 1997, and then revisited in 2003, to serve as a guideline for implementing drug treatment courts.

The NADCP Drug Court Standards Committee, along with the Bureau of Justice Assistance (BJA), identified ten key components to serve as a guideline for implementing new drug treatment courts. These ten key components serve as a guide for the BJA to provide grants. Franco (2010) referred to the ten key components as guidelines or benchmarks for drug treatment courts and stated that each drug court has some level of discretion in how the key components are implemented. In 2004, the BJA, along with the NADCP, published the ten key components with a description of the intended purpose for each component in the drug treatment court. The published list also included benchmarks that drug treatment courts could utilize to gauge their effectiveness in meeting each of the key components. The ten key components were:

- I. Drug courts integrate alcohol and other drug treatment services with justice system case processing.
 - a. The purpose of this component was to utilize a coordinated team approach in the criminal justice system to stop alcohol, drugs, and related criminal activity.

- II. Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.
 - a. The purpose of this component is for the prosecutor and defense counsel to understand that the ultimate goal is the participant's recovery, but each has a duty to protect public safety and the participant's rights.
- III. Eligible participants are identified early and promptly placed in the drug court program.
 - a. The purpose of this component is that the time immediately following an arrest provides a critical window of time in the participants life when decisions and realization of the problem surface. Early identification of the participant best utilizes this time.
- IV. Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.
 - a. The purpose of this component is the realization that each individual has a unique set of circumstances that brought on the addiction, and treatment needs to account for those individual differences.
- V. Abstinence is monitored by frequent alcohol and other drug testing.
 - a. The purpose of this component is that frequent accurate testing is the best way to create the framework for accountability and gauge progress.
- VI. A coordinated strategy governs drug court responses to participants' compliance.
 - a. The purpose of this component is that drug and alcohol addiction is a very complex issue, and relapse is bound to occur. Therefore, drug treatment courts should reward progress no matter how big or small, and respond to noncompliance.
- VII. Ongoing judicial interaction with each drug court participant is essential.
 - a. The purpose of this component is to show the participant that the judge, the leader of the drug court team and person of authority, cares about the participant and their success.
- VIII. Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.
 - a. The purpose of this component is to establish the fundamentals of the drug treatment court, provide measurable results, and provide a clear understanding of the drug treatment court to policymakers.
- IX. Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.
 - a. The purpose of this component is that education is a key element in ensuring the drug treatment courts goals and objectives are understood by all involved. Education and training also helps keep a level of professionalism, and shows a shared spirit of collaboration.

- X. Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness.
 - a. The purpose of this component is that the drug treatment court is in the unique position to form coalitions with outside community based organizations. These coalitions benefit all that are involved.

II. Defining a Successful Drug Court Program

Measuring Success

A successful criminal justice approach is usually measured through recidivism rates. Recidivism, as defined by the Merriam Webster Dictionary, is the tendency to relapse into a previous condition or mode of behavior. The recidivism rate is the rate at which this relapse occurs over a period of time and is often the quickest and easiest way to determine if a program is effective. For example, if offenders convicted of drug offenses through the standard court approach relapse to commit another offense at a rate of 60% within the first year following conviction, but offenders in the drug treatment court relapse to commit a crime at a rate of 40% within the first year post conviction, there is a tangible gauge in which to measure the drug treatment court. From this example, it is easy to determine that the drug treatment court is effective during the first year following a drug conviction. If this example is expanded out to three years, and it was determined non treatment court offenders recidivism rates went up to 75%, while treatment court offenders recidivism rates only went up to 45%, one can easily make the determination that the treatment is much more effective. On the other hand, if the three year study showed recidivism rates that were equal between non-treatment offenders and treatment offenders, there is tangible proof that the drug treatment court approach is no more effective than the traditional criminal justice approach. While recidivism rates provide a strong and tangible measurement of how successful a criminal justice program is, recidivism rates cannot be the only measure of a criminal justice program that deals with an issue as complex as addiction.

Recidivism rates alone are too simple of a measure for a problem as complex as addiction. The National Institute on Drug Abuse (NIDA) points out that drug addiction is a disease that affects an individual's brain circuits. Addiction alters the individual's brain in terms of reward and motivation, learning and memory, and the brain's ability to control behavior. NIDA also notes that since drug addiction affects so many areas of the user's life, treating addiction is not a simple process. As the research from NIDA suggests, drug treatment alone is a very complex undertaking. Simply relying on the measure of recidivism rates, may downplay the vast improvements an offender makes through the course of the drug treatment court program.

Recidivism rates also cannot paint the entire picture. For example, if a drug court participant uses immediately after completion of the program, but doesn't get charged with a new offense during the course of a 3 year study; is the drug treatment court successful? If only recidivism rates were looked at, the treatment court would look to be successful even though the offender is still using drugs. How about the reverse of this situation? What about the drug treatment court participant that comes out of the program cleaned up, but two years after completion, is dealt a major life altering situation (i.e. loss of major supporter, job). In this moment of weakness, the participant decides to turn back to their drug of choice, and is arrested. If only recidivism rates are looked at, the program could be considered a failure. However, it could logically be argued that the treatment program changed his life, and led the participant down the right road. Without the life altering situation, the participant would not have reoffended. While these scenarios may be hypothetical, they are also not out of the realm of possibility. As NIDA points out, treatment for drug offenders needs to be continuously

monitored, because relapses do occur, so treatment plans should include a long term care plan, for treatment to be truly effective.

Recidivism rates provide what could be considered a very quick and simple way of determining the success of a treatment court program. However, recidivism rates cannot paint the whole picture. For that reason, this paper also examined the opinions of individuals involved in the drug treatment court, as well as the cost effectiveness of drug treatment courts. Incorporating all of this information into small case studies of two specific drug treatment courts provided a more conclusive picture. From this picture, it was much easier to determine the key components that have aided in making each of the treatment courts successful.

Dane County Drug Treatment Program

The Dane County District Attorney's Office notes that the Drug Treatment Program was established in response to the number of defendants that have substance abuse problems in the criminal justice system. The District Attorney's Office website provides the basis for the drug treatment program as an intervention that allows the defendant to become a productive member of the community. Specifically, noting that interventions at the first introduction to the criminal justice system are the most effective in the long term. Defendants who choose to participate in the Dane County Treatment Program never go to trial for the offense as long as they complete the program.

The Dane County treatment court focuses on nonviolent offenders and sets the criteria for admission into the program as: a resident of Dane County that is 18 or older, who has no violent felony convictions, no pending misdemeanor charges, and a weapon was not used during offense. The potential participant also has to have identifiable treatment needs and be willing to address substance abuse issues by complying with program expectations. Potential participants,

who meet these requirements, and agree to participate in the drug treatment program, are given the opportunity to break the cycle of drugs and crime. Participants receive comprehensive treatment, reduced jail incarceration, and the ability to enhance academic and employment skills.

Defendants who agree to participate in the drug treatment program must first enter a plea of no contest to the charge. From that point, the participant must complete all of the criteria of the drug treatment court. The Dane County Drug Treatment Program handbook lays out the criteria for participants. Each participant needs to complete three different phases in order to progress toward graduating from the treatment program. Phase one is a minimum of 45 days, and those who have not progressed to phase two in 90 days, will be terminated from the program. Phase one requires the participant to meet with the case manager five times a week, and attend court every two weeks. Participants are also required to stay in Dane County, make progress towards individual goals, and establish a history of negative tests. In phase two, participants only have to meet with the case manager three times a week, and attend court every three weeks. Participants also work in phase two to establish the rest of their individual goals for the program. Phase two is a minimum of 90 days, but carries the same exception of termination for those that are unable to progress to phase three in 120 days. In phase three, participants are only required to meet with the case manager once a week, and have to attend court once every four weeks. In this phase, participants work on establishing the goals to be completed following graduation from the program, need to have 120 days without a relapse, and need to complete the treatment program.

The 2011 Annual Report for the Dane County Drug Treatment Court Program shows a very good completion rate for participants. The report establishes a national average for completion of drug court programs at 45%, with a range of completion rates between 26% and

77%. Dane County reports an average completion rate from its inception until 2011 of 66%, but in 2011 Dane County reported a completion rate of 84%. Figure 2 from the 2011 Annual report, includes a further break down of Dane County completions by race, gender, age, and possession, versus all other charges that were accepted in the program.

Figure 2 Dane County Breakdown of Graduation Rates

	Admissions	Graduations	Neutral Discharges	Active Cases	Successful Completion Rate
African-American	252	143	19	5	62.7%
Hispanic	50	30	1	1	62.5%
Other	16	9	0	2	64.3%
All Racial Minorities	318	182	20	8	62.8%
Caucasian	1033	610	83	35	66.7%
Men	942	558	62	30	65.6%
Women	409	234	41	13	65.9%
17-25	695	405	48	19	64.5%
26-35	309	174	26	15	64.9%
36-45	199	115	20	6	66.5%
46+	108	70	9	3	72.9%
Possession*	994	543	83	22	61.1%
All Other Charges	357	202	20	21	63.9%

* Possession crimes include: Possession of a controlled substance, possession of drug paraphernalia, and possession with intent to deliver.

Effectiveness of Dane County Drug Treatment Program

The 2011 Annual Report of the Dane County Drug Treatment program defines some of the successes the program has accomplished in recidivism. Dane County reported that in 2011, 65% of graduates had not been arrested 2 years after program completion. The report noted that this 2 year success rate was down from 2010's rate of 78% who remained arrest free after two years. The report indicates the national average is around 75%.

The Dane County Drug Treatment Court 2011 Annual Report compared the 2 year arrest free findings, to a comparison group of 155 offenders that were eligible for the program, but

declined participation. Fifty-five percent of the comparison group remained crime free for the 2 year period. The comparison found that drug treatment court participants that had been rearrested received 60% fewer new charges than those in the comparison group who had received new charges.

These results are further supported by Brown (2011), who found that graduation from the Dane County Drug Treatment Program was a statically significant factor in reducing recidivism. Brown found the time between the original charge that led to the possibility of the drug treatment court and a new charge, was significantly higher for those that graduated from the drug treatment program. The research indicated that non participants recidivated on an average of 463 days, while the treatment court participants recidivated on an average of 614 days.

Brown (2011) deduced that this simple reduction in recidivism led to some cost savings. To provide an illustration of how these reductions translate into cost savings, Brown used the most recent cost figures from Dane County. One day in jail in Dane County costs the county \$87. The average jail sentence for a repeat offender is 126 days for a non-drug court participant, and 44 days for a drug court participant. This yields a potential savings of \$7,135. The day calculations of 126 for non-drug court participants, and 44 for drug court participants, are figures that Brown had derived from earlier calculations in the study on recidivism.

Ed Treleven of the Wisconsin State Journal shared a perception of one graduate, of the Dane County Drug Treatment Court, in the article he wrote in 2011. The article focused on addicts remaining crime free longer after participating in the Dane County Drug Treatment Court Program. Treleven shared the story of how Andrey Hansbro lost his mother to colon cancer in 2005, and during the grieving process, turned to drugs as a way of coping with the grief. Hansbro was eventually arrested, participated in the Dane County Drug Treatment Court

Program, and graduated from the program in 2007. In the four years between Hansbro's graduation and the article, Hansbro stated he never used again, even though there were times that were tough.

Baltimore City Drug Treatment Court

The Baltimore City Drug Treatment Court (BCDTC) has been primarily studied in terms of cost effectiveness and recidivism. Clients are referred to BCDTC from a variety of sources. Potential clients can come from pretrial services, bail hearings, the Judge, the State Attorney, or the clients can refer themselves to the program.

The BCDTC criterion is not much different than Dane County. Crumpton, Mackin, Weller, Linhares, Carey, Finigan, (2007) lists the criteria for the BCDTC as: (1) no convictions in the last 5 years for crimes of violence, assault and/or battery, drug king pin, or possession or use of a firearm, (2) no previous convictions for rape, child abuse, homicides, or sex offenses, (3) current offense cannot be for one of the previously mentioned charges, (4) current offense cannot involve firearms, (5) is 18 or older, (6) is a resident of Baltimore City, Baltimore County on a case by case basis, or have Baltimore City charge and be able to make it back for treatment, (7) no major psychiatric disorders, (8) no active Parole, (9) no pending charges outside of Baltimore City, unless the judge of jurisdiction is willing to release charge to the drug court, and (10) must be assessed by the division of probation and parole.

Crumpton, et al (2007) asserts that once a client has been referred and determined to be meet the requirements for the BCDTC, the potential client is then assessed through the Level of Supervision Inventory-Revised (LSI-R) and Addiction Severity Index (ASI). The participant must then attend a regular drug court session were the judge spends 15-30 minutes describing the program. The potential participant is then given the choice to join the program. Once the client

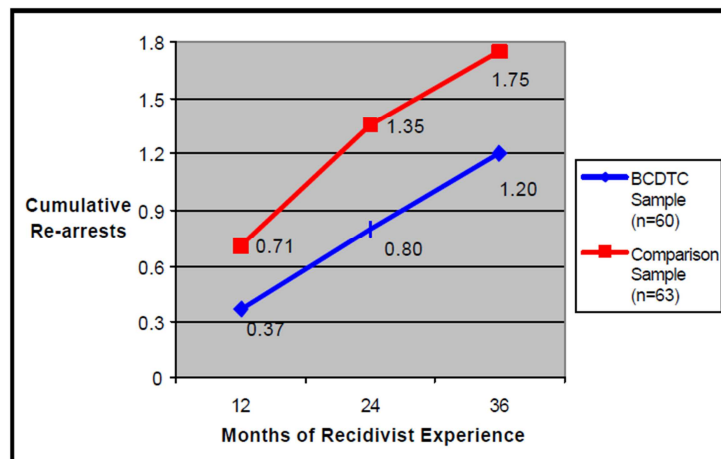
has agreed to participate, the client is required to complete paperwork and plead guilty to the charged offense. The drug treatment court judge then makes a final determination on the client's acceptance into the program.

Unlike the Dane County Drug Treatment Court and other traditional drug courts, participants in the BCDTC do not proceed to graduation through the completion of "Phases." Instead, BCDTC refers to the progress that is made as a "STEP", short for Substance Abuse Treatment and Education Program. Crumpton, et al (2007) remarked that there is not much difference between the BCDTC "STEP" and traditional drug court "Phases." Generally speaking, participants must participate in the program for a minimum of 12 months, be compliant with program requirements, and have 9 consecutive months of being drug free. Ideally, BCDTC participants attend 6 months of outpatient treatment 3-4 times a week. As the participant progresses, the required number of meetings decreases.

Effectiveness of Baltimore City Drug Treatment Court

The BCDTC has been heavily studied in terms of recidivism and cost effectiveness. Gottfredson and Exum published a one year study in 2002 of this program that showed very positive results in the terms of recidivism. The researchers found that participants in the treatment court had a recidivism rate of 48.2%, as opposed to the control group, that had a recidivism rate of 63.5% after the first year.

Crumpton, Berkhus, Weller, and Finigan completed a cost analysis study on the BCDTC in 2003 that also found positive results in recidivism. Crumpton, et al (2003), found that rearrests records three years after completion of the BCDTC, showed that participants were arrested 31.4% fewer times, or about 1.2 arrests for BCDTC participants, versus 1.75 for the comparison group. This can be seen in Figure 3 provided by Crumpton, et al (2003).

Figure 3 Baltimore City Drug Treatment Court Recidivism Graph

A three year study of the BCDTC completed by Gottfredson, Kearley, Najaka, and Rocha in 2006, found similar results. Gottfredson, et al (2006) found that participants had a significant number of fewer rearrests after three years. They also found that participants in the treatment court, had been arrested an average of 2.3 times versus 3.4 arrests to the control group over the three year time period. Participants in the treatment program had 4.1 new charges, as compared to the 6.1 new charges for the control group (Gottfredson, et al2006). Another interesting finding was that after the three years, the overall recidivism rate was not much different. After three years, the recidivism rate was 78.4% for the treatment group, as compared to 87.5% for the control group. This information is shown in Figure 4, a chart provided by Gottfredson, et al (2006).

Figure 4 Baltimore City Drug Treatment Court Recidivism Comparison

	<i>Experimental status</i>	
	<i>Treatment</i>	<i>Control</i>
Percentage re-arrested	78.4 (71.5–85.3)	87.5 (80.8–94.2)
Percentage re-convicted	58.3 (49.8–66.9)	64.4 (54.4–74.5)
Average number of new arrests	2.3** (1.9–2.8)	3.4 (2.7–4.0)
Average number of new arrests per 1000 days at risk	3.8** (2.9–4.6)	5.8 (4.3–7.3)
Average number of new charges	4.4* (3.4–5.4)	6.1 (4.8–7.4)
Average number of new convictions	1.2 (0.9–1.5)	1.3 (0.9–1.7)
Percentage of subjects with at least one new:		
Violent or sex charge	14.4 (8.3–20.5)	24.7 (15.8–33.7)
Property charge	35.1 (26.9–43.3)	40.4 (30.3–50.5)
Drug charge	55.5* (47.1–63.9)	68.4 (58.9–77.9)
Prostitution/Solicitation charge	5.3 (1.4–9.2)	6.7 (1.4–11.9)
Public order charge	36.0 (27.9–44.2)	46.3 (36.1–56.5)
Weapons charge	4.5 (0.9–8.1)	4.5 (0.1–8.9)
Other charge	1.5 (–0.6–3.7)	1.1 (–1.1–3.4)

The cost analysis study completed by Crumpton, et al (2003) showed major cost savings for the BCDTC over the traditional criminal justice approach. Crumpton, et al (2003) found a savings during the three year period of 24.2%. This translated to a total savings of \$2,721,894 for BCDTC, when compared to the traditional criminal justice approach. Using information from the National Institute for Justice on victimization costs, Crumpton, et al (2003) calculated an average savings of \$9,818 in victimization costs per participant, and a total savings in victimization costs for BCDTC participants during the three years of \$7,442,044. Research completed by Gottfredson in 2009 for the Office of Justice Programs Crime Solutions, also found BCDTC to be very cost effective. Gottfredson (2009) found over a 10 year analysis, there was a total savings of \$2,945 per participant, whether a graduate or a non-graduate. Over that 10 year time period, this translated to a total savings of \$589,000.

Jamey Hueston, the judge in charge of the Baltimore Drug Court, and chairperson for Maryland's Judicial Conference Commission on Problem Solving Courts, wrote a response

article for the *Baltimore Sun*, to address recent derogatory articles printed in the *Baltimore Sun* on drug courts. In the article, Hueston briefly discussed the cost benefits of drug courts, shared success stories personally witnessed from the bench, and offered a different means of measuring success for participants. Hueston noted that success of drug court participants cannot be measured by abstinence alone, but also by the reduction of drug use days. The shackles of addiction can be hard to free one-self from, but even small gains in the reduction of drug use days are steps in the right direction.

Hueston told a story of a father who sold all of his children's Christmas presents to support his 20 year addiction to heroin. Since completion of the drug court program, the father has been drug free, and has regained enough trust that the family invited him to share Christmas with them again.

Hueston added that nothing compares to the feeling of holding a baby that was born drug free from a once drug addicted mother. In his 20 years on the bench, Hueston stated no experience has been more uplifting, powerful, and transformative than his time working as a judge in the drug court.

III. Theoretical Perspectives

Low Self-Control Theory

Drug treatment courts are the response to the realization that the traditional way of approaching drug offenses, fails to address the underlying problem of addiction. Without breaking the cycle of addiction and the dependence on drugs, offenders will continue to go to any extreme to satisfy the addiction. Franco (2010) noted that the drug court movement spawned from the realization that courts, jails, and prisons were proving to be ineffective in handling low level repeat drug offenders, and street level dealers. Franco also noted that this realization led to a growing consensus that drug enforcement and corrections were not able to properly address the

underlying issues, such as addiction. This was clearly evidenced by studies like Brown (2011) that show drug court participants remain arrest free for a much longer period of time.

A theory, such as the Low Self Control Theory, may provide a basis to some of the underlying problems associated with drug addiction. Tibbett's and Hemmen's in "Criminological Theory a Text/Reader" in 2010, describe Travis Hirschi's and Michael Gottfredson's Low Self-Control Theory, also known as the General Theory of Crime, as one of impulsivity and instant gratification. The basis of this theory, is that all people are born selfish and lacking self-control. Through child rearing, these tendencies are either strengthened or removed. A child brought up with good child rearing will have high self-control and not seek instant gratification and the risks associated with that instant happiness. A child brought up by bad rearing will develop a stronger self-centeredness and impulsivity.

While not all drug offenders may have been products of bad child rearing, addicts do have a lot of the characteristics described by Hirschi and Gottfredson of Low Self-Control Theory. Dube, Dong, Chapman, Giles, Anda, and Felitti completed a study in 2003 that compared Adverse Childhood Experiences (ACE) with drug use and drug dependence later in life. The study found that with each ACE, it increased the likelihood of early initiation into drugs by 2 to 4 fold. Dube, et al (2003) found that children who had 5 or more ACE's, were 7 to 10 times more likely to report drug use problems, and addiction to illicit drugs. Rick Nauert, Ph.D., wrote an article for the Psych Central website in 2012 that supported this correlation. Nauert, in examining a Columbia University study completed by Karen Ersche, discussed impulsivity and compulsiveness as being common characteristics of drug addicts.

This research ties back to the basic principles of the Low Self-Control Theory. An individual is likely to commit a crime/offense, to get that instant satisfaction that comes from

their illicit drug of choice. Following with the Low Self-Control Theory, the individual is not concerned with the repercussions that will follow if caught; the person is only concerned with satisfying the instant urge of the illicit drug. As Tibbetts and Hemmens (2010) describe, the basis of the theory is very much, a right here right now perception, with no regard to future consequences. Tibbetts and Hemmens also note that Hirschi and Gottfredson believed that this selfish behavior needed to be addressed by the age of 10, or the child would always have a tendency to be selfish. This may also explain some of the difficulties in freeing individuals from addiction.

Theory behind Drug Courts

Gottfredson, Kearley, Najaka, and Rocha completed a study in 2007 that analyzed the basis of how drug treatment courts work from a more theoretical perspective. The study compared fundamentals of the Baltimore Drug Treatment Court, to aspects of the Life-Course Theory and the Procedural-Justice Theory. A key aspect of the Life-Course Theory is that life changing events change the trajectory of criminal activity. Procedural-Justice Theory focused on the perception of fair treatment by authorities. The study focused on these aspects as comparison points to drug treatment courts, with the belief that these theories provided a good comparison to the drug treatment court approach. Gottfredson, et al (2007) added, at the end of the study, that examining drug treatment courts in comparison to the Low Self-Control Theory (General Theory of Crime) and Social Learning Theory may also provide helpful information.

Life-Course Theory

Tibbetts and Hemmens (2010) state that Sampson's and Laub's Age Grade Theory of life course stems from data originally collected by Glueck in 1940. Sampson and Laub re-examined Glueck's juvenile delinquency study and determined that criminal offending is tied to the social

bonds that are created. They expanded on this research by observing social bonds more closely. Sampson and Laub determined that, not only do social bonds create the life course trajectory, but they also have the ability to change that trajectory.

In contrast to Travis Hirschi's and Michael Gottfredson's Low Self-Control Theory, which contended that selfishness could not be changed after the age of 10, Robert Sampson's and John Laub's Age Graded Theory, contends that an individual's life trajectory can be altered through life events that tie an individual back to the community. As Tibbetts and Hemmens (2010) describe Sampson's and Laub's Age Graded Theory, shares the belief that early antisocial tendencies, will lead to criminal activities as an adult. Sampson and Laub also believe that social factors, such as family structure or poverty, leads to social and educational development issues, which further leads to criminal activity. Unlike Hirschi and Gottfredson, Sampson and Laub contend that events like marriage, military service, or employment can greatly reduce the likelihood that early childhood development issues lead to criminal activity, thus changing the trajectory of the individual.

Gottfredson, et al (2007) notes that due to the intervention aspect of drug treatment courts, offenders are given the opportunity to create social bonds that should change their life course trajectory. The study revealed that drug testing and drug treatment reduced multiple drug use frequency. In addition, participants who attended treatment, self-reported direct and indirect social controls more frequently.

Procedural-Justice Theory

Gottfredson, et al (2007) describes Procedural-Justice Theory in terms of fairness. The guiding principle behind the theory is that individuals will respond more positively, regardless of the outcome, if they feel they are met with fairness by those holding more authority over them.

Fairness is broken into six primary components: representation, consistency, impartiality, accuracy, correct ability, and ethicality. The study from Gottfredson, et al (2007) noted that in previous studies of procedural justice, offenders were more willing to accept the outcome of their case when they felt they had the opportunity to be heard, and were treated fair. A study by De Cremer, Stinglhamber, and Eisenberger in 2005 is an example of a study that has validated Procedural-Justice Theory.

Gottfredson, et al (2007) alleged that due to the higher number of contacts that drug court participants have with judges and authority figures, the opportunity for a more positive experience existed. The study did hold true to this assumption. Specifically, finding that the increased number of judicial hearings correlated to reduced variety of drugs used and crimes committed.

IV. Drug Court Criticism

The biggest argument against drug courts revolves around the net widening of the criminal justice system. The Sage Dictionary of Criminology defines net widening as any process which attempts to prevent crime, develop community based corrections, but unintentionally expands the system by drawing more people into the criminal justice system. In other words, net widening is the product of a program aimed at providing an alternative to traditional jails and prisons that result in more people remaining under supervision in the criminal justice system.

Riggs, a critic of drug treatment courts, completed an article for Reason.com that summarized his arguments against drug treatment courts in 2012. Riggs (2012) pointed out that a large percentage of drug courts require the participant to plead guilty to the offense. Riggs noted that this nullifies the participant's options for defense if they fail to complete the program.

To provide an example, Riggs summarized the experience of Latisha Floyd. Floyd entered a drug treatment court in Georgia, after entering a plea of guilty to a lesser charge of possession with intent to sell. Floyd failed to complete the program for reasons described by Riggs, having no mode of transportation, an inability to provide for family, and having to pay the drug testing and court service fees. Riggs noted that these same reasons eventually lead to her violating probation, and a court sentence of 4 years in prison. Riggs continued by asserting that 95,000 drug court participants are returned to regular court every year, after already pleading guilty to participate in the drug treatment court. According to Riggs' article, stories like these are why public defenders like Catherine Bernard, Floyd's Public Defender, don't recommend drug courts very often. They perceive drug treatments courts as "high risks".

Proponents argue that this entire process creates the opportunity for participants to be under supervision by the criminal justice system, longer than they would have been if the traditional court process was followed for the specific case. The Justice Policy Institute makes this argument in their report that was published in 2011. Justice Policy Institute report (2011) argued that drug treatment courts are not a proper response to addiction, and create a net widening of the criminal justice system. Justice Policy Institute contended that low level drug offenders are being funneled to drug courts, whereas in the past, these same low level offenders would have had their charges dropped, or the offender would have received very minimal sanctions.

The Honorable Judge Morris B. Hoffman agrees with the Justice Policy Institute's assessment, that drug courts create a net widening affect in the criminal justice system. In an essay that Hoffman completed in 2011, Hoffman alleges that judges view drug courts/problem solving courts, as a way to fatten their caseloads come budget time. In the essay, Hoffman noted

that after Denver initiated its first drug court, case filings for drug offenses more than tripled. Justice Policy Institute report (2011) claimed the increased drug offense case filings, are an indication that law enforcement perceives that treatment opportunities will be provided through arrest to low level offenders.

The Justice Policy Institute report (2011) contended that treatment provided in the community, is far more effective than the treatment received through drug treatment courts. Thus, the Justice Policy Institute report argued that the money invested in drug treatment courts would be better utilized by offering more treatment options to the community. It also contended that money should be directed away from the drug treatment court approach. More money could then be pushed toward probation, establishing more community treatment and resource options, and providing help with prevention and research.

Justice Policy Institute's arguments are further supported by NACDL, which published a report in 2009 after an examination of drug treatment courts. According to NACDL, drug courts tended to process more discretionary crimes, which they argued may not always be enforced or prosecuted. The NACDL contended that approach provides a false façade of success, and it typically fails to address the deeper seeded issues such as poverty, homelessness, and the lack of educational opportunities.

Racial Disparity Drug Treatment Courts

Racial disparity in the criminal justice system is a very complex issue. According to the Merriam-Webster Dictionary, disparity is a derivative of disparate, which is defined as something that is made up of fundamentally different elements, and often contains elements that are inconsistent within itself. In other words, racial disparity in the criminal justice system can be thought of in terms of the percentage of minorities involved in the criminal justice system, as

opposed to their overall percentage of the population in the U.S. This contrasted with the percentage of whites involved in the criminal justice system, as opposed to their overall percentage of whites in the U.S., creates the basis for the argument for racial disparity.

An article written by Kerby in 2012 for Americanprogress.org, provided multiple examples of racial disparity in the criminal justice system. In one example, Kerby noted that people of color account for only 30% the total U.S. population, but they account for 60% of the prison system population. Another example can be found in a 2008 study conducted by the Sentencing Project. This study found that 38% of prison and jail inmates were African American even though African Americans only make up 13% of the total population in the U.S.

Drug treatment courts have also been heavily criticized for racial disparity. An unidentified judge on racial disparity in drug courts was quoted as stating, “that if not for middle class kids receiving drug charges, drug courts would never have been invented, because when it was kids of color no one cared” (NACDL Report, 2009). The NACDL report also included examples of racial disparity in drug treatment courts. One example that was included in the report was of drug court participants from four counties in California. The California counties consisted of predominately Caucasians, but the bulk of drug treatment court participants in these same California counties were African American.

Results from a study that Huddleston and Marlowe (2011) completed, suggested that the disparity in race may be more area or court specific. In the study, Huddleston and Marlowe surveyed 168 state drug court coordinators and primary points of contact for drug treatment courts. The research found, on average, 62% of the participants in the drug treatment courts surveyed were Caucasian, while 21% are African American. Huddleston and Marlowe pointed out that drug treatment courts varied significantly in their racial breakdown. The Figure 5 chart

from Huddleston and Marlowe displayed how varied drug treatment courts were in their racial divide. Drug courts showed a range for Caucasian and African Americans varied from 1% of the population to nearly 100% of the population. However, the overall average still showed a disproportionate percentage of Caucasian participants in the drug treatment courts surveyed.

Figure 5 Range of Racial Breakdown among Drug Court Participants

Drug Court Participants by Race		
Race	Average (SD)	Range
White or Caucasian	62% (14%)	1% - 98%
Black or African-American	21% (28%)	1% - 95%
American Indian or Alaskan Native	4%	< 1% - 22%
Guamanian or Chamorro	3%	0% - 65%

Financial Disparity

Another major criticism of drug treatment courts is related to finances. Critics of drug treatment courts point to studies that have concluded wealth is an indicator of participants overall success in drug treatment courts. This is a point of contention for the NACDL, and it is their belief that drug treatment court requirements make it very hard for someone to hold down a job and still be available for all of the required meetings and testing. The NACDL also asserted that lack of employment and the intensive requirements make it very hard for drug court participants to coordinate transportation to meet the requirements.

Justice Policy Institute report (2011) contended that studies show participants with more resources at hand, have higher success rates in drug treatment courts. It failed to provide evidence beyond the suggestion that multiple studies back the claim. However, this claim may not be completely without merit. A study completed by Roll, Prendergast, Richardson, Burdon, and Ramirez in 2005 on predictors of drug treatment court success, does support the claim to

some extent. Roll, et al. found employment status was a participant characteristic that proved to be a statistically significant predictor of drug treatment court success. The other statistically significant predictors of success from the study revolved around the drug, and the manner in which it was used. Figure 6 from Roll, et al (2005) displayed the predictors examined and their statistical significance to predicting drug treatment court success. Note the four with an asterisks (*) were the only ones found to be a statistically significant indicator of success in drug treatment courts.

Figure 6 Predictors of Success Chart

Predictor	Odds ratio	95% CI	P-value
Age	1.21	(0.74–2.00)	ns
Educational attainment	1.09	(0.71–1.67)	ns
Ethnicity	0.66	(0.43–1.02)	ns
Gender	0.82	(0.37–1.80)	ns
Marital status	0.97	(0.73–1.30)	ns
Age 1st used	1.41	(0.92–2.17)	ns
Employed*	7.50	(2.86–19.66)	<0.0001
Drug of choice*	0.64	(0.44–0.93)	0.02
Route of administration*	0.62	(0.38–0.99)	0.04
Frequency of use	1.07	(0.82–1.39)	ns
Last used	0.99	(0.64–1.53)	ns
Take medication	0.00	(<0.001–>999.99)	ns
Needle use*	3.75	(1.44–9.78)	0.01
Years of drug use	1.01	(0.94–1.08)	ns

*Significant at $\alpha \leq 0.05$.

Drug Court Disparity

Finally, detractors of drug treatment courts point to the lack of continuity between drug court models. As previously pointed out by King and Pasquarella (2009), drug courts are run at a local level. This means that eligibility into the drug treatment court, and the criteria to successfully complete the program, vary by the individual drug treatment court. Critics of drug treatment courts point to these individual differences as unnecessary stumbling blocks. A letter

from the NACDL to U.S. Senate Judiciary Committee written in 2011, listed these differences as a primary concern. The NACDL contended that these irregularities hinder recovery and reintegration, waste scarce resources, and skew law enforcement priorities by focusing on offenders who do not need treatment.

V. Recommendations

Comparing Reviewed Drug Treatment Courts

When comparing the Dane County Drug Treatment court and the Baltimore City Drug Treatment court, it is evident that these two programs have made a great effort to closely follow the key components of the drug treatment courts. For example, both treatment courts have implemented criteria to identify potential participants early in the process. As noted in key component III, early identification is a high priority, because it takes advantage of the critical time following an arrest, when the potential participant's life is in flux. The turmoil created by the new arrest may cause the offender to think about sobriety. Providing an offender the opportunity to free themselves from the demon of addiction, provides the offender a means of calming the turmoil the arrest created.

Upon further review, it is evident from the information provided by both programs, that they have integrated the ten key components. Going over the rest of key components list, both drug treatment courts have integrated treatment services with their criminal justice process, provided a continuum of treatment, utilized frequent testing to build the framework for accountability, made use of a coordinated plan to effectively treat the addiction, and have utilized an approach in which the judge stays involved throughout the process.

The last two key components are little tougher to determine whether both treatment courts have implemented the component from the available information and research. The

available information does not provide any clues as to what the ongoing training and education requirements of staff are for either of the programs, and to what extent the training and education requirements are being followed by the programs. It is also hard to determine how much effort both treatment courts make to form coalitions with other community based organizations. However, based on demonstrated success from the available studies of these programs, it would not be surprising to see that both of these programs take ongoing education and training seriously.

Recommended Additions to Key Components

The BJA's and NADCP's list of ten key components provides a great base for new drug court programs. It can be seen through the Baltimore City Drug Court and the Dane County Drug Court that implementing and focusing on these key principles can lead to a successful program. However, these key components are dated, and do not look to have been revised since publication in 2004. It may be time to reexamine these key components to determine if revisions or additions should be made based on newer research. For example, in researching this paper, it seemed that the drug courts that found the most success incorporated some type of "orientation." Orientation periods allowed the potential participant to gain a better understanding of the program and make a more informed choice to be involved in the program. This better understanding also gives the potential participant a way to gauge their own seriousness about completing the program.

A major concept of key component eight is how the drug treatment court is monitored and measured. The basis of this concept is that by clearly laying out the fundamentals, and demonstrating the effectiveness of the program, policymakers will have a complete understanding of the program come budget time. However, this key component and the other

key components, make no reference to the participants understanding of the program. A caveat of “orientation” is that it clearly provides the participant with the path to success in the program. Whether it is a “Phase” in Dane County or a “STEP” in Baltimore, the criteria for completion is clearly stated and understood by the participant and the drug court treatment team. It only makes sense those participants who understand what is required from the beginning and choose to participate, are more likely to find success in the end.

It would be suggested, based on the research from this paper, that two more key components be included as the eleventh and twelfth key components. This could potentially look something like key component eleven “Clearly Defined Progression through the Program,” and key component twelve “Orientation Period for the Potential Participant to Gain a Perspective of Requirements.” These additional key components help add a participant focus to the key components document, which is currently not there. These statements are also broad enough, that an individual program would have discretion in how to implement the key component. Another positive to adding these two key components, is the addition of a participant focus, which would help to quell critics of drug treatment courts. No longer would someone be able to argue misunderstanding, since there would be a period of time that the potential participant was given to become familiar with the expectations, and make the choice that is right for them.

Future Research Considerations

While studies examining popular criminal justice theories and drug treatment courts exist, this is still an area that could use more effort. Gottfredson, et al (2007) even suggested, at the end of their study, that examining drug treatment courts, in comparison to the Low Self-Control Theory (General Theory of Crime) and Social Learning Theory would provide helpful information. According to Tibbetts and Hemmens (2010), the General Theory of Crime is

considered by many notable criminologists to be the best single theory explanation of crime, yet there has been little effort to apply it to the drug treatment courts. As suggested in this paper, aspects of the General Theory of Crime are very cohesive with the key traits of those dealing with addiction.

Strain Theory is another popular theory that could potentially provide interesting results, when applied to drug treatment courts. As defined by Tibbetts and Hemmens (2010), a key aspect of Strain Theory is that the stress from trying to achieve individual goals may cause an individual to turn to crime, as an alternative way of achieving the goal. Many of the authors cited in this paper noted circumstances, like the loss of a job, could be a trigger point that caused an individual to start drug use or turn back to after treatment. This type of research may lead to incorporation of additional opportunities in drug treatment courts. For example, the research could show that the addition of stress management classes in the later phases or post treatment court completion leads to longer success rates. While this is just speculation, it should not be ruled out.

VI. Conclusion

There is a substantial body of research that indicates drug treatments are successful in handling one of the most problematic areas of the criminal justice system. A research study completed by Marlowe, DeMatteo, and Festinger in 2003, noted that drug addiction and its related crimes have a very poor prognosis, and that very few other interventions have shown the promise that drug treatment courts show. Effective drug treatment courts consistently show successful graduation rates in the high 60 to 80 percent range, and as a result, yield savings to the criminal justice system estimated to be between \$1,000 and \$15,000 per participant (King and Pasquarella 2009).

Marlowe, et al (2003) uses the process for having new drugs approved, as a means of describing where drug treatments courts were in their evolution in 2003. This provides a great analogy, and even still holds some truth. They described drug treatment courts as “experimental” in nature, and noted that they may not be suitable in all instances. This was not because drug courts are unacceptable for use in those instances, but rather stems more from the fact that we do not know enough about the drug treatment court use in those specific instances, to understand its effectiveness. Marlowe, et al (2003) noted that there is ample evidence which points to success, and that there should not be any hesitation in applying the use of drug treatment courts for those in desperation.

While this may have been true in 2003, it probably is not completely true now. There has been a substantial amount of research that indicates drug treatment courts to be a successful tool in the criminal justice system. Based on the available research, it should be safe to say that drug treatments should no longer be considered “experimental.” However, we still might not be at the stage where they are fully approved. More research is still needed in the fields of theory application. In addition, key components used for implementation, have not been examined or updated since being published in 2004.

Whether or not drug treatment courts are defined as experimental, or given some other status, they should be considered as a move in the right direction. Critics may point to the lack of continuity in drug treatment courts as a reason some fail, or may even suggest that better alternatives exist in treating addiction, but make no mistake, this is a very complex issue compounded by the legal issues. As identified by many of the researchers for this paper, addiction is a very complex issue, and what works for one individual may not work for the next. Therefore, identifying a single approach that can account for all of the variations of addiction

may not be possible. That is why the NADCP and BJA have defined key components that allow the individual drug courts to implement them in the fashion that best suits the individual program.

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