

## **Drug Courts & Treatment Alternatives to Incarceration**

Published: 01/09/2008 - 16:57

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### **1. Basic Data**

As of April 5, 2013, there were 2,383 Drug Court Programs currently operating in the US. Another 198 Drug Court Programs were being planned. Adult Drug Courts were operating or being planned in all 50 states, plus the District of Columbia, Guam, and Puerto Rico. Drug courts were operating or being planned in a total of 1,537 out of 3,143 counties in the US.

Source:

BJA Drug Court Technical Assistance/Clearinghouse Project, "Drug Court Activity Update," (Washington, DC: American University, Justice Programs Office, April 5, 2013), p. 106.

<http://www1.spa.american.edu/justice/documents/4454.pdf>

2.

"The first Drug Court was implemented in Florida in 1989."

Source:

Carey, Shannon M., Ph.D.; Pukstas, Kimberly Ph.D.; Waller, Mark S.; Mackin, Richard J.; Finigan, Michael W. Ph.D. "Drug Courts and State Mandated Drug Treatment Programs: Outcomes, Costs and Consequences," NPC Research (Portland, OR: March 2008), p.2.

<http://www.ncjrs.gov/pdffiles1/nij/grants/223975.pdf>

3.

"In summary, of the almost 1.5 million arrestees at risk of drug abuse or dependence, 109,921 (about 7%) met drug court eligibility requirements. Of the 109,921 eligibles, approximately half (55,364) were actually enrolled in a drug court program. In aggregate, just 3.8% of the at-risk arrestee population was treated in drug court."

Source:

Avinash Singh Bhati, John K. Roman, and Aaron Chalfin, "To Treat or Not to Treat: Evidence on the Prospects of Expanding Treatment to Drug-Involved Offenders" (Urban Institute: Washington, DC), April 2008, p. 33.

[http://www.urban.org/UploadedPDF/411645\\_treatment\\_offenders.pdf](http://www.urban.org/UploadedPDF/411645_treatment_offenders.pdf)

4.

"In drug court, the traditional functions and adversarial nature of the U.S. justice system are profoundly altered. The judge – rather than lawyers – drives court processes and serves not as a neutral facilitator but as the leader of a 'treatment team' <sup>14</sup> that generally consists of the judge, prosecutor, defense attorney, probation officer and drug treatment personnel. The judge is the ultimate arbiter of treatment and punishment decisions and holds a range of discretion unprecedented in the courtroom, <sup>15</sup> including the type of treatment mandated, whether methadone prescription is acceptable (and at what dosage) and how to address relapse. The defense lawyer, no longer an advocate for the participant's rights, assists the participant to comply with court rules. <sup>16</sup> "

Source:

"Drug Courts Are Not the Answer: Toward a Health-Centered Approach to Drug Use" Drug Policy Alliance (New York, NY: March 2011), pp. 5-6.

<http://www.drugpolicy.org/sites/default/files/Drug%20Courts%20Are%20Not%20...>

5.

"The primary purpose of these [drug court] programs is to use a court's authority to reduce crime by changing defendants' substance abuse behavior. In exchange for the possibility of dismissed charges or reduced sentences, eligible defendants who agree to participate are diverted to drug court programs in various ways and at various stages in the judicial process. These programs are typically offered to defendants as an alternative to probation or short-term incarceration."

Source:

"Adult Drug Courts: Evidence Indicates Recidivism Reductions and Mixed Results for Other Outcomes," Government Accountability Office, GAO-05-219, Feb. 2005, p. 3.

<http://www.gao.gov/new.items/d05219.pdf>

6.

"Drug courts are an application of therapeutic jurisprudence theories in which the judge does not ask whether the state has proven that a crime has been committed but instead whether the court can help to heal a perceived pathology. <sup>9</sup> Drug courts adopted the disease model <sup>10</sup> that posits that people struggling with drugs have a chronic disease that reduces their ability to control their behavior. <sup>11</sup> "

Source:

"Drug Courts Are Not the Answer: Toward a Health-Centered Approach to Drug Use" Drug Policy Alliance (New York, NY: March 2011), p. 5.

<http://www.drugpolicy.org/sites/default/files/Drug%20Courts%20Are%20Not%20...>

7.

**(Drug Court Participants by Ethnicity)** "On average, Spanish, Hispanic or Latino(a) persons were reported to represent 10% of Drug Court participants nationwide. However, there was considerable variability across jurisdictions. In some Drug Courts, such as those in Puerto Rico, nearly all of the participants were reported to be of Spanish, Hispanic or Latino(a) ancestry, whereas in others, individuals with these ethnic backgrounds were reported to be virtually absent (see Table 5)."

Source:

West Huddleston and Douglas B. Marlowe, "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, July 2011), NCJ 235776, p. 29.

<http://www.ndci.org/sites/default/files/nadcp/PCP%20Report%20FINAL.PDF>

8.

**(Drug Court Participants by Race)** "Caucasians and African-Americans were reported to be the most prevalent racial groups in Drug Courts (see Table 4). On average, Caucasians were reported to represent nearly two-thirds (62%) of Drug Court participants nationwide. However, there was considerable variability across jurisdictions. In some Drug Courts, nearly all of the participants were reported to be Caucasian, whereas in others, Caucasians were reported to be virtually absent.

"On average, African-Americans were reported to represent approximately one-fifth (21%) of Drug Court participants nationwide. Again, however, there was considerable variability across programs. In some Drug Courts, nearly all of the participants were reported to be African-American, whereas in others, African-Americans were reported to be virtually absent.

"Other racial groups each accounted for less than 5% of Drug Court participants nationally, and were not represented in many Drug Courts. Native-Americans and Pacific Islanders were reported to be prevalent in a small number of Drug Courts located in specific geographic regions of the country."

Source:

West Huddleston and Douglas B. Marlowe, "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, July 2011), NCJ 235776, p. 28.

<http://www.ndci.org/sites/default/files/nadcp/PCP%20Report%20FINAL.PDF>

9.

**(Systemic Bias)** "Importantly, representation of African-Americans in jails and prisons was nearly twice that of both Drug Courts and probation, and was also substantially higher among all arrestees for drug-related offenses. On one hand, these discrepancies might be explained by relevant differences in the populations. For example, minority arrestees might be more likely to have the types of prior convictions that could exclude them from eligibility for Drug Courts or probation. On the other hand, systemic differences in plea-bargaining, charging or sentencing practices might be having the practical effect of denying Drug Court and other community-based dispositions to otherwise needy and eligible minority citizens. Further research is needed to determine whether racial or ethnic minority citizens are being denied the opportunity for Drug Court for reasons that may be unrelated to their legitimate clinical needs or legal eligibility."

Source:

West Huddleston and Douglas B. Marlowe, "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, July 2011), NCJ 235776, p. 29.

<http://www.ndci.org/sites/default/files/nadcp/PCP%20Report%20FINAL.PDF>

10.

**(Primary Substance Used, 2008)**

"Urban Drug Courts

"Prior to entering Drug Court, the primary substances of abuse among urban participants were reported to be cocaine/crack (27%) and alcohol (27%), followed by cannabis (22%), methamphetamine (16%), illicit opiates (7%) and prescription medications (2%) (see Figure 4).

"Suburban Drug Courts

"Prior to entering the program, the primary substances of abuse among suburban Drug Court participants were reported to be alcohol (33%), cannabis (20%), cocaine/crack (18%), methamphetamine (18%), illicit opiates (10%) and prescription medications (3%) (see Figure 5).

"Rural Drug Courts

"The primary substances of abuse among rural Drug Court participants were reported to be methamphetamine (30%) and alcohol (30%), followed by cannabis (14%), illicit opiates (12%), cocaine/crack (7%) and prescription medications (7%) (see Figure 6)."

Source:

West Huddleston and Douglas B. Marlowe, "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, July 2011), NCJ 235776, p. 31.

<http://www.ndci.org/sites/default/files/nadcp/PCP%20Report%20FINAL.PDF>

11.

**(Operation)** "Standard drug court programs usually run between six months and one year, but many participants remain for longer because they must complete the entire program cycle in order to graduate. Program completion entails being drug and arrest-free for a specified period of time and meeting such other obligations as securing housing or employment. Participants frequently meet with the drug court judge and other judicial and clinical staff in status meetings aimed at monitoring each individual's progress. <sup>14</sup> Participants are regularly drug tested and receive rewards or face sanctions based on how well they follow the rules of the court. Rewards can include verbal praise, certificates or other tokens of approval, as well as moving to the next level of supervision, which may include less frequent visits to the court. Sanctions can include everything from verbal admonishment and writing essays to spending time in jail or being kicked out of the program and facing traditional sentencing."

Source:

Walsh, Natasha, "Addicted to Courts: How a Growing Dependence on Drug Courts Impacts People and Communities," Justice Policy Institute (Washington, DC: March 2011), p. 3.

[http://www.justicepolicy.org/uploads/justicepolicy/documents/addicted\\_to...](http://www.justicepolicy.org/uploads/justicepolicy/documents/addicted_to...)

12.

**(Pre vs. Post-Adjudication)** "There are generally two models for drug courts: deferred prosecution programs and post-adjudication programs. In a deferred prosecution or diversion setting, defendants who meet certain eligibility requirements are diverted into the drug court system prior to pleading to a charge. Defendants are not required to plead guilty and those who complete the drug court program are not prosecuted further. Failure to complete the program, however, results in prosecution. Alternatively, in the post-adjudication model, defendants must plead guilty to their charges but their sentences are deferred or suspended while they participate in the drug court program. Successful completion of the program results in a waived sentence and sometimes an expungement of the offense. However, in cases where individuals fail to meet the requirements of the drug court (such as a habitual recurrence of drug use), they will be returned to the criminal court to face sentencing on the guilty plea."

Source:

King, Ryan S. and Pasquarella, Jill, "Drug Courts: A Review of the Evidence" (Washington, DC: Sentencing Project, April 2009), p. 3.

[http://www.sentencingproject.org/doc/dp\\_drugcourts.pdf](http://www.sentencingproject.org/doc/dp_drugcourts.pdf)

13.

**(Failure of Probation)** "Another reason for the proliferation of drug courts is the failure of probation departments to adequately address the needs of clients with addictions. Some of the same mechanisms drug courts use (treatment services, supervision, and case management) have traditionally been part of probation. But as the number of people on probation continues to grow and caseloads increase, probation departments complain that they do not have the resources or time to dedicate to their clients and provide the services their clients need to be successful and stay away from the criminal justice system. <sup>23</sup> Drug courts can be more resource intensive,‡ but do basically the same thing as probation departments are tasked with doing — provide case management and treatment resources while under criminal justice supervision. And often, probation and parole officers are more limited in the options they have to respond to either positive achievements or relapses than drug court judges."

Source:

Walsh, Natasha, "Addicted to Courts: How a Growing Dependence on Drug Courts Impacts People and Communities," Justice Policy Institute (Washington, DC: March 2011), p. 5.

[http://www.justicepolicy.org/uploads/justicepolicy/documents/addicted\\_to...](http://www.justicepolicy.org/uploads/justicepolicy/documents/addicted_to...)

14.

**(Comparison of Court Models)** "The Drug Court model includes a higher level of supervision, particularly by the Court and (generally) a standardized treatment program for all the participants within a particular court (including phases that each participant must pass through by meeting certain goals). There is also regular and frequent drug testing. In contrast, most of the state-mandated program models for drug offenders have less criminal justice supervision (particularly less court involvement) and a less standardized, sometimes more individualized, treatment regimen. In addition, the non-Drug Court

treatment model uses drug testing less frequently."

Source:

Carey, Shannon M., Ph.D.; Pukstas, Kimberly Ph.D.; Waller, Mark S.; Mackin, Richard J.; Finigan, Michael W. Ph.D. "Drug Courts and State Mandated Drug Treatment Programs: Outcomes, Costs and Consequences," NPC Research (Portland, OR: March 2008), p. I.

<http://www.ncjrs.gov/pdffiles1/nij/grants/223975.pdf>

15.

***(Federal Funding, 2013)***

Problem Solving Justice

Total FY 2013 Request: \$52.0 million

(Reflects \$8.0 million increase over FY 2012 enacted level for the programs consolidated into the new program)

"This program consolidates separate funding streams for the Drug Court Program and Mentally Ill Offender Grants. This consolidation will provide OJP the flexibility to continue providing grants to state, local, and tribal criminal justice agencies to help plan, implement, and improve drug court programs; and assist state, local, and tribal criminal justice agencies in working with mental health, substance abuse, housing, and related systems to decrease recidivism of mentally ill offenders, thus improving public safety and public health."

Source:

"FY 2013 Budget and Performance Summary," Executive Office of the President, Office of National Drug Control Policy, April 2012, p. 186.

[http://www.whitehouse.gov/sites/default/files/ondcp/fy2013\\_drug\\_control ...](http://www.whitehouse.gov/sites/default/files/ondcp/fy2013_drug_control_...)

16.

***(Testing in the Context of Drug Courts)*** "For a drug court program, drug testing is conducted primarily to monitor a defendant's progress in treatment — to determine whether he or she has been using drugs and, if so, the type and quantity of substances being ingested. The drug test result may be used as a basis for imposing sanctions and/or enhancing treatment services, on the one hand, or reducing treatment service requirements, on the other. Drug test results may also indicate a participant's progress in reducing drug use when he or she has not eliminated it altogether.

"Although drug test results are frequently reported in terms of 'positive' or 'negative,' in reality, the determination of the presence or absence of a particular drug in the system is not always a black-and-white determination. Ultimately, for a drug court program, a positive or negative result reflects the presence or absence of certain drug metabolites in the sample at a concentration above or below the established cutoff concentration."

Source:

Robinson, Jerome J. and Jones, James W., "Drug Testing in a Drug Court Environment: Common Issues to Address," part of the Drug Court Resource Series, Drug Court Clearinghouse and Technical Assistance Project of American University (Washington, DC: Office of Justice Programs, U.S. Department of Justice, May 2000), p. 2.

<https://www.ncjrs.gov/pdffiles1/ojp/181103.pdf>

17.

**(Stigmatization)** "Although drug courts provide an alternative to the immediate incarceration of drug users, these courts are still connected to a criminal justice system that treats drug use as a crime. Therefore, when participants enter the drug courts, there is an institutionalized stigma attached to drug use. <sup>192</sup> Drug courts perpetuate this stigma because they are based on a system of rewards and punishments. When participants act 'badly' (either by testing positive for drugs or breaking other imposed conditions that create a presumption of drug use), they are treated as pariahs, not patients. For continuing 'bad' behavior, drug court participants can be eventually incarcerated, which is the ultimate representation of societal segregation and ostracism."

Source:

Woods, Jordan Blair, "A Decade after Drug Decriminalization: What can the United States learn from the Portuguese Model?" University of the District of Columbia Law Review (Washington, DC: The University of the District of Columbia David A. Clarke School of Law, 2011) Volume 15, Number 1, p. 30

<http://www.udclawreview.com/wp-content/uploads/2012/03/UDC-DACSL-L.-Rev-...>

18.

**(Recidivism and Completion Rates)** "In the evaluations we reviewed, adult drug-court program participation was generally associated with lower recidivism. Our analysis of evaluations reporting recidivism data for 32 programs showed that drug court program participants were generally less likely to be re-arrested than comparison group members drawn from the criminal court system, although the differences in likelihood were reported to be statistically significant in 18 programs. <sup>38</sup> Across studies showing re-arrest differences, the percentages of drug court program participants rearrested were lower than for comparison group members by 6 to 26 percentage points. One program did not show a lower re-arrest rate for all drug-court program participants relative to the comparison group within 3 years of entry into the program, although that study did show a lower re-arrest rate for drug court participants who had completed the program than for members of the comparison group. In general, the evaluations we reviewed found larger differences in re-arrest rates between drug-court program completers and members of the comparison group than between all drug-court program participants and the comparison group members. The rearrest rates for program completers ranged from 12 to 58 percentage points below those of the comparison group. <sup>39</sup> The completion rates reported in the evaluations we reviewed ranged from 15 percent to 89 percent."

Source:

"Adult Drug Courts: Studies Show Courts Reduce Recidivism, but DOJ Could Enhance Future Performance Measure Revision Efforts" (Washington, DC: Government Accountability Office, Dec. 2011), GAO-12-53, pp. 19-20.

<http://www.gao.gov/assets/590/586793.pdf>

19.

**(Data Collection Improvements)** "BJA's process to revise its performance measures generally adhered to some of the key practices that we have identified as important to ensuring that measures are relevant and useful to decision-making. These key practices included obtaining stakeholder involvement<sup>30</sup> and ensuring that the measures have certain key attributes, such as clarity.<sup>31</sup> The key practices also describe the value of testing the measures to ensure that they are credible, reliable and valid<sup>32</sup> and documenting key steps throughout the revision process.<sup>33</sup> However, BJA could take actions to improve its efforts in these two areas. For instance, BJA officials told us that after the grantees' first reporting period concludes, they plan to assess the data that grantees submitted to ensure that the measures produce reliable and useful data over at least the first quarter of fiscal year 2012. They stated that if necessary, at that point they will then further revise the measures. Nevertheless, BJA officials have not documented how they will determine if the measures were successful or whether changes would be needed. In addition, BJA officials did not record key methods and assumptions used to guide their revision efforts, such as the feedback stakeholders provided and BJA's disposition of these comments. For example, BJA officials provided a document generally showing the original performance measure; whether it was removed, revised or replaced; and BJA's justification for the action, but this document did not demonstrate how BJA had incorporated the stakeholder feedback it considered when making its decisions. The document also did not include a link to a new performance measure in instances where an older one was being replaced. Further, BJA's justification did not include the rationale for the changes it made to 22 of the 51 performance measures. According to BJA officials, they did not document their decisions in this way because of the rapid nature of the revision process and limited staff resources. They also told us that maintaining such documentation and providing it to stakeholders held little value."

Source:

"Adult Drug Courts: Studies Show Courts Reduce Recidivism, but DOJ Could Enhance Future Performance Measure Revision Efforts" (Washington, DC: Government Accountability Office, Dec. 2011), GAO-12-53, pp. 17-18.

<http://www.gao.gov/assets/590/586793.pdf>

20.

**(Drug Treatment Alternatives to Prison (DTAP))** "Importantly, Belenko et al. (2005) have shown just the opposite result for DTAP [Drug Treatment Alternative to Prison]: 57% of DTAP participants were rearrested for any offense at least once in the follow-up period compared with 75% of the comparison group. Similarly, only 42% of DTAP participants were reconvicted of any offense compared with 65% of the prison comparison group. Finally, only 30% of the DTAP participants had a new jail sentence (compared with 51% of prison comparisons) and only 7% had a new prison sentence (compared with 18% of prison comparisons).

"When these outcomes are monetized, our study shows that the DTAP program is cost beneficial from the CJS [criminal justice system] perspective; it is less costly to divert drug abusing offenders to treatment instead of prison. In addition, the findings suggest that a long-term perspective is important in evaluating treatment diversion or other criminal justice-based treatment programs. We find that benefits increase in each subsequent year of analysis. Findings from this analysis provide an economic justification for the DTAP program. In addition, our unit cost estimates for the CJS and diversion expenses for New York City may be used by policymakers and researchers to evaluate other diversion programs."

Source:

Zarkin, Gary A., Laura J. Dunlap, Steven Belenko & Paul A. Dynia, "A Benefit-Cost Analysis of the Kings County District Attorney's Office Drug Treatment Alternative to Prison (DTAP) Program," Justice Research and Policy, Vol. 7, No. 1 (Washington, DC: Justice Research and Statistics Association, 2005), p. 20.

<http://jrja.metapress.com/content/964531204u7725u5/fulltext.pdf>

21.

*(Cost/Benefit Analysis)* "Carey and Finigan (2004) estimated the benefits and costs of the Multnomah County Drug Court in Portland, Oregon. They evaluated a sample of 1,173 individuals to determine the cost and criminal justice outcome differences between the drug court and the business-as-usual process over a 30-month period following the initial court appearance. Based on their cost and benefit estimates, the benefit-cost ratio associated with Multnomah County Drug Court was 2.5.

"In an unpublished report, Harrell, Cavanaugh, & Roman (1999) estimated benefit-cost ratio of about 2 for the sanctions docket program that was part of the D.C. Superior Court Drug Intervention Program. Similarly, in an evaluation the Multnomah County, Oregon, S.T.O.P. (Sanction Treatment Opportunity Progress) Drug Court Diversion Program, Finigan (1998) estimated a benefit-cost ratio of 2.5 from the taxpayer perspective. In these studies, benefits were calculated as the dollar value of averted crime costs (Harrell et al.) or averted CJS [criminal justice system] costs (Finigan) due to decreased criminal activity."

Source:

Zarkin, Gary A., Laura J. Dunlap, Steven Belenko & Paul A. Dynia, "A Benefit-Cost Analysis of the Kings County District Attorney's Office Drug Treatment Alternative to Prison (DTAP) Program," Justice Research and Policy, Vol. 7, No. 1 (Washington, DC: Justice Research and Statistics Association, 2005), p. 3.

<http://jrja.metapress.com/content/964531204u7725u5/fulltext.pdf>

22.

"In identifying target populations, drug courts need to be sensitive to class and race bias. Unless care is taken, diversion courts may tend disproportionately to work with white and middle-class substance abusers."

Source:

Gebelein, Richard S., National Institute of Justice, "The Rebirth of Rehabilitation: Promise and Perils of Drug Courts" Washington, DC: US Department of Justice, May 2000!, p. 5.

<http://www.ncjrs.gov/pdffiles1/nij/181412.pdf>

23.

**(Recidivism)** In a 2003 report, New York's Center for Court Innovation compared recidivism rates between drug court graduates and attendees from six different drug courts, and control groups of similar defendants not entering drug court. They found: "All six drug courts (Bronx, Brooklyn, Queens, Suffolk, Syracuse, and Rochester) produced recidivism reductions compared with conventional case processing. The six courts represent a mix of geographic areas and policies (e.g., regarding eligibility criteria, screening and assessment protocols, graduation requirements, approach to sanctions, and supplemental services). Since the measurement periods tracked defendants at least three years after the initial arrest and at least one year after program completion, the results indicate that positive drug court impacts are durable over time.

"The six drug courts generated an average 29% recidivism reduction over the three-year postarrest period and an average 32% reduction over the one-year post-program period."

Source:

Rempel, Michael, Dana Fox-Kralstein, Amanda Cissner, Robyn Cohen, Melissa Labriola, Donald Farole, Ann Bader and Michael Magnani, "The New York State Adult Drug Court Evaluation: Policies, Participants and Impacts" (New York, NY: Center for Court Innovation, Oct. 2003), p. x.

[http://www.courtinnovation.org/uploads/documents/drug\\_court\\_eval.pdf](http://www.courtinnovation.org/uploads/documents/drug_court_eval.pdf)

24.

**(Crime Prevention)** "An individual who has an out-of-control addiction commits about 63 crimes a year. Assuming this could be reduced to 10 for someone who is in or has completed treatment, and multiplying it by the 200 offenders in Delaware's probation revocation track who comply with all requirements, a single drug court may prevent more than 10,000 crimes each year."

Source:

Gebelein, Richard S., National Institute of Justice, "The Rebirth of Rehabilitation: Promise and Perils of Drug Courts" Washington, DC: US Department of Justice, May 2000!, p. 5.

<http://www.ncjrs.gov/pdffiles1/nij/181412.pdf>

25.

**(General Statistics, 2001)**

The Drug Court Clearinghouse and Technical Assistance Project at the American University in Washington, DC, released the results of a survey of drug courts in 2001. Based on information reported by 372 of the 420 adult family drug court programs which were in operation as of January 1, 2001, DCC/TAP estimated:

**Total number of individuals who have enrolled in adult drug court programs:**  
**226,000**

Number of participants as of 6/1/01:  
77,000

Number of graduates as of 6/1/01:  
74,000

Participant retention rates (overall):  
67%+

Jail/prison days saved, average reported:  
9,980 days

Jail/prison days saved, median reported:  
4,015 days

Costs saved, average reported:  
\$697,652

Costs saved, median reported:  
\$330,000

Source:

"Drug Court Activity Update: Summary Information on All Drug Court Programs and Detailed Information on Adult Drug Courts," Office of Justice Programs Drug Court Clearinghouse and Technical Assistance Project (Washington, DC: American University, June 25, 2001), pp. 2, 6.

<http://www1.spa.american.edu/justice/documents/1933.pdf>

26.

*(Recidivism, 1998)* "Likewise, in a study conducted by W. Clinton Terry, professor of criminal justice at Florida International University, no real differences were found between the recidivism rates of those who completed and those who dropped out of Broward County's Drug Court treatment program. Only a 4 percent difference in the number of felony rearrests and a 1 percent difference in the number of misdemeanor rearrests were found between the two groups."

Source:

Nolan, James L., *The Therapeutic State*, New York, NY: New York University Press, 1998!, p. 104.

<http://books.google.com/books?id=Q-dRzYK1GugC&printsec=frontcover&dq=%22...>

27.

*(Net-Widening)* "Net-widening refers to 'an expansion in the number of offenders arrested and charged after the implementation of [a drug court] because well-meaning police and prosecutors now believe there to be something worthwhile that can happen to offenders once they are in the system (i.e., treatment instead of prison).'<sup>387</sup> When drug courts are created, police in some cities have arrested more people and prosecutors have filed more charges.<sup>388</sup>

"The very presence of the drug court, with its significantly increased capacity for processing cases, has caused police to make arrests in, and prosecutors to file, the kinds of \$10 and \$20 hand-to-hand drug cases that the system simply would not have bothered with before, certainly not as felonies."<sup>389</sup> "

Source:

"America's Problem-Solving Courts: The Criminal Costs of Treatment and the Case for Reform," National Association of Criminal Defense Lawyer (Washington, DC: September 2009), p. 42.

[http://www.nacdl.org/public.nsf/2cdd02b415ea3a64852566d6000daa79/665b5fa31f96bc40852574260057a81f/\\$FILE/problem-solvingreport\\_110409\\_629%28K+PMS3145%29.pdf](http://www.nacdl.org/public.nsf/2cdd02b415ea3a64852566d6000daa79/665b5fa31f96bc40852574260057a81f/$FILE/problem-solvingreport_110409_629%28K+PMS3145%29.pdf)

## 28. **Law and Policy**

*(Faith-Based Drug Treatment Programs)* Treatment options must be carefully considered by the courts. Various Federal court rulings have determined that offering only Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) programs, because of their religious basis, violates the establishment clause of the US Constitution. Ruling in the case of *Kerr v. Farrey* in the 7th Circuit Federal Court of Appeals, Judge Diane P. Wood wrote, "We find, to the contrary, that the state has

impermissibly coerced inmates to participate in a religious program." Judge Wood further notes that "the Court of Appeals of New York has recently come to the same conclusion we reach today in *Matter of David Griffin v. Coughlin*" and that "Our conclusion is thus in harmony with that of other courts that have considered similar questions."

Source:

Ruling in the United States Court of Appeals for the Seventh Circuit No. 95-1843 *James W. Kerr, Plaintiff-Appellant, v. Catherine J. Farrey and Lloyd Lind, Defendants-Appellees*, Judge Diane P. Wood, Decided August 27, 1996.

<http://ftp.resource.org/courts.gov/c/F3/95/95.F3d.472.95-1843.html>

29.

"Specialized forums like drug or domestic violence courts require a judicial temperament in interacting directly with litigants and an openness to insights from fields like mental health.

"It is unclear that legal training is the best preparation for judging in specialized contexts."

Source:

Rottman, David B., "Does Effective Therapeutic Jurisprudence Require Specialized Courts and do Specialized Courts Require Specialist Judges?", *Court Review* Williamsburg, VA: American Judges Association, Spring 2000!, pp. 25-26.

<http://aja.ncsc.dni.us/courtrv/cr37/cr37-1/CR9Rottman.pdf>

30.

"As with drugs themselves, however, the promises of drug courts to not measure up to their harsh reality. They are compromising deep-seated legal values, including the doctrine of separation of powers, the idea that truth is best discovered in the fires of advocacy, and the traditional role of judges as quiet, rational arbiters of the truth-finding process."

Source:

District Judge Morris B. Hoffman, Second Judicial District Denver!, *State of Colorado*, "The Drug Court Scandal," *North Carolina Law Review* Chapel Hill, NC: North Carolina Law Review Association, June 2000!, Vol. 78, No. 5, p. 1533.

31.

"Reductions in recidivism are so small that if they exist at all they are statistically meaningless. Net-widening is so large that, even if drug courts truly were effective in reducing recidivism, more drug defendants would continue to jam our prisons than

ever before."

Source:

District Judge Morris B. Hoffman, Second Judicial District Denver!, State of Colorado, "The Drug Court Scandal", North Carolina Law Review Chapel Hill, NC: North Carolina Law Review Association, June 2000!, Vol. 78, No. 5, p. 1533-4.

32.

**(Pre vs Post-Adjudication)** "Most drug courts require a guilty plea as the price of admission. When guilty pleas are required before offering treatment, drug courts become little more than conviction mills. In post-adjudication courts, the defendant must plead guilty before entering drug court, and even if he or she is successful and completes the program, the conviction will never go away. In pre-adjudication courts, the defendant must plead guilty, but then, if he or she successfully completes the program there is a possibility that the plea can be withdrawn and the charge dismissed. Although procedures vary, the hoops through which participants must jump result in dismissals for relatively few defendants. Profound consequences flow from every failure."

Source:

"America's Problem-Solving Courts: The Criminal Costs of Treatment and the Case for Reform," National Association of Criminal Defense Lawyer (Washington, DC: September 2009), p. 11.

[http://www.nacdl.org/public.nsf/2cdd02b415ea3a64852566d6000daa79/665b5fa31f96bc40852574260057a81f/\\$FILE/problem-solvingreport\\_110409\\_629%28K+PMS3145%29.pdf](http://www.nacdl.org/public.nsf/2cdd02b415ea3a64852566d6000daa79/665b5fa31f96bc40852574260057a81f/$FILE/problem-solvingreport_110409_629%28K+PMS3145%29.pdf)

33.

**(Managed Care)** "It is unlikely that the level and intensity of services required for drug court participants will be supported by managed care. Pressures to reduce treatment expenditures and manage costs associated with Medicaid are driving States to shorten length of stay in treatment and increasing the thresholds for admission to intensive treatment."

Source:

Peyton, Elizabeth A., and Robert Gossweiler, PhD, "Treatment Services in Adult Drug Courts: Report on the 1999 National Drug Court Treatment Survey, Executive Summary," Drug Courts Program Office, Office of Justice Programs, US Dept. of Justice, and the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, US Dept. of Health and Human Services Washington, DC: US Dept. of Justice and US Dept. of Health and Human Services, May 2001!, p. 13.

<http://www.ncjrs.gov/pdffiles1/bja/188086.pdf>

34.

"The drug court movement reflects a desire to shift the emphasis from attempting to combat drug crimes by reducing the supply of drugs to addressing the demand for drugs through the treatment of addiction. Drug courts use the criminal justice system to address addiction through an integrated set of social and legal services instead of solely relying upon sanctions through incarceration or probation."

Source:

King, Ryan S. and Pasquarella, Jill, "Drug Courts: A Review of the Evidence" (Washington, DC: Sentencing Project, April 2009), p. 1.

[http://www.sentencingproject.org/doc/dp\\_drugcourts.pdf](http://www.sentencingproject.org/doc/dp_drugcourts.pdf)

35.

*(Impact of Managed Care)* It is possible that managed care will become a barrier to the success of drug courts and treatment as alternative to incarceration. The National Institute of Justice notes, "The premise of managed care, increasingly the norm, is that the least treatment required should be provided. This is at odds with research on substance abuse treatment, which has shown that the longer a person remains in treatment, the more successful treatment will be. Furthermore, managed care assumes the patient will aggressively pursue the treatment he or she deems necessary. Because most drug court clients initially prefer not to be treated, they are likely to welcome a ruling by the health care provider or the managed care insurer that treatment is not needed. Finally, drug court clients frequently encounter delays in obtaining treatment funding or must cobble together bits and pieces of various programs because the "exhaustion" rules of health care plans limit treatment."

Source:

Gebelein, Richard S., National Institute of Justice, "The Rebirth of Rehabilitation: Promise and Perils of Drug Courts" Washington, DC: US Department of Justice, May 2000!, p. 6.

<http://www.ncjrs.gov/pdffiles1/nij/181412.pdf>

36.

"When a drug court judge steps down, it is not always possible to find a sufficiently motivated replacement. Without a highly motivated judge, the drug court approach simply does not work."

Source:

Gebelein, Richard S., National Institute of Justice, "The Rebirth of Rehabilitation: Promise and Perils of Drug Courts" Washington, DC: US Department of Justice, May 2000!, p. 6.

<http://www.ncjrs.gov/pdffiles1/nij/181412.pdf>

37.

"Under the traditional drug court model, an individual must waive significant rights when entering drug court, even though litigants often do not have access to discovery before being asked to waive these rights. <sup>236</sup> "

Source:

"America's Problem-Solving Courts: The Criminal Costs of Treatment and the Case for Reform," National Association of Criminal Defense Lawyer (Washington, DC: September 2009), p. 30.

[http://www.nacdl.org/public.nsf/2cdd02b415ea3a64852566d6000daa79/665b5fa31f96bc40852574260057a81f/\\$FILE/problem-solvingreport\\_110409\\_629%28K+PMS3145%29.pdf](http://www.nacdl.org/public.nsf/2cdd02b415ea3a64852566d6000daa79/665b5fa31f96bc40852574260057a81f/$FILE/problem-solvingreport_110409_629%28K+PMS3145%29.pdf)

38.

*("Fundamentally Unprincipled")* In a *North Carolina Law Review* article, Colorado Judge Morris B. Hoffman writes, "By existing simply to appease two so diametric and irreconcilable sets of principles, drug courts are fundamentally unprincipled. By simultaneously treating drug use as a crime and as a disease, without coming to grips with the inherent contradictions of those two approaches, drug courts are not satisfying either the legitimate and compassionate interests of the treatment community or the legitimate and rational interests of the law enforcement community. They are, instead, simply enabling our continued national schizophrenia about drugs."

Source:

District Judge Morris B. Hoffman, Second Judicial District Denver!, State of Colorado, "The Drug Court Scandal", *North Carolina Law Review* Chapel Hill, NC: North Carolina Law Review Association, June 2000!, Vol. 78, No. 5, p. 1477.

### 39. **Drug Court - Research**

*(CA's Prop 36 vs. Drug Courts)* "...the state-mandated treatment in California (SACPA - Substance Abuse and Crime Prevention Act of 2000) has succeeded in two important ways that were central to its initial logic. First, it has provided an enormous benefit in being able to reach nearly all eligible offenders and offer treatment for their substance use issues instead of incarceration. Second, it has allowed offenders to have more total treatment than Drug Court. In this sense, it has had a much greater impact on the total system of offenders than Drug Court that often serves only a small number of offenders."

Source:

Carey, Shannon M., Ph.D.; Pukstas, Kimberly Ph.D.; Waller, Mark S.; Mackin, Richard J.; Finigan, Michael W. Ph.D. "Drug Courts and State Mandated Drug Treatment Programs: Outcomes, Costs and Consequences," NPC Research (Portland, OR: March 2008), p. IX.

<http://www.ncjrs.gov/pdffiles1/nij/grants/223975.pdf>

40.

**(Reduced Drug Use)** "The evaluations we reviewed showed that adult drug-court program participation was also associated with reduced drug use. Our analysis of evaluations reporting relapse data for eight programs showed that drug court program participants were less likely than comparison group members to use drugs, based on drug tests or self-reported drug use, although the difference was not always significant.<sup>42</sup> This was true for both within-program and post-program measures, and whether drug use was reported as the difference in the frequency of drug use or the proportion of the treatment and comparison groups who used drugs."

Source:

"Adult Drug Courts: Studies Show Courts Reduce Recidivism, but DOJ Could Enhance Future Performance Measure Revision Efforts" (Washington, DC: Government Accountability Office, Dec. 2011), GAO-12-53, pp. 17-18.

<http://www.gao.gov/assets/590/586793.pdf>

41.

**(Recidivism)** In a 2003 report, New York's Center for Court Innovation compared recidivism rates between drug court graduates and attendees from six different drug courts, and control groups of similar defendants not entering drug court. They found that "When in-program participation time was included in the calculation, processing time for participants was far longer than for comparison defendants (due to the length of the drug court program). Hence to achieve positive impacts such as lower recidivism, drug courts require a significant up-front investment of court resources."

Source:

Rempel, Michael, Dana Fox-Kralstein, Amanda Cissner, Robyn Cohen, Melissa Labriola, Donald Farole, Ann Bader and Michael Magnani, "The New York State Adult Drug Court Evaluation: Policies, Participants and Impacts" (New York, NY: Center for Court Innovation, Oct. 2003), p. xi.

[http://www.courtinnovation.org/uploads/documents/drug\\_court\\_eval.pdf](http://www.courtinnovation.org/uploads/documents/drug_court_eval.pdf)

42.

"Even offenders who do not succeed in drug court appear to be less criminally active than they were previously. This may be

due to the benefits of treatment or the supervision, sanctions, intensive surveillance, and specific deterrence of the drug court."

Source:

Gebelein, Richard S., National Institute of Justice, "The Rebirth of Rehabilitation: Promise and Perils of Drug Courts" Washington, DC: US Department of Justice, May 2000!, p. 5.

<http://www.ncjrs.gov/pdffiles1/nij/181412.pdf>

43.

**(Recidivism and Program Completion)** In a 2003 report, New York's Center for Court Innovation compared recidivism rates between drug court graduates and attendees from six different drug courts, and control groups of similar defendants not entering drug court. They found that "Graduation is itself a powerful predictor of avoiding postprogram recidivism; those who failed drug court were far more likely to recidivate in the post-program period. Further, contrary to previous research with non-drug court populations, no benefit was found to spending more total time in treatment only to fail in the end. Among those who failed, more time in the drug court program (measured in four courts) or more days specifically attending treatment (measured in one court) had no impact on post-program recidivism. These results strongly point to drug court graduation as the pivotal indicator of long-term outcomes."

Source:

Rempel, Michael, Dana Fox-Kralstein, Amanda Cissner, Robyn Cohen, Melissa Labriola, Donald Farole, Ann Bader and Michael Magnani, "The New York State Adult Drug Court Evaluation: Policies, Participants and Impacts" (New York, NY: Center for Court Innovation, Oct. 2003), p. xiii.

[http://www.courtinnovation.org/uploads/documents/drug\\_court\\_eval.pdf](http://www.courtinnovation.org/uploads/documents/drug_court_eval.pdf)

44.

**(Relapse and Noncompliance)** In a 2003 report, New York's Center for Court Innovation examined eleven different adult drug courts in New York state. They found that "Relapse and noncompliance are common, even among those who ultimately succeed. In seven of eight courts examined, at least half of all graduates had at least one positive drug test, and many had several positives - usually in the earlier stages of participation. This highlights the value of drug courts according multiple chances to participants experiencing early problems."

Source:

Rempel, Michael, Dana Fox-Kralstein, Amanda Cissner, Robyn Cohen, Melissa Labriola, Donald Farole, Ann Bader and Michael Magnani, "The New York State Adult Drug Court Evaluation: Policies, Participants and Impacts" (New York, NY: Center for Court Innovation, Oct. 2003), p. xiv.

[http://www.courtinnovation.org/uploads/documents/drug\\_court\\_eval.pdf](http://www.courtinnovation.org/uploads/documents/drug_court_eval.pdf)

45.

**(Research Limitations)** "With regard to drug courts' effectiveness, however, drug courts have been difficult to evaluate because they are so varied, and the resources required to conduct a study that would allow conclusions about the effectiveness of drug courts can be substantial. In particular, while drug courts generally adhere to certain key program components, drug courts can differ in factors including admission criteria, type and duration of drug treatment, degree of judicial monitoring and intervention, and application of sanctions for noncompliance. In February 2005, we studied drug courts and reported that in most of the 27 drug-court program evaluations we reviewed, adult drug court programs led to recidivism reductions during periods of time that generally corresponded to the length of the drug court program.<sup>19</sup> Several syntheses of multiple drug court program evaluations, conducted in 2005 and 2006, also concluded that drug courts are associated with reduced recidivism rates, compared to traditional correctional options. However, the studies included in these syntheses often had methodological limitations, such as the lack of equivalent comparison groups and the lack of appropriate statistical controls.<sup>20</sup> "

Source:

"Adult Drug Courts: Studies Show Courts Reduce Recidivism, but DOJ Could Enhance Future Performance Measure Revision Efforts" (Washington, DC: Government Accountability Office, Dec. 2011), GAO-12-53, pp. 8-9.

<http://www.gao.gov/assets/590/586793.pdf>

46.

**(Inadequate Data, 2002)** According to the US General Accounting Office in 2002, the Department of Justice failed to collect adequate data on drug courts. "One of the Drug Court Clearinghouse's functions has been to identify DCPO-funded drug court programs. However, the Drug Court Clearinghouse has only been tasked since 1998 with following up with a segment of DCPO [Drug Courts Program Office] grantees to determine their implementation date. Thus, the information provided to DCPO on the universe of DCPO-funded drug court programs is at best an estimate and not a precise count of DCPO drug court program grantees. Noting that its current grant information system was not intended to readily identify and track the number of DCPO-funded drug court programs, DCPO officials said that they plan to develop a new management information system that will enable DOJ to do so. Without an accurate universe of DCPO-funded drug court programs, DCPO is unable to readily determine the actual number of programs or participants it has funded or, as discussed below, the drug court programs that should have responded to its semiannual data collection survey."

Source:

US General Accounting Office, "Drug Courts: Better DOJ Data Collection and Evaluation Efforts Needed To Measure Impact of Drug Court Programs," GAO-02-434: Government Printing Office, April 2002!, p. 9.

<http://www.gao.gov/new.items/d02434.pdf>

47.

**(Criticism of Evaluations)** "Drug court evaluations have been widely criticized for methodological weaknesses and data inconsistencies. Some criticisms stem from the fact that the majority of drug court program evaluations (1) have either no comparison group or a biased comparison group, such as offenders who refused or failed the drug court program; (2) report

outcomes only for participants who complete the program (graduates), while excluding participants who did not complete the program (dropouts); and (3) use flawed data-collection methods, such as drug court participants' self-reported surveys. <sup>52</sup> "

Source:

Franco, Celinda, "Drug Courts: Background, Effectiveness, and Policy Issues for Congress," Congressional Research Service (Washington, DC: Library of Congress, October 12, 2010), p. 13.

<http://www.fas.org/sgp/crs/misc/R41448.pdf>

48.

**(Cost Savings From Diversion to Treatment)** "The lifetime societal net benefits accruing to the United States from our diversion scenarios are statistically significant and sizable, at US\$8.5 billion (when diverting 10% of eligible offenders) and US\$22.5 billion (when diverting 40% of eligible offenders), relative to baseline. The national criminal justice savings are similarly significant and sizable, at US\$4.8 billion and US\$12.9 billion, respectively. Importantly, the net benefits and cost savings estimates are conservative because the model follows only the single cohort of offenders who were incarcerated in 2004. As additional cohorts are considered in future years, the net benefits would be even larger."

Source:

Zarkin, Gary A., et al., "Lifetime Benefits and Costs of Diverting Substance-Abusing Offenders From State Prison," Crime & Delinquency, Nov. 5, 2012, DOI: 10.1177/0011128712461904

Abstract at: <http://cad.sagepub.com/content/early/2012/10/15/0011128712461904.abstrac...>

49.

**(Cost/Benefit Analysis)** "A limited number of evaluations in our review discussed the costs and benefits of adult drug court programs. Four evaluations of seven drug court programs provided sufficient cost and benefit data to estimate their net benefits (that is, the benefits minus costs). The cost per drug court program participant was greater than the cost per comparison group member in six of these drug court programs. However, all seven programs yielded positive net benefits, primarily from reductions in recidivism affecting both judicial system costs and avoided costs to potential victims. Net benefits ranged from about \$1,000 per participant to about \$15,000 in the seven programs. These benefits may underestimate drug court programs' true benefits because the evaluations did not include indirect benefits (such as reduced medical costs of treated participants). Financial cost savings for the criminal justice system (taking into account recidivism reductions) were found in two of the seven programs."

Source:

United States Government Accountability Office, "Adult Drug Courts: Evidence Indicates Recidivism Reductions and Mixed Results for Other Outcomes," (Washington, DC: Feb. 2005) GAO-05-219, p. 6-7.

<http://www.gao.gov/new.items/d05219.pdf>

50.

**(Treatment Availability, 1999)**

The US Dept. of Justice and US Dept. of Health and Human Services reported on treatment services available to drug courts around the US. The government found the following types of dedicated and external treatment programs available to drug courts:

Type of Treatment Program  
Percent making

treatment available

Residential Treatment  
92%

Intensive Outpatient  
93%

Outpatient  
85%

Detoxification  
82%

Alcohol and Other Drug Education  
82%

Methadone Maintenance  
39%

Other Pharmacological Interventions  
25%

Prison- or Jail-Based Therapeutic Community

39□

Community-Based Therapeutic Community

51□

Acupuncture

32□

Self-Help

93□

Relapse Prevention

85□

Other

17□

Source:

Peyton, Elizabeth A., and Robert Gossweiler, PhD, "Treatment Services in Adult Drug Courts: Report on the 1999 National Drug Court Treatment Survey, Executive Summary," Drug Courts Program Office, Office of Justice Programs, US Dept. of Justice, and the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, US Dept. of Health and Human Services Washington, DC: US Dept. of Justice and US Dept. of Health and Human Services, May 2001!, p. 7, Figure A.

<http://www.ncjrs.gov/pdffiles1/bja/188086.pdf>

51.

**(Support Service Availability, 1999)**

The US Dept. of Justice and US Dept. of Health and Human Services reported on treatment services available to drug courts around the US. The government found the following types of support services available to program participants:

Type of Support Service  
Percent making

service available

Mental Health Treatment  
91%

Mental Health Referral  
96%

Vocational Training  
86%

Job Placement  
77%

Housing Assistance  
59%

Housing Referral  
72%

Parenting Education  
84%

Educational Remediation/GED  
92%

Domestic Violence Intervention Services  
73%

Transportation Assistance  
59%

Anger Management  
87□

Life Skills Management  
79□

Stress Management  
72□

Relapse Prevention  
93□

Childcare  
32□

Source:

Peyton, Elizabeth A., and Robert Gossweiler, PhD, "Treatment Services in Adult Drug Courts: Report on the 1999 National Drug Court Treatment Survey, Executive Summary," Drug Courts Program Office, Office of Justice Programs, US Dept. of Justice, and the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, US Dept. of Health and Human Services Washington, DC: US Dept. of Justice and US Dept. of Health and Human Services, May 2001!, p. xiv, Figure B.

<http://www.ncjrs.gov/pdffiles1/bja/188086.pdf>

52.

"Drug court judges and coordinators ranked improving staff skills to engage and retain drug court participants in treatment as the most needed improvement in the court's treatment component."

Source:

Peyton, Elizabeth A., and Robert Gossweiler, PhD, "Treatment Services in Adult Drug Courts: Report on the 1999 National Drug Court Treatment Survey, Executive Summary," Drug Courts Program Office, Office of Justice Programs, US Dept. of Justice, and the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, US Dept. of Health and Human Services Washington, DC: US Dept. of Justice and US Dept. of Health and Human Services, May 2001!, p. 14.

<http://www.ncjrs.gov/pdffiles1/bja/188086.pdf>

53.

(Reliability of Screening and Assessment) "Drug courts report that screening, assessing, and determining drug court eligibility occur quickly, and most participants are able to enter treatment less than 2 weeks after drug court admission. However, not all drug courts use screening or assessment instruments that have proved reliable and valid, and some do not appear to use appropriate clinically trained staff to conduct assessments."

Source:

Peyton, Elizabeth A., and Robert Gossweiler, PhD, "Treatment Services in Adult Drug Courts: Report on the 1999 National Drug Court Treatment Survey, Executive Summary," Drug Courts Program Office, Office of Justice Programs, US Dept. of Justice, and the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, US Dept. of Health and Human Services Washington, DC: US Dept. of Justice and US Dept. of Health and Human Services, May 2001!, p. 9.

<http://www.ncjrs.gov/pdffiles1/bja/188086.pdf>

54.

(Limited Access to Treatment and Specialized Services) "The greatest frustrations described by drug courts include limited access to residential treatment, treatment for mental health disorders, and specialized services for women, racial and ethnic minorities, and the mentally ill. Problems with client engagement and retention in treatment are also identified. Followup interviews with a sample of respondents suggest that, while services may be available, they may be limited in quantity or otherwise very difficult to access."

Source:

Peyton, Elizabeth A., and Robert Gossweiler, PhD, "Treatment Services in Adult Drug Courts: Report on the 1999 National Drug Court Treatment Survey, Executive Summary," Drug Courts Program Office, Office of Justice Programs, US Dept. of Justice, and the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, US Dept. of Health and Human Services Washington, DC: US Dept. of Justice and US Dept. of Health and Human Services, May 2001!, p. xv.

<http://www.ncjrs.gov/pdffiles1/bja/188086.pdf>

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