THE FACTS ON ADULT DRUG COURTS[1]

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Effectiveness

More research has been published on the effects of adult drug courts than virtually all other criminal justice programs combined. By 2006, the scientific community had concluded beyond a reasonable doubt from advanced statistical procedures called *meta-analyses*[2] that drug courts reduce criminal recidivism, typically measured by fewer re-arrests for new offenses and technical violations. The Table below summarizes the results of five independent meta-analyses all reporting superior effects for drug courts over randomized or matched comparison samples of drug offenders who were on probation or undergoing traditional criminal case processing. In each analysis, the results revealed that drug courts significantly reduced crime rates by an average of approximately 8 to 26 percent, with the "average of the averages" reflecting approximately a 10 to 15 percent reduction in recidivism.

Because these figures reflect *averages*, they mask substantial variability in the performance of individual drug courts. Approximately three quarters of the drug courts (78%) were found to have significantly reduced crime (Shaffer, 2006), with the best drug courts reducing crime by as much as 35 to 40 percent (Lowenkamp et al., 2005; Shaffer,

2006). In well-controlled experimental studies, the reductions in recidivism were shown to last at least three years post-entry (Gottfredson et al., 2005, 2006; Turner et al., 1999), and in one study the effects lasted an astounding *14 years* (Finigan et al., 2007).

Citation	Institution	Number of Drug Courts	Crime Reduced on Avg. by . . .
Wilson et al. (2006)	Campbell Collaborative	55	14% to 26%
Latimer et al. (2006)	Canada Dept. of Justice	66	14%
Shaffer (2006)	University of Nevada	76	9%
Lowenkamp et al. (2005)	University of Cincinnati	22	8%
Aos et al. (2006)	Washington State Inst. for Public Policy	57	8%

In 2005, the U.S. Government Accountability Office (GAO, 2005) similarly concluded that drug courts reduce crime; however, relatively little information was available at that time about their effects on other important outcomes, such as substance abuse, employment, family functioning and mental health. In response to the GAO report, the National Institute of Justice sponsored a national study of adult drug courts, entitled the *Multisite Adult Drug Court Evaluation* (or *MADCE*). The *MADCE* compared outcomes for participants in 23 adult drug courts located in seven geographic clusters around the country (n = 1,156) to those of a matched comparison sample of drug offenders drawn from six non-drug court sites in four geographic clusters (n = 625). The participants in both groups were interviewed at entry and at 6 and 18-month follow-ups, and provided oral fluid specimens at the 18-month follow-up. Their official criminal records are also being examined for up to 24 months.

The 6 and 18-month findings were presented at the 2009 Annual Conference of the American Society of Criminology (Rempel & Green, 2009; Rossman et al., 2009). In addition to significantly less involvement in criminal activity, the drug court participants also reported significantly less use of illegal drugs and heavy use of alcohol[3]. These self-report findings were confirmed by saliva drug tests, which revealed significantly fewer positive results for the drug court participants at the 18-month assessment (29% vs. 46%, $p < .01$). The drug court participants also reported significantly better improvements in their family relationships, and non-significant trends favoring higher employment rates and higher annual incomes. These findings confirm that drug courts elicit substantial improvements in other outcomes apart from criminal recidivism.

Cost-Effectiveness

In line with their positive effects on crime reduction, drug courts have also proven highly cost-effective (Belenko et al., 2005). A recent cost-related meta-analysis concluded that drug courts produce an average of $2.21 in direct benefits to the criminal justice system for every $1.00 invested — a 221% return on investment (Bhati et al., 2008). When drug courts targeted their services to the more serious, higher-risk offenders, the average return on investment was determined to be even higher: $3.36 for every $1.00 invested.

These savings reflect measurable cost-offsets to the criminal justice system stemming from reduced re-arrests, law enforcement contacts, court hearings, and use of jail or prison beds. When more distal cost-offsets were also taken into account, such as savings from reduced foster care placements and healthcare service utilization, studies have reported economic benefits ranging from approximately $2.00 to $27.00 for every

$1.00 invested (Carey et al., 2006; Loman, 2004; Finigan et al., 2007; Barnoski & Aos, 2003). The result has been net economic benefits to local communities ranging from approximately $3,000 to $13,000 per drug court participant (e.g., Aos et al., 2006; Carey et al., 2006; Finigan et al., 2007; Loman, 2004; Barnoski & Aos, 2003; Logan et al., 2004).

Target Population

No program should be expected to work for all people. According to the criminological paradigm of the *Risk Principle,* intensive programs such as drug courts are expected to have the greatest effects for high-risk offenders who have more severe antisocial backgrounds or poorer prognoses for success in standard treatments (e.g., Andrews & Bonta, 2006; Taxman & Marlowe, 2006). Such high-risk individuals ordinarily require a combined regimen of intensive supervision, behavioral accountability, and evidence-based treatment services, which drug courts are specifically structured to provide.

Consistent with the predictions of the Risk Principle, drug courts have been shown to have the greatest effects for high-risk participants who were relatively younger, had more prior felony convictions, were diagnosed with antisocial personality disorder, or had previously failed in less intensive dispositions (Lowenkamp et al., 2005; Fielding et al., 2002; Marlowe et al., 2006, 2007; Festinger et al., 2002). In one meta-analysis, the effect size for drug court was determined to be twice the magnitude for high-risk participants than for low-risk participants (Lowenkamp et al., 2005). In a county-wide evaluation of drug courts in Los Angeles, virtually all of the positive effects of the drug courts were determined to have been attributable to the higher-risk participants (Fielding et al., 2002).

Fidelity to the 10 Key Components

In fiscally challenging times, there is always the pressure to do more with less. This raises the critical question of whether certain components of the drug court model can be dropped or the dosage decreased without eroding the effects. The "key components" of drug courts are hypothesized to include a multidisciplinary team approach, an ongoing schedule of judicial status hearings, weekly drug testing, contingent sanctions and incentives, and a standardized regimen of substance abuse treatment (NADCP, 1997). Each of these hypothesized key components has been studied by researchers or evaluators to determine whether it is, in fact, necessary for effective results. The results have confirmed that fidelity to the full drug court model is necessary for optimum outcomes — assuming that the programs are treating their correct target population of high-risk, addicted drug offenders.

Multidisciplinary Team Approach

The most effective drug courts require regular attendance by the judge, defense counsel, prosecutor, treatment providers and law enforcement officers at staff meetings and status hearings (Carey et al., 2008). When any one of these professional disciplines was regularly absent from team discussions, the programs tended to have outcomes that were, on average, approximately 50 percent less favorable (Carey et al., in press). In other words, if any one professional discipline walks away from the table, there is reason to anticipate the effectiveness of a drug court could be cut by as much as one half.

Judicial Status Hearings

Research clearly demonstrates that judicial status hearings are an indispensible element of drug courts (Carey et al., 2008; Festinger et al., 2002; Marlowe et al., 2004a,

2004b, 2006, 2007). The optimal schedule appears to be no less frequently than bi-weekly hearings for at least the first phase (first few months) of the program. Subsequently, the frequency of status hearings can be ratcheted downward; however, it appears that status hearings should be held at least once per month until participants have achieved a stable period of sobriety and have completed the intensive phases of their treatment regimen.

Drug Testing

The most effective drug courts perform urine drug testing at least twice per week during the first several months of the program (Carey et al., 2008). Because the metabolites of most common drugs of abuse remain detectable in human bodily fluids for only about one to four days, testing less frequently can leave an unacceptable time gap during which participants can use drugs and evade detection. In addition, drug testing is most effective when it is performed on a random basis. If participants know in advance when they will be drug tested, they may adjust their usage accordingly or take other countermeasures in an effort to beat the tests.

Graduated Sanctions & Rewards

The pervasive perception among both staff members and participants in drug courts is that sanctions and incentives are strong motivators of positive behavioral change (Lindquist et al., 2006; Goldkamp et al., 2002; Harrell & Roman, 2001; Farole & Cissner, 2007). Two randomized, controlled experiments have confirmed that the imposition of gradually escalating sanctions for infractions, including brief intervals of jail detention, significantly improves outcomes among drug offenders (Harrell et al., 1999; Hawken & Kleiman, 2009). Comparably less research has addressed the use of positive rewards in drug courts, but preliminary evidence suggests that tangible incentives may improve

outcomes especially for the more incorrigible, higher-risk participants (Marlowe et al., 2008).

Substance Abuse Treatment

Longer tenure in substance abuse treatment predicts better outcomes (Simpson et al., 1997) and drug courts are proven to retain offenders in treatment considerably longer than most other correctional programs (Belenko, 1998; Lindquist et al., 2009; Marlowe et al., 2003). The quality of treatment is also a critically important consideration. Significantly better outcomes have been achieved when drug courts adopted standardized, evidence-based treatments, including Moral Reconation Therapy (MRT; Heck, 2008; Kirchner & Goodman, 2007), the MATRIX Model (Marinelli-Casey et al., 2008) and Multi-Systemic Therapy (MST; Henggeler et al., 2006); as well as culturally proficient services (Vito & Tewksbury, 1998). What all of these evidence-based treatments share in common is that they are highly structured, are clearly specified in a manual or workbook, apply behavioral or cognitive-behavioral interventions, and take participants' communities of origin into account.

Conclusion

The scientific evidence is overwhelming that adult drug courts reduce crime, reduce substance abuse, improve family relationships, and increase earning potential. In the process, they return net dollar savings back to their communities that are at least two to three times the initial investments. The optimal target population for drug courts has been identified, and fidelity to several key ingredients of the drug court model has been demonstrated to be necessary for favorable results.

The challenge now is to extend the reach of adult drug courts without diluting the intervention below effective levels. Any program can be made cheaper simply by lowering the dosage or by providing fewer services to more participants. The difficult task is to maintain effectiveness in the process. Rather than drop essential components of the drug court model, research indicates that the better course of action is to standardize the best practices of drug courts so they can be reliably implemented by a larger number of programs, each serving a larger census of clients. This is the next great challenge for the drug court field.

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[1] Updated 6/29/10

Meta-analysis is an advanced statistical procedure that yields a conservative and rigorous estimate of the average effects of an intervention. It involves systematically reviewing the research literature, selecting out only those studies that are scientifically defensible according to standardized criteria, and statistically averaging the effects of the intervention across the good-quality studies (e.g., Lipsey & Wilson, 2002).

[3] "Heavy use" of alcohol was defined as $\geq$ 4 drinks per day for women, and $\geq$ 5 drinks per day for men.