



## **DRUG COURTS FACT SHEET JULY 2005**

### **Ohio Office of Criminal Justice Services**

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## **Drug Court**

A drug court is a specialized docket within the traditional court system (Cooper, 2003). The drug court movement began in Dade County, Florida, in 1989 when a judge was assigned the task of creating a solution for the “revolving door” of offenders who were present in court because of problems related to drugs and/or alcohol. Originally, this court had tried to deal with the growing number of drug-related cases by processing them more quickly, but soon realized this had merely sped up the revolving door (Finn & Newlyn, 1993).

Since then, the drug court model dealing specifically with substance abuse issues has evolved and spread throughout the nation. While most drug courts serve criminal adult offenders, other drug courts have been developed and implemented for juveniles; still another variation is the family drug court model within the domestic side of the court. Drug courts differ from traditional courts in their philosophy, goals, eligibility, operations, and outcomes.

### **Philosophy**

The philosophy of drug courts was derived from the idea of “therapeutic jurisprudence.” This philosophy holds that all orders of the court and interactions between the client, judge, treatment providers, probation officers, attorneys and any other involved parties should be designed to have a therapeutic effect and support client success (Taxman, 1999). In turn, all of the professionals who make up a drug court team collaborate to ensure that the client is getting necessary services, engaging in treatment, and staying clean and sober. Decisions about the case are made cooperatively by all drug court team members, fostering a non-adversarial court room atmosphere (Finn & Newlyn, 1993).

### **Purpose and Goals**

The drug court includes specific individual goals for each client, as well as global societal and programmatic goals. Goals for client change include remaining sober and crime free, and becoming a productive member of society by advocating education and job training and by enforcing child support payments. Global goals include reductions in recidivism, in the number of drug addicted inmates, and in the number of drug-related cases that go through the court system (Belenko, 2002).

The drug court reaches its goals by providing intensive case management services, which include drug education and treatment, random urine screens, individual and family counseling, 12-step meetings (such as Alcoholics Anonymous), education, job training, health care assistance, and even childcare assistance (Cooper, 2003).

## **Eligibility**

In general, drug court clients must have a clinically diagnosed substance abuse problem, no history of violence, no mental health issues (a few courts do allow those with dual mental health and substance abuse diagnoses) and be willing to participate in treatment (Finn & Newlyn, 1993).

Other eligibility requirements for participation in a drug court vary. Most courts require clients to plead guilty to the charge, and then the sentence is suspended as participation in drug court begins. This is a post-adjudication model, and it provides substantial leverage for the court. If the client fails to comply, he or she will be returned to the traditional process and serve jail time (Cooper, 2003).

Some courts utilize a pre-adjudication model, meaning that the client does not plead guilty prior to entry into drug court. Instead, the charge is set aside during drug court participation. To be eligible for this type of program, defendants typically must be in court on a misdemeanor charge, although some courts are beginning to accept felony cases as well.

## **Operation and Organization**

Drug courts are generally organized into three phases<sup>1</sup> that represent descending levels of contact and supervision for the client. Once accepted into the program, the client will be linked with treatment services and enter Phase One of the drug court program. The focus of Phase One is detoxification of the client in order to discontinue active use and thus end the client's physical dependence on drugs. Activities during this phase typically include frequent, and even daily urine screens, creation of a treatment plan, introduction to treatment/counseling/12-step programs, and frequent — usually weekly — status hearings (Finn & Newlyn, 1993).

Phase Two focuses on the stabilization of the client's progress to date, with the goals of internalization of a philosophy of drug-free living, continued abstinence, and significant progress in treatment. Activities of this phase include counseling (individual, group, and family), 12-step meetings, periodic urine screens, and regular (usually bi-weekly) court appearances (Finn & Newlyn, 1993).

During Phase Three, the focus is on the client's maintained drug-free lifestyle and on the client's aftercare, with the goal of easing re-entry into mainstream society. During this phase, the client will continue with treatment, urine screens, and status hearings, although on a less frequent basis. The decreased focus on treatment allows the client time to pursue educational goals, to gain employment or to work on obtaining employment skills.

Drug court programs typically last from one year to 18 months; others are as short as six months, and others are as long as two years. Although there is a general timeline for progression through the phases, each case is handled on an individual

basis, as a client's progress determines the length of time he or she stays in treatment (Belenko, 2002).

Motivation for participation in the program and compliance with court orders and program rules is encouraged through the use of graduated sanctions and incentives. Infractions of the rules (missing meetings, testing positive for drugs, etc.) result in sanctions of increasing severity. Common sanctions include verbal admonition from the judge, increased frequency of hearings or urine screens, homework assignments, increased meetings, and jail time (Cooper, 2003). Compliance with rules is rewarded by incentives such as verbal praise from the judge, advancement to the next phase of treatment, gift certificates to area stores or restaurants, and other situational rewards such as increased visitation with children in the custody of children services (Cooper, 2003). The final incentive for completion typically involves dropping charges (pre-adjudication) or those sentences associated with charges (post-adjudication).

### **Outcomes: Relevant Literature on Drug Courts**

Research on adult drug courts indicates that drug court participants are typically male, unmarried, in their late 20s or early 30s, have a long history of drug use, prior treatment, and previous arrest(s), low educational level and poor work history, and have a need for additional physical and mental health services. There is no clear drug of choice for drug court clients; however, many jurisdictions have noticed common drugs of choice. In addition, the race and ethnicity of drug court clients varies widely from district to district, dependent on the demographics of the general population of that area (Belenko, 1999; Belenko, 2002; Cooper, 2003).

Studies that have been conducted on drug courts use various evaluation methods and definitions of success or failure. Meta-analyses of these studies provide a broad overview about the promising impact of drug courts with regard to reduced drug use, high retention and graduation rates, reduced recidivism, and other positive benefits. For instance, drug use generally is reported to be reduced for program participants in comparison to those under probationary supervision, as documented by lower numbers of positive drug screens (Belenko, 2002), although such program effectiveness may not be seen post-treatment (General Accounting Office, 2005). Also, retention and graduation rates for drug court clients are typically higher than for those in other outpatient treatments. Drug courts report retention rates between 40 percent and 80 percent and graduation rates around 50 percent, whereas in most outpatient treatments, over 50 percent of clients drop out in the first three months (Belenko, 1999; Belenko, 2002; Cooper, 2003). Predictors of retention in treatment include being older, having more social support, having a higher level of legal coercion, being quick to engage in treatment, having a higher education level, and not disappearing on a warrant in the first 30 days (Belenko, 2002; Rempel, DeStephano & Depies, 2001; Lang & Belenko, 2000; Sung, Belenko, Feng, & Tabachnick, 2004).

In most studies, recidivism is shown to be lowered for participants during participation in drug court and during follow-up periods. Some studies have shown

mixed rates of recidivism when comparing drug court participants to comparison groups of probationers or those who chose not to participate in drug court, however. (Belenko, 1999; Belenko, 2002; Cooper, 2003). The results often vary depending on the length of the follow-up period, definitions of recidivism, and the different risk levels of participants served by drug courts. Other positive impacts reported in studies include fewer births of drug-addicted children, increased educational attainment and employment, improved mental and physical health services, and improved family functioning. Finally, there are positive cost benefits that result from reduced jail and probation costs, avoided future prosecution, and increased employment benefits (Cooper, 2003; Feilding, Tye, Ogowa, Imam, & Long, 2002).

1. See "A Description of Ohio's Drug Courts" for a fuller description of a few courts who use four, five, or no phases (Latessa, 2001).

## References

- Belenko, Stephen. (1999). Research on drug courts: A critical review. *National Drug Court Institute Review*. 2, 1-58
- Belenko, Steven. (2002). Drug courts. *Treatment of Drug Offenders: Policies and Issues*. Eds. Leukefeld, Carl; Tims, Frank & Farabee, David. Springer Publishing Co., New York, NY. p 301- 318.
- Cooper, Caroline. (2003). Drug courts: Current issues and future perspectives. *Substance Use and Misuse*. 38, 1671-1711.
- Fielding, Jonathan E.; Tye, Grace; Ogawa, Patrick L.; Imam, Iraj J.; Long, Anna M. (2002). Los Angeles county drug court programs: Initial results. *Journal of Substance Abuse Treatment*. 23(3), 217-224.
- Finn, Peter & Newlyn, Andrea. (1993). Miami drug court gives defendants a second chance. *National Institute of Justice Journal*. Issue No. 227, 13-20.
- General Accounting Office (February 2005). Adult drug courts: Evidence indicates recidivism reductions and mixed results for other outcomes. GAO Report 05-219.
- Lang, Michelle A. & Belenko, Steven. (2000). Predicting retention in a residential drug treatment alternative to prison program. *Journal of Substance Abuse Treatment*. 19, 145-160.
- Rempel, Micheal; DeStefano, Christine, Depies. (2001). Predictors of engagement in court-mandated treatment: Findings at the Brooklyn Treatment Court, 1996-2000. *Journal of Offender Rehabilitation*. 33, 87-124.
- Sung, Hung-En; Belenko, Steven; Feng, Li; & Tabachnick, Carrie. (2004). Predicting treatment noncompliance among criminal justice-mandated clients: A theoretical and empirical exploration. *Journal of Substance Abuse Treatment*. 26, 315-328.
- Taxman, Faye. (1999). Unraveling "What Works" for offenders in substance abuse treatment services. *National Drug Court Institute Review*, 2, 93-134.



## **EXECUTIVE SUMMARY ON DRUG COURTS JULY 2005**

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# Executive Summary on Drug Courts

A drug court is a specialized docket within the traditional justice system that possesses unique characteristics associated with its philosophy, goals, eligibility, operations, and outcomes.

The philosophy of drug courts is derived from therapeutic jurisprudence. This term embodies the ideal of a non-adversarial courtroom. Here, all interactions between the drug court team – including the judge, treatment providers, probation officers, case managers, and attorneys – and the client are designed to support treatment and client recovery by ensuring that the client is receiving the most appropriate services and support.

The main goals of the drug court are for individual clients to remain sober, crime free, and become more healthy and productive members of society. To achieve these goals, case management services are provided in order to link the client to treatment facilities that provide such services as: individual and family counseling, 12-step meetings, education, job training, health care assistance, and childcare assistance.

Eligibility requirements vary in each court. However, common requirements in all courts include: being diagnosed with drug abuse or addiction, having no history of violence, no major mental health problems, and a willingness to participate in treatment. Most courts accept only those defendants with misdemeanor charges, although more recently some courts have started to accept felony cases as well.

Drug courts typically are organized into three phases of descending levels of care, contact, and supervision that take place over the course of one year to 18 months. Motivation for compliance with program expectations is provided by the use of graduated sanctions and rewards.

Research indicates that the drug court participants typically are unmarried adult males in their late 20s or early 30s with a long history of drug use, prior experience with treatment, prior arrests, lower education level, poor work history, and a need for additional mental and physical health services. Clients' drug of choice varies greatly from court to court.

Research also indicates that drug courts do appear to be meeting the goals of keeping clients drug free and reducing recidivism.

- Retention and completion rates are higher for drug court participants than those in other traditional outpatient treatment programs.
- Recidivism rates during and after drug court participation also have been documented, even for those who do not graduate from the program (although graduates have significantly lower recidivism rates).