



What Have We Learned from the Multisite Adult Drug Court Evaluation? Implications for Practice and Policy

The Multisite Adult Drug Court Evaluation

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May 2012

In 2011, the National Institute of Justice (NIJ) and a team of researchers from The Urban Institute's Justice Policy Center, RTI International, and the Center for Court Innovation completed a five-year longitudinal process, impact and cost evaluation of adult Drug Courts. The Multisite Adult Drug Court Evaluation (MADCE) compared the services and outcomes in twenty-three adult Drug Courts from seven regions in the U.S. against those of six comparison sites in four regions. The comparison sites administered diverse programs for drug-involved offenders, including Treatment Alternatives for Safer Communities (TASC), Breaking the Cycle (BTC), and standard court-referred, probation-monitored treatment. Offender-level data were obtained from 1,157 Drug Court participants and 627 comparison offenders who were carefully matched to the Drug Court participants on a range of variables that influenced outcomes. The study was designed to answer three basic questions:

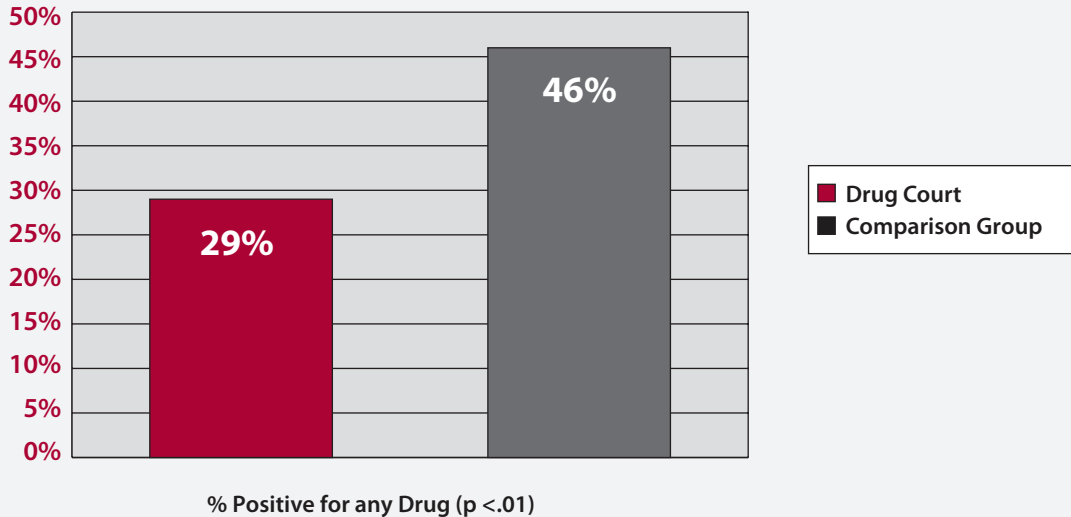
Do Drug Courts Work?

Drug Court participants and matched comparison group members were compared on key outcomes, including self-reported drug use, oral fluids drug test results, self-reported criminal behaviors, official criminal recidivism records, and psychosocial outcomes.

For Whom Do Drug Courts Work Best?

Analyses examined the extent to which the Drug Courts affected subgroups of offenders characterized by demographic variables, primary drug of abuse, criminal history, violence history, and associated mental health problems.

Figure 1. Oral Swab Drug Test Results at 18 Months



How Do Drug Courts Work?

The study identified which policies and practices in the Drug Courts might predict better outcomes. In addition, the study examined participants' perceptions of the programs to determine whether those perceptions influenced outcomes.

MADCE Findings

The key findings from the MADCE supported many of the expectations upon which best practices in the Drug Court field are currently based; however, they also revealed some unexpected results that may challenge some of those practices.

Drug Court participants were significantly less likely than the matched comparison offenders to relapse to drug use, and those who did relapse used drugs significantly less.

Effectiveness of Drug Courts

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significantly less. Figure 1 compares the rates of positive oral swab drug tests at eighteen months.

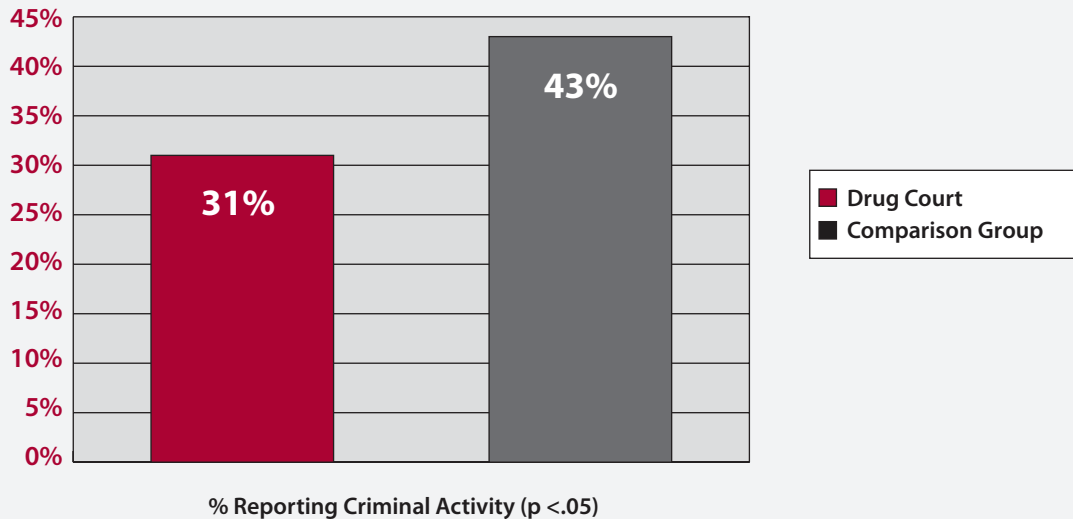
Drug Court participants reported committing significantly fewer criminal acts than the comparison group after participating in the program. Figure 2 compares the percentages of participants who reported engaging in any criminal activity at eighteen months.

Drug Court participants reported significantly less family conflict than the comparison offenders at eighteen months. Drug Court participants were also more likely than the comparison offenders to be enrolled in school at six months.

Drug Court participants reaped psychosocial benefits in areas of their lives other than drug use and criminal behavior. Drug Court participants reported significantly less family conflict than the comparison offenders at eighteen months. Drug Court participants were also more likely than the comparison offenders to be enrolled in school at six months and needed less assistance with employment, educational services, or financial issues at eighteen months.

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Figure 2. Criminal Activity in the 6 Months Before the 18-Month Survey



Target Population

Drug Court reduced drug use equivalently for most subgroups of participants, regardless of their primary drug of choice, past criminal history, or associated mental health problems. Little empirical justification exists for denying admission to Drug Court based on an offender's clinical presentation or criminal history.

Participants with violence histories reduced substance use just as much in Drug Court as those without violence histories and reduced criminal activity even more. Thus, prohibitions contained in state and federal statutes against admitting violent offenders into Drug Courts may not be justified on the grounds of effectiveness or cost.

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The largest cost benefits were achieved by reducing serious offending on the part of a relatively small subset of the Drug Court participants. On average, the Drug Courts returned net economic benefits to their local communities of approximately \$2 for every \$1 invested; however, this did not represent a statistically significant improvement

over the comparison programs. The absence of statistical significance may have been influenced by the nature of the target populations. Many of the Drug Courts in the MADCE reduced low-level criminal offenses that are typically not associated with high incarceration or victimization costs. This suggests Drug Courts will need to target more serious offenders to reap significant cost benefits for their communities.

Best Policies

The most effective Drug Courts had the following policies or characteristics:

- *Greater leverage over their participants.* The participants were made aware of the alternative sentences they faced if they failed the program and were in regular contact with program personnel and the judge.
- *Greater predictability of sanctions.* The programs had a written schedule of sanctions for infractions that they shared with participants and staff. However, the teams retained discretion to overrule the sanctions if there were good reasons to do so.
- *Consistent point of entry.* The more effective Drug Courts maintained one point of entry into the program, either at preadjudication or postadjudication, but not both.

- *Positive judicial attributes.* The more effective Drug Courts had judges whose interactions with the participants were respectful, fair, attentive, enthusiastic, consistent, predictable, caring, and knowledgeable.

The most effective Drug Courts had greater leverage over participants, greater predictability of sanctions, consistent point of entry, and positive judicial attributes.

Best Practices

The most effective Drug Courts provided the following services:

- More frequent judicial status hearings (at least twice per month)
- Higher and more consistent levels of praise from the judge
- More frequent urine drug testing (at least twice per week)
- More frequent clinical case management sessions (at least once per week)
- A minimum of thirty-five days of formal drug-abuse treatment services

Participants' Perceptions of the Judge

The primary mechanism by which the Drug Courts reduced substance use and crime was through the participants' perceptions of and attitudes toward the judge. Significantly better outcomes were achieved by participants who rated the judge as being knowledgeable about their cases and who reported that the judge knew them by name, encouraged them to succeed, emphasized the importance of drug and alcohol treatment, was not intimidating or unapproachable, gave them a chance to tell their side of the story, and treated them fairly and with respect.

Recommendations to Drug Courts

The Role of the Judge

The results of the MADCE support the centrality of the judge in influencing Drug Court outcomes. Judges exert considerable influence and authority over participants, and when used strategically, this influence can elicit substantial positive change.

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- *Train judges on best practices regarding judicial behavior.* Judges do not necessarily have the innate traits that elicit the most positive outcomes from participants, and thus may benefit from training in best practices for judicial behavior. New Drug Court judges should participate in team and judicial-specific training to acquire the knowledge and skills of an effective Drug Court judge.
- *Hold frequent judicial status hearings.* Twice per month is the minimum frequency for status hearings that the MADCE found effective. Most of the effective Drug Courts in the MADCE held status hearings four times per month.

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- *Choose Drug Court judges carefully.* Not all judges may be suited to the Drug Court model in terms of their personality and attitudes toward offenders and the judicial relationship. Drug Courts may best be served if administrators assign judges to the Drug Court docket who are committed to the problem-solving court model and are interested in serving in this role.

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- *Give them time*—judges may need time to develop effective approaches to the Drug Court bench. Rotating judges on and off the Drug Court bench will likely decrease not only the judges' abilities to successfully implement their roles, but also the overall success of the Drug Court program.
- *Monitor participant satisfaction.* Drug Courts should continuously monitor participants' attitudes about the judge. If a judge elicits widespread negative responses from the participants, corrective action may be indicated.
- *Avoid suitability determinations.* Drug Court teams are not very successful at predicting who will succeed in their program. Therefore, they should avoid allowing entry only to offenders they believe will be better suited to the services.

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Drug Court Eligibility

An important finding emerging from the MADCE is that Drug Courts appear equally effective in reducing crime and drug use among a wide range of offenders; however, their cost-effectiveness may be reduced by focusing on low-risk participants. Therefore, Drug Courts should consider broadening their eligibility requirements to reach higher-risk offenders.

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- *Consider removing eligibility restrictions based on the offender's drug of choice, criminal history, or co-occurring mental health disorders.* There is no empirical basis for many of these eligibility restrictions currently being imposed in Drug Courts.
- *Consider including violent offenders with substance use diagnoses.* The MADCE findings revealed that many violent offenders in Drug Court programs reduced drug use as much as other participants and reduced their criminal behaviors even more.

Sanctions Policies and Practices

The most effective Drug Courts in the MADCE had a coordinated sanctioning strategy, yet exercised flexibility in its implementation in a way that mattered considerably to the participants. Perhaps the participants perceived this flexibility as being more fair because it took individual circumstances into account. This suggests Drug Courts should distribute a written schedule of sanctions to its staff and participants, yet maintain flexibility when applying it. In this way, participants will be forewarned about the potential sanctions for noncompliance and will expect more severe sanctions with repeated infractions. Equally important, however, the Drug Court team should allow for individual circumstances that might warrant a less severe reaction from the court.

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Leverage

Participants fared better in the Drug Courts when they understood what specific alternative sentences would be if they failed the program and if they maintained regular contact with Drug Court staff and the judge. This provides a further rationale for Drug Courts to target higher-risk populations who face a realistic prospect of jail or prison time if they are terminated. In addition, all team members in the Drug Court should make a concerted effort to periodically remind participants about the potential consequences of termination. Finally, participants should sign entry contracts clearly acknowledging the potential consequences of failure and the presumptive alternative sentence if they do not graduate from the program.

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Case Management

Many Drug Courts rely predominantly on group-based counseling services for treatment. However, the MADCE results underscored the importance of individual case-management sessions as well. Given the myriad challenges faced by addicted offenders, once-weekly individual contacts might not be sufficient. Whether or not the primary case manager is a court staff member or treatment provider, participants are likely to have better outcomes if they meet with the case manager more than once per week, at least during the first phase of treatment.

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Drug Testing

Continuous monitoring of alcohol and other drug abstinence is critical to the success of Drug Courts. Drug tests should be performed frequently, certainly more than once per week during the initial phase of the program. Drug tests not only assist program staff to monitor program compliance, but also communicate to participants that they are being closely watched, perhaps increasing perceptions of court leverage.

Treatment

Providing substance abuse treatment is integral to the Drug Court model. Drug Courts that offer

treatments of short duration may not allow participants sufficient time to tackle their substance use problems and alter their attitudes and behaviors accordingly. Treatment must be of sufficient length and dosage to achieve sustained success.

Drug Courts work, so ensure provisions are made to fund their continued existence.

Recommendations to Policy Makers

With good cause, policy makers have consistently funded Drug Court programs across the country for two decades, and the number of programs has grown exponentially during that time. But what do the MADCE findings mean for policy makers in the future?

Drug Courts work, so ensure provisions are made to fund their continued existence. The research evidence clearly establishes the effectiveness and potential cost-effectiveness of Drug Courts. Government agencies should continue to spend resources funding Drug Court programs. They should sponsor training and technical assistance to encourage the implementation of evidence-based practices and to ensure Drug Courts target the most appropriate offender populations for their programs.

Encourage Drug Courts to include more serious offenders in their programs. Drug Courts achieve higher reductions in recidivism and greater cost savings when they treat high-risk, prison-bound populations. As a condition of public sponsorship, federal funders and local policy makers should require Drug Courts to expand their eligibility criteria to include more serious offenders.

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NADCP

**National Association of
Drug Court Professionals**

About NADCP

It takes innovation, teamwork and strong judicial leadership to achieve success when addressing drug-using offenders in a community. That's why since 1994 the National Association of Drug Court Professionals (NADCP) has worked tirelessly at the national, state and local level to create and enhance Drug Courts, which use a combination of accountability and treatment to compel and support drug-using offenders to change their lives.

Now an international movement, Drug Courts are the shining example of what works in the justice system. Today, there are over 2,500 Drug Courts operating in the U.S., and another thirteen countries have implemented the model. Drug Courts are widely applied to adult criminal cases, juvenile delinquency and truancy cases, and family court cases involving parents at risk of losing custody of their children due to substance abuse.

Drug Court improves communities by successfully getting offenders clean and sober and stopping drug-related crime, reuniting broken families, intervening with juveniles before they embark on a debilitating life of addiction and crime, and reducing impaired driving.

In the 20 years since the first Drug Court was founded in Miami/Dade County, Florida, more research has been published on the effects of Drug Courts than on virtually all other criminal justice programs combined. The scientific community has put Drug Courts under a microscope and concluded that Drug Courts significantly reduce drug abuse and crime and do so at far less expense than any other justice strategy.

Such success has empowered NADCP to champion new generations of the Drug Court model. These include Veterans Treatment Courts, Reentry Courts, and Mental Health Courts, among others. Veterans Treatment Courts, for example, link critical services and provide the structure needed for veterans who are involved in the justice system due to substance abuse or mental illness to resume life after combat. Reentry Courts assist individuals leaving our nation's jails and prisons to succeed on probation or parole and avoid a recurrence of drug abuse and crime. And Mental Health Courts monitor those with mental illness who find their way into the justice system, many times only because of their illness.

Today, the award-winning NADCP is the premier national membership, training, and advocacy organization for the Drug Court model, representing over 27,000 multi-disciplinary justice professionals and community leaders. NADCP hosts the largest annual training conference on drugs and crime in the nation and provides 130 training and technical assistance events each year through its professional service branches, the **National Drug Court Institute**, the **National Center for DWI Courts** and **Justice for Vets: The National Veterans Treatment Court Clearinghouse**. NADCP publishes numerous scholastic and practitioner publications critical to the growth and fidelity of the Drug Court model and works tirelessly in the media, on Capitol Hill, and in state legislatures to improve the response of the American justice system to substance-abusing and mentally ill offenders through policy, legislation, and appropriations.

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Drug Courts achieve higher reductions in recidivism and greater cost savings when they treat high-risk, prison-bound populations.

Develop best practice standards to guide Drug Court operations. Now is the time to develop and codify standards of practice for Drug Courts. The field has matured sufficiently and has amassed enough evidence-based information to achieve substantial

reductions in crime and drug use, but only when the programs adhere to the lessons of research and maintain fidelity to the model.

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For more information please visit us on the web:

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