

Management Note

Women and Addiction: Challenges for Drug Court Practitioners*

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Introduction by Robert Victor Wolf

Introduction

Building on Success

In little over a decade, drug courts have gone from a lone experiment in Dade County, Florida, to a national movement with over 750 programs and hundreds more in development. In the early years of the drug court experiment, the question that most needed answering was, “Do drug courts work?” Today, there is significant evidence to suggest that, in fact, they do: by mandating defendants to judicially supervised treatment instead of incarceration, drug courts have been able to reduce recidivism among substance-abusing offenders and improve retention rates in treatment. Understandably, drug court practitioners are now asking new questions, ones that relate to fine-tuning and improving drug courts’ work: How do treatment graduates fare over the long haul—two, three, four years down the road? How do success rates vary among different populations? What more can be done to foster favorable outcomes?

This article focuses on one of the major concerns that has emerged as drug courts move from experiment to institutionalization: How can drug courts address the special needs of female participants? This question has become increasingly critical as the number of women arrested for drug violations continues to climb. During the 1980s, the number of women arrested on drug charges more than tripled—a rate of growth approximately double that for men, according to the National Institute of Justice. And from 1990 to 1996, the number of women convicted for drug trafficking jumped by 34 percent and for drug possession by 41 percent, according to the Bureau of Justice Statistics. In 1998, 272,073 women around the country were arrested on drug-related charges.

The experience of drug courts has shown that women are clearly at a disadvantage compared to men. Female drug court participants have, on average, less money and less education and are more likely to be homeless, mentally ill, unemployed, and abused. Women are also more likely to have health problems and greater family responsibilities (which can distract from their focus on recovery). And when it comes to their addiction,

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research has shown that female felony offenders are more likely to be addicted to a serious substance than male felony offenders. The bottom line is that by the time they reach drug court, most women are in a state of dire emergency with multiple problems—and multiple barriers to successful recovery.

Without a job or skills or roof over her head—especially if she has children to care for—a drug court graduate faces tremendous pressures, ones that could lead to relapse. Women also face another disadvantage: the fact that treatment programs were in large part designed by, and built for, men. This reality is manifest in large and small ways, including court-sponsored job-training programs that focus only on traditionally male-dominated fields like construction and mechanics. And approaches to recovery that work for men often may not be suitable for women. According to Linda Fox, who runs the guidance clinic at the Kalamazoo Drug Court in Michigan, “Treatment programs are geared for men and tend to emphasize breaking down the person, while women need programs that will empower them if they’re going to get sober.” Many courts also lack necessary support for participants with children—almost always women—who might be struggling to care for a family, or coping with the stress of a family court case, while trying to get clean and sober.

Around the Country

A number of drug courts around the country have recognized these realities and begun to respond accordingly. For example, the drug court in Kalamazoo, Michigan, has created separate courts for men and women. The women’s court, established in 1992, was developed because “there were a lot of services for men in the criminal justice system but not for women,” said Mary Bombich, coordinator of the Kalamazoo Drug Court, which has received funding from the U.S. Department of Justice’s Office of Justice Programs. Bombich said women drug addicts tend to be more comfortable in an all-female setting. “Women are more inclined to offer personal revelations in the courtroom, and the judge can act on this information to help women succeed.”

The Santa Clara County Drug Treatment Court has similarly tried to address women’s issues by separating male and female defendants. By handling women on a separate court calendar, court planners have found that female participants are less distracted, more able to develop a productive relationship with the judge, and better able to develop a support network with other female defendants, according to Kelly Simms, project manager of the Santa Clara court, which also received support from the Office of Justice Programs. The court works with the local correction department to identify female addicts in the system who may be eligible for drug court, thus ensuring that as many female offenders as possible are offered the chance to participate. And in an effort to address many of the unique issues that women face—especially those arising from their responsibilities as parents—the court has established a partnership with dependency court, which handles family cases. Through joint case-management teams, the two courts ensure that their mandates for women with cases pending in both courts are consistent, and that the dependency court stays up to date on each participant’s progress in recovery. In addition, the Santa Clara court tries to address the health needs of women

through a partnership with the public health department, which offers services to women who are pregnant or have young children.

Looking for Solutions

Another example of a drug court responding to the issues raised by women participants is the Brooklyn Treatment Court, which in 1996 received a grant from the federal Center for Substance Abuse Treatment to design special programs for women. Since then, the court, supported by funding from the U.S. Department of Justice and the New York State Unified Court System, has carefully documented the special problems female addicts face and tested a range of possible responses. These include revamping the intake process to more accurately identify women with psychiatric problems; hiring staff—like a psychiatric nurse practitioner—who can help get women into treatment more quickly; developing a host of on-site services to support women in treatment; and even experimenting with new treatment alternatives for women who are new to the criminal justice system and women who are bound for jail.

As the Brooklyn, Kalamazoo, and Santa Clara examples make clear, there are many ways to respond to the unique needs of female drug court defendants. This article does not aspire to be the definitive text on women and addiction, but rather seeks to use a single court as a case study. In this instance, the article examines the experience of the Brooklyn Treatment Court and how it responds to the complicated challenges posed by female addicts. This discussion is intended to serve as a starting point for further conversation, sparking new ideas and new conversation about how drug courts can achieve better outcomes for female participants.

Needless to say, each drug court must develop its own approach, depending on the scope of the problem in its jurisdiction and on available resources, including staff, money, and the existence of services in the community.

But the Brooklyn experience makes plain that innovation is possible even in places where resources are an issue. While extra funding is always welcome, drug courts can find ways to address women's needs—particularly, by creating new partnerships—without spending a lot of money.

Women and Drug Courts

A Common Sight

Beth Eaton (participants' names have been changed) was sleeping in the hallway of an apartment building when thugs covered her body with newspaper and lit a match. Fortunately, the 37-year-old homeless woman awoke in time and beat back the flames.

"I was so scared. I just cried and cried until the next morning when I couldn't even see out of my eyes," Eaton said. "Then I went out and got high." That night Eaton was arrested for selling crack to an undercover police officer. "I was rescued. But it took me a long time to see that," Eaton said.

Hands cuffed behind her back, Eaton stood before Judge Jo Ann Ferdinand in New York's Brooklyn Treatment Court, which links nonviolent substance-abusing offenders to drug treatment as an alternative to incarceration. Twelve years of crack addiction and physical abuse had taken their toll. She weighed only eighty-six pounds; had lost custody of her three children, including a baby born addicted to crack; and had been battered for years by a boyfriend who once knocked out her teeth with a two-by-four.

While Eaton's story may seem extraordinary, as a participant in the Brooklyn Treatment Court her experience is not that unusual. Women whose lives have been destroyed by drugs are a common sight in the treatment court. By the time they face felony drug charges, many women are destitute, homeless, mentally ill, or infected with sexually transmitted diseases. Many are victims of domestic abuse and rape. And many are mothers of children in foster care.

The Brooklyn Treatment Court was started in 1996 by the New York State Unified Court System in partnership with its research and development arm, the Center for Court Innovation, in response to a number of circumstances, among them: a court system overwhelmed by an increase in drug-related cases and a public perception that courts had become a set of revolving doors where drug-addicted offenders would appear again and again with little or no impact on their criminal behavior.

Operating out of Brooklyn's downtown supreme court building, the Brooklyn Treatment Court, which has one of the largest caseloads of any drug court in the country, uses a rigorous course of court-mandated treatment and close supervision to get participants off drugs. The court works with nonviolent, drug-addicted offenders facing charges of felony drug sale or possession. For those who complete treatment, charges are dismissed. Those who fail in treatment receive a jail sentence that's negotiated before participation begins. The option of treatment over jail time is so attractive that only 9 percent of eligible defendants turn it down. By September 2002, the court had worked with 2,160 participants—875 women and 1,285 men.

Sanctions and Rewards

During treatment, participants return frequently to the treatment court for drug testing, appearances before the judge, and meetings with their court case managers, who offer counseling, make referrals to treatment programs and social services, and monitor compliance. The court uses sanctions and rewards to encourage success. Rewards include applause in the courtroom, less frequent court appearances, advancements through the court's various phases, and formal certificates of achievement. Sanctions include spending a day in the jury box to observe what happens to other offenders or writing an essay titled "How Drugs Affected My Life." The judge may also order extra court visits or mandate participation in more intensive treatment programs. The most powerful sanction is short-term jail, which can run between one and twenty-eight days.

Spending two days in jail was a sobering experience for Beth Eaton, who had been sanctioned for getting high after she completed a detoxification program. "Just looking at those women [in jail] scared me to death. Then the doors locked and I didn't hear a sound. I looked out the window and saw only fences and barbed wire. There was no

way out. I had lived in garbage cans and I thought 'God, give me that over this.' It was the worst feeling I ever had," said Eaton, who entered the court in 1997.

Though sanctions can be strong incentives for defendants to stay in treatment, finding ways to engage participants is equally important. The treatment court does that, in part, by placing as many services as possible on-site in the Brooklyn courthouse. Clients have access to psychological evaluations, medical treatment, legal assistance, and job-related services in the courthouse.

Women and the Drug Trade

Drugs are an equal opportunity destroyer: for both men and women, addiction leads to crime, rips families apart, and ruins lives. And yet, in the world of drug courts, women participants have, on average, suffered more. Simply put, women tend to be much further along in their addiction than men when they finally get arrested on a drug-related felony charge.

Drug court staff explain this by pointing to the conventions of the drug world, in which the job of selling drugs is usually reserved for men—often young men who, if they are addicted, have not had a chance to progress far on the path of self-destruction. Women, on the other hand, first turn to things like shoplifting and prostitution to pay for their drugs. Only later, when they are at their most desperate, do they get involved in the drug trade itself.

Thus, when women are finally arrested on a drug charge, they often already have behind them a lengthy criminal history and years of suffering brought on not only by their drug use, but also by their experiences as prostitutes and petty criminals living on society's margins. "When women get to court they are absolute wrecks," said Valerie Raine, who directed the Brooklyn Treatment Court from 1996 to 2000.

"Women who come here tend to have more serious addictions than the men, have lost more in their lives and have fewer resources," Judge Ferdinand said. "The women are in worse shape. . . . They have no self-respect, -esteem or -confidence. They don't believe they can be clean or deserve to be. They feel hopeless. It's not uncommon to hear women say [about going into treatment], 'I can't do this.'"

Even after getting hooked on drugs, men are more likely to have some support structure—a job, school, girlfriends, or mothers, for example—helping them keep their lives together. Women, on the other hand, are more likely to have lost it all—employment, family ties, children, and homes. "Women [who reach drug court] usually don't have people in their lives who step in and say, 'I'll keep your life afloat while you go get treatment.' And they don't have a lot of men who come forward to help them make bail," said Stephanie Covington, a national expert on treatment programs for women and the author of the book *Helping Women Recover: A Program for Treating Substance Abuse*.

Differences

These differences between men and women are not merely anecdotal. The Brooklyn Treatment Court's research staff has carefully documented many significant

differences between its male and female participants. The numbers, based on psychosocial assessments of more than 1,000 offenders, confirm that women arrive at the court in far worse shape than men, a fact manifest in everything from their income and education to their mental health and level of addiction. Here is a sampling of the key areas highlighted by the court's statistical evaluation:

Poverty. Eighty-four percent of female offenders at the Brooklyn Treatment Court versus 65 percent of males have an annual income of less than \$3,000.

Education/Unemployment. Ninety-five percent of women are unemployed or not in school, versus 75 percent of men.

Marital Status. Only 5 percent of women and 11 percent of men say they are married and living with spouses.

Homelessness. Thirty-five percent of women compared to 22 percent of men say they are or have been homeless.

Addiction. Fifty-three percent of women and 24 percent of men list crack as their drug of choice. Marijuana, considered a less serious drug, is listed as the primary drug for 4 percent of women and 19 percent of men.

Mental Illness. Thirty percent of women compared to 19 percent of men report having attempted suicide, being institutionalized, or receiving counseling.

Abuse. Forty percent of women versus 8 percent of men report having been physically, sexually, or emotionally abused.

Treatment court graduate Samantha Gallagher, who once counted herself among the hopeless, sums it up this way: "Women come to court on their last dying knees. If you blow on them, they look like they'll fall down."

Mental Health

One of the most complicated issues confronting female drug offenders is mental health. The Brooklyn Treatment Court quickly learned that mental health status can have a profound effect at every level of a participant's interaction with the court: from intake to placement in a treatment program to the participant's long-term sobriety. Although mental health is not exclusively a "women's issue," the court's research has shown that female participants are more likely than male participants to have mental health problems. Thus it became clear that improving the way the court handles mentally ill participants would go a long way toward lifting the barriers to success that women, in particular, face.

Mental illness poses its first challenge during intake. The court's case managers need to identify a participant's psychiatric problem right from the start, otherwise the client may end up in a treatment program ill-equipped to deal with her, said Jayme Delano, director of the treatment court. Entering a program poorly suited to her needs would, in turn, put the participant at risk of relapsing, failing treatment, and getting rearrested and ultimately sent to jail, Delano said.

But even if a mentally ill client is accurately diagnosed from the start, there are other obstacles to confront, especially for women. In particular, there is a lack of treatment programs in New York City and elsewhere for women who need psychological help, Delano said. The average court participant waits only nine days for a place in a treatment program, yet a thorny batch of regulations has relegated women with severe mental illness to months in jail while case managers search for an appropriate slot.

Delano described a typical scenario: A woman who seems to be severely mentally ill is arrested for selling drugs. Because she's homeless and presents a flight risk, the judge does not want to release her into the community. The judge remands the woman to the city jail where her medication can be monitored while she awaits placement in a program. The jail is crowded and understaffed, and it takes weeks for a psychiatrist to evaluate her formally. The eventual diagnosis—schizophrenia—is valid for only ninety days, after which time state rules require that she be reevaluated. The woman's case manager at the treatment court then scrambles to submit an application to the city's welfare agency, the Human Resource Administration, which will fund the woman's care upon acceptance into a program equipped to deal with both her drug addiction and her mental illness. Eight weeks later the paperwork is approved, and a spot is secured in a residential treatment home. By that time, the psychiatric evaluation has expired. So the entire process has to start over again.

"We had so many people sitting in jail because of this scenario," Delano said. After serving so much time in jail, many women lose the motivation to go into treatment. Instead, they opt to serve the rest of their sentence in jail.

Consequences of Waiting

It is axiomatic in the world of drug courts that an arrest is an opportunity—an opportunity to turn an addict's life around. But this opportunity is a precious commodity, one that can quickly vanish if the offender is not placed swiftly in drug treatment. Research at the Brooklyn Treatment Court and elsewhere has shown that delaying admission hurts an addict's chance for a drug-free future. For instance, a 1984 study that examined dropouts among 172 alcoholics attending an outpatient program found that a delay of more than fourteen days from assessment to first appointment was a key variable between those who did not show for treatment and those who kept at least one appointment.

Unfortunately, because of a variety of obstacles, ranging from delayed diagnosis to a lack of treatment slots, female participants in the Brooklyn Treatment Court wait twice as long as males to get into substance abuse programs. And this delay is the main reason that women do worse than men in treatment, according to Michael Rempel, director

of research at the Center for Court Innovation, who noted that the court has a one-year retention rate of 63 percent for women and 67 percent for men.

To speed things up, the court has taken a number of steps, starting with the revamping of its intake form. The form, which had eight mental health questions, was not sophisticated enough to identify many females who were mentally ill, Delano said. For instance, there were no questions that flagged syndromes relating to sexual and emotional abuse, which often affect women, Delano pointed out.

With a grant from the Center for Substance Abuse Treatment, the court hired a consulting psychologist to expand the number of questions from eight to twenty-five. The questions appear in categories. Under “Suicidality,” for example, there are questions like: “In the past month did you think you’d be better off dead or wish you were dead?” and “Did you want to harm yourself?” Under “Post Traumatic Stress,” there are questions like: “Have you ever been the victim of a violent crime?” and “Has any one coerced you or forced you to engage in a sexual assault?” If any of the responses during this more sophisticated psychosocial assessment indicate mental illness, then the case manager refers the participant to an on-site psychiatric nurse practitioner for a more in-depth psychological evaluation.

Psychiatric Nurse Practitioner

The court hired the psychiatric nurse practitioner with money from the Van Ameringen Foundation, which channeled the funding through the New York University Division of Nursing. “It’s helped tremendously,” Delano said. “We’re able to diagnose and place people appropriately and, in many cases, more quickly.”

Having a nurse practitioner on-site has given the court a number of critical advantages. One important plus is time. With a nurse practitioner able to conduct thorough psychological evaluations, clients no longer have to wait up to a month for an off-site evaluation. Instead, they can be seen the day they first show up in court, and the window of opportunity to effect a deeper change in the addict’s life is not lost. For example, when a client revealed to Margaret Fournier, the court’s resource coordinator, that her dead father sometimes appeared before her, urging her to “get it together,” Fournier referred the client to the on-site psychiatric nurse practitioner, who determined right away that the hallucinations resulted from the woman’s drug use, not mental illness. “Without the diagnosis, a program might have interviewed her and rejected her on the grounds that she hears and sees things,” Fournier said.

The psychiatric nurse practitioner can also evaluate incarcerated clients immediately in the holding areas of the court, or even from jail, via videoconferencing. Evaluations take place right away instead of weeks later, although paperwork, getting approval from the city’s welfare agency, and finding placements for mentally ill women are still time-consuming.

Developing New Resources

As for the scarcity of treatment slots for women with mental illness, the court has been trying to encourage the development of new resources. Because there are more

programs already available for women with severe mental disorders, the court has so far focused its attention on the needs of women with less severe mental health problems—such as depression, anxiety disorders, and post-traumatic stress disorder. Some experts, including staff at the treatment court, feel that addicts with milder psychological problems can benefit from individual psychotherapy. However, Medicaid and other insurers prefer a more results-oriented, behavioral approach, which focuses on getting women clean, not helping them understand why they got high in the first place.

“The old party line is ‘We deal with the addiction, then we look at other issues.’ That doesn’t work,” said Stephanie Covington, the expert on treatment programs for women. “The issues are interrelated and connected. A woman with a history of abuse learns to survive by using alcohol and drugs. When she stops using, she’s flooded by feelings and memories of the prior abuse. You can’t say to her, ‘Let’s put that on hold.’”

To expand resources for this population, the court is developing a pilot test. Using funding from the Center for Substance Abuse Treatment, the court helped design a special program with a treatment provider known as Project Return. The program, for women with less severe psychological disorders, offers individual psychotherapy sessions bolstered by female support groups and parenting classes. Joint therapy sessions for reunited mothers and children will focus on the toll that drug use has taken on the relationship. “In many cases the parent is a stranger and the child is dealing with feelings of abandonment, neglect, resentment and a lack of trust,” said Delano of the Brooklyn Treatment Court. “We want to assist parents who are reuniting with their children after being away for years and years.”

The court hopes that the program, which is now funded by the New York State Office of Court Administration, will spotlight the need for more mental health services and demonstrate the benefits of individual psychotherapy so that other providers follow suit.

Health Risks

Women’s physical health is another area where the court has focused its attention. Female substance abusers, especially those with histories of prostitution, face enormous health risks. Ten percent of women at the treatment court report having the HIV virus, compared with 3 percent of men. “Some women have never had medical care, others have only had it the last time they came in contact with the [criminal justice] system,” said Kathy Morton, one of the family nurse practitioners from New York University who works at the treatment court.

Even women with chronic conditions may have received only sporadic care in response to emergencies. “It’s a problem when you have a woman who is diabetic and has seen a different doctor every time she needed care. Nobody has followed her and kept track of her medication. She could have a heart attack or stroke by the time she’s 50 and nobody has taught her how to live with a chronic disease,” Morton said.

An addict is also poorly equipped to get the help she needs on her own. “Our [female participants] are not in the habit of making and keeping appointments,” said Raine, the former director of the treatment court who now coordinates training for the court system’s statewide drug court initiative. “On top of that, when they try to access

the services they need, they face huge bureaucracies spread out across the city and often unfriendly atmospheres. Transportation becomes an issue as does the chaos of their lives.”

On-Site Health Clinic

The simple fact that drug addicts’ lives are usually in disarray led the court to ask: What could the court do to help participants take advantage of supportive services? The answer was simple: The treatment court should offer as many services as possible in the courthouse, thus minimizing the chance that participants would miss an appointment because of transportation problems, scheduling problems, or simple lack of motivation. Because participants are required to be in the court on a regular basis for drug tests and appearances before the judge, they would have regular opportunities to learn about and use on-site services.

In keeping with this philosophy, the court felt that it could best address participants’ health problems by establishing an on-site health clinic, which it did in 1997 through a partnership with New York University and Brooklyn Hospital Center. The health clinic is located down the hall from the lobby, where new clients go after they are arraigned. “These women have just been busted for drugs and are waiting to see a case manager,” said family nurse practitioner Morton. “It’s an odd place to see a health care provider. I’m just an arm’s length away from the first case manager, and a floor down from the judge who could put them back in jail.”

Still, clinic staff stroll into the lobby and invite new clients for a tour of the clinic, hoping to plant a seed that will result in a future visit. Morton said many women’s initial distrust of the court makes them reluctant to use the service. “When defendants come into the court, they’re in trouble and they’re trying to stay out of jail. They’re reluctant to talk to the nurse right away or to disclose any information until they figure out who’s who and how the program works,” Morton said.

The clinic provides physicals, pap smears, and tests for sexually transmitted diseases. The nurse practitioner on duty diagnoses illnesses and makes referrals to specialists. “When a case manager tells a client that she should have a physical to test for sexually transmitted diseases, she doesn’t have to take two subways and a bus to get to a clinic where she’ll wait for hours,” Raine said. “All she has to do is walk a few feet from her case manager’s desk.”

The New York City Department of Health also has staff on-site, providing tests for communicable diseases like tuberculosis and hepatitis. Tuberculosis tests are required before admission into all treatment programs.

Children in Foster Care

Broken families are another common consequence of drug addiction. Although 85 percent of the treatment court’s female participants have children, many of those children have been placed in foster or kinship care. Prior to opening, court staff anticipated that the desire to reunite with their families would help motivate participants to recover.

What they found was that the prospect of reunification played a role only in the later stages of the recovery process.

“I was surprised that the desire to reconnect with children isn’t what’s motivating women to go into treatment initially,” Judge Ferdinand said, noting that the threat of a jail sentence is far more influential over women when they first enter the treatment court. “But once women are in treatment and feel better about themselves they are driven to reconnect with their children,” she said.

The process of reconnecting with children can be complicated and painful. Not only must mothers navigate their ways through the complex bureaucracy of family court, they face emotional challenges as well. Sometimes children get into trouble or become defiant because they miss their mothers, and caregivers can feel overburdened and resent taking on the parenting role. This dynamic leaves the offender feeling guilty and helpless to respond while she’s taking on the biggest challenge of her life—getting clean. “It makes it very hard for the client. She’s being told to keep the focus on herself but she can’t help worrying that her child has been fighting or has been suspended from school, or is having problems at home,” Laverne Chin, a senior case manager, said.

Chin worked with one woman who was mandated to a residential treatment program and whose eleven-year-old son began acting out while he was living with his great-grandmother. During phone calls and visits, the great-grandmother complained to the woman that she couldn’t deal with the boy and pressed her to come home. At times, the great-grandmother threatened to put the boy in foster care. She’d ask, “‘When are you going to get out of there and take care of your responsibilities?’” Chin said. As the participant’s case manager, Chin interceded, talking to the great-grandmother and encouraging her to be more patient.

Many women are also surprised and hurt to learn that their children are not always eager to have them back in their lives. “A lot of women feel that once they recover, everything else should simply fall into place,” Chin said. “I’ve seen many women come here in tears because their children have told them, ‘I don’t love you’ or ‘You’re not my mother.’”

Some children reject their mothers because they are hurt over having been abandoned and angry that they have been forced to become self-reliant or take care of younger brothers and sisters, Chin said. “Usually, the mother, even if she’s been drugging, has been in her kids’ lives in some way, even if it’s just popping in once and a while,” she said. The children may not trust that their mothers are clean or will stay clean, because they have heard them make and break promises and have seen them get clean and relapse, Chin said. “I tell my clients not to force anything. . . . The relationship with their children isn’t automatic. It must develop slowly because trust takes time.”

Reestablishing Contact

To help women reestablish contact with children who have been placed in foster or kinship care, the treatment court has forged links with the Brooklyn Family Court and the city’s child welfare agency, the Administration for Children’s Services. “Women are

routinely asked if they have a case in family court, and they may not even know because they are so disconnected from their families,” Raine said.

When a new client enters the treatment court, a case manager contacts family court to determine if she has a pending case in that court as well. If she does, the case manager helps the participant navigate the system. For instance, if family court has ordered visitation, the case manager will make sure the treatment program knows about the visitation schedule and supports the participant’s efforts to honor it. The case manager can also keep family court informed about the participant’s progress in treatment because achieving sobriety is usually one of the prerequisites for regaining custody. It should come as no surprise that the treatment court has found that participants with pending family court cases that hinge on their treatment outcome tend to be more engaged in their own recovery.

The treatment court also tries to refer participants with children to treatment programs that offer parenting support groups or workshops, so that they get extra support around family issues as they work on their sobriety.

Regaining Custody

The court often refers participants to Brooklyn Legal Services, a not-for-profit organization that represents parents with children in foster care. With the help of Brooklyn Legal Services, treatment court graduate Danielle Martis regained custody of her seven-year-old son, who had been taken from her while she was addicted to crack.

Martis had not seen her son since he was three years old. “On the street, every time I’d see a little boy I’d think, ‘Does my son look like that?’” In recovery, Martis could not get her mind off her son. “I thought about him a lot. I wanted to know what he looked like. What he was doing. I started thinking about the situation with clarity,” she said.

Martis sought help from Lynn Vogelstein, a Brooklyn Legal Services attorney. Together, they tracked down the boy. He had been placed in foster care after his guardian died. Martis regained custody through family court.

Vogelstein wants to encourage caseworkers to refer more women to Brooklyn Legal Services. She also hopes to conduct workshops for treatment court participants on parents’ legal rights to plan for their children in foster care. “When women first come off the street, getting their children back is not the first thing they’re thinking about. But they need to think about it, before it’s too late,” she said.

Job Training

The idea of reuniting with children can be stressful, especially for women who are also struggling to find—and keep—adequate-paying jobs. Financial stability seems beyond the reach of many women—even those who succeed in treatment. Welfare reform has only served to raise the stakes. “We would meet with a group of graduates and I would notice that maybe one woman in the group had a job,” Raine said. “There wasn’t a sense of urgency about getting or keeping a job. And these were graduates who were clean and sober, very engaged and doing fine.”

It struck Raine that women not only needed help finding jobs, but also needed to be coached in the culture of work. “Some men actually have had good jobs in the past. They know what it’s like to go back to work and to live by the rules of work,” Raine said. “For women, it’s more likely that they’ve had no education and no job experience.”

Raine felt the court needed to prepare women for the workforce. “I thought we needed to get at least one staff member devoted exclusively to getting people jobs,” she said. As a result, the court hired a vocational counseling specialist to work with both men and women. The specialist meets with participants one-on-one, helping to identify their career interests, put together résumés, and prepare for interviews.

To address women’s needs for more basic job-readiness skills, Vocational Counselor Mariam Garcia created a sixteen-week workshop aimed at building self-esteem and developing positive attitudes toward work. The workshop teaches concepts like being on time, dressing appropriately, following through on assignments, and dealing with anger on the job. It provides women with concrete strategies for finding jobs that interest them. “We’re dealing with a population that’s been out of the workforce for many years if they’ve worked at all. So this information may seem basic, but it’s not to them,” Garcia said.

The counselor helps women deal with the “million-dollar question” during interviews: Have you ever been convicted of a crime? The counselor also offers strategies to find affordable and quality child care. “Women have more difficulties than men in balancing family with work. They worry about who’s going to care for their kids and how much that will cost,” Garcia said.

A “Teachable” Moment

A central goal of the treatment court is to use an arrest as a “teachable” moment and to motivate offenders to get help. But women arrested on felonies constitute a small fraction of the population of female addicts arrested every day. From the outset, the treatment court wanted to reach the larger population of addicts charged with loitering, prostitution, and shoplifting—misdemeanor crimes committed for the purpose of buying drugs.

The court created the Treatment Readiness Program as a gateway to treatment for female addicts charged with misdemeanors. Judges handling arraignments in Brooklyn’s Criminal Court identify substance-abusing women and order them to attend the Treatment Readiness Program. Judges have little legal leverage in these cases, so the program is designed as a short-term intervention. Women are sentenced to participate for only two days.

When Christine Sandoval served as the case manager for the Treatment Readiness Program, she tried to engage women, help them acknowledge their addictions, and expose them to the idea of treatment. As part of the two-day program, women receive acupuncture to reduce cravings for drugs and alcohol. They are also required to attend workshops on drug and alcohol awareness and participate in group discussions, where they examine how drug use has affected their lives.

From July 1997 to September 2002, 4,943 women were mandated to the Treatment Readiness Program, and 2,777 completed it. This has astounded many observers at the

treatment court, who worried that—absent more significant coercive power—there would be few takers. “It’s mind-boggling. I worried that we wouldn’t get five people in five years to participate because there’s no criminal justice hammer and these women know it,” Raine said. Raine said the power of the Treatment Readiness Program lies in its humanity. “Someone is paying attention to these women who isn’t abusive, but is nonthreatening and supportive,” she said.

Another encouraging sign is the number of participants who request further help: nearly a third of the women who complete the Treatment Readiness Program request referrals for further treatment. It’s unclear how many have gone on to achieve long-term sobriety because the court lacks the resources to track participants after they have served their sentences.

Sandoval said women who ask for referrals are tired of hustling. “It’s the women who’ve hit bottom. But the elevator stops at different floors. For one person it could be living on the street for two years and having lost everything. For someone else, it may be not being able to pay her rent,” she said.

Bound for Prison

In addition to reaching low-level offenders with a message of treatment, the treatment court wanted to reach women on the other end of the spectrum—those bound for prison. Court staff sought to create a “last-chance” program for women who had been repeatedly sanctioned by the court because they couldn’t stay clean long enough to make it into treatment. “A lot of women were failing urine tests and getting sentenced before they had ever set foot in a program. . . . They were stepping out the door of the court and getting high. We wanted to give these women a way to experience treatment,” Raine said.

Court staff contacted city jail officials and asked if the court could send its poorest performing women to the therapeutic community housed at the city prison on Rikers Island. The program is normally offered to women at Rikers on a voluntary basis, and it can take many days to arrange placement. But Raine set up an expedited placement process for treatment court participants, who are ordered to participate directly by the judge. From October 1998 through November 2002, the treatment court sent forty-nine women to the Substance Abuse Intervention Division at Rikers.

Forty-year-old Danielle Martis got her first glimpse of recovery in the Rikers program. “I had messed up four times and the judge sanctioned me to Rikers,” Martis said. She had been getting high since age 14, and entered the program doubtful that she would ever survive without drugs. “But something happened there. . . . I saw other people who were living in jail and were living clean. I couldn’t believe it. These girls were talking about being clean, their feelings. . . . That made a big impression on me. I thought if they could do it, then why can’t I?” she said. The treatment court sent Martis into a residential treatment program when her jail sanction was completed. She’s been clean for two years.

Conclusion

Issues relating to economic status, family life, mental health, education, and work experience can serve as obstacles for women entering drug treatment. Clearly understanding these potential pitfalls, and responding to them effectively, can help female addicts not only succeed in treatment, but also help them maintain a drug-free life after leaving the supervision of a drug court.

The Brooklyn Treatment Court has developed a host of resources specifically geared toward female participants. Those resources include new staff, on-site services, and new programs designed to address the needs of special populations, such as women early in their drug-abusing careers who have committed misdemeanors to support their habit. While the treatment court has taken a number of different approaches, there are some unifying principles that tie these approaches together.

One guiding principle is the belief, supported by research, that an arrest provides a brief window of opportunity. If an addict is offered treatment during this time of crisis, she is far more likely to participate—and succeed—in treatment. Thus, the court has improved its intake-and-screening process to link offenders more quickly with treatment programs. It has also tried to expand treatment options for women by building links with the city jail and by fostering the creation of new treatment programs geared to hard-to-serve groups, including the mentally ill.

Another important principle is the belief that the courthouse can be more than just a courtroom. Expecting addicts to take advantage of services that require making appointments and traveling across town is not realistic. Participants are far more likely to use services like health care and job counseling when they are available down the hall from the courtroom. With that in mind, the treatment court has evolved into a primary connection between participants and the world of structured services. Not only is the court a locus for court mandates, like urinalysis monitoring and case management, it offers psychiatric evaluations, a health clinic, job training, links to legal assistance, and other services. All of this amounts to a multifaceted approach to the obstacles faced by female offenders.

Staff at the treatment court feel there is still more they can do to increase the likelihood of female participants experiencing long-term success. The court, for instance, may hire a housing specialist to help homeless participants find a permanent, affordable place to live. And the court is continually conducting research into the factors that help or hinder success in treatment so that it can fine-tune its approach.

As the court expands its services, it raises thorny questions about how far a court should go. “You have to walk this line between being irresponsible and telling people they have to be clean for a year and then good luck, and getting into areas of life and citizenship that the courts may have no business getting into,” Raine said.

For Raine, a former defense attorney who represented hundreds of people whose lives were wrecked by addiction, that line is always shifting. “If you would have asked

me ten years ago if a court should provide mental health services, I would have said that's definitely going too far," Raine said. "But now I think it's essential if you really want to have an impact on drug-related crime. You need to stop the revolving door, which means not merely punishing drug offenders, but helping them become productive, law-abiding members of the community. . . . That's exactly what we're trying to do." **jsj**