

Multi-Site Evaluation Demonstrates Effectiveness of Adult Drug Courts

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Specialized adult drug courts have proliferated during the last two decades, operating in most medium and large criminal courts, nationwide. Drug courts combine community-based substance abuse treatment and ongoing court oversight as an alternative to either incarceration or traditional probation. Participants undergo frequent drug tests, appearances before the drug court judge, and meetings with court-affiliated case managers. Supervision is most intensive at program entry, perhaps involving weekly or biweekly appearances before the judge, but becomes less frequent in response to early progress. Drawing on classic behavioral modification techniques, the judge applies a system of graduated sanctions and incentives, such as community service, more frequent court appearances, or several days in jail for noncompliance; or verbal praise, journals, or gift certificates for progress. On average, it takes about 15 months to graduate from a drug court, at which point participants receive some legal benefit, usually a case dismissal or charge reduction. Those who fail the program are routinely sentenced to jail or prison.

As of the end of 2009, more than 1,300 adult drug courts had opened nationwide. This is in addition to more than 1,000 other drug courts

that serve juveniles, family law respondents, or formerly incarcerated persons on parole or probation.¹ The consensus reflected in three recent reviews of more than 60 recidivism studies is that adult drug courts reduce recidivism by an average of 8 to 13 percentage points.² Since drug courts reduce recidivism, it also might be inferred that they succeed in rehabilitating offenders from their underlying drug problems. However, little prior research directly examines effects on drug use or, for that matter, effects on other problems, ranging from unemployment to family dysfunction to co-occurring mental health disorders. In addition, the research field is only just beginning to identify the specific policies and practices that are most responsible for producing positive outcomes.

To fill these gaps in our knowledge, the National Institute of Justice funded a five-year study, known as NIJ's Multi-Site Adult Drug Court Evaluation (MADCE). Implemented by the Urban Institute, the Center for Court Innovation, and RTI, the study included 1,156 participants from 23 drug courts and 625 drug-involved offenders from six comparison jurisdictions that lacked adult drug courts, had a very narrowly targeted program, or had more drug-involved offenders than drug court capacity. All 29 sites were located in one of

eight states: Florida, Georgia, Illinois, Pennsylvania, New York, North and South Carolina, and Washington. The sites were not randomly selected, but do comprise an intentional mix of urban, suburban, and rural locations; seven of the 23 drug courts and two of the six comparison jurisdictions were located in major cities (Atlanta, Chicago, Philadelphia, and Seattle/Tacoma); the other 20 sites were located in suburbs, small cities, and rural areas. Thus, the sample varied demographically, as well as in drug use patterns.

Study data were collected through in-person offender interviews at baseline (entry into drug court or the equivalent for comparison subjects), as well as six and 18 months post-baseline; an oral fluids drug test at 18-months; and administrative arrest and sentencing records up to 24 months after baseline. Survey attrition was remarkably low, as 85

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1. Huddleston and Marlowe, *Painting the Current Picture: A National Report on Drug Courts and Other Problem-Solving Court Programs in the United States* (National Drug Court Institute 2011).

2. Gutierrez and Bourgon. *Drug Treatment courts: A Quantitative Review of Study and Treatment Quality*. (Public Safety Canada 2009). Retrieved September 30, 2011 from the Public Safety Canada website: <http://www.publicsafety.gc.ca/res/cor/rep/2009-04-dtc-eng.aspx>; Shaffer. *Reconsidering Drug Court Effectiveness: A Meta-Analytic Review*. (University of Cincinnati 2006); Wilson, Mitchell, and MacKenzie. *A Systematic Review of Drug Court Effects on Recidivism*. JOURNAL OF EXPERIMENTAL CRIMINOLOGY (2006): 459-487.

percent of the original sample was interviewed at the six-month follow up and 83 percent at the 18-month follow up. Survey data were applied in the cost-benefit analysis to measure resources used by participants (e.g., drug treatment, other services, drug tests, court appearances, days incarcerated, etc.) and estimates from national sources were used to estimate unit costs of each activity. Other aspects of study methodology, including statistical strategies to ensure comparability between the drug court and comparison samples, are described in the full technical report.³

The Impact of Adult Drug Courts

Consistent with prior studies, we found that at 24 months, drug court participants were 10 percentage points less likely than comparison offenders to be re-arrested (52 percent vs. 62 percent), although this particular difference fell within the study's margin of error. On self-reported criminal behavior—measured regardless of whether an official arrest resulted—in the year prior to the 18-month follow-up interview, drug court participants reported significantly lower probabilities of any crimes (40 percent vs. 53 percent) and, more dramatically, reported committing *less than half* as many crimes (43) in total than the comparisons (88).

We also examined multiple measures of drug use, addressing the previous dearth of research in this area. During the year prior to 18-month follow up, drug court participants were significantly less likely to report any drug use (56 percent vs. 76 percent) and any “serious” drug use (41 percent vs. 58 percent).⁴ Drug test results were similar. At 18 months, oral swab tests showed 29percent of drug court participants

tested positive for drug use, while 46percent of comparisons tested positive. Among those who reported at least one instance of drug use, drug court participants reported *less frequent* use than the comparison group. Specifically, among those who reported relapsing at least once, drug court participants were significantly less likely than comparisons to report *sustained* relapses spanning at least two-thirds of the remaining

months tracked (47 percent vs. 69 percent).

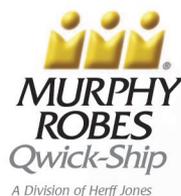
Drug court participants experienced benefits in several other areas as well. At 18 months, drug court participants were less likely than comparison offenders to express needs for employment, educational, and financial services and also reported less family conflict. However, there were only modest differences (falling within the margin of error)

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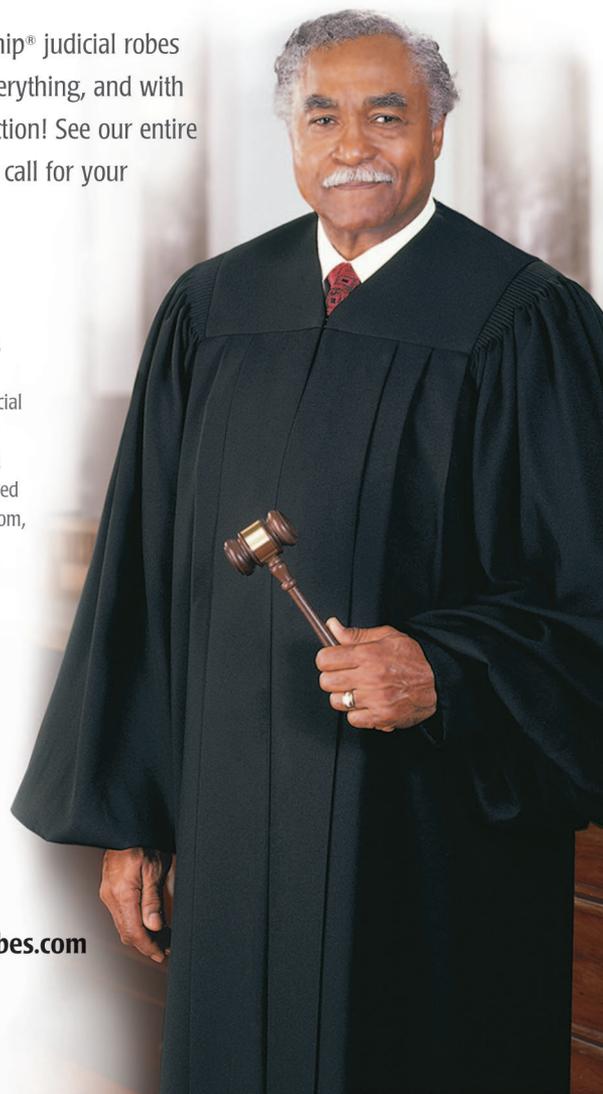
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3. Rossman, Roman, Zweig, Rempel, and Lindquist, eds. *The Multi-Site Adult Drug Court Evaluation*. (Urban Institute 2011). Available for download at <http://www.urban.org/justice/abuse.cfm> or at <http://www.courtinnovation.org/multi-site-adult-drug-court-evaluation>.

4. Serious drugs omit marijuana and “light” alcohol use, with the latter defined as less than four drinks per day for women and less than five per day for men.

in 18-month employment rates, annual income, and family emotional support, and the samples did not differ at all in reported symptoms of depression or in experiencing homelessness.

Costs and Savings

We estimate that the benefits of drug court outweigh the costs: on average, drug courts save \$5,680 to \$6,208 per participant, although this estimate falls within the margin of error. Drug courts have higher costs than business as usual, including significantly greater investments in substance abuse treatment, mental health treatment, housing assistance, court appearances, drug tests, and time with court-affiliated case managers. The biggest benefits of drug courts result from reductions in criminal offending. Notably, the vast majority of crimes committed by both samples involve relatively small costs to society. However, relative to the comparison group, drug courts reduced the most serious types of re-offending. Previous economic analyses have shown that *serious* crimes can produce substantial healthcare and property-related costs to victims and society. For instance, preventing an aggravated assault prevents more than 50 times the harm of preventing a burglary, on average.⁵ Accordingly, by reducing the prevalence of serious crime, drug courts avoid these costs (although we note that these events were relatively rare in both samples). We also found that drug courts produce modest savings in *social productivity* in the form of (slightly) higher rates of employment and income at 18 months. Drug courts also produce modest criminal justice savings, since fewer re-arrests translate into fewer new court cases, as well as fewer costs associated with incarceration on those new cases.

Policy and Practice Implications

One obvious implication of these findings is that adult drug courts are effective overall. However, the study also attempted to tease out findings

that might be of specific use to judges and other court practitioners. Some examples follow.

Role of the judge: Across multiple analyses, the role of the judge emerged as the single most pivotal factor explaining why adult drug courts have positive effects. First, in six-month follow-up interviews, drug court participants expressed that their judge treated them more fairly than was perceived by the comparison group—and their more positive perceptions of the judge were, in turn, strongly associated with reduced crime and drug use at 18 months. Overall, we found that the judge was more important than treatment or deterrence strategies in influencing participant behavior. Second, a separate analysis based on researcher-led courtroom observations in 22 of the 23 participating drug courts found that those whose judges were independently rated as having a more positive judicial demeanor—more respectful, fair, attentive, enthusiastic, consistent/predictable, caring, and knowledgeable—produced better participant outcomes than other drug courts. Both of these analyses underline the enormous potential of the drug court judge to influence behavioral change; accordingly, we recommend placing a high priority on selecting the right individual to serve as the drug court judge and on providing effective training to the judge (and other court staff) on judicial communication and demeanor.

Deterrence: We found that where participants perceive more severe consequences of program failure, they perform better. Drug court participants who believed that the legal consequences of failing would be “extremely bad” engaged in fewer in-program infractions and less crime and drug use at follow up. By contrast, perceptions related to interim sanctions did *not* appear to influence outcomes. The findings on interim sanctions are difficult to interpret. On the one hand, their weak effect on outcomes might suggest that practitioners should focus more on other practices. On the other hand, other

research, most notably an experimental study of Project HOPE in Hawaii, uncovered a strong positive impact when short jail sanctions are unfailingly imposed in response to each and every infraction.⁶ It is plausible that interim sanctions may not currently explain drug court success, because a great many drug courts do not currently apply sanctions with sufficient rigor (e.g., imposing swift and certain sanction for every infraction).

Treatment: In our analyses, we did not find an impact of treatment, either at the individual participant level or as a court practice. However, the drug courts in our sample did not self-report sufficient variation in their treatment practices for us to adequately test whether certain treatment practices are more effective than others. Other studies have found that adherence to evidence-based treatment practices is associated with larger outcomes. Indeed, a recent review found that drug courts adhering to evidence-based treatment practices produced significantly larger reductions in recidivism than drug courts that do not; yet, many of the drug courts in the review had not adopted any evidence-based approaches.⁷ Overall, the use of evidence-base practices in the drug court field appears to be relatively low (based on that review), and it thus appears that more work needs to be done here, both in terms of practice and research.

High-risk sub-populations: We found some indication that high-risk offenders—those who initially pose the greatest risk of criminal re-offending as well as the greatest need for treatment—are especially likely to benefit from drug court participation. As noted previously,

5. Roman, J. 2011. *How do we Measure the Severity of Crime? New Estimates of the Cost of Criminal Victimization*. In, John MacDonald Ed., *MEASURING CRIME AND CRIMINALITY: ADVANCES IN CRIMINOLOGICAL THEORY*, Vol. 17. Piscataway, NJ: Rutgers University Press. 37-70.

6. Hawken and Kleiman. *Managing Drug Involved Probationers with Swift and Certain Sanctions: Evaluating Hawaii's HOPE*. (Final report submitted to the National Institute of Justice 2009).

7. Gutierrez and Bourgon, Op Cit.

it was the small subset of drug court participants who posed the greatest risk of committing *serious* crimes in the future that enabled drug courts to produce meaningful cost savings. Furthermore, we found that drug courts produced an especially large reduction in drug use among those who reported more serious problems (i.e., more frequent use) at baseline and yielded an especially large reduction in crime among those with violent histories. Considered in light of other research, which broadly finds that intensive interventions work better with high- than low-risk offenders,⁸ our study provides some support for policies that would expand eligibility to high-risk individuals.

Other eligibility criteria: We found few other differences in the magnitude of the drug court impact among various kinds of drug court participants. In particular, younger participants benefited as much from drug courts as older participants. Also, participants who conveyed less motivation or readiness to change at baseline benefited as much as participants who depicted more motivation at baseline. This last finding does not signify that motivation plays no role in recovery; rather, for many who ultimately succeed, our finding is that motivation may not exist at first, but may be created and instilled later on, as part and parcel of the recovery process.

We believe this last point is of critical import. Many drug courts have been found to limit eligibility to those clients deemed low risk, which is often an ad hoc determination. While

other studies have also found that many of those excluded from drug court would do as well or better than eligible participants,⁹ there is little evidence that drug court eligibility is being expanded. We reiterate that we find that the most important difference in the effects of drug courts on different populations is on high-risk/high-need populations, who do better in drug court.

Conclusion

Despite their positive results, drug courts can find room for improvement. As a starting point, since drug courts are effective on average, they should seek to enroll more offenders. One recent analysis found that adult drug courts now serve less than 4 percent of the potentially eligible defendant pool nationwide,¹⁰ while another estimates that less than 1 percent enter a drug court.¹¹ Accordingly, expanded eligibility—especially for high-risk defendants—and implementation of more effective screening and referral protocols at the outset of any court case, may comprise particularly fruitful policymaking avenues.

Concerning program effectiveness for those who do enroll, our finding that the role of the judge is the most pivotal element of the program model seems to strongly justify the huge investment that drug courts make in ongoing judicial oversight. At the same time, it is arguably perplexing that attendance at community-based residential or outpatient treatment was not found to be as important. To improve the effect of treatment, evidence-based approaches that might be more widely implemented include sys-

tematic assessment, not only for drug abuse but for other risk factors such as criminal history, anti-social personality, criminal thinking, and anti-social family and peers; treatment for multiple risk factors, not drug abuse alone; interventions of greater intensity and duration for high-risk than low-risk offenders; and use of proven cognitive-behavioral treatment techniques.¹² A greater focus on offender assessment, rigorous treatment matching, and evidence-based *treatment* practices may be a logical future direction for enabling drug courts to maximize their magnitude of impact. ★

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8. See Andrews and Bonta. *THE PSYCHOLOGY OF CRIMINAL CONDUCT* (4th edition). (Newark, NJ: LexisNexis, 2006).

9. Bhati and Roman. *Simulated Evidence on the Prospects of Treating More Drug-Involved Offenders*. *JOURNAL OF EXPERIMENTAL CRIMINOLOGY*, 6 (2010): 1-33.

10. *Ibid.*

11. Pollack, Harold, Peter Reuter and Eric L. Sevigny. 2011. *If Drug Treatment Works so Well, Why are so Many Drug Users in Prison?* NBER, Working Paper 16731.

12. See Andrews and Bonta, *Op Cit.*; Wilson, Bouffard, and MacKenzie. *A Quantitative Review of Structured Group-Oriented, Cognitive-Behavioral Programs for Offenders*. *CRIMINAL JUSTICE AND BEHAVIOR* 32 (2005): 172-204.

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