

# Drug Courts and Treatment: Lessons To Be Learned from the "What Works" Literature

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*Drug courts have emerged as a viable public policy option to deal with the onslaught of drug offenders. The model stands in contrast to traditional court models by combining judicial supervision and community-based treatment in an effort to change offender behavior. Drawing from the enormous gains in knowledge regarding the effective treatment of offenders, this article outlines suggestions for focusing attention on the type and quality of treatment services. The principles of effective intervention are outlined and suggestions are made as to how they should be included in the effort to reduce substance abuse and recidivism among drug court participants.*

*Key words: drug courts, treatment, what works*

**T**hroughout the past few decades, alternative courts that deal specifically with drug and alcohol offenders have emerged. The increase in the number of drug courts across the country is staggering. As of 1998, a total of 275 drug court programs were in operation, serving an estimated 90,000 offenders (Drug Court Programs Office, 1998). Moreover, the Drug Court Programs Office, Office of Justice Programs (1998) reported that another 155 are in the planning process. (This article is limited to the dedicated drug treatment courts. Specialized courts that provide expedited case management without community-based treatment are not discussed.) One major reason for this growth stems from the popular view that drug courts will reduce substance abuse and criminal recidivism through frequent judicial monitoring and community-based treatment services. By adding a community-based treatment component, these specialized courts represent a major shift in how drug-involved offenders are processed and given access to treatment services. However, little attention is given to the type and quality of the community-based treatments offered.

This article addresses several key issues pertaining to the likelihood that drug courts will achieve their goals. First, a description of how the drug court

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model has become a therapeutic alternative to traditional court processing is examined. Second, a review of the extant literature surrounding the effectiveness of the drug court model is addressed. Even though the current drug court literature is limited, the correctional treatment literature indicates that community-based treatment offers a distinct advantage over initiatives relying on enhanced enforcement and incarceration. However, not all treatment programs are based on theoretically grounded principles. Research indicates that the quality and delivery of services are essential to effectiveness. Given the lack of research specifically devoted to drug court treatment programs, the third objective is to describe the research-based principles of effective intervention and their relevance to drug court practitioners. To increase effectiveness, drug courts cannot simply provide a "black box" of treatment services, but rather should consult the current literature regarding the principles of effective intervention and hold their treatment referrals to these standards.

### The Drug Court Model

Drug courts differ from traditional court models in several key ways. One major departure pertains to how cases are managed. Specifically, drug courts manage cases quickly and make provisions for the intervention to occur as soon as possible after arrest (Belenko, 1998). Potential clients are often taken immediately to the treatment agency for assessment and orientation. Prompt identification of drug-involved offenders and immediate intervention capitalize on the crisis of arrest, making it difficult to deny their addictions. Furthermore, minimizing the time from arrest to disposition is believed to maximize an offender's motivation for change (Drug Court Programs Office, 1997).

By acknowledging that the system must be involved in drug abuse treatment, drug courts have adopted a collaborative rather than the adversarial approach found in traditional courts (Drug Court Programs Office, 1998). Prosecutors and defense counselors work together with judges, treatment professionals, and probation officers to provide the best opportunity for the offender's success. In fact, Belenko (1998) concluded that drug courts are able to retain clients in treatment longer. Specifically, "it is estimated that about 60 percent of those who enter

drug courts are still in treatment (primarily outpatient drug-free) after one year" (p. 21).

In traditional courts, judicial monitoring is hindered by burdened court dockets. Drug court judges, however, are key players in the treatment and supervision of drug-involved offenders (Drug Court Programs Office, 1997; Goldkamp, 1994; Tauber, 1994). In the drug court model, judges hold regular status review hearings with the offender, the counsel, and often a representative from the service provider. These hearings provide an opportunity for the judge to monitor participants' progress in treatment, provide feedback (both positive and negative) to participants, and maintain offender accountability. Moreover, the treatment agencies have a systematic opportunity to give feedback to judges, thus allowing for the opportunity to reward or hold the offender more accountable.

Finally, in addition to the role of the judge, community-based treatment is a crucial component of many drug courts. Experience and research demonstrate that drug addiction is a chronic, relapsing condition not effectively addressed by increasing sanctioning (see, e.g., Belenko, Mara-Drita, & McElroy, 1992; Fagan, 1994). In contrast, research reveals that drug addiction is responsive to appropriate treatment. There is a growing body of evidence indicating that drug treatment—especially intensive, long-term treatment—can successfully reduce drug use and criminality, even when treatment is involuntary (Anglin & Hser, 1990; Anglin, Brecht, & Maddahian, 1989; Prendergast, Anglin, & Wellisch, 1995). In short, the drug court movement has been shaped by both the failure of past efforts to meaningfully reduce drug-related crime and the improved knowledge about the nature of drug addiction and its treatment.

### Effectiveness of Drug Courts

Despite the rapid expansion of drug courts, their growing prevalence, and their popularity, there is limited research to support their widespread effectiveness. It is difficult to determine whether drug courts are effective because they differ substantially between jurisdictions. Similarly, it is difficult to identify which components or combination of features are contributing to success or failure. There is some evidence, however, to suggest that drug courts have been successful at reducing drug use and recidivism

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among program participants.

Evaluations of drug courts are finally beginning to emerge in the literature base. For example, research by Goldkamp (1994) on the effect of the first drug court to emerge in 1989 in Dade County, Florida, has provided insight into the drug court model. Outcome findings include lower incarceration rates, longer time to rearrest, and less frequent rearrest among participants (Goldkamp, 1994). However, Goldkamp (1994) did find higher failure-to-appear rates among drug court participants but attributes these rates to the frequency of appearances required by the court. Furthermore, an analysis of the Maricopa County Drug Court demonstrated reductions in recidivism and an overall delay in rearrest rates among drug court participants (Hepburn, Johnston, & Rogers, 1994). Finally, data from the Escambia County Drug Court indicate that graduates are significantly less likely to be rearrested in comparison to non-graduates of the program (Peters & Murrin, 2000; Peters, Haas, & Murrin, 1999).

In an effort to predict treatment success, researchers explored the relationship between individual characteristics and treatment success. Specifically, Schiff and Terry (1997) explored the effect of a treatment-oriented drug court in Broward County, Florida, and found that "higher education levels and decreased levels of prior crack cocaine use increase the chances of program graduation" (p. 305). In addition, a study of the Denver Drug Court found that offenders with more extensive involvement with drugs are more likely to be revoked from treatment (Granfield, Eby, & Brewster, 1998). Similarly, one study of the Dade County Drug Court reported that defendants who reported high levels of drug use at program entry showed the poorest performance in the program (Goldkamp & Weiland, 1993). Finally, reports from the Escambia County Drug Court ex-

plored the differences between graduates and non-graduates and found several differences. Specifically, graduates had fewer prior arrests, were more likely to have completed high school or obtained a general education diploma certificate, report full-time employment, report living with their parents, and were less likely to report cocaine as their drug of choice (Peters et al., 1999).

Although a great deal of the research on drug courts is promising, other studies are providing reason for pause. For example, a number of courts across the county have failed to show evidence of a reduction in criminal behavior as measured by rearrest (Belenko, Fagan, & Dumanovsky, 1994; Deschenes & Greenwood, 1994; Granfield et al., 1998; Harrell, 1998; Johnson & Latessa, 1998; Johnson, Sundt, Holsinger, & Latessa, 1998). Although it is difficult to determine why some programs are failing to show evidence of effectiveness, the correctional treatment literature provides a strong case that the quality and content of the treatment programs may have an effect. It is unlikely that the drug court model will be effective merely by holding status review hearings to gauge progress. Reducing criminality and addictions begins with the recognition that drug addiction is a chronic relapsing condition that will not be effectively reduced by applying short-term, education-based treatment services. If the drug court model hopes to achieve behavioral change through community-based treatment, the program must use empirically validated and theoretically driven treatment models (Prendergast et al., 1995).

### Principles of Effective Intervention

Although the drug court model contains components that will likely result in offender change, drug courts and drug court treatment agencies should also concentrate efforts on the quality of treatment. Throughout the past few decades, evaluation studies, literature reviews, and statistical summaries of the literature (meta-analyses) have demonstrated that rehabilitation can work for offenders (e.g., see Cullen & Gendreau, 1999). On average, the best programs tend to reduce recidivism rates by 30% (Lipsey, 1992). Indeed, there is evidence that both institutional- and community-based substance abuse treatment can be effective at reducing both future criminal behavior

and substance abuse (Millson, Weekes, & Lightfoot, 1995; Vigdal & Stadler, 1992; Wexler, Falkin, & Lipton, 1990).

Fortunately, drug courts recognize this literature and conclude that drug and alcohol offenders can benefit from community-based treatment. However, research on rehabilitation programs in general find that not all correctional treatment is equal, and the ability to effectively change offenders' behavior varies depending on the quality of the treatment (Andrews, Zinger, Bonta, Hoge, Gendreau, & Cullen, 1990b; Gendreau & Ross, 1987; Izzo & Ross, 1990; Lipsey, 1990). Research suggests that if certain principles are followed, the likelihood of reducing recidivism is increased.

Gendreau (1996b) provides a comprehensive list of the principles of effective intervention that many researchers agree are factors that all programs must consider (Andrews & Bonta, 1999; Palmer, 1992; Van Voorhis, 1997). The principles include, although are not limited to, the notion that treatment services should be based on behavioral approaches and use cognitive strategies, located in the offenders' natural environment, multimodal, intensive enough to be effective, encompass rewards for pro-social behavior, target high-risk and high-criminogenic need individuals, and matched with the learning styles and abilities of the offender. Although all of these principles are important for the issue of quality, several principles are especially relevant to drug courts and drug court substance abuse programs.

### **Incorporating the Principles into Drug Court Treatment**

The principles of effective intervention provide the context for discovering ways in which drug courts can become more effective. First, drug courts should incorporate a strategy for classifying clients according to their risk level. Second, drug court treatment referrals should be based in a behavioral model and use cognitive techniques. In addition, drug court programs must be sufficiently intensive to affect behavioral change. Third, drug courts need to ensure a continuum of care for their clients that includes aftercare services. Finally, drug courts need to emphasize the quality of treatment by holding their referrals accountable to the principles of effective interven-

tion. Each of these points will be discussed in detail.

### **Effective classification**

Drug courts should develop a comprehensive strategy designed to classify offenders according to risk level. When risk is considered, traditionally attention shifts to distinguishing security and custody decisions. However, recent research indicates the risk principle is important for correctional treatment efforts (Van Voorhis, 1997). Specifically, research concludes that intensive services are more successful with higher risk offenders. Moreover, the same intensive services applied to lower risk offenders are in fact ineffective and in some cases result in increasing offender risk (Andrews & Bonta, 1999; Andrews, Bonta, & Hoge, 1990). Services, then, according to this first principle, should be matched to the offenders' likelihood of recidivating (Andrews et al., 1990b; Andrews, Bonta, & Hoge, 1990; Gendreau, 1996a). Drug courts can use this information to place offenders in the most appropriate substance abuse program. Moreover, assessing clients using standardized, risk/need instruments allows for treatment staff to discover other criminogenic needs (e.g., additional areas of clients' lives that contribute to criminality) that must be addressed.

Although many correctional programs do not use standardized, objective risk/need instruments that include an overall risk level, use of these instruments in substance abuse treatment is even more infrequent. Moreover, in their experience assessing substance abuse programs, the authors have discovered that many of the programs also assume the severity of the client's addiction without measuring the level with a standardized assessment tool. This finding is especially problematic when the need for tailoring services to specific populations arises. For example, a study of drug court clients in Ohio finds that men and women present different needs in the area of drug abuse. Specifically, Johnson, Shaffer, & Latessa (2000) found that women are more likely than men to report crack cocaine as their primary drug of choice. The use of a standardized assessment is essential to tailor treatment services to different populations.

The assessment and identification of criminogenic factors and client characteristics are important for two reasons: (1) to identify factors related to the individual's specific need for use in his or her treat-

ment plan, and (2) factors such as motivation, personality, and intelligence can affect how an individual responds or his or her amenability to treatment (Van Voorhis, Cullen, & Applegate, 1995). It is for these reasons that drug courts and drug and alcohol treatment programs should not only assess clients on their level of substance abuse but also on their overall likelihood of recidivating. These instruments should be both objective and standardized and include both static and dynamic risk factors known to be predictive of future criminal behavior.

### Behavioral change through treatment

In addition to classifying offenders for drug court substance abuse programs, the treatment for offenders should be behavioral and based on cognitive techniques. There are several reasons that drug courts should demand substance abuse programming based on these models. First, numerous studies have demonstrated that these types of programs are effective in reducing recidivism in general (Andrews et al., 1990b; Antonowicz & Ross, 1994; Garrett, 1985; Izzo & Ross, 1990; Lipsey, 1990) and are also effective with substance-abusing populations (Irvin, Bowers, & Dunn, 1997). Second, traditional models used by substance abuse programs, such as drug and alcohol education and 12-step models, have not been found to be as effective as cognitive-behavioral models (Lightfoot, 1999).

Cognitive theory suggests that offenders tend to display limited problem-solving skills (Ross & Fabiano, 1985), have antisocial values and attitudes (Jennings, Kilkeny, & Kohlberg, 1983), and are known to display thinking errors (Yochelson & Samenow, 1976). Behavior therapy is based on the notion that environment affects learning and behavior. Although drug and alcohol abuse may be related to other biochemical and psychological factors, offenders still choose to use the substance. Cognitive-behavioral therapy for offenders' targets thinking and problem-solving skills through a system of reinforcement, pro-social modeling, and role-playing (Van Voorhis, Braswell, & Lester, 1997). These techniques have been found to be effective at reducing recidivism and substance abuse (Lightfoot, 1999). Drug court programs should ensure that treatment referrals are using effective models known to reduce criminal behavior, such as those theoretically based

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The intensity of services should vary according to risk and should also be sufficiently intensive to be effective. It is thought that the overall period of treatment should be lengthy given the chronic, relapsing nature of substance addiction. Research indicates that regardless of the type of treatment, any program lasting less than 90 days will likely be ineffective (Anglin & Hser, 1990). Furthermore, according to Gendreau and Goggin (1997), "treatment services should be of at least 100 hours of direct service over a three- to four-month period" (p. 273). Typically, residential treatment programs are able to provide the structured environment necessary to provide the intensive services (Anglin & Hser, 1990). It should be noted that intensive treatment programs lasting more than 1 year, excluding aftercare, might begin to see diminishing returns (Gendreau & Goggin, 1997).

### Aftercare

The drug court treatment plan should include aftercare as a crucial component of community-based treatment. Considering relapse is expected among a chronic drug-using population, aftercare services can provide the offender with the means to receive further, albeit less-intensive, services. Although aftercare is often not present in treatment programs, research is supporting its importance in increasing effectiveness. For example, a recent study found that the effects of substance abuse treatment diminished significantly over a 3-year follow-up period (Martin, Butzin, Saum, & Inciardi, 1999). However, when an aftercare program was added, the long-term results were more promising (Martin et al., 1999). These effects include both reductions in recidivism and abstinence from substances. Similar studies concluded that participation and completion of aftercare ser-

vices decreased the likelihood of reincarceration over a 3-year period (Knight, Simpson, & Hiller, 1999; Wexler, Melnick, Lowe, & Peters, 1999).

Aftercare should also include more than just occasional meetings. Research on effective aftercare models (Altschuler & Armstrong, 1994) indicates that aftercare should begin during the active treatment phase and should include frequent contacts and home visits. In addition, the offender's risks and needs should be reassessed to determine whether the appropriate services have been provided. Moreover, the intensity and duration should not be fixed but dependent on the risk and needs of the offenders.

As part of this continuum of care, relapse prevention strategies offer tremendous promise. These strategies include teaching participants ways to anticipate and cope with high-risk situations. Programs that are based on cognitive or social learning strategies view relapse as a temporary setback that can be overcome through learning alternative responses (Parks & Marlatt, 1999). The model proposes that when a person is taught effective coping responses to high-risk or trigger situations, the probability of subsequent drug and alcohol use and criminal behavior decreases (Parks & Marlatt, 1999). Without a formal and structured program in place, offenders are likely to relapse when placed back into the same environment.

### Treatment quality

Finally, to be effective, drug courts should monitor their treatment referrals and hold them accountable to the principles of effective intervention. This monitoring should include developing a system to ensure quality of services and service delivery. Many courts assume that offender treatment programs are based on theoretically driven models and that staff members at these programs are trained in the most effective methods. However, in an assessment of programs across the country, Latessa and Holsinger (1998) found that this is not the case. Drug courts cannot assume that the local treatment programs are meeting the principles of effective intervention or are consistently delivering quality treatment and services.

In the event that an effective treatment model is adopted, programs must be aware of the implementation of services and the existence of appropriate

skilled and trained staff members. Too often programs are unable to articulate the program design or the type of services offered. In this instance, it is extremely difficult to isolate the components that led to success or failure (Van Voorhis et al., 1995). Programs should have a system in place for both internal evaluations of staff on service delivery as well as external evaluations of program outcome.

Evaluations can assist in program planning and improve effectiveness by indicating to staff members and stakeholders the outcome of the program. In addition to indicating whether the program is effective, evaluations should also specify the specific components that worked and with whom (Van Voorhis et al., 1995). Drug courts could use this information and distinguish the effect of the target population, the quality of treatment, and the frequency of judicial involvement on outcome. Given the typical drug court involves a collaboration of services including frequent supervision and community-based treatment, evaluation results should be used to increase the efficacy of the model.

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Drug courts have increased dramatically in the past several decades. This article explored the history of drug courts and how they differ from traditional courts, the effectiveness of the drug court model, and the relevance of the principles of effective treatment. The typical drug court model has many promising components that can be effective in reducing recidivism. However, the alarming rate at which drug courts are expanding may serve only to decrease the court's overall effectiveness.

The implementation of this type of therapeutic alternative requires careful planning. It is essential that courts develop detailed selection criteria, use a valid risk/needs assessment, and choose an effective theoretically driven treatment model. Unfortunately, many courts choose a treatment referral with little knowledge about the type of services offered by the program(s). For the practitioner, the implementation or modification of the drug court should include a detailed definition of the appropriate target population, the adoption of an effective treatment model, the development of an aftercare component, and the development of a quality assurance mechanism that

includes performance measures and outcome criteria. Further research is clearly needed to establish the effectiveness of drug courts serving a diverse population in a variety of settings. Moreover, process and outcome evaluations should include measures of both treatment quality and service delivery. In summary, to remain a viable public policy option, drug treatment courts should be aware of advances made in the correctional treatment literature and plan treatment services accordingly.

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