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Addressing the Drug Problem: The Establishment of Drug Courts and Evaluating their Effectiveness

by

Diana Blick

A Capstone Project Submitted in Partial Fulfillment of the
Requirements for the Degree of Master of Science in Criminal Justice

Department of Criminal Justice

College of Liberal Arts

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Student: Diana Blick

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Graduate Capstone Advisor: Jason Scott, Ph.D.

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Working Paper #1: Establishment of Drug Courts and Their Proceedings

Introduction

Throughout the United States during the past few decades, there have been problems with the use of drugs. There has and always have been issues with drug addiction and drug crimes in terms of how to address those problems. From the harsh consequences of the Rockefeller Drug laws in 1973 to the establishment of the first drug court in 1989, there have been reforms to the drug laws to reduce the severity for punishments of drug offenses. The first drug court in the United States was established in Miami, Florida before spreading throughout the United States. The first drug court in New York was established in Rochester. There are new perspectives of the drug problem as people need rehabilitation rather than only punishment. The cycle of drug offenders going into and out of prison does not solve the drug problem. The growth of drug courts throughout the United States gave individuals the chance to improve their quality of life. There are common proceedings amongst the drug courts. Drug courts in the state of New York have shown to be effective.

The Drug Problem

There are policies and penalties imposed to solve the drug problem but however, there are many drug penalties that don't match the crime and there are drug imprisonments that vary by states. It has been shown that higher imprisonment rates for drug offenses did not reduce the drug problems. For example, the state of Tennessee “imprisons drug offenders at more than three times the rate of New Jersey, but the states’ rates of self-reported drug use are virtually the same”. (PEW, 2018). Therefore, stricter prison sentences do not deter drug misuse along with distribution and other offenses. There are many penalties and alternatives for drug offenders but incarceration is the last option of strategies for reducing drug use and crime. There are alternative

strategies that would be more beneficial and cost-effective for individuals, the community, and the criminal justice system. There are more effective responses than incarceration which the strategies include law enforcement, alternative sentencing, treatment, and prevention. There are many states that revised their drug penalties and reduced the prison populations.

There is a link between drug use and recidivism as drug offenders receiving treatment reduces the risk of recidivism amongst this population. According to McKean and Ransford (2004), “substance abuse often involves criminal activity through the use of illegal substances and thus is closely tied to recidivism, especially if parole is violated” (p. 15). As of drug addiction, drug offenders, and recidivism; it has been found that “an estimated 50 percent of crimes are drug related. About 20 percent of offenders report having committed their crime in order to obtain money for drugs.” (McKean & Ransford, 2004, p. 16). They stated that from 42.5 to 78.7 percent of individuals that were arrested in 35 cities in 1998 were tested positive for drugs. There have been successful results shown by programs that provide drug treatment. There have been many studies over the past twenty years which showed “treatment programs reduce the incidence of criminal behavior and increase the length of time without a crime for released inmates. Treatment also reduces the frequency and quantity of drugs consumed.” (McKean & Ransford, 2004, p. 16).

Harsh Drug Laws

There were issues of drug offenses in the United States which led to the 1973 Rockefeller Drug laws. This law was considered as harsh and unfair as it sentenced “15 years to life for anyone convicted of the sale of one ounce of a narcotic drug.” (Breasted, 1974). It was stated that if an individual was convicted for possession of any amount of narcotic drugs or small amounts of stimulants or hallucinogens along with intent to sell, they would receive a life sentence or

parole for life after prison. Therefore, “It makes the sale or possession of a narcotic drug of under one eighth of an ounce with intent to sell punishable by a minimum of one year and a maximum of life imprisonment. The sale of anything between an eighth of an ounce to an ounce brings a penalty of six years minimum, with the maximum life imprisonment. And the sale of an ounce or more brings the harshest penalty—15 years minimum and life as a maximum.” (Breasted, 1974).

Due to the Rockefeller Drug Laws, there was a rise in New York’s state prison population. Over around thirty years, “the total prison population in New York State increased approximately sixfold and the number of people incarcerated for drug offenses grew by a factor of nearly 15—skyrocketing from 1,488 people in 1973 to 22,266 people in 1999.” (Parsons et. al, 2015, p. 5). The state prison population was disproportionately made up of African Americans. By the year of 2001, it was shown that “for every white male between the ages of 21 and 44 incarcerated for a drug offense, there were 40 African American males, also in the prime of life, behind bars for the same reason.” (Parsons et. al, 2015, p. 5).

Drug Offenders in New York State Prison

There was an increase in the number of drug offenders in the state prison of New York from 1970 to 1980 and into the 1990s. The numbers increased from 470 in 1970 to 886 in 1980 to 10,785. The average number of drug offenders was over 10,000 during this decade. However, the number decreased to 8,521 in 1999. “To take a snapshot of the prison population, there were 71,449 inmates in New York State prisons at the end of February 2000. Of that group, 31 percent, or 22,149, were imprisoned for a drug crime.” (NYCOURTS.GOV, 2000).

It has been shown that drug offenders are likely to recidivate. It was found that in New York, “of the drug offenders released from state prison in 1998, 34 percent were rearrested

within a year; of these rearrests, almost two-thirds were rearrested for new drug crimes. Rearrest rates after three years are even higher. For example, of the drug offenders released from state prison in 1996, 56 percent were rearrested within three years; more than two-thirds of these were rearrested for new drug crimes. Drug offenders released throughout the 1990s showed similar rearrest rates.” (NYCOURTS.GOV, 2000). Therefore, this shows that “there is a core group of drug offenders in the state whose drug crimes are highly likely to continue. Each of these offenders, over time, will be responsible for multiple drug and drug-related crimes.” (NYCOURTS.GOV, 2000).

Growth of Drug Courts in New York

There were “first-generation drug court programs” that were “designed to divert offenders through deferred prosecution tactics or suspended sentences, supervising offenders and then dismissing their charges after the successful completion of court conditions.” (Lurigio, 2008, p. 2). It was stated that New York City was the first jurisdiction to implement a drug court program as it was created in 1974 in response to the “enforcement of the draconian Rockefeller Drug Laws, which overwhelmed the state's criminal justice system with an unrelenting spate of drug cases throughout the 1970s.” (Lurigio, 2008, p. 2).

However, there was a concept of therapeutic jurisprudence which was introduced in 1987. This was applied to drug court programs and established the first actual drug court in Miami, Florida in 1989. There was a lot of success from the program therefore it spread rapidly throughout the United States as one was implemented in Rochester, New York in 1995 which was the first drug treatment court in New York. In 1997, New York was one of few states that had the largest number of drug courts.

Drug Law Reforms

In 1979, the legislators in New York made some changes to the laws which “decreased the amount of time that an individual could receive if convicted of a marijuana-related drug crime.” (Hildebrandt, 2022). However, individuals in prison for drug offenses kept growing. The Rockefeller laws were failing therefore, there were two reforms which were in 2004 and 2009. In 2004, the New York State Governor named George Pataki signed a new law which “reduced the mandatory minimums associated with drug crimes, from 15 years down to 8 for the most serious offenses.” (Hildebrandt, 2022). This reduced some of the number of the individuals in prisons but there was more that needed to be done.

Then in 2009, another Governor named David Paterson signed a bill to eliminate “mandatory minimums for individuals convicted of first-time B felony offenders, as well as second-time convictions for C, D and E felony offenders. Second-time B felony offenders would see the possible mandatory minimum sentences reduced in their cases.” (Hildebrandt, 2022). The new reforms took effect in the year of 2010 which “removed many of the mandatory minimum sentences established under the Rockefeller Drug Laws, expanded the circumstances under which diversion to treatment could be offered, and gave judges more discretion in making this decision.” (Parsons et. al, 2015, p. 5-6).

However, there are still concerns about the current laws in New York regarding drug crimes. There are still harsher penalties being imposed on individuals as “mandatory minimum sentences still exist within the state. Judges do not have discretion to depart from those sentences. This has led to some individuals facing very lengthy sentences for minor crimes due to their prior drug crimes convictions.” (Hildebrandt, 2022).

Effects of Drug Laws Reforms

There was a research based in New York City which studied arrestees the periods of pre and post reform which were the years of 2008 and 2010. It showed that the reform “did indeed make diversion to treatment available to a somewhat larger proportion of criminal defendants citywide. These are people with a history of substance use who most likely would have been facing time behind bars following an arrest for a nonviolent felony crime.” (Parsons et. al, 2015, p. 6). It was also shown that there were reduced recidivism rates.

There was a 7 percent decrease in the number of individuals arrested for felony drug charges. However, there was also a decrease in the use of custodial sentences for those convicted of felony drug offenses as there were “statistically significant declines in the number of defendants sentenced to jail (down 10 percent) and time served (down 16 percent), and the number who received a ‘split sentence,’ which is a combination of jail and probation, which dropped by 27 percent.” (Parsons et. al, 2015, p. 15).

The data shown is considered encouraging as “the increase in use of diversion, from 15 percent of eligible drug felony cases in 2008 to 21 percent in 2010 following drug law reform... So is the fact that the new laws opened the gate to treatment for people with more extensive histories of drug use and crime.” (Parsons et. al, 2015, p. 21). However, it was also shown that “just one out of five defendants eligible for diversion under the new laws actually enrolled in treatment.” (Parsons et. al, 2015, p. 21).

Drug Courts in New York

It was stated by Fox and Wolf (2004) that by 1999, there were approximately thirty drug courts in New York serving a population covering nineteen million people. During that time, there was “a one-year retention rate of over 60 percent and a one-year re-arrest rate of less than

15 percent – ‘far below the one-year recidivism rates of drug offenders on probation and drug offenders released from prison, which are generally about 34 to 35 percent’.” (Fox & Wolf, 2004, p. 16). According to Fox and Wolf (2004), in 2001, the New York Chief Judge, Judith S. Kaye, announced a three-year plan to expand drug courts to all of the sixty-two counties in New York.

By the end of 2003, there were more than 19,000 participants of drug court programs in New York. There were “108 drug courts... in operation across the state, including 78 criminal drug courts, 24 family drug courts and six juvenile drug courts.” (Fox & Wolf, 2004, p. 21). There are different types of drug treatment courts in the state which are criminal drug treatment courts, family treatment courts, juvenile treatment courts, opioid treatment courts, and veteran treatment courts. In 2008, in Buffalo, the veteran treatment court was the first one to open in the nation (Office of National Drug Control Policy, 2010). In May of 2017, in Buffalo, “New York State opened the first opioid court in the nation.” (NYCOURTS.GOV, 2022). As of 2022, there are a total of one hundred and forty-one drug courts in New York.

Common Proceedings of Drug Courts

Drug courts are intended to “reduce the number of people in prison for drug offenses, help people with addictions, and improve public safety.” (Walsh, 2011, p. 1). Therefore, “with more than 2,500 drug courts in operation today, approximately 120,000 Americans annually receive the help they need to break the cycle of addiction and recidivism.” (Office of National Drug Control Policy, 2011). According to the National Association of Drug Courts Professionals, as of 2018, there were 140,000 participants in drug courts. As of 2015, there were more than 3,400 drug courts in the United States while there was a report of ten drug courts in Canada. Drug Treatment Courts (DTCs) “now encompass a wide variety of dockets targeted at

specific drug-involved populations. These variations aim to address the heterogeneous needs and social contexts of drug-involved offenders, and are predominantly found in the US.” (Rezansoff, Moniruzzaman, Clark, & Somers, 2015, p. 2). There are many drug courts throughout the United States, many of their strategies can vary based on their policies but however, they have similar strategies applied to drug court proceedings. “Drug courts are intended to function in a way that research has revealed to be effective in promoting recovery in the general, as well as criminal justice, populations.” (Wolf & Colyer, 2001, p. 235).

There is a common goal amongst every drug court which is to use drug use and criminal behavior amongst participants. According to Walsh (2011), there are two main categories of drug courts which are deferred prosecution programs (pretrial diversion method, or “pre-plea”) and post-adjudication programs (post sentencing method). Deferred prosecution programs are for individuals who are diverted into drug court before a conviction. They will be convicted if they failed to complete the program. Post-adjudication programs are when individuals plead guilty to charges against them while their sentences are deferred or suspended during the program. Their sentence would be waived or reduced if an individual completes the program. However, if they fail the program, they will return to court to face a sentence that they plead guilty to. Walsh (2011) stated that according to the National Drug Court Institute, “only about 7 percent of today’s adult drug courts are diversionary or pre-plea, compared to 59 percent that are post-conviction and another 19 percent that work both with people who are pre-plea or post-plea. In total, 78 percent of all adult drug courts have a probationary or post-plea condition.” (p. 3).

As every drug court is different, there are different eligibility requirements and court processes. However, generally, individuals “are eligible for drug courts when they’ve been charged with drug possession or a nonviolent offense, and must have either tested positive for

drugs or have a history of substance abuse at the time of arrest.” (Walsh, 2011, p. 3). Although, there are drug courts that receive federal funding from the Bureau of Justice Assistance which “there is a requirement to exclude persons with a current or prior violent offense.” (King & Pasquarella, 2009, p. 3). For example, “the definition of a violent offense can include the mere possession of a weapon at the time of arrest, even if it was not presented, brandished, or used.” (King & Pasquarella, 2009, p. 4).

Walsh (2011) also stated that standard drug court programs usually run between six months and one year. However, there are participants that remain for longer because they have to complete an entire program cycle in order to graduate from the program. An individual has to remain drug and arrest-free for an amount of time along with meeting program’s requirements to graduate from drug court. The participants also have to meet with the drug court judge and other staff regularly in order to successfully continue their process. It is essential that the drug court system is a “viable diversion instrument for individuals who have a history of substance abuse” as “it must factor relapse and a flexible cadre of judicial responses into its design.” (King & Pasquarella, 2009, p. 4). They also “are regularly drug tested and receive rewards or face sanctions based on how well they follow the rules of the court.” (Walsh, 2011, p. 3). Rewards and sanctions vary throughout different drug courts.

There tends to be different phases throughout the program that participants have to go through as they complete requirements. The requirements along with the order of drug court proceedings in regards to the timeline of the program varies. Typically, there are three phases. However, there are common proceedings that drug courts use to help their participants succeed. The National Drug Court Institute recommends five phases as they list the requirements that participants should complete in order to complete phases and graduate from the program. First,

the participants have to attend court every week then monthly and then bi-monthly along with following their treatment plan. There are also weekly meetings with their supervision officer then monthly or bi-monthly meetings. There must be home visits by law enforcement or the supervision officer. Participants have to do a random urine analysis testing as decided by the treatment team. The participants also have to obtain a medical assessment from the treatment team. During the program, the participants also have a curfew that they must follow. Eventually, they would have to attend peer recovery groups and they should establish a recovery network. The National Drug Court Institute also recommends they would have to participate in other activities such as maintaining a financial plan, taking life-skills classes, engaging in prosocial activity, addressing medical needs, addressing ancillary services that they need, and etc. They should also gain and maintain employment, vocational training, or attend school.

Effectiveness of New York Drug Courts

There was a study that evaluated eighty-six adult drug courts and conventional courts in the state of New York. They compared recidivism and sentencing outcomes. They studied the cases that were “either enrolled in a drug court or were resolved in a conventional court in 2005 or 2006.” (Cissner, Rempel, & Franklin, 2013, p. iii). The study showed that there were variations in the policies and practices across the drug courts. However, there were analyses for retention rates, impact on recidivism, and impact on sentencing. As of retention rates, it was found that the one-year retention rate was sixty-six percent. The four-year retention rate was fifty-three percent. The “retention rates varied widely across the state—from a low of 23% to a high of 85% at four years across the 86 drug court sites.” (Cissner, Rempel, & Franklin, 2013, p. iv).

As for recidivism, there was a one, two, and three-year tracking periods for re-arrest which showed that the “drug courts significantly reduced the incidence and prevalence of re-arrest” and “also significantly reduced re-conviction rates.” (Cissner, Rempel, & Franklin, 2013, p. iv). After the first year, the participants “were significantly less likely than the comparison group to be re-arrested (22% vs. 25%).” (Cissner, Rempel, & Franklin, 2013, p. 41). It was also shown that they were significantly less likely to be re-arrested for a drug crime which was 8% compared to 11%. By the second year, the participants “were still significantly less likely to be re-arrested on any charge (32% vs. 36%) or on a new drug charge (13% vs. 15%).” (Cissner, Rempel, & Franklin, 2013, p. 41). Then at the third year, the participants “appeared slightly less likely to be re-arrested at the three-year mark (40% vs. 42%).” (Cissner, Rempel, & Franklin, 2013, p. 41). The largest statistically significant effect was for felony re-arrests which was 21% for the participants and 25% for the comparison group. Also, it was shown “the total number of re-arrests over the three-year tracking period was also significantly less for drug court than comparison offenders (1.03 vs. 1.19).” (Cissner, Rempel, & Franklin, 2013, p. 41). The re-conviction rate at the third year was shown to be modestly but significantly lower for the participants than the comparison group which was 35% and 38%.

As for sentencing, it was shown that the use of prison for the initial cases were significantly reduced comparing four percent to eight percent. It was also shown that the participants “spent significantly less time incarcerated on instant case sentences (49.0 vs. 64.5 days) as well as sentences stemming either from the instant case or from re-arrests over three years (143.7 vs. 168.2 days).” (Cissner, Rempel, & Franklin, 2013, p. iv). Drug courts are modestly more effective compared to conventional courts. There are mixed findings when it

comes to evaluating drug courts as it depends on the study, it depends on the year, it depends on the state, and etc.

Conclusion

There were issues throughout the United States about drug addiction and the number of drug crimes. In 1973, the Rockefeller Drug Laws led to an explosion in the prison population of individuals arrested for drug offenses. In 1995, the first drug court in the state of New York was established in Rochester. In the 2000s, governors of New York tried to change the Rockefeller Drug Laws as there were reforms to remove mandatory minimum sentences, expand the diversion to treatment, and give judges more discretion. Over time, there has shown to be variation in approaches of drug courts but however, there are common proceedings across those courts. The effectiveness of drug courts in New York shows that this type of court can be beneficial for individuals with drug addiction.

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Working Paper #2: Strengths and Limitations of Drug Courts

Introduction

The main reason why drug courts were established was to reduce drug use and criminal behavior. As drug courts have grown and spread throughout the United States, there has been debate on how effective drug courts are. There is an importance in understanding drug addiction in order to effectively treat it. Drug courts are more beneficial than the traditional criminal justice approach, however, there are also limitations with drug courts. The main strengths of drug courts include using a different approach than the traditional approach, providing drug treatment, reducing the number of drug offenders in jail and prison, and reducing recidivism. The main limitations of drug courts include the methods of the criminal justice system, excluding specific offenders, variation in the drug court strategies, and measuring recidivism.

Drug Addiction

First, the issue of drug addiction has been one of the most debated issues as it has always been a big problem in the United States. The definition of addiction is “a chronic, relapsing disorder characterized by compulsive drug seeking and use despite adverse consequences.” (National Institute on Drug Abuse, 2020, p. 4). The Health Policy Review from 2007 shows that there was an estimate of “19.7 million Americans aged 12 or older or 8.1% of the population were current illicit drug users” in 2005. (Manchikanti, 2007, p. 402). At that time, illicit drugs were identified as “marijuana/hashish, cocaine including crack, heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically.” (Manchikanti, 2007, p. 402). As of 2015, there were changes in the measurement for illicit drug categories which were “hallucinogens, inhalants, methamphetamine, and the misuse of prescription pain relievers,

tranquilizers, stimulants, and sedatives... Therefore, only 2015 estimates are presented for these seven illicit drug categories and for the use of any illicit drug. In 2015, 27.1 million people aged 12 or older used an illicit drug in the past 30 days, which corresponds to about 1 in 10 Americans (10.1 percent).” (Bose et. al, 2016). Millions of people in the United States use illicit drugs and many of them don’t get the help that they need.

Drugs affect the brain and behavior of individuals as addiction is “considered a brain disorder, because it involves functional changes to brain circuits involved in reward, stress, and self-control.” (National Institute on Drug Abuse, 2020, p. 16). There are three parts of the brain that are affected by drug use which are the basal ganglia, the extended amygdala, and the prefrontal cortex. As of the basal ganglia, this is essential for “positive forms of motivation, including the pleasurable effects of healthy activities.” (National Institute on Drug Abuse, 2020, p. 16). This part of the brain is also important for forming habits and routines. However, with repeated exposure to drugs, the circuit in the basal ganglia adapts to the drugs as it diminishes the sensitivity along with “making it hard to feel pleasure from anything besides the drug.” (National Institute on Drug Abuse, 2020, p. 16). As of the extended amygdala, this is essential for “stressful feelings like anxiety, irritability, and unease, which characterize withdrawal after the drug high fades.” (National Institute on Drug Abuse, 2020, p. 16). Therefore, this makes an individual crave drugs and leads to a relapse. As the drug use increases, the sensitivity of this part of the brain increases. Therefore, a person with an addiction “uses drugs to get temporary relief from this discomfort rather than to get high.” (National Institute on Drug Abuse, 2020, p. 16). As of the prefrontal cortex, it is essential for “the ability to think, plan, solve problems, make decisions, and exert self-control over impulses... Shifting balance between this circuit and the circuits of the basal ganglia and extended amygdala make a person with a substance use

disorder seek the drug compulsively with reduced impulse control.” (National Institute on Drug Abuse, 2020, p. 16).

When it comes to drug use, treatment is essential to improving the quality of life. One of the most important things to understand is that everyone is different and there is not a treatment plan that would work for every individual. There needs to be different treatment plans built to benefit every individual the most. There would be relapses during treatment but as “treatment of chronic diseases involves changing deeply rooted behaviors, and relapse doesn’t mean treatment has failed.” (National Institute on Drug Abuse, 2020, p. 23). It is essential that “drug courts need to take better account of the multifarious needs of clients with substance abuse problems.

Continual drug addiction is the result of a series of factors, including a patient’s environment, socioeconomic status and opportunity. Treatment for drug addiction then, should respond to the complex needs of participants. Medical and legal assistance should be combined with counseling and social services that address the root causes of drug abuse.” (King & Pasquarella, 2009, p. 16).

Strengths of Drug Courts

Different Approach than Traditional Courts

The traditional approach of the criminal justice system is not the best option in treating the drug problem. It was found that drug courts graduates are “less likely to be rearrested than persons processed through traditional court mechanics” as the findings show that “participation in drug courts results in fewer rearrests and reconvictions, or longer periods between arrests.” (King & Pasquarella, 2009, p. 5). There are many offenders that commit crimes to get money in order to buy drugs. There are many offenders that commit crimes while they are under the influence of drugs which affects their decision making. If those offenders were to go to the

traditional court, they would just receive a sentence which they would serve without receiving treatment. Then, they are more likely to commit another crime therefore, the cycle just keeps going on. Therefore, “drug courts use the criminal justice system to address addiction through an integrated set of social and legal services instead of solely relying upon sanctions through incarceration or probation.” (King & Pasquarella, 2009, p. 1).

Drug Treatment

There is an importance in treating and reducing drug abuse. We need to get to the bottom of the issue rather than just focusing on the crime that individuals committed. It was shown in 2004 that “53% of persons in state prison were identified with a drug dependence or abuse problem, but only 15% were receiving professional treatment.” (King & Pasquarella, 2009, p. 1). There has been research “on the science of addiction and the treatment of substance use disorders” which “has led to the development of research-based methods that help people to stop using drugs and resume productive lives, also known as being in recovery... Treatment enables people to counteract addiction’s disruptive effects on their brain and behavior and regain control of their lives.” (National Institute on Drug Abuse, 2020, p. 22). There are benefits of getting treatment which helps individuals with reintegrating into their community, obtaining stable housing and a stable job, receiving higher education, and et cetera...

There are many factors that are important when it comes to participating in drug court, reducing recidivism, and successful offender reentry. When women and men reenter their communities after release, they face many stressors such as housing, employment, community supervision requirements, and family responsibilities. A lot of them are not properly prepared for the demands that await them after release. There are many different kinds of support and they can reduce stressors associated with reintegration. “Many individuals are released back to

communities characterized by intergenerational poverty and mass incarceration that are socially isolated from legitimate labor markets and other institutional systems of support. Thus, community context can further shape individual responses to the pressures of reentry.” (Griffin, Tasca, & Orrick, 2020, p. 1844). There are different stressors and different sources of support for women and men during the integration process. There are also experiences of addiction, mental illness, and history of victimization.

Reducing the Number of Drug Offenders in Jail and Prison

Drug courts help reduce the number of drug offenders in jail and prison. Brown (2010) stated that there are many people in the correctional system that are dealing with substance use disorders. There were estimates in 2003 that showed “1.5 million arrestees were at risk for drug abuse or dependence. Fifty-eight percent of these drug offenders have no record of violent criminal activity or high-level drug trafficking. Seventy-five percent of drug offenders in state prisons have been convicted of drug possession and/or non-violent crime.” (Brown, 2010, p. 2). It is important to have a deeper understanding of drug use and crime in order to help offenders and reduce recidivism.

There were punitive policies “intended to reduce public drug demand, but which frequently result in the confinement of addicted individuals, rather than high-level drug traffickers or manufacturers.” (Brown, 2010, p. 2). There are too many drug offenders incarcerated when they need treatment. There was a study which estimated “that 9.9 million non-drug crimes, such as burglary and assault, would be averted if offenders with abuse or dependence were all treated with a 30-day residential treatment program; 6.7 million non-drug crimes would be averted if these same offenders were treated via outpatient treatment.” (Brown,

2010, p. 2). If drug offenders receive treatment, they are less likely to return to jail or prison. When individuals receive and complete treatment, it improves their quality of life.

Reducing Recidivism

Drug courts also help reduce recidivism as individuals are less likely to commit another crime or have the need to use drugs when they get the help that they need. There is research that shows drug courts retain participants in “treatment longer than community-based treatment programs, reduce in-program recidivism, increase employment and/or educational attainment, and reduce post-program drug use and criminal behavior.” (Koetzle, Listwan, Guastafarro, & Kobus, 2013, p. 450). However, there is a need for drug courts to better articulate their target populations, improve their risk and need assessment, and better match services to individuals. There are meta-analyses for drug courts that show an average reduction in recidivism which is around ten percent but “the reality is that drug courts are likely underachieving relative to their potential.” (Koetzle, Listwan, Guastafarro, & Kobus, 2013, p. 452).

It is essential that the participants complete their treatment in order to reduce the risks of returning to the system. There was a study on probation outcomes in Illinois in 2000 which showed an importance in drug offenders receiving treatment along with successfully completing treatment. This study included a total of 3,017 probationers with a substance abuse history along with nondrug-using probationers that were discharged between October 30th and November 30th of 2000. Sixty-four percent of them were probationers with a history of drug abuse. They are more likely to recidivate and do it faster after being discharged from probation compared to those that don't use drugs.

Huebner (2006) found that in the four years following discharge, the probationers that had a history of drug abuse were 1.2 times more likely to be arrested and they were 1.3 times

more likely to be arrested on a drug-related charge. Also, those “who served time on probation for a drug-related offense were 1.7 times more likely to be arrested for a subsequent drug crime.” (Huebner, 2006, p. 3). It was shown that chances of recidivism were reduced for the participants who completed a full course of treatment.

The study found that after the first year, the recidivism rates for nondrug-abusing probationers was twenty percent and it was forty-four percent at the end of the fourth year. After the first year for probationers with a history of drug abuse that did not complete treatment, the recidivism rate was thirty-three percent and sixty-seven percent after the fourth year. But most importantly, for the probationers with a history of drug abuse “who completed the full course of treatment had recidivism rates of 12 percent at year one and 37 percent at year four.” (Huebner, 2006, p. 4). The findings show the importance of drug-using probationers receiving and completing treatment. The findings of this study also shows how beneficial it is for participants of drug courts to receive and complete treatment as it increases their chances of having a better quality of life. Participants getting treated for their drug addiction would help in reducing criminal behavior while improving their health and at the same time– they get help and services that they need in order to function in their daily lives.

Limitations of Drug Courts

The Criminal Justice System

There are consequences associated with the drug courts. The drug courts can be effective but there are many reasons why they couldn't be effective for specific individuals or communities. One issue with drug courts is that they “only reduce incarceration and provide treatment to people who already are in contact with the justice system, doing nothing to help

people avoid addiction-related criminal justice contact in the first place.” (Walsh, 2011, p. 13). There were “one in four, or 509,000 inmates in the overall U.S. penal system (increased from one in eleven, or 57,975, inmates in 1983)” that were either “serving time or awaiting trial for a drug-related offense at an annual cost of \$8 billion.” (Brown, 2010, p. 2).

There are also consequences associated with a post-plea program which Walsh (2011) explains how people suffer the consequences of failing drug court more than if they had just gone to jail in the first place such as collateral consequences of a conviction and harsher sentences. It was stated that from thirty-three to seventy-five of participants will fail drug court. This is an issue as “in drug courts, relapses are dealt with both through treatment and punishment. Eventually, a participant with a number of relapses or who has failed to comply with protocol will be dismissed from the program and subject to prosecution.” (King & Pasquarella, 2009, p. 15). The plea model needs to be revised with the consideration of participants failing drug courts.

Excluding Specific Offenders

One limitation with drug courts is that they exclude those who would benefit the most from it, which are high risk offenders, those with low income, and minorities. According to Walsh (2011), one of the problems of drug courts is that they don’t treat everyone equally as they “cherry pick” (p. 21). Most of the drug courts only accept first-time offenders or those with less serious offenses. “Meanwhile, persons using more serious drugs and with the most severe addiction problems may be left out of drug court programs because of their criminal history.” (King & Pasquarella, 2009, p. 15). This excludes the people who could benefit the most from drug courts while “drug courts have been shown to have the greatest effects for high-risk

participants who were relatively younger, had more prior felony convictions, were diagnosed with antisocial personality disorder, or had previously failed in less intensive dispositions.” (Marlowe, 2010, p. 3).

There were studies that examined the social and demographic factors with the outcome in drug court which showed that people of color and people with lower income are more likely to fail drug court. There have been issues about the effectiveness of drug courts when it comes to the minorities and their communities. In regards to research on the treatment model of drug courts, there have been questions about “the impact that drug treatment courts have on racial/ethnic, social class, and gender disparities within the criminal justice system.” (Lilley, DeVall, & Tucker-Gail, 2018, p. 354). Overall, “drug treatment courts have been criticized for engaging in net-widening, a phenomenon that often further exacerbates disproportionate minority contact with the criminal justice system.” (Lilley, DeVall, & Tucker-Gail, 2018, p. 355). There have been limitations in comparing white and black populations due to the small number of minorities in the drug courts. However, there was a study of 526 participants which showed 22% of non-Whites successfully completed the program compared to 41% of Whites.

There was also a study that examined participants’ influence and neighborhood-level characteristics on drug court graduation which showed race could have functioned as a proxy for the neighborhood-level disadvantage. They wanted to test if drug courts in each jurisdiction were associated with changes in disorder and drug use arrests. There were a variety of models tested. One result was that a substantial population of non-White residents were the strongest predictor of drug court propensity. Overall, the “narrow criteria for drug court participation have consequences for the potential overall diversionary impact of the programs.” (King & Pasquarella, 2009, p. 4).

Variation in Drug Court Strategies

As there are many different drug courts throughout the United States, strategies used in those drug courts vary as for example, they provide different services or have different eligibility criteria. They use different approaches based on where they are located, who their participants are, the progress of the participants, and etc. “Among other things, courts differ in their eligibility requirements; the stage of the criminal justice process at which they divert offenders into treatment (i.e., pre-plea or post-adjudication); the consequences of success or failure in treatment; the methods of referral, screening, assessment, and monitoring; the frequency with which participants are required to report back to court; the requirements for graduation; the length of the program; the type and length of treatment provided; and the range of services other than drug treatment that are provided by the courts.” (NYCOURTS.GOV, 2000). The variation in drug court strategies makes it more difficult to determine what methods work the best.

For example, comparing the approaches of pre-plea versus post-adjudication, there can be different outcomes. Many of the drug courts require participants to plead guilty in order to be admitted into the program. As for pre-plea, the participant has to plead guilty and if they successfully complete the program then “there is a possibility that the plea can be withdrawn and the charge dismissed.” (National Association of Criminal Defense Lawyers, 2009, p. 11). However, for post-adjudication, the participant is also required to plead guilty, but if they successfully complete the program, their conviction never goes away. It has been shown that “courts requiring a plea prior to drug court entry (i.e., post-plea model) hold greater leverage over participants than those courts utilizing a pre-plea (diversion) model, in which the criminal case can still be argued after program failure.” (Cissner, Rempel, & Franklin, 2013, p. 62). However, there are studies that “have yielded inconsistent findings regarding the impact of plea

status.” (Cissner, Rempel, & Franklin, 2013, p. 62). There was an evaluation which showed that “offenders in post-plea courts have significantly fewer re-arrests than offenders in pre-plea or mixed-model courts (in which some participants can enroll pre-plea and some post-plea)”, but “whereas post-plea drug courts reduce the re-arrest rate by 4%, other drug courts increase the re-arrest rate by 6% on average.” (Cissner, Rempel, & Franklin, 2013, p. 62). Variation in strategies makes it harder to compare approaches of different drug courts throughout the United States.

Measuring Recidivism

Another limitation of drug courts is measuring recidivism as there are different definitions of recidivism and different ways to measure it in order to reduce it effectively. Recidivism is essential in understanding what is more beneficial in order for offenders to successfully reintegrate into a community. There can be different definitions of recidivism but as stated by James (2015), the general definition of recidivism is the rearrest, reconviction, or reincarceration of an ex-offender within a specific amount of time after release. Along with the broad definition of recidivism, there are limitations to recidivism statistics when it comes to evaluating the efficacy of programs.

The success of drug courts varies because of different measures. It is difficult to have a common understanding of the success of drug courts because the definition of recidivism varies from study to study. “Tracking recidivism involves following the cases of individuals for a number of years and relying on state or national-level data sets that contain inherent inaccuracies.” (James, 2015, p. 6). There also needs to be a standardized definition of recidivism when it comes to evaluating the efficacy of drug courts. The measurements and analyses of drug courts are different when it comes to recidivism rates. “Re-arrest and reconviction rates are the

most common measures, but an average reduction is hard to come by, as they can range from a 4 percent decrease in recidivism to a 70 decrease in some places.” (Walsh, 2011, p. 9).

Conclusion

As the number of drug courts increased throughout the United States, their goal was to reduce drug use along with criminal behavior. Drug addiction is a big issue that impacts millions of people. It is essential that we understand how drug use affects individuals and their behavior. If we were to better understand drug addiction, we would be able to treat it more efficiently and effectively. Drug courts have been viewed to have more strengths than the traditional criminal courts but however, there are also limitations. There are the strengths of using a different approach than the traditional approach, providing drug treatment, reducing the number of drug offenders in jail and prison, and reducing recidivism. Then there are the limitations of the methods of the criminal justice system, excluding specific offenders, variation in the drug court strategies, and measuring recidivism. There needs to be a reduction in the limitations of drug courts to maximize their potential to help those millions of people.

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Working Paper #3: Assessing Drug Court Case Processing

Introduction

There are different results shown in studies due to reasons such as different measurements of recidivism or drug court strategies. A problem with drug courts throughout the United States is that their data in regards to participants, completion of the program, and recidivism rates are insufficient to determine the actual effectiveness of the drug courts. However, there are many studies that show drug courts are moderately more effective than conventional courts. Overall, drug courts have been shown to reduce recidivism rates and drug use. There are three primary goals of drug courts which are “reduced recidivism rates, reduced substance use among participants, and rehabilitation of participants.” (Office of National Drug Control Policy, 2011). My research question is how effective are drug courts? I conducted a secondary analysis using different databases and sources.

Adult Drug Courts in the United States

In 2021, there were 1,830 adult drug courts. Kentucky had the highest, which they had 114. The lowest number of drug courts was 1 which was Connecticut, D.C., and Rhode Island. New York had 100 adult drug courts (see Figure 1 below).

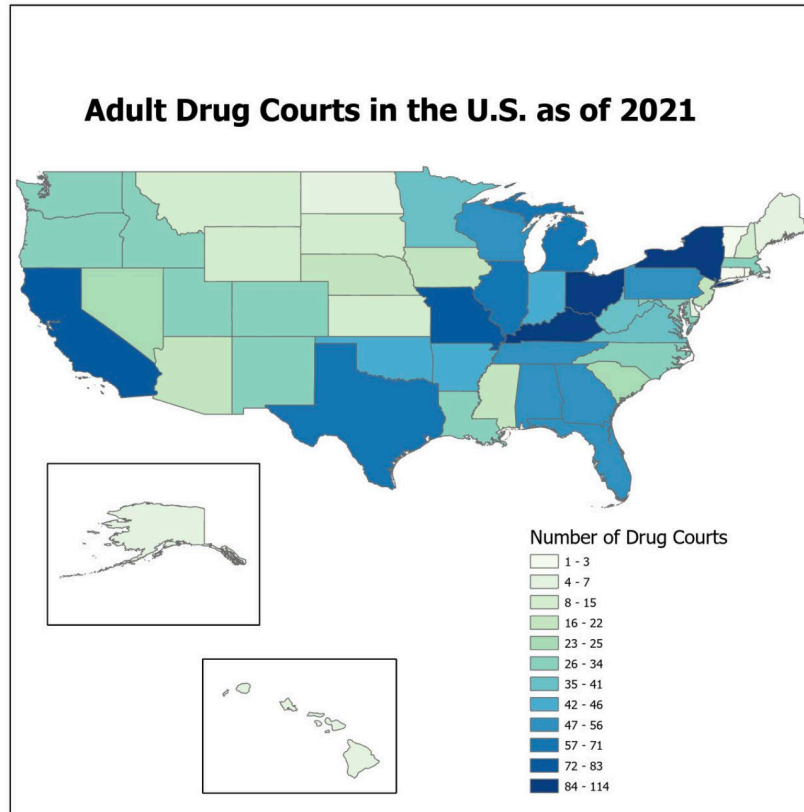
Evaluations of Drug Courts in Different States

Minnesota

There was an evaluation of Minnesota’s drug courts in 2012 including 535 participants. They examined over two-and-a-half years of offenders that were processed through traditional court compared to those that participated in drug courts. It was found that drug courts significantly reduced recidivism along with reducing incarceration. It also reduced related costs for the

participants. When discharged from the program, thirty-seven percent of the participants were unemployed compared to sixty-two percent at the entry of the program.

Figure 1: Adult Drug Courts in the U.S. 2021



URL: <https://ndcrc.org/maps/interactive-maps/>

Approximately fifty percent of the participants that graduated from the program were unemployed when they started but that number decreased to less than fifteen percent when they graduated. During the program, twenty percent of the graduates increased their educational level.

There was another evaluation conducted on the drug courts in 2014 to examine another year-and-a-half of the improved outcomes. There were significant findings for recidivism rates and incarceration. More importantly, the participants were shown to have significantly lower

recidivism rates. They found that offenders and drug court participants at four years showed that twenty-eight percent of the participants were reconvicted compared to forty-one percent of those who did not participate in the program. The evaluation also found that the participants spent an average of “74 fewer days incarcerated in jail or prison relative to the comparison group four years from the start date.” (Minnesota Judicial Branch, 2014). This difference in the amount of days is considered to be statistically significant. Due to reducing incarceration, there is an average of \$4,288 saved for the costs of each of the participants.

New Jersey

In New Jersey, there have been 29,680 participants enrolled in the adult recovery court program since April 2002. As of January 2022, there were 5,194 active participants. There were 599 participants in the final phase of the program. Since April 2002, the majority of the participants were Caucasian and there were 6,697 participants that successfully completed all three phases of the program. Within the three years of graduating from the drug court, 15.4% of the graduates were re-arrested, 5.3% were re-convicted, and 2% received new sentences in the state prison. However, it was stated that the numbers related to graduation count reported may actually be higher due to differences in records. (njcourts.gov, 2022). Eighty-eight of the participants were employed when they graduated. Seventy percent of the active participants are employed full-time. There is a cumulative retention rate of fifty-two percent since April 2002.

As of October 2022, there were 961 new participants enrolled in the adult recovery court program. Therefore, there are 4,937 active participants. There were 751 participants in the final phase of the program. More than half of the participants were Caucasian and there were 10,130 participants that successfully completed all three phases of the program. Within the three years of graduating from the program, 14.9% of the graduates were re-arrested, 5.2% were re-

convicted, and 2% received new sentences in the state prison. Eighty-eight of the participants were employed when they graduated. Seventy-four percent of the active participants are employed full-time. As of October 2022, there is a cumulative retention rate of 52.3% since April 2002.

Pennsylvania

In Pennsylvania, sixty percent of the participants successfully completed the program in 2019. There were 1,436 participants admitted to the program and 1,256 participants were discharged from the program. Sixty-four percent of those participants admitted to the program were male. Heroin was the drug of choice amongst the majority of the participants that were successfully discharged. There was an increase in employment of participants from admission to discharge of the program which was 41.4% to 89.9%. The educational level of the participants also improved by twelve percent.

In 2020, sixty-four percent of the participants successfully completed the program. There were 834 participants admitted to the program and 1,090 participants were discharged from the program. Sixty-six percent of those participants admitted to the program were male. Heroin was still the drug of choice amongst the majority of the participants that were successfully discharged. There was an increase in employment of participants from admission to discharge of the program which was 41.8% to 87.3%. The educational level of the participants also improved by eleven percent.

In 2021, sixty-three percent of the participants successfully completed the program. There were 883 participants admitted to the program and 1,048 participants were discharged from the program. Sixty-six percent of those participants admitted to the program were male. Heroin was still the drug of choice amongst the majority of the participants that were

successfully discharged. There was an increase in employment participants from admission to discharge of the program which was 38.4% to 87.4%. The educational level of the participants also improved by twelve percent.

Washington

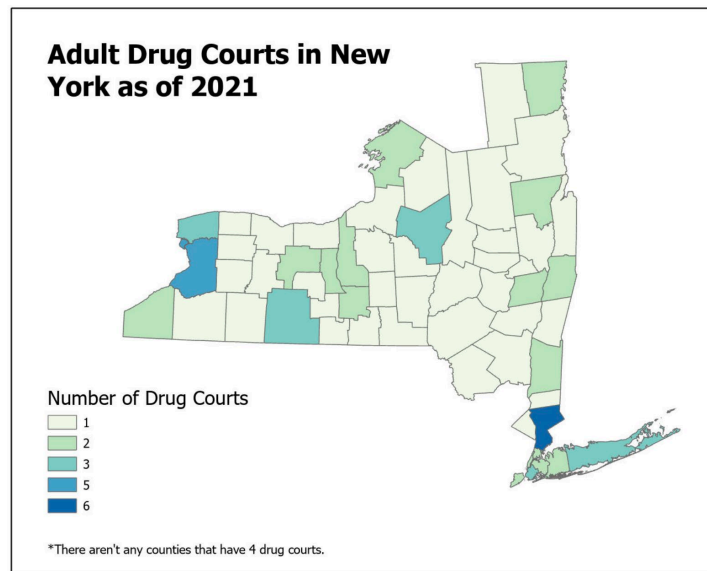
Adult drug courts along with therapeutic courts began in the state of Washington in 1994. As of 2013, there were adult drug courts in twenty three of thirty nine counties in Washington which those courts represented ninety-three percent of the entire population. In 2014, there was a project conducted on Washington's adult drug courts of participants that started in January 2012 "and after. This 2014 report is a simple snapshot of participant status at the end of 2013 for those starting drug court in 2012 and 2013." (Backus, 2014, p. 1). There was a note that the rates in this project are not the accurate statewide rates since there were still participants in the program at the end of 2013.

The data collected in this project included the status of 1,505 participants at the end of 2013. It was found that 391 of those participants were terminated, 330 opted-out, 26 withdrew, 2 died, and 280 of them graduated from the program. 56 of the participants were on an active bench warrant at the end of 2013 while 410 participants were still active in the program at the end of 2013. At the beginning of 2013, there were 1,412 participants that started the program. Based on what they found, "the retention rate at the end of 2013 for 2012 admits was 47% (the percentage of those admitted who had either graduated or were still in the program with no active bench warrant)." (Backus, 2014, p. 2). Washington's retention rate was lower than Pennsylvania and New York. Their retention rate is similar to Niagara Falls City Court which was 48%. However, these studies were based on different years, different states, different amounts of participants, and many more.

Adult Drug Courts in New York State

In 2021, there were 100 adult drug courts. Every county in New York has at least one adult drug court. Most of them only have one. There were only two counties that had 5 and 6 adult drug courts.

Figure 2: Adult Drug Courts in New York State 2021



URL: <https://ndcrc.org/maps/interactive-maps/>

Data Analysis

Methodology

My research question is how effective are drug courts? Due to limited access to available data, I was only able to conduct a secondary analysis using different sources and databases. I was unable to retrieve recent and comparable data on the outcomes of the drug courts in New York.

I conducted a data analysis using the “2000 Confronting the Cycle of Addiction & Recidivism” report to create a new variable of drug court graduation rates of ten drug courts in

2000. There were twenty drug courts included in this report, however, those other ten courts were missing data for this analysis. This report was based on the information reported to the New York State Commission on Drugs and the Courts by individual drug courts. I created a table to show the number of participants, those that graduated, those that failed, those who started treatment in 1999, one-year retention rate, one-year re-arrest rate, along with the graduation rates. I also created two different thematic maps of the United States and New York to show how many adult drug courts there were in 2021.

I also conducted a data analysis using the 2019 Annual Report of 2009 Drug Law Changes by the New York State Division of Criminal Justice Services (DCJS) which was published in 2020. This shows the felony drug indictments, eligible felony drug court screenings, and eligible felony drug court admissions. This report was based on the information reported to the state DCJS and state Department of Corrections and Community Supervision. I created new variables of the statewide screening rates from 2010 to 2019 along with the statewide admission rates. I created two different tables as one showed drug indictments, drug court screenings, and the screening rates. Another table showed drug court screenings, drug court admissions, and the admission rates. I created three different line graphs to represent those data.

Number of Participants in New York Drug Courts

As of June 2000, there has been an increase in the number of drug courts throughout New York State. There was information provided by individual drug courts to the New York State Commission on Drugs and the Courts which showed there has also been an increase in the number of participants. At that time, “approximately 8,875 individuals have enrolled in Drug Courts throughout the state since the first Drug Treatment Court was opened in Rochester in 1995.” (NYCOURTS.GOV, 2000). Around 6,500 of those individuals were enrolled in the drug

courts outside of New York City. At the time of this report, there were a total of 2,030 individuals that “have successfully graduated... Another 3,328 individuals who enrolled in such courts are still active participants” (NYCOURTS.GOV, 2000). There were 2,923 individuals that failed the program and were prosecuted.

Drug Courts in NY Counties

I conducted a data analysis with available and comparable data for ten out of twenty drug courts in New York State as of 2000 which is shown below in Figure 3. These ten drug courts had a total number of 7,785 participants. There were a total number of 1,940 participants who graduated from these drug courts. The total number of participants that failed these drug courts were 2,761. The statewide graduation rate for these ten drug courts was 24.9%. The average one-year retention rate was 64.8%. The average one-year re-arrest rate was 11.5%.

There are differences across the drug courts in New York State. Those drug courts handle a different number of cases and their success rates vary. Most of the drug courts have similar retention rates. There is a little more variation in the re-arrest rate varying from three percent to nineteen percent.

The drug courts with more number of participants were amongst the few that had the lowest graduation rate. For example, Rochester City Court had 2,466 participants but their graduation rate was 15.8%. Comparing this to Lackawanna City Court which had 213 participants and their graduation rate was 45.1%. However, Rochester City Court’s one-year retention rate and re-arrest rate were only around 5% lower than Lackawanna City Court. The one-year retention rate of the ten courts were almost similar as they were between sixty percent and eighty percent, however, Niagara Falls City Court had the lowest retention rate as it was forty-eight percent.

Figure 3: New York State Drug Court Outcomes 2000

Drug Courts	Number of Participants	Graduated	Failed	Began Treatment in 1999	1-Year Retention Rate	1-Year Rearrest Rate	Graduation Rate
Brooklyn Treatment Court	1,558	423	476	342	65%	12%	27.2%
Buffalo City Court	1,114	214	270	423	78%	8%	19.2%
Lackawanna City Court	213	96	62	44	72%	3%	45.1%
Niagara Falls City Court	530	130	100	156	48%	19%	24.5%
Rochester City Court	2,466	389	1,360	572	66%	8%	15.8%
Suffolk District Court	414	172	128	105	61%	19%	41.5%
Syracuse City Court	282	66	119	118	61%	12%	23.4%
Tonawanda City Court	146	45	35	70	61%	12%	30.8%
Town of Amherst Court	468	151	125	89	73%	13%	32.3%
Town of Cheektowaga Court	594	254	86	226	63%	9%	42.8%
Statewide Totals/Averages	7,785	1,940	2,761	2,145	65%	12%	24.9%

URL: <http://ww2.nycourts.gov/reports/addictionrecidivism.shtml#15>

2013 Evaluation of NYS Drug Courts

As there was an updated study released in the year of 2013, this study evaluated eighty-six adult drug courts and conventional courts in the state of New York. This was the most recent evaluation of drug courts in New York. There were analyses for retention rates along with impact on recidivism. As of retention rates, it was found that the one-year retention rate was sixty-six percent. The “retention rates varied widely across the state—from a low of 23% to a high of 85% at four years across the 86 drug court sites.” (Cissner, Rempel, & Franklin, 2013, p. iv). The retention rate, comparing 2000 and 2005/2006, were similar as it was in the range of sixty to

seventy percent. In 2000, the statewide one-year retention rate of ten courts was 65%. Both evaluations were similar in how the retention and re-arrest rates vary across the different drug courts in the state.

It was mentioned that after the first year, the participants “were significantly less likely than the comparison group to be re-arrested (22% vs. 25%).” (Cissner, Rempel, & Franklin, 2013, p. 41). It was also shown that they were significantly less likely to be re-arrested for a drug crime which was 8% compared to 11%. The one-year re-arrest rates from 2005/2006 seem to be slightly higher than 2000. However, the re-arrest rate for drug crimes is similar to the re-arrest rate of some of the other drug courts in 2000. Drug courts are modestly more effective compared to conventional courts. There are mixed findings when it comes to evaluating drug courts as it depends on the study, it depends on the year, it depends on the state, and etc.

Suffolk County Drug Treatment Court, NY

Focusing on a drug court, there was an analysis of the Suffolk County Drug Treatment Court in 2003. This court provides substance abuse treatment and education along with intensive supervision and case management. Eligibility for the drug court includes defendants that were charged with misdemeanor or felony offenses, defendants with prior felony convictions, and defendants that use only marijuana or need methadone maintenance. Felony-level drug sales and A-1 level along with A-2 level severe drug felonies weren't eligible. The Suffolk County Drug Court uses a post-plea model, therefore the participants would plead guilty to an eligible charge in order to participate in the program.

There are treatment requirements that participants must meet in order to graduate along with participation in constructive activities to improve their progress. All of the participants must

agree to at least 12 months of participation along with at least 6 months being drug free. There is the DCMH/ASAS assessment which assigns participants in a specific treatment modality, there is a range of restriction in treatment depending on the participant. The treatment ranges from inpatient treatment to outpatient treatment. Participants tend to be assigned to outpatient treatment. They are assigned to inpatient treatment when they fail to follow the requirements to succeed in the program. The probation officers, case managers, and drug court judges are essential professionals in drug courts, they work together to ensure a participant succeeds in the program. Participants have to regularly meet with either probation officer or case manager, appear before a judge and converse about their progress, frequent drug screenings. There is a system of rewards and sanctions to respond to compliance or noncompliance

There is a broad definition of recidivism but in this study, re-conviction rates of three years intervals after the program were measured along with the re-arrest rate at three years. The results showed that “after 1 year, 20 percent of drug court participants had an arrest that led to a new conviction, compared to 41 percent of the comparison group. After 2 years, 32 percent of participants had a new conviction, compared to 54 percent of comparison defendants. By 3 years, the difference was 40 percent, versus 65 percent.” (Rempel et al., 2003, p. 205). Sixty percent of the participants had not been rearrested after three years while it was thirty-five percent for the comparison group. Graduates were also three times less likely to be re-convicted for a drug-related offense, misdemeanor, or felony compared to drug court failures. The study of the Suffolk County drug court showed that up to three years, there was a substantial impact on reducing the recidivism rates. This drug treatment court was effective in reducing re-conviction along with re-arrest rates. This is consistent with previous findings on the effectiveness of drug courts in New York.

Rockefeller Drug Law Reform and NYS Drug Courts

However, I obtained a report from DCJS that evaluated the impact of the 2009 reforms to the Rockefeller Drug Law. This analysis includes the variables of felony drug indictments, eligible felony drug court screenings, and eligible felony drug court admissions. According to the DCJS, their 2019 annual report shows that the number of participants for drug courts have decreased since 2010. Based on these data, it seems that drug court participation has actually decreased in terms of felony cases.

Figure 4: New York State Felony Drug Indictments and Court Screenings 2010 - 2019

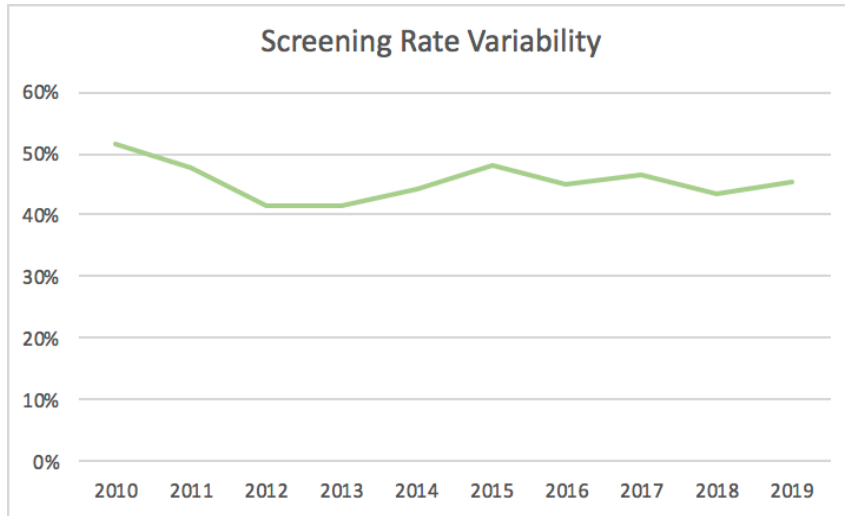
Year	Felony Drug Indictments	Eligible Felony Drug Court Screenings	Screening Rate
2010	12,492	6,444	51.6%
2011	11,089	5,297	47.8%
2012	10,937	4,565	41.7%
2013	11,516	4,793	41.6%
2014	10,712	4,732	44.2%
2015	9,856	4,748	48.2%
2016	10,133	4,569	45.1%
2017	9,488	4,425	46.6%
2018	8,582	3,717	43.3%
2019	7,170	3,239	45.2%

(NYS DCJS, 2020)

Figure 4 shows the statewide felony drug indictments, eligible felony drug court screenings, and the screening rates. The number of felony drug indictments have decreased from 12,492 cases in 2010 to 7,710 cases in 2019.

Figure 5 shows the year-to-year screening rate variability. It shows that there is moderate change from 2010 to 2019. The drug court screenings of felony drug indictments remained roughly around 45% throughout the years.

Figure 5: New York State Felony Drug Court Screening Rates 2010 - 2019



(NYS DCJS, 2020)

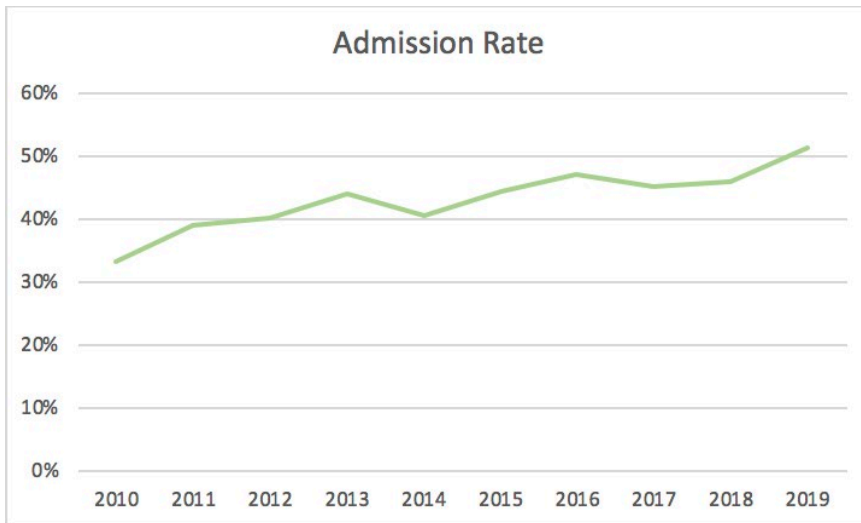
Figure 6: New York State Eligible Felony Drug Court Screenings & Admissions 2010 - 2019

Year	Eligible Felony Drug Court Screenings	Eligible Felony Drug Court Admissions	Admission Rate
2010	6,444	2,153	33.4%
2011	5,297	2,059	38.9%
2012	4,565	1,835	40.2%
2013	4,793	2,103	43.9%
2014	4,732	1,919	40.6%
2015	4,748	2,111	44.5%
2016	4,569	2,160	47.3%
2017	4,425	1,999	45.2%
2018	3,717	1,708	46%
2019	3,239	1,662	51.3%

(NYS DCJS, 2020)

Figure 6 shows the statewide eligible felony drug court screenings, eligible felony drug court admissions, and the admission rates. The number of eligible felony drug court screenings have decreased from 6,444 in 2010 to 3,239 in 2019. The number of eligible felony drug court admissions also decreased from 2,153 to 1,662.

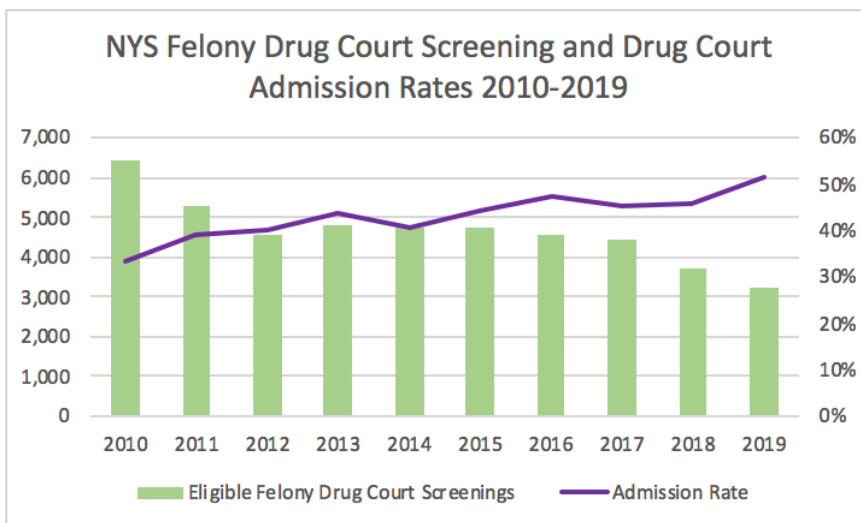
Figure 7: New York State Eligible Felony Drug Court Admission Rates 2010 - 2019



(NYS DCJS, 2020)

Figure 7 shows the year-to-year change in the admission rate. Even though the number of admissions have decreased, it also shows that the eligible felony drug court admission rates have increased from 2010 to 2019. In the year of 2010, the admission rate was 33.4% while in 2019, it was 51.3%.

Figure 8: NYS Felony Drug Court Screening and Admission Rates 2010 - 2019



(NYS DCJS, 2020)

Figure 8 shows the number of eligible felony drug court screenings along with the drug court admission rate from the years of 2010 to 2019. The analysis of felony drug data from New York shows that the number of eligible felony drug court screenings have steadily declined from 2010 to 2019 (NYS DCJS, 2020). The number of admissions into drug courts have varied each year but it stayed around 2,000. However, the drug court admission rate has increased by 17.9%. There is no explanation for this increase in the admission rate. It is possible that the drug courts have broadened their eligibility requirements for participants over the years.

Limitations of Data Collection

One of the biggest issues when it comes to evaluating drug courts is that there is no uniform data reporting and collection across drug courts within states and throughout the United States. This makes it harder to effectively evaluate drug courts. There are drug courts that provide information on their participants, their approaches, the length of the program, their recidivism rates, etc. There are drug courts that provide a little to no information about their program. There are drug courts that provide data based on different years from others. There are states that do not separate their data based on types of drug courts such as adult drug court versus juvenile drug court. There are many drug courts that have different methods of measuring recidivism rates. All of this makes it difficult to accurately compare recidivism rates along with graduation rates or retention rates. It is also difficult to compare demographics between the participants along with the approaches used by the drug courts. It is difficult to compare program requirements and treatment strategies.

Policy Recommendations

According to The Center for Court Innovation, there is an importance in action research and in each state, there should be a “sustainable statewide system for tracking key drug court data”. (Center for Court Innovation, 2013, p.1). The goal of action research is to “provide immediate and useful feedback about everyday program operations and performance. Action research does not just evaluate whether a drug court is working, but how, why, for whom it is working, and how it can improve.” (Center for Court Innovation, 2013, p. 1). There isn't uniformity in data collection of drug courts within and across states. There is insufficient to no data collection in many states. This leads to difficulties in analyzing the actual effectiveness of drug courts along with retention and recidivism rates.

If issues were to be improved, it would be easier to find and analyze data in regards to effectiveness of drug courts. “Moreover, the creation of a statewide data tracking system will enable states to engage in rigorous research and evaluation efforts—either state led or in collaboration with external evaluators.” (Center for Court Innovation, 2013, p. 5). In regards to improved data collection, it would be essential in determining what program requirements and treatment strategies are more beneficial. In regards to action research, the information collected “can provide necessary reporting information to funding agencies, support external evaluators, and—perhaps most importantly—enable project staff to reflect upon and improve their court.” (Center for Court Innovation, 2013, p.2). New York and every state in the United States would benefit from this system.

Conclusion

As there are differences in approaches and outcomes of drug courts, my research question was to determine how effective drug courts are. As shown in many studies, drug courts are moderately more effective than conventional courts. I conducted a secondary analysis which the results of this research supports those studies. When drug courts have a proper system in place, they can effectively reduce recidivism, drug use, and incarceration. Drug courts need more action research as there needs to be further analysis on methods used by drug courts. Every drug court is different and each of them need to figure out “what works” in order to determine the most effective method to be applied to their drug court.

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