Examining specialized drug courts: An evaluation of the Las Vegas Drug Court treatment program

Erin Nicole Reese
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EXAMINING SPECIALIZED DRUG COURTS:
AN EVALUATION OF THE LAS VEGAS
DRUG COURT TREATMENT PROGRAM

by

Erin Nicole Reese

Bachelor of Arts
University of Michigan, Flint
1997

A thesis submitted in partial fulfillment
of the requirements for the

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Graduate College
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Examining Specialized Drug Courts: An Evaluation of the Las Vegas Drug Court Treatment Program

is approved in partial fulfillment of the requirements for the degree of

Master of Arts in Criminal Justice

Examination Committee Chair

Dean of the Graduate College

Examination Committee Member

Examination Committee Member

Graduate College Faculty Representative
ABSTRACT

Examining Specialized Drug Courts:
An Evaluation of the Las Vegas Drug Court Treatment Program

by

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Dr. Terance D. Miethe, Examination Committee Chair
Professor of Criminal Justice
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Developed in response to overcrowded jails and backlogged court dockets, drug courts use comprehensive treatment and graduated sanctions to deal with drug offenders. This study evaluates the Las Vegas Drug Court in terms of its effectiveness in reducing recidivism by comparing data for drug court cases with drug cases not processed in the drug court. The results indicate that recidivism rates for drug court participants are significantly higher than for non-drug court participants. These findings suggest that further research should be conducted about the impact and utility of drug courts.
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CHAPTER 1

INTRODUCTION

An increasing number of drug related offenses and the failure of incarceration to stem the tide of drug use begs the question of whether alternative, court based drug treatment programs will reduce levels of recidivism among drug offenders. Since the introduction of mandatory drug sentencing laws in the 1970s, the initiation of the war on drugs, and the heroin and crack cocaine epidemics of the 70s and 80s, many federal, state and local criminal justice systems have been deluged with drug related cases and offenders. By 1990, the annual arrests of drug abuse violations reported by local and state law enforcement agencies surpassed well over one million. In addition, almost a quarter of a million federal drug cases were filed that same year (Inciardi, McBride and Rivers 1996). The unceasing flow of drug cases has backlogged the courts, filled prisons and jails to capacity, and left fewer
resources for officials to deal with serious and violent crime. From 1980 to 1996 there was a 239 percent increase in prison and jail populations. Furthermore, drug law violators accounted for 30 percent of the total increase in state prisons, 68 percent in federal and 41 percent in local prisons and jails. At the end of 1996, 1.7 million adults were behind bars, a number three times greater than in 1981. Of those in prison, 80 percent or nearly 1.4 million are seriously involved with drugs and alcohol (Belenko, et al. 1998).

These statistics make several things clear. First, the enormity of the drug problem and its relationship, either directly or spuriously, to criminal behavior are evident when looking at drug use among newly arrested individuals. In thirty-five major metropolitan areas across the country, the National Institute of Justice’s ADAM (formerly Drug Use Forecasting) program conducts interviews and urinalyses on randomly selected arrestees. Findings for 1997 reveal that the percent who tested positive for any type of drug ranged from 51.4% in San Jose, California to 80.3% in Chicago.

Second, given the high recidivism rates of drug and alcohol abusers, with increasingly long sentences, it becomes clear that incarcerating offenders is having neither
a deterrent or rehabilitative effect. Most criminal justice professionals estimate that at least 45 percent of defendants convicted of drug possession will recidivate with a similar offense within two to three years. Furthermore, a high percentage of defendants convicted of drug possession are arrested for other property or violent crimes (American University 1997). These statistics do not include those arrested for the more serious crimes of sale and trafficking of a controlled substance.

Drug Abuse and Treatment

These statistics may be explained, at best in part, by the lack of treatment services available to offenders behind bars. It is unreasonable to expect a criminal with a drug problem to abstain from crime without treatment. Unfortunately, few prisons or jails provide any comprehensive drug treatment services for the inmates, and none provide long-term rehabilitation support once released. Between 1995 and 1996, the number of inmates in treatment decreased by 18,360, yet the number of inmates in need of treatment increased by 39,578 (Belenko, et al 1998). Currently, only 30 of 1700 jails have substance abuse programs that provide more than ten hours of treatment.
However, 70-85 percent of those in local jails and state prisons are in need of treatment. There is an increasing gap between the need for and supply of treatment for substance abuse in the correctional system. Only 8 percent of inmates in jails and 13 percent in state prisons are receiving the treatment they need. The situation in federal prisons is only slightly better; one third of all federal prisoners who require treatment for substance abuse are currently receiving it (Belenko, et al. 1998). Even if treatment is available during incarceration, gaps in the continuity of care make the transition to community treatment centers a period of high risk for released offenders.

While treatment programs in prisons are sparse, the situation outside of prisons is slightly better. In response to societal, institutional and family pressures, substance abuse treatment has changed over time. Attempts to accommodate trends in substance abuse patterns, changing levels of public concern about drug problems and more accessible treatment have resulted in more people seeking and receiving treatment (McLellan & Weisner 1996). Several

"Refer to Appendix I"
types of treatment, including therapeutic communities, detoxification and outpatient programs have become more widely used. According to the 1994 Bureau of Justice Statistics, the number of clients in drug and alcohol treatment units nearly doubled from 1980 (488,852) to 1993 (944,208).

Additionally, the concern for public safety, and the awareness of the relationship between crime and substance abuse, have pressured the criminal justice system to consider alternatives to incarceration for drug related crimes (McLellan & Weisner 1996). One alternative that has emerged is specialized drug courts.

Several jurisdictions have implemented drug courts, which operate in conjunction with the traditional adjudicatory process, to help alleviate the backlog of drug-related cases in regular courts. The aim of drug court is to divert non-violent drug users from incarceration and offer them the treatment that they need to end their addiction and criminal career. By utilizing counseling, social skills training, GED and job placement, and emphasizing abstinence from licit and illicit drugs, the drug court recognizes the special needs of drug offenders.

Drug courts provide a year or more of treatment and
case management services and include strict monitoring and supervision of the defendant during his/her involvement in the program (Finn & Newlyn 1994). Periodic urine testing and mandatory court appearances help to monitor the progress of the defendant in drug court. In addition to diverting offenders from incarceration, drug courts also offer them a second chance by reducing or dismissing their charges if they successfully complete the program (Finn & Newlyn 1994).

Dade County Drug Court

The first county to design and implement such a program was Dade County, Florida. The Diversion and Treatment Program, or Miami Drug Court as it is known, has been operating since 1989. It began when Herbert M. Klein, associate Chief Judge of the Dade County 11th Circuit Court, became frustrated with the high volume of drug related cases that seemed to be moving through a revolving door within the criminal justice system. Rather than finding better methods of dealing with those cases, Klein decided that there should be a focus on reducing the number of people on drugs (Finn & Newlyn 1994).

After collaborating with criminal justice and social service officials for 6 months, the plan for a specialized
drug court was implemented. While thousands of people are arrested for drug related cases every year in Miami, not everyone is admitted into the drug court program. There are several eligibility requirements defendants must meet.

First, defendants must be charged with a drug possession or purchasing charge. Defendants who have been arrested for drug trafficking or have more than two prior non-drug felony convictions are ineligible. Second, defendants who have a history of violent crime are also exempt. Finally, the district attorney must agree to diversion (Finn & Newlyn 1994).

Once admitted into the drug court treatment program, defendants meet regularly with Judge Stanley Goldstein. Goldstein plays an integral role in drug court, emphasizing the importance of complying with every aspect of treatment. He also makes it clear to the defendant that if he or she fails to show satisfactory progress throughout the course of the program, they will be subject to sanctions or even termination. Those who are terminated are then prosecuted and subsequently may be sent to jail if convicted.

The Miami Drug Court handles on average 80 cases a day and, since its inception in June of 1989, has seen more than 4500 defendants pass through its doors. According to Tim
Murray, Director of Metro/Dade Office of Substance Abuse Control, of those who have been diverted to Miami Drug Court, 60 percent have graduated or are still in treatment and fewer than 11 percent of the defendants who have graduated from the program are rearrested again (Finn and Newlyn 1994).

The Miami Drug Court has become a model for several other jurisdictions. Drug courts are now operating in 38 states, the District of Columbia, Puerto Rico, and Guam. Table 1 shows the various stages of development for the 425 drug courts as of June 1998.

Table 1: Stages of Drug Court Development (From the 1997 Drug Court Survey Report, Office of Justice Programs)

<table>
<thead>
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<th>Stage</th>
<th>Number</th>
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<td>drug courts operating for at least two years</td>
<td>124</td>
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<tr>
<td>drug courts more recently implemented</td>
<td>140</td>
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<tr>
<td>drug courts about to start</td>
<td>2</td>
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<tr>
<td>drug courts being planned</td>
<td>151</td>
</tr>
<tr>
<td>jurisdictions exploring the feasibility of drug courts</td>
<td>13</td>
</tr>
<tr>
<td>TOTAL</td>
<td>430</td>
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Types of Drug Courts

In the eight years since Miami Drug Court began, two distinct types of drug courts have emerged: Speedy Trial and Differentiated Case Management (DCM) courts and Dedicated Drug Treatment (DDT) courts. Both courts share
some similar goals. First, by assigning judges, district attorneys and public defenders to the drug court, there is a concentrated drug case expertise in one courtroom. This special staff develops expertise about anti-drug enforcement, felony drug cases, and drug abuse and treatment which, in turn, helps to establish a productive courtroom atmosphere.

Second, drug courts relieve pressures on non-drug caseloads. Using a specialized court for drug cases allows other courtrooms to focus on more serious and violent crimes. Criminal justice resources can be allocated more efficiently to deal with criminals posing a greater risk to society. Furthermore, docket time that once was monopolized by drug cases is freed up for other criminal and civil matters (American University 1997)

Third, both use a wide range of case management and treatment intervention strategies that promote early and continuous court supervision. This necessitates developing a cooperative relationship among several key players in the criminal justice system. A team of judges, prosecutors, defense attorneys, treatment providers, law enforcement, court administrators and probation officials must collaborate on what treatment strategies, incentives and
sanctions will be most effective for the offenders involved in the drug court programs (Drug Strategies 1997).

In addition to these common goals, there are goals and program designs that are uniquely applicable to either DCM or DDT courts. DCM courts, for instance, are designed to reduce disposition time without compromising due process or public safety considerations. In order to achieve this goal, all eligible felony drug cases are channeled into the special drug court as early in the adjudication process as possible. Clear guidelines are then established for consistent and reasonable plea offers. The plea allows the case to be removed from the prosecution's docket while treatment is pursued. Furthermore, the drug court trial judge sets consistent and firm dates for plea negotiations, trials and filing motions. The implementation of full and early discovery, expedited production of laboratory results and bypassing the grand jury process also reduce the time to disposition (Drug Strategies 1997, BJA 1993, Cooper 1994).

DCM courts also use special case processing procedures to speed the disposition of drug cases. Cases do not wait for disposition simply on the basis of the chronological order of their filing. Rather, designers of DCM recognize that many cases can and should proceed through the court
system at a faster pace than others if appropriate pathways are provided (Cooper 1994).

DCM courts have created a number of case processing tracks. Each processing track has special provisions for court events and treatment intervention strategies as well as time frames for their occurrence. The case processing procedures for each track allow the court to intervene soon after arrest to ensure that each case is managed expeditiously (Cooper 1994).

Drug and drug-related cases are screened early and classified to a particular track according to their complexity and priority. Classification depends on a number of things including the type of charge, the number of defendants involved, severity of the potential sentence and nature of the charge (i.e., violent versus non-violent). Defendants are evaluated as to the extent of their drug dependency, amenability to treatment and the types of support services needed to promote rehabilitation and minimize the likelihood of recidivism (Cooper 1994, BJA 1993).

While DCM courts use special case processing procedures to speed the disposition of drug cases, DDT's focus more on deferred prosecution or treatment diversion. The first goal
then of DDT courts is to link defendants to community-based drug treatment. The court works closely with a treatment provider to help the defendant end their drug abuse. Once the defendant is screened and his specific needs are assessed by the treatment provider, the courts help to closely monitor progress. The treatment component of drug diversion courts are the most important component in that it ultimately will determine success or failure. Failure of the client to complete a treatment plan means incarceration and, most likely, a return to the previous pattern of criminal behavior. On the other hand, if the defendant successfully completes the treatment program, his or her case could be sealed and dismissed (Brown 1997).

Second, the court addresses the defendant's other needs through effective case management. While it is important to deal with the defendant's drug problem, it is equally important to address the underlying personal problems of the drug use. Participants are also encouraged to obtain a GED certificate and obtain or maintain employment. Individual, group and family counseling are also used to facilitate a successful reentry into society.

Finally, drug courts strive to reduce drug use and
recidivism. Through a combination of treatment, positive lifestyle changes and the court's use of sanctions, defendants who participate in drug court programs substantially reduce their drug use. Furthermore, recidivism among drug court participants is significantly reduced. Studies have shown that recidivism rates vary between 5 percent and 28 percent among all participants and are less than 4 percent for graduates (American University 1997).

Statement of the Problem

The current study is designed to evaluate the effectiveness of the Clark County Drug Court. After describing the characteristics of this dedicated drug treatment court, data for drug court cases are compared with drug cases not processed in the drug court. Rates of recidivism for drug court and non drug court participants are compared based on subsequent court appearances in 1996 and 1997. In addition, different types of drug offenders within the two samples (drug court and non drug court) are compared. The results of this study are then discussed in terms of their implications for the criminal justice system as well as for future research on drug courts.
The remaining chapters will address the following issues. Chapter two examines the components and participants of the Las Vegas drug court, the effectiveness of drug courts by type of drug and existing evaluations for other drug courts. The methods and procedures used to evaluate drug court are described in chapter three. Results are also included in this chapter. Finally, chapter four includes the discussion and implications of the findings.
CHAPTER 2

THE DRUG COURT TREATMENT PROGRAM

The design and structure of drug court programs are developed at the local level and therefore reflect the unique strengths, circumstances and capacities of each community (Huddleston 1998). While there are basic elements common to drug court treatment programs, they do vary in terms of participant eligibility, length of program, sanctions and other practices. The three main components of the drug court program in Las Vegas and other jurisdictions are judicial involvement, the substance abuse treatment program, and the use of graduated sanctions.

The Judicial Role in Drug Court

The involvement of the judge is critical to the success of drug courts. By increasing the frequency of court hearings as well as the intensity and length of judge-offender contacts, the drug court judge becomes a powerful
motivator for the offender's rehabilitation (Inciardi, et al. 1996). Unlike judges in traditional courtrooms, drug court judges play an active, hands-on role in ensuring a defendant's success. Treatment providers work closely with drug court judges, giving them accurate and up to date information regarding the defendant's status in the program. Missed treatment dates and positive urinalyses indicating continued drug use are reported to the judge by treatment staff. The judge, in turn, threatens, encourages or congratulates the defendant for his progress or lack thereof. In the Clark County Drug Treatment Program, Judge Lehmen, who has presided since the program's inception in 1992, understands and maintains the delicate balance that exists between treatment and punishment. Judge Lehmen makes a special effort to reward and encourage participants who give up their drug abuse even for a short time. He can be equally as stern and demanding, however, when he reprimands an individual for noncompliant behavior and imposes sanctions on him or her. In addition to possessing the appropriate judicial temperament and strong interpersonal skills, drug court judges, like Judge Lehmen, must be able to fulfill a variety of different roles.

For example, drug court judges are often given the
responsibility of consolidating all of a drug court participants' criminal cases. This requires the judge to integrate information about treatment progress as well as the defendant's legal status, pending cases and outstanding charges. In this way, the judge may be able to resolve other criminal justice issues. For instance, a drug court judge may order a defendant released from jail on another case's bench warrant so that he/she may attend treatment appointments for his drug court case (Belenko 1996).

The judge may also be able to help the defendant overcome obstacles to treatment progress by resolving difficulties such as housing, employment, child care and other social services (Inciardi 1996, NIJ 1998). In this way, the judge serves a role similar to that of a social worker or probation officer. The judge also acts as an authority figure, using coercion to keep the defendant engaged in treatment. Threatening jail time or termination can often keep the offender on track and out of further trouble.

There is some evidence that without the roles of the judge, drug courts would not be as effective. A recent survey reported that 80 percent of drug court participants indicated they would not have remained in treatment if they
had not been required to appear before a judge (Belenko 1998).

The Treatment Program in Las Vegas Drug Court

The second major component of drug courts is the treatment program, which has four distinct phases: (1) detoxification, (2) stabilization, (3) recovery and (4) aftercare. Urinalyses and monitoring occur during all four phases. Each phase consists of specified treatment objectives, therapeutic and rehabilitative activities and specific requirements for graduation into the next phase (Participant Handbook, Choices Unlimited 1996). Once assigned to the drug court program, clients are transferred to the county's main treatment clinic for intake processing.

The primary goal of Phase I, which is expected to last twelve to fourteen days, is detoxification. This phase may be longer if the client has trouble getting off drugs. The client's primary counselor, a licensed addiction treatment professional, makes sure the client appears at the treatment center every day in Phase I. Providing urine specimens every other day is critical so the counselor can track the

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2Refer to Appendix II
defendant's initial progress. Also, the defendant is required to participate in three types of counseling sessions; individual, family and group. Together they are designed to develop self-awareness, realize self worth and practice self discipline. The individual and group counseling sessions cover problem identification and alternative solutions while family sessions are designed to help equip family members and significant others for their role in the recovery process. Couples groups, womens’ groups and other cultural, ethnic and gender sensitive services are provided (Finn & Newlyn 1993, Participant Handbook, Choices Unlimited 1996).

Phase I also consists of daily acupuncture treatments. Professionals involved with the delivery of acupuncture services do not consider it a treatment modality in and of itself. They do contend, however, that it acts as a facilitator in the treatment process (Goldkamp 1994). Daily treatment for the first few weeks is beneficial as it helps the client physically and mentally cope following their initial abstinence from drugs. Acupuncture is said to have a calming effect that enables some individuals to focus more on treatment and less on finding and using drugs. It also lessens depression, anxiety and insomnia and assists with
stress reduction and relapse prevention. Furthermore, it reduces or eliminates withdrawal symptoms such as drug craving, body aches, nausea and sweating (Finn and Newlyn 1993, Goldkamp 1994, Participant Handbook, Choices Unlimited 1996).

A certified acupuncturist inserts 5 thin, sterile, disposable needles beneath the surface of the outer part of the ear at specific sites called acupuncture points. During the 45 minute sessions, endorphins—the body's pain killers—are released, thus facilitating the detoxification process. While acupuncture is not used in all drug court treatment programs, those who do use it point to several benefits. Proponents contend it is inexpensive and can be administered on an outpatient basis, making it possible to treat a large number of clients simultaneously with only two or three staff members (Goldkamp 1993, Finn & Newlyn 1993, Participant Handbook, Choices Unlimited 1996).

Another important element in Phase I is the development of the client's treatment plan. This assessment further aids the treatment counselors in providing a tailored program for each individual and his/her different needs. Such a client-driven program is important in that
participants with different drug abuse and drug-related behavior may require different solutions.

The treatment plan, which is prepared jointly by the client and counselor, includes short and long-term goals, methods for attaining these goals and a time line in which to do so. It also identifies barriers that may lay in the path of a successful recovery, as well as strategies for overcoming those obstacles. Additionally, a psycho-social evaluation is completed which includes the client's history of substance abuse and treatment, social, economical and family background. Educational and vocational achievements are also part of this evaluation (Finn & Newlyn 1993).

Once clients have shown they are able to function in a less structured environment, they move into Phase II. Phase II is the stabilization stage and wellness stage. Clients must attend the twenty-four scheduled sessions, achieve five consecutive clean urinalyses, and receive recommendations from their counselors and the judge before they move into the next phase. The number of scheduled sessions and clean urinalyses, however, varies in each program. Sessions in Phase II include such topics as diet, nutrition, stress management and communication. These are designed to equip the clients with the skills to acquire and maintain a

Clients also attend individual and group counseling sessions as well as AA and NA meetings so that they may concentrate on maintaining abstinence. Additionally, clients often continue acupuncture voluntarily in Phase II or as directed by staff if they test positive. Counselors allow clients to decide their own treatment modality as long as their urinalyses remain negative and they continue to attend their treatment and court appointments. Phase II normally lasts 14 to 16 weeks, but can be completed in as little as 2 months or last over a year, depending on the client's progress. Clients can be placed back into Phase I if they have difficulties staying clean (Finn & Newlyn 1993, Participant Handbook, Choices Unlimited 1996).

The decision to move the client into Phase III, the recovery stage, is made by treatment staff and the judge. They base their decision on the client's overall performance. The client's ability to follow the treatment plan and remain drug free as well as his attendance at court and treatment sessions are all considered.

Once accepted into Phase III, clients are assigned new counselors and the focus shifts from continuing their
abstinence to preparing themselves academically and occupationall for the future. Clients continue to provide urine specimens and attend court every thirty to sixty days. If the client tests positive, he or she may be required to attend groups more frequently and received acupuncture until they demonstrate a change in their drug using behavior. Recovery groups as well as individual and group counseling also continue in Phase III. In addition, clients attend job training and education groups. Phase III is expected to last thirty-six weeks (Finn and Newlyn 1993).

Finally, participants progress into Phase IV, the aftercare portion of the treatment program. They continue to attend groups once a week in preparation for graduation. Participants also work on completing their graduation project, which includes an aftercare plan, relapse prevention plan, and a list of personal goals and objectives. Prior to graduation, participants must make-up any missed sessions, fulfill their financial obligations to the court and treatment program if they are self-pay, and be clean for a minimum of three months (Participant Handbook, Choices Unlimited 1996).

When a client no longer appears to need further monitoring or case management services, the treatment
counselor recommends discharge to the drug court judge who then examines the client's overall recovery. At the final court appearance, the defendant is released from the program and court supervision. Depending on the original terms under which the defendant entered the drug court program, his charges may be dismissed and sealed or reduced as negotiated (Finn & Newlyn 1993).

Graduated Sanctions

The third component of the drug court program is the use of graduated sanctions. In order for the drug court treatment program to be effective, defendants must take treatment seriously, which means complying with all of the program's requirements. Sanctions provide the tools to hold offenders accountable, to reduce revocation and to control criminal behavior (Belenko 1998).

The drug court's approach to dealing with noncompliant behavior starts with the premise that the drug-involved offender is a person from whom, by definition, irresponsible and problem behavior is to be expected (particularly at onset of treatment). This approach also recognizes that some drug users experience many ups and downs before they finally recover and that criminal prosecution is not the
answer to their problems. Allowing for relapse episodes and a willingness to give defendants a second chance to reform are part of the Dedicated Drug Treatment Court's underlying philosophy. On the other hand, in order for treatment to be effective and keep the public safe, there is a need for clear behavioral boundaries across which the participant should not venture and still expect to be in the program (Finn & Newlyn 1993, BJA 1993, Goldkamp 1993).

At the beginning of the program, the drug court judge and treatment providers make the defendant aware of what constitutes noncompliant behavior. Continued drug use, non attendance at court and treatment sessions and arrests for new criminal charges are all included. Treatment providers along with the judge then establish clear rules and procedures for responding to violations of the drug court policies. Drug usage or failures to comply are detected and responded to promptly. Immediate responses-ranging from enhanced treatment services, more frequent urinalyses and "shock" incarceration-are a few of the options drug court judges employ in responding to program noncompliance. The judge orders incarceration more to facilitate detoxification than to punish (American University 1997, Goldkamp 1993).
In order for sanction policies to be effective, they must have four main components. First, the infractions must be clearly identified, through positive urine tests, missed appointments in treatment or supervision, or failure to abide by the program conditions. Second, the sanctions must be swift. As a rule, it is important that the sanctions occur within twenty-four hours of the behavior. This reduces the denial of the behavior by the offender. Third, the sanctions must be certain. Certainty increases the offender's awareness of the consequences for violating treatment and supervision norms. The final components of an effective sanctions policy is the use of graduated sanctions. For example, drug court judges in some jurisdictions sentence the defendant to one day in jail for the first positive urinalysis ands successively more jail days as a result of subsequent positives. Increasing the severity of the sanction with subsequent violations of program rules makes it clear that the consequences become more severe as the offender continues to persist in his or her negative behavior (Belenko 1998, American University 1997, Finn & Newlyn 1993).

A study conducted by the Urban Institute on Washington D.C.'s Superior Court Drug Intervention Project found that
using sanctions influenced such indicators of program effectiveness as drug use and rearrest rates. Researchers randomly assigned defendants to one of three dockets. The first involved an intensive day treatment program. The second used graduated sanctions coupled with drug testing and judicial monitoring. The third, involved regular drug testing and judicial monitoring and served as the control. The data presented are based on the drug court's operations from September 1994 through January 1996.

Researchers found that defendants on the sanctions docket were more than three times as likely to be found drug free than those on the control docket. Researchers also measured criminal recidivism. After 100 days, 2 percent of sanctions program participants had been rearrested, compared with 6 percent of the control docket defendants. At day 200, the rearrest rates were 3 percent and 11 percent respectively and at one year, they were 11 percent and 17 percent respectively (Harrell 1998).

Only as a last resort does the judge terminate a defendant from the drug court program. This would occur if the defendant is arrested for a new violent crime or drug trafficking charge. Also, if the judge is convinced the defendant can not stop using drugs, he will remove him from
the program. The defendant is then sent to another court for disposition which, usually includes jail time. Usually, however, the drug court judge makes every effort to find a way for treatment to work and to avert prosecution (Cooper 1997).

The drug court judge recognizes the importance of treatment and keeping the offender in the program so that he or she can receive it. At the same time, he realizes that seriously drug involved individuals, simply by the nature of their addiction, may likely be resistant to the treatment process. Therefore, sanctions are used not only to augment the treatment process but also increase the rate of retention (Goldkamp 1993).

Drug Court Participants

Despite the growing popularity of drug courts, they are still only available to a fraction of the drug offenders arrested each year. All of the programs have established procedures for screening cases promptly after arrest to identify defendants who may be eligible for the drug court program. While eligibility requirements vary by program, most drug court programs use a combination of three basic criteria.
First, defendants must have been arrested for a simple possession or under the influence charge. Trafficking and sale charges preclude an individual from the drug court program.

Second, defendants can not have any prior felony convictions. Some programs, however, allow two prior non-drug felony convictions.

Third, individuals can not have any violent offenses currently in the system. The screening process usually occurs at the Prosecutor's discretion although it may occur during pretrial services. Cases potentially eligible for the drug court program are then referred to an assigned public defender who discusses the program with the defendant involved (Cooper 1996).

Initially, drug courts focused on first time offenses but increasingly, jurisdictions, like Las Vegas, are targeting more serious offenders. Arrestees are now accepted regardless of how many times they have been charged or convicted of possession. In addition, defendants charged with other offenses can enter drug court through a negotiated agreement between the District Attorney and defense counsel. Such charges include petit larceny, writing bad checks or other non-violent charges where the
underlying problem is drugs. Furthermore, offenders can be sentenced to participation in Drug Court as a condition of probation.

Opening the drug court program to more serious offenders has occurred for two factors. First, there has been an increased awareness of the futility of traditional probation or incarceration to prevent continued drug use or criminal activity. Second is the decision to use drug court's limited resources for serious substance abusers, rather than for those with less serious problems who might be served through other programs. While all defendants with a controlled substance possession charge are eligible, marijuana offenders must pay for their own treatment (American University 1997).

As drug abuse and addiction do not discriminate against age, sex or race, drug court participants come from a very diverse background. Researchers have been able to compile a list of characteristics that are typical of the average drug court client. In 1995, American University researchers surveyed 256 drug court participants in the final phases of participation in more than fifty programs across the country. The demographic variables reported here are averages for all drug court participants. Specific socio-
With respect to gender, the national survey indicated that significantly more males (68 percent) than females (32 percent) are enrolled in drug court programs. However, when day care, special women's groups and other services are offered, females are graduating at a higher rate than their male counterparts. The average age of drug court participants is generally over 30 with the largest age group (40 percent) ranging from 26 to 35. Those between the ages of 36 and 45 (27 percent) rank second while participants between 20 and 25 (21 percent) rank third. Only 9 percent of drug court participants are older than 45 while 3 percent are younger than 20. Furthermore, the average age of female participants is younger than for males (American University 1997).

While most participants in Drug Courts are single, 25 percent were married at the time the questionnaire was distributed. Men were more frequently single or never married (56 percent vs. 41 percent) while more women were currently married (28 percent vs. 21 percent). Many drug court participants are also parents. About 60 percent of the 256 drug court participants surveyed were parents of
minor children. Overall, there are about 30,000 children represented among drug court parents.

Drug court participants have varying degrees of educational status. About 1/3 had less than a high school degree, whereas another 36 percent were high school graduates or had a GED certificate. Only 5 percent held an undergraduate or post graduate degree. Finally, a small percentage of drug court participants have steady jobs at the time of program entry, but a substantial number (generally over 65 percent) are unemployed or employed on a sporadic basis (Cooper 1997, American University 1997).

Researchers at the American University also gathered information in 1997 relating to the participant’s prior criminal or drug history, based on reports from 100 of the oldest drug courts. Many drug court participants, even first offenders, appeared to have significant histories of substance addiction, frequently fifteen or more years.

Data from drug court also indicates that program participants over the last two years have become increasingly more chronic drug abusers. Most were using multiple illegal drugs at the time of program entry and were also using alcohol. Crack cocaine was prevalent among most drug court participants. Approximately 75 percent of the
drug courts reported moderate to severe marijuana addiction and 53 percent of the programs reported moderate to severe heroin addiction. Furthermore, over 3/4 of the programs reported moderate to severe methamphetamine addiction. Two-thirds of the responding programs reported moderate to severe alcoholism presented by their clients. Almost 25 percent of the drug court participants had been unsuccessfully involved in one or more prior treatment programs. Many drug court participants (68 percent) had been convicted of one or more prior felonies, while 72 percent had been previously incarcerated (American University 1997).

Although similar in being substance abusers, those selected to participate may vary dramatically in their success in drug court. Even those who succeed in graduating from the program may find it hard to maintain a drug free lifestyle once outside the realm of intensive court supervision. Therefore, an evaluation of the drug court can serve as a powerful tool to improve the effectiveness of the program. Evaluating the achievement of carefully formed goals and objectives, and comparing the degree of achievement with that of similar programs serves to improve the use of human and material resources within the organization. Furthermore, evaluations strengthen the plans
for services or their delivery, raise the outcomes of programs, or increase the efficiency of services. Moreover, evaluations are used to decide whether a program should be started, continued or chosen among two or more alternatives (Prosavac and Casey 1989).

Evaluating Drug Court Treatment Programs

When evaluating a drug court treatment program, both the formative and summative effects should be considered. The formative effects include short-term behavioral and lifestyle changes the defendant makes over the course of the treatment program which enable him or her to graduate. For example, staying out of trouble and remaining drug free for at least three months prior to graduation are required in order to successfully complete the program.

Summative effects, on the other hand, are long term changes the individual makes after completing the program. Some of the intended summative effects of the drug court program include reduced recidivism rates and decreased drug use. While an evaluation of the drug court's formative effects focus more on the individual involved, a summative evaluation focuses on the components of the treatment program itself.
Since not all participants who enter the drug court program successfully complete it, it is necessary to look at the variables which might affect a person's ability to graduate. The type and extent of their drug history, as well as the conditions under which they entered drug court, are all important predictors of success or failure.

The degree to which an individual is involved in drugs and the type of drug he or she uses can greatly affect one's potential to kick the habit. The drug abuser is not one specific type of person. Pathologies and behavioral histories vary from one user to another. Consequently, there is not one specific treatment program that works the same for every drug user.

Some drug users may require more intensive or comprehensive services than another. For example, marijuana use and cocaine or heroin use differs dramatically in their effects on the user. Research has indicated that withdrawal symptoms are very infrequent with marijuana use. Also, relatively little tolerance develops. In fact most studies have been unable to demonstrate clear withdrawal signs and symptoms even after prolonged exposure to the drug (Sullivan 1991).
Withdrawal from heroin and cocaine, however, has been shown to produce noticeable effects, ranging from prolonged depression to increased sleeping and feelings of lethargy. Also, symptoms in the earlier stages of withdrawal mirror the effects, although prolonged, of an alcohol induced hangover. Furthermore, post-cocaine depression may precipitate suicidal thoughts or be associated with paranoid psychosis (Sullivan 1991, Kosten 1991).

There are differences between the effects of heroin and cocaine as well. Where cocaine stimulates the desire and actually increases the craving for more cocaine, heroin leaves the user feeling satiated. In as much, cocaine use is associated with binge behavior. Cocaine increases the central nervous activity, and as the effects wear off, nervous activity goes from being artificially elevated to being artificially depressed. The result is a very unpleasant period which the user can forestall by taking another dose (Kleiman 1992). These effects of cocaine may make it more difficult for a cocaine user to stop. Difficulties developing adequate treatment for cocaine users present further problems. Unlike heroin, for which there are effective treatments, cocaine has no standard treatment. Instead, there is an array of generic treatments that were
largely developed for treating other drug problems. Finally, there has been a shift in drug use patterns from heroin as the primary focus to polydrug abuse behavior. Polydrug use is especially common among cocaine users where alcohol or marijuana are used to enhance desirable effects or reduce the undesirable effects associated with cocaine use (Sullivan 1991).

Multiple drug abuse presents a substantial problem within drug treatment programs. The initial retention of individuals seeking treatment is reduced by the need for prolonged detoxifications. In addition, detoxification from multiple drug abuse can often be complex and require inpatient treatment or brief hospitalization. In addition, multiple drug users often report a greater severity on a variety of psychosocial variables at admission and require more intensive treatment interventions (Kosten 1991).

Therefore, when designing a drug treatment program, like the drug court, one must keep in mind that there are just as many different types of users as there are types of drugs and drug related problems. Those who are primarily marijuana users, for example, will require program components different than those required by a cocaine or heroin user. Moreover, it may take more intensive efforts
to keep the cocaine or heroin user in the program. Accordingly, the treatment program needs to be intensive, comprehensive and individually tailored to meet the needs of different groups of people (Kosten 1991).

Another factor which may affect a person's success in drug court is the way in which he or she entered the program. Individuals charged only with possession may be more amenable to treatment because the severity of their drug abuse may not have advanced to the stage of committing other crimes to support a drug habit. Referrals for other offenses and those considered for probation revocation may lack the motivation to change their drug abuse or suffer from additional problems that may thwart treatment efforts. They also may have been involved in other treatment programs and simply lack the will to attempt another.

In addition, they may be more seriously involved in drugs and the drug culture, seeing it as a livelihood rather than a habit. Furthermore, the threat of having a felony record may also be less of an incentive for successful completion of drug court for participants referred from other courts.

To have the greatest chance of success, courts must identify the drug offender and place him or her into the
treatment program as soon as possible after arrest. Drug felons will likely respond to intervention when they are in crisis, which often occurs at arrest and continues to a lesser extent through the initial court appearance (Brown 1997).

In order for people to remain in the drug court program and eventually graduate, they must meet the stringent requirements imposed by the court. However, once they have completed the program, are the defendants exhibiting reduced recidivism, decreased drug use and other socially beneficial effects as a result of participating in the drug court treatment program? In other words, is drug court effective?

Previous Evaluations of Drug Courts

There have been several evaluations conducted on drug courts that set out to answer this question. In March of 1995, the GAO conducted a study evaluating the effectiveness of five drug court treatment programs, primarily through the use of four criteria: (1) reductions in recidivism rates of program participants, (2) maintenance of acceptable treatment completion rates, (3) decreased participant drug use and (4) maintenance of a cost-effective program. In order to determine whether drug court had an impact on its
participants, the evaluations compared the outcomes of drug court defendants to those of other groups of similar defendants who were not in drug courts (US GAO 1995).

The evaluations varied considerably in terms of study designs, types of outcomes measured, and scope of analyses performed on the available information. Although the GAO (1995) states the evaluation results indicated drug courts have some beneficial effects, limitations in their designs and methodologies as well as the relative newness of drug courts, precluded firm conclusions about the overall impact of these programs.

The first study, conducted in Oakland, California, evaluated the Fast, Intensive, Report, Supervision, and Treatment (FIRST) program. F.I.R.S.T. diverts felony drug offenders into treatment administered or monitored by the County Probation Department. Defendants are diverted shortly after arrest and must complete three required phases; diversion and placement, intensive evaluation and supervision and final supervision and treatment. After the appropriateness of diversion is considered in Phase I, the client moves into a two month phase of urine testing, group sessions and weekly meetings with the judge. Once the defendant completes Phase III, which consists of more
counseling and group sessions, he or she is granted the incentives that were outlined at the beginning of the program (Belenko 1996).

The GAO's (1995) evaluation of F.I.R.S.T. included a comparison of 110 defendants in the drug court program with a similar group of 110 defendants in a different program a year earlier. The sample of drug court defendants included those referred in January and February of 1991 while the comparison group was referred from January to March of 1990. The report contained a three year follow up and used such key measures as felony rearrests, days in custody for felony offenses, and bench warrants.

While the study did not include findings on the defendant's pre- and post-drug using behavior, success of the defendant was based on the status of the client's criminal activity. The study stated that drug court defendants had a lower average rate of felony rearrests per defendants than had the previous group (.75 percent vs. 1.33 percent). Drug court defendants, on average, also spent fewer days in custody per defendant than had the previous group (44 percent vs. 78 percent). Finally, drug court defendants, on average, had fewer bench warrants issued for
failures to appear at court hearings than the previous group (.67 percent vs. 1.1 percent) (GAO 1995).

There were some concerns about the comparability of the two groups as eligibility requirements changed during the course of the study. The requirements were subsequently relaxed for the drug court participants in order to obtain a broader group for comparison. In spite of this concern, however, the evaluation suggested some fairly strong evidence promoting the success of the drug court program after three years.

The second evaluation was conducted in Maricopa County, Arizona. The First Time Drug Offender (FTDO) program in Maricopa County is a post-adjudication treatment-oriented court. Defendants in FTDO are on probation and must complete the six to twelve month program in order to have their probation sentence reduced or terminated. The treatment regimens are designed from a "holistic" approach and involve traditional counseling, supplemented by social skills training and vocational and health care training. Every client receives drug education, process groups, case management and aftercare in one of three treatment phases (Belenko 1996).
The GAO's (1995) evaluation consisted of four randomized control groups varying in terms of the frequency of drug testing and counseling. The first control group had no drug testing and frequent counseling sessions. The second group had monthly drug testing and occasional counseling sessions. Bi-weekly drug testing and limited counseling sessions characterized the third group. Defendants in drug court, where frequent testing and supervised treatment occurred, made up the fourth group. Each of the first three groups contained 154 individuals while the final group included 177. The participants studied were in the program from March of 1992 to April of 1993, but the evaluation reported only preliminary findings after the first six months (GAO 1995).

In terms of rearrest rates, this particular study showed no statistically significant differences between the drug court and control groups. The drug court group did, however, have slightly lower levels of probation violations when compared to the other control groups (7.9 percent vs. 11.9 percent) (GAO, 1995). The GAO stated that one possible complication in the study was the lower rates of reported prior marijuana use in the drug court sample. The control groups were similar however in all other aspects.
Another evaluation of the Maricopa County Drug Court was conducted by the RAND corporation, extending the first study by six months. Recidivism rates during the twelve month period were not significantly different for FTDO and regular probation, but FTDO clients did have a lower prevalence of violation for drugs (10 percent vs. 26 percent). While neither evaluation showed statistically significant findings for rearrest rates, the twelve month study was more conclusive. After six months the rearrest rate for drug court participants and the other groups was 16.95 percent and 15.37 percent, respectively. After twelve months, however, drug court defendants were reoffending at a slightly lower rate than those who did not go thorough drug court (Belenko 1995). Both designs were strong, but with insufficient time elapsing, there could not be any firm indication of program success. Perhaps extending the follow up period in future studies will provide for more conclusive results.

The third evaluative study was performed in Dade County, Florida by John Goldkamp and Doris Weiland. The Miami drug court, whose basic tenets were discussed earlier, is not only the best known, but it is the most intensely studied. This particular study included an eighteen month
follow up and included five key groups: persons admitted to the drug court program (326), felony drug defendants not eligible because of more serious drug-related offenses (199), nondrug felony defendants (185), felony drug defendants from several years earlier (302) and felony nondrug defendants from several years earlier (536). The evaluation also compared persons completing the drug court program with those failing to complete. Participants in the first three groups had charges filed in August and September of 1990, while the last two groups had charges filed in the summer of 1987 (GAO 1995).

Three key measures were used to test for effectiveness. Looking at rearrest rates, the researchers determined that drug court defendants were rearrested at a statistically significant lower rate (33 percent vs. 40-53 percent). Furthermore, 1990 drug court defendants showed lower rates of rearrest when compared to felony drug defendants in 1987, even after controlling for possible differences in sample composition.

Researchers also looked at the time that had elapsed before rearrest. Drug court defendants had a significantly longer time before rearrest than the other groups (median of 235 days vs. 52-115 days for other groups). This implies
that not only do drug court defendants reoffend less often, but when they do reoffend it is only after a considerable amount of time has passed. Finally, higher rearrests rates were associated with those who failed to complete the treatment program (GAO 1995, Goldkamp & Weiland 1993). These preliminary findings demonstrate encouraging program results.

The fourth evaluation included in the GAO report was that of Broward County's (Fort Lauderdale) drug court. This particular program is a pretrial intervention program for first time felony drug offenders. Eligible defendants are diverted into the treatment program shortly after arrest.

The treatment experience includes three phases where the defendant undergoes counseling, acupuncture, vocational and educational training as well as self help groups. After one year, the defendant is eligible to graduate and have his charges dismissed (Belenko 1996).

This study design compared 392 defendants who completed or remained in the drug court program with 241 defendants who did not complete the program. The participants in this study entered the program from July 1991 through June 1992. The subsequent results were reported in October of 1993. Using rearrests as the key measure, researchers found that
persons remaining in the program committed felonies at a slightly lower rate than those who left the program (7.7 percent vs. 12.0 percent). In addition, those who remain in the program were rearrested slightly less often for misdemeanors than those who did not complete the program (GAO 1995).

The fact that this particular study did not include a control group outside of those who were initially in drug court presented some difficulties in drawing conclusions about the program’s effect. However, another study addresses this concern by comparing drug court defendants to those placed on straight probation. The findings of this study revealed that only 1 percent of the Broward County drug court participants were returned to jail or prison after one year as compared to 46 percent of first time drug offenders placed on straight probation. Furthermore, another preliminary study found that 90 percent of the first group of clients to complete the program had not been rearrested (BJA 1993, Brown 1997).

The final evaluation contained in the GAO report is for Multnomah County, Oregon’s Sanction Treatment Opportunity Progress (S.T.O.P.) program. S.T.O.P. is a deferred prosecution initiative designed to divert drug offenders
into treatment. Participation is voluntary and eligible defendants are informed about the program shortly after arrest. The four phases of this program include an initial screening, three to five months of stabilization development, and six months of life management. As with the other programs, counseling, weekly status checks and random urinalyses are required of the defendant during the year long program. In addition, there is a fourth phase which is designed to ensure the client's readiness to leave the diversion program. Defendants who successfully complete the S.T.O.P. program have their criminal indictment dismissed (Belenko 1995).

The study design of this evaluation included a comparison of 105 defendants graduating from the drug court program with 78 defendants who terminated unsuccessfully. Participants entered the program on or before August 1, 1992 and graduated or terminated unsuccessfully on or before April 1, 1994. The key measure used here was bench warrants issued for failures to appear in court. Graduates had lower rates of bench warrants, went slightly longer before the first bench warrant was issued, and had a lower percentage of positive urine tests than those who were terminated (GAO 1995). Another study, comparing those who completed drug
court and those who were terminated, revealed that there are lower recidivism rates for those who remain in treatment. The rearrest rate after one year for individuals completing Portland Drug Court was 6 percent, compared to 24 percent for program failures (BJA 1993). While both studies focused on groups who had gone through drug court for at least some time, the results did show an relationship between treatment participation and continued criminal activity.

Based on the results from these evaluations, it appears that defendants who go through the drug court program are benefitting from their participation. In addition to the findings produced by drug court evaluations, there is other promising evidence suggesting that drug courts will be successful in achieving their goals. There have been several decades of research on what characterizes a successful drug treatment program. These characteristics are also common to drug court treatment programs.

First, treatment programs should be at least three months in duration and be intensive, comprehensive and highly structured. In fact, drug court defendants come under intensive court supervision during a typical twelve to fifteen month period. Drug courts are highly structured requiring the defendant to attend treatment sessions,
undergo random urinalysis and appear before the judge on a regularly and frequent basis.

A second characteristic of a successful treatment program is a comprehensive therapy focusing on all aspects of the addict's life. Defendants in drug court are required to attend various sessions dealing with topics like stress management, anger control, communication, and relationship development. In addition, most drug court programs encourage or require participants to attend group, individual, spiritual and family counseling sessions. Third, successful treatment programs must include continuing participation in support groups. In drug court, treatment staff encourage and support participants to discuss problems inhibiting their recovery. Participants must attend group sessions designed to develop self-awareness, realize self worth, and practice self-discipline. Group counseling sessions also include problem identification and alternative solutions.

Fourth, treatment programs should provide access to educational, vocational and employment opportunities. Likewise, a fundamental premise of drug court is that a well structured treatment program must be accompanied by an array of comprehensive services to address the underlying problems
of the drug user. In as much, drug court programs emphasize education, job training, family and individual counseling as well as life management skills.

Finally, treatment programs need to foster a sense of belonging to the community. The nature of the drug court program is such that it allows participants to receive comprehensive treatment yet remain in the community to interact with others.

They are also encouraged to develop mentor relationships within the community to sustain them after they leave the drug court program (American University 1997, Falco 1994, Participant Handbook, Choices Unlimited 1996).

While the structural design and specific features of treatment programs differ across jurisdictions, the primary goal of all these programs, including the drug court treatment program, is to reduce or eliminate substance abuse among their clients. In drug court programs, the treatment component is even more important in that it ultimately determines success or failure of the participant. Failure of the participant to complete a treatment plan could mean incarceration and most likely a return to the previous pattern of criminal activity (Brown 1997).
Drug Court and Reintegrative Shaming

While results from previous evaluations have shown that drug court can be successful, there are also theoretical underpinnings that explain why it should be successful. One such theory that can be applied to drug court’s success is that of reintegrative shaming. Reintegrative shaming, a theory developed by John Braithwaite in the 1980's, bridges the ideas of several long standing criminological theories such as labeling, subcultural and control.

The key idea of reintegrative shaming, which for the purposes of this paper will only be briefly summarized, is that there are two types of shaming existing on opposite ends of a continuum. Shaming in and of itself is a social process where disapproval is expressed and the intention is to invoke remorse in the person being shamed. Shaming takes a variety of forms from a simple frown or shake of the head to rejection by friends and even official pronouncements from a judge. Consequently, it can become stigmatizing or reintegrative depending on the manner in which it is carried out (Makkai and Braithwaite 1994).

Reintegrative shaming involves the following: disapproval while sustaining a relationship of respect; ceremonies to certify deviance terminated by ceremonies to
decertify deviance; disapproval of the evil of the deed without labeling the person as evil; and not allowing deviance to become a master status trait (Makkai and Braithwaite 1994).

Shaming can have the effect of forcing the wrong doer to face resentment, be it from friends, family or an entire community, and confront the implications and consequences of his or her actions. While the offender is aware that others disapprove of his or her behavior, he or she also recognizes that they are supported and encouraged to change their behavior. Rather than permanently label the person as a deviant, reintegrative shaming involves delabeling and relabeling. Efforts to reintegrate the offender back into the community of law abiding and respected citizens and provide him or her with an opportunity to redeem himself/herself is at the heart of reintegrative shaming.

On the other hand, when shaming involves disrespectful disapproval, humiliation, ceremonies that certify deviance yet fail to decertify it, labeling the person and not just the deed as evil or allows deviance to become a master status trait, it becomes stigmatizing. This type of shaming only serves to solidify the deviant label, which people will see as the individual’s defining characteristic. In turn,
as the labeling theory suggests, the offender will fulfill his prophecy and become further embedded in a criminal subculture (Makkai and Braithwaite 1994).

The drug court treatment program acts as a setting in which reintegrative shaming can occur. The process of shaming takes several forms within the program. First, the fact that the defendant is required to attend court and treatment on a weekly basis or face sanctions, certifies the deviant act he or she has committed. In addition, defendants must face the public disapproval of the judge as he chastises, accuses and even condemns their drug using and law breaking behavior. Defendants must also deal with resentment and private shaming from family members, friends and employers as they are often unable to hide their involvement in the drug court program.

The shaming one experiences in the drug court program, however is complemented by efforts to reintegrate the defendant back into society. The judge may denounce the act, but he is able to separate it from the actor. Furthermore, the judge maintains a relationship of respect and support where alternative behavior is rewarded. When a defendant demonstrates he or she is drug free and staying out of trouble, the judge can move him or her into another
phase, decrease the frequency of court appearances and offer simple words of encouragement. All of these acts, culminating with a graduation ceremony serve the purpose of stripping away the defendant’s deviant label.

Reintegration also becomes apparent when treatment providers work with the defendant to repair relationships with family and friends through counseling, and improve their educational and employment status. Finally, reintegration occurs in drug court when a defendant’s case is dismissed and sealed upon completion of the program. Providing the defendant with a clean slate reduces the chances that deviance will become the master status trait. This in turn increases the chances that the defendant will avoid criminal behavior in the future and opt for law abiding behavior and more legitimate avenues of opportunity.

Summary

The probability of success for drug court participants looks promising. The fact that the Las Vegas Drug Court program has the tenets of a successful treatment program is encouraging. Additionally, the drug court program, through reintegrative shaming, is a punishment that undercuts rather
than creates stigmatization by giving the offender a chance to be redeemed.

Findings from other drug court evaluations, indicating reduced rates of recidivism and substance abuse for drug court participants, put the drug court in a positive light. For those reasons, I hypothesize that participants of drug court will commit less crime and use drugs less often than those who do not experience drug court.
CHAPTER 3

RESEARCH METHODS AND PROCEDURES

The Sample

The purpose of the present study is to evaluate the effectiveness of the Clark County Drug Court. The program will be evaluated based on the impact it has on its participants in terms of reduced recidivism. In order to empirically test the effectiveness of such a program, it is necessary to compare the outcomes of drug court defendants to those of other groups of similar defendants who are not in drug court. As the defendants have already been placed in the treatment program prior to this evaluation, random assignment can not be undertaken. Therefore, a quasi-experimental design will be used in which targets exposed to a treatment (drug court) are compared to similar targets who have not been exposed.
The data set used in this study was obtained from the Comprehensive Justice Information System (CJIS). CJIS is a Clark County, Nevada database used by various criminal justice agencies to track individuals from the point of arrest to sentencing, using a five to seven digit identification number.

The first step was to draw an experimental sample of defendants who had entered drug court in 1995. All 301 defendants who entered the program throughout 1995 were selected to be part of the experimental group. Drug court defendants were then separated by both drug type and type of charge (i.e., possession, sale, or non-drug charges, charges for economic offenses).

The second step was to draw a control group of an equivalent sample size. Proportionate, stratified random sampling was used to accomplish this step. The control sample was drawn from among approximately 24,008 defendants who had criminal charges filed against them in Clark County District Court in 1995, but did not enter drug court. Again, defendants were categorized by both drug type and type of charge.

A proportional number of defendants were then randomly selected according to the distribution of defendants in the
experimental group. Like the experimental sample, a total of 301 defendants were selected for the control sample.

In addition to selecting a proportional number of defendants by drug of offense, samples were similar in terms of sex, race and age. Of the 301 defendants who entered drug court in 1995, 227 (75.4 percent) were male and 74 (24.6 percent) were female. Likewise, there were 239 (79.4 percent) males in the control sample and 62 (20.6 percent) females. Race was separated into two categories; white and non-white. In the experimental group, 206 (68.4 percent) were white while 95 (31.6 percent) were categorized as non-white. The control sample yielded similar results. There were 209 defendants (69.4 percent) in the white category and 92 (30.6 percent) in the non-white category. Finally, age was defined as under 30 and 30 and over. In the experimental group, there were 155 (51.5 percent) individuals under 30 and 146 (48.5 percent) over the age of 30. Individuals in the control sample were slightly older with 183 (60.8 percent) over the age of 30 and 118 (39.2 percent) under 30.
Measures of Variables

Dependent Variables

The outcome measure used in this particular study is recidivism. Most recidivism studies use some form of transaction with the criminal justice system such as arrest, prosecution, convictions or sentences. In this particular study, rates of recidivism for drug court and non drug court participants are compared based on subsequent court appearances in 1996 and 1997. One variable (RECID96) measures whether the individual has a subsequent court appearance in 1996. Another variable (RECID97) represents whether an individual had a subsequent court appearance in 1997. A third variable (RECID9697) measures whether an individual had a subsequent court appearance in 1996 and 1997. A code of "0" represents no court appearances for that year, whereas the code of "1" means the individual had at least one court appearance. These three variables can be considered measures of short and long term recidivism. It should be noted that court appearance is a conservative measure of recidivism for new offenses compared to arrests because parole and probation violations are not considered
in court records. Consequently, recidivism rates would be higher if arrest was used as a measure of repeat offending.

Independent Variables

**Gender/Race/Age.** In addition to the type of court experience, another set of independent variables was used to control for the relative effectiveness of drug treatment courts. Gender was dummy coded as female (0) and male (1). Race, as defined by the defendant at arrest, was coded as white (0) and non-white (1). Age is measured as the actual age of the offender at the time he or she entered drug court or had charges filed against him or her in 1995. It is coded in the actual years of age and defined as under 30, yes (1) or no (0).

**Charges.** Another independent variable is the total number of charges the defendant had filed against him or her (NCHAR). For the experimental sample, it is the number of charges in the specific arrest that got the defendant into drug court. For the control sample, it is simply the number of charges filed against him or her in 1995. The number of charges was coded as the actual number from one to five where five represents five or more charges.
The drug of offense (DRUGTYPE) is another independent variable and was separated into six categories. These categories include an undefined controlled substance (0), marijuana (1), methamphetamine (2), cocaine (3), multiple drugs (4) and nondrug charges (5). A final independent variable is the specific type of charge that led to the defendant’s arrest. This includes the number of charges for drug possession (XPOSS), sale (XSALe) and economic offenses (XECON). Values for these charges range from "0" (no charge) to "9" (nine or more). The coding for all variables used in the study, as well as the descriptive statistics, are presented in Table 2.

Results

In order to test the hypothesis of this paper, two types of analytic procedures were used; (1) cross tabulation and (2) logistic regression.

Cross tabulation is a bivariate method of analysis describing the association between a pair of categorical variables. Such an association is detected if the distribution of the dependent variable changes in some way as the value of the independent variable changes.
Table 3 presents the percentages of recidivists and non-recidivists in the experimental and control samples as well as for the total sample. Using the chi-squared test statistic and its p-value to summarize the strength of evidence against statistical independence, several statistically significant relationships were detected (p<.10). While neither gender nor age appear to affect rates of recidivism in any of the three samples, race did produce statistically significant results. Namely, non-whites are almost twice as likely than whites to be recidivists. Additionally, individuals arrested for marijuana have lower rates of recidivism than those arrested for other types of drugs. There were also statistically significant results exclusive to each of the three samples. In addition to marijuana, methamphetamine and cocaine were also factors predicting recidivism for the total sample. While recidivism rates were marginally lower for methamphetamine users, as compared to other drug types, recidivism rates for cocaine users were higher. Similarly, persons arrested for economic crimes had higher rates of recidivism, compared to persons arrested for drug possession or sale.
Table 2: Coding and Descriptive Statistics For Dependent and Independent Variables (N=602)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Description</th>
<th>Coded</th>
<th>Exp</th>
<th>Con</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dependent Variables</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RECID96</td>
<td>Individual had court appearance in 1996</td>
<td>1=Yes</td>
<td>31.2</td>
<td>24.3</td>
<td>27.7</td>
</tr>
<tr>
<td>RECID97</td>
<td>Individual had court appearance in 1997</td>
<td>1=Yes</td>
<td>26.2</td>
<td>15.9</td>
<td>21.1</td>
</tr>
<tr>
<td>RECID9697</td>
<td>Individual had court appearance in either 1996 or 1997</td>
<td>1=Yes</td>
<td>45.8</td>
<td>31.9</td>
<td>38.9</td>
</tr>
<tr>
<td><strong>Independent Variables</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EXPER</td>
<td>Individual was in the Experimental group</td>
<td>1=Yes</td>
<td>50.0</td>
<td>50.0</td>
<td>50.0</td>
</tr>
<tr>
<td><strong>Gender/Age/Race</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MALE</td>
<td>Biological Sex</td>
<td>1=Yes</td>
<td>75.4</td>
<td>79.4</td>
<td>77.4</td>
</tr>
<tr>
<td>NON-WHITE</td>
<td>Individual's racial status</td>
<td>1=Yes</td>
<td>31.6</td>
<td>30.6</td>
<td>31.1</td>
</tr>
<tr>
<td>UNDER 30</td>
<td>Biological age at time charges were filed or admitted to Drug Court</td>
<td>1=Yes</td>
<td>51.5</td>
<td>39.2</td>
<td>45.3</td>
</tr>
<tr>
<td><strong>Charges</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NCHAR</td>
<td># of charges filed against the individual in 1995 or in the arrest that got him/her into Drug Court</td>
<td>1</td>
<td>35.9</td>
<td>26.6</td>
<td>31.2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2</td>
<td>26.9</td>
<td>25.6</td>
<td>26.2</td>
</tr>
<tr>
<td></td>
<td></td>
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<td>14.0</td>
<td>14.0</td>
<td>14.0</td>
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<tr>
<td></td>
<td></td>
<td>4</td>
<td>9.3</td>
<td>10.6</td>
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<td></td>
<td></td>
<td>5=5+</td>
<td>14.0</td>
<td>23.3</td>
<td>18.6</td>
</tr>
<tr>
<td><strong>Type of Drug at Offense</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consub</td>
<td>Controlled Substance</td>
<td>1=Yes</td>
<td>27.9</td>
<td>27.6</td>
<td>27.7</td>
</tr>
<tr>
<td>Marijuana</td>
<td>Marijuana</td>
<td>1=Yes</td>
<td>11.3</td>
<td>10.3</td>
<td>10.8</td>
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<tr>
<td>Meth</td>
<td>Methamphetamine</td>
<td>1=Yes</td>
<td>14.6</td>
<td>12.0</td>
<td>13.3</td>
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<td>Cocaine</td>
<td>Cocaine</td>
<td>1=Yes</td>
<td>13.0</td>
<td>15.0</td>
<td>14.0</td>
</tr>
<tr>
<td>Multiple</td>
<td>Multiple Drug Types</td>
<td>1=Yes</td>
<td>9.0</td>
<td>11.0</td>
<td>10.0</td>
</tr>
<tr>
<td>Nondrug</td>
<td>Not a drug offense</td>
<td>1=Yes</td>
<td>24.3</td>
<td>24.3</td>
<td>24.3</td>
</tr>
<tr>
<td><strong>Type of Charge</strong></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>XPOSS</td>
<td>Individual had a possession charge</td>
<td>1=Yes</td>
<td>62.5</td>
<td>63.1</td>
<td>62.8</td>
</tr>
<tr>
<td>XSALE</td>
<td>Individual had a sale charge</td>
<td>1=Yes</td>
<td>23.9</td>
<td>26.9</td>
<td>25.4</td>
</tr>
<tr>
<td>XECON</td>
<td>Individual had an economic charge</td>
<td>1=Yes</td>
<td>21.9</td>
<td>18.3</td>
<td>20.1</td>
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Table 3: Bivariate Relationships Between Independent Variables and Recidivism in 1996 or 1997

<table>
<thead>
<tr>
<th>Variable</th>
<th>Total</th>
<th></th>
<th>Experimental</th>
<th></th>
<th>Control</th>
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</tr>
</thead>
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<tr>
<td></td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
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<tr>
<td>Experimental Group</td>
<td>54.2</td>
<td>45.8***</td>
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</tr>
<tr>
<td>Gender/Age/Race</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>65.4</td>
<td>34.6</td>
<td>60.8</td>
<td>39.2</td>
<td>71.0</td>
<td>29.0</td>
</tr>
<tr>
<td>Male</td>
<td>59.9</td>
<td>40.1</td>
<td>52.0</td>
<td>48.0</td>
<td>67.4</td>
<td>32.6</td>
</tr>
<tr>
<td>Non-White</td>
<td>66.0</td>
<td>34.0</td>
<td>60.2</td>
<td>39.8</td>
<td>71.8</td>
<td>28.2</td>
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<tr>
<td>White</td>
<td>50.3</td>
<td>49.7***</td>
<td>41.1</td>
<td>58.9**</td>
<td>59.8</td>
<td>40.2**</td>
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<tr>
<td>Under 30</td>
<td>62.6</td>
<td>37.4</td>
<td>54.1</td>
<td>45.9</td>
<td>69.4</td>
<td>30.6</td>
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<tr>
<td>Over 30</td>
<td>59.3</td>
<td>40.7</td>
<td>54.2</td>
<td>45.8</td>
<td>66.1</td>
<td>33.9</td>
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<td>Charges</td>
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<td></td>
<td></td>
</tr>
<tr>
<td># of Charges</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>64.9</td>
<td>35.1</td>
<td>62.0</td>
<td>38.0</td>
<td>68.8</td>
<td>31.3</td>
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<td>2</td>
<td>65.2</td>
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<td>56.8</td>
<td>43.2</td>
<td>74.0</td>
<td>26.0</td>
</tr>
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<td>3</td>
<td>64.3</td>
<td>35.7</td>
<td>54.8</td>
<td>45.2</td>
<td>73.8</td>
<td>26.2</td>
</tr>
<tr>
<td>4</td>
<td>50.0</td>
<td>50.0</td>
<td>39.3</td>
<td>60.7</td>
<td>59.4</td>
<td>40.6</td>
</tr>
<tr>
<td>5</td>
<td>52.7</td>
<td>47.3*</td>
<td>38.1</td>
<td>61.9**</td>
<td>61.4</td>
<td>38.6</td>
</tr>
<tr>
<td>Drug Type</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consub</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>61.8</td>
<td>38.2</td>
<td>54.4</td>
<td>45.6</td>
<td>69.3</td>
<td>30.7</td>
</tr>
<tr>
<td>Yes</td>
<td>59.3</td>
<td>40.7</td>
<td>53.6</td>
<td>46.4</td>
<td>65.1</td>
<td>34.9</td>
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<td>Marijuana</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>59.2</td>
<td>40.8</td>
<td>52.1</td>
<td>47.9</td>
<td>66.3</td>
<td>33.7</td>
</tr>
<tr>
<td>Yes</td>
<td>76.9</td>
<td>23.1**</td>
<td>70.6</td>
<td>29.4**</td>
<td>83.9</td>
<td>16.1**</td>
</tr>
<tr>
<td>Type of Drug</td>
<td>No</td>
<td>40.2</td>
<td>51.4</td>
<td>48.6</td>
<td>67.9</td>
<td>32.1</td>
</tr>
<tr>
<td>--------------</td>
<td>------</td>
<td>------</td>
<td>------</td>
<td>------</td>
<td>------</td>
<td>------</td>
</tr>
<tr>
<td>Meth</td>
<td>Yes</td>
<td>70.0</td>
<td>30.0*</td>
<td>70.5</td>
<td>29.5**</td>
<td>69.4</td>
</tr>
<tr>
<td>Cocaine</td>
<td>No</td>
<td>62.9</td>
<td>37.1</td>
<td>55.0</td>
<td>45.0</td>
<td>71.1</td>
</tr>
<tr>
<td>Multiple</td>
<td>Yes</td>
<td>50.0</td>
<td>50.0**</td>
<td>48.7</td>
<td>51.3</td>
<td>51.1</td>
</tr>
<tr>
<td>Nondrug</td>
<td>No</td>
<td>62.3</td>
<td>37.7</td>
<td>57.7</td>
<td>42.5</td>
<td>67.1</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>57.5</td>
<td>42.5</td>
<td>43.8</td>
<td>56.2**</td>
<td>71.2</td>
</tr>
</tbody>
</table>

| Type of Charge | Poss | 62.7 | 37.3 | 58.5 | 41.5**| 66.8 | 33.2 |
|                | Sale | 60.1 | 39.9 | 55.6 | 44.4 | 64.2 | 35.8 |
|                | Econ | 47.1 | 52.9***| 33.3 | 66.7***| 63.6 | 36.4 |

* = p < .10  
** = p < .05  
*** = p < .001
The number of charges also affected recidivism. Individuals with more charges had higher rates of recidivism. Finally, recidivism rates were higher for participants in the drug court treatment program. Results were similar for individuals in the experimental sample.

Again, methamphetamine users, compared to other drug types, had lower rates of recidivism. Exclusive to the experimental sample, however, was the finding that individuals arrested for non-drug charges were more likely to recidivate than individuals arrested for drug charges. Similarly, as was the case in the total sample, there were more recidivists among individuals arrested for economic crimes, compared to individuals arrested for selling or possessing drugs. Also, of those three types of charges (possession, selling and economic), individuals arrested for possession had the lowest rates of recidivism. Finally, individuals with a greater number of charges had a higher rate of recidivism. In the control sample, having a cocaine charge was the only other variable, besides race and having a marijuana charge, that affected recidivism rates. More specifically, cocaine users had higher rates of recidivism than individuals charged with other drug types.
Estimating the relationship between recidivism and the independent variables was also done using logistic regression. The logit model, which estimates the effects of a set of predictor variables on the unobservable probability of an event occurring, was used due to the fact that there was a dichotomous dependant variable. The logit model can be interpreted as the change in the log odds associated with a one-unit change in the independent variable. Logistic regression estimates the effect of each predictor variable while holding all other variables in the model constant.

Table 4: Logit Regression Coefficients and Odds Ratio For Predictors of Recidivism

<table>
<thead>
<tr>
<th>Variable</th>
<th>β</th>
<th>S.E.</th>
<th>Odds Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXPER</td>
<td>.7200***</td>
<td>.1802</td>
<td>2.0545</td>
</tr>
<tr>
<td>Gender/Age/Race</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MALE</td>
<td>.1860</td>
<td>.2151</td>
<td>1.2044</td>
</tr>
<tr>
<td>NON-WHITE</td>
<td>.5659**</td>
<td>.2066</td>
<td>1.7611</td>
</tr>
<tr>
<td>UNDER 30</td>
<td>.0652</td>
<td>.1798</td>
<td>1.0674</td>
</tr>
<tr>
<td>Charges</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NCHAR</td>
<td>.1955**</td>
<td>.0629</td>
<td>1.2159</td>
</tr>
<tr>
<td>DRUGTYPE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consub</td>
<td>.0880</td>
<td>.4311</td>
<td>1.0920</td>
</tr>
<tr>
<td>Marijuana</td>
<td>-.9311*</td>
<td>.4979</td>
<td>.3941</td>
</tr>
<tr>
<td>Meth</td>
<td>-.3756</td>
<td>.4653</td>
<td>.6869</td>
</tr>
<tr>
<td>Cocaine</td>
<td>.1633</td>
<td>.4895</td>
<td>1.1774</td>
</tr>
<tr>
<td>Multiple</td>
<td>-.1549</td>
<td>.5451</td>
<td>.8565</td>
</tr>
<tr>
<td>XPOSS</td>
<td>-.1629</td>
<td>.3579</td>
<td>.8497</td>
</tr>
<tr>
<td>XSALE</td>
<td>-.1058</td>
<td>.3269</td>
<td>.8996</td>
</tr>
</tbody>
</table>

*p<.10  
***p<.01  
**p<.05
Recidivism likelihood was higher for non whites and individuals with more than one charge in their arrest. Risks of recidivism are lower for persons charged with a marijuana offense compared to non-drug charges. Contrary to expectations, recidivism risks were about two times higher for drug court participants than non-drug court offenders.
CHAPTER 4

DISCUSSION AND CONCLUSION

Discussion

There are some interesting findings that emerge from the logistic regression and cross tabulation models used in this paper. Most specifically is the correlation between drug court participation and higher recidivism rates. As this paper noted in Chapter 2, earlier drug court evaluations found drug court participation to be a factor in lower recidivism rates. Also noted in this paper were the similarities between components of the Las Vegas Drug Court Program and components in other programs demonstrating positive results. Thus, one might hypothesize that participation in the Las Vegas Drug Court Program would result in lower rates of recidivism. However, the methods of analysis used in this paper provide evidence to the contrary. Before concluding the treatment program in Las
Vegas is ineffective, however, one must consider other explanations for this papers' findings.

One possible explanation is the method in which recidivism was measured. As mentioned earlier, using subsequent court appearances as an indicator of repeat offending is conservative. However, while using arrest rates would result in higher rates of recidivism, the current measure has a potential drawback as well. Studies have shown that, whatever the important advantages of requiring defendants to frequently report in person to the drug court judge, a predictable side-effect is likely to be increased failures-to-appear (FTA's) (Goldkamp 1994).

Even assuming that the ratio of absences to scheduled court appearances remains the same, a drug court judge requiring weekly appearances by participants will generate two to four times the number of FTA's and resulting bench warrants. Bench warrants, consequently can result in new arrests and court appearances before a judge.

In addition, if the drug court has selected a challenging, heavily drug involved and disproportionately undependable target population for its treatment program, the likelihood is that the ratio of absences to scheduled
appearances may not remain the same, but worsen (Goldkamp 1994).

Therefore, recidivism in 1996 might be inflated as individuals in the experimental sample are still active in the drug court treatment program at that time. Taking this potential effect into consideration, recidivism was measured using three separate variables, recidivism in 1996 (RECID96), recidivism in 1997 (RECID97) and recidivism in 1996 or 1997 (RECID9697). While the percentage of recidivists in the experimental group was slightly lower in 1997 (26.2) than in 1996 (31.2), it was still higher than the percentage of recidivists in the control group for both years (24.3 and 15.9, respectively). Furthermore, the percentage of recidivists in the experimental group in either 1996 or 1997 (45.8) still exceeded the percentage of recidivists in the control group for the same time period (31.9). Therefore, any difference in rates of recidivism due to increased FTA's can be considered marginal at best.

Another possible explanation may be attributed to the defendant's prior criminal history, specifically in the year preceding his or her admittance into drug court. While drug

\footnote{Refer to Table 2}
court participants are required to meet certain criterion, as explained in Chapter 2, it is still possible for him or her to have an extensive criminal background. Consequently, defendants who are more embedded in a criminal lifestyle may be less amenable to treatment provided by the drug court program. In order to study this potential difference, a subsample (N=60) was randomly selected from the experimental and control groups. Prior arrests in 1994 were obtained from SCOPE, the arrest records used by the Las Vegas Metropolitan Police Department. Arrests were counted and subsequently categorized by degree (misdemeanor, gross misdemeanor and felony) and disposition (convicted, negotiated, dismissed).

While the experimental sample contained more individuals with previous arrests, the samples were similar in terms of the nature and number of charges per arrest. In addition, individuals in both samples had a comparable number of convictions, negotiated charges and dismissals. It should be noted that neither group contained individuals with prior felony convictions. More importantly, however, is the finding that while both samples contained similar charges of petty larceny and trespassing, individuals in the control sample had prior arrests for misdemeanor drug-
related charges (i.e., possession of hypodermic device and possession of narcotic paraphernalia). This would indicate that of the two samples, individuals in the control sample, rather than the experimental sample, were more involved in the criminal and drug lifestyle.

A final explanation for higher recidivism rates among the experimental group can be linked to the theory of reintegrative shaming, introduced earlier. The process of reintegrative shaming is intended to invoke remorse in the person being shamed and facilitate a commitment to the law. In order for shaming to be effective, it must be followed by a process of reintegration rather than stigmatization.

The drug court treatment program, however, occurs in an environment which naturally fosters stigmatization. Defendants are subjected to weekly, formal confrontations in a courtroom, before the judge. Flanked by attorneys representing both sides and surrounded by other drug court defendants in custody, the defendant is shamed, admonished and sanctioned. All of these elements serve to remind the defendant of his deviant behavior.

In order to prevent this deviant behavior from becoming their master status, ceremonies certifying deviance must be followed by ceremonies that decertify it. In the drug court
treatment program, defendants are subjected to a year long certification ceremony which is then terminated by a brief decertification ceremony. Graduates receive a congratulatory remark from the judge along with a t-shirt and key chain, claiming they are now “2 smart 4 drugs.” For some individuals, the graduation ceremony is not enough to neutralize the certification ceremony that occurred throughout the year. The deviant label is then internalized and becomes an identity and a way of life.

In addition to creating a stigma for drug court participants, the drug court treatment program fails to continue reintegrative efforts once the individual has graduated. Throughout the year long program, participants are offered a wide range of Wellness Education classes (i.e., stress management, anger control and relationship development), job training, GED preparation and comprehensive counseling to help him or her maintain a drug-free and crime-free lifestyle.

These efforts at reintegration, however, are limited to the duration of the program itself. While an alumni association is offered, its bi-monthly meetings are only voluntary. In addition, post-graduate status reviews with treatment providers or before the judge are not part of the
aftercare program. Furthermore, there is no process to track the defendants progress once he or she has graduated.

The result is that the offender moves from a rigid and highly structured environment to a potentially chaotic and unstable environment in a matter of weeks. Individuals who are unable to adjust to this transformation will continue to be involved in a criminal lifestyle. The initial success in Drug Court may lead to greater levels of frustration among drug court participants once they graduate from the program. The recidivism rates reported in this paper are a clear indicator of this result.

While there is no claim to generalize these findings to other drug court jurisdictions, there is certainly enough evidence to consider the implication of this study’s findings.

Conclusion

While the idea of drug courts is still fairly new, their popularity is reflected in their tremendous growth around the country. Furthermore, the implementation of drug courts has become a model in a recent trend of developing more non-traditional courts. Like the drug courts, family courts and courts aimed at domestic violence and DUI’s all
focus on specialization, processing expertise, efficiency and court-supervised treatment programs (Brown 1997).

The findings of this paper, however, have demonstrated that drug court treatment programs are not a solution to the overcrowded jails and backlogged court dockets. In fact, as the rates of recidivism among drug court participants remain high, drug court treatment programs may only be adding to these problems.

Therefore, further research is necessary in order to understand, fully the potential impacts, both negative and positive of drug court treatment programs. There is a need to learn more about the efficacy of treatment-oriented courts, including their long term impacts on drug use and recidivism, cost effectiveness and implementation strategies. In addition, future research should include a more comprehensive analysis of how participant and program characteristics affect drug court program outcomes.

Most importantly, however, in order for a drug court program to be effective, drug court professionals must strive to understand why some participants do not succeed in treatment. They must understand the physiological, psychological and behavioral realities of drug abuse and implement the program with that in mind. Only then can they
begin to reduce relapse rates and consequently reduce criminal recidivism.
The number of inmates needing drug treatment is calculated to be 75 percent of the total number of state inmates and 31 percent of the total number of federal inmates for each year based on estimates from GAO, CASA and the Federal Bureau of Prisons. The number of inmates in treatment is estimated from data reported in *The Corrections Yearbook* (1990-1996).

(Belenko, et al. 1998)
APPENDIX II

PHASE I
Psycho/Social Evaluation
Problem Lists/Treatment Plan
Medical History
Daily Needling (min. 2 weeks-5 successive clean UA’s)
One to One Counseling as needed
Phase I Group-2 times per week
Family Counseling-as needed
Spirituality Group-as needed
Urinalysis testing every other day

PHASE II
24 Wellness Education Groups-3 times per week
Needling upon a slip until five consecutive clean UA’s
One to One Counseling-as needed
Family Counseling-as needed
Spirituality Group-as needed
ESL Group-Weekly for identified clients
Urinalysis testing 3 times per week

PHASE III
Recovery Groups-2 times per week
Needling upon relapse until five consecutive clean UA’s
Family Group-1 time per week (12 sessions)
Spirituality Group-as needed
Educational program-as scheduled
Job Training-as scheduled
Urinalysis testing 2 times per week (min. 48 hours apart)

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PHASE IV
Process Group—One time per week (min. every 7 days)
Complete financial obligation to Court/Program
Complete Graduation Project
   1. Aftercare Plan
   2. Relapse Prevention Plan
   3. Personal goals and objectives plan
   4. Present prevention program
   5. Other pre-approved project
Minimum 3 months clean prior to graduation
Urinalysis testing 1 time per week (min. once every 7 days)

(Participant Handbook, Choices Unlimited 1996)
REFERENCES


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