

# Best Practice Number Nine: Processing Non-Violent Drug Offenders through Treatment-Oriented Drug Courts



*A proposed best practice from the staff of the Memphis Shelby Crime Commission, with generous assistance from the following project partners:*

*District Attorney General's Office  
General Sessions Criminal Court  
The Memphis Police Department  
Shelby County Sheriff's Office  
Shelby County Corrections Center  
Shelby County Pre-Trial Services  
The University of Memphis, Department of Criminology and Criminal Justice*

## Foreword

*Processing Non-Violent Drug Offenders through Treatment-Oriented Drug Courts* is the ninth best practice strategy investigated by the Memphis Shelby Crime Commission (also referred to as the Crime Commission). In the coming months and years, similar studies will be conducted in the following areas: crime prevention, courts, law enforcement, juvenile justice, organized crime/gangs, technology, victim assistance, domestic violence, research, drug abuse prevention, corrections, probation, parole, and criminal justice legislation.

The Crime Commission employs an investigative process known to quality practitioners as "benchmarking," but commonly referred to as "best practices." According to Robert C. Camp in *Benchmarking: The Search For Industry Best Practices That Lead To Superior Performance*, benchmarking is "the continuous process of measuring products, services, and practices against the toughest competitors or those companies recognized as industry leaders."

The Crime Commission's search for best practices fulfills at least three strategic objectives of the organization:

1. To provide a collaborative environment where solutions to local crime and public safety can be

addressed.

2. To improve citizen satisfaction in the quality of life in Memphis and Shelby County as it relates to crime and perceptions of crime.
3. To determine future directions and goals for the Crime Commission.

To these ends, the Memphis Shelby Crime Commission is not an organization motivated by the modest rewards gained from the mere elucidation of cutting-edge crime abatement processes. On the contrary, once best practices are researched and ratified, the Crime Commission's real work begins: creating strategic plans that market recommended improvements to the citizens, business, and governmental agencies of Memphis and Shelby County. The purpose of identifying best practices is to enable the local achievement of a working replication of best practices found in partners' model processes.

The Crime Commission has developed its own in-house scientific methodology to determine what is meant by the identification of a process as a crime reduction best practice. The Commission's Best Practice Advisory Team (BPAT) has recommended the process currently in place for the organization (see Figure 1 located in the Appendix). BPAT is comprised of local, regional, and nationally recognized practitioners in the field of quality improvement and best practices.

This model, already in its third generation, is dynamic and will be modified to insure that the *raison d'etre* of the Memphis Shelby Crime Commission best practice structure- developing best-in-class crime reduction process models- is being achieved. The staff of the Memphis Shelby Crime Commission will always do its very best to insure that an adherence to a strict code of ethics, a critical examination of current practices, a scientific rigor in the review of secondary literature, a critical examination of best practices, and an excellence in documentation are the signatures of all its Best Practice Studies.

In making this best practice recommendation the Memphis Shelby Crime Commission is not rendering legal advice as to legal ramifications of adopting this recommended best practice. The recipient of this recommendation is therefore advised to seek legal opinion and the recipient should not rely on this recommendation as legal opinion.

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## I. Executive Summary

Since the early 1970s, the relationship between drugs and crime has been at or near the top of the nation's public policy agenda. Over a million people are arrested each year for drug crimes. Drug abuse is one of the common denominators for all felony offenders, irrespective of their charge. According to the National Drug Use Forecasting System, two-thirds of those arrested tested positive for an illicit drug at the time of the arrest; in some cities, the rate is 84 percent.

Local data may not fully reflect the extent of the drug problem because Memphis and Shelby County do not routinely conduct drug testing on arrestees. Twenty-one percent of suspects incarcerated in the Shelby County Jail were arrested on drug-related charges. The low rates of incarceration for drug charges, as compared the national statistics, may be accounted for by the fact that crimes committed to buy drugs, such as burglary and robbery, and crimes associated with drugs, such as prostitution, minor theft and shoplifting, are not counted as drug crimes. However, local sources of data suggest that drug use is a significant factor in criminal offenses in Memphis and Shelby County.

The term "drug court" refers to a dedicated courtroom that provides judicially-monitored treatment, drug testing and other services to drug-involved offenders. The mission of drug courts is to stop the abuse of alcohol and other drugs and related criminal activity. The drug court concept has become an established method to reduce recidivism and curtail drug abuse. Approximately 400 drug courts operate nationwide.

To date, thirty independent evaluations of drug courts have been conducted in twenty-two jurisdictions. These evaluations are consistent in six key findings:

- 1) Drug courts have been successful in engaging and retaining felony offenders in programmatic and treatment services.
- 2) Drug courts serve their appropriate target populations, providing offenders with more comprehensive and closer supervision than other forms of community supervision.
- 3) Drug use and criminal behavior are substantially reduced while offenders are participating in drug court.
- 4) Criminal behavior is lower after program participation, especially for graduates, although few studies have tracked recidivism for more than one year post-program.
- 5) Drug Courts generate cost savings from reduced jail space, reduced criminality and lower criminal justice costs.
- 6) Drug Courts have been quite successful in bridging the gap between court and treatment systems and spurring greater cooperation among the various agencies and personnel both inside and outside the criminal justice system.

Drug courts offer considerable hope for a long-term, cost-effective reduction in drug-related crime and lower jail and prison populations. To this end, the Memphis Shelby Crime Commission offers four primary recommendations to insure that a locally implemented full-time drug court will conform to the positive outcomes supported by the evaluation literature.

## II. The Problem Defined

**Fact:** the National Institute of Justice's Drug Use Forecasting System has shown that in many

**cities, 50-85 percent of arrestees test positive for illegal drugs.<sup>1</sup>**

**Fact: 30 percent of state prisoners and 60 percent of federal prisoners are sentenced for drug law violations.<sup>2</sup>**

**Fact: Drug abusers are more likely than other criminals to become repeat offenders.<sup>3</sup>**

Since the early 1970s, the relationship between drugs and crime has been at or near the top of the nation's public policy agenda. Over a million people are arrested each year for drug crimes. Drug abuse is one of the common denominators for all felony offenders, irrespective of their charge. In the inner city, the problem is even more protracted. Illicit drug use in the inner city expanded rapidly in the 1960s, and has continued unabated into the 1990s. The effects of drug abuse in the inner city have significantly contributed to a decline in the economic well-being of most users and sellers, an environment of poor health and shorter life spans, and a weakening of family relationships.

According to the National Drug Use Forecasting System, two-thirds of those arrested tested positive for an illicit drug at the time of the arrest; in some cities, the rate is 84 percent.<sup>4</sup> For example, in Manhattan, 72 percent of men arrested for drug offenses in 1995 tested positive for illegal drugs, but so did 54 percent of those arrested for violent crimes and 72 percent of men arrested for property crimes.<sup>5</sup>

Local data may not fully reflect the extent of the drug problem because Memphis and Shelby County do not routinely conduct drug testing on arrestees. According to the Shelby County Sheriff's Office 1997 Annual Report, 21 percent of the suspects incarcerated in the Shelby County Jail were arrested on drug-related charges.<sup>6</sup> The low rates of incarceration for drug charges, as compared the national statistics, may be accounted for by the fact that crimes committed to buy drugs, such as burglary and robbery, and crimes associated with drugs, such as prostitution, minor theft and shoplifting, are not counted as drug crimes.

At the request of the Memphis Shelby Crime Commission, the Shelby County Division of Corrections used three methods to estimate the local drug problem and its impact on the corrections system. The first method, a 1998 self-reporting survey of 6,246 inmates, indicated that 23 percent of the sample admitted regular drug use, while 36 percent admitted regular alcohol use. The second method, a charge analysis of the same 6,246 inmates, found that 1004 or 16% percent of the inmate sample were serving time for drug-related charges, and 1017 or 16% percent were serving time for alcohol-related charges. Based on these two methods, the Correction Center's population includes approximately 2800 drug cases annually, and at least an equivalent number of alcohol-related cases annually. According to substance abuse experts at the Correction Center, both methods produced estimates that appear low. Again, this may be accounted for by the fact that crimes committed to buy drugs were not counted. The third method, a burglary self-reporting survey, reinforces this line of inquiry. The burglary survey found that 61 percent of the 100 burglars surveyed said that they committed their crime to buy drugs.

**Fact: In the aggregate, all local sources of data suggest that drug use is a significant factor in criminal offenses in Memphis and Shelby County.**

Based on a thorough review of local data, the Memphis Shelby Crime Commission began the process of crafting a statement of purpose for its best practice investigation that would address the problem of drug use from a criminal justice perspective.

**Objective: To assist the Memphis and Shelby County Criminal Justice System in achieving the most effective process to adjudicate drug-related criminal cases so that drug use and related criminality is reduced.**

### III. The Current Process

There were 65,347 new arrests made in Shelby County in 1997, an increase of some 11,000 arrests over the previous year.<sup>7</sup> With increased enforcement by the Memphis Police Department and the Shelby County Sheriff's Office, arrests for 1998 and 1999 are expected to continue this upward trend. The number of arrests is a major determining factor in new cases adjudicated through the General Sessions Criminal Court. However, in addition to new arrests added to the dockets of the General Sessions Criminal Courts, each division of the court maintains an inventory of *undisposed*, pending cases. In a randomly selected quarter from January through April 1998, the average number of cases per month per division in General Sessions Criminal Courts was 3200. By any reasonable professional measurement, this is an extremely large caseload.<sup>8</sup>

Since February 1997, General Sessions Criminal Courts has maintained a part-time drug court through a number of federal grants. For the participating non-violent offenders, this drug treatment court monitors intensive outpatient therapy and conducts frequent random drug tests to insure compliance. A key component of the drug court is frequent judicial review and supervision of the defendant in treatment. The court imposes appropriate sanctions when progress is not satisfactory. Limited funding for inpatient treatment is available. As Figure 2 indicates, \$379,138 has been allocated for drug treatment, with \$222,122 expended as of December 31, 1998.

| Grant    | Total Grant | Budgeted Treatment | Treatment Expended | Remaining Treatment |
|----------|-------------|--------------------|--------------------|---------------------|
| Byrne #1 | \$162,619   | \$37,508           | \$37,508           | 0                   |
| Byrne #2 | \$162,619   | \$24,054           | 0                  | \$24,054            |
| LLEBG    | \$111,111   | \$73,576           | \$73,576           | 0                   |
| OJP      | \$326,244   | \$244,000          | \$111,038          | \$132,962           |

**Figure 2. Current Budgeted Amounts of Drug Court Grants and Expenditures. Treatment Expended Figures as of December 31, 1998.**

In addition to monitoring defendants in treatment for alcohol and drug addictions, the part-time drug court also maintains a regular docket for General Sessions Criminal Court. However, according to the District Attorney General's office, drug and alcohol cases adjudicated with treatment take four times as long to dispose of than regular General Sessions cases due to the frequent judicial monitoring, review

and close supervision.<sup>9</sup>

An independent process and impact evaluation of the part-time drug court is underway and expected to be completed by June 1999.

## IV. Data Collected

### A. Defining Drug Courts

For this best practice investigation, the term "drug court" refers to a dedicated courtroom that provides judicially-monitored treatment, drug testing and other services to drug-involved offenders. The mission of drug courts is to stop the abuse of alcohol and other drugs and related criminal activity.<sup>10</sup> The drug court concept has become an established method to reduce recidivism and curtail drug abuse. Approximately 400 drug courts operate nationwide.<sup>11</sup>

While the first treatment-oriented drug court began operations in Dade County, Florida in 1989, the concept of dedicating specified courtrooms solely to drug cases was initiated in New York and Chicago in the early 1950s.<sup>12</sup> In the early 1970s, New York established "Narcotics Courts" in response to the rise in heroin abuse. These antecedents differed from contemporary drug courts in that they generally offered offenders only limited access to drug treatment. Today's drug courts emerged from experiments with limited diversion programs, conditions of pre-trial release and probation, and intermediate sanctions.

The process of a drug court departs from the process of a traditional court in its response to misdemeanor drug offenses. Routinely, drug court participants enter a guilty plea, which is dismissed upon successful completion of the treatment program. The guilty plea removes the case from the court docket during the course of the treatment and eliminates the need for the district attorney's office to preserve evidence or secure witness testimony. At the same time, though, it insures continued accountability to the sentencing judge during the period of treatment and insures proper punishment if the offender fails to adhere to the treatment program. This kind of "leveraging" of offenders into treatment is an important aspect of the drug court model.

The following appear to be the primary goals of all drug courts:

- To engage and retain drug offenders in sanctioned treatment programs
- To reduce criminal justice costs
- To respond swiftly to noncompliance.
- To reduce the use of incarceration for nonviolent drug offenders
- To reduce drug use and recidivism among offenders

There are four basic models of drug courts: the diversion/deferred prosecution model, the plea model, the post-adjudication model and the combination model. The diversion model is used for first-time offenders, and offers a stay of prosecution to those offenders willing to participate in court-supervised

treatment. If the offender meets the requirements of the court and the treatment program, criminal charges may be reduced or dismissed.<sup>13</sup> In the plea model, defendants must enter a guilty plea, which can be stricken upon successful completion of the program. The plea allows the prosecutor's office to remove the case from the docket while treatment is pursued, and records such as witness testimony and evidence do not need to be preserved over time. The part-time drug court in Shelby County currently employs the plea model. The post-adjudication model requires defendants to plead guilty and participate in court-sanctioned treatment programs prior to sentencing. If drug treatment is successful, the defendants can withdraw their pleas and have their cases dismissed. The combination model employs at least two of the aforementioned models, and can afford a drug court the option of individualizing an approach depending upon the offender and case.

In addition to the four basic models, many jurisdictions have created a number of discreet applications for drug courts. For example, there are drug courts specifically dedicated to drunk driving offenders, juvenile offenders, women offenders, homeless offenders and immigrant offenders.

The Office of Justice Programs (OJP) has identified a number of elements essential to the success of drug courts:<sup>14</sup>

**• The integration of alcohol and other drug treatment services with justice system case processing.**

Drug courts promote recovery through a coordinated response to offenders dependent upon drugs and alcohol. Team members include the judges, prosecutors, defense counsel, probation personnel, law enforcement, corrections personnel, pre-trial services, local service providers, and others. The drug court judge obviously plays a critical role in resolving disputes or conflicts among the various participating agencies and individuals.

**• The use of a non-adversarial approach by prosecution and defense counsel to simultaneously promote public safety and protect the due process rights of participants.**

To facilitate an offender's progress while in treatment, the prosecutor and defense counsel must employ a team approach. This paradigm shift requires new roles for both defense and prosecution. The prosecuting attorney is responsible for protecting the public's safety by ensuring that each candidate is appropriate for the program and complies with all drug court requirements. The defense counsel is responsible for protecting the participant's due process rights while encouraging full participation. Both roles are crucial in the court's coordinated strategy for responding to non-compliance.

**• The identification of a specifically defined target population that is promptly placed in the drug court program.**

By creating a moment of crisis, arrest can force substance abuse into the open, making denial difficult. The period immediately after arrest, or after apprehension for violations of probation, therefore provides a critical window of opportunity for intervening and introducing the value of alcohol and other drug (AOD) treatment. If taken promptly after arrest, judicial action can capitalize on the crisis nature of the arrest and booking process.

An appropriately rapid cycle time can increase public confidence in the criminal justice system. This rapid cycle time is one of the most important features of a drug court. The incorporation of treatment concerns early in the case disposition can be a key link between criminal justice and treatment systems.

**• An individualized treatment program that includes access to a continuum of rehabilitation services.**

If treatment is to be effective for alcohol and other drug problems, a continuum of social services is required which can include primary health and mental health care, education and other support services. Treatment begins in the drug court and continues throughout the participant's involvement in the program. The therapeutic team includes not only the treatment professionals, but the criminal justice professionals as well. The entire therapeutic team-- the treatment providers, the judge, the prosecution and defense attorneys, case managers, supervisors and other program staff-- should maintain frequent, regular communication to ensure that response both compliance and noncompliance are swift and coordinated. Procedures for reporting progress should be clearly defined in the courts operating documents.

**• The frequent use of drug testing to monitor abstinence.**

Frequent court-ordered alcohol and other drug treatment is central to the drug court's monitoring of participant compliance. An accurate testing program is the most objective, efficient and cost-effective way to establish a framework for accountability and to gauge each participant's progress. Modern drug testing technology is highly reliable in determining if an individual has recently used specific drugs. It provides the participant the benefit of being active and involved in the treatment process rather than a passive recipient of services.

**• A coordinated information management strategy that governs drug court responses to participants' compliance.**

A participant's progress through the drug court is measured by his or her compliance with the treatment regimen. While abstinence and public safety are the ultimate goals of drug courts, it is rare that an individual ceases alcohol and drug use as soon as he or she is enrolled in treatment. Thus it is important that drug courts reward cooperation as well as respond to noncompliance. A coordinated strategy should include a continuum of responses to continuing drug use and other non-compliant behavior. The therapeutic team develops a written operating plan that includes a series of complementary, measured responses to encourage compliance.

**• Ongoing judicial interaction with each drug court participant.**

The judge is the leader of the drug court, linking participants both to treatment and criminal justices systems. Drug courts require judges to step beyond their traditional role of independent arbiters. The structure of the drug court allows for early and frequent judicial intervention. A drug court judge both encourages appropriate behavior *and* discourages and penalizes inappropriate behavior.

**• An evaluation strategy that defines desired goals, identifies the types of information required to measure goals and gauge effectiveness.**

The goals of the program should be designed concretely and in measurable terms to provide accountability to funding agencies and policymakers. It is critical that the drug court be designed with the ability to gather and manage information for monitoring daily activities, evaluating the quality of services provided, and producing longitudinal evaluations.



### C. Review of Secondary Literature

Although drug courts have been in operation for a short period of time compared to traditional methods of community supervision, and program models are still evolving, sufficient evaluative research currently exists to assess whether drug court are achieving the goals stated above.

The Memphis Shelby Crime Commission examined four independent sources of information on drug courts to ascertain their effectiveness. The first source, entitled *Preventing Crime: What Works, What Doesn't, What's Promising*, is a congressional report by the National Institute of Justice Published in the fall of 1997. Chapter Nine, "Criminal Justice and Crime Prevention," included a review of four drug courts. The second source is the U.S. General Accounting Office (GAO), which released a congressional report in July 1997 that provides data from a survey of 134 drug courts in operation as of December 31, 1996.<sup>15</sup> The report also includes the results of 20 evaluations of 16 drug courts that were available as of March 1997. The third source is the data derived from two American University drug court surveys, in 1997 and 1998. The fourth source, authored by Dr. Stephen Belenko of Columbia University's National Center for Addiction and Substance, provides the most comprehensive academic review of the research, evaluations and literature in the field of drug courts. Belenko's study reviewed 30 evaluations of 22 drug courts. These three sources provide the basis for the scientific conclusions that follow.

While the evaluations reviewed by the above three sources vary considerably in scope, method and quality,<sup>16</sup> Belenko reports that the evaluations are consistent in six key findings:

#### **1) Drug courts have been successful in engaging and retaining felony offenders in programmatic and treatment services.**

Prior to their participation in drug courts, the selected offender populations had previously experienced the kind of dichotomy that may hasten relapse. On one hand, they have extensive histories of substance abuse. On the other hand they had little prior treatment. According to preliminary findings from a 1998 American University survey, only 26 percent of drug court participants had been in prior substance abuse treatment, whereas 72 percent had been in jail or prison. This lack of treatment opportunities appears to affect recidivism rates among a significantly high number of substance-abusing criminals.

According to the data in the American University surveys and other reports, 60% of the offenders who enter drug courts are still in treatment- primarily as drug-free outpatients- after one year. In contrast, the recent national evaluation of treatment outcomes by Simpson et al. (1997) found that half of those admitted to outpatient treatment stayed drug-free less than three months.<sup>17</sup> Lewis and Ross reported that one-year retention rates in residential communities ranged from ten to thirty percent.<sup>18</sup> A retention study of New York parolees referred to community-based treatment found that only 31 % remained in treatment after six months.<sup>19</sup> Clearly, the retention figures for drug courts are significantly higher than for other methods of treatment, and may be attributable to the court-based component.

**Fact: A sizeable number of treatment evaluations indicate that the length of time a drug abuser is in treatment is the single best predictor of a successful outcome.<sup>20</sup> In other words, the longer a drug abuser is in treatment, the more likely he or she will remain drug-free after treatment is complete.**

## **2) Drug courts serve their appropriate target populations, providing offenders with more comprehensive and closer supervision than other forms of community supervision.**

According to Belenko, drug court evaluations find that existing programs are succeeding in enrolling the targeted number of clients with the desired eligibility. Planners for a full-time drug court in Shelby County have established a goal of 500 drug offenders participating annually in the drug court's treatment program.

A common misconception about drug courts is that they target first-time offenders. A high percentage of offenders in drug-court programs have both substantial criminal and substance abuse histories. The selection of a more experienced offender population can have significant cost-savings implications. Successful interventions among those offenders with long criminal histories has a greater direct impact upon prison populations and criminal justice costs than do interventions involving first-time offenders.

Drug courts can also target a particular drug with a high rate of local use. Some courts serve a majority of alcohol offenders (Roanoke, VA), while others focus on cocaine (Richland, CA), methamphetamine (Sacramento, CA) or heroin (Bridgeport, CT). The selection of a targeted population should be based on drug use patterns of the particular jurisdiction.

American University's study concluded that drug courts were providing far more supervision and monitoring than other forms of community supervision. According to their survey, the treatment period of the sentence is usually divided into three phases. Phase I generally ranges between 30 and 90 days. Phases II and III, generally last between 2 and 4 months each, and often includes drug testing every other week. Treatment is also more intensive in Phase I, and somewhat less frequent in Phases II and III. The survey revealed that 55 percent of drug courts require at least two drug tests per week during Phases I and II, 35 percent require weekly tests, and 10 percent require biweekly drug tests throughout participation.<sup>21</sup> Prior to the implementation of a drug court, those surveyed reported that 52 percent of those under probation supervision reported monthly testing, 8 percent tested weekly, 6 percent did not test at all and 33 percent tested infrequently or based on reasonable suspicion or probable cause.<sup>22</sup> As one can see, offender accountability as measured by drug testing dramatically increases through the drug court process.

This also appears to be true of status hearings before a judge. American University's 1997 study indicates that 74 percent of drug courts reported a minimum of biweekly court contacts during Phases I and II. By comparison, prior to drug court implementation only 8 percent of the jurisdictions in the study required routine court appearances for those offenders under community supervision. Furthermore, 73 percent of probationers had face-to-face meeting with probation officers on a monthly or less frequent basis. The general lack of supervision for offenders sentenced to probation was documented by the Crime Commission in a previous study.<sup>23</sup> The Bureau of Justice Statistics, in a national study of probationers, confirms that offenders on probation receive far less services and supervision contacts than offenders enrolled in drug courts. At the time of the interview, only 25 percent of probationers reported that they were required to undergo drug testing, 16 percent were in substance abuse treatment, 5 percent were in counseling, 3 percent were in an educational program. An additional 25 percent reported that they had received no supervision during the past month.

## **3) Drug use and criminal behavior are substantially reduced while clients are participating in drug court.**

The 1998 American University survey found that for the 13 courts that reported urinalysis tests, an average of 10 percent of the tests were positive. By comparison, in the same jurisdictions the average percentage of positive tests for similar defendants not in the drug court but under probation supervision was 31 percent.<sup>24</sup>

Rearrest rates are substantially reduced for offenders participating in a drug court. Over an eight-month period, the Ventura County evaluation indicated a 12% rearrest rate for drug court participants, compared to a 32 percent rearrest rate for the comparison group.<sup>25</sup> Over a six-month period, the Jackson County, Missouri evaluation found a 4 percent rearrest rate, compared to a 13 percent rearrest rate for the comparison group.<sup>26</sup>

#### **4) Especially for graduates of drug courts, criminal behavior is lower after program participation.**

For post-program recidivism rates, all studies found much lower recidivism rates for drug court graduates. The several studies that included comparison groups, including the Baltimore Drug Court, also found much lower recidivism rates for drug court clients. Eight of nine studies with comparison groups showed lower rates for *all* drug court participants.<sup>27</sup>

#### **5) At least in the short term, drug courts generate cost savings from reduced jail/prison use, reduced criminality and lower criminal justice costs.**

Belenko reports that "the general consensus of the [thirty] evaluations reviewed is that drug courts generate savings in jail costs, especially for pre-trial detention."<sup>28</sup> Several studies also found savings in probation supervision, police overtime and other criminal justice costs.

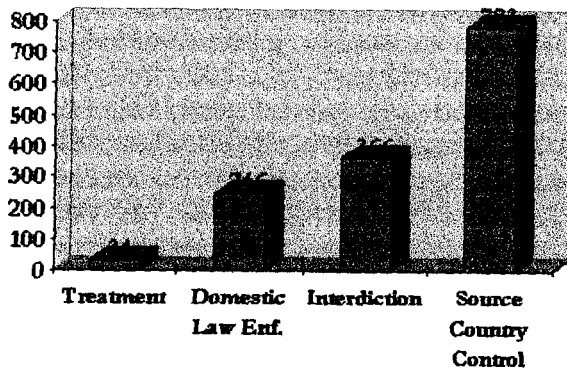
Finegan (1998) estimated that a one-year admissions cohort of 440 drug court clients produced a criminal justice savings for Multnomah County (Portland) of \$2.46 million over a two-year period. This was net of the \$1 million cost of operating the drug court program. Adding savings in victimization, theft reduction, public assistance and medical costs, Finnegan estimated that the drug court produced a total savings for the state of \$10.22 million.

For the 102 individuals enrolled in the Riverside County, California Drug Court, the program costs was \$310,710 for one year of treatment, and \$143,640 in court processing costs. With an estimated \$2.5 million in criminal justice costs averted, the estimated total annual cost savings is \$2.05 million

The Honolulu Drug Court evaluators estimated that 43 percent of the enrolled offenders would have been incarcerated in the absence of a drug court; the estimate for averted costs was between \$677,000 and \$854,000.

Besides the cost savings cited by drug court evaluations, there is also an emerging body of research that concludes that drug treatment is cost-beneficial for populations targeted by drug courts. Figure 3 shows that for heavy users of cocaine, treatment intervention would cost one-seventh as much as law enforcement to achieve the same reduction in cocaine use. A comprehensive study by Gerstein et al. (1994) of the economic and

■ **Figure 3. Cost of Reducing Cocaine Consumption by 1 % (in millions of dollars per year).**  
 Source: Rand Drug Policy Research Center, 1994.



benefits and costs of drug treatment in California found that the benefits of treatment were seven times higher than the costs of treatment.<sup>29</sup> Belenko concludes that the literature shows that substantial economic benefits accrue even assuming treatment completion rates that are much lower than achieved by drug courts.<sup>30</sup>

**6) Drug courts bridge the gap between the court and public health system, and serve as a catalyst for an expanded emphasis on treatment within the criminal justice system.**

Based on participant observations and other primary research, a number of evaluations have recounted the development of partnerships between the court and the community, increased cooperation among various criminal justice agencies and the development and expansion of a "problem-solving" approach to justice. For many communities that do not have adequate drug treatment resources, drug courts can provide leadership to increase treatment options and enrich the availability support services, thereby helping to build the capacity of the treatment community. Treatment providers have also reported an increase in the overall quality of treatment as a result of the research funded by drug court evaluations.

**Principal Finding: All available research supports the position that Drug Courts are demonstrably more effective at reducing drug use and drug-related crime than traditional approaches.**

## VI. Proposed Strategy

As was demonstrated in the previous section, drug courts are by their very nature a collaborative partnership between the justice system and the network of treatment providers and preventive medicine community. Drug courts offer considerable hope for a long-term, cost-effective reduction in drug-related crime and lower jail and prison populations. To this end, the Memphis Shelby Crime Commission offers four primary recommendations to insure that a locally implemented full-time drug court will conform to the positive outcomes supported by the evaluation literature. And though the focus of this study is exclusively on the efficacy of drug courts, the Crime Commission staff stresses that all such programs must be framed within the context of a comprehensive court strategy. The fifth recommendation points to the need to holistically examine local court needs, both in the short term and long term.

**Recommendation # 1: All necessary action steps should be taken to allow General Sessions Criminal Court to designate one court as a full-time drug court.**

**Recommendation #2: Training and treatment opportunities should be made available to all project partners involved in the implementation of the drug court.**

**Recommendation #3: Comprehensive strategic and operating plans should be developed for the court that include goals and objectives that are clearly defined and measurable. The creation of these two plans should provide accountability for state and local funding agencies and policymakers who ultimately will ensure the continuation of the court.**

**Recommendation #4: The implementing agencies should create an evaluation strategy that reports and analyzes the outcomes of the drug courts measured against the goals and objectives set forth in the comprehensive strategic plan.**

**Recommendation #5: The Shelby County Judicial System should consider a cycle time research project to review the efficiency of the criminal justice system.**

## **VII. Conclusion**

Drug courts have grown from experimental models to a nationwide best practice in less than ten years. Numerous evaluations have shown that they are effective strategies for reducing both crime and drug abuse.

The unique contribution of drug courts is the extraordinary partnership between criminal justice and drug treatment perspectives. In combining rehabilitation with criminal justice control, drug courts have discovered a formidable alliance capable of producing positive outcomes. Research indicates that a person coerced to enter treatment by the criminal justice system is likely to do as well as one who volunteers.<sup>31</sup>

Fourteen states have enacted legislation relating to the planning/and or funding of drug courts. 48 states are operating drug courts, plus the District of Columbia, Guam, Puerto Rico, and one federal district. It is estimated that over 63,900 individuals have graduated or are currently enrolled in drug court programs. Based on the number of graduates and participants compared with the total number of participants enrolled, the retention rates for drug court programs is more than 70 percent. A remarkable 75 percent of the graduates of drug courts obtained and retained employment, and 35 percent obtained a GED/high school degree.

Drug courts may benefit families more than any other constituency. Sixty-four percent of participants were parents of minor children. The total number of minor children of drug court participants exceeds 35,000. As of May 1998, over 525 drug-free babies were born to drug court participants. Over 2,430 parents regained custody of their children, while over 1,520 parents retained custody.

Longitudinal studies have consistently documented the effectiveness of alcohol or drug treatment in reducing criminal recidivism and substance use. Research indicates that the length of time an offender spends in treatment is related to the level of drug abuse and criminal justice involvement. A

comprehensive study by the State of California indicates that alcohol and other drug treatment provides a \$7 return for every \$1 spent on treatment.<sup>33</sup>

Drug courts are not a panacea for the enormous problem of drug-related criminality plaguing America's cities. However, they are on the vanguard of fostering a changing role of criminal courts from mere punishment to a more problem-solving approach. According to one of the nation's foremost researchers and writers on the impact of drug abuse on the criminal justice system, this problem-solving perspective recognizes the importance of dealing with underlying substance abuse problems, especially for the non-violent drug offenders that have propelled the huge growth in America's prison populations.

## Notes

<sup>1</sup>National Institute of Justice, 1989.

<sup>2</sup> *Cutting Crime- Drug Courts in Action*. Washington D.C. Drug Strategies, 1997.

<sup>3</sup> Ibid.

<sup>4</sup> Ibid.

<sup>5</sup> Ibid.

<sup>6</sup> Shelby County Sheriff's Office Annual Report, 1997.

<sup>7</sup> Shelby County Sheriff's Office Annual Reports, 1996-1998.

<sup>8</sup> Figures Calculated by the Shelby County District Attorney's Office, Special Projects and Policy Department.

<sup>9</sup> District Attorney General's Office, *Proposal for a Drug Court*.

<sup>10</sup> *Defining Drug Courts: The Key Components*, p. 9.

<sup>11</sup> Estimate from the National Drug Court Institute, February 1999.

<sup>12</sup> Belenko, S. *Research on Drug Courts: A Critical Review*. The National Drug Court Institute Review, Volume 1, No. 1, Summer 1998, p. 3.

<sup>13</sup> *Cutting Crime- Drug Courts in Action*. Washington D.C. Drug Strategies, 1997.

<sup>14</sup> Each key component includes several performance benchmarks to insure the achievement of desired outcomes. See *Defining Drug Courts: The Key Components*. Office of Justice Programs, U. S. Department of Justice, 1997.

<sup>15</sup> U.S. General Accounting Office. *Drug Courts: An Overview of Growth, Characteristics, and Results*. Washington, D.C.: U. S. General Accounting Office, 1997.

<sup>16</sup> A table of the nine studies that include a comparison group is located in the appendix of this study.

<sup>17</sup> Simpson et al. "Treatment Retention and Follow-up Outcomes in the Drug Abuse Treatment Outcome Study (DATOS)." *Psychology of Addictive Behaviors*, Volume 11, No. 4, pp. 294-307.

<sup>18</sup> Cited in Belenko.

<sup>19</sup> Ibid.

<sup>20</sup> Ibid.

<sup>21</sup> Cooper, C. 1997 Drug Court Survey Report: Executive Summary. Washington D.C.: Drug Court Clearinghouse and Technical Assistance Project, American University, 1997.

<sup>22</sup> Ibid.

<sup>23</sup> See *Best Practice Number Seven: Strict Enforcement of Probation for High-Risk Youthful Offenders through the Operation Nightlight Initiative*, The Memphis Shelby Crime Commission, 1999.

<sup>24</sup> Belenko, S. *Research on Drug Courts: A Critical Review*. The National Drug Court Institute Review, Volume 1, No. 1, 1998.

<sup>25</sup> Ibid.

<sup>26</sup> Ibid.

<sup>27</sup> Ibid.

<sup>28</sup> Ibid.

<sup>29</sup> Gerstein, D.R., H. Harwood, D. Fountain, N. Suter, and K. Malloy. *Evaluating Recovery Services: The California Drug and Alcohol Treatment Assessment*. Washington: National Opinion Research Center, 1994.

<sup>30</sup> Belenko, S. *Research on Drug Courts: A Critical Review*. The National Drug Court Institute Review, Volume 1, No. 1, 1998.

<sup>31</sup> Pringle, G. "Impact of the Criminal Justice System on Substance Abusers Seeking Professional Help." *Journal of Drug Issues*, Vol. 13, no. 3, 1982.

<sup>32</sup> Lipton, D. *The Effectiveness of Treatment for Drug Abusers Under Criminal Justice Supervision*. Washington, D.C.: *The National Institute of Justice Research Report*, November 1995.

<sup>33</sup> *Evaluating Recovery Services: The California Drug and Alcohol Treatment Assessment (CALDATA) General Report*. Sacramento, CA: California Department of Alcohol and Drug Programs, April 1994.

## Appendix

Figure 1. The Memphis Shelby Crime Commission Best Practice Process Model, 1998. Created by: Jenny McNary, Youth Villages; Willa Martin Bailey, Memphis Area Chamber of Commerce; Cinda Kinsey, Methodist Health Systems; Michael O. Minor, Memphis Technical Assistance and Resource Center; Clara Wherry, Federal Express.

### Step 1: Defining the Process to be Examined

1.1 Identify the Problem

1.2 Clarify the Objective

1.3 Team Dynamics Training

1.4 Document Current Process

**Deliverable: Mapped Process with Contract**

**Step 2: Data Collection**

**2.1 Collect Data**

**2.2 Review Completed Studies for Examination**

**2.3 Identify Best Practices Partners**

**2.4 Revisit Question Guide**

**2.5 Determine Additional Data Requirements**

**Deliverable: Partners Question Guide**

**Step 3: Determining the Gap**

**3.1 Review Current Map and Perform Gap Analyses**

**Deliverable: Gap Analysis Report**

**Step 4: Preliminary Report**

**4.1 Communicate Preliminary Findings**

**Deliverable: Presentation with Recommendations for Next Steps**

**Step 5: Best Practice Investigation**

**5.1 Prepare for Partner Site Visit(s)**

**5.2 Conduct Site Visit(s)**

**5.3 Process Map Partners Process**

**Deliverables: Best Practices Process Map, Site Visit Package,**

**Partner Prioritization, Site Visit Report**

**Step 6: Data Analysis**

**6.1 Analyze Data/ Information**

**6.2 Adjust Functional Goals/ Objectives**

**6.3 Set Measurement and Performance Goals**

**Deliverables: Proposed New Model**

**Step 7: Final Report and Action Plan**

**7.1 Communicate Findings to Board**

**7.2 Develop Action Plan**

**3. Conduct Pilot Implementation**

**Deliverables: Presentation, Project Management Timeline**

Figure 4. Summary of Post Program Recidivism Outcome



| Drug Court                 | Author              | Comparison Sample   | Follow-up Period  | % Arrested Drug Court  | % Arrested Comparison  |
|----------------------------|---------------------|---|---|--|--|
| Maricopa County, AZ        | RAND                | Offenders randomly assigned to probation track (n=364)  | 36 months   | 33.1   | 43.7   |
| Oakland, CA                | Tauber              | Defendants referred to Diversion between 1/1/90 and 3/8/90, prior to establishment of treatment oriented drug court (n=110)   | 36 months   | .75 <sup>a</sup>   | 1.33 <sup>a</sup>  |
| Riverside County, CA       | Sechrest, et.al.    | Randomly selected offenders who committed a felony drug offense prior to 7/1/96 who were identified as possible candidates for drug court had it existed at that time (n=243)   | Drug court participants: up to 21 months. Comparison group: up to 27 months | 13.4   | 33.0   |
| Denver, CO                 | Granfield & Eby     | Two comparison groups of 100 offenders each were selected from the pre-drug court years of 1993 & 1994  | 12 months   | 53.0 <sup>b</sup>  | 58.0 <sup>b</sup>  |
| Wilmington, DE (Juveniles) | Miller, et.al.      | Randomly selected juveniles arrested for misdemeanor drug possession during the first half of 1995, prior to the implementation of the drug court (n=90)  | 12 months   | 33.3 <sup>c</sup>  | 51.1   |
| Dade County, FL            | Goldkamp & Weiland  | Sample II: presumably eligible defendants who did not enter drug court (n=89).<br><br>Sample III: defendants with felony drug cases who were ineligible for the program (n=199).<br><br>Sample V: defendants with felony drug cases selected from a period of three years before implementation of drug court (n=302) | 18 months   | 33.2   | 48.7 <sup>d</sup>  |
| Baltimore, MD              | Gottfredson et. al. | Comparison group drawn from District & Circuit Court drug court participants & VOP parole and probation violations cases proceeding the implementation of treatment drug court. Screening standards were used to create a sample similar to treatment drug court participants (n=529)                                 | 6 months  | District Court: 22.6<br><br>Circuit Court: 26.5<br><br>VOP: 18.5 | District Court: 27.1<br><br>Circuit Court: 30.4<br><br>VOP: 30.2 |
| Multnomah County, OR       | Finigan             | Sample of drug possession arrestees who were considered eligible for program but did not enter (n=150)  | 24 months   | .59 <sup>a</sup>   | 1.53 <sup>a</sup>  |
| Travis County, TX          | Kelly               | Program-eligible defendants who were arrested prior to the implementation of the program (n=27)   | 12 months   | 38.0 <sup>e</sup>  | 41.0   |

<sup>a</sup> Average number of arrests per defendant.

<sup>b</sup> Proportion of offenders who were rearrested after sentencing.

<sup>c</sup> At the time of evaluation, only 18 drug court participants had been out of treatment for 12 months.

<sup>d</sup> Weighted average of felony drug comparison samples II, III and V.

<sup>e</sup> Recalculated by the author for all participants. Kelly reports a one-year recidivism rate of 22% for program graduates and 43% for program dropouts.