# **Crime Prevention Research Review**

No. 11

# **Drug Courts' Effects on Criminal Offending for Juveniles and Adults**



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#### Suggested citation:

Eggers, Amy, David B. Wilson, Ojmarrh Mitchell, and Doris L. MacKenzie. 2012. *Drug Courts' Effects on Criminal Offending for Juveniles and Adults*. No. 11 of *Crime Prevention Research Review*. Washington, DC: U.S. Department of Justice, Office of Community Oriented Policing Services.

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Please note that this research review is a condensed version of Mitchell, Ojmarrh, David B. Wilson, Amy Eggers, and Doris L. MacKenzie. 2012. "The Effects of Drug Court on Criminal Offending." *Campbell Systematic Reviews* 8(4). doi:10.4073/csr.2012.4.

July 2013 e05137574 ISBN: 978-1-932582-80-2

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### Acknowledgments

We would like to thank the Jerry Lee Foundation for partial support of this project. We would also like to thank the many graduate students who have served as coders on this project.

Drug courts integrate drug treatment and testing into criminal justice case processing.

Introduction

#### Introduction

Drug court actors (i.e., prosecutors, defense attorneys, and judges) use the legal and moral authority of the court to monitor drug-involved offenders' abstinence from drug use via frequent drug testing and compliance with individualized drug treatment programs. In essence, drug courts integrate drug treatment and testing into criminal justice case processing.

Drug court participants who successfully complete program requirements either have the charges against them dismissed or are sentenced to probation instead of incarceration. Noncompliant drug court participants, however, are typically incarcerated. Thus, drug courts simultaneously provide drug abusing offenders with drug treatment and hold them accountable for their behavior.

The process of a prototypical drug court begins shortly after an arrest when drug-involved offenders who appear to be eligible for drug court participation are identified and screened for program eligibility. Arrestees deemed eligible are offered entry into the drug court with an agreement that the charges against them will be reduced or dismissed upon successful program completion. Arrestees who agree to enter the drug court become drug court "clients" (NADCP 1997; Mitchell 2011).

Once in the drug court, clients have their cases handled nonadversarially in one of two ways. In the "pre-plea" case processing method, clients waive their right to a speedy trial and enter drug court; if they successfully complete court requirements, then their charges are dropped. In the "post-plea" case processing method, clients are admitted to drug court after conviction but before sentencing. Clients who successfully complete the program typically receive a sentence of time served or probation (NADCP 1997; Mitchell 2011).

As a condition of program entry, drug court clients agree to abide by the court's demands, which typically include frequent urine testing, treatment attendance, and appearance before the court for status hearings. These status hearings are crucial; here, the drug court judge and clients converse directly, and judges in collaboration with other court actors use the authority of the court to motivate compliance. The court uses various rewards (e.g., praise, tokens of achievement, and movement to the next phase of the program) and sanctions (e.g., increased treatment attendance, increased urine testing, and short jail stays) to compel compliance to program requirements (NADCP 1997; Mitchell 2011).

Compliant clients advance through three or more, progressively less intense stages before completing the drug court, which typically takes at least one year. Ultimately, successful drug court clients are acknowledged at a formal graduation ceremony (NADCP 1997; Mitchell 2011).

Eligibility requirements vary across the thousands of jurisdictions operating such courts. In the majority of jurisdictions, eligibility is restricted to nonviolent offenders with evidence of substance dependence (Belenko 1998). Most common, nonviolent offenders are defined as those neither charged with, nor previously convicted of, a serious violent offense. While not all jurisdictions restrict eligibility to nonviolent offenders, the vast majority of drug courts do, in part, because this criterion is necessary to be eligible for federal drug court funding. Many courts also exclude arrestees charged with drug trafficking offenses, three or more prior felony convictions, or serious mental health issues (see Kalich and Evans 2006). In the end, most eligible offenders are charged with drug or property offenses and have relatively few prior felony convictions.

It is important to emphasize that the program requirements for drug courts are often strict, and clients are closely monitored for adherence to the demands of the program. Perhaps the best evidence of the difficulty of the drug court model is the high percentage of drug court clients who fail to graduate from these programs. For example, a U.S. General Accounting Office (GAO 1997, 56) survey of drug courts operating at the end of 1996 found that about 48 percent of drug court clients successfully completed the program. Similarly, Belenko's (2001) review of drug court evaluations found an average graduation rate of 47 percent with a range of 36 to 60 percent. Thus, the best estimate of drug court graduation rates is just under 50 percent.

Yet drug courts have become remarkably popular. Within two decades, drug courts have gone from a single court in one jurisdiction to an international movement with thousands of courts in operation. Dade County, Florida, was the first jurisdiction to develop and adopt the drug court model. Those involved in the Dade County drug court, as well as criminal justice administrators and policy makers in other jurisdictions, viewed the county's innovative drug court as a success, and criminal justice systems throughout the United States have been widely adopted its approach. In 1994, five years after the initial drug court opened for operation, 40 drug courts were in operation. Five more years later, 472 courts were operating. By 2004, the number of operating drug courts stood at more than 1,600 (Huddleston, Marlowe, and Casebolt 2008). The most recent data indicate that more than 2,400 drug courts were in operation in the United States (Huddleston and Marlowe 2011).

Drug courts have increased not only in number but also in kind. Originally, drug courts were local courts that primarily served adult offenders with illicit substance abuse problems. In recent years, however, drug courts for juvenile offenders and offenders charged with driving while intoxicated (DWI) have been opened and proliferated. Juvenile drug courts focus on youth struggling with alcohol and/or other drugs. The youth are expected to meet with the judge on a regular basis and develop a plan to address their substance abuse problems. Similarly, DWI courts target repeat offenders who are arrested for incidents of alcohol-related driving in hopes of providing public safety and identifying the causes of their behavior. As of 2011, 476 juvenile and 172 DWI drug courts were in operation (Huddleston and Marlowe 2011).

Our objective was to review the effectiveness of various types of drug courts (i.e., adult, DWI, and juvenile drug courts) with respect to future criminal offending and drug use. This systematic review focused on comparing the effectiveness of these programs to "standard" criminal justice system case processing. To determine the impact of drug courts, we assessed elements related to drug courts' effects on recidivism in the short- and long-terms, as well as the relationship between reported drug court findings and study methodologies.

Most of the results...examine recidivism in the 12 months after drug court entry.

Summary of Systematic Review Methods

#### **Summary of Systematic Review Methods**

To assess the effectiveness of drug courts, this review synthesized the results of experimental and quasi-experimental evaluations of drug courts that utilized a comparison group, which refers to offenders processed through the criminal justice system without participating in drug court or a similarly intensive drug treatment program. The presence of a comparison group is crucial to rigorous evaluation research because comparison groups approximate what would have happened to those involved in drug courts if the drug court had not existed; thus, comparison groups are vital in estimating the effect of drug court participation.

More specifically, we searched for all published or unpublished drug court evaluations meeting the following eligibility criteria:

- 1. The evaluations examined a drug court program.
- 2. The evaluations included a comparison group treated in traditional fashion by the court system (e.g., probation with or without referral to treatment).
- 3. The evaluations reported a measure of criminal behavior, such as arrest or conviction for some measurement period following the start of the program. The measure may have been based on official records or self-reported and may have been reported on a dichotomous or continuous scale.
- 4. The evaluations reported enough information so that the researchers were able to compute an effect size (i.e., a standardized measure of the effectiveness of the drug court).

Once retrieved, each study was reviewed for final eligibility, and eligible studies were coded. From each eligible study, we calculated the difference in recidivism between drug court participants and nonparticipants into a standardized measure (i.e., effect size). Specifically, we utilized the odds-ratio effect size; an odds-ratio greater than 1 indicates a lower recidivism rate for drug court participants than nonparticipants (the comparison group), an odds-ratio less than 1 indicates a greater recidivism rate for drug court participants, and an odds-ratio of 1 means that there was no difference in recidivism between drug court participants and nonparticipants. We calculated separate odds-ratio effect sizes for drug-related recidivism (e.g., re-arrest for drug offense), drug use (as revealed by urinalysis or self-report), and general recidivism (re-arrest for any offenses).

We also coded the length of time covered by the recidivism comparison in an effort to examine the duration of drug courts' effects on recidivism. The most commonly reported observation period for recidivism was 12 months. Thus, most of the results discussed in the "Findings" section examine recidivism in the 12 months after drug court entry.

Further, we coded key features of the drug court, sample, and research methodology. In regard to the drug court, we distinguished traditional drug courts (i.e., adult drug courts), juvenile drug courts, and DWI drug courts. In regard to research methodology, we rated the methodological rigor of each study by using four categories: (1) weak quasi-experiments, (2) standard quasi-experiments, (3) rigorous quasi-experiments, and (4) randomized experiments, all of which range from weakest to strongest, methodologically speaking. In the "Analysis" section, we examine the relationship between effect size (the effectiveness of the drug court) and these coded features.

These results indicate that adult and DWI drug courts are effective in reducing general and drug-related recidivism.

Findings

#### **Findings**

Our search produced 154 eligible and independent evaluations for this systematic review. Of the various drug court types, 60 percent of the evaluations were adult drug courts, 22 percent juvenile drug courts, and 18 percent DWI (driving while intoxicated) courts. Table 1 on page 36 displays the mean odds-ratio for each court type by outcome type (i.e., general recidivism, drug recidivism, and drug use).

Adult (traditional) drug courts have sizeable and statistically significant effects on general and drug-related recidivism (see Table 1). Specifically, the odds-ratio effect sizes for general (see Figure 1 on page 37) and drug-related recidivism were both approximately 1.70 (1.66 and 1.70, respectively). If we assume a 50 percent recidivism rate for nondrug court participants (a typical recidivism rate), then an odds-ratio effect size of 1.70 translates into a 37 percent recidivism rate, suggesting that participation in traditional drug court reduces recidivism by 13 percentage points or an overall reduction in recidivism of 26 percent (-13 percent/50 percent).

Interestingly, few of the available evaluations of adult drug courts measured drug use (only four evaluations had suitable drug use measures). Those evaluations that did assess the effect of adult drug court participation on drug use typically but not always found reductions in drug use. However, because of the small number of evaluations measuring drug use and the inconsistency in the results of those that did, the effect of participation in adult drug court on drug use was not statistically significant.

In regard to DWI drug courts, the effect sizes in Table 1 indicate that participation in DWI drug courts had roughly a comparable effect on all three measures of recidivism as traditional drug courts. In particular, the average (mean) effect size for general (see Figure 2 on page 39) and drug-related recidivism were both approximately 1.60 (1.65 and 1.59, respectively). These averages are similar to those of adult drug courts. These findings suggest that DWI drug courts have similar average effects as traditional drug courts (i.e., reductions in recidivism of roughly 12 percentage points or 24 percent in total, if we continue to assume a 50 percent recidivism rate for nonparticipants). The results of Table 1 also indicate that few evaluations (two, to be specific) examined DWI drug courts' effect on drug use; the few evaluations that did examine this outcome yielded inconsistent results.

Evaluations of juvenile drug courts show considerably weak evidence of these courts' effectiveness (see Figure 3 on page 39). Specifically, the available evaluations of juvenile drug courts indicate that participation in these courts produced modest but statistically significant reductions in general recidivism (see Figure 3) with an average effect size of 1.37; an effect size of this magnitude is analogous to a drop in recidivism from 50 percent for nonparticipants to roughly 43.5 percent for juvenile drug court participants. However, participation in juvenile drug courts was not meaningfully associated with reductions in drug-related recidivism; for this outcome, the average effect size was 1.06, indicating that participation in these courts had a very small effect on drug-related recidivism. Further, only three evaluations measured the effect of participation on drug use, and these three produced inconsistent results.

Taken together, these results indicate that adult and DWI drug courts are effective in reducing general and drug-related recidivism. Further, the effect of participation on measures of recidivism for these two types of drug courts are very similar in magnitude; general and drug-related recidivism is reduced by approximately 12.5 percentage points, which is a 25 percent reduction in recidivism. Juvenile drug courts have considerably smaller effects on recidivism; participation in these courts reduces general recidivism by 6.5 percentage points, which is a 13 percent reduction in recidivism.

In short, adult and DWI drug courts appear to have the most impact on general and drug-related recidivism whereas juvenile drug courts' only effect was on general recidivism (albeit smaller in comparison to adult and DWI drug courts). More important, the effects of drug courts seem to persist past graduation from the program (about three years after drug court entry). Although the evaluation of all three types of drug courts indicate that drug court participants have, on average, lower rates of general and drug-related recidivism than nondrug court participants, these findings need to be interpreted within the context of methodological dissimilarities that surface across the studies.

The most methodologically rigorous evaluations find evidence of the effectiveness of drug courts.

Analysis

#### **Analysis**

It is important to emphasize that the results presented in the "Findings" section concern the *average* effects of drug court participation and that there was considerable *variability* in the results across evaluation. We conducted many analyses to assess whether the variability in the effects of drug court participation was systematically related to features of the methodology, features of the drug court program, and/or characteristics of the sample used in the evaluation.

One persistent criticism of drug court evaluations is they typically are methodologically weak, and as a result, the observed reductions in recidivism may be an artifact of this lack of methodological rigor. In other words, more rigorous evaluations may fail to find that drug court participation reduces recidivism. To address this issue, we rated the methodological rigor of each evaluation. These analyses found that the magnitude of general recidivism effect sizes (i.e., the effectiveness of a drug court) was not systematically related to methodological rigor, and even the most methodologically rigorous evaluations find evidence of the effectiveness of drug courts.

Another important methodological issue concerns whether the reductions in recidivism from drug court participation last long-term. Many of the evaluations of adult drug courts measured general recidivism at multiple time points (e.g., 12, 24, and 36 months). Such evaluations enabled us to carefully explore the durability of adult drug courts' effects on general recidivism. Our analyses reveal that the average effect sizes were similar at one-, two-, and three-years post-adult drug court entry. Thus, the effects of participation in adult drug courts last at least three years.

We also examined the systematic relationships between average effect size and drug court features as well as sample features. Few of these analyses found statistically significant relationships. This finding suggests that the effects of drug courts are largely robust to differences in drug court features and clients.

Juvenile drug courts may need to reassess their eligibility criteria and intensify the program requirements.

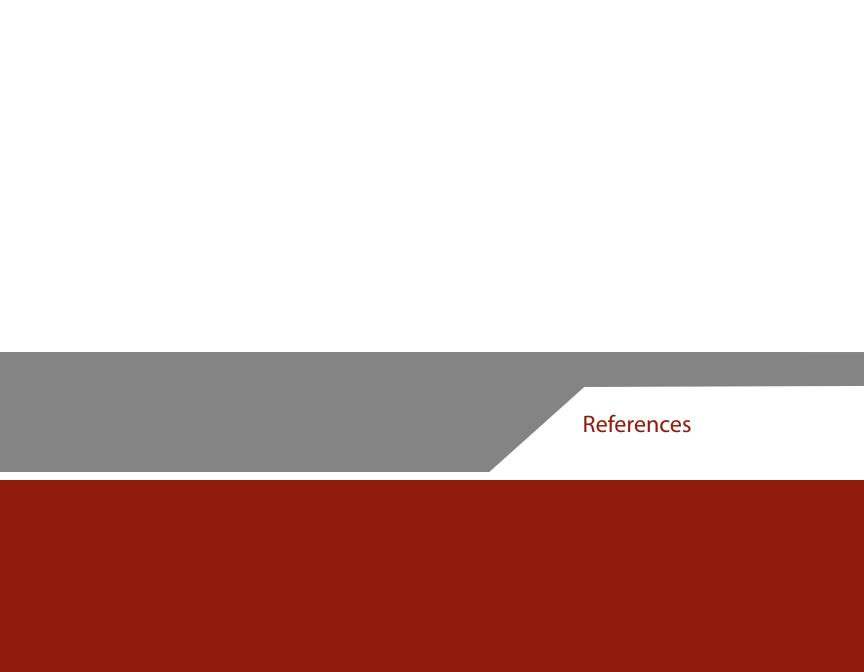
Conclusions

#### **Conclusions**

The rapid expansion of drug courts across the United States has been remarkable. In approximately 20 years, drug courts have gone from a solitary court in one jurisdiction to a national phenomenon with thousands of courts in operation. The drug court phenomenon has become an international movement, as courts are now in operation in several nations.

Perhaps even more remarkable has been the results of empirical evaluations of drug courts. As this synthesis reveals, the vast majority of evaluations of adult and DWI drug court programs find that participants in these programs have lower recidivism than nonparticipants, and often these differences are considerable. Thus, the accumulated evidence suggests that adult and DWI drug courts are effective in reducing recidivism. The policy implication of this conclusion is that continued funding, development, and operation of adult and DWI drug courts are warranted.

For juvenile drug courts, we find that these courts have considerably smaller effects on recidivism than either adult or DWI drug courts. So, the question becomes: Why are juvenile drug courts less effective than other kinds of drug courts? Obviously, we cannot answer this question with certainty, yet two factors seem relevant. First, juvenile drug courts generally provide services to relatively high-risk offenders whereas other kinds of drug courts typically exclude high-risk offenders. Second, juvenile drug courts appear to be less demanding interventions than adult drug courts (e.g., drug tests and status hearings appear to be less frequent in juvenile drug courts). If these two factors are indeed related to the reduced effectiveness of juvenile drug courts, then the implication is that juvenile drug courts may need to reassess their eligibility criteria and intensify the program requirements.



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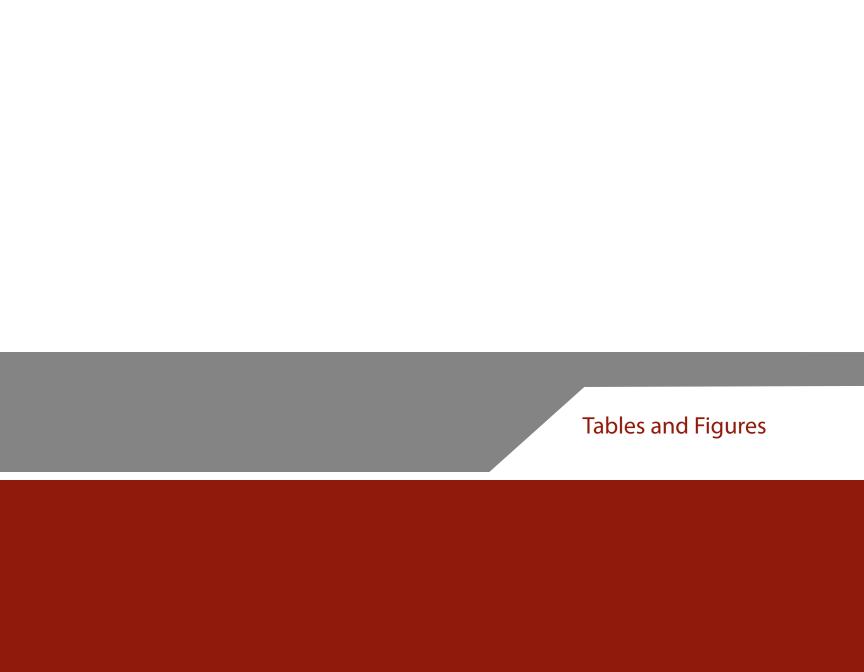


Table 1. Mean Random-Effects Odds-Ratio by Type of Recidivism Measure

Drug Court Type	Outcome	Mean ES	Lower (95% Confidence Interval)	Upper (95% Confidence Interval)	<b>k</b> <sup>a</sup>
Adult	General recidivism <sup>b</sup>	1.66*	1.50	1.84	92
	Drug recidivism <sup>c</sup>	1.70*	1.39	2.08	42
	Drug use	1.45	0.92	2.28	4
Juvenile	General recidivism	1.37*	1.15	1.63	34
	Drug recidivism	1.06	0.69	1.63	14
	Drug use	1.50	0.67	3.34	3
DWI	General recidivism <sup>d</sup>	1.65*	1.35	2.02	28
	Drug recidivism <sup>e</sup>	1.59*	1.22	2.09	14
	Drug use	1.87	0.34	10.23	2

a Number of evaluations

b The mean effect size is 1.57 (95% C.I. 1.43–1.72) when *three* large positive effect sizes were removed.

c The mean effect size is 1.46 (95% C.I. 1.28–1.67) when *two* large positive effect sizes were removed.

d The mean effect size is 1.63 (95% C.I. 1.33–1.99) when *one* large positive effect size was removed.

e The mean effect size is 1.57 (95% C.I. 1.20–2.04) when one large positive effect size was removed.

<sup>\*</sup> p < 0.05

Figure 1. Plot of General Recidivism Effect Sizes for Adult (Traditional) Drug Courts

Author and Year	N	Favors Comparison	Favors Treatment
Santa Clara County 1997	287		-
Janikowski n.d.	362		<b>—</b>
Galloway and Drapella 2006	71		<b>—</b>
Carey and Waller 2007	221		<b>—</b>
Nartinez and Eisenberg 2003 (Dallas)	491		<b>—</b>
Peters and Murrin 1998 (Escambia)	62		<b>•</b>
Harrison et al. n.d.	184		<b>—</b>
Rempel et al. 2003 (Queens)	652		<b>—</b>
Listwan and Latessa 2003 (Ada)	401		<b>—</b>
Listwan et al. 2001 (Erie)	86		<b>—</b>
NPC Research 2009 (Wicomico)	133		<b>─</b>
McNeece and Byers 1995	151		<b>—</b>
Martinez and Eisenberg 2003 (Travis)	349		<b>—</b>
Mahaffy 2006	191		<b>—</b>
Peters and Murrin 1998 (Okaloosa)	162		<b>—</b>
Marchand et al. 2006 (Barry)	235		<b>—</b>
Rempel et al. 2003 (Suffolk)	401		<b>—</b>
Carey and Finigan 2007 (Vigo)	387		<b>—</b>
Jobe 2007	387		<b>—</b>
Carey and Marchand 2005	124		<b>•</b>
Carey and Finigan 2007 (Monroe)	276		<b>—</b>
Carey and Finigan 2007 (St. Joseph)	276		<b>—</b>
M. M. Bell Inc. 1998	504		<b>—</b>
Goldkamp and Weiland 1993	627		<b>—</b>
NPC Research 2008 (Harford)	383		<b>—</b>
Rempel et al. 2003 (Syracuse)	498		<b>———</b>
Sechrest et al. 1998	345		<b>—</b>
Truitt et al. 2002 (Jackson)	4236		<b>+</b>
Goldkamp et al. 2010 (Multnomah)	1093		<b>-</b>
Rempel et al. 2003 (Brooklyn)	1297		<b>-</b>
Deschenes et al. 2000	583		<b>—</b>
Shanahan 2004	468		<b>—</b>
Marchand et al. 2006 (Kalamazoo)	499		<b>—</b>
Tauber 1995	220		<b>—</b>
		.1 .25 .50 .75	
			s-Ratio

Figure 1. Plot of General Recidivism Effect Sizes for Adult (Traditional) Drug Courts (cont'd)

Author and Year	N	Favors Comparison	Favors Treatment
Listwan et al. 2001 (Akron)	471	-	
Logan et al. 2001	745		
Goldkamp et al. 2000 (Clark)	1009		
Roman et al. 2009	277	_	<b>—</b>
Gottfredson et al. 2000	235	_	<u> </u>
Godley et al. 1998	254	_	•
Listwan and Latessa 2008	1325	-	<u> </u>
Payne 2005	156		<b>—</b>
Wickstrom 2006	70		<b></b>
Krebs et al. 2007	475		•
Johnson and Latessa 2000	448		•
Rempel et al. 2003 (Bronx)	747	-	
Rempel et al. 2003 (Rochester)	1070		•
Brewster 2001	205		<u>•</u>
y and Finigan 2007 (Vanderburgh)	329	_	<u> </u>
Truitt et al. 2002 (Escambia)	2860	1	<u> </u>
O'Connell and Wright n.d.	567		<u> </u>
twan and Latessa 2003 (Kootenai)	256		
Deschenes et al. 1999 (Orange)	676		<b>—</b>
Johnson et al. 1998	319		<u> </u>
Bayon 2001	264		<b>X</b>
inez and Eisenberg 2003 (Jefferson)	349		<b>X</b>
Vito and Tewksbury 1998	290		<b>X</b>
Stageberg et al. 2001	312		
Goldkamp et al. 2001	596		
Weatherburn et al. 2008	974		
Makkai and Veraar 2003	354		
Cosden et al. 1999 (Ventura)	301		
Roehl 1998	91		
	180		
Carey et al. 2009 (Rutland) Deschenes et al. 1994			
Bouffard and Richardson 2006	630		
	161		
Kalich and Evans 2006	496		
Rhodes et al. 2006	1191		
Wolfe et al. 2002	693		<del></del>
NPC Research 2008 (PG)	340		
Harrison et al. 2001	624		
Anspach et al. 1999	72		
NPC Research 2009 (Balto)	1368		
Ericson et al. 1999	939		
Terry 1995	1088		
Miethe et al. 2000	602	•	
Meekins 2003	249	•	
Overall Mean Ode	ds-Ratio		•
		.1 .25 .50 .75 1	2 5 10 25

Figure 2. Plot of General Recidivism Effect Sizes for DWI Drug Courts

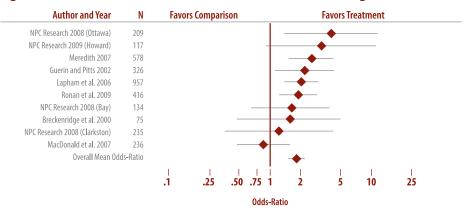
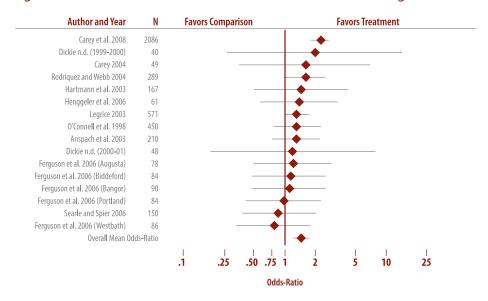


Figure 3. Plot of General Recidivism Effect Sizes for Juvenile Drug Courts





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July 2013 e05137574

ISBN: 978-1-932582-80-2