RESEARCH ON DRUG COURTS:
A CRITICAL REVIEW
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National Drug Court Institute Review
Columbia University’s National Center on Addiction and Substance Abuse (CASA) has provided the first major academic review and analysis of drug court research to date. The author has reviewed 30 evaluations pertaining to 24 drug courts across the nation and concluded that “a number of consistent findings emerge from available drug court evaluations.” Importantly, the CASA study is the first to specifically look at the effectiveness of the drug court model on offenders when they are participating in the drug court program, comparing the drug court model to other forms of community supervision. The study found that drug courts provide closer, more comprehensive supervision and much more frequent drug testing and monitoring during the program, than other forms of community supervision. More importantly, drug use and criminal behavior are substantially reduced while offenders are participating in drug court.

Dr. Belenko is one the nation’s foremost researchers and writers on drug court programs and the impact of drug abuse on the criminal justice system. Dr. Belenko is a Senior Research Associate at the National Center on Addiction and Substance Abuse at Columbia University, where he authored a major study on drug abuse and prison populations Behind Bars: Substance Abuse and America’s Prison Population: (1998). Founded in 1992, CASA is a nationally recognized policy research center that conducts major research, policy and program demonstration initiatives in the substance abuse field.

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**EVALUATION (EV)-**

**CONSISTENT FINDINGS**

[1] Despite the different drug court statutes, jurisdictional differences, methods used by evaluators and the limitations of some data, a number of consistent findings emerge from available drug court evaluations.

**EV-RETENTION RATES**

[2] Retention rates for drug courts are much greater than the retention rates typically observed for criminal justice offenders specifically, and treatment clients in general.

**EV-Population Demographics**

[3] Although it is generally thought that drug courts target “first-time offenders” many drug court participants have substantial criminal histories and many years of substance abuse.

**EV-SUPERVISION**

[4] Drug courts provide closer, more comprehensive supervision and much more frequent drug testing and monitoring during the program than other forms of community supervision.

**EV-COST-SAVINGS**

[5] Drug courts generate savings, at least in the short term, from reduced jail/prison use, reduced criminality and lower criminal justice costs.

**EV-DRUG USAGE**

[6] Drug use is substantially reduced while offenders are participating in drug court.

**EV-RECIDIVISM DURING PROGRAM**

[7] Criminal behavior is substantially reduced while the offenders are participating in drug court.

**EV-RECIDIVISM**

[8] Based on more limited data and to a lesser but still significant extent, drug courts reduce recidivism for participants after they leave the program.

**EV-DESIGN WEAKNESSES**

[9] The author analyzes existing evaluation designs, identifies weaknesses and makes recommendations for improvements.
INTRODUCTION AND BACKGROUND

There has been great national interest in drug courts since the first one began operations in Dade County, Florida in 1989. The collaborations between the justice and treatment/public health systems epitomized by drug courts may offer considerable hope for a long-term reduction in drug-related crime and lower jail and prison populations.

The general notion of dedicating specified courtrooms solely to drug cases is not new. Indeed, special drug case courtrooms operated both in Chicago and New York City in the early 1950s. In the early 1970s, when heroin was the primary drug of abuse among offenders, New York City set up special "Narcotics Courts," in response to the passing of harsher drug laws. For the most part, however, these earlier efforts provided only limited access to drug treatment for offenders.

Most drug courts did not emerge out of a vacuum; other methods and programs have been tried over the past 20 years to link offenders to drug treatment at various points of the criminal justice process. Some drug courts evolved from existing programs or efforts to engage defendants in treatment, such as Treatment Alternatives to Street Crime (TASC) program interventions, limited diversion programs, conditions of pretrial release, conditions of probation or in conjunction with intermediate sanctions. But these earlier efforts were often fragmented, inconsistently or inappropriately used or not viewed as sufficiently effective. Supervision of treatment often rested on several agencies, and consequently, it was difficult to monitor treatment progress or compliance with court-imposed conditions.

As of April 1998, drug courts had been implemented in some 275 jurisdictions. The drug court model differs in important ways from previous efforts to provide drug treatment to offenders with underlying drug problems. In the drug court model, the various components of the criminal justice and substance abuse treatment systems work together to try and use the coercive power of the court to promote abstinence and prosocial behavior. By comparison, for the types of non-violent drug offenders generally targeted by drug courts, the typical adjudication process would result in a probation or short jail sentence, with little treatment or close community supervision.

The structure and procedures of drug courts also result in closer and more frequent supervision of offenders than typically seen under the standard probation or pretrial supervision that most nonviolent drug offenders experience, especially earlier in their criminal careers. The studies and data reviewed in this paper confirm that court appearances, drug tests, supervision and treatment contacts are much more frequent under the drug court model than under other forms of community supervision.

The key goals of most drug courts are to reduce drug use and associated criminal behavior by engaging and retaining drug-involved offenders in programmatic and treatment services; to concentrate expertise about drug cases into a single courtroom; to address other defendant needs through clinical assessment and effective case management; and to free judicial, prosecutorial and public defense resources for adjudicating non-drug cases.

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1 In this paper, the term “drug court” refers to dedicated courtrooms that provide judicially-monitored treatment, drug testing and other services to drug-involved offenders. Specialized courts that provide expedited case management or accelerated case processing for drug cases, without integrated treatment, are not part of this review.
The drug court model usually entails:
- judicial supervision of structured community-based treatment;
- timely identification of defendants in need of treatment and referral to treatment as soon as possible after arrest;
- regular status hearings before the judicial officer to monitor treatment progress and program compliance;
- increasing defendant accountability through a series of graduated sanctions and rewards;
- mandatory periodic drug testing;

The drug court model incorporates a more proactive role for the judge, who in addition to presiding over the legal and procedural issues of the case, functions as a reinforcer of positive client behavior. Although the judge is the central player in the program, most drug courts seek to function as a team in which prosecutors, defense attorneys and counselors work together to help offenders overcome their drug problems and resolve other issues relating to work, finances and family. Defendants who complete the drug court program either have their charges dismissed (in a diversion or pre-sentence model) or their probation sentences reduced (in a post-sentence model).

Drug courts have proliferated over the last few years. One important impetus was the Violent Crime Control and Law Enforcement Act of 1994, which contained provisions calling for federal support for the planning, implementation and enhancement of drug courts for nonviolent drug offenders. This federal support has helped to accelerate the growth of drug courts. Between 1995 and 1997, the U.S. Department of Justice, through its Drug Courts Program Office, provided a total of $56 million in funding to drug courts. This included 151 planning grants to help jurisdictions develop a drug court design, 99 implementation grants to start new drug courts and 29 enhancement grants to expand existing drug courts.10

The strong support of many national leaders such as Attorney General Janet Reno and General Barry McCaffrey, Director of the Office of National Drug Control Policy, has also raised the visibility of drug courts. The Fourth Annual Training Conference of the National Association of Drug Court Professionals (NADCP) in June 1998 is expected to attract about 2,000 participants. This compares with about 400 participants who attended NADCP’s first training conference in January 1995.

These developments, and the continuing recognition that (1) substance abuse is a major contributing factor to crime and social problems, and that (2) the traditional emphasis on enforcement and punishment of drug offenders has had little impact on substance abuse, suggest that drug courts will play an increasingly visible role in the nation's response to drug-related crime.

OVERVIEW

Given the strong national interest in drug courts, it is important to review what is known about their operations and impacts, especially as compared to more traditional methods of adjudicating, sentencing and supervising drug offenders.

The purpose of this review is to determine whether the existing research on drug courts provides a consensus on their efficacy. Although drug courts have been in
operation for a relatively short period of time compared to traditional methods of supervising offenders in the community, and program models are still evolving, sufficient research now exists that allows a more informed assessment of the extent to which they are achieving their primary goals of engaging and retaining drug offenders in treatment, reducing criminal justice costs, reducing the use of incarceration for nonviolent drug offenders and reducing drug use and recidivism among offenders.

In July 1997, the U.S. General Accounting Office (GAO) issued a report to the U.S. Congress providing an overview of the characteristics of drug courts and an assessment of their effectiveness. The report was based primarily on a GAO survey of 134 of the 140 drug courts in operation as of December 31, 1996, and the results of 20 evaluations of 16 drug courts that were available as of March 1997.

The GAO documented the growth of drug courts and noted the diversity of characteristics, structure and retention rates. Although noting that the existing evaluations were generally positive in their assessment of drug court outcomes, the GAO report concluded that there were insufficient data and research to definitively determine whether drug courts were effective in reducing recidivism and drug relapse. The report expressed several concerns about the design and scope of existing evaluations. Among the concerns were that most did not include comparison groups, most did not include follow-up data on drug relapse or post-program recidivism, that the courts that were evaluated differed in their operations, target populations and treatment services, and that the courts evaluated were relatively new and the observation periods short.

The present review updates and expands the GAO report. Included are a number of new evaluations that have been completed in the year since the GAO report was prepared, including several additional evaluations that include comparison groups and several that have updated recidivism rates. For example, the GAO report recognized that 4 of the 6 studies reviewed which included recidivism outcome comparisons between drug court participants and comparison groups, found lower post-program rates for the drug court clients. One of the two studies cited by the GAO that found no difference (Maricopa County, Arizona), has since been updated with three years follow-up data, and rearrest rates for the drug court sample were found to be significantly lower than for the probation-only control group. An updated version of the other study mentioned in the GAO report as finding no significant recidivism effects (Broward County, Florida) does find significantly lower rearrest rates for graduates than for the comparison group over a one-year follow-up period.

METHODS

For this review, as many evaluation reports as could be identified were collected and critically reviewed. Copies of reports in the collection of the Drug Court Clearinghouse and Technical Assistance Project at American University, and in the author’s personal collection, were included. In addition, several other research reports were obtained directly from NADCP. For general characteristics of the operations of a larger number of drug court programs, findings from the 1997 and 1998 national surveys conducted by the American University Drug Court Clearinghouse and Technical Assistance Project also were reviewed. All reports completed and received by May 15, 1998 were included in this review. Other evaluation reports may exist that are not known
to the Drug Court Clearinghouse, NADCP or the author; these were not included in this review.

Both published and unpublished evaluations were reviewed. Most drug court evaluations have been written for the local drug court or for funding agencies and have not been published in peer-reviewed or other professional journals. Although some progress or monitoring reports prepared by the drug court staff were included in the documents reviewed, more weight was given to reports conducted by outside evaluators. In all, 30 evaluation reports covering 24 drug courts (including two juvenile drug courts) were reviewed. Table 1 provides a list of the evaluations included in this review.

Where possible, comparisons to the conclusions contained in the July 1997 GAO report are made. All evaluations used in the GAO report were included in the current review. In addition, updated versions were available of six of the 20 studies reviewed by the GAO. Nine new studies that have appeared since that report was prepared are included, as well as two evaluations that had been completed prior to the GAO report but that had not been included in that review.

The evaluations were reviewed for quality, comprehensiveness, appropriateness and accuracy of the measures used and appropriateness of the comparison group. In synthesizing the findings, more weight was given to well-designed studies with adequate data collection methods. Although findings from specific evaluations are cited for illustrative purposes, the purpose of this article is not to provide a detailed review of individual evaluations but rather to synthesize the findings and identify common conclusions that can be drawn from the research.

**Types of Drug Court Evaluations:**

Drug court research has incorporated three types of analyses. The most common has been a process or operations evaluation that examines and describes the operations of the drug courts as they have been implemented. Such an evaluation recently began being required for drug courts receiving implementation grants for the U.S. Department of Justice, Drug Courts Program.
### Table 1: List of Drug Court Evaluations Reviewed

<table>
<thead>
<tr>
<th>Jurisdiction</th>
<th>Report Title</th>
<th>Author</th>
<th>Organization</th>
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<td>Maricopa County, AZ</td>
<td>Unpublished Data</td>
<td>Susan Turner</td>
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<td>July 1997</td>
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<td>Maricopa County, AZ</td>
<td>Drug Court or Probation?: An Experimental Evaluation of Maricopa County's Drug Court</td>
<td>Elizabeth Piper Deschenes, Susan Turner, Peter Greenwood</td>
<td>RAND</td>
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<td>Alameda County, CA</td>
<td>Oakland Drug Court Assessment</td>
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<td>The National Center for State Courts</td>
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<td>Alameda County, CA</td>
<td>An Evaluation of The Oakland Drug Court After Three Years</td>
<td>Judge Jeffrey S. Tauber</td>
<td>Oakland-Piedmont-Emeryville Municipal Court</td>
<td>January 1995</td>
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<td>Los Angeles County, CA</td>
<td>A Process Evaluation of Los Angeles County Drug Courts</td>
<td>Elizabeth Piper Deschenes, Sam Torres</td>
<td>California State University, Long Beach-Department of Criminal Justice</td>
<td>October 1996</td>
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<td>Riverside County, CA</td>
<td>The Riverside County Drug Court: Final Research Report for the Riverside County Probation Department, Riverside County, California</td>
<td>Dale K. Sechrest, David Shichor, Kim Artist, Georgette Briceno</td>
<td>Criminal Justice Department, California State University, San Bernadino</td>
<td>April 1998</td>
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<td>Santa Barbara County, CA</td>
<td>Year 1 Evaluation of the Santa Barbara County Substance Abuse Treatment Courts: Report Summary</td>
<td>Merith Cosden, Stacey Peerson, Linda Crothers</td>
<td>University of California, Santa Barbara</td>
<td>1997</td>
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<td>Santa Clara County, CA</td>
<td>Santa Clara County Courts Drug Treatment Court: Third Progress Report, One Year Period (March 1, 1996-March 31, 1997)</td>
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<td>Santa Clara County Drug Treatment Court</td>
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<td>Santa Clara County, CA</td>
<td>Santa Clara County Juvenile Drug Treatment Court Evaluation</td>
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<td>Ventura County, CA</td>
<td>An Initial Evaluation and Analysis of the Ventura County Drug Court Program</td>
<td>John C. Oberg</td>
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<td>Oriented Drug Offender System</td>
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<td>DC Superior Court</td>
<td>Preliminary Results from the Evaluation of the DC Superior Court Drug</td>
<td>Shannon Cavanagh, Adele Harrell</td>
<td>The Urban Institute</td>
<td>November 1997</td>
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<td>Intervention Program for Drug Felony Defendants</td>
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<td>Delaware</td>
<td>SODAT-Delaware Inc. Drug Court Diversion Program Annual Report</td>
<td>Emily A. Reed</td>
<td>SODAT-Delaware Inc.</td>
<td>April 1995</td>
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<td>Wilmington, DE</td>
<td>Evaluation of the Juvenile Drug Court Diversion Program</td>
<td>Marsha L. Miller, Evelyn A. Scocas, John P. O'Connell</td>
<td>Statistical Analysis Center, State of Delaware</td>
<td>March 1998</td>
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<td>Broward County, FL</td>
<td>A Performance Review of the Drug Court Treatment Program</td>
<td>Board of County Commissioners</td>
<td>Broward County</td>
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<td>Broward County, FL</td>
<td>Predicting Graduation From Broward County's Dedicated Drug Treatment</td>
<td>Mara Schiff, W. Clinton Terry, III</td>
<td>Department of Criminal Justice, Florida Atlantic</td>
<td>May 1997</td>
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<td>Court</td>
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<td>University; School of Policy and Management, Florida</td>
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<td>Broward County, FL</td>
<td>Broward County's Dedicated Drug Treatment Court: From Post-Adjudication</td>
<td>W. Clinton Terry, III</td>
<td>School of Policy and Management, Florida International</td>
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<td>Dade County, FL</td>
<td>Assessing the Impact of Dade County's Felony Drug Court: Final Report</td>
<td>John S. Goldkamp, Doris Weiland</td>
<td>Crime and Justice Research Institute</td>
<td>August 1993</td>
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<td>Monroe County, FL</td>
<td>Process Evaluation of the Drug Court Diversion &amp; Treatment Program in</td>
<td>William J. Woolf, Jr., The Court Administration</td>
<td>Sixteenth Judicial Circuit Court Administration</td>
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<td>Florida's Sixteenth Judicial Court</td>
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<td>Boston, MA</td>
<td>The Boston Drug Diversion Court: Eleven-Month Tabulation of Client Statistics</td>
<td>Jack McDevitt, Marla Domino, Christie Harris, Bill Sousa</td>
<td>May 1996</td>
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<td>Baltimore, MD</td>
<td>A Short-term Outcome Evaluation of the Baltimore City Drug Treatment Court Program</td>
<td>Denise C. Gottfredson, Kris Coblentz, Michele A. Harmon</td>
<td>June 1996</td>
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<td>Jackson County, MO</td>
<td>Evaluation of the First Year of Operation of the Jackson County Drug Court</td>
<td>N. Andrew Peterson</td>
<td>December 1994</td>
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<td>Clark County, NV</td>
<td>Clark County Drug Court: 42-Month Summary</td>
<td>Choices Unlimited Las Vegas</td>
<td>April 1996</td>
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<td>11th Judicial District (Farmington) NM</td>
<td>Eleventh Judicial District Drug Court Pilot</td>
<td>Hon. George A. Harrison, Carol A. Kunkel, Gregory T. Ireland</td>
<td>January 1998</td>
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<td>Multnomah County, OR</td>
<td>An Outcome Program Evaluation of the Multnomah County S.T.O.P. Drug Diversion Program</td>
<td>Michael Finigan</td>
<td>January 1998</td>
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<td>Multnomah County, OR</td>
<td>S.T.O.P.: Drug Diversion Program/Program Impacts and Evaluation</td>
<td>Multnomah County Dept. of Community Corrections</td>
<td>April 1994</td>
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<td>Travis County, TX</td>
<td>The Travis County Drug Diversion Court: A Preliminary Outcome Evaluation</td>
<td>William R. Kelly</td>
<td>January 1996</td>
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<td>King County, WA</td>
<td>Evaluation of the King County Drug Diversion Court</td>
<td>Urban Policy Research, M Bell, Inc., Toucan Research</td>
<td>1995</td>
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**Process or Operations Evaluation**

This type of evaluation describes the drug court as it has actually been implemented and usually includes basic descriptive information about the participants and program operations. Some evaluations have compared the characteristics of and outcomes for drug court clients to other drug offenders in the same jurisdiction and to the planned drug court target population. Basic program outcomes, such as percentage retained in the drug court for various time periods and graduation and dropout rates, are a part of most drug court process evaluations. The types and amounts of treatment and other services received are sometimes summarized, as is client performance while in the program.

Operations evaluations are important for describing key indicators, such as how the drug court program has been implemented, whether it is meeting its operational goals and objectives, the characteristics of offenders who participate, the services provided and the participant outcomes.

**Cost Savings Analysis**

One assumption made about drug courts is that they are less costly than traditional means of adjudicating drug offenders. This assumption seems reasonable given that many felony drug offenders are sentenced to prison, recidivism rates are high and chronic drug offenders are unlikely to reduce their drug use or associated criminality without some type of extended treatment intervention.

Although traditional forms of sentencing, such as prison or probation, are rarely asked by legislators or policy makers to demonstrate their cost effectiveness, drug courts tend to be under much closer scrutiny. Hence, in order to justify continued funding levels, or to increase funding levels for expansion, many drug courts have estimated the costs of drug court operations in comparison to standard adjudication. One difficulty of doing this is that a fair comparison would have to take into account the long-term impacts of drug court participation on drug use, recidivism, employment, health and family stability. Some drug courts may cost more per participant per year than traditional probation, for example, but better outcomes for drug court clients (such as reduced recidivism or increased employment and earnings) and shorter supervision periods generate significant cost savings over the long-run.

Unfortunately, there have been no completed drug court evaluations that have included a comprehensive analysis of costs and benefits. In part, this reflects the fact that calculating these long-term benefits and subtracting that from the costs of a drug court is an expensive and lengthy undertaking, requiring an impact evaluation with follow-up interviews and complex analyses of social and individual benefits. Some studies have compared the costs of the drug court to the costs of processing and sentencing drug offenders through traditional routes, estimating actual or potential cost savings based on such factors as reduced jail or prison utilization, lower recidivism rates and lower probation supervision costs.

**Impact Evaluations**

The final evaluation strategy examines the impact of drug courts on the lives of its clients compared to similar drug offenders processed through traditional courtrooms.

The collection and analysis of recidivism data is crucial for addressing public safety concerns about placing felony drug offenders (even those without violent histories) into community-based drug treatment. Based on previous research on drug offenders and
drug courts, we can hypothesize that drug-involved offenders given treatment and other services will have lower rearrest rates than similar offenders not provided with these services.

In this type of evaluation, post-program outcomes are analyzed for a sample of drug court offenders relative to an appropriate comparison group. Examples of comparison groups used by drug court researchers have included similar drug offenders adjudicated before the local drug court began, eligible offenders who were referred to the drug court but did not enroll and matched samples of drug offenders sentenced to probation.

Drug court evaluations have used several different measures to calculate recidivism rates. Most simply calculate the percentage of individuals rearrested after going through the drug court program. The follow-up period varies by the study, but most have tried to include at least one year of follow-up. Some studies have calculated the average number of rearrests per client, or the length of time to the first rearrest. More sophisticated recidivism analyses would adjust rearrest rates for "time at risk" by discounting for any time spent in jail or prison, and would include a fixed follow-up period for all subjects, but no studies to date have done this. Most studies compare only drug court graduates to a comparison sample, which tends to inflate the overall effect of the intervention, while a few make the more appropriate comparison between all drug court enrollees and the comparison sample. Another problem in some studies has been that due to small drug courts or limited data collection periods, the sample sizes are fairly small, making interpretation of the findings more difficult.

RESULTS

Despite the different drug court structures, jurisdictional compositions, methods used by drug court evaluators and the limitations of some of the data, a number of consistent findings emerge from the available drug court evaluations. Drug courts have been more successful than other forms of community supervision in closely supervising drug offenders in the community through frequent monitoring and close supervision including mandatory frequent drug testing, placing and retaining drug offenders in treatment programs, providing treatment and related services to offenders who have not received such services in the past, generating actual and potential cost savings and substantially reducing drug use and recidivism while offenders are in the program. Based on more limited data and to a lesser but still significant extent, drug courts reduce recidivism for participants after they leave the program. Perhaps equally important for the future of the criminal courts system, drug courts have demonstrated the feasibility of employing a team-based, problem solving approach to adjudicating offenders with drug problems in a way that appears to reduce system costs and improve public safety.

This consistency of findings across evaluations provides a level of confidence in making some general conclusions about the operations and efficacy of drug courts.

In this section the key findings synthesized from existing evaluations are summarized.

**Drug Court Operations:**

1. Drug courts are able to engage and retain felony offenders in programmatic and treatment services
The offender populations participating in drug courts have had extensive histories of substance abuse but little prior treatment. According to initial findings from the 1998 drug court survey conducted by the Drug Court Clearinghouse and Technical Assistance Project at American University, only 26% of drug court participants had been in prior substance abuse treatment, although 72% had been in jail or prison. These rates are similar to overall rates found for arrestees: according to data from the U.S. Department of Justice Drug Use Forecasting system, only 24% of adult felony arrestees had ever been in drug treatment, including about 26% of those arrested for felony drug sale or possession. Only 8% of juvenile (under age 18) arrestees had ever been in treatment.

Retention rates for drug courts (which by definition imply retention in drug treatment) are much greater than the retention rates typically observed for criminal justice offenders specifically, and treatment clients in general. Based on the American University drug court survey data and some of the research reports, it is estimated that about 60% of those who enter drug courts are still in treatment (primarily outpatient drug-free) after one year. Although most drug courts require a minimum program length of one year, the percentage of all admissions that actually graduate from drug court is somewhat lower than the one-year retention rate. The GAO report estimated a minimum 48% average program completion or graduation rate for those that enter drug court; that figure did not include those who were still active in the drug court, so actual graduation rates are higher. Some evaluations that examined graduation rates found higher rates, some found lower.

In addition, the typical drug court model recognizes that most drug-involved offenders have other service needs in addition to treatment. Most of the drug court evaluations that have examined the delivery of ancillary, non-treatment services found that such services were made available and accessed by drug court clients. However, specific data on the percentage of clients who have accessed particular services is generally not available but would be important to document in future evaluations.

In contrast, the most recent national evaluation of treatment outcomes found that half of those admitted to outpatient drug-free programs stayed less than three months. One-year retention in residential therapeutic communities ranged from 10-30% in one review. A study of treatment retention among parolees in New York State found that only 31% of parolees referred to community-based treatment remained in treatment after six months.

The treatment evaluation literature is clear that retention is one of the key predictors of positive post-treatment outcomes. Unfortunately, many of the drug court research studies reviewed make it difficult to calculate one-year retention or program graduation rates because of a limited observation period, unclear time periods or other data problems. Elements of the drug court model that may increase retention in treatment (such as graduated sanctions and rewards, judicial supervision and acceptance of relapse) have not been studied but merit further research.

It was also somewhat difficult to compare retention or graduation rates across studies because not all used the same cut-off period, observation time varied and clients had varying amounts of potential time in the program. In some reports the observation period was not clear, and in others it would be too short to allow calculation of a meaningful retention rate. Other studies mixed graduates and active participants, and only a small number of studies have had a long enough or a clear enough follow-up period to make it possible to calculate a graduation/completion rate among all admissions.
One drug court evaluation illustrates how length of time in treatment (or “dosage”) may affect outcomes. For the Multnomah County (Portland, OR) Drug Court an evaluation found that the longer time the participant spent in treatment the lower the post-program recidivism. This finding is consistent with general findings in the treatment outcome literature and suggests that the positive impacts of drug courts may be increased by strategies and procedures that increase the length of participation in treatment.

2. Serving the target population
[3] John Goldkamp writes that: it is important for drug courts to identify appropriate target populations and to create procedures for screening and enrolling offenders that maximize the likelihood of “hitting the target” population. In general, the drug court evaluations find that the programs have succeeded in enrolling the targeted number of clients with the desired eligibility criteria. Interestingly, although it is generally thought that drug courts target “first-time offenders,” many drug court clients have substantial criminal histories and many years of substance abuse histories. While the drug court model can be an effective intervention that stops or delays the onset of a chronic career of drug abuse and criminality, such “first-timers” are generally not sentenced to prison. It is the older more “experienced” offender for whom successful treatment intervention can have the greatest impact on prison populations and generate the most substantial savings in reduced crime and criminal justice system costs.

Drug use patterns also differ greatly across drug courts. For example, the primary drug of abuse reported by participants includes alcohol (Delaware), methamphetamine (Santa Clara, CA), cocaine or crack (Key West, FL), and heroin (Boston, MA).

3. Client supervision and monitoring
[4] The data indicates drug courts provide more comprehensive and closer supervision of the drug-using offender than other forms of community supervision. According to a number of evaluations and American University’s national drug court survey, most drug courts provide close supervision of offenders through regular court hearings, mandatory frequent drug testing and regular reports from treatment providers. The American University’s 1997 Drug Court Survey Report found that 55% of drug courts require at least two drug tests per week during phases I and II of the program, 35% require weekly tests and 10% require a test every other week during participation. By comparison, drug testing prior to the implementation of the drug court was much less frequent: under probation supervision, 52% of the jurisdictions reported monthly testing, 8% tested weekly, 6% did not test at all and 33% tested on a less frequent, random or as-needed basis.

The typical drug court requires regular status hearings before the judge to assess progress in the program, review drug test results and make decisions about sanctions and rewards. Such hearings tend to be more frequent during the first two phases of the typical three-phase drug court program. The American University, 1997 Drug Court Survey Report found that in 74% of the 81 drug courts responding, hearings were held at least bi-weekly during the first two phases; for most of the remaining drug courts (24%) status hearings were primarily monthly. In the same survey, nearly all drug courts

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2 Drug court phases are described in American University’s 1997 Drug Court Survey Report: (Vol.1 p 60): Phase I generally ranges between 30 and 90 days; phases II and III generally last between 2 to 4 months each.
(88%) reported that a minimum of weekly contact with a treatment provider is required throughout the entire program.

Again, this level of monitoring and supervision is much more frequent than under typical probation or pretrial supervision. For example, only 8% of the reporting jurisdictions stated that prior to drug court implementation routine court appearances were held for those under community supervision. Seventy-three (73%) of probationers had face-to-face meetings with their probation officers on a monthly or less frequent basis. One-third of the jurisdictions offered intensive probation supervision, however, only 5% of all probationers nationwide were in intensive probation.

Recently published findings from a national survey of probationers conducted by the U.S. Department of Justice confirms that relatively few offenders receive services while on probation, and supervision contacts are less frequent than in drug courts. For example, at the time they were interviewed, only 25% of probationers reported that they were required to undergo drug testing, 16% were in a substance abuse treatment program, 5% were in other counseling programs and 3% were in an educational program. One quarter of felony probationers had had no contact of any type with their probation officer during the past month.

COST SAVINGS:

One of the important empirical questions about drug courts is whether the costs of operating such programs are less than the economic benefits or cost savings that accrue because incarceration time is reduced or drug treatment reduces the likelihood of relapse and recidivism. A number of drug court evaluations have attempted to estimate such cost savings, some using quite simple calculations and assumptions, others using more sophisticated methodologies that try to project future savings in public health and welfare as well as criminal justice costs.

The general consensus from the evaluations reviewed is that drug courts generate savings in jail costs, especially for pretrial detention. In addition, several evaluations have found savings in probation supervision, police overtime and other criminal justice system costs. One study that employed a more comprehensive methodology and multiple outcome measures, estimated substantial long-term cost savings attributable to the drug court.

Michael Finigan estimated that a one-year admissions cohort of 440 drug court clients produced criminal justice system cost savings for Multnomah County of $2,476,795 over a two-year period (net of the annual $1 million cost of operating the drug court program). Adding savings in victimization, theft reduction, public assistance and medical claims costs to the criminal justice costs, it was estimated that the drug court produced a cost savings for the state of $10,223,532 over two years. For the 102 individuals going through the Riverside County (CA) drug court in one year, the estimated total annual savings is $2,047,608 ($2,501,958 in jail/prison/parole costs averted, versus a program cost of $310,710 for one year of treatment and $143,640 in court processing costs).

It is perhaps not surprising that such economic benefits have been found for drug courts. Many drug court clients have spent time in prison and would have served some

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3 Overall, about 2/3 of probationers (2 million persons) may be characterized as alcohol and drug involved. (BJS, 1995)
pre-trial incarceration time for their current case if not in the drug court. The Honolulu Drug Court evaluators estimated that 43% of the drug court clients would have been incarcerated in the absence of the drug court, and estimated averted costs at between $677,000 and $854,000. Other drug courts serve a population that is primarily probation-bound, but even this group would likely serve some time in pretrial detention awaiting case disposition, or receive short jail sentences in addition to probation, in the absence of a drug court.

There is an emerging body of research that concludes that drug treatment is cost-beneficial for populations similar to that served by drug court. Research by the RAND Corporation on the relative cost-effectiveness of treatment, domestic enforcement, interdiction and source country control found that for heavy users of cocaine, treatment interventions would cost one-seventh as much as enforcement to achieve the same reduction in cocaine use. A comprehensive study of the economic benefits and costs of drug treatment in California found that the economic benefits of treatment were seven times higher than the costs of treatment. A recent analysis by The National Center on Addiction and Substance Abuse at Columbia University of the economic benefits of comprehensive treatment and aftercare for prison inmates, estimated that each inmate who successfully completes a one-year prison-based treatment program and remains drug-free and employed after release, generates $68,800 in economic benefits, compared to a treatment and aftercare cost of $6,500. For the most part, these studies find that substantial economic benefits accrue even assuming treatment completion rates that are much lower than achieved by drug courts.

In part because of the recency of the drug court movement and the limitations in the resources available for evaluation, none of the drug court evaluations to date have been comprehensive enough or of long enough duration to enable a full calculation of the long-term costs and benefits of drug courts. Such analyses, modeled on Finigan’s work on the Portland Drug Court, will be important for documenting the overall economic benefits of drug courts.

**CLIENT IMPACTS:**

A number of evaluations have collected data on drug use and recidivism while clients are in the drug court program. A smaller number have examined post-program outcomes compared to a comparison or control group. Several general conclusions can be drawn from the research findings:

1. **Drug Use Based on Urine Tests**

   Based on urine test results, drug use is substantially reduced while drug court offenders are in the program. For example, the Santa Clara County Drug Court evaluation found that only 5.4% of urine tests of drug court participants tested positive over a ten-month period, compared to 10.2% of tests for non-drug court offenders in electronic monitoring, 13.2% of tests for offenders on intensive supervision probation and 24.5% of tests for probationers under general supervision. In the Ventura County Drug Court program, only 9% of 966 urinalysis tests of participants during the first eight months of the program were positive.

   Preliminary findings from the most recent American University drug court survey found that, for the 13 courts that reported urinalysis test results, an average of 10% of the
tests were positive. In contrast, in the same jurisdictions the average percentage of positive tests for similar defendants not in the drug court but under probation supervision was 31%.

A few evaluations have examined post-program drug use -- these studies found that post-program drug use is lower for drug court participants than for comparison group cases. The experimental evaluation of the Washington, DC Drug Court by the Urban Institute reports preliminary findings that sanctions in the drug court (without much treatment) reduces drug use compared to standard court processing. The experimental evaluation of the Maricopa County (AZ) Drug Court found that drug court participants were more likely to have had recent drug treatment three years after drug court participation than the standard probation control group.

2. Recidivism

[7] Based on analyses of rearrest rates while clients are participating in the Drug Court, most of the evaluations find that criminal behavior was substantially reduced during participation in the program. For example, only 4% of participants in the Delaware adult drug court were rearrested during treatment, while the Santa Clara County Drug Court reported a rearrest rate of 3% for participants. Where comparison groups were utilized, criminal behavior was shown to be much lower for clients while participating in the program. The Ventura County evaluation showed a 12% rearrest rate compared to a 32% rearrest rate for the comparison group (over an 8-month period); The Jackson County, MO evaluation found a 4% rearrest rate compared to a 13% rearrest rate for the comparison group (over a 6-month period).

[8] All evaluations that have compared post-program recidivism for drug court graduates and comparison groups find much lower recidivism rates. However, the more appropriate comparison should be made between all drug court participants (whether or not they graduated) and a comparison group. Several evaluations have made this comparison, and again, lower rearrest rates were found for drug court clients. However, it is not surprising that the differences are not as large as for graduates only. In one study (Baltimore Drug Court), the evaluators also examined technical probation violation and warrant rates for drug court clients and a comparison group. For two of the three types of drug court referrals in the Baltimore Drug Court (district court and violation of probation cases) both the technical violation and warrant rates were lower for drug court participants. For circuit court participants, these rates were higher than for the comparison sample. Table 2 summarizes recidivism findings for those studies that have tracked rearrests for all drug court participants, and included a comparison group. For eight of the nine studies, post-program recidivism rates were lower for drug court participants. One study (Denver) found only a small effect; this report did not contain sufficient detail about the sample characteristics or the drug court eligibility criteria to explain why the recidivism effects for this court were so modest compared to the other studies. Of the eight other studies, two of the three that provided such information reported that the differences in recidivism rates between the drug court and the comparison groups were statistically significant. The differences for the Delaware Juvenile Drug Court, although large, were not statistically significant, possibly reflecting the small sample size for the drug court participants.
3. Other Outcomes

A few evaluations have gathered employment data, and these generally found that drug court participants are more likely to gain employment while participating and upon graduation. The limited data in this area makes it difficult to draw many conclusions about the employment effects of drug courts. Examples of findings include those from the Delaware Adult Drug Court, where at the end of first year, 79% of drug court graduates were employed (full and part-time), in school or both, compared to 62% of non-graduates.

**SYSTEM IMPACTS:**

One of the important differences between drug courts and other types of criminal justice-based treatment interventions is the unique linkages and partnerships that are formed between the judiciary and other criminal justice agencies and substance abuse treatment programs. Another aspect of drug courts that departs from the traditional criminal justice structure is the encouragement of a
## Table 2: Summary of Post Program Recidivism Outcome

<table>
<thead>
<tr>
<th>Drug Court</th>
<th>Author</th>
<th>Comparison Sample</th>
<th>Follow-up Period</th>
<th>% Arrested</th>
<th>Drug Court</th>
<th>Comparison</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maricopa County, AZ</td>
<td>RAND</td>
<td>Offenders randomly assigned to probation track (n=364).</td>
<td>36 months</td>
<td>33.1</td>
<td>43.7</td>
<td></td>
</tr>
<tr>
<td>Oakland, CA</td>
<td>Tauber</td>
<td>Defendants referred to Diversion between 1/1/90 and 3/8/90, prior to establishment of treatment oriented drug court (n=110).</td>
<td>36 months</td>
<td>.75(^a)</td>
<td>1.33(^a)</td>
<td></td>
</tr>
<tr>
<td>Riverside County, CA</td>
<td>Sechrest, et. al.</td>
<td>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).</td>
<td>drug court participants: up to 21 months. Comparison group: up to 27 months.</td>
<td>13.4</td>
<td>33.0</td>
<td></td>
</tr>
<tr>
<td>Denver, CO</td>
<td>Granfield and Eby</td>
<td>Two comparison groups of 100 offenders each were selected from the pre-drug court years of 1993 and 1994</td>
<td>12 months</td>
<td>53.0(^b)</td>
<td>58.0(^b)</td>
<td></td>
</tr>
<tr>
<td>Wilmington, DE (Juveniles)</td>
<td>Miller, et. al.</td>
<td>Randomly selected juveniles arrested for misdemeanor drug possession during the first half of 1995, prior to the implementation of the drug court (n=90).</td>
<td>12 months</td>
<td>33.3(^c)</td>
<td>51.1</td>
<td></td>
</tr>
<tr>
<td>Dade County, FL</td>
<td>Goldkamp and Weiland</td>
<td>Sample II: presumably eligible defendants who did not enter drug court (n=89). Sample III: defendants with felony drug cases who were ineligible for the program (n=199). Sample V: defendants with felony drug cases selected from a period of three years before implementation of drug court (n=302).</td>
<td>18 months</td>
<td>33.2</td>
<td>48.7(^d)</td>
<td></td>
</tr>
</tbody>
</table>
| Baltimore, MD               | Gottfredson, et. al.        | Comparison group drawn from District and Circuit Court drug court participants and 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  
Circuit Court: 26.5  
VOP: 18.5  
District Court: 27.1  
Circuit Court: 30.4  
VOP: 30.2 |

\(^a\) \(^b\) \(^c\) \(^d\)
<table>
<thead>
<tr>
<th>Location</th>
<th>Source</th>
<th>Description</th>
<th>24 months</th>
<th>12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multnomah County</td>
<td>Finigan</td>
<td>Sample of drug possession arrestees who were considered eligible for program but did not enter (n=150).</td>
<td>.59$^a$</td>
<td>1.53$^a$</td>
</tr>
<tr>
<td>Travis County</td>
<td>Kelly</td>
<td>Program-eligible defendants who were arrested prior to the implementation of the program (n=27).</td>
<td></td>
<td>38.0$^e$</td>
</tr>
</tbody>
</table>

$^a$ Average number of arrests per defendant.

$^b$ Proportion of offenders who were rearrested after sentencing.

$^c$ At the time of evaluation, only 18 drug court participants had been out of treatment for 12 months.

$^d$ Weighted average of felony drug comparison samples II, III, and V.

$^e$ Recalculated by the author for all participants. Kelly reports a one-year recidivism rate of 22% for program graduates and 43% for program dropouts.
non-adversarial relationship among the key courtroom actors and the agreement of all participants on the common goal of reducing drug problems among offenders. Although these qualitative impacts are somewhat difficult to measure, a number of drug court evaluations have cited the successful development and implementation of criminal justice/treatment partnerships and high degree of satisfaction among the drug court staff with the inter-agency relationships.

Some studies have cited problems that have arisen. Most commonly, such problems relate to conflicts between prosecutors and defense attorneys over responses to relapse or treatment compliance. In addition, problems have sometimes arisen between treatment providers and the drug court judge or drug court staff. Typically, such problems revolve around information flow between the treatment provider and the court or around differences of opinion on treatment decisions, such as moving a client to the next treatment phase or response to poor treatment progress. For the most part, drug courts are cognizant of these problems and have taken steps to resolve them. The drug court judge, of course, plays a crucial role in resolving disputes or conflicts among the various participating agencies and individuals.

Other positive system impacts have been noted in drug court evaluations that seem to reflect the operational structure and philosophy of drug courts. Based on observations and interviews with participants, a number of evaluations have noted the development of partnerships between the court and community, increased cooperation among various criminal justice agencies and their personnel and the development and expansion of a “problem-solving” approach to justice.

CONCLUSIONS

This article has summarized findings from the existing evaluations of both older and newer treatment courts. Although the evaluations vary considerably in scope, methodology and quality, the results are consistent in finding that:

(1) drug courts have been successful in engaging and retaining felony offenders in programmatic and treatment services who have substantial substance abuse and criminal histories but little prior treatment engagement;

(2) drug courts provide more comprehensive and closer supervision of the drug-using offender than other forms of community supervision;

(3) drug use and criminal behavior are substantially reduced while clients 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, at least in the short term, from reduced jail/prison use, reduced criminality and lower criminal justice system costs; and

(6) drug courts have been quite successful in bridging the gap between the court and the treatment/public health systems and spurring greater cooperation among the various agencies and personnel within the criminal justice system, as well as between the criminal justice system and the community.
[9] However, there are several gaps in our knowledge about drug courts that future research should address. Some of these points were also made in the 1997 GAO report.

First, data should be collected on post-program outcomes for a longer follow-up period. Only one study thus far has tracked multiple outcomes for as long as three years with a comparison group (RAND Maricopa County evaluation); another study has collected recidivism data for up to four years after program entry, including reconvictions as well as rearrests, although no comparison group was included (National Center for State Courts Oakland evaluation).

Second, with the exception of the RAND Maricopa County study, there have been few studies that have included follow-up data on outcomes other than rearrest. Multiple outcome measures are preferable to single measures to gauge the impact of a treatment-based intervention. In addition, more comprehensive data about drug court clients are needed to increase our understanding of the factors that are associated with success or failure in a drug court. It is especially important to have more data on drug use and treatment history, as well as other behavioral, psychological and social measures gathered from client interviews.

Third, no extensive cost-benefit analyses have been conducted on drug courts. Comparative estimates of the costs of processing drug offenders through the regular court system should be made, including the costs of arrest processing (presumably the same as for drug court clients), prosecutorial case review, arraignment and court hearings (lower and upper courts), bail or pretrial release review, public defense, pretrial supervision including detention, jail sentence, probation sentence and prison sentence.

Fourth, there has been insufficient research on drug court treatment services that allows the determination of the specific factors that affect treatment outcomes. A few studies have analyzed program outcomes by client characteristics and a few have used multivariate techniques. Given the importance of treatment retention, future research should analyze the types and amounts of treatment services and client characteristics and how these relate to length of time in treatment and treatment completion. The specific characteristics and dynamics of drug courts, especially the role of the judge and the use of graduated sanctions and rewards, may explain the encouraging retention rates found in drug courts. However, more research is needed to determine how these factors work to increase retention, what role client characteristics and perceptions play, and how drug courts can be modified to further improve retention and program completion rates.

Fifth, it would be helpful to develop baseline measures that describe how drug offenders have historically been adjudicated in the drug court jurisdictions. Few evaluations have done this. Unless there are existing data about the dispositions and sentences of offenders prosecuted for drug possession (or whatever the drug court-eligible offenses in a particular jurisdiction), this would require the collection of new data. However, the effort would be worthwhile, in order to establish "baseline" outcomes, to provide some comparison group data and to support any future efforts to estimate cost savings from the drug court. The annual drug court surveys conducted by American University’s Drug Court Clearinghouse and Technical Assistance Project have provided some worthwhile data on these issues.

Sixth, it should also be stressed that many drug courts are still rather new and therefore still in a formative stage. For some courts, procedures and operations, and possibly the target population, will undergo changes over the next couple of years.
Follow-up evaluations need to be conducted to see whether changes in the drug court or other trends affect their operations or impacts.

Finally, only two studies thus far have used an experimental design with random assignment to evaluate a drug court program. However, for one of these evaluations (Maricopa) the drug court is a post-sentence model, so that findings cannot necessarily be generalized to diversion-model drug courts. In the other evaluation that has used an experimental design (The Urban Institute’s evaluation of the Washington, DC Drug Court) there have been problems in providing the planned treatment services in the designated treatment track. Accordingly, the only comparisons thus far have been made between the sanctions track (with limited treatment) and the standard processing track. Again, the sanctions-only track is not a model that is generalizable to most drug courts. Additional evaluations using experimental designs in various drug court models are important to provide more conclusive data on the efficacy and impact of drug courts.

It is recognized that for various reasons, experimental designs will not be feasible in all drug court evaluations. In that case, careful consideration must be given to the selection of a comparison sample to ensure that it is as closely matched as possible to the drug court sample. This means not only achieving comparability on demographic, offense type and criminal history characteristics, but also trying to match on other key factors such as substance abuse and treatment history, motivation for treatment, and case characteristics (e.g., offense seriousness, strength of evidence, likelihood of conviction).

Evaluators need to plan for large enough sample sizes in order to generate sufficient statistical power to draw reliable conclusions about the impact of the drug court. Depending upon the number and type of outcome measures used, this may require sample sizes of at least 100 drug court clients and a similar number of comparison offenders. Such sample sizes will be difficult to achieve in smaller jurisdictions unless evaluations are conducted over multi-year periods.

As drug courts gain more experience and evaluations are updated, we will learn more about the short and long-term impacts of drug courts. In addition, several well-designed studies of more established drug courts are now under way, including several national evaluations being funded by the National Institute of Justice. These studies should yield more comprehensive data on the operations and efficacy of drug courts over the next few years.

The popularity and consequent expansion of drug courts presents a great opportunity, as well as many challenges, for jurisdictions to craft creative and effective responses to the large numbers of drug-involved offenders. Among the ongoing challenges are:

- The need to learn more about the efficacy of treatment-oriented courts, including their long-term impacts on drug use and recidivism, cost-effectiveness, optimal planning and implementation strategies and optimal program models;
- The importance of furthering our understanding of the elements of substance abuse treatment that are most effective and creating better mechanisms for matching criminal justice clients to treatment;
- The opportunity to learn more about the treatment, public health, and social service needs of offender populations and to determine the best means of delivering services to them.
Drug courts have played an important role in recent years in fostering a changing role of criminal courts toward a more problem-solving approach. Such a perspective recognizes the importance of dealing with underlying substance abuse problems, especially for the non-violent drug offenders that have been driving much of the huge growth in America’s prison populations. The research thus far indicates that drug courts provide more comprehensive and closer supervision of drug-involved offenders in the community than other forms of community supervision (including probation and parole) and deliver a higher “dosage” of drug treatment and related services than previous criminal justice-based programs. It is this close supervision and treatment engagement that may account for the promising outcomes reported by drug court evaluations thus far.

Over the next few years, as more rigorous and longer-term evaluations become available, we will learn much more about the long-term impacts of drug courts. However, given the substantial body of other research that demonstrates the effectiveness and economic benefits of substance abuse treatment, there is reason to be sanguine that future research findings on drug courts will continue to be positive.

REFERENCES


