
Strengthening the Foundation

A Look at Past, Present, and Future Research for Adult Drug Courts

By Jarred Williams



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Center for Justice Innovation

520 Eighth Avenue, 18 Fl.

New York, NY 10018

p. 646.386.3100

f. 212.397.0985

www.innovatingjustice.org

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Table of Contents

Introduction	1
Methodology	2
Documented Drug Court Success	2
How the Model Works	3
Recommendations for Future Research	4
Conclusion	8
Endnotes	10

Introduction

Treatment courts have come a long way since the first court opened in 1989 in Miami, Florida, expanding in both the number and type of courts available. By 2020, there were more than 4,000 treatment courts spread across all 50 states, the District of Columbia, and the US territories and commonwealths.¹ With this unprecedented growth came an expansion of the issues targeted by treatment courts. Currently, there are courts targeting those charged with specific types of offenses (e.g., driving under the influence, domestic violence), as well as those whose criminal behavior is the result of underlying substance use or mental health challenges. Of the 4,000 plus treatment courts across the US, 1,830 are drug courts.²

This research brief seeks to provide practitioners and researchers with a snapshot of the existing evidence base behind the adult drug court model, acquired through extensive research conducted over the past three decades.³ The brief then identifies potential areas of interest for the next generation of drug court research.

The Larger Project

In 2020, the Center for Justice Innovation (“the Center”) developed the *Strengthening the Foundation for Drug Court Research: A Research and Practitioner Partnership* project with funding from the Bureau of Justice Assistance. The goals of the project are to bring together leading subject matter experts, drug court researchers, and practitioners to:

- Conduct a literature review to identify gaps and inform recommendations for future research;
- Seed a new generation of rigorous evaluation, including four pilot research proposals; and
- Document what data drug courts across the country currently collect and assess the feasibility of a national recidivism analysis.

The Center convened two panels of drug court professionals to inform the project. The advisory board is made up of 13 professionals, including researchers, a tribal court specialist, a justice-involved individual, philanthropic partners, and practitioners, among others. To provide additional research expertise, the Center also collaborated with five peer research consultants. The research consultants and advisory board met regularly with staff from the Center to guide the project.

Methodology

To gain an in-depth picture of the current state of the field, researchers at the Center first conducted seven semi-structured interviews with drug court professionals. Next, we conducted a thorough review of drug court literature. Lastly, Center staff administered two surveys: one to advisory board members and a second targeting all drug court coordinators across the country. The survey administered to state coordinators asked about drug court data, while the advisory board survey focused on research (e.g., the most important outstanding research questions and practice innovations). The conclusions outlined in this brief are informed by these sources.

This brief begins with a review of the documented successes of drug courts, followed by a section on the components of the drug court model, and concludes with recommendations for future drug court research. All conclusions and recommendations refer to adult drug courts (as opposed to treatment courts *writ large*) unless otherwise indicated.

Documented Drug Court Success

Most research to date has concluded that drug courts are generally succeeding at their primary goals.

Drug courts are effective at reducing new criminal activity. Drug courts have been found to reduce recidivism for both general and drug-related offenses when compared to standard court practices. The most recent meta-analysis on recidivism impacts found that drug court participants had an average recidivism reduction of 12% for general recidivism and a 13% reduction in drug-related recidivism when compared to non-participants.⁴

Drug courts are effective at reducing illicit substance use. Research isolating this outcome has found that participation in drug court reduces substance use. The National Institute of Justice's Multi-Site Adult Drug Court Evaluation (MADCE) found that drug court participants were less likely to report drug use and those who reported use used less frequently.⁵

Drug courts are more cost-effective than other alternatives to incarceration or imprisonment. The research suggests that drug courts are generally more cost-effective than standard court processes. A review of 11 cost-benefit analyses conducted by the US Government Accountability Office (GAO) found that eight studies demonstrated a positive

benefit—up to from \$47,852 saved per participant—while three showed a negative benefit—with drug courts costing as much as \$7,108 *more* per participant than the comparison group.⁶

How the Model Works

Overall, research suggests that drug courts are a cost-effective way to provide the critical services participants need to reduce future criminal activity and illicit substance use. This section documents the underlying mechanisms through which these programs work—that is, the evidence-based guiding principles associated with positive participant outcomes. The first two points come from the general literature on treatment courts, while the final two are specific to drug courts.

High-risk, high-need participants consistently have better outcomes than low-risk, low-need participants. Research has found that the risk-need-responsivity (RNR) framework helps to better understand who may or may not successfully complete treatment court programming.⁷ The RNR framework suggests that participants with the greatest risk of reoffending, who demonstrate the highest criminogenic needs, and who are matched with appropriate programming will benefit the most from treatment court interventions. The available research indicates that closely adhering to the risk-need-responsivity principles is associated with reductions in recidivism, substance use, and other key outcomes.⁸

Incorporating medications for opioid use disorder (MOUD) into treatment court programming can improve participant outcomes. Medications for opioid use disorder are considered the standard of care for those who have opioid use disorder, and many organizations consider MOUD to be an essential treatment modality.⁹ When taken in conjunction with a holistic treatment approach, MOUD has been associated with reduced recidivism, decreased infections, and lower overdose mortality rates.¹⁰

Carefully selecting sanctions and incentives leads to better participant outcomes. The research suggests that both the *type* of sanction and reward selected and the *ratio* of sanctions to rewards have important ramifications for participant outcomes. Overly punitive sanctions, such as short jail stays, have been found to increase the possibility of recidivism.¹¹ Additionally, research has found that participant outcomes improve when rewards greatly outnumber sanctions.¹²

Judges have a tremendous impact on the success of drug court participants. Research has demonstrated that the judge/participant relationship is integral to positive

participant outcomes. MADCE found that participants do better if the judge is considered respectful, fair, attentive, enthusiastic, predictable, caring, and knowledgeable.¹³

Recommendations for Future Research

The past thirty years of treatment court research have taught us some important truths about the drug court model, its components, and its effectiveness. However, during that time, the drug court landscape has continued to shift, due in part to significant criminal legal system reform efforts (e.g., legalizing/decriminalizing some drugs, efforts to reduce jail populations) and changes in participant needs and behavior patterns (e.g., fentanyl and the associated rise in overdoses, increased awareness of trauma). There is still much to learn to maximize the impacts of the drug court model and improve treatment modalities, processes, and participant experiences. In short, as substance use treatment and drug courts have evolved, so must the research. This section suggests several pathways toward the next generation of drug court research, based on feedback received from drug court professionals and researchers.

Recommendation #1: Future research should include longer follow-up periods to determine if positive program impacts are sustained. Although much of the research indicates that drug courts are associated with decreased recidivism and substance use, it is unclear how long those effects last since there are few studies that measure outcomes for more than two years. There is, however, some research with extended follow-up periods. For example, a 2007 study of the drug court in Multnomah County, Oregon found participants had a 30% reduction in re-arrest at five years.¹⁴ Additionally, a 2020 follow-up study¹⁵ to the 2001 randomized controlled trial¹⁶ of the Baltimore City drug court found significantly fewer new arrests, charges, and convictions for the drug group over a 15-year follow-up period. However, other studies are less conclusive. For example, a three-year comparison of recidivism outcomes among drug court participants and a matched sample of non-participants under community supervision in Hillsborough, Florida found that the positive effect of drug court programming on re-arrest declined over time and was not significant after 18 months.¹⁷

In response to these mixed findings and the shortage of studies able to examine the long-term effects of drug courts, future studies should analyze at least five years of outcome data to determine the long-term path and trajectory of participant outcomes.

Recommendation #2: Additional research is needed to understand which additional groups might benefit from the drug court model. Drug court enrollment

has been declining across the US in recent years. If practitioners want to offset such declines by offering drug court options to those historically deemed ineligible, more research is needed to determine the advisability of expanded eligibility—for instance, including those charged with violent offenses or drug sales.

Possible participants are screened for drug court through a two-part process to determine both their legal and clinical eligibility. Legal eligibility is determined by reviewing the current criminal charges and criminal history, among others. The clinical screening process seeks to determine if the participant has a substance use issue, mental health challenges, or other diagnoses. It is during this dual screening process that those with co-occurring mental health diagnoses and others may be denied eligibility (depending on the program).¹⁸ Researchers should seek to determine if these previously excluded groups would benefit from drug court programming.

As courts look for avenues to increase enrollment, it is critical to avoid policies that could lead to net-widening—inadvertently causing more people to become intertwined in the criminal legal system. Adding additional programming should only be initiated after a thorough examination of the data and should be limited to those who are high risk and high need.

Recommendation #3: More research is needed to better understand the effectiveness of responsivity-focused programming. The reasons individuals engage in criminal behavior are complex and may involve undiagnosed trauma,¹⁹ mental health challenges,²⁰ homelessness,²¹ unemployment,²² or, in many cases, a combination of these factors.²³ Programming meant to reduce criminal behavior is most effective when it is as comprehensive, directed, and individualized—that is, as responsive—as possible.

The responsivity principle maintains that treatments are more effective when they are tailored to individuals' learning styles, motivations, abilities, and personal attributes. An emerging line of drug court programming seeking to correct racial,²⁴ ethnic,²⁵ gender,²⁶ and other disparities in treatment court outcomes focuses on responsive and culturally specific programming—that is programming that is matched with participants' personal characteristics and learning styles.

In response to the need for responsivity-focused programming in drug courts, practitioners have developed a wide range of options. Two specific examples of responsive programs

currently being implemented in drug courts are Habilitation Empowerment Accountability Therapy (HEAT) and gender-responsive programming.

- **Habilitation Empowerment Accountability Therapy (HEAT)** HEAT targets young adult Black men between the ages of 18 and 29 with problematic substance use and criminal legal system involvement. HEAT purports to utilize culturally specific, strength-based, trauma-informed group counseling.²⁷ Results of pilot studies in two sites found that Black participants with serious criminal and substance use histories graduated HEAT programming at significantly higher rates than seen in non-culturally specific programming. Participants also reported program satisfaction.²⁸
- **Gender-responsive programming** An evaluation of the relative program effectiveness of gender-responsive versus mixed-gender programming found that women referred (primarily from the criminal legal system) to outpatient treatment programs fared better in terms of both substance use and ongoing criminal activity when they participated in gender-specific treatment groups.²⁹ A randomized controlled trial of 94 San Diego drug court participants found that women in the gender-responsive group had better in-treatment performance, more positive perceptions about their treatment experience, and greater reductions in PTSD symptomology than those in mixed groups.³⁰

Although the available research on HEAT and gender-responsive programming shows promise, there is a need for additional studies in a variety of jurisdictions and contexts. As HEAT, gender-responsive programming, and other responsive treatment approaches are incorporated into the drug court model, ongoing evaluation—both of program impacts and of their ability to offer responsive treatment—are crucial.

Recommendation #4: More qualitative research is needed. There are not enough high-quality qualitative or mixed-method studies in the existing drug court research. Such studies could add additional texture and depth to analyses by incorporating the voices of those involved in the drug court process.³¹ Former participants can provide critical insider information to improve programming and, thus, increase positive drug court outcomes—for both participants and the court itself.

Several noteworthy exceptions provide examples of the depth introduced through qualitative inquiries.

- **Factors contributing to program success** A 2010 study included interviews with 190 California drug court participants—half successful completers and half non-completers—to assess factors associated with successful program completion.³² The authors found that early treatment engagement, positive relationships with staff, and individualized treatment programming improved program success. A smaller Arkansas study found that those who chose drug court to avoid prison had a greater probability of failure than those whose main motivation was overcoming their addiction.³³
- **Factors shaping treatment decisions** Interviews with judges at 20 Indiana courts (a mix of veterans and drug courts) explored some of the constraints in linking participants with appropriate treatment—in particular, MOUD. Judges reported inconsistent or missing access to medical providers needed to administer and supervise MOUD, as well as some resistance to medical best practices and a sense that MOUD may be inconsistent with drug court ideology.³⁴

Qualitative and quantitative approaches together can inform programming, identify participant needs, and provide a comprehensive research agenda. Such work can inform alternative outcome measures—supplementing recidivism measures in ways that are meaningful to those directly impacted by these programs.

Recommendation #5: The perspectives of past and present drug court participants should inform future programming. As drug court practitioners look to develop the next phase of practice, the voices of those with lived experiences can provide a better understanding of how the model works and where it falls short. Moreover, those with lived experience may prove a vital part of direct programming. Several mechanisms for directly involving those with lived experience in the drug court model—drawing on their expertise—are currently being implemented in drug court programs but lack a strong evidence base.

- **Peer Recovery Specialists (PRS)** Peer recovery draws on those who have previously been through the recovery process as non-clinical supports for those new to the process to promote long-term recovery from substance use disorders.³⁵ A 2016 systematic review of the research on this model concludes that, while findings are generally positive, PRS studies have suffered from methodological limitations.³⁶ A 2021 randomized controlled trial improved upon past designs and found that those participants receiving peer support had fewer new arrests and improved drug court engagement but

had no differences in terms of either substance use or engagement in treatment.³⁷ Additional study of this model is needed.

- **Other peer support roles** In 2017, The Substance Abuse and Mental Health Services Administration (SAMHSA) convened a group of national experts to discuss peer supports in criminal legal settings. One of the resultant products was a glossary of peer support roles for system-involved individuals with behavioral health issues.³⁸ This glossary, which is not specific to drug courts, includes a variety of roles, covering every stage of the criminal legal system. However, little or no research has been conducted on the impacts of these roles.
- **Participant feedback** A better understanding of what participants learn and how they feel about their drug court experience can be an important tool to improve both program effectiveness and the participant experience.³⁹ Feedback from participants can provide information that is not captured from any other source. In a study of whether drug court met the needs of program graduates, 55 participants generally reported that program structure and regular drug testing positively impacted their compliance. Participants were less favorable about the amount of time they spent on program requirements, noting that they wasted time waiting and that the number of program appointments made it difficult to maintain employment. Finally, participants felt that rewards and sanctions were unevenly distributed among clients. Another study similarly found that the 42 participants interviewed felt that frequent random drug testing and contact with the judge improved their program success.⁴⁰

The next generation of drug court research should situate the experiences of directly impacted people front-and-center.

Conclusion

Three decades of research have produced a foundation of knowledge about treatment courts and the participants who engage in programming. From this body of research, several drug court successes have been documented, including its effectiveness at reducing criminal activity and substance use in a cost-effective manner. However, critical questions remain. Isolating long-term effects, identifying additional groups who may benefit, evaluating responsiveness programming, doubling down on the qualitative research, and more comprehensively including those who are justice-impacted will strengthen the drug court model. In response to these challenges, we recommend the following:

Recommendation #1: Future research should include longer follow-up periods to determine if positive program impacts are sustained.

Recommendation #2: Research is needed to better understand which additional groups might benefit from the drug court model.

Recommendation #3: More research is needed to better understand the effectiveness of responsivity-focused programming.

Recommendation #4: More qualitative research is needed.

Recommendation #5: The perspectives of past and present drug court participants should inform future programming.

Endnotes

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