# **TAKING STOCK OF TREATMENT COURTS AFTER 30 YEARS**

# The Good, the Bad, the Misunderstood

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#### **Average Effects on Crime** 10% 5% Community Community **Supervision Drug Courts** Treatment + Treatment 0% Incarceration Community **Supervision** -5%

<u>Sources</u>: Aos et al. (2006); Cullen et al. (2011); Drake (2012); Drake (2011); Durlauf & Nagin (2011); Gendreau et al. (2000); Lipsey (2019); Mitchell et al. (2012); Rossman et al. (2011); Smith et al. (2002)

-10%

-15%

#### **Average Effects on Crime** 10% 0% - 8% increase 5% Community **Community Supervision Drug Courts** Treatment + Treatment 0% Incarceration Community **Supervision** -5% -10% -15%

#### **Average Effects on Crime** 10% 0% - 8% increase 5% Community **Community Supervision** 0% change **Drug Courts** Treatment + Treatment 0% Incarceration Community **Supervision** -5% -10% -15%

#### **Average Effects on Crime** 10% 0% - 8% increase 5% Community Community **Supervision 0% change Drug Courts** Treatment + Treatment 0% Incarceration Community **Supervision** -5% 7% decrease -10% -15%

# **Average Effects on Crime**



# **Average Effects on Crime**



### **Adult Drug Courts**

Study	Methodology	No. Drug Courts	Crime Reduction
Lipsey (2019)	Meta-analysis	53	12%
Mitchell et al. (2012)	Meta-analysis	92	12%
Carey et al. (2012)	Multisite study	69	32%
Rossman et al. (2011)	Multisite study	23	13%
U.S. Govt. Accountability Office (2011)	Systematic review	32	6% - 26%
Shaffer (2006)	Meta-analysis	76	9%
Wilson et al. (2006)	Meta-analysis	55	14%
Latimer et al. (2006)	Meta-analysis	66	9%
Aos et al. (2006)	Meta-analysis	57	8%
Lowenkamp et al. (2005)	Meta-analysis	22	8%

#### **Duration of Effects**

Study	Methodology	No. Drug Courts	Duration
Mitchell et al. (2012)	Meta-analysis	8	≥3 years
Finigan et al. (2007)	Program evaluation	1	$\geq$ 14 years
Kearley & Gottfredson (2019)	Randomized trial	2	≥15 years
Weatherburn et al. (2020)	Program evaluation	1	$\geq$ 5 years (violent offending only)

#### Average cost/benefit ratio: \$2 to \$4 for every \$1 invested

(Bhati et al. 2008; Downey & Roman, 2010; Drake, 2012; Drake et al., 2009; Lee et al., 2012; Mayfield et al., 2013; Rossman et al., 2011)

#### **Other Treatment Courts**

- DUI Courts (small to moderate effect)
   12 percentage-point recidivism reduction (Mitchell et al., 2012)
- Family Drug Courts (moderate effect)

   75% greater odds of reunification without increasing foster care reentry or new maltreatment report (Zhang et al., 2019)
- Mental Health Courts (small effect; high variance)
   20% to 43% reduced odds of recidivism (Arnold, 2019; Canada et al., 2019; Lowder et al., 2018)

#### Juvenile Drug Courts (small to insignificant effect)

 0 to 8 percentage-point reduction in recidivism (Latessa et al., 2013; Madell et al., 2012; Mitchell et al., 2012; Shaffer, 2006; Wilson et al., 2006)

### **Model Validation**

#### 50% to 100% better outcomes:

- High risk and high need participants (replicated for DUI, juvenile, and family drug courts)
  - Alternate tracks for low risk and/or low need participants
- Court hearings at least every 2 weeks
- 3 to 7-minute court interactions with procedural fairness
- Multidisciplinary team staffings
- Random drug & alcohol testing twice per week
- 14 to 18-month curriculum

# Model Validation (cont.)

- 50% to 100% better outcomes:
  - Copious low-magnitude rewards (4:1 ratio to sanctions)
  - Treatment adjustments or low-magnitude sanctions for "distal" infractions (relapse prior to clinical stabilization)
  - Higher magnitude sanctions for willful or "proximal" infractions (e.g., missed sessions, tampered drug tests)
  - Jail sanctions no more than 1 to 5 days
  - Legal leverage (avoided felony sentence)
  - Ongoing performance monitoring and CQI

### Now, the Bad News . . .

- 1. Racial and ethnic disparities
- 2. Errors in targeting criteria
- **3. Prohibitions against MOUD**
- 4. Overuse or misuse of jail sanctions









### Admission Rates in Southern State Over 10 years



### Graduation Rates in Southern State Over 10 years



# **Pipeline Attrition**

#### Cascading Impacts:

Pretrial detention



- Defense counsel philosophy and knowledge
   Can be influenced
- Plea offer from prosecution
- Eligibility criteria
- Poor "social marketing"
- Suitability determinations
- Cultural incongruence

but not controlled by the drug court

> Directly within control of the drug court

#### **Equity and Inclusion Toolkit**

 <u>https://www.ndci.org/wp-</u> <u>content/uploads/2019/02/</u> <u>Equity-and-Inclusion-</u> Toolkit.pdf



#### Equity & Inclusion



EQUIVALENT ACCESS ASSESSMENT and TOOLKIT

> Adult Drug Court Best Practice Standard II

#### Effects for Violent vs. Other Participants

Study	Method	No. of Drug Courts	For Violent Participants, Drug Court Had
Rossman et al. (2011)	Multisite Study	23	<b>Better effect on recidivism</b> Equivalent effect on drug use
Carey et al. (2012)	Multisite Study	69	Equivalent effect on recidivism Equivalent cost-effectiveness
Mitchell et al. (2012)	Meta-Analysis	92	Weaker effect on recidivism
Shaffer (2010)	Meta-Analysis	76	Weaker effect on recidivism
Saum et al. (2001)	Program Evaluation	1	Equivalent effect on graduation*
Saum & Hiller (2008) * Controlling for covariates	Program Evaluation	1	Equivalent effect on recidivism*

# MOUD is the Standard of Care

- U.S. Dept. of Health & Human Services (1997)
- National Institute on Drug Abuse (2014, 2018)
- U.S. Surgeon General (2018)
- Substance Abuse & Mental Health Services Administration (2005, 2018)
- National Academy of Sciences, Engineering & Medicine (2019)
- World Health Organization (2004)
- Centers for Disease Control & Prevention (2002)
- American Medical Association (2017)
- American Psychiatric Association (2017)
- American Society of Addiction Medicine (2015)
- American Academy of Addiction Psychiatry
- American College of Obstetricians & Gynecologists (2016)
- National Association of Drug Court Professionals (2013, 2015)





# **MOUD in Drug Courts**

- Blanket prohibitions and arbitrary policy restrictions are uncommon (< 10%)</li>
- But ... only about 1/4 of participants with OUDs receiving buprenorphine or naltrexone
- Participant refusal and non-availability in jail are primary barriers, followed by insufficient medical providers and funding
- Turned the public health community against us ("science denial")
- Compared unfavorably to harm reduction and deflection programs

#### **MOUD Tool Kit**

- A. Partner Agencies Agreement
- **B.** Medical Practitioner Agreement
- C. Participant Agreement
- D. Participant Brochure
- E. Recruitment Letter for Medical Practitioners
- F. Letter to Jail Officials



NADCP MOUD toolkit Final.pdf (ndci.org)

# **Jail Sanctions**

- Treat sick behavior, punish bad behavior, & reward good behavior -- <u>and don't confuse them!</u>
- Sanctions imposed for substance use prior to clinical stabilization
- Jail sanctions measured in weeks, not days
- Jail used as detox, treatment, or housing
- Jail off the table for proximal infractions
- Participants must waive defense advocacy
- No due process hearing for jail or revocation
- Drug courts reduce incarceration rates but not necessarily use of jail or prison beds

### **Lessons Learned**

- One size does <u>not</u> fit all (risk and need)
- Treatment <u>and</u> accountability for high risk and high need persons
- Public health contributes to public safety and vice versa
- Harm reduction vs. criminalization is a false dichotomy
- Proximal vs. distal infractions & achievements
- Due process is therapeutic ("therapeutic jurisprudence")
- Follow the science and data
- Are drug courts a criminal justice program or a model for criminal justice reform?