

Drug Treatment Courts

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"It is the most satisfying thing I have ever done as a judge. I felt the courts did not adequately deal with drug abuse and addiction."^a

The above statement, made by a North Carolina Drug Treatment Court judge, is typical of the responses shared by professionals involved in therapeutic courts. Most child welfare workers estimate that approximately 70% of all child abuse or neglect is due to one or both parent's alcohol or other drug abuse/addiction.^{b1} More than one-half of all criminal cases before the North Carolina courts involve people with alcohol and other drug (AOD) abuse and addiction. In 2008, 202,942 drug-related charges were brought before the North Carolina Criminal Courts and there were 72,867 DWI charges. These numbers do not include approximately one million additional criminal cases such as assault, breaking and entering, and larceny that were committed under the influence of drugs and/or alcohol or committed to support the offender's addiction. Two-thirds of all intimate partner abuse involves alcohol, 35% of all violent crime is committed under the influence of alcohol, and two-thirds of all simple assaults involve alcohol.² Because of the correlation between AOD abuse and crime, we must find a means of addressing the common cause—addiction—in an effective and cost-efficient manner.

The 1980s saw the explosion of crack cocaine use, and many courts around the country responded by creating "drug courts" designed to "fast-track" offenders through prosecution and into jail or prison. In 1989, however, a Miami judge and district attorney launched a very different kind of drug court.³ Their hypothesis was that until individuals actually entered treatment and became clean and sober, they would continue to abuse drugs and alcohol, continue to break the law, and continue to be brought before the court and sent to prison. This experimental court worked to identify nonviolent drug addicts,

get them assessed, get them into treatment, and then keep them in treatment. Proponents recognized that the problem was not always getting people into treatment but rather keeping them in treatment. The judge and the prosecutor designed their approach to leverage the strength of the courts in getting people to do things. In ordering people into treatment and

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then ordering them to return to the court to report progress (or lack of progress) every two weeks, the courts saw behaviors shift as offenders became more successful at entering and remaining in treatment. From that early beginning, drug courts and problem-solving courts began to grow exponentially. As of December 2007, there were 2,147 operational treatment courts across the nation.³

How are Drug Treatment Courts Different from Regular Courts?

Drug Treatment Courts (DTC), a form of therapeutic or problem-solving court, operate on the principle of coerced treatment through intensive judicial intervention. Studies have shown that coerced treatment—when an individual is forced into treatment by the courts, an employer, or family—

a Anonymous Drug Treatment Court judge, oral communication, August 2008.

b Due to differences in reporting requirements, the exact prevalence of parental AOD abuse/addiction in child maltreatment varies but practitioners report a high correlation.

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is as effective, and arguably more effective, than entering treatment voluntarily.^{c,4} Not only are DTCs more effective at getting individuals to begin treatment, they are much more effective at keeping individuals actively engaged in treatment.⁵ Research has demonstrated that the longer an individual remains actively engaged in treatment, the more likely that individual is to attain and maintain sobriety.⁴ Three months in treatment is a minimum length of stay with one year or more recommended to produce truly effective results.⁴

Drug treatment courts represent the coordinated efforts of the judiciary, prosecution, defense bar, probation, law enforcement, treatment, mental health, social services, and child protection services to actively and forcefully intervene and break the cycle of substance abuse, addiction, and crime.^d As an alternative to less intensive interventions, drug treatment courts quickly identify substance abusing offenders and place them under strict court monitoring and community supervision, coupled with effective, long-term treatment services. In this blending of systems, the drug court participant undergoes an intensive regime of substance abuse and mental health treatment, case management, drug testing, and probation supervision while reporting to regularly scheduled status hearings before a judge who has specialized expertise in the drug court model. In addition, drug courts often facilitate job skills training, family or group counseling, parenting classes, and many other life-skill enhancement services.

The North Carolina Drug Treatment Courts were established by statute in 1995 to enhance and monitor the delivery of treatment services to chemically dependent adult offenders while holding those offenders rigorously accountable for complying with their court-ordered treatment plans.^e In 2001, the General Assembly formally authorized expansion of the DTCs to include substance abusing juvenile offenders and chemically dependent parents of neglected or abused children.^e Today, there are 43 operational adult,^f juvenile (JDTC),^g and family (FDTC)^h drug treatment courts in North Carolina.

The goal of the DTC is to break the cycle of addiction that gives rise to repeated law-breaking episodes. By enhancing

the likelihood that the drug-driven offender will remain drug and crime free, as well as socially responsible, the DTC seeks to reduce justice system, health system, and other societal costs associated with continuing drug use and criminal involvement.

The objectives of North Carolina's Drug Treatment Courts are:

1. To reduce alcoholism and other drug dependencies among adult and juvenile offenders and defendants and among respondents in juvenile petitions for abuse, neglect, or both.
2. To reduce criminal and delinquent recidivism and the incidence of child abuse and neglect.
3. To reduce the alcohol-related and other drug-related court workload.
4. To increase the personal, familial, and societal accountability of adult defendants, juvenile offenders, and respondents in juvenile petitions for abuse, neglect, or both.
5. To promote effective interaction and use of resources among criminal and juvenile justice personnel, child protective services personnel, and community agencies.

North Carolina's drug treatment courts specifically target high-need, high-risk individuals. Drug treatment courts are an intensive community-based intervention. Research indicates that it is important to effectively target the level of need to the level of the intervention being provided.⁶ High-need individuals are those who have been clinically assessed as addicted to drugs and/or alcohol as indicated by criteria described in the DSM-IV-TR.¹ High-risk means that the individual has a high likelihood of reoffending.⁷ In the case of the highly-invasive and resource-intensive drug treatment courts, it is vital to admit only those high-need, high-risk individuals who would benefit from the intervention.

Success Rates

Drug treatment courts are making an impact in North Carolina communities. Across the three court types, participants

c The research regarding effectiveness of treatment and time in treatment has progressed through several important studies (Pescor, 1943; Simpson and Sells, 1983; Hubbard, et al., 1989). Clients in the national Drug Abuse Treatment Outcome Study reported significant overall improvements in drug use and related measures during a 12-month follow-up period. A quasi-experimental design was used to examine the relationship of treatment duration with outcomes in each of the three major modalities represented. Client subsamples with longer retention in long-term residential programs and in outpatient methadone treatment had significantly better outcomes than those with shorter lengths of stay.⁴

d Adult Drug Treatment Court members include a district or superior court judge, an assistant district attorney, a specialized probation officer, a TASC provider, a DTC coordinator, and a treatment professional. Family DTC members include a juvenile court judge, a Department of Social Services county attorney, a parent attorney, a guardian ad litem, Department of Social Services staff, an FDTC coordinator and treatment professionals. Juvenile DTC members include a juvenile court judge, an assistant district attorney, a defense attorney, a juvenile court counselor, a JDTC coordinator, and a treatment professional. Any of these teams may include professionals from other agencies or departments.

e NC Stat §7A-790 et seq.

f Adult DTCs are located in Avery, Buncombe, Brunswick, Burke, Carteret, Caswell, Catawba, Craven, Cumberland, Durham, Forsyth, Guilford, McDowell, Mecklenburg, New Hanover, Person, Pitt, Orange, Randolph, Rutherford, and Wake counties.

g JDTCs are located in Durham, Forsyth, Mecklenburg, Rowan, and Wake counties.

h FDTCs are located in Buncombe, Chatham, Cumberland, Durham, Gaston, Halifax, Lenoir, Mecklenburg, Orange, Robeson, Union, and Wayne counties.

i Adult Criminal and Family DTC participants must have a diagnosis of AOD dependence. Juvenile DTC participants must have a diagnosis of abuse as indicated by the DSM-IV-TR.

remained actively engaged in the court, treatment, and supervision for an average of 287 days during fiscal year (FY) 2007-2008.^j In the same period, 38% of adult DTC participants, 49% of juvenile DTC participants, and 33% of family DTC participants successfully completed the program.ⁱ Of those parents who successfully completed the FDTC in FY 2007-2008, 89% regained custody of their children. In adult DTCs, 42% were employed while in the court.⁸ The May 2008 North Carolina Sentencing and Policy Advisory Commission report on recidivism, found that, three years after entering DTC, only 29.4% of the DTC participants (completed and non-completed) were reincarcerated as compared to 45.2% of all intermediate punishment offenders.^{k,7} The rearrest recidivism rates found in the study are within the expected range—lower than the intermediate offender rate and higher than the community offender rate.

Shared Responsibility and Shared Success

The growth of North Carolina's treatment courts has been made possible through the shared commitment and efforts of state and local stakeholders. At the state level, the North Carolina Department of Correction, Division of Community Corrections (DCC); the North Carolina Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMHDDSAS); and Division of Social Services (DSS) Child Welfare, have joined with the North Carolina Administrative Office of the Courts (AOC) to develop, implement, and fund the operation of the specialty courts. State and local memoranda of understanding have established roles and responsibilities for each of the state agencies and local DTC team members.⁸ The DCC has made a commitment to place specially-trained probation officers with smaller case loads on each DTC team. The DMHDDSAS has lobbied for and received additional targeted treatment funds for adult DTC participants. The Department of Juvenile Justice and local Departments of Social Services have each made commitments to dedicate specially-trained staff with reduced case loads to the DTC team. The AOC funds a dedicated court coordinator, judge, assistant district attorney, guardian ad litem staff, and indigent defense services in addition to the technical assistance and training provided by the AOC state DTC staff.

Just as local DTC teams require a commitment to shared responsibility and shared resources, state-level stakeholders have agreed to joint accountability and have committed additional resources. Just as the local stakeholders share equal claim to the success of DTC graduates, state-level

"My Life Was a Wreck..."

Six years ago, I started something that will never be finished. From the very first time I took a drink and used a drug, I engaged myself with addiction. I firmly believe that this is a disease and an incurable one because I have seen victims with my own eyes. When someone is involved in active addiction, they have no other reason for existing than to get drunk or high. This is my definition because this describes my own experience. I will be fighting my addictions for the rest of my life and that is okay by me. It is a much better option to fight than to give in.

I was a drug dealer and on more frequent occasions a user of many types of drugs. My life was a wreck. I never went to classes, my health was in a constant state of decline, and my only responsibilities were to drink, use, and sell. I lost the trust of everyone around me because I was leading a double and sometimes triple life. February 11, 2004 was the best and worst day of my life. I lost my brand new car, all of my money, and was charged with two felonies. But everything I had been doing to myself was going to come to a halt very soon. The Drug Treatment Court Program was described to me as an alternative to prison, so I took it thinking I would be able to stay out of prison and jail and keep selling drugs. I was dead wrong. In the beginning, I did most of the things I was supposed to do except for the main thing: I never stopped using. After numerous failed drug screens and two trips to jail, I was carted away to the Caldwell House residential home in Lenoir, North Carolina. I was court-ordered to remain in this halfway house for one year. I had been thrust into a situation where I was surrounded by alcoholics and drug addicts with a lot of pain in their eyes and all kinds of horrible stories. It took a little time, but I soon realized that I was one of these people and that I needed help. The year flew by, and I made many friends, some of whom I had to watch relapse and be kicked out.

I have now graduated from Drug Treatment Court and have over 600 days of sobriety. I am back in school and need only one more semester to graduate from the University of North Carolina at Chapel Hill. My life is more than worth living; it is worth enjoying. I have gained back the trust of the people who love me, and I have many people in my life that care about me. I am appreciative to the Drug Court Team for everything they have done for me, but most especially, for believing in me."

— North Carolina Adult Drug Treatment Court Graduate

^j Information from preliminary FY 2007-2008 DTC outcome data based upon information included in the NC DTC MIS (Drug Treatment Court Management Information System).

^k An intermediate punishment requires a period of supervised probation with at least one of the following conditions: special probation, assignment to a residential treatment program, house arrest with electronic monitoring, intensive probation, assignment to a day reporting center, and assignment to a drug treatment court program. Generally, offenders who have a significant prior record and commit Class H or I felonies and offenders who have little or no prior record and commit more serious non-violent felonies may receive an intermediate punishment.

stakeholders are able to point to drug treatment courts as an innovative and successful example of high-level collaboration. Working together not only improves outcomes for the DTC participants but also improves the practice and increases job satisfaction for the DTC team members. As one local DSS staff person said, "It is so easy to track what is going on with clients involved in DTC, easy to write a case plan, and easy to be consistent." An assistant district attorney assigned to a DTC said of his work with the courts, "I enjoy preventing further crimes from happening." A probation officer working with courts said she was involved because, "knowing you can make a difference while having the ability to impose immediate consequences and having teeth in what you do improves outcomes."

Since alcohol and other drugs are involved in a significant proportion of crime in North Carolina and traditional criminal justice systems are limited in their ability to address these chronic problems, we must respond more effectively. One in every 100 Americans is currently incarcerated. Disproportionately, one out of every 15 African American men and one out of every 36 Latino men are now behind bars. Despite the need these numbers create, drug treatment courts nationally serve only 5% of the adult offender population estimated to be in need of treatment court services. North Carolina DTCs perform a little better, serving about one-third

of appropriate intermediate-level offenders but serve an exceptionally small portion of parent respondents who could benefit from the specialized courts. Drug treatment courts offer a combination of intensive judicial oversight, intensive treatment, intensive probation supervision, and frequent drug testing. North Carolina's operational drug treatment courts must expand to better meet the needs of their communities, and we must increase availability of drug treatment courts across the state to provide equal access.⁹ Research has shown the effectiveness of coerced and evidence-based treatment. North Carolina has an opportunity, through drug treatment courts, to positively affect the lives of those addicted to alcohol and other drugs and the lives of their family members and children. We must embrace the challenge and meet the state's need. **NCMJ**

For more information on North Carolina Drug Treatment courts visit <http://www.nccourts.org/Citizens/CPrograms/DTC>.

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