Establishing Drug Treatment Courts: Strategies, Experiences and Preliminary Outcomes

VOLUME TWO:
Appendix of Additional Supporting Materials
Justice Programs Office, School of Public Affairs, American University

Caroline S. Cooper
Brent Franklin
Tiffany Mease

Prepared for the
Drugs Summit: European, Latin American and Caribbean Mayors and Cities
April 21-23, 2010
Lugo, Spain

This publication was drafted by the Inter-American Drug Abuse Control Commission (CICAD), Secretariat for Multidimensional Security of the Organization of American States (OAS); the Justice Programs Office, School of Public Affairs, American University; the Institute for International Research on Criminal Policy (IRCP), Universiteit Gent; the Ministerio Público of Chile (General Prosecutor’s Office); and the International Association of Drug Treatment Courts (IADTC). It was developed in the framework of the EU-LAC Drug Treatment City Partnerships, an initiative coordinated by CICAD/SMS/OAS and funded by the European Commission. The content of this publication does not necessarily reflect the position of the EU or the OAS.
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Editorial Committee

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Volume Two: Appendix of Additional Supporting Materials

The materials included in this Volume are organized as follows:

(1) Legislation and/or regulations enacted to implement the Drug Treatment Court program;
(2) Program descriptive information provided by the respondents to the CICAD survey; and
(3) Evaluative information provided by the respondents to the CICAD survey

In view of the growing body of documentation and diversity of materials being developed on global Drug Treatment Courts, reference should be made on an ongoing basis to the various websites on which these materials are posted. A few of them are listed below:

The International Association of Drug Treatment Courts (IADTC):
http://iadtc.carousel30.com/iadtc-home/

Drug Court Clearinghouse (American University Justice Programs Office) (includes information on American and international drug courts):
http://www1.spa.american.edu/justice/project.php?ID=1

Inter-American Drug Abuse Control Commission (CICAD) Secretariat for Multidimensional Security of the Organization of American States (OAS):
http://www.cicad.oas.org/

EU-LAC Drug Treatment City Partnerships:
http://www.eulacdrugs.org/eulac/

United Nations Office on Drugs and Crime—Drug courts page (includes many links to national and international drug courts):

Country links:
Australia (New South Wales):

Australia (Queensland):
Australia (South Australia):
Australia (Victoria):

Australia (Western Australia):

Bermuda drug treatment court:

Canadian Department of Justice drug court program:

Dublin (Ireland) drug treatment court office (includes contact information and links to other documents):
http://www.courts.ie/offices.nsf/fd1b5d60ef31380256e43003d0107/cfaf3511b9b9639e80256e45005861cf?OpenDocument

Judges who are interested in developing DTC programs may also find useful the “Solution-Focused Judging Bench Book” by Michael S. King, published by the Australasian Institute of Judicial Administration, Inc. (2009) and available at:
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Drug Court Act 1998 No 150

Act No 150, 1998

An Act to provide for the establishment of the Drug Court of New South Wales, for the referral of drug offenders to the Drug Court, and for the supervision of drug programs by the Drug Court; and for other purposes. [Assented to 8 December 1998]
The Legislature of New South Wales enacts:

Part 1  Preliminary

1 Name of Act

This Act is the Drug Court Act 1998.

2 Commencement

This Act commences on a day or days to be appointed by proclamation.

3 Objects

(1) The object of this Act is to reduce the level of criminal activity that results from drug dependency.

(2) This Act achieves that object by establishing a scheme under which drug dependent persons who are charged with criminal offences can be diverted into programs designed to eliminate, or at least reduce, their dependency on drugs.

(3) Reducing a person's dependency on drugs should reduce the person's need to resort to criminal activity to support that dependency and should also increase the person's ability to function as a law abiding citizen.

4 Definitions

(1) In this Act:

*court* includes a Magistrate or Justice.

*Drug Court* mean the Drug Court of New South Wales constituted by this Act.

*drug offender* means a person who has been convicted and sentenced by the Drug Court under section 7.

*eligible person* is defined in section 5.

*exercise* a function includes perform a duty.

*function* includes a power, authority or duty.
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   eligible person is defined in section 5.

   exercise a function includes perform a duty.

   function includes a power, authority or duty.
initial sentence, in relation to a person who is convicted and sentenced under section 7, means the sentence imposed on the person under section 7 (2).

Judge means a person appointed to be a Drug Court Judge, as referred to in section 20 (1).

member of staff of the Drug Court means any person appointed as an officer of the Drug Court as referred to in section 28 (1) or whose services are used by the Drug Court as referred to in section 28 (2), and includes any other person prescribed by the regulations.

program, in relation to a person who is convicted and sentenced under section 7, means the program of supervision and control that arises from the conditions accepted by the person and imposed by the Drug Court under section 7 (3) (a).

referring court, in relation to a person who has been referred to the Drug Court under section 6, means the court by which the person has been referred.

registrar means the registrar of the Drug Court.

Senior Judge means the person appointed to be the Senior Judge of the Drug Court, as referred to in section 21 (1).

suspension order, in relation to a person who is convicted and sentenced under section 7, means an order under section 7 (3) (b) by which the person's sentence is suspended for the duration of the person's program.

(2) In this Act, a reference to the criminal jurisdiction of a Local Court includes a reference to the jurisdiction exercisable by a Magistrate, or by one or more Justices, under the Justices Act 1902.

5 Definition of “eligible person”

(1) A person is an eligible person if:

(a) the person is charged with an offence, other than an offence referred to in subsection (2), and

(b) the facts alleged in connection with the offence, together with the person's antecedents and any other information available to the court, indicate that it is likely that the person will, if convicted, be sentenced to imprisonment, and
Section 5  Drug Court Act 1988 No 150

Part 1  Preliminary

(c) the person has pleaded guilty to, or indicated that he or she intends to plead guilty to, the offence, and

(d) the person appears to be dependent on the use of prohibited drugs (within the meaning of the Drug Misuse and Trafficking Act 1985) or other drugs prescribed by the regulations, and

(e) the person satisfies such other criteria as are prescribed by the regulations.

(2) A person is not an eligible person if the person is charged with:

(a) an offence punishable under Division 2 of Part 2 of the Drug Misuse and Trafficking Act 1985, not being an offence that (under Part 9A of the Criminal Procedure Act 1986) is capable of being dealt with summarily, or

(b) an offence involving violent conduct or sexual assault, or

(c) any other offence of a kind prescribed by the regulations.
Part 2  Drug Court programs

Division 1  Acceptance into program

6 Courts may refer persons to Drug Court

(1) This section applies to such courts and proceedings as are prescribed by the regulations.

(2) It is the duty of a court before which a person is charged with an offence:
   (a) to ascertain whether the person appears to be an eligible person, and
   (b) if so, to ascertain whether the person is willing to be referred to the Drug Court to be dealt with for the offence, and
   (c) if so, to refer the person to the Drug Court to be dealt with for the offence.

(3) The power conferred on a court by this section is to be exercised as soon as practicable after the person is charged with the offence.

7 Persons accepted into program

(1) This section applies to a person who has been referred to the Drug Court under section 6.

(2) The Drug Court may, under this section, convict and sentence a person who has pleaded guilty to the offence for which the person has been referred (whether before the referring court or the Drug Court) if, and only if, it is satisfied as to each of the following matters:
   (a) that the person is an eligible person,
   (b) that, having regard to the person's antecedents, it would be appropriate for the person to participate in a program under this Act,
   (c) that facilities to supervise and control the person's participation in such a program are available, and have been allocated to the person, in accordance with the guidelines prescribed by the regulations,
(d) that the person accepts the conditions that the Drug Court proposes to impose on the person (whether immediately or at some later date) as a consequence of his or her conviction and sentence under this section,

(e) that the person has been informed of the Drug Court's powers under Division 2 and of the respective consequences, as regards the sentence to be imposed under section 12, of the person's compliance or non-compliance with a program.

(3) On sentencing the person, the Drug Court:
(a) must make an order imposing on the person the conditions that the person has accepted as referred to in subsection (2) (d) (the person's program), and
(b) must make an order suspending execution of the sentence for the duration of the person's program (the person's suspension order).

(4) A person who is convicted and sentenced by the Drug Court under this section with respect to an offence for which the person has been referred to the Drug Court under section 6 may at the same time be convicted and sentenced for any other offence to which he or she has pleaded guilty (other than an offence referred to in section 5 (2)), whether or not the person has been referred to the Drug Court under section 6 in relation to that other offence.

(5) Nothing in this Act entitles a person to be convicted and sentenced under this section, and no appeal lies against any decision by the Drug Court not to convict or sentence a person under this section.

8 Persons not accepted into program

(1) This section applies to a person who has been referred to the Drug Court under section 6 but whom the Drug Court has not convicted and sentenced under section 7.

(2) The Drug Court may, under this section, convict and sentence a person who has pleaded guilty to the offence for which the person has been referred (whether before the referring court or the Drug Court) if, and only if, the person consents to being dealt with under this section.
(3) If the person does not consent to being dealt with under this section, the Drug Court is to refer the person back to the referring court.

(4) If the Drug Court refers a person back to the referring court, the proceedings against the person are to be continued before the referring court at a time and place specified in the order, as if:
   (a) the person had not been referred to the Drug Court, and
   (b) the proceedings had merely been adjourned to the time and place specified in the order.

(5) A person who is convicted and sentenced by the Drug Court under this section with respect to an offence for which the person has been referred to the Drug Court under section 6 may at the same time be convicted and sentenced for any other offence to which he or she has pleaded guilty (other than an offence referred to in section 5 (2)), whether or not the person has been referred to the Drug Court under section 6 in relation to that other offence.

Division 2 Administration of program

9 Variation of conditions of program

(1) The Drug Court may from time to time, in accordance with a drug offender's program, vary the program by adding new conditions to, or varying or revoking existing conditions of, the program.

(2) No appeal lies against any decision by the Drug Court to vary a drug offender's program under this section.

10 Proceedings for non-compliance with program

(1) If it is satisfied, on the balance of probabilities, that a drug offender has failed to comply with his or her program, the Drug Court:
   (a) may, in accordance with the program, impose any one or more of the sanctions specified in the program as sanctions that the Court may impose on the drug offender, or
   (b) if it is also satisfied that there is no useful purpose to be served in the drug offender's further participation in the program, may decide to terminate the program.
Section 10  Drug Court Act 1998 No 150
Part 2  Drug Court programs
Division 2

(2) Without affecting the other circumstances in which a drug offender is taken to have failed to comply with his or her program, a drug offender is taken to have failed to comply with the program if the drug offender is charged before a court with an offence referred to in section 5 (2).

(3) No appeal lies in relation to any action taken or decision made by the Drug Court under this section.

11 Termination of program

(1) The Drug Court may terminate a drug offender's program:
   (a) if the drug offender successfully completes the program, or
   (b) if the drug offender requests the Drug Court to terminate the program, or
   (c) if the Drug Court decides to terminate the program as referred to in section 10 (1) (b).

(2) No appeal lies against the Drug Court's termination of a drug offender's program.

12 Imposition of final sentence

(1) On terminating a drug offender's program, the Drug Court must reconsider the drug offender's initial sentence.

(2) In reconsidering a drug offender's initial sentence, the Drug Court must take into consideration:
   (a) the nature of the drug offender's participation in his or her program, and
   (b) any sanctions that have been imposed on the drug offender during the program.

(3) After reconsidering a drug offender's initial sentence, the Drug Court is to determine the drug offender's final sentence:
   (a) by making an order setting aside the initial sentence and discharging the drug offender, either unconditionally or conditionally on his or her entering into a recognizance to be of good behaviour of the kind referred to in section 556A (1) (b) of the Crimes Act 1900, or
(b) by making an order setting aside the initial sentence, deferring the passing of sentence and releasing the drug offender conditionally on his or her entering into a recognizance to be of good behaviour of the kind referred to in section 558 (1) of the Crimes Act 1900, or

(c) by making an order setting aside the initial sentence and imposing instead any sentence that it could have imposed for the offence to which the initial sentence related, or

(d) by making an order confirming the initial sentence.

(4) The final sentence determined for a drug offender in relation to an offence is not to be greater than the initial sentence imposed on the drug offender in relation to that offence.

(5) Part 15 of the Crimes Act 1900:

(a) applies to a recognizance under subsection (3) (a) in the same way as it applies to a recognizance under section 556A (1) (b) of that Act, and

(b) applies to a recognizance under subsection (3) (b) in the same way as it applies to a recognizance under section 558 (1) of that Act.

13 Revocation of suspension order

On sentencing a drug offender under section 12, the Drug Court is to revoke the drug offender's suspension order.

14 Arrest warrants

(1) If it suspects that a drug offender may have failed to comply with his or her program, the Drug Court may issue a warrant for the drug offender's arrest.

(2) A warrant under this section authorises any police officer to arrest the drug offender and to bring the drug offender before the Drug Court to be dealt with under this Act.

(3) The Bail Act 1978 does not apply to a drug offender who is arrested on the authority of a warrant under this section.

15 Sentences imposed by Drug Court

(1) The sentences that may be imposed by the Drug Court under this Part are as follows:
(a) in the case of an indictable offence (including an indictable offence for which an election to have the offence dealt with on indictment has been duly made under Part 9A of the Criminal Procedure Act 1986), any penalty that could have been imposed by the District Court had the offence been dealt with on indictment by the District Court,

(b) in the case of a summary offence (including an indictable offence for which an election to have the offence dealt with on indictment has not been duly made under Part 9A of the Criminal Procedure Act 1986), any penalty that could have been imposed by a Local Court had the offence been dealt with summarily by a Local Court.

(2) Except for the purposes of the Criminal Appeal Act 1912, a person sentenced by the Drug Court for an offence referred to in subsection (1) (a) is taken to have been convicted of the offence on indictment.

16 Conditions of program

(1) The conditions of a program may allow the Drug Court to confer the following kinds of rewards on a drug offender who maintains a satisfactory level of compliance with the program:

(a) conferral of specified privileges,

(b) an appropriate change in the frequency of counselling or other treatment,

(c) a decrease in the degree of supervision to which the drug offender is subject,

(d) a decrease in the frequency with which the drug offender must undergo testing for drugs,

(e) a decrease in the amount of any monetary penalty payable to the Drug Court as referred to in subsection (2) (e),

(f) a change in the nature of the vocational and social services attended by the drug offender or the frequency with which the drug offender is required to attend vocational and social services.

(2) The conditions of a program may allow the Drug Court to impose the following kinds of sanctions on a drug offender who fails to comply with the program:

(a) withdrawal of privileges conferred on the person, as referred to in subsection (1) (a).
(b) an appropriate change in the frequency of counselling or other treatment,
(c) an increase in the degree of supervision to which the drug offender is subject,
(d) an increase in the frequency with which the drug offender must undergo testing for drugs,
(e) a requirement that the drug offender pay a monetary penalty to the Drug Court,
(f) a requirement that the drug offender be subjected to imprisonment in a correctional centre for up to 14 days in respect of any one failure to comply with the requirements of the order,
(g) a change in the nature of the vocational and social services attended by the drug offender or the frequency with which the drug offender is required to attend vocational and social services.

(3) Any monetary penalty payable by a drug offender, as referred to in subsection (2) (e), is recoverable by the registrar of the Drug Court as a debt in any court of competent Jurisdiction.

(4) This section does not limit the conditions that may form part of a program apart from this section.

17 Immunity from prosecution for certain offences
A person is not liable to prosecution for any offence comprising the unlawful possession or use of drugs:
(a) as a result of any admission made for the purposes of seeking a referral under Division 1, not being an admission of facts giving rise to an offence referred to in section 5 (2) (a), or
(b) as a result of any admission made for the purposes of satisfying the Drug Court that the person should be accepted into a program, or
(c) as a result of any admission made in connection with the Drug Court’s supervision of his or her program.

nor may any such admission be admitted as evidence in proceedings for any offence comprising the unlawful possession or use of drugs that are brought as a result of the admission.

18 Application of Criminal Procedure Act 1986
In the application of the Criminal Procedure Act 1986 to proceedings before the Drug Court:
Section 18  Drug Court Act 1998 No 150
Part 2  Drug Court programs
Division 3

(a) the provisions of Part 6 of that Act that enable the Drug Court, when sentencing a person for one offence, to take other offences into account in determining the penalty to impose on the person do not enable the Drug Court to take into account any offence of the kind referred to in section 5 (2), and

(b) the provisions of Part 9A of that Act are subject to such modifications (if any) as are prescribed by the regulations under this Act.
Part 3  The Drug Court

Division 1  Constitution of Drug Court

19 Constitution of Drug Court

There is constituted by this Act a court of record to be known as the Drug Court of New South Wales.

20 Judges

(1) The Governor may, by commission under the public seal of the State, appoint as a Drug Court Judge any person who is a Judge of the District Court.

(2) A person ceases to be a Drug Court Judge on ceasing to be a Judge of the District Court.

(3) In this section, a reference to a Judge of the District Court includes a reference to an acting Judge of the District Court.

21 Senior Judge

(1) The Governor may, by a person's commission as a Judge or by a subsequent commission under the public seal of the State, appoint one of the Drug Court Judges to be the Senior Judge of the Drug Court.

(2) Subject to subsection (3), the Senior Judge holds office as Senior Judge while he or she holds office as Judge.

(3) With the approval of the Governor, the Senior Judge may resign office as Senior Judge without resigning office as Judge.

22 Acting Senior Judge

(1) The Minister may appoint a Judge to be acting Senior Judge during any absence from duty or vacancy in office of the Senior Judge.
(2) An acting Senior Judge has the functions of the Senior Judge and anything done by the acting Senior Judge in the exercise of those functions has effect as if it had been done by the Senior Judge.

Division 2 Procedure of Drug Court

23 Single Judge to constitute Drug Court

All proceedings in the Drug Court, and all matters arising out of any such proceedings, are to be heard and disposed of before a Judge, who constitutes the Court.

24 Jurisdiction of Drug Court

(1) The Drug Court has the following jurisdiction:
   (a) the criminal jurisdiction of the District Court,
   (b) the criminal jurisdiction of a Local Court,
   (c) such other jurisdiction as is vested in the Drug Court by this or any other Act.

(2) For the purpose of enabling it to exercise its jurisdiction, the Drug Court has the following functions:
   (a) all of the functions of the District Court that are exercisable in relation to its criminal jurisdiction,
   (b) all of the functions of a Local Court that are exercisable in relation to its criminal jurisdiction, including all the functions exercisable by a Magistrate or Justice under the Justices Act 1902,
   (c) such other functions as are conferred or imposed on it by or under this or any other Act.

25 Sittings

(1) The Drug Court is to sit at such places and times as the Senior Judge may direct.

(2) Two or more sittings of the Drug Court may be held at the same time.

26 Court proceedings

(1) This section applies to proceedings before the Drug Court in the exercise of its jurisdiction under this Act, but does not apply to proceedings before the Drug Court in the exercise of the criminal jurisdiction of the District Court or the criminal jurisdiction of a Local court.
(2) Proceedings before the Drug Court are to be conducted:
   (a) in accordance with the directions of the Judge presiding in the proceedings, and
   (b) subject to paragraph (a), with as little formality and technicality, and with as much expedition, as the requirements of this Act and the regulations and the proper consideration of the matters before the Court permit.

(3) The Drug Court is not bound by the rules of evidence, but may inform itself on any matter in such manner as it considers appropriate.

(4) The Drug Court may adjourn its proceedings from time to time.

27 Rules of Court

The Senior Judge may make rules of court, not inconsistent with this Act, for or with respect to any matter relating to the practice or procedure of the Drug Court, including:
   (a) any matter for or with respect to which rules may be made under the District Court Act 1973 in relation to the criminal jurisdiction of the District Court, and
   (b) any matter for or with respect to which rules may be made under the Justices Act 1902 in relation to the criminal jurisdiction of a Local Court.

Division 3 Administration

28 Court Officers

(1) A registrar and such other officers as are necessary for the proper administration of this Act are to be appointed under Part 2 of the Public Sector Management Act 1988.

(2) Arrangements may be made for the use by the Drug Court of the services of any staff (by secondment or otherwise) or facilities of a Government department.

29 Court Business

(1) The Senior Judge is responsible for the administration of the business of the Drug Court.

(2) The registrar may exercise:
   (a) such of the administrative functions of the Court as are conferred or imposed on the registrar by the regulations or the rules of court, and
Section 29 Drug Court Act 1998 No 150

Part 3 The Drug Court
Division 3

(b) such of the functions of a registrar of the District Court as are relevant to the exercise by the Drug Court of the criminal jurisdiction of a District Court, and

(c) such of the functions of a Clerk of a Local Court as are relevant to the exercise by the Drug Court of the criminal jurisdiction of a Local Court.

30 Delegation

(1) The Senior Judge may delegate to a Judge any of the Senior Judge's functions, other than this power of delegation.

(2) The registrar may delegate to any other officer of the Court any of the registrar's functions, other than this power of delegation.
Part 4  Miscellaneous

31  Provision of information to Drug Court

(1) This section applies to such persons as are prescribed by the regulations for the purposes of this section, being persons who are involved in the administration of, or who provide services in connection with, a drug offender’s program.

(2) It is the duty of a person to whom this section applies:
(a) to promptly notify the registrar of any failure by a drug offender to comply with the drug offender’s program, and
(b) to promptly comply with the requirements of the regulations with respect to the giving of information to the registrar.

(3) The following provisions apply to and in respect of any information provided for the purposes of this section (protected information):
(a) the provision of the information does not constitute a breach of professional etiquette or ethics or a departure from accepted standards of professional conduct,
(b) no liability for defamation is incurred because of the provision of the information,
(c) the provision of the information does not constitute a ground for civil proceedings for malicious prosecution or for conspiracy,
(d) the information is not admissible in evidence in any proceedings before a court, tribunal or committee,
(e) a person is not compellable in any proceedings before a court, tribunal or committee to disclose the information or to produce any document that contains the information.

(4) The provisions of subsection (3) (d) and (e) do not apply to or in respect of the provision of protected information:
(a) in proceedings before the Drug Court or any court hearing or determining an appeal from a decision of the Drug Court, or
(b) in support of, or in answer to, any charge or allegation made in proceedings against a person in relation to the person’s exercise of functions under this Act.
Section 31  Drug Court Act 1998 No 150
Part 4  Miscellaneous

(5) A drug offender is taken to have authorised the communication of protected information:
(a) from any person to whom this section applies to the registrar, and
(b) from the registrar to any person to whom this section applies, and
(c) from any member of staff of the Drug Court to any other member of staff of the Drug Court.

(6) A provision of any Act or law that prohibits or restricts the disclosure of information does not operate to prevent the provision of information in accordance with this section.

32 Regulations

The Governor may make regulations, not inconsistent with this Act, for or with respect to any matter that by this Act is required or permitted to be prescribed or that is necessary or convenient to be prescribed for carrying out or giving effect to this Act and, in particular, for or with respect to:
(a) the forms to be used for the purposes of this Act, and
(b) the fees to be charged under this Act, and
(c) the postponement, waiver or remittal of fees charged under this Act.

33 Amendment of other Acts

Each Act referred to in Schedule 1 is amended as set out in that Schedule.

34 Savings, transitional and other provisions

Schedule 2 has effect.

35 Review of Act

(1) The Minister is to review this Act to determine whether the policy objectives of the Act remain valid and whether the terms of the Act remain appropriate for securing those objectives.
(2) The review is to be undertaken as soon as possible after the period of 2 years from the date of assent to this Act.

(3) A report on the outcome of the review is to be tabled in each House of Parliament within 12 months after the end of the period of 2 years.
Schedule 1 Amendment of other Acts

1.1 Bail Act 1978 No 161

[1] Section 4 Definitions
Insert after paragraph (c) of the definition of court in section 4 (1):
(c1) the Drug Court, or

[2] Section 6 Grant of bail for certain periods
Insert after section 6 (g8):
(g9) the period between a person being referred to the Drug Court under section 6 of the Drug Court Act 1998 and the person being brought before the Drug Court consequent on the referral.

(g10) the period between a person being referred back to a court under section 8 of the Drug Court Act 1998 and the person being brought before that court consequent on the referral.

1.2 Children (Criminal Proceedings) Act 1987 No 55

Section 7 Jurisdiction of Children’s Court not to be exercised by certain other courts
Insert at the end of the section:
(2) The Drug Court may not hear or determine criminal proceedings that a Children’s Court has jurisdiction to hear and determine.
1.3 Criminal Appeal Act 1912 No 16

[1] Section 5AE

Insert after section 5AD:

5AE Appeals from sentences imposed by the Drug Court

(1) Section 5AA applies to and in respect of a person convicted of an offence by the Drug Court in the exercise of its jurisdiction under Part 2 of the Drug Court Act 1998 (in relation only to a final sentence determined by the Court under section 12 of that Act) in the same way as it applies to a person referred to in section 5AA (1).

(2) For the purposes of this section, a reference in section 5AA to the Supreme Court is to be construed as including a reference to the Drug Court.

(3) The power of the Court of Criminal Appeal to hear and determine an appeal under this section is to be exercised by such single judge of the Supreme Court as the Chief Justice may direct.

[2] Section 10 Time for appealing

Omit "or 5AD" from section 10 (4).

Insert instead "or 5AD or 5AE".

1.4 Criminal Procedure Act 1986 No 209

Section 20 Definitions

Insert after paragraph (d) of the definition of court in section 20 (1):

the Drug Court, or
1.5 Justices Act 1902 No 27

[1] Section 51A Effect of plea of guilty in 'committal proceedings

Insert after section 51A (6) (a):

(a1) is being dealt with in accordance with Part 2 of the

Drug Court Act 1998, or

[2] Section 121B No appeal in certain cases

Insert after section 121B (2):

(3) Despite section 122, there is no appeal to the District
Court in relation to any order made on the conviction of
a person by the Drug Court under the provisions of the

Drug Court Act 1998.

1.6 Search Warrants Act 1985 No 37

Section 3 Definitions

Insert "or the registrar of the Drug Court" after "Local Court" in
paragraph (b) of the definition of authorised justice.

1.7 Victims Compensation Act 1996 No 115

Section 78 Application of Part

Insert "the Drug Court," after "the District Court," in section
78 (1) (b).
Schedule 2  Savings, transitional and other provisions

(Section 34)

Part 1  Preliminary

1  Savings and transitional regulations

(1) The regulations may contain provisions of a savings or transitional nature consequent on the enactment of the following Acts:

this Act

(2) Such a provision may, if the regulations so provide, take effect from the date of assent to the Act concerned or a later day.

(3) To the extent to which such a provision takes effect from a date that is earlier than the date of its publication in the Gazette, the provision does not operate so as:

(a) to affect, in a manner prejudicial to any person (other than the State or an authority of the State), the rights of that person existing before the date of that publication, or

(b) to impose liabilities on any person (other than the State or an authority of the State) in respect of anything done or omitted to be done before the date of that publication.

2  Transitional provision for past offences

Part 2 applies to and in respect of an offence committed before the commencement of that Part in the same way as it applies to and in respect of an offence committed after that commencement, and so applies whether proceedings for the offence were commenced before or after that commencement.

[Minister's second reading speech made in—
  Legislative Assembly on 27 October 1998
  Legislative Council on 25 November 1998]
Drug Court Act 2000

Reprinted as in force on 1 July 2008

Reprint No. 3

This reprint is prepared by
the Office of the Queensland Parliamentary Counsel
Warning—This reprint is not an authorised copy
Information about this reprint

This Act is reprinted as at 1 July 2008. The reprint—
• shows the law as amended by all amendments that commenced on or before that day (Reprints Act 1992 s 5(c))
• incorporates all necessary consequential amendments, whether of punctuation, numbering or another kind (Reprints Act 1992 s 5(d)).

The reprint includes a reference to the law by which each amendment was made—see list of legislation and list of annotations in endnotes. Also see list of legislation for any uncommenced amendments.

Minor editorial changes allowed under the provisions of the Reprints Act 1992 mentioned in the following list have also been made to—
• use different spelling consistent with current drafting practice (s 26(2))
• use standard punctuation consistent with current drafting practice (s 27)
• use aspects of format and printing style consistent with current drafting practice (s 35).

This page is specific to this reprint. See previous reprints for information about earlier changes made under the Reprints Act 1992. A table of reprints is included in the endnotes.

Also see endnotes for information about—
• when provisions commenced
• editorial changes made in earlier reprints.

Dates shown on reprints

Reprints dated at last amendment All reprints produced on or after 1 July 2002, authorised (that is, hard copy) and unauthorised (that is, electronic), are dated as at the last date of amendment. Previously reprints were dated as at the date of publication. If an authorised reprint is dated earlier than an unauthorised version published before 1 July 2002, it means the legislation was not further amended and the reprint date is the commencement of the last amendment.

If the date of an authorised reprint is the same as the date shown for an unauthorised version previously published, it merely means that the unauthorised version was published before the authorised version. Also, any revised edition of the previously published unauthorised version will have the same date as that version.

Replacement reprint date If the date of an authorised reprint is the same as the date shown on another authorised reprint it means that one is the replacement of the other.
# Drug Court Act 2000

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Drug Court Act 2000

[as amended by all amendments that commenced on or before 1 July 2008]

An Act to provide a drug court program for intensive drug rehabilitation of drug dependent offenders

Part 1 Preliminary

1 Short title
   This Act may be cited as the Drug Court Act 2000.

2 Commencement
   This Act commences on a day to be fixed by proclamation.

3 Objects of this Act
   (1) The objects of this Act are—
       (a) to reduce the level of drug dependency in the community and the drug dependency of eligible persons; and
       (b) to reduce the level of criminal activity associated with drug dependency; and
       (c) to reduce the health risks associated with drug dependency of eligible persons; and
       (d) to promote the rehabilitation of eligible persons and their re-integration into the community; and
       (e) to reduce pressure on resources in the court and prison systems.

   (2) The objects are to be achieved by establishing drug courts.
4 Relationship with Penalties and Sentences Act 1992

(1) A drug court magistrate—

(a) must have regard to the principles stated in the Penalties and Sentences Act 1992, section 9;¹ and

(b) may exercise the powers and make the orders a magistrate may exercise or make under that Act.

(2) Subsection (1) applies unless a contrary intention appears.

4A Notes in text

A note in the text of this Act is part of the Act.

Part 2 Definitions and important terms

5 Definitions

The dictionary in the schedule defines particular words used in this Act.

6 Who is an eligible person

(1) A person charged with an offence is an eligible person if—

(a) the person is not a person who must be dealt with as a child under the Juvenile Justice Act 1992; and

(b) the person is drug dependent and that dependency contributed to the person committing the offence; and

(c) it is likely the person would, if convicted of the offence, be sentenced to imprisonment; and

(d) the person satisfies any other criteria prescribed under a regulation.

¹ Penalties and Sentences Act 1992, section 9 (Sentencing guidelines)
(2) Without limiting subsection (1)(d), the regulation may require that the person be someone who resides within a stated locality at the time—
   (a) the person is referred for an indicative assessment; or
   (b) the person is referred for an assessment; or
   (c) an intensive drug rehabilitation order is made for the person.

(3) The person is not an eligible person if—
   (a) the person is serving a term of imprisonment other than a community term of imprisonment; or
   (b) the person is the subject of a parole order that is cancelled by a parole board and the person is to serve the unexpired portion of the person’s period of imprisonment; or
   (c) a charge against the person for a disqualifying offence is pending in a court.

Note for subsection (3)(a)—
A person released on parole is taken to be still serving the sentence imposed on the person: Corrective Services Act 2006, section 214.

(4) For the purpose of deciding whether a person ordered to serve a term of imprisonment under a law of another State or the Commonwealth (the relevant law) is a person serving a term of imprisonment for subsection (3)(a)—
   (a) the Corrective Services Act 2006, section 214 applies; and
   (b) a reference in the Corrective Services Act 2006, section 214 to parole includes a reference to a release under the relevant law that is similar to parole.

(5) In this section—
   parole order includes a release under a law of another State or the Commonwealth that is similar to a parole order.

7 What is a disqualifying offence
(1) A disqualifying offence is—
(a) an offence of a sexual nature; or
(b) an offence involving violence against another person, other than an offence charged under any of the following provisions of the Criminal Code—
   - section 335
   - section 340(a), but only if the offence is the assault of another with intent to resist or prevent the lawful arrest or detention of the person or of any other person
   - section 340(b)
   - section 413.\(^2\)

(2) For section 6(3)(b), a reference in subsection (1) to a provision of the Criminal Code includes a reference to a corresponding provision of a law of another State or the Commonwealth.

(3) For subsection (1), an offence of a sexual nature does not include an offence by a prostitute in providing prostitution, or in offering or accepting an offer to provide prostitution.

(4) For subsection (1)(b), an offence involving violence against another person is an offence that involves any allegation of personal violence, whether as an element of the offence or as an act of violence associated with the offence.

Examples of offences involving violence other than as an element of the offence—
   - operating a vehicle dangerously involving dragging a person behind the vehicle
   - operating a vehicle dangerously involving intentionally colliding with another vehicle or a person
   - breaching a domestic violence order involving a wilful injury

\(^2\) Criminal Code, section 335 (Common assault), 340 (Serious assaults), 413 (Assault with intent to steal)
7A  **What is a community term of imprisonment**

(1) A term of imprisonment in relation to a person is a *community term of imprisonment* if the person is ordered to serve the term of imprisonment—

(a) by way of intensive correction in the community under an intensive correction order made under the *Penalties and Sentences Act 1992*, section 112; or

(b) in a similar way under an order made under a law of another State or the Commonwealth.

(2) However, a term of imprisonment is not a *community term of imprisonment* if the order mentioned in subsection (1) was revoked and the person was committed to prison.

8  **What is a relevant offence**

(1) Each of the following is a *relevant offence*—

(a) a simple offence;

(b) an indictable offence that may be dealt with summarily;

(c) a prescribed drug offence;

(d) another offence prescribed under a regulation that is punishable by imprisonment for a term of not more than 7 years.

(2) A relevant offence does not include a disqualifying offence.

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**Part 3  Drug courts and drug court magistrates**

9  **Drug courts**

(1) The Governor in Council, by regulation, may declare 1 or more Magistrates Courts to be drug courts.

(2) A court is a drug court under subsection (1) whether or not it is constituted by a drug court magistrate.
(3) However, a power of a drug court magistrate may be exercised only in a drug court.

10 Drug court magistrates

(1) The Chief Magistrate must allocate the functions of a drug court magistrate to 1 or more magistrates.

(2) Nothing in this Act prevents a drug court magistrate exercising the jurisdiction of a Magistrates Court at any time.

11 Functions, additional jurisdiction and powers of drug court magistrates

(1) A drug court magistrate has the functions given by this Act.

(2) For the performance of a drug court magistrate’s functions, a drug court magistrate has jurisdiction to deal with a person appearing before the magistrate charged with a prescribed drug offence.

(3) A drug court magistrate has power to do all things necessary or convenient to be done for the performance of the magistrate’s functions.

(4) A drug court magistrate must conduct proceedings under this Act quickly and in a way that avoids unnecessary technicalities and facilitates the fair and practical conduct of the proceedings.

(5) In a proceeding under this Act, the drug court magistrate is not bound by the rules of evidence, but may inform himself or herself in any way the magistrate considers appropriate.

12 Other functions of drug court magistrates

(1) This Act does not affect the application of the Magistrates Act 1991 to a drug court magistrate.

(2) For example, a drug court magistrate, in addition to exercising functions as a drug court magistrate, must—

(a) exercise other functions as a magistrate as directed by the Chief Magistrate; and
(b) comply with reasonable directions given, or requirements made, by the Chief Magistrate.

Part 3A  Indicative assessment of drug dependency

12A  Application of pt 3A

This part applies if—

(a) a person charged with a relevant offence appears before a magistrate in a Magistrates Court prescribed under a regulation for this section; and

(b) the person has pleaded guilty to the offence or has indicated that he or she intends to plead guilty to the offence; and

(c) the magistrate is satisfied the person may be drug dependent; and

(d) the person appears, to the magistrate, to be an eligible person; and

(e) the maximum number of active intensive drug rehabilitation orders prescribed under a regulation has not been exceeded.

12B  Referral for indicative assessment

(1) The magistrate may decide to refer the person for an indicative assessment.

(2) If the magistrate decides to refer the person for an indicative assessment, the magistrate may adjourn the proceedings and—

(a) remand the person in custody to appear before a drug court magistrate; or

(b) release the person on bail to appear before a drug court magistrate.
(3) If the magistrate adjourns the proceedings to refer the person for an indicative assessment, the magistrate must require—

(a) the person to attend at the times and places decided by the chief executive (health) for an indicative assessment by an appropriately qualified health professional decided by the chief executive (health); and

(b) the chief executive (health) to prepare and submit to a drug court magistrate, within the time allowed by the magistrate, a report (an indicative assessment report) containing an indicative assessment of the person by the appropriately qualified health professional.

(4) The magistrate may require the indicative assessment report to be given orally or in writing.

(5) If the magistrate remands the person in custody, the chief executive (corrective services) must ensure the person—

(a) is assessed by an appropriately qualified health professional decided by the chief executive (health); and

(b) appears before a drug court magistrate to be dealt with as required by the drug court magistrate.

(6) After the indicative assessment report is submitted to a drug court magistrate, the prosecuting authority appearing before the court and the person’s legal representatives may make submissions about whether the proceedings should continue in the drug court or the matter should be dealt with by a magistrates court.

12C Indicative assessment reports

(1) When required to do so by a magistrate, the chief executive (health) must arrange for an appropriately qualified health professional to prepare an indicative assessment report for a drug court magistrate about a stated person remanded or required to appear before the drug court magistrate.

(2) The indicative assessment report must be given to the drug court magistrate within the time allowed under section 12B(3) by the magistrate.

(3) The drug court magistrate must give a copy of the indicative assessment report to—
(a) the prosecuting authority that appeared before the court when the offender was referred for an indicative assessment; and
(b) the person’s legal representatives; and
(c) the chief executive (corrective services).

(4) The drug court magistrate must ensure the prosecuting authority and the person’s legal representatives have sufficient time before the proceedings to consider and respond to the report.

12D Additional matters for indicative assessment report

(1) The drug court magistrate may order that the report, or part of the report, not be shown to the person.

(2) A report purporting to be an indicative assessment report made by an appropriately qualified health professional is evidence of the matters contained in it.

(3) An objection must not be taken or allowed to the evidence on the ground that it is hearsay.

(4) To remove any doubt, it is declared that this section does not limit the jurisdiction and powers of the drug court magistrate under section 11.

Part 4 Referral for assessment

13 Application of pt 4

This part applies if—

(a) a person charged with a relevant offence appears before a drug court magistrate; and
(b) there is evidence the person is drug dependent.
14 Referral to be decided as soon as practicable
(1) The powers conferred on a drug court magistrate under this part must be exercised as soon as practicable after the person first comes before the drug court for a relevant offence.
(2) Despite subsection (1), the powers may be exercised at any time before the court sentences the person or commits the person for trial or sentence for the offence.

15 Deciding whether to refer for assessment
(1) The drug court magistrate must decide whether the person appears to be an eligible person.
(2) If the person appears to be an eligible person, the drug court magistrate may decide to refer the person for assessment if satisfied—
   (a) the person has pleaded guilty to the offence or has indicated that he or she intends to plead guilty to the offence; and
   (b) the person is willing to be assessed for suitability for rehabilitation and to appear before a drug court magistrate to be dealt with for the offence; and
   (c) the maximum number of active intensive drug rehabilitation orders prescribed under a regulation has not been exceeded.

16 Referral for assessment
(1) If the drug court magistrate (the referring magistrate) decides to refer the person for assessment, the referring magistrate may adjourn the proceedings and—
   (a) remand the person in custody to appear before a drug court magistrate; or
   (b) release the person on bail to appear before a drug court magistrate.
(2) If the referring magistrate adjourns the proceedings, the referring magistrate must require the chief executive (corrective services) to prepare and submit to a drug court magistrate, within the time allowed by the referring
magistrate, a pre-sentence report under the *Corrective Services Act 2006*, section 344\(^3\) that contains—

(a) an assessment of the person’s suitability for rehabilitation; and

(b) if the person is suitable, a proposed rehabilitation program.

(3) Also, if the referring magistrate adjourns the proceedings, the referring magistrate must require the chief executive (health) to prepare and submit to a drug court magistrate, within the time allowed by the referring magistrate, a written report (an *assessment report*) containing an assessment of the person by an appropriately qualified health professional.

(4) If the referring magistrate releases the person on bail, the grant of bail must be made subject to the condition that, for the purpose of preparing the pre-sentence report and assessment report, the person—

(a) reports to an authorised corrective services officer within a stated time; and

(b) reports to other persons at the times and places directed by an authorised corrective services officer, including to an appropriately qualified health professional decided by the chief executive (health) for assessment.

(5) If the referring magistrate remands the person in custody, the chief executive (corrective services) must ensure the person—

(a) is assessed by an appropriately qualified health professional decided by the chief executive (health); and

(b) appears before a drug court magistrate to be dealt with as required by the drug court magistrate.

### 16A Assessment report

(1) When required to do so under section 16(3) by a referring magistrate, the chief executive (health) must arrange for an appropriately qualified health professional to prepare an assessment report for a drug court magistrate about a stated

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\(^3\) *Corrective Services Act 2006*, section 344 (Pre-sentence report)
person remanded or required to appear before the drug court magistrate.

(2) The assessment report must be given to the drug court magistrate within the time allowed by the referring magistrate.

(3) The drug court magistrate must give a copy of the assessment report to—

(a) the prosecuting authority that appeared before the court when the offender was referred for assessment; and

(b) the person’s legal representatives; and

(c) the chief executive (corrective services).

(4) The drug court magistrate must ensure the prosecuting authority and the person’s legal representatives have sufficient time before the proceedings to consider and respond to the assessment report.

16B Additional matters for assessment report

(1) The drug court magistrate may order that the assessment report, or part of the assessment report, not be shown to the person.

(2) A report purporting to be an assessment report made by an appropriately qualified health professional is evidence of the matters contained in it.

(3) An objection must not be taken or allowed to the evidence on the ground that it is hearsay.
Part 5  Intensive drug rehabilitation orders

Division 1  Preliminary

17  Application of pt 5
   (1) This part applies if a person charged with a relevant offence (the offender) appears before a drug court magistrate—
       (a) on proceedings adjourned under part 4; or
       (b) if expressly provided in relation to a provision of this part, on other proceedings.
   (2) In deciding whether to make an order under this part, it does not matter whether the offence was committed before or after the commencement of this Act.

Division 2  Making an order

18  Drug court magistrate may make order only if conviction recorded
   (1) A drug court magistrate may make an intensive drug rehabilitation order for the offender for a relevant offence only if the magistrate records a conviction.
   (2) Subsection (1) also applies if the proceedings for the offence are before the magistrate other than on adjournment under part 4.

19  Making of order
   A drug court magistrate may make an order (intensive drug rehabilitation order) for the offender for an offence if satisfied—
       (a) the offence is a relevant offence; and
       (b) the offender is an eligible person; and
       (c) the offender has pleaded guilty to the offence; and
(d) the magistrate would, apart from this Act, sentence the offender to a term of imprisonment; and

(e) the offence is—

(i) a prescribed drug offence, or an offence against the *Drugs Misuse Act 1986* that may be prosecuted summarily, for which the offender may be adequately punished with imprisonment of not more than 3 years; or

(ii) another offence for which the offender may be adequately punished with imprisonment of not more than 4 years; and

(f) the offender is not suffering from any mental condition that could prevent the offender’s active participation in a rehabilitation program; and

(g) the maximum number of active intensive drug rehabilitation orders prescribed under a regulation has not been exceeded; and

(h) the facilities to supervise and control the offender’s participation in a rehabilitation program are available for allocation to the offender under guidelines prescribed under a regulation; and

(i) there are reasonable prospects the offender would satisfactorily comply with an intensive drug rehabilitation order and it would be otherwise appropriate for an intensive drug rehabilitation order to be made, having regard to all relevant matters including, for example—

(i) the pre-sentence report and assessment report mentioned in section 16; and

(ii) whether a charge for an offence that can not be dealt with under this Act (other than a disqualifying offence) is pending in a court against the offender, and if so, the nature and seriousness of the offence and when the charge is likely to be dealt with.
20 Contents of order

(1) If the drug court magistrate decides to make an intensive drug rehabilitation order for the offender, the order must contain—

(a) an order—

(i) sentencing the offender to serve a term of imprisonment (the initial sentence); and

(ii) suspending the whole of the term of imprisonment under this Act; and

(b) the requirements of the order; and

(c) a rehabilitation program decided by the drug court magistrate for the offender.

(2) For subsection (1)(a)(i), the intensive drug rehabilitation order may contain an order sentencing the offender to serve a term of imprisonment of more than 3 years only if the prosecuting authority appearing before the court and the offender have consented to the offence being prosecuted summarily on the ground that the defendant will be adequately punished on summary conviction.

21 Delaying suspension of sentence

If the drug court magistrate is satisfied sufficient grounds exist, the magistrate may—

(a) direct that the commencement of the suspension of the sentence be delayed for not more than 15 days; and

(b) order that the offender be detained in custody in a prison until the earlier of the following days—

(i) the day the chief executive (corrective services) is given a release authority in the approved form signed by the clerk of the court of a drug court;

(ii) the day the 15 day period ends.

Example—

The drug court magistrate is satisfied the offender requires detoxification but suitable facilities for detoxification are not immediately available.
22 Core conditions of intensive drug rehabilitation order

An intensive drug rehabilitation order is subject to the following core conditions—

(a) the offender must not commit an offence, in or outside Queensland, during the period of the order;

(b) the offender must notify an authorised corrective services officer of every change of the offender’s place of residence or employment within 2 business days after the change happens;

(c) the offender must not leave or stay out of Queensland without an authorised corrective services officer’s permission;

(d) the offender must comply with every reasonable direction of an authorised corrective services officer, including a direction to appear before a drug court magistrate at a stated time and place;

(e) the offender must attend before a drug court magistrate at the times and places stated in the order.

23 Additional requirements of order

(1) The intensive drug rehabilitation order may also contain requirements that the offender—

(a) make restitution, or pay compensation; and

(b) satisfactorily perform community service of up to 240 hours for the period stated in the order, as and when directed by an authorised corrective services officer; and

(c) do another thing that a drug court magistrate considers may help the offender’s rehabilitation.

(2) A requirement to make restitution may be made for property—

(a) in relation to which an offence was committed; or

(b) taken in the course of, or in connection with, the commission of the offence.

(3) A requirement to pay compensation may be made—
(a) to a person for any loss or destruction of, damage caused to, or unlawful interference with, property—
   (i) in relation to which an offence was committed; or
   (ii) in the course of, or in connection with, the commission of the offence; and
(b) for personal injury suffered by a person, whether or not the person is the victim against whom an offence was committed, because of the commission of the offence.

(4) In deciding whether to require the offender to perform community service under subsection (1)(b), the drug court magistrate must consider the number of hours of community service the offender has outstanding under another order and when the hours must be completed.

(5) If the drug court magistrate decides to require the offender to perform community service under subsection (1)(b), the drug court magistrate must consider whether the offender is in a residential rehabilitation facility and is able to complete the community service.

(6) The Penalties and Sentences Act 1992, part 3, division 4, does not apply to restitution or compensation under an intensive drug rehabilitation order.

(7) The Penalties and Sentences Act 1992, part 5, divisions 2 and 3, do not apply to community service under an intensive drug rehabilitation order.

(8) A requirement under subsection (1) is not a sentence within the meaning of the Penalties and Sentences Act 1992, section 4.

24 Contents and requirements of rehabilitation program

(1) The intensive drug rehabilitation order must, as far as practicable, state the details of the rehabilitation program the offender must undertake, including, for example, that the offender must—
   (a) report to, or receive visits from, an authorised corrective services officer; or
(b) report for drug testing to an authorised corrective services officer; or
(c) attend vocational education and employment courses; or
(d) submit to medical, psychiatric or psychological treatment.

(2) As part of the medical, psychiatric or psychological treatment, the offender may be required to remain at a place, and for a time, stated in the program.

(3) The offender’s rehabilitation program must also state that a drug court magistrate may, at any time, commit the offender to a prison if, in the magistrate’s opinion, the committal is necessary to facilitate—

(a) detoxification of the offender; or
(b) assessment of the offender’s participation in the program.

(4) However, the offender must not be committed to a prison for detoxification unless the drug court magistrate is satisfied no other suitable facilities are immediately available.

(5) If a drug court magistrate commits an offender to prison to facilitate detoxification, the offender is committed to the prison until the earliest of the following—

(a) 22 days after the offender is committed to prison for detoxification;
(b) the chief executive (corrective services) or chief executive (health) is satisfied the offender is detoxified;
(c) a drug court magistrate, on the offender’s application, orders the committal of the offender end.

(6) If an offender is committed to prison for an assessment of the offender’s participation in the program, the committal must not be for more than—

(a) if the assessment is because the offender has failed to attend on a person or at a place as stated in the rehabilitation program—30 days; or
(b) otherwise—15 days.
(7) If a drug court magistrate commits an offender to prison under subsection (5) to facilitate detoxification, the drug court magistrate must order that after the committal ends the person must appear before a drug court magistrate at the time and place stated.

(8) If a drug court magistrate commits an offender to prison under subsection (6) for assessment, the drug court magistrate must state that after the committal ends the offender must—

(a) appear before a drug court magistrate at the times and places stated; or

(b) attend at another place at the times stated.

25 Explaining orders

(1) Before making an intensive drug rehabilitation order, the drug court magistrate must explain, or cause to be explained, to the offender the following matters—

(a) that the intensive drug rehabilitation order has 3 parts—

(i) the sentence of imprisonment and the suspension of the sentence; and

(ii) the core conditions and additional requirements of the order; and

(iii) the rehabilitation program;

(b) the purpose and effect of the order;

(c) what may happen if the offender does not comply with the order;

(d) that, subject to divisions 4 and 5, the requirements of the order or the rehabilitation program may be amended or a rehabilitation program terminated on a drug court magistrate’s own initiative or on application by—

(i) the offender; or

(ii) an authorised corrective services officer; or

(iii) the commissioner of the police service; or

(iv) the director of public prosecutions.
(2) If the offender is charged with a prescribed drug offence, the magistrate must also explain—

(a) the offender would normally be dealt with in the Supreme Court for the offence; and

(b) the magistrate is dealing with the offender on the condition the offender successfully complete the rehabilitation program; and

(c) if the offender does not successfully complete the rehabilitation program, the offender will be dealt with in the Supreme Court for the offence.

(3) The explanation must be made in language, or in a way, likely to be readily understood by the offender.

26 Offender to agree to making or amending of order

(1) The drug court magistrate may make an intensive drug rehabilitation order for the offender only if the offender agrees to the order being made, including the core conditions, and agrees to comply with it.

(2) The drug court magistrate may amend the requirements of an intensive drug rehabilitation order or a rehabilitation program only if the offender agrees to the order being amended and agrees to comply with it.

27 Copy of order to offender

(1) The clerk of the court of the drug court must give the offender a copy of the intensive drug rehabilitation order.

(2) A copy of the core conditions must be included in, or attached to, the intensive drug rehabilitation order.

(3) The offender must acknowledge receipt of the copy of the intensive drug rehabilitation order in writing.

(4) Until subsections (1) and (3) are complied with, the offender must remain in the custody of a police officer.
28 Multiple offences

(1) Under section 19, the drug court magistrate (magistrate) may make more than 1 intensive drug rehabilitation order (order) for the offender for more than 1 offence.

(2) If the magistrate makes an order for the offender in proceedings adjourned before the magistrate under part 4, the magistrate may also make an order under section 19 for the offender in relation to another relevant offence even though proceedings for the other offence are before the magistrate other than on adjournment under part 4.

(3) However, in no case may the magistrate make more than 1 order for the offender for more than 1 offence if the total period of imprisonment for which the offender would be sentenced under section 20(a)(i) would be more than 4 years.

(4) The orders may be included in a single form of order that specifies each offence for which an intensive drug rehabilitation order is made.

Division 3 Not making an order

29 Dealing with offenders if no intensive drug rehabilitation order made

If the drug court magistrate decides not to make an intensive drug rehabilitation order for the offender, the magistrate must exercise the jurisdiction of a Magistrates Court and deal with the offender according to law.

Division 4 Rewards and sanctions

30 Application for reward or sanction

A reward or sanction under this division may be given or imposed on the application of an authorised corrective

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4 Section 19 (Making of order)
5 Section 20 (Contents of order)
services officer or the offender or on the drug court magistrate’s own initiative.

31 Rewards

(1) A drug court magistrate may give the following kinds of rewards to the offender if the magistrate is satisfied on the balance of probabilities the offender is satisfactorily complying with the offender’s intensive drug rehabilitation order—

(a) stated privileges;

(b) a decrease in the amount of any monetary penalty payable, but not yet paid, by the offender under section 32;

(c) a decrease in the frequency of drug testing of the offender;

(d) a decrease in the level of supervision of the offender by a drug court magistrate or someone else;

(e) a change in—

(i) the nature of the vocational education and employment courses the offender attends; or

(ii) the nature of medical, psychiatric or psychological treatment the offender is undergoing;

(f) a decrease in the frequency with which the offender must attend the courses or treatment;

(g) a decrease in the amount of community service the offender must perform under the order.

(2) The magistrate may, if necessary, amend the requirements of the offender’s intensive drug rehabilitation order or the offender’s rehabilitation program to give the reward.

32 Sanctions

(1) A drug court magistrate may impose the following kinds of sanctions on the offender if the magistrate is satisfied on the balance of probabilities the offender is not complying with the offender’s intensive drug rehabilitation order—
Drug Court Act 2000

(a) the withdrawal of stated privileges;

(b) the imposition of a monetary penalty payable to the clerk of the court of a drug court;

(c) an increase in the level of supervision of the offender by a drug court magistrate or someone else;

(d) a change in—
   (i) the nature of the vocational education and employment courses the offender attends; or
   (ii) the nature of medical, psychiatric or psychological treatment the offender is undergoing;

(e) an increase in the frequency with which the offender must attend the courses or treatment;

(f) a term of imprisonment for up to 15 days for each failure to comply with the order, but not so as to impose a term of more than 22 days at any 1 hearing under this section;

(g) an increase in the amount of community service the offender must perform, but—
   (i) not more than 40 hours community service for each failure to comply with the order; and
   (ii) not so as to impose more than 40 hours community service at any 1 hearing under this section; and
   (iii) not so as to increase the total number of hours to be performed under this section and under the order to more than 240 hours.

(2) In deciding whether to increase the amount of community service the offender must perform under subsection (1)(g), the drug court magistrade must consider—

(a) the number of hours of community service the offender has outstanding under another order and when the hours must be completed; and

(b) whether the offender is in a residential rehabilitation facility and is able to complete the community service.
(3) The magistrate may, if necessary, amend the requirements of the offender’s intensive drug rehabilitation order or the offender’s rehabilitation program to give the sanction.

(4) A monetary penalty imposed under subsection (1)(b) is not a penalty within the meaning of the Penalties and Sentences Act 1992, section 4.

(5) A term of imprisonment imposed under subsection (1)(f) is not a sentence within the meaning of the Penalties and Sentences Act 1992, section 4.  

Division 5   Amending orders and terminating rehabilitation programs

33 Amending intensive drug rehabilitation orders
(1) A drug court magistrate may, on application under this division or on the magistrate’s own initiative, amend the requirements of an intensive drug rehabilitation order or a rehabilitation program.

(2) If the magistrate amends the order, the magistrate must give reasons.

(3) This section is subject to section 26(2).  

34 Terminating rehabilitation programs
(1) A drug court magistrate may, on application under this division or on the magistrate’s own initiative, terminate a rehabilitation program decided for the offender if—

(a) the offender asks the magistrate to terminate the rehabilitation program; or

(b) if the magistrate proposes to amend the order—

(i) the offender does not agree to the order being amended; or

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6 Penalties and Sentences Act 1992, section 4 (Definitions)
7 Section 26 (Offender to agree to making or amending of order)
(ii) the offender does not agree to comply with the amended order; or

(c) the offender does not attend before a drug court magistrate as required under the offender’s intensive drug rehabilitation order or otherwise; or

(d) the offender has otherwise failed to comply with the intensive drug rehabilitation order; or

(e) the magistrate is satisfied, on the balance of probabilities, there are not reasonable prospects of the offender satisfactorily complying with the offender’s intensive drug rehabilitation order.

(2) If the magistrate terminates the rehabilitation program, the magistrate must give reasons.

(3) If the magistrate terminates the rehabilitation program and the offence in relation to which the intensive drug rehabilitation order for the offender was made is a prescribed drug offence, the magistrate must—

(a) revoke the conviction recorded for the offence; and

(b) vacate the intensive drug rehabilitation order; and

(c) under the Justices Act 1886, section 113,\(^8\) commit the offender to the Supreme Court for sentence, even though the magistrate has not addressed the defendant as required under section 104(2).

35 Process for application to amend intensive drug rehabilitation order or terminate rehabilitation program

(1) An application under section 33 or 34 may be made by any of the following persons—

(a) the offender;

(b) an authorised corrective services officer;

(c) a prosecuting authority.

(2) The application may be made—

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\(^8\) Justices Act 1886, section 113 (Procedure if defendant pleads guilty)
(a) if the offender is before a drug court magistrate—without notice; or

(b) if the offender is not before a drug court magistrate—after giving notice in the approved form and as required under subsection (3), (4), (5) or (6).

(3) If an application is made by the offender, notice must be given by the court to the chief executive (corrective services) and the prosecutor.

(4) If an application is made by an authorised corrective services officer, notice must be given to the court, the offender and the prosecutor.

(5) If an application is made by a prosecuting authority, notice must be given to the court, the offender and the chief executive (corrective services).

(6) Notice under subsection (3), (4) or (5) must be given to the person at least the day before the application is to be heard before the magistrate.

(7) In this section—

prosecutor means the prosecuting authority that appeared before the court when the intensive drug rehabilitation order was made.

35A Inclusion of new rehabilitation program

(1) This section applies when an offender is brought before a drug court magistrate after the offender’s rehabilitation program has been terminated by a magistrate in the offender’s absence for a reason mentioned in section 34(1)(c) or (d).

(2) Unless the offender’s intensive drug rehabilitation order has been vacated under section 34(3), the drug court magistrate may amend the intensive drug rehabilitation order to include a new rehabilitation program.

(3) The drug court magistrate may amend the intensive drug rehabilitation order to include a new rehabilitation program only if—

(a) the drug court magistrate is satisfied of the matters mentioned in section 19 and is satisfied the offender has
reasonable prospects of successfully completing the new rehabilitation program; and

(b) the offender agrees to the order being amended and agrees to comply with it.

36 Final sentence to be decided on completion or termination of rehabilitation program

(1) This section applies when an offender’s rehabilitation program ends—

(a) if the offence for which the offender’s intensive drug rehabilitation order was made was a prescribed drug offence—because the offender has successfully completed the rehabilitation program under the order; or

(b) if the offence for which the offender’s intensive drug rehabilitation order was made was not a prescribed drug offence—for any reason unless a new rehabilitation program is included in the offender’s intensive drug rehabilitation order under section 35A.

(2) The magistrate must reconsider the offender’s initial sentence, vacate the intensive drug rehabilitation order and impose a final sentence.

(3) When reconsidering the initial sentence, the magistrate must consider the extent to which the offender participated in his or her rehabilitation program, including, for example—

(a) whether any rewards or sanctions were given to or imposed on the offender; and

(b) if sanctions were imposed on the offender that included the imposition of a term of imprisonment under section 32(1)(f), the number and length of the terms imposed.

(4) The final sentence may be—

(a) for a prescribed drug offence—any sentence that a magistrate could impose for an offence against the Drugs Misuse Act 1986 on proceedings taken summarily under section 13 of that Act; or

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9 Drugs Misuse Act 1986, section 13 (Certain offences may be dealt with summarily)
(b) for any other relevant offence—any sentence that the
magistrate could have imposed for the offence.

Note to subsection (4)—

See also the Criminal Code, section 552H(1)(b) for an express extension
of a drug court magistrate’s power to impose a maximum penalty of 4
years imprisonment on summary conviction under section 552A or
552B of the Code.

(5) The magistrate must revoke the conviction recorded for the
offence—

(a) if the Penalties and Sentences Act 1992, section 16 or
2210 applies; or

(b) otherwise, if the magistrate has a discretion not to record
a conviction and decides not to record a conviction.

(6) If the magistrate sentences the offender to serve a term of
imprisonment with or without suspending the sentence, the
term of imprisonment must not be greater than the term
imposed in the initial sentence.

(7) It is declared that in applying the Penalties and Sentences Act
1992, section 161,11 to a sentence for a term of imprisonment
imposed on an offender under this section, time spent in
custody under this Act, other than under section 32(1)(f), is
taken to be imprisonment already served under the sentence.

Division 6 General

36A Drug court magistrate must consider views of drug court
team

(1) This section applies if a drug court magistrate is making a
decision (a relevant decision) about any of the following
matters—

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10 Penalties and Sentences Act 1992, section 16 (Court may make order under this
division if it does not record conviction) or 22 (Court may make order under this
division if it does not record conviction)

11 Section 161 has been renumbered as section 159A—see the Corrective Services Act
2006, section 496 and the Acts Interpretation Act 1954, section 14H.
(a) whether an offender’s rehabilitation program should include medical, psychiatric or psychological treatment (health treatment);

(b) what matters should be included in an offender’s rehabilitation program about the offender’s health treatment;

(c) where the offender should be placed for health treatment, including, for example, in a residential rehabilitation facility, an outpatient facility or with a particular service provider;

(d) how often the offender should meet with the persons providing or supervising the offender’s rehabilitation program, including health treatment;

(e) how often the offender should appear before a drug court magistrate;

(f) whether or not to give a reward to, or impose a sanction on, an offender;

(g) whether or not an intensive drug rehabilitation order or a rehabilitation program for an offender should be amended;

(h) whether or not an intensive drug rehabilitation order for an offender should be terminated.

(2) The drug court magistrate must consider the views of the members of the offender’s drug court team in making the relevant decision.

(3) In this section—

drug court team, for an offender, means the persons who—

(a) act for an interested entity; and

(b) attend a hearing at which a relevant decision is made about the offender.

interested entity means any of the following—

(a) Legal Aid (Queensland);

(b) a prosecuting authority;

(c) the department in which the Corrective Services Act 2000 is administered;
Drug Court Act 2000

Editor’s note—

(d) the department in which the Health Services Act 1991 is administered.

37 Immunity from prosecution

(1) A person is not liable to be prosecuted for an offence as a result of an admission made by the person—

(a) for the purposes of deciding whether the person—

(i) is, or appears to be, an eligible person; or

(ii) is suitable for rehabilitation; or

(b) to someone responsible for the person’s supervision or treatment under this Act.

(1A) To remove any doubt, it is declared that subsection (1) does not prevent a prosecution if there is evidence, other than the admission or evidence obtained as a result of the admission, implicating the accused.

(2) The admission, and any evidence obtained as a result of the admission, is not admissible against the person in proceedings for an offence.

(3) However, this section does not apply to—

(a) a disqualifying offence; or

(b) an indictable offence, other than an indictable offence mentioned in the Criminal Code, section 552B or the Drugs Misuse Act 1986, section 13; or

(c) an offence committed in connection with an offence mentioned in paragraph (a) or (b).

12 Criminal Code, section 552B (Charges of indictable offences that may be dealt with summarily)

13 Drugs Misuse Act 1986, section 13 (Certain offences may be dealt with summarily)
38 Random drug testing

If a rehabilitation program under an intensive drug rehabilitation order includes a requirement that the offender must report for drug testing and states the frequency for the testing, an authorised corrective services officer—

(a) may decide when and where the offender is to report; and

(b) may require the offender to report for further random testing as directed by the officer.

39 Disclosure of compliance and related information

(1) A prescribed person—

(a) must promptly give the chief executive (corrective services), or a drug court magistrate, any compliance information the prescribed person has about the offender; and

(b) may enter in the drug court database any compliance information or related information the prescribed person has about the offender.

(2) Subsection (1) applies despite any Act, oath, rule of law or practice that prohibits or restricts the disclosure of information.

(3) In this section—

compliance information means any information about the offender’s compliance with, or failure to comply with—

(a) the requirements of the offender’s intensive drug rehabilitation order; or

(b) the offender’s rehabilitation program.

drug court database means a database for the drug court diversion program to which only a prescribed person has access.

information includes a document.

prescribed person means a person involved in the administration of, or who provides services in connection
with, an offender’s rehabilitation program who is prescribed under a regulation.

*related information* means any information, other than compliance information, about the offender obtained in the administration of, or in the provision of services in connection with, the offender’s rehabilitation program.

### 39A Disclosure of relevant information

(1) A person who is a member of a drug court team for an offender may give another member of the drug court team any relevant information the person has about the offender.

(2) In this section—

*compliance information* see section 39.

*drug court team*, for an offender, means any of the following persons who are responsible for attending the drug court and providing reports to the drug court magistrate about the performance of the offender under the intensive drug rehabilitation order—

(a) a corrective services officer;

(b) a police officer;

(c) a person employed for the purposes of the *Director of Public Prosecutions Act 1984*;

(d) a health service employee under the *Health Services Act 1991*;

(e) a Legal Aid employee under the *Legal Aid Queensland Act 1997*.

*related information* see section 39.

*relevant information* means—

(a) compliance information; or

(b) related information; or

(c) any other information prescribed under a regulation for this section;

but does not include information to which legal professional privilege attaches.
39B Protection from liability

(1) This section applies if—

(a) a person who is a health professional gives an indicative assessment report to the chief executive (health) or a drug court magistrate; or

(b) a person who is a health professional gives an assessment report to the chief executive (health) or a drug court magistrate; or

(c) a prescribed person gives the chief executive (corrective services) or a drug court magistrate compliance information under section 39; or

(d) a prescribed person enters compliance information or related information in the drug court database under section 39; or

(e) a person who is a member of a drug court team for an offender gives another member of the team relevant information under section 39A.

(2) The person is not liable, civilly, criminally or under an administrative process, for giving the report, or giving or entering the information, honestly and on reasonable grounds.

(3) Also, merely because the person gives the report, or gives or enters the information, the person can not be held to have—

(a) breached any code of professional etiquette or ethics; or

(b) departed from accepted standards of professional conduct.

(4) Without limiting subsections (2) and (3)—

(a) in a proceeding for defamation, the person has a defence of absolute privilege for publishing the report or information; and

(b) if the person would otherwise be required to maintain confidentiality about the report or information under an Act, oath or rule of law or practice, the person—

(i) does not contravene the Act, oath or rule of law or practice by giving the report or giving or entering information; and
(ii) is not liable to disciplinary action for giving the report or giving or entering information.

39C Protection of personal information about offenders

(1) This section applies if a personal information document about an offender is given to a drug court.

(2) The clerk of the court of a drug court may give a copy of a personal information document to a person, other than the offender to whom the document relates, only if—
   (a) the person applies to the drug court for a copy of the document; and
   (b) the court is satisfied the person has a sufficient interest in the document; and
   (c) the court orders the person is to be given a copy of the document.

(3) A regulation may provide for the storage of personal information documents to ensure the confidentiality of information in the document.

   *Example for subsection (3)—*
   A regulation may provide that a medical report about an offender, kept in the offender’s file, is to be stored in a sealed envelope.

(4) This section applies despite any other Act, including the *Justices Act 1886*, section 154.

(5) In this section—

   *personal information document* means a document that is prescribed, under a regulation, to be a document to which this section applies.

40 Arrest warrants

(1) A drug court magistrate may issue a warrant for the offender’s arrest if the magistrate—
   (a) reasonably suspects an offender has failed to comply with his or her rehabilitation program; or
   (b) terminates the offender’s rehabilitation program.
(2) The warrant authorises any police officer to arrest the offender and to bring the offender before a drug court magistrate.

(3) The *Bail Act 1980* does not apply to an offender who is arrested on the authority of a warrant under this section.

(4) If the drug court magistrate decides to refer the offender for an assessment as to whether the offender should continue with the offender’s intensive drug rehabilitation order or to reserve making a decision about terminating the offender’s rehabilitation program, the magistrate may remand the offender in custody to appear before a drug court magistrate.

(5) The period for which an offender may be remanded in custody is as follows—

(a) an initial period of not more than 30 days;

(b) a further period or periods of not more than 8 days.

(6) If the drug court magistrate remands the offender in custody, the chief executive (corrective services) must ensure the person appears before a drug court magistrate to be dealt with as required by the drug court magistrate.

(7) The clerk of the court of a drug court may perform the magistrate’s functions under subsection (1).

41 **Warrants of commitment**

(1) A drug court magistrate may issue a warrant of commitment for the purposes of section 21 or 32(1)(f).

(2) The clerk of the court of a drug court may perform the magistrate’s functions under subsection (1).

42 **When no appeal**

(1) An appeal does not lie against—

(a) an initial sentence; or

(b) a decision to do or not to do any of the following—

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14 Section 21 (Delaying suspension of sentence) or 32 (Sanctions)
(i) remand a person to appear before a drug court magistrate;
(ii) make an intensive drug rehabilitation order for a person;
(iii) amend an intensive drug rehabilitation order or terminate a rehabilitation program for an offender;
(iv) give a reward to or impose a sanction on an offender.

(2) Subsection (1) applies despite the Justices Act 1886, section 222 and the Criminal Code, chapter 67.15

42A Application of Penalties and Sentences Act 1992, s 188

To remove any doubt, it is declared that the Penalties and Sentences Act 1992, section 188 applies to initial sentences and final sentences imposed under this Act.

Part 6 General

43 Regulation-making power

(1) The Governor in Council may make regulations under this Act.

(2) A regulation prescribing the maximum number of active intensive drug rehabilitation orders may prescribe the maximum number of active intensive drug rehabilitation orders applicable for persons who reside within a stated locality.

(3) A regulation may prescribe guidelines for drug courts or a particular drug court.

15 Justices Act 1886, section 222 (Appeal to a single judge) and Criminal Code, chapter 67 (Appeal—pardon)
(4) Without limiting subsection (3), a regulation may prescribe guidelines for drug courts or a particular drug court about the following matters—

(a) the requirements of an intensive drug rehabilitation order;

Example—
the maximum number of attendances ordinarily required before a drug court magistrate during a particular period

(b) the contents and requirements of a rehabilitation program;

Example—
the maximum number of times an offender must ordinarily report for drug testing during a particular period

(c) the ordinary requirements for successful completion of a rehabilitation program.

(5) A regulation may prescribe the minimum frequency with which offenders must be drug tested under the offenders’ intensive drug rehabilitation orders.

44 Approved forms

The chief executive may approve forms for this Act.
Part 7    Transitional provisions

Division 1    Transitional provision for Drug Rehabilitation (North Queensland Court Diversion Initiative) Amendment Act 2002

46A    Transitional provisions for Drug Rehabilitation (North Queensland Court Diversion Initiative) Amendment Act 2002

(1) Sections 6 and 19,16 as in force immediately before the commencement of this subsection, continue to apply in relation to an intensive drug rehabilitation order made before the commencement.

(2) The release under section 16(1)17 during the transitional period of a person on bail subject to a condition that the person report to persons at the times and places directed by a community correctional officer is taken instead to have been subject to a condition that the person report to persons at the times and places directed by a corrective services officer.

(3) In this section—

transitional period means the period beginning on 1 July 2001 and ending immediately before the commencement of subsection (2).

Division 2    Transitional provisions for Drug Legislation Amendment Act 2006

47    Definition for div 2

In this division—

commencement means the commencement of this division.

---

16   Sections 6 (Who is an eligible person) and 19 (Making of order)
17   Section 16 (Referral for assessment)
48 References to Act

In an Act or document, a reference to the Drug Rehabilitation (Court Diversion) Act 2000 may, if the context permits, be taken as a reference to this Act.

49 Transitional provision for courts

A Magistrate Court that was, immediately before the commencement, declared to be a pilot program court is, on the commencement, taken to be a drug court.

50 Transitional provision for magistrates

A magistrate who, immediately before the commencement, had been allocated the functions of a pilot program magistrate is, on the commencement, taken to have been allocated the functions of a drug court magistrate.

51 Transitional provision for proceedings

If proceedings before a pilot program court had been started but not finished before the commencement, the proceedings may continue as if they had been started after the commencement.
Schedule

Dictionary

section 5

active intensive drug rehabilitation order means an intensive drug rehabilitation order other than—

(a) an intensive drug rehabilitation order, the rehabilitation program for which has been terminated under section 34; or

(b) an intensive drug rehabilitation order that has been vacated.

appropriately qualified, for a health professional, means having the qualifications or experience to carry out an indicative assessment or assessment of a person.

approved form see section 44.

assessment, of a person, means an assessment of the following to help decide the person’s capacity to undertake treatment—

(a) the person’s physical and mental health;

(b) the person’s past and present drug dependency and drug use;

(c) the treatment options appropriate for the person.

assessment report see section 16(3).

authorised corrective services officer see Penalties and Sentences Act 1992, section 4A.18

chief executive (health) means the chief executive of the department in which the Health Services Act 1991 is administered.

community service means any activity declared by the chief executive (corrective services) to be community service for

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18 Penalties and Sentences Act 1992, section 4A (Meaning of authorised corrective services officer)
Schedule (continued)

the Corrective Services Act 2006 or the Penalties and Sentences Act 1992.

community term of imprisonment see section 7A.

core condition, of an intensive drug rehabilitation order, means a condition mentioned in section 22.

corrective services officer see the Corrective Services Act 2006.

corresponding provision means a corresponding provision of a law of another State or the Commonwealth.

disqualifying offence see section 7.

drug means—

(a) a dangerous drug within the meaning given by the Drugs Misuse Act 1986; or

(b) another drug prescribed under a regulation.

drug court means a Magistrates Court declared to be a drug court under section 9.

drug court magistrate means a magistrate to whom functions are allocated under section 10(1).

eligible person see section 6.

health professional has the meaning given by the Health Services Act 1991, section 60.

health service facility means a place at which a health service, within the meaning of the Health Services Act 1991, section 3, is provided.

indictive assessment, of a person, means an assessment as to whether the person is drug dependent.

indictive assessment report see section 12B.

initial sentence see section 20(a)(i).

intensive drug rehabilitation order see section 19.

offender see section 17.
Schedule (continued)

*period of imprisonment* means the unbroken duration of imprisonment that an offender is to serve for 2 or more terms of imprisonment, whether—

(a) ordered to be served concurrently or cumulatively; or

(b) imposed at the same time or different times;

and includes a term of imprisonment.

*prescribed drug offence* means an offence under the *Drugs Misuse Act 1986*—

(a) for which the maximum penalty is 20 years imprisonment; and

(b) that is prescribed under a regulation.

*prison* means a prison within the meaning of the *Corrective Services Act 2006*.

*prosecuting authority* means the commissioner of the police service or the director of public prosecutions.

*referring magistrate* see section 16(1).

*rehabilitation program* means a rehabilitation program under an intensive drug rehabilitation order.

*relevant offence* see section 8.

*term of imprisonment* means the duration of imprisonment imposed for a single offence.
Endnotes

1  Index to endnotes

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2  Date to which amendments incorporated

This is the reprint date mentioned in the Reprints Act 1992, section 5(c). Accordingly, this reprint includes all amendments that commenced operation on or before 1 July 2008. Future amendments of the Drug Court Act 2000 may be made in accordance with this reprint under the Reprints Act 1992, section 49.

3  Key

Key to abbreviations in list of legislation and annotations

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4 Table of reprints

Reprints are issued for both future and past effective dates. For the most up-to-date table of reprints, see the reprint with the latest effective date.

If a reprint number includes a letter of the alphabet, the reprint was released in unauthorised, electronic form only.

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5 List of legislation

Drug Court Act 2000 No. 3 (prev Drug Rehabilitation (Court Diversion) Act 2000)
date of assent 8 March 2000
ss 1–2 commenced on date of assent
remaining provisions commenced 13 June 2000 (2000 SL No. 103)
amending legislation—

Statute Law (Miscellaneous Provisions) Act 2000 No. 46 ss 1, 3 sch
date of assent 25 October 2000
commenced on date of assent

Justice and Other Legislation (Miscellaneous Provisions) Act 2000 No. 58 ss 1–2 sch
date of assent 17 November 2000
s 2 sch amdt 4 commenced on date of assent (amdt could not be given effect)
remaining provisions commenced on date of assent

Criminal Law Amendment Act 2002 No. 23 ss 1, 2(3), pt 5
date of assent 23 May 2002
ss 1–2 commenced on date of assent
remaining provisions commenced 19 July 2002 (2002 SL No. 157)
Drug Rehabilitation (North Queensland Court Diversion Initiative) Amendment Act 2002 No. 41
   date of assent 12 September 2002
   ss 1–2 commenced on date of assent

Evidence (Protection of Children) Amendment Act 2003 No. 55 pts 1, 9A
   date of assent 18 September 2003
   commenced on date of assent

Justice and Other Legislation Amendment Act 2004 No. 43 pts 1, 9, s 3 sch
   date of assent 18 November 2004
   ss 1–2 commenced on date of assent
   remaining provisions commenced 3 December 2004 (2004 SL No. 263)

Drug Legislation Amendment Act 2006 No. 8 pts 1–2
   date of assent 15 March 2006
   ss 1–2 commenced on date of assent
   remaining provisions commenced 3 July 2006 (2006 SL No. 151)

Corrective Services Act 2006 No. 29 ss 1, 2(2), 518 sch 3
   date of assent 1 June 2006
   ss 1–2 commenced on date of assent
   s 518 sch 3 amdts 5, 6 and 8 (to the extent it amds def “corrective services office”)
       commenced 28 August 2006 (amdts could not be given effect)
   remaining provisions commenced 28 August 2006 (2006 SL No. 213)

Justice and Other Legislation Amendment Act 2007 No. 37 pts 1, 11, s 51 sch
   date of assent 29 August 2007
   ss 1–2 commenced on date of assent
   ss 52–61 commenced 1 July 2008 (2008 SL No. 197)
   remaining provisions commenced 28 September 2007 (2007 SL No. 241)

6 List of annotations

Title       sub 2006 No. 8 s 4
Short title
s 1         sub 2006 No. 8 s 5

Objects of this Act
s 3         sub 2006 No. 8 s 6

Relationship with Penalties and Sentences Act 1992
s 4         amd 2006 No. 8 s 7

Notes in text
s 4A        ins 2002 No. 41 s 4

Who is an “eligible person”
s 6         amd 2002 No. 41 s 5; 2006 No. 8 s 8; 2006 No. 29 s 518 sch 3; 2007 No. 37 s 52
BERMUDA:

DRUG TREATMENT PROGRAMMES

Drug treatment programmes
68  (1) There is established a special magistrates court to be known as the Drug Treatment Court.

(2) The Chief Justice may designate any magistrate as a judge of the Drug Treatment Court.

(3) Where an accused other than a corporation—
   (a) pleads guilty to or is found guilty of an offence;
   (b) appears to the court to satisfy the eligibility criteria; and
   (c) is willing to undergo an assessment by a qualified person to determine his suitability for a drug treatment programme,

the court may by order direct the offender to appear before the Drug Treatment Court.

(4) The Drug Treatment Court on being satisfied—
(a) that the offender is suitable for enrollment in a drug treatment programme;

(b) that it is in the best interests of the offender that he be enrolled in such programme; and

(c) that the offender agrees to be enrolled in such programme,

may, instead of convicting the offender, order that he be enrolled in a drug treatment programme of such description, for such period and subject to such conditions as the Drug Treatment Court may specify in the order.

(5) Where an offender has been enrolled in a drug treatment programme, the Drug Treatment Court shall monitor the progress of the offender throughout the duration of the programme.

(6) Where the offender fails, without reasonable excuse, to comply with the rules of a drug treatment programme or any conditions set out in an order under subsection (4), the Drug Treatment Court may—

(a) [i] impose any sanction, including, imprisonment for a period not exceeding 90 days, that it could have imposed for the offence in respect of which the order was made; and

[iii] require the offender to continue in the drug treatment programme; or

(b) [i] revoke the order,

[iii] convict the offender of the offence in respect of which the order was made, and

[iii] impose any sentence that could have been imposed if the offender had been convicted at the time the order was made.

(7) For the avoidance of doubt it is declared that where an accused

(a) has pleaded guilty to an offence; and

(b) has been enrolled in a drug treatment programme,

the plea is irrevocable.

(8) For the purposes of the Rehabilitation of Offenders Act 1977 a person shall be deemed to have become a rehabilitated person if he successfully completes a drug treatment programme pursuant to an order under subsection (4).
CRIMINAL CODE ACT 1907

(9) In this section—

(a) "drug treatment programme" means a drug treatment and rehabilitative programme approved by the Minister of Health and Family Services;

(b) "eligibility criteria" means eligibility criteria for participation in a drug treatment programme that are approved by the Minister of Health and Family Services and are published in the Gazette;

(c) "qualified person" means a person approved by the Minister of Health and Family Services as qualified to conduct an assessment under this section.

[Section 68 repealed and substituted by 2001:29 effective 29 October 2001]
JAMAICA:

THE DRUG COURT (TREATMENT AND REHABILITATION OF OFFENDERS) ACT, 1999

The Drug Court (Treatment and Rehabilitation Of Offenders) Regulations, 2000

In exercise of the power conferred upon the Minister by section 18 of the Drug Court Act, 1999, and of every other power hereunto enabling, the following Regulations are hereby made:-

Citation. 1. These Regulations may be cited as the Drug Court (Treatment and Rehabilitation of Offenders) Regulations, 2000.

Approval 2. The Minister may in writing, designate any individual or organization as an approved treatment provider if he is satisfied as to the kind of care, treatment or rehabilitation which is to be provided by that individual or organization.

Criteria 3. A person is an eligible person for the purposes of section 5(c) of the Act if that person -

eligibility. (a) is at least seventeen years of age; and
   (b) is not suffering from any mental condition that could prevent or restrict the person’s active participation in a prescribed treatment programme.

Procedure 4. - (1) For the purposes of section 6 of the Act (procedure after arrest) the person arrested shall be brought before the court on the first sitting of the court following the date of arrest.

to Drug Court. (2) Where, pursuant to section 6 (2) of the Act, a recommendation is made to the court that a person be referred to the Drug Court, the Resident Magistrate shall -

   (a) ascertain whether the person is an eligible person;
   (b) explain to the person the reasons why he is being referred to the Drug Court and the consequences of such referral; and
   (c) require the person to signify in writing his consent to being so referred.

Procedure 5. - (1) The Drug Court shall, in relation to a person referred to it under section 6 of the Act or brought directly before it under section 7 of the Act—

in Drug Court. (a) explain to the person that he will be assessed by an approved treatment provider in order to determine his suitability for participation in a prescribed treatment programme;
(b) if the person agrees to undergo such assessment, adjourn the case for a period of two weeks to facilitate the carrying out of the assessment during that period.

(2) Where the approved treatment provider recommends to the Drug Court that a drug offender is suitable to participate in a prescribed treatment programme and furnishes to that Court, a plan of that programme, the Drug Court shall, if satisfied as to the matters specified in section 9 (1) of the Act:

(a) require the drug offender to signify in writing his consent to such participation;
(b) require a probation officer to carry out a means test in relation to the drug offender in order to determine the amount of contribution, if any, to be made by that offender in relation to such participation; and
(c) make an order in relation to that offender in accordance with section 9 (2) of the Act.

(3) Where an assessment is not completed at the end of the period referred to in paragraph (1) (b), the Drug Court shall adjourn the case for such further period as it thinks fit to facilitate the completion of the assessment.

(4) An assessment shall include the following in relation to a drug offender—

(a) social, economic and family background;
(b) health profile;
(c) history of drug use and previous treatment, if any;
(d) level of education;
(e) vocational achievements;
(f) previous convictions, if any.

(3) The provisions of paragraphs (1) (a) and (2) shall apply in relation to a person who is convicted of a relevant offence before a regular sitting.

Conditions. 6. - (1) The conditions which may be imposed by the Drug Court pursuant to section 9 (1) (e) of the Act in relation to a drug offender's participation in a prescribed treatment programme may include the advantages specified in paragraph (2) and the sanctions specified in paragraph (3).
(2) The following advantages may be specified by the Drug Court on the recommendation of the approved treatment provider in relation to a drug offender who maintains a satisfactory level of compliance with the programme -

(a) specified privileges;

(b) a change in the frequency of counselling or other treatment;

(c) a decrease in the degree of supervision to which the drug offender is subject;

(d) a decrease in the frequency with which the drug offender is required to undergo drug tests;

(e) a change in the nature of the vocational and social services attended by the drug offender or the frequency with which he is required to attend those services.

(3) The following sanctions may be specified by the Court on the recommendation of the approved treatment provider in relation to a drug offender who fails to comply with the programme -

(a) withdrawal of privileges referred to in paragraph (2) (e),

(b) an appropriate change in the frequency of counselling or other treatment;

(c) an increase in the degree of supervision to which the drug offender is subject;

(d) an increase in the frequency with which the drug offender is required to undergo drug tests;

(e) a change in the nature of the vocational and social services attended by the drug offender or the frequency with which he is required to attend those services.

Means test.

7. In carrying out a means test pursuant to regulation 5 (2) (b), the probation officer shall take into account such factors as he considers relevant, including -

(a) the nature of the offence committed by the drug offender;

(b) the drug offender’s income and expenses;

(c) the drug offender’s property, if any;

(d) the ability and willingness of the offender’s relatives, friends or employers to make the contribution referred to in regulation 5(2)(b).
8. (1) A prescribed treatment programme shall commence on the date specified by the Court in the order under section 9 (2) of Act and shall, unless it is sooner terminated pursuant to section 12 (1) (b) or (c) of the Act, be for such period as the Court shall specify in the order.

(2) Before the commencement of the prescribed treatment programme, the approved treatment provider shall conduct an intake interview with the drug offender, in the form of a discussion of the following -

(a) the goals and objectives for participation, including abstinence from the use of drugs during the period of the programme;
(b) counselling and education requirements;
(c) attendance requirements;
(d) drug testing requirements;
(e) payment of contribution, if any;
(f) the place and times for participation;
(g) reasons for termination of the programme;
(h) rules which will relate to the drug offender.

(3) The drug offender shall sign the rules referred to in paragraph (2) (h) in duplicate and one copy shall be given to the offender and the other shall be kept in the record of the offender's participation in the programme.

(4) The following documents shall be used for enrollment of a drug offender in the prescribed treatment programme -

(a) registration form containing the information referred to in paragraph (2);
(b) a form permitting the release of confidential information concerning the drug offender to the Drug Court;
(c) an agreement to be signed by the drug offender and the approved treatment provider, listing the services to be provided under the programme, the amount of contribution, if any, payable by the offender, attendance requirements and the reasons for termination of the programme.

(5) One copy of the signed agreement shall be given to the drug offender and a copy shall be kept in the record of his participation in the programme.
9. The progress report required under section 11 of the Act shall be submitted to the Drug Court by an approved treatment provider at such intervals as the Court may direct.

10. - (1) Where an approved treatment provider intends to report to the Drug Court that there is no useful purpose to be served by a drug offender's continued participation in a prescribed treatment programme, the treatment provider shall inform the drug offender of that intention.

(2) On receipt of a report referred to in paragraph (1), the Drug Court shall permit the drug offender to show cause why the approved treatment programme should not be terminated in accordance with section 12 (1) (e) of the Act.

(3) A conditional discharge of a drug offender by the Drug Court upon his successful completion of a prescribed treatment programme shall have effect for such period, not exceeding twelve months, as the Court may specify.

11. The register required by section 14 of the Act shall contain the particulars specified in the First schedule.

12. A plan of a prescribed treatment programme shall include the matters specified in the Second Schedule.

**FIRST SCHEDULE**

(Regulation 11)

Particulars to be entered in register kept pursuant to section 14 of the Act.

1. Name and address of each drug offender.
2. Nature of relevant offence and date and place of arrest.
3. Date of first appearance in regular sitting and date of reference to the Drug Court.
4. Date of appearance in Drug Court and whether the prosecution of the offence is deferred or sentence is deferred after a guilty plea.
5. Name of approved treatment provider making an assessment and recommendation under section 8 (1) of the Act.
6. Date of adjournment for assessment and date of completion of assessment.

7. Whether the drug offender is -
   (a) considered suitable or unsuitable for participation in an approved treatment programme; or
   (b) not willing to be dealt with by the Drug Court.

8. Date of trial by the Drug Court of offence specified in section 7 (5) of the Act.

9. Date of order made under section 9 (2) of the Act.

10. Date of commencement and period of prescribed treatment programme.

11. Date of termination of prescribed treatment programme and basis of termination.

12. Where the drug offender failed to complete the prescribed treatment programme -
   (a) if the prosecution was deferred under section 7 (2) (a) of the Act -
      (i) the date of the order for trial of the relevant offence and the outcome; or
      (ii) the date of any order requiring the offender to undergo a new treatment programme and date of commencement and period of that programme;
   (b) where sentence was deferred under section 7 (2) (b) of the Act, the nature of the sentence imposed;
   (c) date of confirmation of any sentence, the execution of which was deferred pursuant to section 9 (4) of the Act.
   (d) where trial was deferred by a regular sitting, the date of reference back to that sitting.

13. Date of warrant of arrest in respect of a person who has failed to comply with specified conditions.

14. Date of notification under section 17 of the Act of a drug offender's failure to comply with the prescribed treatment programme.
SECOND SCHEDULE

(Regulation 12)

Plan of Prescribed Treatment Programme

The following matters shall be included in a plan of a prescribed treatment programme:

Educational Sessions -

(1) a minimum of 8 weekly educational sessions of at least 60 minutes (excluding time allowed for breaks) for each drug offender.

(2) Information on -
   (a) the effects of drug use on the individual, the foetus, the family and society;
   (b) the physiological and psychological facets of drug use;
   (c) the nature of addiction;
   (d) HIV/AIDS, intravenous drug use and sex and sexuality;
   (e) Alternatives to drug use;
   (f) Relapse prevention;
   (g) Stress management;
   (h) Conflict resolution

Group Counselling Sessions -

(1) a minimum of 12 weekly group sessions, at times convenient to the programme structure following the initial educational sessions;

(2) at least 90 minutes in length, excluding time allowed for breaks;

(3) conducted in such a manner as to -
   (a) encourage participants to talk and share ideas and information in order to identify and resolve drug related problems;
   (b) provide an opportunity for participants to examine their own personal attitudes and behaviour;
   (c) provide support for positive changes in life style to facilitate reduction or elimination of drug use.

One-to-One Sessions -

(1) a minimum of four separate sessions with each participant.

(2) Conducted for the purpose of -
(a) reviewing the participant’s progress related to the
treatment and recovery plan;

(b) identifying problems which may be barriers to
accomplishing the goals of that plan;

(c) developing action plans to address the matters specified
in (a) and (b);

(d) evaluating the participant’s need for voluntary referral to
ancillary services, such as residential or additional non-
residential services.

(3) The frequency of one-to-one sessions shall be increased whenever
the approved treatment provider or the participant determines that
additional time is required.

Drug Testing -

(1) Minimum monthly random urinalyses.

(2) The frequency of testing shall increase whenever the approved
treatment provider determines that additional drug tests are
necessary.

(3) Positive results will not necessarily exclude a participant from the
programme but will be used to arrive at a decision based on
evaluation of the participant’s progress in the programme and
evaluate the participant’s level of treatment intensity.

Treatment/Recovery Plan

1. Each participant shall have an individual written treatment/ recovery
plan based on the information obtained in the process of intake and
assessment.

2. The treatment/recovery plan shall be developed within 30 days of the
date of commencement of the programme.

3. The treatment/recovery plan shall be reviewed and updated at least
every 60 days.

4. The treatment/recovery plan shall include the following -
   (a) statement of problems to be addressed;
(b) time-limited goals to be achieved which address the problem;

(c) steps to be taken by the treatment provider and the participant to achieve the goals;

(d) target date for achievement of steps and goals, and where possible, dates of resolution;

(e) a description of the type and frequency of counselling services to be provided.

Dated this 28th day of December, 2000.

[Signature]

Minister of National Security and Justice
THE DRUG COURT ACT, 1999

Consent of Drug Offender to Participate in a Prescribed Treatment Programme
(Under Regulation 5 (2) (a))

I, ..............................................................................................................
of ...........................................................................................................

being a drug offender who *having been referred to the Drug Court/* being brought
before the Drug Court *having been convicted of a relevant offence before a regular sitting,
and the Drug Court has made an order in relation to me under section 9(2) of the Drug
Court Act, 1999, declare that the Resident Magistrate has -

(a) explained to me that I will be required to undergo a treatment programme
and that I will have to comply with the specified conditions imposed by the
Drug Court in relation to my participation in the prescribed treatment
programme; and

(b) informed me of the consequences of my failure to comply with the specified
conditions,

do hereby signify my consent to participate in the prescribed treatment programme and
to comply with the specified conditions, including, if applicable, a condition that I
undergo
drug tests at such times as are specified in the order:

_________________________________________________________  _______________________
Signature of Offender  Date

_________________________________________________________  _______________________
Signature of Clerk of the Courts  Date

*Cross out which is inapplicable:
THE DRUG COURT (TREATMENT AND REHABILITATION OF OFFENDERS) ACT

ARRANGEMENT OF SECTIONS

1. Short title.
2. Interpretation.
4. Declaration and jurisdiction of Drug Court.
5. Eligible persons.
6. Procedure after arrest for relevant offence.
7. Persons who may be brought directly before Drug Court.
8. Assessment of offender and determination of relevant offence.
9. Jurisdiction of Drug Court.
10. Variation of conditions.
11. Reports.
12. Termination of programme.
13. Procedure on termination.
14. Register.
15. Arrest warrant.
16. Immunity from prosecution for certain offences.
17. Provision of information.
18. Regulations.

SCHEDULE.

[The inclusion of this page is authorized by L.N. 112/2002]
THE DRUG COURT (TREATMENT AND REHABILITATION OF OFFENDERS) ACT

[ 15th January, 2001. ]

1. This Act may be cited as the Drug Court (Treatment and Rehabilitation of Offenders) Act.

2. In this Act, unless the context otherwise requires—
   “approved treatment provider” means an individual or organization approved by the Minister to carry out prescribed treatment programmes for the purposes of this Act;
   “drug” includes alcohol and any dangerous drug falling within Parts III, IIIA and IV of the Dangerous Drugs Act;
   “Drug Court” means the sitting of the Resident Magistrate’s Court declared to be a Drug Court pursuant to section 4;
   “drug offender” means a person who is referred to the Drug Court under section 6(2)(b) or brought before the Drug Court pursuant to section 7;
   “eligible person” means a person described in section 5;
   “regular sitting” means a sitting of the Resident Magistrate’s Court other than the Drug Court;
   “prescribed treatment programme” means a programme for treatment and supervision prescribed by the Drug Court pursuant to section 9;
   “relevant offence” means any offence triable by a Resident Magistrate.
3. The objects of this Act are to—
   (a) reduce the incidence of drug use and dependence by persons whose criminal activities are found to be linked to such dependence;
   (b) reduce the level of criminal activity that results from drug abuse;
   (c) provide such assistance to those persons as will enable them to function as law abiding citizens.

4.—(1) The Resident Magistrate presiding in each parish shall declare a sitting of the Resident Magistrate's Court to be a Drug Court for the purposes of this Act.

   (2) The Drug Court shall be constituted in accordance with the provisions of the Schedule and when so constituted and sitting shall have the jurisdiction and powers conferred upon it by this Act.

5. A person is an eligible person for the purposes of this Act if—
   (a) the person is charged with a relevant offence;
   (b) the person appears to be dependent on the use of drugs; and
   (c) the person satisfies such other criteria as may be prescribed.

6.—(1) Subject to section 7, where a person is arrested and charged with a relevant offence and the arresting officer has reasonable cause to believe that the person is dependent on any drug, the arresting officer shall include in the police report, a note of the facts giving rise to that belief.

   (2) As soon as practicable after the person is charged with the offence, the Clerk of Courts in the parish in which the person is arrested—

[The inclusion of this page is authorized by L.N. 112/2000]
DRUG COURT (TREATMENT AND REHABILITATION OF OFFENDERS)

(a) shall review the police report and the person's criminal record; and
(b) may, if satisfied that the person is eligible, recommend to the Court that the person be referred to the Drug Court to be dealt with in accordance with section 8.

7.—(1) A person who is arrested and charged with a relevant offence specified in subsection (3) shall be brought before the Drug Court to be dealt with in accordance with section 9.

(2) The Drug Court may, on the recommendation of the prosecution in relation to a person brought before it pursuant to subsection (1)—
   (a) defer prosecution of the offence; or
   (b) defer the imposition of a sentence for the offence after a guilty plea.

(3) The offences referred to in subsection (1) are offences under the Dangerous Drugs Act as follows—
   (a) possession of not more than—
      (i) one ounce of prepared opium;
      (ii) eight ounces of ganja;
      (iii) one-tenth of an ounce of cocaine, heroin or morphine, as the case may be;
   (b) possession of any pipes or other utensils for use in connection with the smoking of opium or ganja, as the case may be, or any utensils used in connection with the preparation of opium for smoking;
   (c) smoking or otherwise using ganja or prepared opium, as the case may be;
   (d) frequenting any place used for the purpose of smoking opium.

[The inclusion of this page is authorized by L.N. 112/2000]
8.—(1) A person referred to the Drug Court under section 6 or brought before it pursuant to section 7 shall be assessed by an approved treatment provider who shall make a recommendation to the Drug Court as to the person’s suitability for participation in a prescribed treatment programme and shall furnish to the Court, a plan of that programme.

(2) Where—

(a) based upon an assessment by an approved treatment provider, a person is not considered suitable for participation in a prescribed treatment programme; or

(b) a person is not willing to be dealt with by the Drug Court.

the relevant offence in relation to that person shall, subject to subsection (3), be heard and determined in a regular sitting.

(3) A relevant offence specified in section 7 (3) shall be heard and determined by the Drug Court.

9.—(1) The Drug Court may act in accordance with subsection (2) in relation to a person referred to it under section 6 or brought before it pursuant to section 7 if the Court is satisfied that—

(a) the person is an eligible person;

(b) having regard to the person’s antecedents, it would be appropriate for the person to participate in a prescribed treatment programme;

(c) the person accepts the conditions to be imposed by the Drug Court (whether immediately or at some later date) in relation to his participation in a prescribed treatment programme;
DRUG COURT (TREATMENT AND REHABILITATION OF OFFENDERS)

(d) the person has been informed of the Drug Court's powers under this Act and of the respective consequences of the person's compliance or non-compliance with a prescribed treatment programme.

(2) The Drug Court shall make an order——

(a) requiring the drug offender to undergo a prescribed treatment programme and to comply with the conditions imposed by the Court pursuant to paragraph (b);

(b) imposing such conditions as the Court deems fit (hereinafter referred to as specified conditions) in relation to the drug offender's participation in the prescribed treatment programme.

(3) Where the Drug Court makes an order under subsection (2), it shall inform the drug offender of the consequences of any failure to comply with the specified conditions.

(4) The Drug Court may make an order under subsection (2) in relation to an offender who is convicted of a relevant offence before a regular sitting, and in such a case the regular sitting shall defer execution of the sentence during the period for which that order is in force.

(5) Where the Court makes an order under subsection (2), the drug offender to whom it relates shall be required to signify his consent in writing to participate in the prescribed treatment programme, and to comply with the specified conditions, including, where applicable, a condition that the offender undergo drug tests at such times as are specified in the order.

10. The Drug Court may, from time to time, on the recommendation of the approved treatment provider, vary or revoke the conditions imposed pursuant to section 9 (2).
11.—(1) An approved treatment provider shall submit to the Drug Court, at such intervals as may be prescribed, a progress report in respect of each drug offender who participates in a prescribed treatment programme.

(2) A report under subsection (1) shall include, in any case where the drug offender fails to comply with any directions given by the approved treatment provider or any specified condition, the nature of the non-compliance and the effect or likely effect on the offender's successful completion of the prescribed treatment programme.

12.—(1) The Drug Court shall terminate a prescribed treatment programme in relation to a drug offender if—

(a) the offender successfully completes the programme;

(b) the offender requests the Drug Court to terminate the programme; or

(c) based on the report of the approved treatment provider, the Drug Court is satisfied that there is no useful purpose to be served by the drug offender's continued participation in the prescribed treatment programme.

(2) Where a prescribed treatment programme is terminated, the records of any tests performed on the person concerned shall not be admissible in evidence in any proceedings against that person.

13.—(1) As soon as may be reasonably practicable after the termination of a prescribed treatment programme, the drug offender shall be brought before the Drug Court to be dealt with in accordance with subsection (2) or (3), as the case may require.
DRUG COURT (TREATMENT AND REHABILITATION OF OFFENDERS)

(2) If the offender has successfully completed the prescribed treatment programme, the Drug Court shall discharge the offender in relation to the relevant offence and that discharge may be either absolute or conditional as the Court thinks fit.

(3) If the offender has failed to complete the prescribed treatment programme the Drug Court may—

(a) if the trial was deferred pursuant to section 7(2)(a)—

(i) hear and determine the relevant offence; or

(ii) if the Court considers that the circumstances of the case so warrant, make an order requiring the offender to undergo a new prescribed treatment programme for such period and subject to such conditions as the Court may, on the recommendation of an approved treatment provider, specify;

(b) if sentencing was deferred pursuant to section 7(2)(b), impose any sentence which it could have imposed for the relevant offence;

(c) if the execution of a sentence was deferred pursuant to section 9(4), make an order confirming that sentence;

(d) if the trial was deferred by a regular sitting, refer the relevant offence back to the regular sitting to be heard and determined by that sitting, unless it is an offence specified in section 7(3).

(4) Subject to subsection (5), a conviction in respect of a relevant offence shall not form part of the criminal record of any person who successfully completes a prescribed treatment programme.

(5) Subsection (4) shall not apply in any case where

[The inclusion of this note is authorized by L.N. 112/2009]
a person is convicted of a relevant offence on more than two occasions.

14. The Clerk of Courts in each parish shall keep a register containing such particulars as may be prescribed in respect of persons who are dealt with by the Drug Court in accordance with this Act.

15. Where, based upon a report by an approved treatment provider under section 11, the Drug Court is satisfied that a drug offender has failed to comply with the specified conditions, the Court may issue a warrant authorizing a constable to arrest the offender and bring him before the Drug Court to be dealt with under this Act.

16.—(1) A person shall not be liable to prosecution for any offence comprising the unlawful possession or use of drugs as a result of any admission made—

(a) for the purpose of seeking a referral to the Drug Court under this Act;

(b) for the purpose of satisfying the Drug Court that the person should participate in a prescribed treatment programme;

(c) in connection with the supervision of the prescribed treatment programme in relation to that person.

(2) An admission referred to in subsection (1) shall not be admissible in evidence against the person making it, in proceedings brought as a result of the admission, for an offence referred to in that subsection.

17.—(1) Every approved treatment provider shall forthwith notify the Drug Court of any failure by a drug offender to comply with the prescribed treatment programme.
(2) The following provisions apply to and in respect of information furnished in accordance with this section (hereinafter referred to as protected information)—

(a) the provision of the information—

(i) does not constitute a breach of professional etiquette or ethics or a departure from accepted standards of professional conduct on the part of the person furnishing it;

(ii) shall not give rise to any action for defamation against that person;

(iii) shall not constitute a ground for civil proceedings for malicious prosecution or for conspiracy;

(b) the information shall not be admissible in any proceedings before a court, tribunal or committee;

(c) a person shall not be compellable in any such proceedings to disclose the information or to produce any document that contains the information.

(3) The provisions of subsection (2) (b) and (c) shall not apply to or in respect of the provision of protected information—

(a) in proceedings before the Drug Court; or

(b) in support of, or in answer to, any allegation made in proceedings against a person in relation to the exercise of his functions under this Act.

(4) A drug offender shall be taken to have authorized the provision of protected information—

(a) by an approved treatment provider to the Drug Court;

(b) by any member of staff of the Drug Court to any other member of staff.

[The inclusion of this page is authorized by L.N. 112/2002]
18. The Minister may make regulations generally for giving effect to the provisions of this Act.

**Schedule**

(Section 4)

1. The Minister shall, in each parish, appoint to a special panel of Justices, those Justices whom he may consider to be specially qualified to deal with cases before the Drug Court, and no Justice of the Peace shall be qualified to sit as a member of the Drug Court unless he is a member of such a panel.

2. A Drug Court shall be constituted of a Resident Magistrate as chairman, and two Justices one of whom shall be a woman and both of whom shall be members of the panel referred to in paragraph 1; Provided that subject to paragraph 3—

   (a) the Court shall be deemed to be fully constituted where the chairman and only one such Justice sit;

   (b) until the panel referred to in paragraph 1 is prepared, the Court shall be constituted of a Resident Magistrate alone.

3. Where a Drug Court conducts a trial to determine guilt or innocence, the Court shall be constituted of a Resident Magistrate alone.

[The inclusion of this note is authorized by L.N. 112/2002]
NORWAY:

Regulations relating to a trial scheme for court-controlled drug programmes


Section 1 Establishment and objective
A three-year trial scheme for court-controlled drug programmes (drug courts) in the municipalities of Oslo and Bergen will be established with effect from 1 January 2006, cf. section 14.

The objective of the trial scheme is to prevent new crime and to promote the rehabilitation of convicted persons. It is also intended to help improve the practical support and treatment offered to problem drug users covered by the scheme. Completion of the drug programme will require a combined effort from and binding cooperation between different sectors and administrative levels.

Section 2 Scope of the trial scheme
The trial scheme applies to problem drug users convicted of drug-related crimes, where the court has stipulated a condition that the convicted person complete a court-controlled drug programme. The drug user must reside in one of the trial municipalities and illicit drugs must be the main substance abused. Only courts with jurisdiction in the trial municipalities are authorised to stipulate completion of a drug programme as a condition.

Section 3 Definitions
By drug-related crime is meant violations of the Penal Code section 162 and the Act relating to medicines etc. section 31 second paragraph, crimes committed under the influence of illicit drugs, and crimes committed in order to finance personal drug abuse.

By trial municipalities is meant the municipalities in which a trial scheme for drug courts is established, cf. the Regulations section 1.

Section 4 Consent
The court may only stipulate completion of a drug programme as a condition with the consent of the convicted person. Consent shall be given in a declaration of consent that shall also contain necessary exemptions from the duty of confidentiality. For consent to participate to be valid the person charged must have been given and have understood sufficient information on the implications of giving his/her consent.

The declaration of consent shall be signed by the person charged in connection with the social inquiry, cf. section 5. The person charged can withdraw his/her consent at any time. If the person charged is under the age of 18, the provisions conferring rights of a party on guardians in the Criminal Procedure Act sections 83-84 shall apply.
Section 5 Social inquiry
Pursuant to the provisions of the Criminal Procedure Act chapter 13, the prosecuting authority or the court may decide to carry out a social inquiry of a person charged. In its decision, the prosecuting authority or the court shall state that it wishes the person charged to be assessed with a view to completion of a drug programme. A social inquiry shall always be carried out prior to a conviction in which it may be an option to stipulate completion of a drug programme as a condition of sentence. The correctional service is responsible for carrying out the social inquiry. The social inquiry is carried out by the correctional service’s representative on the team in cooperation with the other team members. The person charged shall be given detailed information about the drug programme in connection with the social inquiry, including the consequences of violating the conditions stipulated for the programme and of the withdrawal of his/her consent to participate in the programme.

Section 6 Conditions
Pursuant to the Penal Code section 53 subsection 3, a court can stipulate special conditions for suspended sentences, including completion of a court-controlled drug programme. Before the case is brought to court, the team must prepare a plan for the drug programme including proposed conditions for the completion of the programme. The correctional service is responsible for monitoring that the conditions are complied with. The provisions relating to investigations in the Execution of Sentences Act section 56 apply correspondingly.

Section 7 Contents and completion of the drug programme
A drug programme is an individually adapted rehabilitation programme and a condition for a suspended criminal sentence. The programme can contain individually adapted treatment plans, referral to interdisciplinary specialist treatment for problem drug users, treatment by the municipal health service, educational and employment measures, residential follow-up, recreational plans, follow-up by social services and other measures of importance to the individual’s rehabilitation and integration into society.

The contents of the drug programme shall be based on the individual’s need for measures that reduce the risk of new crimes being committed and further the convicted person’s rehabilitation. The contents of each individual programme shall be the result of the team's professional evaluations arrived at in cooperation with the convicted person and of the conditions stipulated by the court, for example that during completion of the programme the convicted person shall comply with the provisions laid down by the correctional service with respect to place of domicile, place of residence, work, training or treatment. The team shall prepare an intensive programme of regular and frequent appointments, continuity and work with a view to integrating the individual concerned into society.

The drug programme shall be described in an implementation plan. The plan shall contain compulsory measures, including a requirement for the submission of regular urine samples, which is compulsory for all convicted persons, and individual measures planned in cooperation with the individual. The implementation plan shall be formulated in a manner that makes the conditions for participating in the programme predictable and clear to the convicted person. If an individual plan already exists for the convicted person pursuant to the Act relating to the municipal health services section 6-2a, the Act relating to specialist health service section 2-5, the Mental Health Act Section 4-1 or the Act relating to social services section 4-3, the team shall attempt to coordinate the implementation plan with such existing plan.

The drug programme shall be carried out in four phases. The phases are designated the instigation phase, the stabilisation phase, the responsibility phase and the continuation phase. The phases are decided on the basis of an individual assessment and of what constitutes realistic progress. The contents of the phases and the conditions for progressing from one to the next shall be stated in the implementation plan.
Section 8 The team
The correctional service shall set up local interdisciplinary teams that will be responsible for the professional implementation of the drug programme, and it shall help provide a comprehensive programme of treatment and rehabilitation for each convicted person. Teams shall consist of a team coordinator, who shall be an employee of the correctional service, and representatives from the correctional service, municipal social services, the educational sector and the specialist health service. Which other bodies shall be represented on the team shall be assessed locally. The team coordinator is the administrative manager of the centre and organises the team’s work, chairs team meetings and facilitates cooperation within the team. The coordinator shall also ensure documentation of the project, contribute to marketing and follow up important principles. The coordinator shall also prepare more detailed descriptions of team roles and work processes. The public bodies involved are responsible for the sub-tasks within their respective areas of responsibility.

Section 9 Centre
The correctional service shall establish a day centre in each trial municipality. The purpose of the day centre is to meet the professional requirement that convicted persons participating in the scheme receive a comprehensive service. The centre shall be the base for the team’s activities. Unless otherwise agreed, the centre shall also be the place attended regularly by the convicted person. At the centre, the team shall coordinate studies, planning and follow-up of convicted persons. It is a precondition that the ordinary treatment and intervention services are used as part of the programme, but follow-up at the centre will be important, during the start-up phase in particular, until the participants are gradually transferred to ordinary services outside the centre. Moreover, as a part of its role in crime prevention and the rehabilitation of convicted persons, the centre should offer evening and weekend activities.

Section 10 Changes in conditions etc.
When justified by the convicted person's situation, the court may, if petitioned by the correctional service during the probationary period, decide to revoke or change stipulated conditions, or stipulate new conditions. If the court finds it necessary, it can also prolong the probationary period, not, however, such that it totals more than five years. The correctional service’s petition shall be based on the discussions and conclusions of the team. The regional director or person authorised to act on his/her behalf shall submit the petition to the court. The correctional service shall notify the prosecuting authority when it submits a petition for a court ruling.

If the court decides that it is justified by the convicted person’s situation, it may, on petition from the correctional service, rule that the convicted person shall proceed to the next phase of the programme. The correctional service’s petition shall be based on the discussions and conclusions of the team. The regional director or person authorised to act on his/her behalf shall submit the petition to the court. The correctional service shall notify the prosecuting authority when it submits a petition for a court ruling.

Section 11 Violation of conditions
If the convicted person seriously or repeatedly violates the conditions stipulated by the court or if he/she withdraws his/her consent to participate, the court may, on petition from the correctional service, rule that the sentence be fully or partially enforced. Instead of ordering that the sentence be served, the court may order a new probationary period and stipulate new conditions if it finds this more expedient. Moreover, on petition from the correctional service, the court may also rule that the convicted person be returned to a phase with stricter conditions. The correctional service’s petition pursuant to the second and third sentences, shall be based on team discussions and conclusions. The regional director or person authorised to act on his/her behalf shall submit the petition to the court. The correctional service shall notify the prosecuting authority when it submits a petition for a court ruling.
If the convicted person refuses to provide a urine sample aimed at detecting the use of illegal intoxicants or narcotic substances, this shall be regarded as a violation. This also applies to failure to attend treatment appointments and other appointments that have been made with the involved bodies.

The correctional service may, in the event of violations deemed to be less serious, give the convicted person a written warning about the consequences of repeated violations. The correctional service may also decide to enforce more rigorous testing of urine samples for a certain period of time or decide that the convicted person shall undergo intensive programmes aimed at improving drug control.

If the convicted person commits a criminal offence during the probationary period, the court may, pursuant to the Penal Code section 54 subsection 3, hand down a combined sentence for both criminal acts or a separate sentence for the new criminal act. The prosecuting authority is responsible for bringing the criminal case to court, and the correctional service is obliged to notify the police/prosecuting authority if it learns that the convicted person has committed any criminal acts during the probationary period.

Section 12 Evaluation
The trial scheme for drug programmes shall be evaluated during the trial period. By evaluation is meant a research-based process and assessment of results. The main objective of the evaluation is to arrive at a recommendation on whether the programme should be concluded after three years or whether it should be continued. Confidential information to be used during the evaluation shall as a rule be anonymised. If this is not the case, the convicted person must give his/her consent.

Section 13 Amendments and supplementary provisions to the regulations
The Ministry of Justice and the Police may make amendments to the regulations and issue additional provisions concerning the consent of convicted persons, the contents and completion of drug programmes, the team, the centre, the evaluation and the processing of personal information. Any proposed amendments or additional provisions must be clarified with the involved ministries before the proposal is adopted.

Section 14 Entry into force
These regulations enter into force on 1 January 2006.
In addition to the federal Crime Bill Authorizing funding to state and local drug courts (H.R. 3355, Title V-Drug Courts. Violent Crime Control and Law Enforcement Act of 1994), statutes have been enacted in the following state and territories regarding the funding and/or other matters relating to drug court programs: Alaska; Arizona; Arkansas; California; Colorado; Connecticut; Delaware; District of Columbia; Florida; Georgia; Guam; Hawaii; Idaho; Illinois; Indiana; Iowa; Kentucky; Louisiana; Maine; Michigan; Mississippi; Missouri; Montana; Nebraska; Nevada; New Jersey; New Mexico; New York; North Carolina; North Dakota; Ohio; Oklahoma; Oregon; Puerto Rico; Rhode Island; South Carolina; South Dakota; Tennessee; Texas; Utah; Vermont; Virginia; Washington; West Virginia; and Wyoming. The following Tribal Councils have enacted Drug Court Statutes: Eastern Band of Cherokee Indians (North Carolina) and Spokane Tribe (State of Washington)2

2 See Selected Statutes and Resolutions Relating to Drug Courts Enacted by State Legislatures and Tribal Councils. Compiled by Caroline S. Cooper, BJA Drug Court Clearinghouse, American University. May 2008. at www.american.edu/justice
B. PROGRAM DESCRIPTIVE INFORMATION

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Australia Drug Courts
An Overview

Australia’s drug court program jurisdiction is bound by state borders within Australia. The states with drug court activity are New South Wales, Queensland, South Australia, Victoria, and Western Australia. Formation processes and procedures differ across jurisdiction. The purpose of this overview is to provide information on the drug court program being implemented in each of the states and to extract relevant information in relation to the OAS drug treatment court preliminary report.

New South Wales


- The New South Wales Drug Court was established by the Drug Court Act of 1998 and exercises both local and district court jurisdiction.
- Eligible defendants are referred from other courts within the catchment area.
- Acceptance into the program results in a custodial remand for detoxification and assessment. This takes up to two weeks and each participant leaves with an individual treatment plan.
- Successful completion of the three phase treatment program can take up to 12 months.
- The court can impose a series of sanctions or award privileges during that time. If the program is not completed successfully the participant returns to court and may be re-sentenced.
- NSW magistrates can place defendants whose offending may not be as significant as those entering the Drug Court and are likely to be granted bail, into the Magistrates Early Referral into Treatment (MERIT) program. MERIT involves completing compulsory treatment as a condition of bail.
- The State has operated a Youth Drug and Alcohol Court since 2000 which functions under the Children’s Court.

Reasons for Establishment of the Drug Court

- Research has consistently shown that there is an association between illicit drug use, particularly heroine, and income-generating crime. The study by Stevenson and Forsythe revealed that

burglars who use heroine reported a higher median rate of burglary (13.0 per month compared to 8.7 per month) and generated a much higher weekly income from their burglaries than burglars who did not use heroine.

-In NSW up to 80% of the adult male prison population has committed a drug related crime, a figure that may be even higher among women in prison.

Objectives of the Court

-The Drug Court Act, which commenced on Feb. 5, 1998, outlines the objectives of the Act in section 3:

1. The object of the act is to reduce the level of criminal activity that results from drug dependency.
2. This Act achieves that object by establishing a scheme under which drug dependent persons who are charged with criminal offenses can be diverted into programs designed to eliminate, or at least reduce, their dependency on drugs.
3. Reducing a person’s dependency on drugs should reduce the person’s need to resort to criminal activity to support that dependency and should also increase the person’s ability to function as a law-abiding citizen. (Drug Court Act s.3)

Court Procedures

-Court procedures conducted by the Court itself outlined ten components of U.S. drug courts that were applied by the NSW Drug Court:

- Treatment is integrated into the criminal justice system
- Prosecution and defense lawyers work together as part of a drug court team
- Eligible offenders are identified early
- Participants have access to a continuum of quality treatment and rehabilitation services which meet their health needs
- Participants are frequently monitored for illicit drug use
- Any non-compliance by a participant results in a swift and certain sanction by the court
- There is ongoing judicial supervision and regular judicial interaction with each participant
- There is evaluation of the rehabilitation outcomes achieved through the drug court
- The drug court team and others associated with the court receive ongoing interdisciplinary education
- Networks are forged with other drug courts, law enforcement authorities, public bodies, treatment providers and the community’. (NSW Drug Court 1999a, point 3.10)
Addition critical components of the NSW Drug Court include ongoing case management and the provision of the social support necessary to achieve reintegration into the community (NSW Drug Court 1999a).

Structure of the Drug Court Team

-The Drug Court team in NSW consists of:

- Senior Judge
- Senior Judge’s Associate
- Registrar
- Prosecutors (from the Office of the Director of Public Prosecutions)
- Solicitors (Legal Aid Commission)
- Inspector of Police (NSW Police Service)
- Nurse Manager (CHS)

Drug Treatment Court Eligibility

In NSW, the Drug Court exercises the functions of the criminal jurisdictions of both the District Court and the Local Court, which means that offenders appearing before both Local and District Courts can be referred to the Drug Court.

Under the Drug Court Act: it is the duty of a court before which a person is charged with an offence:

a) To ascertain whether the person appears to be an eligible person, and
b) If so, willing to be referred to the Drug Court to be dealt with for the offence, and
c) If so refer the person to the Drug Court to be dealt with for the offence.’ (Drug Court Act s. 6 (2))

Section 6 of the Drug Court Regulation lists the courts that are required to determine whether the person appearing before the court appears to be eligible for referral to the Drug Court. Criminal proceedings brought before the District Court sitting in Campbelltown, Liverpool, Parramatta or Penrith, and Local Courts in Bankstown, Blacktown, Burwood, Campbelltown, Fairfield, Liverpool, Parramatta, Penrith, Richmond, Ryde or Windsor are listed.

An assessment of an offender’s potential eligibility for participation in the Drug Court

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Program may be made either by the presiding judge/magistrate at the District/Local Court, or following a request by the offender or his/her legal representative.

For a referral to be successful, the following eligibility criteria must be met. The Drug Court Act outlines the eligibility criteria as follows: if

a) The person is charged with an offence, other than an offence referred to in subsection (2), and

b) The facts alleged in connection with the offence, together with the person’s antecedents and any other information available to the court, indicate that it is highly likely that the person will, if convicted, be required to serve a sentence of full-time imprisonment, and

c) The person has pleaded guilty to, or indicated that he or she intends to plead guilty to the offence; and

d) The person appears to be dependent on the use of prohibited drugs (within the meaning of the Drug Misuse and Trafficking Act 1985) or other drugs prescribed by the regulations, and

e) The person satisfies such other criteria as are prescribed by the regulations.’ (Drug Court Act s. 5 (1)).

Further criteria are provided to determine persons who cannot be considered eligible for the Drug Court Program. These criteria include persons charged with:

- An offence punishable under Division 2 of Part 2 of the Drug Misuse and Trafficking Act 1985, not being an offence that (under Part 9A of the Criminal Procedure Act 1986) is capable of being dealt with summarily, or

- An offence involving violent conduct or sexual assault; or

- Any other offence of a kind prescribed by the regulations.

(Drug Court Act s. 5 (2))

In his Second Reading speech introducing the Drug Court Bill into Parliament, the Minister for Police noted that the types of offences which are eligible for referral to the Drug Court are break, enter and steal, fraud, forgery, stealing from person, unarmed robberies (with no violence), possession and use of prohibited drugs, or dealing in quantities of prohibited drugs below the indictable limit (Hansard 27/10/1998, p. 9031).

Drug Court Regulation prescribes further criteria that a person must satisfy in order to be an eligible person within the meaning of the Act:

a) The person’s usual place of residence must be within one of the following local government areas, namely, Auburn, Bankstown, Baulkham Hills, Blacktown, Campbelltown, Fairfield, Hawkesbury, Holroyd, Liverpool, Parramatta or Penrith,
b) The person must not be suffering from any mental condition that could prevent or restrict the person’s active participation in a program under the Act,

c) The person must be of or above the age of 18 years,

d) Criminal proceedings against the person for the offence with which the person is charged must not be criminal proceedings that are within the Children’s Court jurisdiction to hear and determine’. (Drug Court Regulations s. 5)

**There are numerous other eligibility conditions and assessments, including a procedure for Referral to the NSW Drug Court, a Preliminary Health Assessment, and additional Conditions for Acceptance into the Program. See Evaluation report for further information.**

Treatment and Supervision Services

-Treatment and services are provided by the Corrections Health Service (Detoxification Unit) (CHS), the Probation and Parole case managers, and health treatment providers.

-Participants are only sent to the Detoxification Unit following the preliminary assessment if there is a high probability that they will be accepted onto the Drug Court Program.

-Staff at the Detoxification Unit undertake the detoxification, stabilization and development of treatment plans for Drug Court participants, and provide health services to participants on sanctions, including treatment reviews.

-Two detoxification Units were established. One for men and another for women.

Queensland


- In Queensland. Five drug courts have been established under the Drug Rehabilitation (Court Diversion) Act as a pilot project. The Act and regulations limit the number of people who can enter the system from each court each year.
- In August 2005, Queensland Premier Peter Beattie issued a media statement announcing that the drug courts would be made permanent.
- To be eligible, defendants must be adults, dependant on illicit drugs, and this dependency must be a contributing factor to their offending. They must be sentenced to prison, not subject to a pending violent or sexual offence charge, and live within the prescribed areas and plead guilty.

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• Participants receive an intensive drug treatment order which includes treatment, drug testing, and court supervision.
• These orders generally run for up to 18 months. During that time the participant may receive added privileges or sanctions.
• Successful completion is taken into account when sentencing is conducted at the end of the order.

Queensland Drug Court Act 200-Drug Court Regulation 2006. [See Appendix, Section A.]

South Australia

Source: Australian Government-Australian Institute of Criminology.

• South Australia's Drug Court operates in the Adelaide Magistrates Court.
• Participants must live within the Adelaide metropolitan area, be over 18 years of age, plead guilty to the most serious and bulk of offences and be dependent on illicit drugs.
• The participants do not have to be charged with a drug offence but their offending must have resulted from their drug addiction.
• Those accepted into the program are given an individual treatment regime, which can include electronically monitored home detention bail, urinalysis, treatment and vocational training.
• Successful completion of the program will be taken into consideration at sentencing.

9Program Entails:
  o Withdrawal management-including in-patient detoxification if necessary
  o Pharmacological treatment if necessary-for example methadone
  o Relapse prevention-for example counseling, group therapy
  o Group Therapy and individual counseling to develop pro-social thoughts and behaviors
  o Prevention of further offending behavior through restricted bail
  o Referral and assistance to manage physical and mental health issues
  o Referral to access education or vocational training
  o Provision of accommodation from up to 15 months and referral to access long term housing
  o Assistance to restore family relationships
  o Referral to obtain income support and manage financial issues
  o Support to find or maintain employment
  o Practical assistance on leaving detention with basic personal items and food items until income support is arranged

*Funding is set aside to purchase services where none exist.

9 Obtained from the Courts Administration Authority-South Australia.
Victoria

Source: Australian Government-Australian Institute of Criminology.

• The Victorian Drug Court is located in Dandenong and services defendants within a specific geographical catchment area.
• Only adult defendants who are addicted to illicit drugs, likely to be imprisoned for a drug related offence and prepared to plead guilty are eligible.
• If they are willing to enter the program, they are placed on a Drug Treatment Order.
• Drug Treatment Orders have two components; a custodial sentence of not more than two years and a treatment and supervision component. Failure to complete the order renders the participant liable for re-sentencing.
• Other Victorian courts can place defendants within the Court Referral and Evaluation for Drug Intervention and Treatment (CREDIT) program.
• The 12 week program provides assessment, treatment and support for defendants on bail.

Western Australia

Source: Australian Government-Australian Institute of Criminology.

• In Western Australia, the drug court operates in the Perth Magistrates' Court and the Perth Children's Court.
• The Magistrates' Court drug court is supported by the Magistrates' Court Act 2004, which enables the Chief Magistrate to establish divisions within the court to deal with specific classes of cases or offenders, such as drug cases or family violence cases.
• Following a plea of guilty, defendants are placed within one of three regimes depending on their level of previous offending and the type of drug involved.
• The brief intervention regime is a pre-sentence option for second or third time cannabis offenders and involves three sessions of drug education.
• Supervised treatment intervention is for mid-range offenders who are required to undertake case managed treatment before sentencing.
• The drug court regime consists of more intensive treatment and judicial case management.
• Additionally, a drug court style program operates in Geraldton in the form the Geraldton Alternative Sentencing Regime (GASR). The GASR has a broader remit that includes alcohol and solvent abuse cases, domestic violence and other offending behaviors.
• It does not replace other sentencing options but offers alternative pathways for selected offenders: the Court Supervision Regime which involves the offender being managed by a court management team for a period of four to six months whilst participating in rehabilitation programs; and the Brief Intervention Regime which also includes offender participation in rehabilitation programs but without the supervision of the court management team.
**BRAZIL:**

Therapeutic Justice Program – Brazil

Partial data in 4 States

São Paulo St.
**Source:** Promotoria de Justiça Criminal de Santana  
Address: Rua Benvinda de Andrade, 150  
Bairro SantanaZC: 02403-030  
São Paulo – SP  
Phone: 55 – 11 – 2281.1800  
pjcrimsantana@mp.rs.gov.br

**Data reported:** During the year 2009, this “court” had 120 drug abuse offenders going to treatment instead of a criminal trial.

Pernambuco St.
**Source:** Judge Flavio Fontes  
flavioafl@uol.com.br

**Data reported:** In Recife (state capital city) there are two “courts” which apply the Justice Therapeutic Program, i.e., treatment instead of criminal trial for drug abuse offenders. No other info provided.

Rio de Janeiro St.
**Source:** Prosecutor Marcos Kac  
mkac@globo.com

**Data reported:** In the St. of Rio de Janeiro there are 20 “courts” for adults and 10 for juveniles which apply the Justice Therapeutic Program, i.e., treatment instead of criminal trial for drug abuse offenders. No other info provided.

Rio Grande do Sul St.
**Source:** Brazilian Association of Therapeutic Justice

**Data reported:** In Porto Alegre (state capital city) there are 09 “courts” for adults and 03 for juveniles which apply the Justice Therapeutic Program, i.e., treatment instead of criminal trial for drug abuse offenders.

**Further information:**
For juvenile:
Pilot carried trough 2001 - 2003
- reduction in use drugs and offenses
• enhancement on education, family relationships, health and professional training
• enhancement on parenting

For adults:
• most judges offer treatment as alternative to the criminal trial and incarceration for drug users offenders
• 2001 – 2006 for each 10 offenders, 7 used to accept treatment instead of criminal trial
• 2007 ‡ Prosecutors proposed 589 offenders to TJP (DTC)
• 2008 ‡ Prosecutors proposed 989 offenders to TJP (DTC)

About the Therapeutic Justice Program in Brazil

General information

Legal Procedures to apply the TJP (DTC) in Brazil
• 2.1 Pre-judgement phase
• * “Transaction” – a kind of bargain
• * Procedure suspended
• 2.2 Judgement phase
• * Up to 4 years in jail ‡ alternative punishment + treatment
• * More than 4 years in jail ‡ punishment + treatment
• 2.3 Post-judgement phase ‡ executing punishment
• * Probation (Conditional suspension of the punishment)
• * Parole (Conditional freedom)

Treatment through the TJP (DTC) in Brazil
Is provided by the public health system (which is not sufficient) and private health services.
JAMAICA:

The Jamaican Drug Court - Life Style Changes

The majority of our clients are from inner cities, socially disadvantaged backgrounds and single parent families. In the rehabilitation of the offender and in order to carry out the objectives of the Drug Court Act, we adapt the holistic approach:

In achieving our goals, help is given by:

Justices of the Peace who sit with the Drug Court Judge

Treatment Provider

Probation Officers

Defence Attorneys

Friend's of the Drug Court

Government Organizations

Non Government Organizations

Our clients receive advice and support in the following areas:

**Family and Emotional Support**

Self esteem building

Conflict management

Counselling with parents, partners, siblings

**Education**

Referred to institutions of further education

National Youth Service

Illiterates are referred to remedial classes

Heart Academy for skills training
Employment

Referred to Employment Agencies

Assistance in job application, resumé, interview techniques

If enter program unemployed, encouraged to find employment before graduation

Business Loans Secured

Development of Social Skills

Dress, deportment

Development of interpersonal skills

Legal Counselling

Successes in Life Style changes of our Graduates

Gemaine From carrying a gun to carrying books to school. Now married, they are expecting their first child.

Kadia From spear fisherman to fire fighter

Conroy From sitting on the corner smoking ganja and drinking to motivational speaker and making presentations to our present clients about safe sex

Judith From an 18 year old prostitute and cocaine addict to a University Student. Married to an executive chef and now able to travel abroad because she has a clean record.

Nicholas From a rejected angry orphan to a happy educated young man reunited with his mother in Belgium. In college and speaks three languages.

Recently one of our clients, Davian Smith, took leave of absence from the program without permission. He was asked to write a letter giving reasons why he should be re-admitted to the program. The attached letter speaks for itself.

We feel the Drug Court Program is making a difference in the lives of our clients. They not only kick the habit but their souls are mended.

Winsome Henry (Ms)
Senior Resident Magistrate
St. James
May, 2008
THE IMPORTANCE OF THE DRUG REHABILITATION PROGRAMME & WHY I SHOULD BE A MEMBER OF IT

Davian Smith
Age 19

The drug rehabilitation programme is a programme which is offered in Jamaica to provide our strong youths with a second chance.

It is a group which is well organized by the country’s government body that includes a Judge with the members of the Justice’s Office of the Peace, a Probation Officer and a Drug Rehabilitation centre of course with a counselor.

For a young man to be a part of the programme is after he is caught smoking or with the possession of marijuana and is brought before the jury, he is instantly seen as committing a criminal offence so automatically he have achieve a criminal record.

The law of the country states that if anyone has been confined by a criminal record to his file, he/she shouldn’t be able to travel to or from abroad.

Knowing that you have made a mistake and you have pursue a bad record, you won’t be able to apply for a legal visa which is very challenging to live with. That is where one of the benefits of the Drug Rehabilitation Programme is quite beneficial to the future of the youth of today.

If a survey was done on the graduates of the drug programme, it could show that more than sixty (60) percent of the youths who has been through it is continually to achieve successfully with their lives and has also manage to overcome the addiction of the drug.

If you have entered the drug rehabilitation programme without working or schooling, you should be able to find a permanent or a simple job, if not you should be able to go and try to be certified or try to get a proper qualification at a tertiary school.
As a member of the programme I would like to thank the programme for the
great effort they are trying exert to direct the footsteps of our youths.

The constructive speeches which has been delivered is really helping our
youths to visualize that life is really out there for all of us to be successful.
Being apart of the programme you have to keep active at all times and keep
preparing for the upcoming future.

One of the largest opportunity which is been offered by the rehabilitation
programme to our youths, other than clearance of records and motivation
towards the future is that they provides the chance to be drug free. Without
been drug free you will have very serious consequences to be faced, so there
it leaves you with no choice than to give marijuana a instant break. The
programme is there to help the youths see that they don’t have to be under
the influence of drug but they can keep the vibes natural. Most after leaving
the programme is a changed person, getting to understand that have both
negative and positive impact is liable to overthrow the positive. For the fear
of the negative impact most change the route while a few continue on their
addiction.

Therefore I see the drug rehabilitation programme playing a very important
role, because after getting a bad record it give the opportunity to get a new
start and it allow us as youth to be drug free.

The reason I feel that I should be apart of the programme is because, after
abusing or using the drug marijuana for almost half my life, definitely I would
like to give it a break and not only a break I would like to ceased it
permanently. With the help of the programme you have to be drug free for at
least a six month period and to be free from it so long I really don’t think that
I should continue the same journey.

To be on this programme is really helping in different ways, because to be
addicted for such a long time I didn’t expect the day would really exist when
I would be telling myself that I can carry on without the influence of
marijuana. This programme don’t only help us by offering a second chance
by freeing our records from criminology.
We hear the term “experience teaches knowledge” quite often and I don’t think it should be taken lightly because our youth of today really needs experience. To receive enough of that we will have to do a little traveling, and with a criminal record I can say that it is quite impossible to travel and seek for whether a job, school, training or even vacationally.

From my point of view I think that the Drug Rehabilitation Programme should be highly recommended for the great changes which they delivers to the lives of our youth. Without the program I don’t think that some of our youth would be able to be drug free, a clean record and really get on with their lives.

Done by

Davian Smith
New Zealand:

Christchurch Youth Drug Court Pilot:

The Christchurch Youth Drug Court pilot (YDC) was established by the Ministerial Taskforce on Youth Offending and started operating on 14 March 2002.

The pilot’s overall objectives are to:

- Improve the young people’s health and social functioning and to decrease their alcohol and/or drug use
- Reduce crime associated with alcohol and/or drug use
- Reduce criminal activity

Reasons Why the Christchurch Youth Drug Court Pilot was established:

1. The perceived intensity of the drug problems amongst the Youth Court population.
2. The relatively high number of young persons going through the Youth Court.
3. The services available for alcohol and other drug treatment.
4. Youth Specialty Services in Christchurch performs dual diagnosis of alcohol and other drug and forensic mental health with young people.
5. The geographical layout of Christchurch meant that one Youth Court serviced a large metropolitan area where other areas such as Wellington were more geographically dispersed with disparate services.
6. There was an assumption that there would be a reasonably culturally homogenous population so that the pilot program could be designed and evaluated relatively easily. Other centers such as Manukau have many different cultured groups that would need to be considered in the design.

Entry into the Youth Drug Court pilot:

The criteria and process for selecting participants for the YDC pilot includes: identifying young people to be screened by Youth Specialty Services (YSS) clinicians, the YSS full assessment, the role of the Family Group Conference (FGC), and acceptance onto the pilot.

- The pilot targets young offenders appearing at Youth Court who have been identified as having moderate to severe alcohol and/or other drug dependency that is linked to their offending behavior.
- To be eligible for the YDC young people should meet the following criteria:
  - Age 14-17
  - Moderate to severe alcohol and/or drug dependency linked to offending behavior
  - Recidivist offender defined as appearing in the Youth Court two or more times in the previous 12 months
  - Sexual offending is excluded
  - Some violent offending may be excluded and is assessed on a case by case basis
  - The offenses before the Youth Court have been proved or have not been proved
Linkage Between Alcohol and/or other drug use and offending:

1. offending under the influence
2. offending to obtain alcohol and/or other drugs
3. drug offenses

Acceptance on to the Youth Drug Court:

The process from screening to acceptance in the Youth Drug Court for the first 30 participants took an average of 4.5 weeks. This timeframe is slightly longer than the initial 4 weeks proposed. The time ranged from 2 to 7.5 weeks due to a variety of factors including timing of FGCs and YSS assessments. The length of time attending the YDC varied greatly from five to 74 weeks, with the mode 48 weeks and the median 45 weeks.

Programmes and Services Utilized by YDC participants:

- Alcohol and other Drug Services
  - Alcohol and other drug services are classified into three categories for the purpose of this evaluation
    1. Residential
    2. Day Programme
    3. Counselling

Types of Alcohol and Drug Treatment Services Required:

The key respondents considered that any residential facility should be well resourced with a constructive programme based on international models of best practice working with young people.

Some key respondents emphasized that working with young people requires a very different approach; for example, a much higher staff to client ratio is required to treat young people. A youth residential programme also requires more flexibility because of the range in maturity of the young people.

For young people who were required to be in custody, the YDC team considered that a medical detoxification facility attached to Kingslea may be appropriate. However, it was also noted that international research shows that the place of incarceration should be physically separate from the treatment facility, possibly to ensure that the treatment programme is not negatively associated with the incarceration facility.
The Youth Drug Court Team is made up of the following practitioners:

- Judge
- YDC Social Worker (Department of Child, Youth and Family Services)
- YJ Coordinator (Department of Child, Youth and Family Services)
- Police Prosecutor (NZ Police)
- Youth Advocates (lawyers) representing TDC participants
- Youth Specialty Services coordinator of the alcohol and other drug steam and mental health team (Ministry of Health)
- Group Special Education Team Leader (Ministry of Education)
- YDC Court Clerk (Ministry of Justice)

Source:
**NORWAY:**

**The establishment of the drug treatment court in Norway**

On January 1, 2006, two “Drug treatment courts” were established in Norway as pilot projects in the cities of Oslo and Bergen. According to the US National Association of Drug Courts Professionals, a drug court is “… a special court given the responsibility to handle cases involving substance-abusing offenders through comprehensive supervision, drug testing, treatment services and immediate sanctions and incentives” (http://www.nadcp.org/whatis). In Norway, drug treatment courts deal with offenders of all ages and of both sexes, with an established relationship between a pattern of serious drug misuse and offending. The aim of the drug treatment court is to reduce or eliminate offenders’ dependence on drugs and to reduce the level of drug-related criminal activity.

In the juridical sense, the drug treatment court sentence is a suspended sentence where participation in drug treatment court programs is a condition. The offender has to agree to participate in the drug treatment court programme. The programmes include court-controlled treatment and rehabilitation activities. The programme consists of four phases, and is specially designed for each individual client. Flexibility is an essential feature of the programme in order to meet the client’s various needs. Some may need a 24-hour a day treatment at an institution, while others may need policlinic treatment. A supervision and treatment team is responsible for the design of the program. The team consists of representatives from the correctional service, the social service, the health service and the educational and employment service. Other organizations may also be represented in the team, like the police, the child protection agency etc. The permanent members of the team work together at a drug treatment court centre, and some of the client’s activities also take place there. The drug treatment court programme transforms the roles of the criminal justice practitioners as well as other involved parties, and one of the aims for the pilot project is to develop good models for cooperation between the services.

A special feature of the Norwegian model is that the court’s involvement in the program is not as prominent as for example in the Irish or the Scottish model. However, the programme is supervised by the court, and all the time during the programme, the offender is accountable to the court. It is the court that rewards progress, by for example moving the client to the next phase, or sanctions non-compliance. Naturally, it is also the court that responds to criminal activity during the program. The punishment for not complying with the conditions as well as for new criminality may be imprisonment.
In Norway there were established a working group with participants from different ministries in the government. Their mandate was to make a report on whether the Drug Court system should be implemented in the Norwegian legal system or not, and if so: how to implement it.

The report was presented in September 2004, and the conclusion was that the results from other drug-court countries were so good that this was something Norway should try. The report suggested that the court should lead the drug treatment program.

The report was send out for comments to a lot of different agencies and also all the courts. A lot of agencies, and especially the Supreme Court, was very sceptic to a system where the courts would be so involved in the serving of a sentence. This would break the legal principle of the courts independence to the public administration. The result of the hearing was that when the bill was presented to the Parliament (Stortinget) it suggested that Norway should implement what they called a drug treatment program supervised/controlled by the court (not led by). This resulted in a new statutory provision in the Criminal Code, section 53 and 54. I have enclosed the two sections (document “strl. §§ 53 og 54”). I’m sorry I could not find these in English. The new section also decided that the Ministry of Justice should give administrative regulation to the drug-treatment program. (Enclosed in the document “Forskriften på engelsk”). Both I and Hans-Gunnar were involved in making the administrative regulations for the drug treatment program.

The new statutory provision in the Criminal code and the administrative regulations came into force on the 1st of January 2006.

Description of the procedure from a person getting arrested by the police until sentences to a suspended sentence with the condition of attending the drug treatment program supervised by the court:

☐ Arrest
☐ Usually custody while the police are investigating the crimes
☐ A public prosecutor from the police (or the court) has to apply to the drug treatment program- team to write a social inquiry report on the person charged. The team has to conclude whether the charged is suitable for the program or not. This report will be used in court to decide what kind of sentence the judge will give. The court can theoretically come to another conclusion than the team. (Very often a defence lawyer takes the initiative to get a social inquiry report for this purpose, but they still have to apply through the public prosecution. I have spent a lot of time giving information about the drug treatment program to: lawyers, judges, police officers, public prosecutors, prison officers, social workers, health workers, people working with education for grown-ups, and you name it. So the chance for someone to know about this possibility for drug-addicts is good. Theoretically all these different people can guide the drug-addict into getting a sentence like this, as long as it is the public prosecution/the court that formally asks for the social inquiry report).
The team usually needs 4-5 weeks to finish the report. We talk to the charged and we get information from other agencies. Then the team work closely together to conclude on suitability. That is one of our most difficult and major tasks at the moment – finding the right persons to attend the program.

When we have finished the report we send it back to the public prosecutor.

Then we have to wait until the main hearing is over and the judge passing the sentence, then we formally start the serving of the sentence.

I have enclosed the document “The establishment of Drug Court in Norway”, made by Berit Johnsen. She is a researcher working at the Prison and Probation staff education centre. Here she explains a lot about how the system is supposed to work in Norway.

The Prison and Probation staff education centre is also responsible for evaluating the drug treatment program.

There is only one district court in Bergen and one court in Oslo. It is the ordinary court with all of the judges there, who can pass a suspended sentence and put the condition to attend the drug-treatment program. The correctional service is responsible for the execution of the sentence.

When the convicted has qualified to be transferred to the next phase in the program, the court has to say an order to do so. And also when the convicted has broken any of the conditions the court has to say a sentence that the convict has to go to jail or put other conditions to the sentence.

In Bergen there will be 5 judges (Drug Court judges) in the district court who will follow up the convicted every time they have qualified to be transferred to the next phase or when there is a breach of conditions. One of these 5 judges is probably not the same judge that pronounced the sentence (but it can be). Other than that, the judges will not be part of the team and there will be no pre-court meetings. There is no legal authority for this in Norway. The court is only involved when there is a petition, there is no routinely review.

The team in Bergen consists of:

A coordinator (me), employed by the regional level of the correctional service. I have a law degree, and have worked as a public prosecutor, a probation officer and a legal advisor for the correctional service. Hans-Gunnar has almost the same background.

A social worker employed by the local council.

A psychologist employed by the local health service. (In Oslo a nurse).

A probation officer also employed by the correctional service.

An educational adviser employed by the county administration.

All the different ministries involved grant money to the project. All the team-members get their salary from their own agency, and the correctional service is responsible for the operating costs.

Where are we today?

We are working on a lot of social inquiry reports. It is a big challenge finding the right persons for the program. Who can we help with this program? How addicted can they be? How mentally ill can they be? Do they need a safe place to live before we start working with them? We have a lot of questions, and very few answers. But we are getting more and more experienced every day.

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We also have five persons convicted to the program: two of them still serving a prison sentence for a couple of more months, one already breached the conditions by committing new crimes, and two convicts have started using the drug treatment court-centre. There are more to come….

Where are we in 12 months?
In 12 months I really hope we are more certain of whom the target group really is. I also hope we have found a good way to organize and administrate the project with so many agencies involved. (For example the different budgets and the organization of the staff). I guess we will be working with about 20 convicts in different phases of the program. Hopefully some of the convicts we have today are still with us.
In case it is of any interest I have tried to illustrate the organisation of the correctional service in Norway:

- The Ministry of Justice/
The Central prison administration
  - The correctional service
    - Region west
      - Bergen
      - 4 (5) prisons
      - 8 probation offices
      - 1 drug treatment court-centre
  - The correctional service
    - Region east
      - Oslo
      - 6 prisons
      - 2 probation offices
      - 1 drug treatment court-centre
  - Region south
    - Region north
    - Region north-east
    - Region south-west
Drug Court Activity Underway

No. of Programs Currently Operating:      2,035\(^{10}\) (includes 83 Tribal Drug Courts)

[Additional No. of Operating Drug Court Programs that have been consolidated with other drug courts/ or suspended operations] 147

No. of Programs Planned:      227\(^{11}\) (includes 35 Tribal Drug Courts)

[Additional No. of Drug Court Programs that were planning but are no longer planning programs] 188

No. of Drug Courts with Alumni Groups: 175+

No. of States with Drug Court Programs: (Operating or being planned): All 50 (including Native American Tribal Courts), plus the District of Columbia, Northern Mariana Islands, Guam, and Puerto Rico

No. of states and territories with:
Adult drug courts (operating or being planned): 50 (including Native American Tribal Courts), plus the District of Columbia, Guam, and Puerto Rico

Juvenile drug courts (operating or being planned): 49 (including Native American Tribal Courts), plus the District of Columbia, Guam, and Northern Mariana Islands

Family drug courts (operating or being planned): 41 (including Native American Tribal Courts), plus the District of Columbia

No. of counties with drug court programs (operating or being planned): 1,416 out of 3,155 Counties\(^{12}\) (44.8 %)

No. of Tribes and Native Villages with Drug Court Programs (Operating or being planned): 86

No. of tribal drug court/healing to wellness court programs: (Operating or being planned): 118

No. of counties with drug court programs being planned or are operating and also have mental health courts: 100+

No. of Judges Who:
Are currently serving as Drug Court Judges for programs:
Operating or being planned: 2,775 approx.

\(^{10}\) Includes 1171 adult drug courts; 488 juvenile drug courts; 268 family drug courts; 24 combination adult/juvenile/family drug courts; and 84 tribal drug/healing to wellness courts.

\(^{11}\) Includes 103 adult drug courts; 51 juvenile drug courts; 35 family drug courts; 3 combination adult/juvenile/family drug courts; and 35 tribal drug/healing to wellness courts


<http://censtats.census.gov/usa/usainfo.shtml>
Have previously served as Drug Court Judges
Are also serving as Mental Health Court Judges

States That Have:
Enacted legislation relating to the planning, operating and/or funding of Drug Courts: 44 plus the District of Columbia, and Guam

Enacted state or local rules/orders relating to the operation of drug courts: 24 plus the District of Columbia

Appellate Caselaw Relating to Drug Courts:

Native American Tribal Councils which have enacted legislation relating to the Planning/operation of drug court programs:

DRUG COURT IMPLEMENTATION BY YEAR

<table>
<thead>
<tr>
<th>Year</th>
<th>JUVENILE</th>
<th>ADULT</th>
<th>FAMILY</th>
<th>TRIBAL/Healing to Wellness Courts</th>
<th>COMBINED</th>
<th>TOTAL*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>For Year</td>
<td>To Date</td>
<td>For Year</td>
<td>To Date</td>
<td>For Year</td>
<td>To Date</td>
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<td>488</td>
<td>5</td>
<td>1171</td>
<td>3</td>
<td>268</td>
</tr>
</tbody>
</table>

* Does not include 147 additional programs that were implemented and subsequently suspended operations or consolidated with other programs.

For further information, contact:
BJA Drug Court Clearinghouse
Justice Programs Office, School of Public Affairs
American University
4400 Massachusetts Avenue NW, Brandywine, Suite 100
Washington D.C. 20016-8159
Tel: 202/885-2875Fax: 202/885-2885 E-mail: justice@american.edu Web: www.american.edu/justice

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C. EVALUATIVE INFORMATION

Ireland:
Evaluation of Irish Drug Courts, October 2002: Summary

Jamaica:
Statistical Information

United States:
Summary of Recidivism and Other Findings Reported in Selected Evaluation Reports of U.S. Adult Drug Court Programs Published 2000 - Present
IRELAND:

Evaluation of Irish Drug Courts, October 2002\textsuperscript{13}: Summary

In the 1990’s, informal estimates of the Irish prison system, particularly in Dublin, showed that approximately 80\% of indictable crimes were drug-related and that 66\% of a sample of Dublin prisoners were heroin users. In 1997, a Drug Court Planning Commission was set up to investigate the feasibility of establishing an alternative to incarceration and, in 2001, the very first participant was admitted to the drug court in Dublin.

In January, 2001, a Steering Committee decided to establish January 16\textsuperscript{th}, 2001-January 31\textsuperscript{st}, 2002 as the time period in which a formal evaluation of the pilot project would be conducted. Although the relatively short timeframe precluded any conclusive comparisons of recidivism to incarcerated drug users, the evaluation was able to assist in determining whether the program should be continued.

The evaluation was based on three components:

1) Process Evaluation: the collection of both quantitative and qualitative information to determine whether or not the drug court program met procedural and administrative goals, and to identify strengths and weakness of the model

2) Outcomes Evaluation: the collection of information to determine whether the drug court program was effective in reducing recidivism, drug usage, and addiction, when compared to a control group of non-participant drug offenders

3) Cost-Effectiveness Analysis: the collection of Average Standard Cost for processing a drug court participant compared to members of the control group

\textbf{Process Evaluation:} All stakeholders in the drug court process agreed that the program could address in a significant way the causes of acquisitive crime and make a strong positive impact on the lives of certain drug addicted offenders. However, there was less clarity as to the established mission and objectives of the drug court, which some believed contributed to the relatively low number of referrals. Some respondents expressed optimism that referrals would increase as the program became more established. Many respondents felt that the drug court program needed to have its own dedicated treatment service in order to appropriately address treatment needs, since “mainstream” treatment often lagged behind the established time deadlines. Furthermore, while some difficulties were experienced in getting various agencies to work together on the joint project, respondents were generally positive about future cooperation. Finally, drug court participants (offenders) believed the program to be quite demanding, but felt that it provided an experience that was overall supportive and ultimately rewarding.

\textbf{Outcomes/Impact Evaluation:} Despite the low numbers of referrals as of the conclusion of the evaluation, the overall profile of participants was similar to that of drug courts in other countries. Participants were primarily male; in their 20s; unemployed; undereducated; possessed a high number of prior convictions, with a high risk of reconviction; and all 35 participants were heroin addicts using an average of 5 different drugs. By the end of the evaluation period, significant results became evident: the re-offense had declined substantially, as had the percentage of positive drug tests, and participation in

\textsuperscript{13} This summary was prepared by staff at the Justice Programs Office, School of Public Affairs at American University. The full text of the report can be found, with statistical appendices, on the website for the Irish Courts website at http://www.courts.ie/Courts.ie/library3.nsf/%28WebFiles%29/0D3E40D7D530786380256DA6003DB7DB/$FILE/Final%20Report.pdf.
educational activities was generally high. Some issues adversely affected participants’ progress, including alcoholism, homelessness, and gender/childcare troubles.

**Cost-Effectiveness:** The study finds that, in many jurisdictions that have already established drug courts, much of the cost savings comes from participation over incarceration. However, Ireland had relatively low incarceration rates to begin with. Respondents felt that efficiency could be improved in three areas—shortening the assessment phase from an average of 27 days; revoking bail less frequently, especially in the early days of the evaluation; and increasing referrals to capacity level—but that most indicators point to cost savings over time.
JAMAICA:

STATISTICAL INFORMATION

**REPORT OF DRUG COURT TREATMENT & REHABILITATION PROGRAMME FROM START OF PROGRAMME TO MARCH 2009**

<table>
<thead>
<tr>
<th>YEAR</th>
<th>TOTAL REFERRED BY COURT</th>
<th>ADMITTED &amp; ELIGIBLE FOR PROGRAMME</th>
<th>GRADUATED</th>
<th>DROP OUT</th>
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<tbody>
<tr>
<td>2001</td>
<td>20</td>
<td>17</td>
<td>5</td>
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<tr>
<td>2009</td>
<td>5</td>
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</tr>
<tr>
<td>TOTAL</td>
<td>334</td>
<td>262</td>
<td>109</td>
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UNITED STATES:

Summary of Recidivism and Other Findings Reported in Selected Evaluation Reports of U.S Adult Drug Court Programs Published 2000 – Present
# Summary of Recidivism and Other Findings Reported in Selected Evaluation Reports of U.S Adult Drug Court Programs Published 2000 – Present

## PART ONE

<table>
<thead>
<tr>
<th>#</th>
<th>Publication Date</th>
<th>Bibliographic Information</th>
<th>Focus of Study</th>
<th>Population Studied</th>
<th>Comparison Group</th>
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<tr>
<td>1</td>
<td>2004</td>
<td><em>Phase II Douglas County [Nebraska] Drug Court Evaluation Report</em>, Thomas J. Martin, Cassia C. Spohn, R.K. Piper, and Jill Robinson</td>
<td>Recidivism and cost benefit study comparing criminal justice outcomes of offenders in drug court with offenders in County Attorney’s pre-trial diversion program and offenders in traditional adjudication</td>
<td>Drug court participants</td>
<td>Offenders in County Attorney’s pre-trial diversion program and offenders in traditional adjudication</td>
</tr>
<tr>
<td>2</td>
<td>September 2004</td>
<td><em>Participation in Drug Treatment Court and Time to Rearrest</em>, Duren Banks and Denise C. Gottfredson, <em>Justice Quarterly</em>, Vol. 21, no. 3, September 2004. Academy of Criminal Justice Sciences</td>
<td>Review of arrest history of 139 drug court and 96 control group defendants re arrests for two year period following assignment to drug court (drug court participants randomly assigned to drug court; control group was eligible but randomly assigned to nondrug court treatment)</td>
<td>139 drug court participants randomly assigned to drug court; and 96 control group was eligible but randomly assigned to nondrug court treatment</td>
<td>96 control group defendants who were eligible for drug court but randomly assigned to nondrug court treatment</td>
</tr>
<tr>
<td>3</td>
<td>January 29, 2004</td>
<td><em>Cost Analysis of Anne Arundel County, Maryland Drug Court. Prepared by: NPC Research, Inc., Portland, Oregon</em></td>
<td>Tracked sample (53) of Drug court participants who entered the drug court from 1997 – 1998 re recidivism and costs resulting</td>
<td>Sample (53) of drug court participants who entered drug court from 1997 -1998</td>
<td>Comparable defendants who did not enter the drug court during the same period</td>
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<tr>
<td>4</td>
<td>January 29, 2004</td>
<td><em>Cost Analysis of Baltimore City, Maryland Drug Treatment Court: Includes Outcome Findings, Cost Analysis, and Summary and Conclusions, Only; Prepared by NPC Research, Inc., Portland, Oregon</em></td>
<td>Tracked sample of 60 drug court participants from 2000 and comparable sample of 63 offenders who did not enter the drug court for 3 year period to determine possible cost savings for justice system, victimization, and for other areas</td>
<td>Sample of 60 drug court participants who entered program in 2000 compared with comparable sample of 63 offenders who did not enter the drug court</td>
<td>Comparable defendants from 2000 who did not enter the drug court</td>
</tr>
</tbody>
</table>
### Summary of Recidivism and Other Findings Reported in Selected Evaluation Reports of U.S Adult Drug Court Programs Published 2000 – Present

<table>
<thead>
<tr>
<th>#</th>
<th>Publication Date</th>
<th>Bibliographic Information</th>
<th>Focus of Study</th>
<th>Population Studied</th>
<th>Comparison Group</th>
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<tbody>
<tr>
<td>5</td>
<td>January 2004</td>
<td>Kalamazoo County 9th Judicial Circuit Court Office of Drug Treatment Court Programs: Statistical Report: 2003. Prepared January 2004 - Part One: Female Drug Court - Part Two: Male Drug Court</td>
<td>Updates previous annual report with 2003 data to cover 543 female enrollees and 506 male enrollees since program began</td>
<td>543 female enrollees and 506 male enrollees in Kalamazoo Drug Court since its inception</td>
<td>n/a</td>
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<td>6</td>
<td>January 2004</td>
<td>Oklahoma Drug Courts: Fiscal Years 2002 and 200. Prepared by The Oklahoma Criminal Justice Resource Center.</td>
<td>Review of data from 19 adult drug and DUI courts operating in 21 counties in Oklahoma, including drug court participant characteristics at time of program entry; compliance with Oklahoma Drug Court Statute; use of sanctions; outcome, recidivism and costs</td>
<td>1,666 participants in 19 drug courts during period July 2001 – June 2003. [findings reported for graduates only]</td>
<td>(1) successful standard probation drug offenders; and (2) released inmates who had drug convictions;</td>
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<tr>
<td>7</td>
<td>October 2003</td>
<td>The New York State Adult Drug Court Evaluation: Policies, Participants and Impacts. Center for Court Innovation. New York, New York.</td>
<td>Reviews operations, recidivism and other impacts in the following nine drug courts: Bronx, Brooklyn, Queens, Rochester, Suffolk Co., and Syracuse</td>
<td>Studied post-arrest recidivism of drug court participants for 3 years (Bronx, Manhattan, Queens, and Suffolk) and 4 years (Brooklyn and Rochester), compared with reconviction rates of similar defendants not entering the drug court;</td>
<td>Similar defendants not entering drug court</td>
</tr>
<tr>
<td>8</td>
<td>August 1, 2003</td>
<td>Drug Court More Beneficial for Women: [author not provided]</td>
<td>Oklahoma female prison population Drug-Court Enrollments as of July 1, 2003</td>
<td>Oklahoma female drug court graduates</td>
<td>Oklahoma male drug court graduates</td>
</tr>
<tr>
<td>9</td>
<td>July 2003</td>
<td>16th Judicial District of Tennessee (Rutherford Co.) Drug Court Program 2003 Process Evaluation. Dana K. Fuller, Ph.D. July 2003</td>
<td>Studied 99 persons admitted to the program as of July 15, 2003</td>
<td>Studied 99 persons admitted to the program as of July 15, 2003</td>
<td>n/a – process evaluation with limited outcome data</td>
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# Summary of Recidivism and Other Findings Reported in Selected Evaluation Reports of U.S Adult Drug Court Programs Published 2000 – Present

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| 10 | June 1, 2003     | *Recidivism Among Federal Probationers*  
Minor, Kevin; Wells, James; Sims, Crissy. | Individuals serving federal probation sentences in the Eastern District of Kentucky. | 200 individuals sentenced from Federal Probation in the Eastern District of Kentucky between 1/96 and 6/99. Individuals were studied during a 2-year follow-up period between 1/96 and 6/99. | N/A |
Social Research Laboratory, Northern Arizona University | Outcome data compiled May 1, 2001 – October 31, 2002 for Drug court participants and control group with similar characteristics and processed through traditional criminal justice system | Participants in DUI Drug Court during May 1, 2001-October 31, 2002 | Randomly assigned eligible offenders with similar characteristics processed through traditional criminal justice system |
| 12 | April 18, 2003   | *Assessing the Efficacy of Treatment Modalities in the Context of Adult Drug Courts.* Donald F. Anspach, Ph.D. and Andrew S. Ferguson. | Examines various issues relating to the delivery of treatment services in four drug court sites: Bakersfield, Cal; St. Mary Parish La.; Jackson Co., Mo.; and Creek Co., Okla.; | In addition to treatment and related staff, 2,357 offenders enrolled in the four programs between January 1997 and December 2000 | n/a |
# Summary of Recidivism and Other Findings Reported in Selected Evaluation Reports of U.S Adult Drug Court Programs Published 2000 – Present

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<tr>
<td>14</td>
<td>March 2003</td>
<td><em>Summary Report of Virginia's Drug Court Programs,</em> Office of the Supreme Court of Virginia and Virginia Department of Criminal Justice Services.</td>
<td>Individuals in the Virginia drug court program between November 1995 and December 2002 were analyzed.</td>
<td>1727 Virginians admitted to the felony drug court program</td>
<td>N/A</td>
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# Summary of Recidivism and Other Findings Reported in Selected Evaluation Reports of U.S Adult Drug Court Programs Published 2000 – Present

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<tr>
<td>15</td>
<td>March 2003</td>
<td><em>Washington State’s Drug Courts for Adult Defendants: Outcome Evaluation and Cost-Benefit Analysis.</em> Washington State Institute for Public Policy</td>
<td>Presents statistical summary of other drug court studies in U.S; describes Washington’s outcome evaluation and cost-benefit analysis of the following 6 of Washington’s adult drug courts (with implementation dates noted): King Co. (8/1/94); Pierce Col (10/11/94); Spokane Co. (1/1/95); Skagit Co. (4/1/97); Thurston Co. (5/1/98); and Kitsap Co. (2/1/99); and presents findings and recommendations (study conducted at direction of Washington Legislature)</td>
<td>Evaluated six adult drug courts in Washington operating during 1998 and 1999 to test whether Washington’s drug courts reduce recidivism rates</td>
<td>Obtained individual-level data (gender, age, ethnicity, prior criminal history, and current offense) for defendants who entered drug court and, for four of the programs also obtained individual-level data for defendants screened for the drug court; then constructed comparison groups; used this information to construct comparison groups, using six different comparison groups and several sampling approaches, including: selecting cases filed in the same counties 2 years prior to start of drug court; selecting comparable cases from non-drug court counties filed at same time; tested drug court effectiveness using all six groups to provide a range of estimates for drug court outcomes</td>
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<tr>
<td>17</td>
<td>January 6, 2003</td>
<td><em>Evaluating the Effectiveness of Drug Courts in Idaho: Report to Governor Dirk Kempthorne and the First Regular Session of the 57th Idaho Legislature.</em> Idaho Supreme Court</td>
<td>Review of developments of 30 drug courts in Idaho; data provided on participants in Districts 4 and 5 (6 programs with 206 participants)</td>
<td>6 programs in Districts 4 (Ada Co and Elmore Co.) and 5 (Mini-Cassia Minidoka Co and Twin Falls Co.)</td>
<td>n/a</td>
</tr>
<tr>
<td>18</td>
<td>January 2003</td>
<td><em>Evaluating Treatment Drug Courts in Kansas City, Missouri and Pensacola, Florida: Final Reports for Phase I and Phase II.</em> Abt Associates. Prepared by Linda Truitt; Wm. Rhodes; N.G. Hoffman; Amy Maizell Seeherman; Sarah Kuck Jalbert; Michael Kane; Cassie P. Bacani; Kyla M. Carrigan; Peter Finn</td>
<td>Phase I: retrospective study of 1992-7 participants including case studies (process); and impact evaluation (survival analysis of recidivism); Phase II: study of 1999-2000 participants re program retention and participant perceptions</td>
<td>Phase I: 1992-7 and Phase II: 1999-2000 participants in Escambia County, Florida (74 participants) and Jackson County, Kansas (182 participants)</td>
<td>Phase I: Recidivism: Defendants with similar criminal histories arrested before drug court started and defendants with similar criminal histories arrested between 1993-7 who participated and did not participate in the drug court Phase II: n/a</td>
</tr>
<tr>
<td>19</td>
<td>May 5, 2002</td>
<td><em>From Whether to How Drug Courts Work: Retrospective Evaluation of Drug Courts in Clark County (Las Vegas) and Multnomah County (Portland).</em> [Oregon]. John S. Goldkamp; Michael D. White; Jennifer B. Robinson.</td>
<td>Tracks implementation and development of drug court in Portland, Oregon (1991-98) and Las Vegas, Nevada (1992-1998, focusing on outcomes and possible impact of various factors relating to structure, operation, and various innovations introduced in these programs</td>
<td>75 Drug court participants from each year since program inception in Portland (except 143 defendants for 1997); and 100 participants for each year in Las Vegas, and similar groups of defendants who didn’t enter drug court and whose cases were disposed of through the traditional process.</td>
<td>Two groups of comparable defendants in each site whose cases were disposed of through the traditional process: (a): defendants who failed to attend first drug court appearance; and (b) defendants who attended first drug court appearance but failed to attend treatment</td>
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<td>21</td>
<td>October 2001</td>
<td>Kentucky Drug Court Outcome Evaluation: Behaviors, Costs, and Avoided Costs to Society. Prepared by TK Logan, William Hoyt and Carl Leukefeld. Center on Drug and Alcohol Research. University of Kentucky</td>
<td>Outcome evaluation of drug court programs in Fayette, Jefferson and Warren Counties, Kentucky</td>
<td>Study of 745 drug court participants from three drug courts; studied graduates, program terminators and individuals assessed for the drug court but who did not enter</td>
<td>Individuals assessed for the drug court but did not enter</td>
</tr>
<tr>
<td>22</td>
<td>October 2000</td>
<td>Tulsa County Adult Drug Court: Phase II Analysis. Wright, David. O’Connell, Paul. Clymer, Bob. Simpson, Debbie.</td>
<td>Clients that had entered the Tulsa County Adult Drug Court Programs from 5/96 to 6/00.</td>
<td>117 adult non-violent felony offenders with substance abuse histories who had entered the drug court program were monitored from 5/96 to 6/00 within the Tulsa County Adult Drug Court system.</td>
<td>A sample of 113 individuals on probation was matched by criminal history and felony charge to the population studied.</td>
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<tr>
<td>23</td>
<td>May 1999</td>
<td>Evaluation of the Hennepin County [Minneapolis] Drug Court. Minnesota Citizens Council on Crime and Justice (R. Ericson; S. Welter and Thomas L. Johnson)</td>
<td>Reviews program operations and outcomes of drug court participants during 1996-998 period; analyses treatment recidivism (readmission to new program after completing drug court treatment) and criminal recidivism (felony and gross misdemeanor charges and misdemeanor convictions occurring during 9 month follow up study period); also looked at employment status and improved parenting skills of participants while in program</td>
<td>Drug court participants whose cases were filed between August 1, 1997 and December 31, 1997 (with certain stated exceptions)</td>
<td>past drug offenders prior to drug court program implementation with similar demographic characteristics</td>
</tr>
<tr>
<td>24</td>
<td>October 2000</td>
<td>North Carolina Drug Treatment Court Evaluation Final Report. Craddock, Amy.</td>
<td>Data was collected from 534 individuals attending 4 pilot drug court treatment programs in North Carolina, monitored 12 months after graduation</td>
<td>Individuals attending the pilot drug court treatment programs in North Carolina</td>
<td>Eligible drug court treatment applicants not admitted to the program</td>
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<td>27</td>
<td>January 2001</td>
<td>Final Report on the Polk County Adult Drug Court: Executive Summary and Summary of Findings. Iowa Dept. of Human Rights, Division of Criminal and Juvenile Justice Planning, Statistical Analysis Center.</td>
<td>Study comparing clients entering program from its inception through September 30, 1998 with group of revoked probationers from FY96 and other offenders referred to the drug court who didn’t enter</td>
<td>Drug court clients who entered program from inception through September 30, 1998 [findings reported for graduates only]</td>
<td>Group of revoked probationers from FY 96 and defendants who were referred to the drug court but didn’t enter</td>
</tr>
<tr>
<td>28</td>
<td>July 2001</td>
<td>NW HIDTA/DASA Washington State Drug Court Evaluation Project. G. Cox, L. Brown, C. Morgan, M. Hansten. Alcohol and Drug Abuse Institute. University of Washington, Seattle, Wash.</td>
<td>Study of drug court processes and outcomes in King County, Pierce Co.; Spokane Co; Thurston Co; Skagit Co; Kitsap Co; and Snohomish County; focus on examining organizational structure and operational characteristics of each program and impact of program on re-arrests; convictions, incarceration rates, earned income of participants, and utilization of public resources including medical, mental health, treatment and vocational services</td>
<td>Drug court participants in each site [findings reported for graduates only]</td>
<td></td>
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<tr>
<td>29</td>
<td>December 2004</td>
<td>Evaluation of Virginia’s Drug Treatment Court Programs. Office of the Executive Secretary, Supreme Court of Virginia</td>
<td>Process and outcome evaluation of drug court participant retention rates and graduate and nongraduate (terminated or withdrawn) recidivism rates; also analysis of severity and tonicity of offenses committed by participants prior to drug court entry to address the issue: are drug courts accepting only “light weight” offenders? Or more serious and chronic offenders?</td>
<td>3,216 adult felony Drug court participants admitted to the drug courts between November 1995 and December 0204, consisting of 2,002 graduates or current enrollees</td>
<td>Adult drug offenders studied by Virginia Criminal Sentencing Commission (VCSC) in 1999 for recidivism rates and severity of offense history</td>
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### Summary of Recidivism and Other Findings Reported in Selected Evaluation Reports of U.S. Adult Drug Court Programs Published 2000 – Present

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<tr>
<td>30</td>
<td>October 2003</td>
<td>South Central Judicial District Adult Drug Court Program (Bismarck, N. K.). Process Evaluation – Final Report. October 2003. Jeffrey A. Bouffard. North Dakota State University. Department of Criminal Justice and Political Science.</td>
<td>Primarily a process evaluation of program operations compared with anticipated program process and services; also provides limited analysis of outcome info re recidivism (program was too young to do compile adequate data on this) and relationship between demographic chars. Of participants and program performance and outcomes</td>
<td>Reviewed 105 applications of potential participants, 47 enrolled participants and 14 graduates (8 terminations).</td>
<td>n/a</td>
</tr>
<tr>
<td>31</td>
<td>July 2002</td>
<td>Outcome Evaluation of Ohio’s Drug Court Efforts. Final Report. By Edward J. Latessa, Ph.D.; Deborah Koetzle Shaffer; Christopher Lowenkamp. Center for Criminal Justice Research. University of Cincinnati.</td>
<td>Study of adult and juvenile drug courts in Ohio to examine their effectiveness; primary focus is on effects of frequent court contacts and community based treatment on recidivism rates</td>
<td>Common Pleas: Sampled 788 drug court participants and 429 comparison group members from Hamilton, Butler, Erie, and Richland Counties Municipal Court: 556 drug court participants and 228 comparison group from Cuyahoga Co., Miami County and City of Akron; Juvenile Court: studied 310 participants and 134 comparison group members from Belmont, Summit and Montgomery Counties</td>
<td>Matched offenders eligible for drug court program re demographic characteristics and presence of substance abuse problem</td>
</tr>
<tr>
<td>32</td>
<td>2001</td>
<td>Evaluation of the Bernalillo County Metropolitan DWI/Drug Court (Institute for Social Research conducted comparison study specifically for drug court graduates)</td>
<td>Reviews background, recidivism, and incarceration costs for 450 offenders served by the DWI/Drug Court since its inception in July 1997 through July 31, 2001; recidivism info for 168 graduates who graduated between March 1998 – September 2000</td>
<td>560 offenders served by the drug court program</td>
<td>Recidivism and Cost comparisons: Similar group of probation clients</td>
</tr>
<tr>
<td>33</td>
<td>February 2005</td>
<td>Adult Drug Courts: Evidence Indicates Recidivism Reductions and Mixed Results for Other Outcomes. U.S. Government Accountability Office</td>
<td>Review of 27 drug court evaluation reports of 39 adult drug court programs that met GAO methodological criteria for soundness</td>
<td>n/a – reviewed already completed evaluation reports but focus includes participants as well as graduates</td>
<td>n/a</td>
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<td>34</td>
<td>April 2005</td>
<td>Evaluation of the Outcomes in Three Therapeutic Courts: Anchorage Felony Drug Court; Anchorage Felony DUI Court; Bethel Therapeutic Court. Alaska Judicial Council.</td>
<td>Study for legislature which reviewed info about all participants in Anchorage Felony DUI Court; Anchorage Felony Drug Court; and Bethel Therapeutic Court for 1 years prior to entering drug court and 2 years after leaving drug court</td>
<td>Defendants in Anchorage Felony DUI Court, Anchorage Felony Dr Court and Bethel Therapeutic Court for 2 years prior and 2 years following drug court participation [findings reported for graduates and active participants only]</td>
<td>Defendants who matched participants but didn’t enter a therapeutic program.</td>
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<tr>
<td>35</td>
<td>April 2003</td>
<td>The Kootenai and Ada County [Idaho] Drug Courts: Outcome Evaluation Findings. Final Report</td>
<td>Focus is on (1) characteristics of offenders served by the drug court; (2) how drug court participants appear on various indicators of drug use; (3) whether drug court participation affects likelihood of individual recidivating; (4) factors that predict likelihood of success/failure; and (5) outcomes for program graduates</td>
<td>Drug court participants in Kootenai and Ada County Drug courts selected between February 1998 and July 2002: Kootenai Co: (45% in Phase 1; under 1% in Phase 2, 27% in phase 3 and 25% in phase 4; 29% (41) had graduated and 52% (76) had been terminated, followed up for 820 days (2 yrs, 3 moss) for drug court group and 677 days (1 year, 10 months for comparison group; Ada Co: drug court participants between March 1999 – June 2002; 25.7% currently enrolled (56); 41.7% (91) graduates; and 32.6% (71) terminated.</td>
<td>Comparison group identified by each court of defendants similar to participants in demographics and drug use and who were eligible for the drug court but didn’t receive drug court services (Kootenai Co.-133 and Ada Co. – 161)</td>
</tr>
<tr>
<td>36</td>
<td>July 2000</td>
<td>The Hamilton County [Ohio] Drug Court: Outcome Evaluation Findings. Shelley Johnson and Edward Latessa. University of Cincinnati.</td>
<td>Comparison of drug court participants with comparison cases to determine whether drug court participation is associated with differences in outcome</td>
<td>Defendants screened for program during January 1, 1997 – October 31, 1998</td>
<td>Comparison data identified by various data sources including demographics, case history, assessment information and judge’s daily drug court docket containing disposition and outcome information; each participant must have a reported substance abuse problem and be eligible for the drug court; drug court group = 226; comparison group – 230</td>
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<tr>
<td>37</td>
<td>March 2005</td>
<td>Analysis of Oklahoma Drug Courts: Fiscal Years 2002-2004. Oklahoma Department of Mental Health and Substance Abuse Services</td>
<td>Analyzed data from 25 adult drug and DUI courts operating in 30 counties in Oklahoma, including participants who were active July 1, 2001 – June 30, 2004, totaling 2,307 participants</td>
<td>2,307 participants active in 25 adult and dui drug courts during period July 1, 2001 – June 30, 2004</td>
<td>Recidivism rate of drug court graduates compared with that of successful standard probation offenders or released prison inmates</td>
</tr>
<tr>
<td>38</td>
<td>July 2001</td>
<td>The Akron Municipal Drug Court: Outcome Evaluation Findings. S. Listwam, D.K. Shaffer, and Edward J. Latessa. Center for Criminal Justice Research, University of Cincinnati</td>
<td>Studied participants in drug court and compared with those designated as comparison cases</td>
<td>Matched group of cases screened November 1997 – April 200 with selected demographic characteristics, reported substance abuse problem, and eligible for the drug court</td>
<td></td>
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<tr>
<td>39</td>
<td>May 2003</td>
<td>Coconino County DUI/Drug Court Evaluation. Frederic I. Solop, Nancy A. Wonders, K.K. Hagen, K McCarrrier. Social Research Laboratory, Northern Arizona University.</td>
<td>Two year process and outcome evaluation of Coconino Co. DUI/Drug court program; used random assignment of eligible offenders to an experimental group that entered the DUI drug court and a control group that was processed through the traditional criminal justice system; collected from May 1, 2001 – October 31, 2002</td>
<td>Drug court participants in the DUI drug court from May 1, 2002 – October 31, 2002</td>
<td>DUI offenders randomly assigned to traditional adjudication process; data collected: May 1, 2001 – October 31, 2002</td>
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<tr>
<td>40</td>
<td>2005</td>
<td>Recidivism of Violent Offenders in a Delaware Drug Court Program for Probation Violators. Christine A. Saum, Ph.D. Univ. of Delaware.</td>
<td>Study of 452 samples of seriously crime-involved offenders and their success in drug court program for probation violators.</td>
<td>452 probation violators with serous criminal histories who entered probation-violator track of New Castle Co. (Wilmington), Delaware Superior Court drug court between October 1993 and March 1997</td>
<td>n/a</td>
</tr>
<tr>
<td>41</td>
<td>2004</td>
<td>Kalamazoo County 9th Judicial Circuit Court: Drug Treatment Court Programs. Statistical Report. 2004</td>
<td>Review of demographics, progress, and recidivism of 1,967 females and 2,267 males referred to the drug court program (566 females and 581 males enrolled) from inception (1992 and 2997 respectively) through December 2004</td>
<td>Study of 1,967 females and 2,267 males referred to Kalamazoo drug court programs since inception (June 1992 and January 1997, respectively) through December 2004</td>
<td>n/a</td>
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<td>42</td>
<td>April 2005</td>
<td><em>Puerto Rico Drug Court Program: Outcome Evaluation Center for Addiction Studies, School of Medicine, Universidad Central del Caribe</em></td>
<td>(1) Study of the status of participants in the Puerto Rico Drug Court Program one year after admission compared to their status immediately prior to admission; (2) comparison of outcomes of Drug Court Participants to participants in traditional diversion groups supervised by probation and TASC.</td>
<td>Drug Court: 222 consecutive admissions from six judicial regions which had a drug court (Arecibo, Bayamón, Carolina, Guayama, Ponce, and San Juan) from March through August 2003; comparison group comprised 220 consecutive admissions from 12 regions in probation or TASC supervised programs.</td>
<td>n/a</td>
</tr>
<tr>
<td>43</td>
<td>September 2005  (interim)</td>
<td><em>California Drug Courts: Outcomes, Costs and Promising Practices: An Overview of Phase II Study Results.</em> NPC Research, Shannon M. Carey, Michael W. Finigan, David Crumpton, Mark Waller, Francine Byrne.(See No. 51 for final report)</td>
<td>Two research questions: (1) are drug courts cost-effective (cost-beneficial)? (2) what drug court practices appear most promising and cost-beneficial? Study of costs and benefits (opportunity resources); cost to taxpayers (public funds); and transactional cost analysis.</td>
<td>Graduates and all participants in 9 California courts: Monterey, Los Angeles (El Monte); Orange County (Santa Ana) and Laguna Nigel); San Joaquin Co. and Stanislaus County.</td>
<td>n/a</td>
</tr>
<tr>
<td>44</td>
<td>January 2005</td>
<td><em>Malheur Co. Adult [gender specific] Drug Court Outcome Evaluation. Final Report. NPC Research. Shannon Carey and Gwen Marchand.</em></td>
<td>(1) does drug court participation reduce no. of re-arrests for participants? (2) does drug court reduce levels of substance abuse; (3) how success is program in bringing participants to graduation within expected timeframe? (4) what participant characteristics produce success? Termination?</td>
<td>Drug court participants entering program since implementation in January 20001 and at least 6 months prior to evaluation. (125 participants) – 77 males and 48 females.</td>
<td>n/a</td>
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<tr>
<td>45</td>
<td>January 2005</td>
<td>Marion Co. (Oregon), Adult Drug Court Outcome Evaluation. Final Report. NPC Research. Shannon Carey, Gwen Marchand.</td>
<td>(1) does drug court participation reduce no. of re-arrests for participants? (2) does drug court reduce levels of substance abuse; (3) how success is program in bringing participants to graduation within expected timeframe? (4) what participant characteristics produce success? Termination? (5) how important is aftercare to successful outcomes?</td>
<td>62 drug court participants who entered program since implementation in April 2000 and at least 6 months prior to evaluation.</td>
<td>Persons arrested on drug court eligible charges during year prior to drug court implementation, matched to drug court participants on gender, ethnicity, age and criminal history in 2 years prior to drug court.</td>
</tr>
<tr>
<td>46</td>
<td>July 2003</td>
<td>A Detailed Cost Analysis in a Mature Drug Court Setting: A Cost-Benefit Evaluation of the Multnomah County Drug Court. NPC Research, Inc. Shannon Carey, Michael Finigan</td>
<td>Study of investment costs and benefits of drug court program; compares use of public resources for drug court clients and for sample of drug court eligible “business as usual” serviced clients.</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>47</td>
<td>March 2004</td>
<td>State of California Department of Alcohol and Drug Programs. Comprehensive Drug Court Implementation Act of 1999: Interim Report to the Legislature. Kathryn P. Jett, Director</td>
<td>Study mandated by Comprehensive Drug Court Implementation Act (CDCI) of 1999 describing interim programmatic progress achieved</td>
<td>Data collected from January 2001 – June 2003 for “new participants”, participants who completed (“completers”), and those who were terminated (total of more than 9,000, 7,790 of whom were adults; 3,563 completed program; 2,657 terminated</td>
<td>n/a</td>
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<tr>
<td>48</td>
<td>June 14, 2006</td>
<td>Suffolk Co. (Mass) Drug Court Evaluation. Abt Associates. Wm. Rhodes, Ryan Kling and M. Shiveley</td>
<td>Impact of drug court program on drug court probationer participants</td>
<td>844 probation participants in four drug courts in Suffolk County; could get info for 794 participants; 13% active at time of study; 42% graduates, 11% had FTAs;</td>
<td>Other drug-involved probationers (but had less extensive criminal histories and less severe probation risk scores so inappropriate to use them as comparison group.</td>
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<td>49</td>
<td>May 20, 2006</td>
<td>Outcome Evaluation of the Jackson County, Florida Drug Court. Williams Consulting. Silver Spring, Md.</td>
<td>12 Drug court completers and 16 non-completers who entered program November 1, 2002 and left by October 31, 2005  [findings reported for graduates only]</td>
<td>12 Defendants with similar demographics sentenced during the same period as drug court participants (post conviction) entered program but who had different treatment</td>
<td></td>
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<tr>
<td>50</td>
<td>Spring 2006</td>
<td>Long-Term effects of participation in the Baltimore City drug treatment court: Results from an experimental study. Denise C. Gottfredson et al. U. of Maryland.</td>
<td>Using an experimental design, compares 235 offenders assigned either to drug court or traditional process</td>
<td>139 drug court participants (84 District and 55 Circuit) compared with 96 defendants processed through traditional system during 1997 and 1998</td>
<td>96 defendants processed through traditional system during 1997 and 1998</td>
</tr>
<tr>
<td>51</td>
<td>April 2005</td>
<td>California Drug Courts: A Methodology for Determining Costs and Benefits: Phase II: Testing the Methodology. NPC Research. Shannon Carey, Dave Crampton, Michael Finigan and Mark Waller. (See No. 43 for interim report)</td>
<td>U.S. Dept. of Justice funded study to conduct statewide evaluation to develop methodology that could be used by drug courts throughout California for ongoing cost-benefit evaluation; and answer two policy questions: (1) are adult drug courts cost beneficial? And (2) what adult drug court practices appear most promising and cost-beneficial</td>
<td>All drug court participants who entered the nine drug courts from January 1998 – December 1999 regardless of whether they completed program.</td>
<td>Non-drug court Defendants in each site eligible to enter the 9 drug courts from January 1998 – December 1999</td>
</tr>
<tr>
<td>52</td>
<td>August 2001</td>
<td>The Philadelphia Treatment Court, Its Development and Impact: The Second Phase (1998-2000). John S. GoldKamp al. Crime and Justice Research Institute</td>
<td>Follows first phase that described pilot period for the drug court; focuses on providing aggregate and trend data (April 1997 – August 2000); one year follow up for all participants entering program January 1998 – August 1999 and 6-month follow-up for participants and comparison group from January 1998 – November 1999</td>
<td>All participants and comparison group entering court system from January 1998 – August 1999 and six month follow up for all participants and comparison group from January 1998 – November 1999</td>
<td>-defendants ordered to assessment but not assessed (never appeared); -defendants assessed but found not in need of treatment; -defendants assessed in need of treatment but who chose not to enter drug court; -defendants found to be ineligible for drug court after referral; and -defendants assessed who chose to enter the drug court</td>
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### Summary of Recidivism and Other Findings Reported in Selected Evaluation Reports of U.S Adult Drug Court Programs Published 2000 – Present

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<tr>
<td>53</td>
<td>July 2005</td>
<td><strong>Malheur County, Oregon Adult Drug Court (S.A.F.E. Court) Cost Evaluation: Final Report. NPC Research.</strong></td>
<td><strong>Outcome:</strong> Compared study group behaviors two years prior to entering drug court to the time (12 months to 2 years) following program entry to determine whether drug court (1) reduced no. of re-referrals? (2) reduced substance abuse; (3) successfully completes program for participants; and (4) any participant characteristics predict success? <strong>Cost:</strong> compared costs to crj incurred by participant 2 years prior to drug court entry with costs over 2 years following drug court entry.</td>
<td><strong>Outcome:</strong> All offenders who entered the drug court at least one year before the start of the evaluation</td>
<td>Not used</td>
</tr>
<tr>
<td>55</td>
<td>September 2006</td>
<td><strong>Barry County, Michigan Adult Drug Court. Outcome and Cost Evaluation. Final Report. NPC Research</strong></td>
<td>Whether drug court reduced substance abuse? Recidivism? Produced cost savings?</td>
<td>Identified sample of participants who entered drug court between implementation in 2001 and July 1, 2004</td>
<td>(1) those eligible for drug court at time of program implementation but couldn’t be admitted because of incapacity; and (2) those subsequently eligible but not participating</td>
</tr>
<tr>
<td>57</td>
<td>November 2001</td>
<td><strong>Dallas County DIVERT Court Outcome Evaluation. Monica Turley and Ashley Sibley.</strong></td>
<td>To determine whether Dallas county DIVERT drug court successfully reduced recidivism of first time felony drug offenders</td>
<td>Sample of drug court clients in program between January 5, 2998 and April 30, 2000. (77 graduates; 101 noncompleters</td>
<td>78 control group</td>
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<td>59</td>
<td>October 2003</td>
<td>Douglas County (Neb) Drug Court Targeted Capacity Expansion Grant. Year 1 Evaluation Report. ISED Solutions.</td>
<td>Studied 64 participants in first year of drug court</td>
<td>64 participants in first year of drug court</td>
<td>n/a</td>
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<tr>
<td>60</td>
<td>December 2004</td>
<td>Douglas County (Neb) Drug Court Targeted Capacity Expansion Grant. Year 2 Evaluation Report. ISED Solutions.</td>
<td>Documents second year of drug court services and outcomes and analysis of client characteristics associated with poorer/better outcomes</td>
<td>116 drug court clients</td>
<td>n/a</td>
</tr>
<tr>
<td>61</td>
<td>March 31, 2004</td>
<td><em>Cost/Benefit Analysis of the Douglas county, Neb Drug Court</em>. R.K. Piper and Cassia Spohn</td>
<td>To provide administrators and policy makers with critical information for future policy and funding decisions re drug courts</td>
<td>Approximately 300 drug court participants in first two years of program</td>
<td>194 traditional adjudication offenders in Phase 2 and 309 traditional adjudication offenders in Phase 3</td>
</tr>
<tr>
<td>62</td>
<td>February 2007</td>
<td><em>Recidivism in Alaska’s Felony Therapeutic Courts</em>. Alaska Judicial Council.</td>
<td>Study of recidivism of graduates of Anchorage Felony DUI and Felony Drug Courts and Bethel Therapeutic Court</td>
<td>63 Graduates and 54 nongraduates of Anchorage Felony DUI Court (46%), Anchorage Felony Drug Court (23%); and Bethel Therapeutic Court (31%)</td>
<td>Comparison group of 97 offenders with similar characteristics</td>
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<td>64</td>
<td>2007</td>
<td>2005/2006 Tennessee Drug Court Annual Report. Office of Criminal Justice Programs. Dept. of Finance and Administration.</td>
<td>Compilation of information submitted by 37 of existing 45 drug courts in the state to annual report of drug court activity and performance according to stated performance measures to be evaluated.</td>
<td>n/a</td>
<td>n/a</td>
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<tr>
<td>66</td>
<td>April 2007</td>
<td>Multnomah County, Oregon: The Impact of a Mature Drug Court Over 10 Years of Operation: Recidivism and Costs. NPC Research</td>
<td>Examined impact of drug court on total population of drug court-eligible offenders over 10 year period (1991-2001)- focus of study was on impact of drug court on target population over time (five years of follow up on all cohorts, with up to 10 years on some)</td>
<td>Entire population of offenders identified as eligible for drug court from 1991-2001 identified and tracked; 11,000 cases identified; 6,500 participated in drug court; 4600 had cases processed outside of drug court; data included cases during pretrial/ component (1991-1999) and post adjudication component (beginning in 2000)</td>
<td>Tracked all drug court eligible defendants from 1991-2001; cases processed outside of drug court; 6500 processed cases through drug court</td>
</tr>
<tr>
<td>67</td>
<td>April 2007</td>
<td>Indiana Drug Courts: A Summary of Evaluation Findings in Five Adult Programs. NPC Research</td>
<td>Process, outcome and cost study of five unnamed adult drug courts in the state that were operating for at least 12 months at the time of the stud</td>
<td>Participants enrolled sometime between January 2002 and June 2005; varied by program</td>
<td>NA</td>
</tr>
<tr>
<td>68</td>
<td>Fall 2005</td>
<td>An Evaluation of Treatment in the Maine Adult Drug Courts. Faye S. Taxman, April Pattavina and Jeffrey Bouffard.</td>
<td>Whether the Maine Drug Court curriculum advances the recovery of offenders and ways in which the drug court affects outcomes.</td>
<td>99 participants from 6 drug courts in different phases of treatment</td>
<td>NA</td>
</tr>
<tr>
<td>69</td>
<td>Spring 2008</td>
<td>Substance Use, Drug Treatment, and Crime: An Examination of Intra-Individual Variation in a Drug Court population. Denise C. Gottfredson, Brook W. Kearley, Shawn D. Bushway.</td>
<td>Whether (1) substance use increases crime; (2) drug treatment reduces substance use; (3) drug treatment reduces crime; and (4) the effect of drug treatment on crime is mediated by reductions in substance use</td>
<td>Interviews with 157 study participants 3 years following random assignment to Baltimore Drug court (additional 16 had died)</td>
<td>Random assignment control group</td>
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**Summary of Recidivism and Other Findings Reported in Selected Evaluation Reports of U.S Adult Drug Court Programs Published 2000 – Present**
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<tr>
<td>70</td>
<td>January 2008</td>
<td><em>Strafford County [NH] Drug Treatment Court: Performance Evaluation 2. New Hampshire Center for Public Policy Studies.</em></td>
<td>Issues for improvement identified earlier: (1) timeliness of substance abuse evaluations by LADC for new referrals; (2) lack of written standards for program termination for noncompliance; and (3) missed gender treatment groups which seemed to create difficulty for many female participants</td>
<td>Persons admitted since January 19, 2006 (start of program) through October 31, 2006</td>
<td>NA</td>
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<tr>
<td>71</td>
<td>August 1, 2006</td>
<td><em>A Process and Site-Specific Outcome Evaluation of Maine’s Adult Drug Treatment Court Programs. Andrew Ferguson et. Al. Dep’t. Of Sociology., University of Southern Maine</em></td>
<td>Study of five adult drug courts (York County, Cumberland County, Androscoggin Co., Penobscot Co. and Washington Co.) re process and outcomes</td>
<td>Offender level date for 1,365 persons referred to drug court over 56-month period: April 1, 2001-November 30, 2005; assessed 195 adult drug court participants over two time fames: 84 admitted between December 1, 2004- November 30, 2005; and 111 admitted between December 1, 2003 and November 30, 2004.</td>
<td>Substance abusing offenders who didn’t participate in the drug court</td>
</tr>
<tr>
<td>72</td>
<td>August 2007</td>
<td><em>Benefit-cost calculations for three adult drug courts in Minnesota. August 2007. Paul A. Anton. Wilder Research</em></td>
<td>Review of cost benefit of three drug courts (in St. Louis, Stearns and Dodge Counties)</td>
<td>203 participants in three county drug courts (see methodology), including both completers and noncompleters</td>
<td>Drug offenders in the counties in the years just prior to establishment of the drug court</td>
</tr>
<tr>
<td>73</td>
<td>September 2008</td>
<td><em>California Drug Courts: Costs and Benefits: Superior Court of San Francisco County. Shannon M. Carey et al. NPC Research</em></td>
<td>Focus on: (1) are drug courts cost-beneficial?; and (20 what drug court practices appear most promising and cost-beneficial?</td>
<td>221 participants who entered program January 1, 2005 – December 31, 2005 (64 graduated and 157 non-completers) 80% men/20% women; 47% African American; 22% Hispanic/Latino; 21% White; 6% Asian and 4% other; primary drug of choice was cocaine (39%), meth: 21%; heroin (17%);</td>
<td>Participants from 9 different counties analyzed in previous Phase I and II of the study</td>
</tr>
<tr>
<td>74</td>
<td>January 31, 2004</td>
<td><em>Evaluation of Maine’s Statewide Adult Drug Treatment Court Program. Interim Report. Donald Anspach, Ph.D. U. of Southern Maine</em></td>
<td>Review of initial operational period of Maine’s six adult drug court (in counties serving 2/3 of Maine’s population)</td>
<td>800 persons referred to the drug court over 32 month period: April 2001-November 30, 2003; 345 offenders admitted to adult drug courts as of November 30, 2003</td>
<td>N/A- much of report is process oriented but some comparisons with nationally available data</td>
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### Summary of Recidivism and Other Findings Reported in Selected Evaluation Reports of U.S Adult Drug Court Programs Published 2000 – Present

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<tr>
<td>75</td>
<td>March 2009</td>
<td><em>Strafford County (New Hampshire): Drug Treatment Court: Final Performance Evaluation. New Hampshire Center for Public Policy Studies</em></td>
<td>Determine if drug court program is operating successfully and value of drug court in improving rehabilitation of drug abusing offenders</td>
<td>Participants in first three years of the program</td>
<td>Offenders with charges in 203-4 who would have likely been admitted to drug court if existed</td>
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<tr>
<td>76</td>
<td>January 2009</td>
<td><em>Vermont Drug Courts: Rutland County Adult Drug Court Cost Evaluation. Final Report. NPC Research.</em></td>
<td>Evaluate effectiveness of Rutland Drug Court in terms of effectiveness in reducing recidivism; determining cost benefits of drug court participation, and to evaluate the drug court processes; key policy questions to be answered: was program implemented as intended? Are services that were planned being delivered to target population? Does program reduce recidivism? Is there a cost savings to taxpayers as a result of drug court participation</td>
<td>Participants who entered program between January 1, 2004 – July 31, 2007</td>
<td>Offenders eligible for drug court but received traditional court proceeding; matched on age, gender, ethnicity, prior criminal history and indications of drug use</td>
</tr>
<tr>
<td>77</td>
<td>April 2008</td>
<td><em>To Treat or Not to Treat: Evidence on the Prospects of Expanding Treatment to Drug-Involved Offenders.</em> Urban Institute. [Avinash Singh Bhati, John K. Roman, Aaron Chalfin.] April 2008</td>
<td>Research using micro-level data compiled from three nationally representative sources (National Survey on Drug Use and Health (NSDUH), Arrestee Drug Abuse Monitoring (ADAM) and Drug abuse Treatment Outcome Study (DATOS) used to construct a synthetic dataset defining using population profiles rather than sampled observation. Resulting synthetic dataset comprising of over 40,000 distinct profiles, permitted cost=benefit analysis of a limited number of simulated policy options</td>
<td>Created a synthetic data set from three nationally representative sources (National Survey on Drug Use and Health (NSDUH), Arrestee Drug Abuse Monitoring (ADAM) and Drug abuse Treatment Outcome Study (DATOS) u</td>
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# Summary of Recidivism and Other Findings Reported in Selected Evaluation Reports of U.S. Adult Drug Court Programs Published 2000 – Present

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<tr>
<td>78</td>
<td>March 2008</td>
<td><em>Michigan DUI Courts Outcome Evaluation Final Report</em> Carey, S. M., Fuller, B. E., &amp; Kissick, K. NPC Research</td>
<td>Evaluation of three drug courts in Michigan guided by five research questions. Goal to examine recidivism, reduction in alcohol and substance abuse, determine what traits lead to successful outcome of the program.</td>
<td>DUI court participants for a minimum of one year following either program completion or termination from DUI Court</td>
<td>comparison group of offenders who were eligible for DUI court in the year prior to DUI court implementation</td>
</tr>
<tr>
<td>79</td>
<td>April 2008</td>
<td><em>Crumpton, D., Mackin, J. R., Weller, J. M., Linhares, R., Carey, S. M., &amp; Finigan, M. W. (July 2007). Harford County Adult District Drug Court Process Evaluation. A report to the Maryland Judiciary, Office of Problem-Solving Courts. NPC Research: Portland, OR.</em></td>
<td>NPC Research, under contract with the Administrative Office of the Courts of the State of Maryland, conducted a cost and outcome study of the Harford County District Court Adult Drug Court (HCADC) program. The report includes the cost of the program and the outcomes of participants as compared to a sample of similar individuals who received traditional court processing. Evaluation designed to answer three key policy questions of interest to program practitioners, researchers and Policymakers: 1. Do drug treatment court programs reduce recidivism? 2. Do drug treatment court programs reduce drug-related re-arrests? 3. Do drug treatment court programs produce cost savings?</td>
<td>Identified sample of participants who entered the HCADC between January 2002 and August 2005</td>
<td>comparison group of individuals who were arrested on a drug court-eligible charge between February 2002 and August 2005 and referred to drug court but received traditional court processing for a variety of reasons (for example, a perceived inability to meet program requirements or unwillingness to participate)</td>
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<tr>
<td>80</td>
<td>March 2008</td>
<td><em>Garey, S. M., Finigan, M. W., &amp; Pukstas, K.</em> (March 2008). Exploring the Key Components of Drug Courts: A Comparative Study of 18 Adult Drug Courts on Practices, Outcomes and Costs. NPC Research: Portland, OR.</td>
<td>Examines how different drug court programs are implementing the 10 Key Components and, in particular, how practices vary across programs; also examines whether and how these practices have impacted participant outcomes and program costs including graduation rate, program investment costs, and outcome costs related to participant criminal justice recidivism.</td>
<td>Eighteen of 30 evaluations conducted by NPC Research between 2000 and 2006 chosen to be highlighted in the paper for the following reasons. The evaluations included detailed process evaluations of adult drug court program operations and had at least some accompanying outcome data. All process evaluations used the same basic methodology and were designed to assess whether and to what extent the drug court programs had been implemented in accordance with the 10 Key Components</td>
<td>NA</td>
</tr>
<tr>
<td>81</td>
<td>April 2007</td>
<td><em>Finigan, M. W., Carey, S. M., &amp; Cox, A. A.</em> (2007). The Impact of a Mature Drug Court Over 10 Years of Operation: Recidivism and Costs: Final Report. NPC Research: Portland, OR.</td>
<td>This study was designed to look at the operations and outcomes of a single drug court in Multnomah County (Portland, Oregon) over a 10-year period of court operations through examining the entire population of drug court-eligible offenders over that period. By examining the entire population, rather than sampling, we hoped to describe for policymakers the effects of drug court on the system as it operated during that decade. By examining operations and outcomes, we hoped to add to our knowledge about external and internal changes and how they affect drug court success or failure.</td>
<td>The entire population of offenders, identified as eligible for drug court by the Multnomah County District Attorney’s Office over a 10-year period, from 1991 to 2001, was identified and tracked through a variety of administrative data systems. Approximately 11,000 cases were identified; 6,500 participated in the Drug Court program during that period and 4,600 had their case processed outside the drug court mode</td>
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<tbody>
<tr>
<td>82</td>
<td>March 2007</td>
<td>Carey, S. M., &amp; Waller, M. (March 2007). Guam Adult Drug Court Outcome Evaluation: Final Report. NPC Research: Portland, OR.</td>
<td>There are two key policy questions that are of interest to program practitioners, researchers and policymakers that this evaluation was designed to answer. 1. Do drug treatment court programs reduce substance abuse? 2. Do drug treatment court programs reduce recidivism?</td>
<td>NPC Research identified a sample of participants who entered the Guam Adult Drug Court from the implementation of the program through August 2005, allowing for the availability of at least 12 months of outcome data post-program entry for all participants</td>
<td>A comparison group was selected from Probation data on drug offenders in the 2 years prior to the GADC implementation who had cases that would have been eligible for drug court had the program existed at the time</td>
</tr>
<tr>
<td>83</td>
<td>April 2007</td>
<td>Wiest, K. L., Carey, S. M., Martin, S. J., Waller, M. S., Cox, A. A., Linhares, R., &amp; Crumpton, D. (April 2007). Indiana Drug Courts: Monroe County Drug Treatment Court Process, Outcome and Cost Evaluation: Final Report. NPC Research: Portland, OR.</td>
<td>This evaluation was designed to answer key policy questions that are of interest to program practitioners, policymakers and researchers: 1. Has the MCDTC program been implemented as intended and are they delivering planned services to the target population? 2. Does the MCDTC reduce recidivism? 3. Does the MCDTC reduce substance use? 4. Is there a cost-savings to the taxpayer due to drug court participation?</td>
<td>The following information includes data from the 132 participants who entered the program after that date. The vast majority of these participants were white (97%) and male (76%). Forty-eight percent of the participants are single, 22% are married or living as married, 29% are divorced or separated, and 1% widowed. The mean age is 33 years with a range of 19 to 60 years</td>
<td>A sample of individuals who were eligible for drug court but chose not to attend MCDTC and had similar demographic characteristics and prior criminal records</td>
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<tr>
<td>84</td>
<td>November 2006</td>
<td>Carey, S. M., Finigan, M. W., Crumpton, D., &amp; Waller, M. S. (2006). California Drug Courts: Outcomes, Costs and Promising Practices: An Overview of Phase II in a Statewide Study. Journal of Psychoactive Drugs, 38 (4), 345-356.</td>
<td>This study focused on creating a research design that can be utilized for statewide and national cost-assessment of drug courts by conducting in-depth case studies of the costs and benefits in nine adult drug courts in California. A Transactional Institutional Costs Analysis (TICA) approach was used, allowing researchers to calculate costs based on every individual’s transactions within the drug court or the traditional criminal justice system.</td>
<td>All participants who entered the drug court programs during a specified time period and were active in the drug court programs for at least two weeks were included in the study. It was necessary for drug court participant samples to be selected from years that had a reasonable amount of administrative data, while at the same time giving the individuals in the samples enough time for outcomes to occur. The drug court cohorts were selected from participants who entered the drug court programs between January 1998 and December 1999, which provided at least four years of outcome data. The participant cohorts from each site were selected from either the drug court database or from databases (such as electronic court records) that flagged drug court participants.</td>
<td>Comparison offenders at each site were matched as closely as possible to the drug court participants using a propensity score matching technique based on demographics (gender, age, ethnicity), previous criminal justice involvement (in the two years prior to the drug court arrest: number of all arrests, number of drug related arrests, number of days in jail), and previous use of treatment services (number of treatment episodes in the two years prior to the drug court arrest).</td>
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<tr>
<td>85</td>
<td>September 2006</td>
<td><em>Marchand, G., Waller, M. S., &amp; Carey, S. M. (Oct. 2006). Barry County Adult Drug Court Outcome and Cost Evaluation: Final Report. NPC Research: Portland, OR.</em></td>
<td>In 2005, the Michigan Supreme Court, State Court Administrative Office contracted with NPC Research to perform outcome and cost evaluations of two Michigan adult drug courts; the Kalamazoo Adult Drug Treatment Court and the Barry County Adult Drug Court. This document describes the evaluation and results for the Barry County Adult Drug Court (BCADC). There are three key policy questions that are of interest to program practitioners, researchers and policymakers that this evaluation was designed to answer. 1. Do drug treatment court programs reduce substance abuse? 2. Do drug treatment court programs reduce recidivism? 3. Do drug treatment court programs produce cost savings (in terms of avoided costs)?</td>
<td>NPC Research identified a sample of participants who entered the BCADC from the implementation of the program through July 1, 2004 (allowing time for outcomes post program entry).</td>
<td>A comparison group was identified from two sources (1) those individuals who were eligible for Drug Court at the time of implementation, but whom could not be admitted into the program due to capacity issues at startup and (2) individuals arrested on a Drug Court eligible charge during the study period but who received traditional court processing for a variety of reasons</td>
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<tr>
<td>86</td>
<td>February 2006</td>
<td><em>Pukstas, K.</em>, <em>Weller, J. M.</em>, <em>Brekhus, J.</em>, <em>Crumpton, D.</em>, <em>Carey, S. M.</em>, <em>Mackin, J. R.</em>, &amp; <em>Finigan, M. W.</em> (Feb. 2006). Maryland Drug Treatment Courts: Interim Report of the Effectiveness of Juvenile Drug Courts. NPC Research: Portland, OR</td>
<td>The report includes the following: A description of the characteristics of juvenile drug court programs and the problems that they are designed to address. • A discussion of the practices incorporated in Maryland’s juvenile drug court programs as compared with research-based best practices for juvenile substance abuse and criminal justice interventions. • A comparison of the criminal justice system experience of a statewide sample of youth before and after their participation in Maryland’s juvenile drug courts. • A comparison of the estimated program costs for juvenile drug court participants with those of individuals who participate in another intervention for similar juvenile offenders operated by DJS.</td>
<td>NPC selected a sample of juveniles who were placed in the Maryland juvenile drug court system between 2001 and 2004, and released prior to December 15, 2004.</td>
<td>N/A</td>
</tr>
<tr>
<td>87</td>
<td>July 2005</td>
<td><em>Carey, S. M.</em>, &amp; <em>Marchand, G.</em> (Jan. 2005). Malheur County Adult Drug Court (S.A.F.E. Court) Outcome Evaluation: Final Report. NPC Research: Portland, OR</td>
<td>The goal of this design is to determine whether participation in S.A.F.E. Court was influential in changing behavior patterns established prior to S.A.F.E. Court entry</td>
<td>NPC Research identified all offenders who had entered the S.A.F.E. Court program at least one year before the start of the evaluation and compared their behaviors in the two years prior to entering S.A.F.E. Court to the time period (twelve months to two years) following their entry into the program</td>
<td>N/A</td>
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| 88 | July 2003 | Carey, S. M. & Finigan, M. W. (July 2003). A Detailed Cost Analysis in a Mature Drug Court Setting: A Cost-Benefit Evaluation of the Multnomah County Drug Court. NPC Research: Portland, OR. | · Collect and examine data from a mature drug court using a high-intensity cost assessment protocols developed specifically for this study and report these findings in a manner relevant to local policy makers.  
· Examine the differences between the proxy measures that we might have used in this study with the actual costs generated by our detailed cost assessment protocols.  
· Develop preliminary cost and cost offset assessment protocols that can be used by other drug court sites. | N/A | N/A |
### Summary of Recidivism and Other Findings Reported in Selected Evaluation Reports of U.S Adult Drug Court Programs Published 2000 – Present

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| 89 | February 2004    | Carey, S. M. (Feb. 2004). Clackamas County Juvenile Drug Court Outcome Evaluation: Final Report. NPC Research: Portland, OR. | Following is the list of research questions asked in this evaluation and the outcome results for these questions.1  
**Research question #1:** Does participation in drug court, compared to traditional court processing, reduce the number of re-referrals for participants?  
**Research question #2:** Does participation in drug court reduce levels of substance abuse?  
**Research question #3:** How successful is the program in bringing program participants to completion and graduation within the expected time frame?  
**Research Question #4:** How has the program impacted the participants and their families?  
**Research Question #5:** What participant characteristics predict successful outcomes? What are the commonalities of clients terminated from the program? How do those terminated from the programs differ from those who have graduated? | This report contains the CCJDC outcome evaluation performed by NPC Research. Because the CCJDC is relatively small and was implemented recently, the entire population of drug court participants (except for those who had started less than 6 months before the time of outcome data collection) was used in these analyses | The drug court participant outcomes were compared to outcomes for a matched group of offenders who were eligible for drug court during a time period before the CCJDC program was implemented. |
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<td>90</td>
<td>April 2007</td>
<td>Wiest, K. L., Carey, S. M., Martin, S. J., Waller, M. S., Cox, A. A., &amp; Linhares, R. (April 2007). Indiana Drug Courts: Vanderburgh County Day Reporting Drug Court Evaluation: Final Report. NPC Research: Portland, OR.</td>
<td>This evaluation was designed to answer key policy questions that are of interest to program practitioners, policymakers and researchers: 1. Has the VCDRDC program been implemented as intended and are they delivering planned services to the target population? 2. Does the VCDRDC reduce recidivism? 3. Does the VCDRDC reduce substance use? 4. Is there a cost-savings to the taxpayer due to drug court participation?</td>
<td>current participants</td>
<td>Terminated participants</td>
</tr>
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| 91 | April 2007       | Wiest, K. L., Carey, S. M., Martin, S. J., Waller, M. S., Cox, A. A., Linhares, R., & Crumpton, D. (April 2007). Indiana Drug Courts: Vigo County Drug Court Process, Outcome and Cost Evaluation: Final Report. NPC Research: Portland, OR. | This evaluation was designed to answer key policy questions that are of interest to program practitioners, policymakers and researchers: 1. Has the VCDC program been implemented as intended and are they delivering planned services to the target population? 2. Does the VCDC reduce recidivism? 3. Does the VCDC reduce substance use? 4. Is there a cost-savings to the taxpayer due to drug court participation? | Current and graduated participants | Terminated participants |
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<td>92</td>
<td>April 2007</td>
<td>Wiest, K. L., Carey, S. M., Martin, S. J., Waller, M. S., Cox, A. A., Linhares, R., &amp; Crumpton, D. (April 2007). <em>Indiana Drug Courts: St. Joseph County Drug Court Program Process, Outcome and Cost Evaluation: Final Report.</em> NPC Research: Portland, OR.</td>
<td>This evaluation was designed to answer key policy questions that are of interest to program practitioners, policymakers and researchers: 1. <em>Has the SJCDC program been implemented as intended and are they delivering planned services to the target population?</em> 2. <em>Does the SJCDC reduce recidivism?</em> 3. <em>Does the SJCDC reduce substance use?</em> 4. <em>Is there a cost-savings to the taxpayer due to drug court participation?</em></td>
<td>Current and graduated participants</td>
<td>Terminated Participants</td>
</tr>
<tr>
<td>93</td>
<td>November 2009</td>
<td>Analysis of the Sisseton-Wahpeton Oyate Tribal Drug Court</td>
<td>Analyzing the Successes and areas in need of improvement in the treatment court.</td>
<td>Current and Graduated Participants</td>
<td>Terminated participants</td>
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## PART TWO

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<tr>
<td>1</td>
<td>2004 N/A</td>
<td>Offenders assigned to drug court significantly less likely to be rearrested than offenders who go through traditional adjudication (including felony arrests). Offenders assigned to drug court more likely to be rearrested than offenders in pretrial diversion (including felony arrests) – [NOTE: pretrial diversion is for lower risk offenders].</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>2</td>
<td>September 2004</td>
<td>- A significantly greater proportion of the drug court sample (33%) survived throughout the follow up period compared with less than one fifth of the control sample (18%). - Both samples experienced their sharpest decline between months 0 and 4 when each lost about one third of its members to failure (e.g., arrest). - Half of the control sample failed by 5.1 months while the drug court sample did not lose half of its members until 11.1 months - Drug court sample members who had greater exposure to the drug court components of drug treatment, drug testing, and status hearings were rearrested significantly less often than those with less exposure to these components.</td>
<td>N/a</td>
<td>24 months from time of program entry</td>
</tr>
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<tr>
<td>3</td>
<td>January 29, 2004</td>
<td>Tracked sample of drug court participants (53) in District Court and comparable group of non drug court participants for recidivism and costs and possible cost savings resulting</td>
<td>Over 4 year period, drug court participants had 12.3% fewer arrests than comparison group; PROPERTY OFFENSES: Drug court participants had 18.8% fewer arrests for property crime than comparison group; CRIMES AGAINST PERSONS: Drug court participants had 73.3% fewer arrests for crimes against persons than comparison group, so that victimization costs (e.g., medical costs, lost time from work, etc.) were substantially reduced; nongraduates had 1.17</td>
<td>n/a</td>
<td>Four years following program entry</td>
</tr>
<tr>
<td>4</td>
<td>January 29, 2004</td>
<td>Tracked sample of drug court participants (60) in Circuit and District Courts and comparable group of (63) non drug court participants for recidivism and resultant costs and possible cost savings resulting</td>
<td>- Over 3 year period, drug court participants had 31.4% fewer arrests overall than comparison group (Circuit Court participants had 44.2% fewer arrests); - DRUG OFFENSES: Drug court participants had 35.3% fewer arrests than comparison group (62.3% fewer arrests for Circuit Court participants); -PROPERTY OFFENSES: Drug court participants had 68.8% fewer arrests for property crimes than comparison group (71.9% fewer arrests for Circuit Court participants) -CRIMES AGAINST PERSONS: drug court participants had 48% fewer crimes against person than comparison group (Circuit Court participants had 70% fewer), with resultant reductions in victimization costs (medical expenses, lost pay, etc.) as well as criminal justice system costs</td>
<td>n/a</td>
<td>3 years following program entry</td>
</tr>
<tr>
<td>5</td>
<td>January 2004</td>
<td>Updated previous annual report to follow 543 female enrollees since program inception</td>
<td></td>
<td>N/a</td>
<td>n/a</td>
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</tbody>
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<tr>
<td>6</td>
<td>January 2004</td>
<td>N/A</td>
<td></td>
<td>Of 425 drug court graduates, 8 (1.9%) recidivated*; of 3,405 successful standard probation offenders, 113 (3.3%) recidivated; of 3,334 released inmates, 262 (7.9%) recidivated. Drug court graduates almost 2 times (73.7%) less likely to recidivate* than successful standard probation offenders; Drug Court graduates over 4 times (315.8%) less likely to recidivate than released prison inmates. *recidivate: defined as offender becoming incarcerated in prison</td>
<td>First year following graduation</td>
</tr>
<tr>
<td>7</td>
<td>October 2003</td>
<td>Follows drug court participants in six NY programs and compares with similar defendants not entering drug court</td>
<td>(1) Recidivism reductions ranged from 13% to 47%, with average of 29% (2) post program recidivism reduction from 19% to 52% (average is 32%)</td>
<td>(1)Following arrest (2) following program</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>August 1, 2003</td>
<td>N/A</td>
<td>-Women 14.2% -Men 21.4%</td>
<td>N/A</td>
<td>Within 36 months of graduating from drug court</td>
</tr>
<tr>
<td>9</td>
<td>July 2003</td>
<td>Process evaluation of 99 participants admitted to the program as of July 15, 2003</td>
<td>21% of participants admitted to program arrested while enrolled; 8% of 36 graduates arrested after graduation</td>
<td>December 2000 – July 2003</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>June 1, 2003</td>
<td>N/A</td>
<td>-30.5% had violated sentences within 2 years of being placed on probation.</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>11</td>
<td>May 2003</td>
<td>Process and outcome evaluation of 57 DUI drug court participants and 42 control group randomly assigned defendants with similar characteristics whose cases were processed in the traditional process</td>
<td>.01 offenses for DUI Drug Court participants compared with .03 for control group also: number of positive drug tests: - DUI drug court participants: 4% (6.1 average taken per month) - Control group: 18% (1 average taken per month)</td>
<td>n/a</td>
<td>18 months</td>
</tr>
<tr>
<td>12</td>
<td>April 18, 2003</td>
<td>Obtained re-arrest data for each of 2,357 participants in 4 drug courts studied for 12 months following discharge from program</td>
<td><strong>Overall:</strong> - 9% rearrests for graduates; rearrests took average of 6.6 mos; - 41% rearrest for unsuccessful terminations; rearrests took average of 5.6 mos. <strong>Specific Programs:</strong> (p.9-4) - Bakersfield, Cal.: 13%-grads; 53% terminated; - St. Mary Parish, La.: 6%-graduates; 22%-terminated; - Jackson Co., Mo.: 7% graduates; - Creek Co., Okl: 20%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>13</td>
<td>April 15, 2003</td>
<td>Review of rearrests for participants and graduates: 1994 – 2002</td>
<td><strong>Participants:</strong> total rearrests were 140 (10.14%) of 1,380 participants</td>
<td>28 (7.11%) of 394 graduates were convicted of offenses following graduation</td>
<td>N/A</td>
</tr>
<tr>
<td>14</td>
<td>March 2003</td>
<td>N/A</td>
<td>Felony -avg. 5.9% (0-12%) Misdemeanor -avg 10.1% (0-14.3 %) Recidivism defined as re-arrest.</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>15</td>
<td>March 2003</td>
<td>Using six different comparison groups, measured recidivism rates (criminal convictions for new offenses) of drug court; pooled smaller counties (Kitsap, Skagit, Spokane and Thurston) and analyzed King and Pierce separately because they were larger</td>
<td>In all counties except King Co., drug court reduced felony recidivism rates by 13%; 8 year felony reconviction rate is 45.8% for nondrug court participants and 39.9% for drug court participants. King Co. didn’t reduce recidivism, with high rate of terminations for 1998-1999. Also found that this 13% reduction in recidivism was consistent with recidivism reductions reported in 30 drug court evaluations reviewed for other jurisdictions.</td>
<td>Maximum of eight years</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>February 7, 2003</td>
<td>Studied arrest rates, compiled from 17 counties for 1,945 participants who completed one of 3 drug courts in state</td>
<td>Declined by 85% in first two years after admission compared to two years prior to entry</td>
<td>Declined by 77% in two years following admission compared to two years prior to entry</td>
<td>Two years following entry</td>
</tr>
<tr>
<td>17</td>
<td>January 6, 2003</td>
<td>Statistical data on convictions of graduates after leaving program</td>
<td>Conviction rate for graduates was 11%</td>
<td>N/A</td>
<td></td>
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| 18  | January 2003     | Ph. I: case studies to document program dev, policies and procedures, lessons learned; and impact evaluation using survival analysis to measure recidivism  
              Ph. II: program retention model using logistic regression to predict program status, and survival analysis to predict length of stay; and descriptive analyses (Escambia County) using court records and interviews re participant perceptions | Escambia Co.: drug court participation reduced recidivism for new felonies from roughly 40% to nearly 12% within two year follow-up period. (less impact if any rearrest is considered)  
                                                                                     Jackson County: probability for recidivism fell and time to rearrest increased with drug court participation; drug court participation reduced recidivism from approximately 50% to 35% for both felonies and misdemeanors; probability of eventually recidivating fell with drug court participation and time to rearrest increased. Participation reduced recidivism for new felonies or misdemeanors from 65% to 45%; recidivism rates same for men and women but higher for blacks than for whites; recidivism rates dropped as age increased and rose for offenders with more serious criminal records | 24 months (implied from date of arrest)                                         |
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| 19 | May 5, 2002     | Obtained rearrest data for group of drug court participants at each site from date of program inception through 1998 and rearrest data for comparison group of defendants | Portland: 1991-97
  Dr. Ct. parts: 37.4% rearrest at 1 year, compared with non drug court defendants group A (never appeared at first hearing) 53.3% and B (appeared at first hearing but not at treatment) 50.8%; 46.4% of drug ct parts rearrested after 2 yrs compared with 57.8% and 59% of comparison groups; 49.9% of drug ct parts rearrested after 3 years compared with 60.1% and 60.3% of nondrug court defs.
  Las Vegas: 1993-97:
  -52% drug court parts compared with 65% of compare group rearrested after one year; 62% of drug court parts vs. 74% of nondrug court arrested after 2 years; 65% of drug court parts vs. 79% of nondrug court defs rearrested after 3 years. | Conviction rate for participants who competed drug court is 77% less during two years after admission than conviction rate of those entering program during the two years prior to entry; | 3 years |
| 20 | March 2002      | A substantial number of drug court participants (approximately 3,0090) completed drug court during the study period; participants who completed drug court as compared to aggregate of all entering participants during study period, had very low rearrest, conviction and incarceration rates for the two years after admission to drug court. Arrest rate for participants who completed drug court is 85% less during the two years after admission than arrest rate for those entering program during the two year prior to entry | | 2 years following drug court admission |
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<td>21</td>
<td>October 2001</td>
<td>Studied client files, local jail and prison data; NCIC data, child support collections, traffic accidents, mental health service utilization, employment data and random interviews of drug court graduates and terminators</td>
<td>12 months following graduation, graduates less likely to have had felony or misdemeanor conviction, or been in prison or jail; graduates had significantly more days to first misdemeanor charge but significantly fewer days to first felony charge than other groups (terminators and nonentry defendants)</td>
<td>12 months after graduation or termination</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>October 2000</td>
<td>Individuals were tracked with rap sheets in order to produce results.</td>
<td>6 months -6% DC -7% Comp. 12 months -9% DC -21% Comp. 18 months -10% DC -26% Comp. 24 months -11% DC -27% Comp. = 11% recidivism rate Recidivism was defined as any contact with the law.</td>
<td>N/A</td>
<td>At 6, 12, 18, and 24 months after release</td>
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<td>23</td>
<td>May 1999</td>
<td>Tracked drug court cases filed between August 1, 1997 and December 31, 1997 and predrug court comparison group for 9 month period; compiled data on offender characteristics, prior conviction history; length of case; reoffenses; and nature of drug addiction (for drug court participants only)</td>
<td>Drug court and predrug court defendants had similar recidivism rates</td>
<td>Drug court and predrug court defendants had similar recidivism rates</td>
<td>9 months following case filing</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>October 2000</td>
<td>Research compared DTC and non-DTC drug offenders</td>
<td>12 months -18% graduates -41% non-graduates -44% comp.</td>
<td>N/A</td>
<td>12 months after graduation</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>October 2000</td>
<td>N/A</td>
<td>6 months: -6% DC; -6% comp. 12 months: -10% DC; -14% comp. 18 months: -11% DC; -22% comp. 24 months: -14% DC; -22% comp. Recidivism was defined as re-arrest</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>October 2000</td>
<td>N/A</td>
<td>Those Refusing Drug Court: - 19.91% Those Who Withdrew From Drug Court: - 25.2% Successful Probationers: - 15.9% 1998 average for DC graduates: - 10.6%</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>27</td>
<td>January 2001</td>
<td>Tracked information re drug court participants and comparison group members re recidivism; completion rates; justice system and treatment costs</td>
<td>(recidivism not defined): drug court graduates had lower total post program recidivism than comparison groups</td>
<td>Post program recidivism rate for graduates after 416 days follow up was 28%, with only one of the 15 convictions a felony; 85% of the new convictions were for misdemeanors; 40% drug court clients were convicted of crimes post program; 62% of the men entering the drug court were convicted of new crimes while only 33% of the women were convicted;</td>
<td>n/a</td>
</tr>
<tr>
<td>28</td>
<td>July 2001</td>
<td>Conducted interviews of program officials and tracked data on participants at each site; divided subjects into five outcome groups: ineligibles; opt outs; did not finish; graduates; and active cases</td>
<td>Graduates have fewer re-arrests than any of the other outcome groups</td>
<td>Offenders who graduate from drug court less likely than offenders in any other group to be reconvicted in the three years following referral to drug court</td>
<td>Three years following referral to drug court</td>
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<tr>
<td>29</td>
<td>December 2004</td>
<td>Of 647 graduates of adult drug courts, 103 have been rearrested for felony offenses after graduation (15.9% recidivism rate); 59 graduates had misdemeanor arrests (9.1% recidivism rate); Of 2,056 nongraduates, 303 were arrested for felony offenses after leaving drug court (33% recidivism rate) and 72 were arrested for misdemeanors (7.8%).</td>
<td>Felony recidivism rate of drug offenders studied by Va. Criminal Sentencing Commission (VCSC) in 1999, was 50% -- significantly higher than felony recidivism rate for graduates or nongraduates</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
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<tr>
<td>30</td>
<td>October 2003</td>
<td>Used combination of interviews, surveys of program officials, and review of data maintained by the drug court coordinator</td>
<td>One of the 14 graduates has had arrest/conviction for new offense (7%)</td>
<td>One of the 14 graduates has had arrest/conviction for new offense (7%)</td>
<td>Not indicated</td>
</tr>
<tr>
<td>31</td>
<td>July 2002</td>
<td>Quasi-experimental matched comparison group design to estimate impact of drug courts on future criminal involvement; evaluated 3 distinct groups of participants: those in Common Pleas Court; Municipal Court; and Juvenile Drug Courts</td>
<td>32% of Common Pleas participants rearrested vs. 44% of comparison group (Offenders with prior record, less than High school education, unemployed and nondrug court participation more likely to be rearrested; Municipal drug court participants significantly less likely to be rearrested than comparison group members for new offense and for multiple times; 41% of Municipal drug court participants rearrested vs. 49% of comparison group; factors predicting rearrest were race, education, employment, time at risk; and drug court participation; offenders who were nonwhite, had less than high school education, unemployed, a risk the longest were significantly more likely to be rearrested;) - completion of drug court was a significant predictor of new arrests; probability of rearrests for those offenders who completed a drug court program was 32% vs 55.5% for comparison group</td>
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## Summary of Recidivism and Other Findings Reported in Selected Evaluation Reports of U.S Adult Drug Court Programs Published 2000 – Present

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<tr>
<td>32</td>
<td>2001</td>
<td>Reviewed automated data collected by Bernalillo Co. Metropolitan Court; comparison data drawn from automated records maintained by court</td>
<td><strong>Within six mos graduation:</strong> 3.6% (6) vs. 14 (9%) for successful probation and 15 (9.7%) of unsuccessful probation</td>
<td><strong>Convictions</strong></td>
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<td><strong>Within 7-12 mos graduation:</strong> 9 (5.4%) vs. 14 (9%) successful probation vs 9 (5.8%) of unsuccessful probation</td>
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<td><strong>After one year:</strong> 11 (6.5%) vs. 14 (9%) of successful probation vs. 20 (13%) unsuccessful probation</td>
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<td></td>
<td><strong>For DWI offenses:</strong> 21 (12.5%) vs. 26 (16.7%) for successful probation vs. 32 (20.8%) for unsuccessful probation</td>
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<td><strong>for Violent Offense:</strong> 4 (2.4%) vs. 12 (7.7%) for successful probation vs. 9 (5.8%) for unsuccessful probation</td>
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<td></td>
<td><strong>Total Recidivism:</strong> 26 (15.5%) vs. 42 (27%) for successful probation vs. 44 (28.5%) for unsuccessful probation</td>
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# Summary of Recidivism and Other Findings Reported in Selected Evaluation Reports of U.S Adult Drug Court Programs Published 2000 – Present

## Methodology
- Reviewed 27 evaluation reports of 39 adult drug court programs that met criteria for methodological soundness and other attributes

## Recidivism Results
- Lower percentage of drug court participants than comparison group members rearrested or reconvicted;
  - Program participants had fewer recidivism events than comparison group members
  - Recidivism reductions occurred for participants who had committed different types of offenses
  - Inconclusive evidence that specific drug court components, such as behavior of judge or amount of treatment received, affected participants’ recidivism while in program
  - Recidivism reductions also occurred for some period of time after participants completed drug court program in most of programs reporting these data

## Table

| # | Publication Date | Methodology | Re-Arrests | Convictions | Time Followed |
|---|-----------------.|-------------|------------|-------------|---------------|
| 33 | February 2005  | Reviewed 27 evaluation reports of 39 adult drug court programs that met criteria for methodological soundness and other attributes | - Lower percentage of drug court participants than comparison group members rearrested or reconvicted; - Program participants had fewer recidivism events than comparison group members - Recidivism reductions occurred for participants who had committed different types of offenses - Inconclusive evidence that specific drug court components, such as behavior of judge or amount of treatment received, affected participants' recidivism while in program - Recidivism reductions also occurred for some period of time after participants completed drug court program in most of programs reporting these data | n/a |
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<th>Drug Court: Both graduates and active participants had significantly fewer convictions during 2 years after opting into the program; those not in program had slightly more convictions during the two years after while those who opted out (were terminated) had fewer convictions during the two years after.</th>
<th>DUI Court: graduates and those active had fewer convictions during period after opting into the program than they had in the preceding two years; for those active in the program, the difference was significant; those who opted out of the program and those who were not in the program also had fewer convictions.</th>
<th>Bethel Therapeutic Court: all groups saw reduction in convictions during the 2 years after the plea/opt in date. Reduction was statistically significant for those active in the program and for those who dropped out/opted out of the program.</th>
<th>Time Followed</th>
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<tr>
<td>34</td>
<td>April 2005</td>
<td>Studied every person who opted into one of the courts even if only stayed brief time; data base included 154 defendants who participated in programs (32 graduated; 63 active and 59 terminated without graduation; comparison group derived from case coordinators and observation in court; data derived from court case files and therapeutic courts data base</td>
<td></td>
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<td></td>
<td>Two years following drug court participation (compared with two years prior to drug court entry)</td>
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<tr>
<td>35</td>
<td>April 2003</td>
<td>Used quasi-experimental matched control group design to estimate impact of drug court involvement on future criminal behavior - reviewed info on drug court participants and comparison group selected by each drug court using court maintained and self reported data</td>
<td><strong>PARTICIPANTS:</strong> Kootenai Co.: drug court participants less likely (41%) than comparison group (53%) to be rearrested majority of arrests for drug related offense (46% for drug court group and 55% for comparison group; 55% of drug court arrests vs. 46% of comparison arrests were for felonies -10% of drug court participants arrested multiple times during follow up period vs. 24% of comparison group members arrested multiple times; 15% of drug court participants arrested at least twice in follow up period vs. 29% of comparison members</td>
<td>1006 days (115 days post program)</td>
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<td>Ada Co.: - Fewer (38%) of drug court participants arrested vs. comparison group (63%). And fewer arrested for drug charge; - 22% of drug court vs 51% of comparison group arrested multiple times</td>
<td>Ada Co.: participants: 851 days (2 yrs 4 mos) for drug court group and 660 days (1 year 8 months) for comparison group; graduates: 1084 days 1003 (terminated); 660 days for comparison group – graduates followed 5502 days (1 yr and 4 months) post graduation</td>
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<td>GRADUATES: Kootenai Co.: 41 graduates: 7 (20%) arrested for new offense during follow up period of 1006 days (115 days post graduation) vs. 60% arrest rate for non graduates and 53% arrest rate for comparison group</td>
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<td>Ada Co.: 17 of 91 graduates (19%) arrested following graduation vs. 77% for nongraduates and 63% for comparison group; 29% of graduates arrested for felony vs. 85% of nongraduates and 81% of comparison group;</td>
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<tr>
<td>36</td>
<td>July 2000</td>
<td>Quasi-experimental matched control group study to assess program outcomes among drug court participants compared to similar group of drug addicted adults who did not participate in the drug court; data obtained through the following pretrial data and court docket info: (1) Pretrial Services: demographic, current offense, disposition and criminal history info; (2) treatment needs and participation from ADAPT program; (3) court reported violations, fees, community service and recidivism data from Probation Department; (4) recidivism data compiled by court.</td>
<td>- 13% of participants arrested for new charge; - offenders in treatment group less likely (29% [sic]) to be rearrested than comparison group (39%) – new charge frequently drug charge for both groups Graduates: Overall: 31% of graduates rearrested during 18 month follow up period: 23% of July 1996 graduates vs. 31% of participants rearrested; 35% of the October 1996 graduates; 63% of the March 1997 graduates; 29% of the June 1997 graduates and 31% of the November 1997 graduates have been rearrested since graduating; Other: majority of participants in all classes not arrested more than once during follow up period rearrest by gender generally similar</td>
<td>significantly more drug court participants were convicted of the offense for which they were arrested than the comparison group</td>
<td>n/a</td>
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<tr>
<td>37</td>
<td>March 2005</td>
<td>n/a</td>
<td>- Drug court graduates 74% less likely to return to prison than successful standard probation offenders; - Drug court graduates more than four times (316%) less likely to recidivate than released prison inmates [Note: recidivism not defined but assume refers to convictions because of reference to “return to prison”]</td>
<td>-</td>
<td>n/a</td>
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<td>Quasi-experimental matched comparison group design to estimate impact of drug court on future criminal involvement; comparison group of participants that had reported substance abuse problem and were eligible for the drug court; comparison group screened between November 1997 and April 2000</td>
<td>40% of drug court treatment group rearrested during follow up period vs. 52% of comparison group; significantly more individuals in control group arrested on felony charge;</td>
<td></td>
<td>n/a</td>
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<tr>
<td>38</td>
<td>July 2001</td>
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<td></td>
<td></td>
<td>Random assignment of eligible offenders to an experimental group that entered the Co. DUI/Drug Court and a control group processes through traditional cjs processing.</td>
<td>Control group committed 3 times as many offenses as DUI drug court participants each month</td>
<td></td>
<td>n/a</td>
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<tr>
<td>39</td>
<td>May 2003</td>
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<tr>
<td>40</td>
<td>2005</td>
<td>Tracked 452 participants in probation track of drug court for any contact with cjs system following discharge (successful or unsuccessful) from program.</td>
<td>Drug court participants had total of 1,726 contacts with cjs after discharge, resulting in over 4,000 charges. (1/4 of participants had a violent criminal charge) One year after discharge: (1) failed clients significantly more likely to have made some contact with cjs and have been arrested for felony crime than graduates; (2) four times as many of the failed clients had been incarcerated within the 12-month period than had program graduates Three years after discharge: similar findings; 80% of participants who failed program had some period of incarceration vs. 1/3 of the clients who graduated. Rates of overall arrests and types of charges didn’t differ by graduation status at either 12 month or 36 month period. Participants with violent criminal history: significantly more likely to recidivate with serious offenses during program participation than persons with nonviolent criminal history; at 12 month e-period, offenders with history of violent criminal offending significantly more likely to have any contact with cjs (67%) than participants with no previous violent criminal history (42%). Violent offenders, compared with nonviolent offenders, recidivate more and with more serious types of offenses during active program participation and after program discharge. However, violent offenders who graduated were significantly less likely to recidivate than their violent counterparts who didn’t complete the program.</td>
<td>Generally 12 months and 36 months but ranged from 5 months to over 6 years, depending upon how much time had elapsed since participant was discharged from program and time study was conducted.</td>
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<td>41</td>
<td>2004</td>
<td>Tracked sources of referrals and demographics, progress and recidivism of enrollees in female and male drug court programs from inception through December 31, 2004</td>
<td>n/a</td>
<td>Females: 85% (172) of women who completed program had no subsequent convictions within 3 years of program completion; 15% (30) were convicted of new misdemeanor or felony offenses&lt;br&gt;<strong>Males</strong> 156 (85%) of graduates had no subsequent convictions within 3 years of program completion; 27 (15%) were convicted of new misdemeanor or felony offense within 3 years of program completion</td>
<td>Females and Males: 3 years following program completion.</td>
</tr>
<tr>
<td>42</td>
<td>April 2004</td>
<td>Contacted participants 12 months after recruitment in the study; given two assessment tools: a face-to-face structured interview to collect demographic and other nonsensitive info and a self-administered questionnaire, including questions relating to drug use and other sensitive info.</td>
<td>Current information system precluded tracking drug treatment court as well as comparison group participants for recidivism; Self reports from participants in study group of drug court participants indicated: (1) antisocial/illicit behavior reduced from 76.5% prior to admission to 17.5% 12 months after admission; (2) proportion of participants reporting possession, selling or distributing drugs reduced from 55.9% prior to admission to 7.5% after admission; (3) drug court participants showed significantly more improvement than comparison groups in reported illicit/antisocial behavior although there was a marked reduction in antisocial/illicit behaviors among both groups.</td>
<td>Current information system precluded tracking drug treatment court as well as comparison group participants for recidivism</td>
<td>One year after program entry</td>
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# Summary of Recidivism and Other Findings Reported in Selected Evaluation Reports of U.S Adult Drug Court Programs Published 2000 – Present

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<tr>
<td>43</td>
<td>September 2005 (interim report)</td>
<td>Transactional and Institutional Cost Analysis- (1) determine flow/process; (2) identify transactions; (3) identify agencies involved; (4) determine resources used; (5) identify costs associates; (6) calculate cost results</td>
<td>17% for graduates</td>
<td>29% for all participants 41% for comparison group</td>
<td>n/a</td>
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<td></td>
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<td></td>
<td>29% for all participants</td>
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<td>24 months following program entry</td>
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<td></td>
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<td></td>
<td>41% for comparison group</td>
<td>[- note: -not clear whether recidivism refers to arrests or convictions]</td>
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<tr>
<td>44</td>
<td>January 2005</td>
<td>Examined participant info through existing administrative data bases (Oregon Drug Court Case Management System; Oregon Judicial Information System and data from treatment provider)</td>
<td>-Average no. or re-arrests for males and female participants in the 24 months following program entry less than corresponding period prior to entry (16% rearrested; 19% of men and 10% of women, compared with 100% arrests during prior 2 year period; - significant reduction in drug related re-arrests during 24 months following program entry; males rearrested for more drug related crimes than females but both genders had fewer drug related arrests</td>
<td>n/a</td>
<td>24 months following program entry</td>
</tr>
<tr>
<td>45</td>
<td>January 2005</td>
<td>Examined participant info through existing administrative data bases (Oregon Drug Court Case Management System; Oregon Judicial Information System and data from treatment provider)</td>
<td>13% of all 62 drug court participants were rearrested sometime within the 2 years after drug court entry compared with 27% (more than double) of the comparison group.</td>
<td>n/a</td>
<td>24 months following program entry</td>
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<td>46</td>
<td>July 2003</td>
<td>-Tracked use of court, district attorney, public defender, law enforcement, correctional and probation services by drug court and comparison group; assesses costs overall and by agency; - detailed data collected by tracking drug and drug court-eligible offenders in terms of resources consumed in court sessions, attorney visits, and treatment sessions (using stop watches to time events)</td>
<td>n/a</td>
<td>Drug court participants (graduates and nongraduates) were 13% less likely to be arrested; Drug court participants remained arrest free for 15% longer (410 days vs 356 for comparison group) GRADUATES: were 33% less likely to be arrested; remained arrest free for 25% longer time</td>
<td>n/a</td>
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<tr>
<td>47</td>
<td>March 2004</td>
<td></td>
<td></td>
<td>Drug court participants had 34% fewer convictions GRADUATES had 47% fewer convictions</td>
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<tr>
<td>48</td>
<td>June 14, 2006</td>
<td>Compared receipt of alcohol and other drug treatment services; probation revocations; recidivism (new arrests and new convictions) and incarceration of drug court participants and comparison group</td>
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<td>One year after entry into drug court</td>
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<tr>
<td>49</td>
<td>April 2006</td>
<td>Used data from Florida Department of Law Enforcement to obtain recidivism info; Dev. Cost analysis based on treatment costs vs costs of crime</td>
<td>16% (2) of the 12 grads arrested within 12 months for tech viol of prob; 8.3% (1) grad arrested 12 mos after grad. 12% (2) of 12 grads charged within 12 mos for tech violation of probation (83 % had no arrests for 12 mos).</td>
<td></td>
<td>One year following program termination (successful or unsuccessful)</td>
</tr>
<tr>
<td>50</td>
<td>Spring 2006</td>
<td>Experimental design using random assignment of 235 drug court-eligible defendants assigned to drug court and traditional adjudication during 1997 and 1998</td>
<td>78.4% of drug court participants rearrested during 3 year period compared with 87.3% for comparison group; average no. of new arrests: 2.3 for drug court participants; 3.4 for comparison group new violent or sex charge: 14.4% for drug court participants; 24.7% for comparison group new drug charge: 55.5% for drug court participant; 68.4% for comparison group</td>
<td>58.3% drug court participants vs. 64.4% nondrug court participants average no. of convictions: 1.2 for drug court participants; 1.3 for comparison group</td>
<td>Three years following program entry</td>
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<td>51</td>
<td>April 2005</td>
<td>Selected nine adult drug courts, based on “drug court maturity” and data collection capabilities and diversity of demographic and geographic representation.; used longitudinal data collection approach to track study participants over 4-year period; conducted “transactional and Institutional Cost Analysis (TICA) entailing: 1. Document drug court and nondrug court processes; 2. Identify transactions occurring within each process; 3. Identify agencies involved in each transaction; 4. Determine resources used in each transaction; 5. Isolate cost of the resources; and 6. Calculate overall costs.</td>
<td>El Monte: 90 vs. 1.96 (-3%) Monterey: 3.65 vs. 3.05 (20% increase) Orange Co.-Laguna Niguel: 1.65 vs. 3.25: 30% decrease Orange Co-Santa Ana: 2.74 per drug court vs. 2.65 comparison group (3% greater) San Joaquin Co.: 3.27 vs. 4.54 (28% reduction) Stanislaus Co.: 1.89 vs. 2.53 (25% reduction)</td>
<td>n/a</td>
<td>Four years from time of program entry</td>
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<tr>
<td>52</td>
<td>August 2001</td>
<td>Initially used experimental design; then selected “post hoc comparison group of presumptively eligible defendants” after public defender objected to original design</td>
<td>Participants showed lowest rear rest rate: (21%) in a 6- month period Participants showed lowest rate of felony arrests Participants rearrested for drug offenses less often (17%) than defendants who declined treatment and 27% over a year period</td>
<td>n/a</td>
<td>Six and 12 months following arraignment</td>
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| 53 | July 2005        | **Outcome:** Used existing databases on criminal activity, treatment utilization to determine participants’ arrest histories prior to and following program entry  
**Cost:** used Or. Dr Ct Case Mgt Sys, and data from treatment provider | Drug court participation reduced recidivism; average number of rearrests for males and females during 24 month period following program entry less than rate prior to program entry; Reduction in rearrests greater for females who had more arrests prior to program entry than males | n/a | Up to 24 months following program entry (minimum of 12 months) |
<p>| 54 | September 2006   | Identified sample of participants entering drug court between January 2002 – December 2003 and developed comparison group of persons eligible but failed to participate; used data from multiple sources, including observations, team meetings, interviews, agency budgets, and other financial data bases and agency files. | Drug court participants significantly less likely to be rearrested than offenders eligible for drug court but not participating; -females rearrested more than males during first few months of program but significantly less likely to be rearrested in 2 years following program entry | n/a | 24 months following program entry |</p>
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<td>55</td>
<td>September 2006</td>
<td>Identified sample of participants entering drug court from time of implementation in 2001 through July 1, 2004 and developed comparison group of persons eligible but (1) couldn’t enter in 2001 because of program’s incapacity; and (2) eligible subsequently but did not participate</td>
<td>All Drug court participants (graduates and terminated) significantly less likely to be rearrested than comparison group; Drug court participants rearrested less than half as often as comparison group members; - graduates rearrested approximately one third as often as comparison groups and overall were rearrested very rarely - for first 21 months after program entry drug court graduates did not commit any new offenses - 4% of graduates and 26% of all participants were rearrested in 24 months following program entry compared with 50% of comparison group</td>
<td>n/a</td>
<td>24 months after program entry</td>
</tr>
<tr>
<td>56</td>
<td>March 2004</td>
<td>Compiled statistical data on drug court participants’ demographics, criminal history and progress in drug court and comparable data for comparison group</td>
<td>- Drug court participants/graduates generally had lower recidivism rates than drug court failures and traditionally adjudicated offenders; - participants/graduates had a lower likelihood of arrest or conviction for failure to appear; a lower likelihood of arrest or conviction for a new felony offense and a lower likelihood of being incarcerated for a new crime. - Participants/graduates more likely than traditionally adjudicated offenders to be arrested for or convicted of a misdemeanor but less likely to be convicted of a felony</td>
<td>(see “re-arrests”’)</td>
<td>12 months following program entry</td>
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<tr>
<td>57</td>
<td>November 2001</td>
<td>Sample of drug court participants from January 5, 1998 – April 30, 2000 in two groups: 77 successful completers between February 23, 19991 and 78 dropouts matched control group</td>
<td>Overall: Graduates had lowest rearrest rate (15.6%); dropouts’ rearrest was 30.7%; control group had highest rearrests (48.7%)&lt;br&gt;Drug Charges: Graduates had lowest rearrest rates for drug charges (9.1%) vs dropouts <em>(15.8%)</em> and control group had highest (24.4%)&lt;br&gt;Length of Stay: Participants who remained in program had 0.96 rearrests; participants who remained in 91-270 days had 0.42 arrests and participants who remained in treatment 270 or more days had 0.38 rearrests</td>
<td>27 months; overall recidivism 12 months following discharge for drug arrests</td>
<td></td>
</tr>
<tr>
<td>58</td>
<td>January 2003</td>
<td>Tracked 501 participants in drug courts in Dallas, Jefferson and Travis Counties between 1998-1999 and 285 offenders eligible but not participating in drug courts</td>
<td>Drug court graduates had 28.5% recidivism rates vs 65.1% for noncompleters and 56.8% for comparison group; rearrest for all drug court participants was 40.5%</td>
<td>Three years</td>
<td></td>
</tr>
<tr>
<td>59</td>
<td>October 2003</td>
<td>Tracks progress of 64 participants in Douglas County, Neb. Drug Court</td>
<td>Drug court participants who complete residential treatment component have lower rearrest rates</td>
<td>12 months following program entry</td>
<td></td>
</tr>
<tr>
<td>60</td>
<td>December 2004</td>
<td>Tracks progress of 116 participants in Douglas County, Neb. Drug Court</td>
<td>Completion of residential treatment is associated with significant reductions in general arrests as well as post-treatment drug use</td>
<td>24 months of program operation</td>
<td></td>
</tr>
<tr>
<td>61</td>
<td>March 31, 2004</td>
<td>Tracks cost benefits resulting from approximately 300 participants in Douglas County drug court</td>
<td>Drug court participants had 132 fewer misdemeanor and 60 fewer felony arrests than comparison group</td>
<td>24 months</td>
<td></td>
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| 62 | February 2007   | Compiled new arrests and convictions from the Alaska Department of Public Safety for each of the offenders who participated in the Anchorage DUI Court, the Anchorage Felony Drug Court and the Bethel Therapeutic Court for at least a one year period following program termination and, for comparison group, following service of sentence and any custody | 13% of graduates rearrested within one year after completion vs. 32% rearrest rate for comparison offenders and 38% rearrest rate of offenders charged with felonies in 1999  
Participants in the Anchorage Felony DUI Court less likely to be rearrested than those in the Anchorage Felony Drug Court and Bethel Therapeutic Court | No participants who were reconvicted within the first year were convicted of an offense at a more serious level than the one on which they entered the therapeutic courts vs. 3% of the comparison offenders and 15% for 1999 offenders  
No participant was convicted of a drug or sexual offense | One year following program termination |
| 63 | October 2006    | Compiled “recidivism” data for first 146 SITC participants arrested from March 2002 – June 2005; obtained “recidivism” data through December 2005, resulting in all participants being tracked for at least months; 123 participants tracked for 1-year and 102 participants tracked for 18 months.; tracked comparison group for felony drug charges only; used NY State Div. of Criminal Justice Services (DCJS) arrest and conviction data but results are presented in terms of re-arrests. | SITC produced substantial reduction in recidivism at both 1-year and 18-month periods.  
- After 1 year, 26% of drug court participants vs. 48% of comparison group were rearrested;  
- after 18 months, 41% of SITC participants vs. 55% of comparison group were rearrested  
Drug court participants averaged .63 rearrests over 18-month period vs. 1.19 for comparison group.  
Drug court also appeared to delay onset of recidivism for those that weren’t arrested during the first year. | -18 month reconviction rate was 23% for drug court participants and 45% for comparison group – drug court therefore reduced reconviction rate by 44% | 6 months, 12 months and 18 months after arrest for drug court charge |
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<tr>
<td>64</td>
<td>2007</td>
<td>Tenn. Office of Crim Just Programs, Dept. of Finance and Admin., compiled data from 45 operating drug courts regarding performance standards identified for measurement</td>
<td>- Of 1,614 participants, 9% (146) arrested during FY 2005/2006; of the 5,958 participants served since inception, - Of 413 arrested while in the program (7%) in all 37 programs responding, - 56 of the 188 (30%) graduates in 2004/2005 in 22 programs reporting were rearrested within one year of graduation, 2004-4: 61 (35%) graduates of the 174 total graduates (17 programs) rearrested within 2 years of graduation</td>
<td>[four juvenile drug courts reported overall 30% one year post graduation recidivism and 13% 2-year post graduation recidivism.</td>
<td></td>
</tr>
<tr>
<td>65</td>
<td>2007</td>
<td>Compiled data from existing adult (and juvenile—reported separately) programs</td>
<td>Rearrested: 27.9% vs. graduates: 13.7%</td>
<td></td>
<td>January 1 – June 30, 2005</td>
</tr>
<tr>
<td>66</td>
<td>April 2007</td>
<td>Tracked data from 11,000 cases through various administrative data systems; focus of analysis was on overall impact of drug court on target population over time; cost analysis based on transactional method and overall investment of taxpayer money compared to benefits derived</td>
<td>Recidivism reduced for drug court participants up to 14 years after drug court entry compared with those who didn’t participate; rearrests reduced by almost 30%; Recidivism reductions continued to be evidenced for up to 14 years after the petition hearing.</td>
<td></td>
<td>At least 5 years and, for some, up to 15 years following drug court entry</td>
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<tr>
<td>67</td>
<td>April 2007</td>
<td>Na</td>
<td>All graduates had substantially lower re-arrest rates and, at 4 of the 5 programs, all participants had significantly lower re-arrest rates. - # 1: 10% grads, 30% all parts, 39% compare. - # 2: 18%, 43%, 41% - # 3: 7%; 20%; 39% - # 4: 12%; 18%; 34% - # 5: 11%; 17%; 33%</td>
<td>Two years after program entry</td>
</tr>
<tr>
<td>68</td>
<td>Fall 2005</td>
<td>Conducted interviews with 99 participants selected to participate who were in different stages of treatment: 34 in motivation; 39 in intensive phase; 18 in maintenance phase; and 89 in post treatment phase</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>69</td>
<td>Spring 2008</td>
<td>Review of data compiled in 2005 study and interviews with participants randomly assigned to drug court and alternative program 3 years following program participation</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>70</td>
<td>January 2008</td>
<td>Review of information compiled in data collection system; interviews with staff</td>
<td>Na</td>
<td>Na</td>
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<tr>
<td>71</td>
<td>August 1, 2006</td>
<td>Review of program operations of five adult drug court, including referrals, acceptances, time to program entry, sanctions, drug testing, etc.</td>
<td>Adult drug court participants less likely than comparison group to be rearrested on felony charges and less likely to commit violent crimes. 17.5% recidivism among drug court participants vs. 33.1% in comparison group</td>
<td>n/a</td>
<td>12 months post program</td>
<td></td>
</tr>
<tr>
<td>72</td>
<td>August 2007</td>
<td>203 individual records of drug court participants who both successfully completed (79) as well as failed (50) the drug court program compared with control group (74)</td>
<td>St. Louis Co.: completers arrested less than half as often as control group; Dodge County: no arrests of any completers; Streams Co.: drug court completers arrested less than one fourth as frequently as control group; estimate drug court saved 133.7 arrests and 47.2 convictions during period</td>
<td>Convictions: Similar findings as for arrests</td>
<td>2 years post program</td>
<td></td>
</tr>
<tr>
<td>73</td>
<td>September 2008</td>
<td>Utilized web-based tool for self evaluation re costs and benefits developed for earlier phases of study; focus on measuring costs of events in drug court process, including court appearances and drug tests; number of group and individual sessions; number of days in residential treatment; number of jail days as sanction; outcome benefits measured in terms of rearrests, number of days on probation or in prison due to recidivism; number of new court cases, etc.</td>
<td>43% rearrest rate for graduates; 57% rarest rate for all drug court participants; vs. 67% rearrest rate for comparison group</td>
<td>n/a</td>
<td>Two years following termination</td>
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<tr>
<td>74</td>
<td>January 1, 2004</td>
<td>Part of Maine’s ongoing review of drug court operations; analysis of offender characteristics and data associated with drug court performance; also interviews with judges, probation staff and others</td>
<td>N/a – see nos. 68 and 71 for follow up studies</td>
<td>N/a – see nos. 68 and 71 for follow up studies</td>
<td>N/a – see nos. 68 and 71 for follow up studies</td>
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<tr>
<td>75</td>
<td>March 2009</td>
<td>Analyzed drug court data collected by drug court case managers, including demographic data, treatment data, data on court proceedings and also gathered feedback from drug court staff</td>
<td>One graduate charged with new crime</td>
<td>N/A</td>
<td>First three years of program operation: focus primarily on program operations and period of participation</td>
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<tr>
<td>76</td>
<td>January 2009</td>
<td>Examined drug court processes to determine how well 10 key components were implemented; compared program practices to national data; collected info from staff interviews, drug court participant focus groups; observations and program documents, including handbook; Outcome analysis based on cohort of drug court participants who entered program been January 1, 2004 – July 31, 2007 and comparison group; tracked participants and comparison groups through criminal justice and treatment databases for up to 36 months post drug court entry.; Cost evaluation: used NPC’s Transactional and Institutional Cost Analysis approach (TICA), looking at transactions in which individual utilizes resources contributed from multiple agencies; also used a “cost to-taxpayer” approach</td>
<td>23% of graduates and 61% of all participants were rearrested following entry into drug court vs. 84% of comparison group members. Drug court participants (including graduates) had: (1) 3 times fewer drug charges in the 3 years following program entry; (2) 3 times fewer violent charges; (3) nearly half as many re-arrests; and (4) significantly reduced drug use over time</td>
<td>36 months following program entry</td>
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<tr>
<td>77</td>
<td>April 2008</td>
<td>Extracted data from three nationally representative sources (National Survey on Drug Use and Health (NSDUH), Arrestee Drug Abuse Monitoring (ADAM) and Drug abuse Treatment Outcome Study (DATOS)) to develop a “synthetic dataset” from which cost benefit predictions could be made re various policy options to offer/expand drug court services</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td></td>
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<tr>
<td>78</td>
<td>March 2008</td>
<td>Data were abstracted from several sources including site visits, the Criminal History Records (CHR) database maintained by the Michigan State Police and the Michigan Judicial Warehouse (JDW). All of these data were entered into a database created in Microsoft Access.</td>
<td>DUI court participants were re-arrested significantly less often than comparison group offenders who were sentenced to traditional probation. In the example from one DUI court site shown in Figure A, the comparison offenders on traditional probation were re-arrested nearly six times more often in the first year after starting probation for the DUI charge than the DUI court participants and were re-arrested four times more often in the second year.</td>
<td>N/A</td>
<td>Minimum 1 year</td>
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<td>79</td>
<td>April 2008</td>
<td>Both the participant and comparison groups were examined through existing administrative databases for a period up to 24 months from the date of drug court entry. The two groups were matched on age, sex, race, prior drug use history and criminal history (including total prior arrests and total prior drug arrests). The methods used to gather this information from each source are described in detail in the main report</td>
<td>HCADC program participants were significantly less likely to be re-arrested than offenders Who were eligible for the program but did not participate. Figure A shows the average number of re-arrests for 24 months after entering the drug court program for HCADC graduates, all HCADC participants, and the comparison group. Drug court participants, regardless of graduation status, were re-arrested significantly less often than were the comparison group members.</td>
<td>n/a</td>
<td>24 months maximum, 6 months minimum</td>
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<td>80</td>
<td>March 2008</td>
<td>For each drug court, NPC Research identified program samples of participants who enrolled in the adult drug court programs over a specified time period (at least 2 years). These were generally elected using the drug court program database. NPC also identified a sample of individuals eligible for drug court but who did not participate and received traditional court processing. Both groups were examined through existing administrative databases for a period of at least 24 months post drug court entry.</td>
<td>n/a</td>
<td>n/a</td>
<td>24 months post drug court entry</td>
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<td>81</td>
<td>April 2007</td>
<td>Data on intermediate and long-term outcomes were gathered on each offender, with a particular emphasis on criminal recidivism (re-arrest) as a primary outcomes measure. The outcome data were drawn in late 2005 and early 2006, allowing a minimum of 5 years of follow-up on all cohorts and over 10 years on many cohorts. (For some individuals, over 14 years of follow-up data were available). Data on internal measures of Drug Court participation, internal changes in the Drug Court over the years and external changes in the criminal justice, court and substance abuse treatment systems were also gathered for the same period. Data on costs were gathered using a modified Transactional Cost Analysis Approach to allow us to conduct a cost-benefit analysis. Costs were calculated from a previous study on this program that involved intensive tracking of 155 individuals that entered the Multnomah County Court.</td>
<td>Overall, for the entire population of eligible offenders, the Drug Court significantly reduced the incidence and frequency of criminal recidivism for participants compared to offenders who did not participate. Including all offenders who were eligible for the Drug Court during the total 10-year period, over 5 years from the Drug Court petition hearing, the incidence of re-arrest was reduced by nearly 30%. The Drug Court reduces the incidence of drug crimes substantially for up to 14 years after the petition hearing. The effect is statistically significant after controlling for age, gender, race, and 2 years of prior criminal history for all but year 14, where the number of cases available for the analysis drops to only 317.</td>
<td>Ten years</td>
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<td>82</td>
<td>March 2007</td>
<td>Information was acquired for this evaluation from several sources, including observations of court sessions and team meetings during site visits, key informant interviews, and data collection from administrative databases used by the GADC program, Probation, and the Court.</td>
<td>GADC program participants were significantly less likely to come through the court system again than offenders who were eligible for the program but did not participate. Figure 2 provides the average number of new criminal court cases per year for GADC graduates, all participants, and the comparison group over a 3-year period. The differences between the groups are significant at all three time periods. Guam Adult Drug Court participants (regardless of whether they graduated from the program) came back through the court system 4 times less often than comparison group members who were eligible for drug court but did not attend. Graduates recidivated 15 times less often than the comparison group.</td>
<td>N/A</td>
<td>12 months</td>
</tr>
<tr>
<td>83</td>
<td>April 2007</td>
<td>Information was acquired from several sources, including observations of court sessions and team meetings during site visits, key informant interviews, focus groups, drug court database, plus state and county records. The methods used to gather this information are described in detail in the main report</td>
<td>The MCDTC reduced recidivism. MCDTC participants were significantly less likely to be re-arrested than offenders who were eligible for the program but did not participate</td>
<td>N/A</td>
<td>24 months</td>
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<td>84</td>
<td>November 2006</td>
<td>A Transactional Institutional Costs Analysis (TICA) approach was used, allowing researchers to calculate costs based on every individual’s transactions within the drug court or the traditional criminal justice system. This methodology also allows the calculation of costs and benefits by agency (e.g., Public Defender’s office, court, District Attorney).</td>
<td>On average, drug court participants had a recidivism rate 12% lower than similar offenders who did not participate in the drug court program. The comparison groups of those who did not participate in drug court programs were more than twice as likely as drug court graduates to be re-arrested. This provides evidence that drug courts are successfully reaching their goal of reducing recidivism in drug-addicted offenders.</td>
<td>N/A</td>
<td>The drug court cohorts were selected from participants who entered the drug court programs between January 1998 and December 1999, which provided at least four years of outcome data.</td>
</tr>
<tr>
<td>85</td>
<td>September 2006</td>
<td>Information was acquired for this evaluation from several sources, including observations of court sessions and team meetings during site visits, key informant interviews, agency budgets and other financial documents. Data was also gathered from BCADC and other agency files and databases.</td>
<td>BCADC program participants were significantly less likely to be re-arrested than offenders who were eligible for the program but did not participate. Barry County Adult Drug Court participants (regardless of whether they graduate from the program) were re-arrested less than half as often as comparison group members who were eligible for drug court but did not attend. Graduates were re-arrested approximately a third as often as the comparison group, and overall were re-arrested very rarely.</td>
<td>N/A</td>
<td>24 months</td>
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<td>86</td>
<td>February 2006</td>
<td>To make this determination, NPC obtained a dataset of juvenile drug court participants through the cooperation of the Department of Juvenile Services (DJS). This dataset provided records of all formal adjudicated charges that juvenile drug court participants accrued both before and after their experience in drug court.</td>
<td>In the year following their release from drug court, only 29% of these juveniles had any adjudicated charges added to their records. This result means that 70% of the juveniles had no adjudicated charges added to their records in the year after their release.</td>
<td>n/a</td>
<td>1 year</td>
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<td>87</td>
<td>July 2005</td>
<td>The cost study followed the pre-post program design started in the outcome evaluation due to difficulties in finding the data necessary to select an appropriate comparison group. Costs were determined using NPC Research’s Transactional and Institutional Cost Analysis (TICA) methodology, which views offenders’ interactions with the criminal justice system (e.g., court hearings, treatment sessions) as transactions during which system resources are consumed.</td>
<td>Overall, it appeared that participation in S.A.F.E. Court was beneficial to participants and to the criminal justice system. The average number of re-arrests for males and females combined in the 24-month period following entry into the program is less than the corresponding period prior to their entry into the program. That is, S.A.F.E. Court participants are re-arrested less often after entering the program. (This difference is statistically significant at 6, 12, and 18 months.) This was particularly true for females who have, on average, more arrests prior to S.A.F.E. Court than the males but were re-arrested far fewer times after entry into the program than males.</td>
<td>n/a</td>
<td>24 months pre and post Safe court</td>
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<td>88</td>
<td>July 2003</td>
<td>The overall research design was to collect highly detailed data on a small, randomly selected sample of individuals who were eligible for drug court. These individuals (some of whom participated in drug court and some who received traditional court processing) would be tracked intensively through both the criminal justice and drug court treatment system for the purpose of collecting more detailed data than is generally available in administrative datasets. These highly detailed data would then be used to augment administrative data collected at an individual level on a much larger sample of drug court and non-drug court participants. The detailed data were collected by tracking drug court eligible offenders into court sessions, attorney visits and treatment sessions</td>
<td>N/A</td>
<td>N/A</td>
<td>30 months after program</td>
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<tr>
<td>89</td>
<td>February 2004</td>
<td>The research strategy used by NPC Research for this outcome evaluation was to identify a sample of participants who entered Drug Court and a matched historical comparison sample of individuals who were eligible for Drug Court but who received traditional court processing before the CCJDC program was implemented. Because this drug court is both small and relatively new (beginning late in 2001), the Drug Court sample consisted of the entire Drug Court participant population except for those who had entered the Drug Court less than 6 months from the time of the outcome data collection. Both groups were examined through existing administrative databases from the date of the initial contact with the Drug Court program (or the equivalent) through November 2003</td>
<td>Drug Court participants are re-referred much less often than individuals who did not participate in the Program. In the first three months, Drug Court participants are re-referred more than twice as often as the comparison group members.</td>
<td>18 months</td>
</tr>
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### Summary of Recidivism and Other Findings Reported in Selected Evaluation Reports of U.S Adult Drug Court Programs Published 2000 – Present

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<thead>
<tr>
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<th>Publication Date</th>
<th>Methodology</th>
<th>Re-Arrests</th>
<th>Recidivism Results Convictions</th>
<th>Time Followed</th>
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<tbody>
<tr>
<td>90</td>
<td>April 2007</td>
<td>Information was acquired from several sources, including observations of court sessions and team meetings during site visits, key informant interviews, focus groups, drug court database, plus state and county records</td>
<td>The VCDRDC reduced recidivism as participants were significantly less likely to be rearrested than offenders who were eligible for the program but did not participate. As Figure A illustrates, VCDRDC participants were re-arrested less often than comparison group members who were eligible for drug court but did not attend. The 24-month recidivism rate for drug court was 29.5% while the comparison group rate was 39.2%. Thus, drug court participants (regardless of graduation status) were 33% less likely to have had any arrests in the 24-month follow-up period relative to the comparison group (regardless of graduation status).</td>
<td>N/A</td>
<td>24 months</td>
</tr>
<tr>
<td>91</td>
<td>April 2007</td>
<td>Information was acquired from several sources, including observations of court sessions and team meetings during site visits, key informant interviews, focus groups, drug court database, plus state and county records</td>
<td>The VCDC reduced recidivism as participants were significantly less likely to be rearrested than the comparison group. As Figure A illustrates, VCDC participants were re-arrested less often than comparison group members. The 24-month recidivism rate for drug court was 19.7% while the comparison group rate was 39.2%. Thus, drug court participants (regardless of graduation status) were 99% less likely to have had any arrests in the 24-month follow-up period relative to the comparison group. Even after excluding individuals with alcohol as their drug of choice from the VCDC (leaving mainly methamphetamine users), the number of re-arrests over 24 months was lower than for the comparison group.</td>
<td>N/A</td>
<td>24 months</td>
</tr>
</tbody>
</table>
## Summary of Recidivism and Other Findings Reported in Selected Evaluation Reports of U.S Adult Drug Court Programs Published 2000 – Present

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<th>Time Followed</th>
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<tbody>
<tr>
<td>92</td>
<td>April 2007</td>
<td>Information was acquired from several sources, including observations of court sessions and team meetings during site visits, key informant interviews, focus groups, Court Substance Abuse Program (CSAP) records which includes drug court data, plus arrest records.</td>
<td>The SJCDC significantly reduced recidivism. Participants were significantly less likely to be re-arrested than offenders who were eligible for the program but did not participate. As Figure A illustrates, St. Joseph County Drug Court Program participants were re-arrested less often than comparison group members who were eligible for drug court but did not attend. The 24-month recidivism rate for drug court was 18.2% while the comparison group rate was 33.6%. Thus, drug court participants (regardless of graduation status) were 54% less likely to have had any arrests in the 24 months following drug court entry than the comparison group.</td>
<td>N/A</td>
<td>24 months</td>
</tr>
<tr>
<td>93</td>
<td>November 2009</td>
<td>Residents were tracked and interviewed using court databases and personal interviews.</td>
<td>As of now only ten people in the program have recidivated/</td>
<td>N/A</td>
<td>One year Post graduate</td>
</tr>
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</table>
## Summary of Recidivism and Other Findings Reported in Selected Evaluation Reports of U.S Adult Drug Court Programs Published 2000 – Present

### PART THREE

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<tr>
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<th>Other Findings</th>
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<tbody>
<tr>
<td>1</td>
<td>2004</td>
<td>Phase II Douglas County [Nebraska] Drug Court Evaluation Report. Thomas J. Martin, Cassia C. Spohn, R.K. Piper, and Jill Robinson</td>
<td>Drug court results in average savings of over $4,000 per felony drug-related case compared with traditional adjudication and sentencing; savings mainly attributable to reduced jail confinement, prison incarceration costs, and county and district court processing costs (e.g., police overtime costs for court testimony);</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>January 29, 2004</td>
<td>Cost Analysis of Anne Arundel County, Maryland Drug Court. Prepared by: NPC Research, Inc., Portland, Oregon</td>
<td>$2,571,894 less in Drug Treatment Court criminal justice system costs than comparison group for all participants studied, or 32.4% return on investment; Average cost per participant was $2,109; average savings resulting from criminal justice system savings, victimization costs and income tax payment experience of participants was $3,651; savings represent a $1.74 return for every dollar spent for the program.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>January 29, 2004</td>
<td>Cost Analysis of Baltimore City, Maryland Drug Treatment Court: Includes Outcome Findings, Cost Analysis, and Summary and Conclusions, Only; Prepared by NPC Research, Inc., Portland, Oregon</td>
<td>Average of $3,393 (24.2%) per person less in criminal justice system costs per participant than comparison group (30.9% less costs for Circuit Court participants); projected for all 758 drug court participants during the study period resulted in a savings of $2,721,894 total costs for criminal justice system expenses over 3 year study period; $9,817 average savings in victimization costs than for comparison group; projected for all 758 drug court participants results in $7,442,044 savings in victimization costs for 3 year period; $3,000 less per person in criminal justice system costs by</td>
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### Summary of Recidivism and Other Findings Reported in Selected Evaluation Reports of U.S Adult Drug Court Programs Published 2000 – Present

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</table>
FEMALES:  
- restitution paid to victims totaled $ 7,215.25  
- urine screen fees totaled $ 8,802.00  
- drug treatment court fees totaled % 5,150  
MALES:  
- paid restitution to victims of $ 4,891.15  
- paid urine screen fees totaling $ 10,080  
- paid drug treatment court fees totaling $ 13,410. | **Women:**  
187 of 543 women successfully completed program  
24 women still active in Phase I; 23 completed Phase 1 and in Phases 2 and 3.  
12 women on bench warrants;  
36 women opted out of program  
261 terminated for failure to perform  
of the 1887 who completed program, all were employed or attending school full time upon completion  
16% (29) of 187 women who completed program were rearrested on new misdemeanor or felony charge within 3 years of program completion; 84% (158) have had no subsequent convictions within 3 years of program completion. |

| 6 | January 2004 | **Oklahoma Drug Courts: Fiscal Years 2002 and 2000. Prepared by The Oklahoma Criminal Justice Resource Center.** | (1) If all 1,666 drug court participants studied would have served prison sentence, overall 4-year cost savings vs drug court vs prison was: $ 45,552,798;  
(2) if all 1,666 drug court participants would have served standard probation sentences, 4-year costs of drug court were $ 4,334,599 more than costs for standard probation | **For Graduates:**  
(1) 75.1% decrease in unemployment (reduced from 50.4% to 12%);  
(2) 13.6% decrease in percent of graduates without high school diploma (reduced from 30.8% to 17.2%);  
(3) 19.1% increase in no. of graduates who had children living with them (from 120 (41.4%) to 143 (49.3%);  
(4) improvement in each of 7 components of ASI:  
- Medical: 56.3% decrease |
### Summary of Recidivism and Other Findings Reported in Selected Evaluation Reports of U.S Adult Drug Court Programs Published 2000 – Present

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<td>7</td>
<td>October 2003</td>
<td><em>The New York State Adult Drug Court Evaluation: Policies, Participants and Impacts.</em> Center for Court Innovation. New York, New York.</td>
<td>- Graduates significantly more likely to be employed at time of program completion - graduates in 5 of 9 programs significantly more likely to be attending school at time of program completion - some graduates of each court regained custody or visitation rights with their children; - some graduates of each court were volunteering in community at time of graduation, although no court mandated</td>
<td>General: - Positive long-term impact persisted beyond period of active judicial supervision; - Drug court graduates were FAR less likely than comparison defendants to recidivate in all six courts; however drug court failures were as likely, if not more so, as comparison defendants to recidivate in four of the six courts; therefore, benefits of drug court participation largely accrue to those who successfully graduate; - Predictors of recidivism: - those with prior misdemeanor convictions and of younger age generally more likely than others to recidivate; - graduation less likely if primary drug was heroin (2 of 3 courts studied); - participants with property charges somewhat more likely to recidivate than those with drug charges - immediate engagement in treatment strongly predicted graduation - drug court graduation is key predictor of success (rather than length of time in treatment, etc.) - retention rates exceed national standard of 60% for 8 of 11 drug courts more than half of participants in 8 of 11 NY courts retained for at least 2 years (e.g., still participating or graduated)</td>
</tr>
<tr>
<td>8</td>
<td>August 1, 2003</td>
<td><em>Drug Court More Beneficial for Women:</em> [author not provided]</td>
<td>N/A</td>
<td>Monthly income of female drug-court graduates increased 130%. Monthly income of male drug-court graduates increased 31% despite prior higher income and rate of employment. Oklahoma sends more women to prison than any other state in the nation.</td>
</tr>
<tr>
<td>9</td>
<td>July 2003</td>
<td><em>16th Judicial District of Tennessee (Rutherford Co.) Drug Court Program 2003 Process Evaluation.</em></td>
<td>• 20% of participants who did not have GED obtained GED while in drug court • four babies born drug free • 8% of 36 graduates employed at graduation</td>
<td></td>
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<tr>
<td>10</td>
<td>June 1, 2003</td>
<td>Dana K. Fuller, Ph.D. July 2003</td>
<td>N/A</td>
<td>Individuals who were not ordered to community service or individuals who underwent mental health treatment were more likely to violate their sentences. Over 56% had 1 violation. Over 80% had no more than 2 violations.</td>
</tr>
<tr>
<td>11</td>
<td>May 2003</td>
<td>Coconino County DUI/DUI Court Evaluation. Prepared by: Frederic I. Solop, Nancy A. Wonders, et. al. Social Research Laboratory, Northern Arizona University</td>
<td>Average DUI drug court participant costs county approximately $534/mo; average cost for traditional cjs processing is $758/mo. (difference in cost primarily due to increased likelihood of control group members spending time in jail ($80/day) or prison ($53/day); total program costs were $6,408 for DUI drug court (completed in 12 months) vs. $22,740 for traditional process( requiring 2-3 years)</td>
<td>DUI Drug court participants averaged 6.7 treatment days/mo (compared with 1.2 for control group); worked more hours (32.1 hrs vs 29.8 hrs/mo; and attended school more frequently (1.3 hrs/week vs 0 hrs. for control group); and paid more money to the court each month ($28.86vs. 7.34)</td>
</tr>
<tr>
<td>12</td>
<td>April 18, 2003</td>
<td>Assessing the Efficacy of Treatment Modalities in the Context of Adult Drug Courts. Donald F. Anspach, Ph.D. and Andrew S. Ferguson.</td>
<td>NA</td>
<td>- program completion is most consistent variable associated with post program recidivism; (both in terms of frequency of and time to rearrest); - other factors associated with post program recidivism included: treatment attendance (particis with low attendance at treatment had greater likelihood of being arrested); race/ethnicity, with race and ethnic minorities more likely than white non-Hispanics to be arrested; and age at first arrest (participants with prior arrests at younger ages more likely to be rearrested); gender (males more likely to be rearrested); [numerous other findings re non-recidivism issues]</td>
</tr>
<tr>
<td>13</td>
<td>April 15, 2003</td>
<td>Bibb County Special Drug Court Program: Eight-Year Annual Report. April 15, 2003. Prepared by Chief Judge Tommy Day Wilcox, Superior Courts, Macon Judicial Circuit and Jacqueline Duncan, Program Administrator</td>
<td>Estimated cost savings from jail time saved, both pre and post entry; other savings for law enforcement and defense (see “Cost Savings Memo”).</td>
<td>Other information relating to employment, and other program impacts</td>
</tr>
<tr>
<td>14</td>
<td>March 2003</td>
<td>Summary Report of</td>
<td>Program saved $5,487,330 in avoided incarceration for</td>
<td>Recidivism rates for the individual drug courts are shown.</td>
</tr>
</tbody>
</table>
## Summary of Recidivism and Other Findings Reported in Selected Evaluation Reports of U.S Adult Drug Court Programs Published 2000 – Present

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<tr>
<td>15</td>
<td>March 2003</td>
<td>Washington State’s Drug Courts for Adult Defendants: Outcome Evaluation and Cost-Benefit Analysis. Washington State Institute for Public Policy</td>
<td>Drug courts are more expensive to operate than regular criminal courts (e.g., $3,891 more per participant); overall, drug courts produce more benefits than costs:…”We found that the five adult drug courts generate $1.74 in benefits for each dollar of costs.</td>
<td>Not studied</td>
</tr>
<tr>
<td>16</td>
<td>February 7, 2003</td>
<td>Judicial Council of California. Administrative Office of the Courts.</td>
<td>Avoided criminal justice costs averaged approximately $200,000 annually per court for each 100 participants; with 90 adult drug courts operating statewide as of 2002, and drug court caseloads conservatively estimated at 100 participants per year, annual statewide cost savings for adult drug courts suggested by data to be $18 million per year; cost offset and cost avoidance estimated at $43 million predominately due to avoided jail and prison costs; with $1 million in cost offset due to collection of fees/fines.</td>
<td>Social outcome data, compiled from 28 counties for 2,892 participants, indicated that 70% of participants were employed upon completion of drug court compared with 62% unemployed at entry; 96% of drug tests were negative; 96% of babies born to program participants (132 babies) were born drug free;</td>
</tr>
<tr>
<td>17</td>
<td>January 6, 2003</td>
<td>Evaluating the Effectiveness of Drug Courts in Idaho: Report to Governor Dirk Kempthorne and the First Regular Session of the 57th Idaho Legislature. Idaho Supreme Court</td>
<td>N/A</td>
<td>86% of participants gained or maintained employment 23% of graduates returned to school for GED or college average hourly wage rate increase of graduates was: $4.89 average annual wage increase for graduates was: $10,748.84</td>
</tr>
<tr>
<td>18</td>
<td>January</td>
<td>Evaluating Treatment</td>
<td>NA</td>
<td>As of September 2001, 28% of Jackson Co participants and 49% of Escambia Co.</td>
</tr>
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# Summary of Recidivism and Other Findings Reported in Selected Evaluation Reports of U.S Adult Drug Court Programs Published 2000 – Present

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<tr>
<td>2003</td>
<td>Drug Courts in Kansas City, Missouri and Pensacola, Florida: Final Reports for Phase I and Phase II. (Abt Associates. Linda Truitt; Wm. Rhodes; N.G. Hoffman; Amy Maizell Seeherman; Sarah Kuck Jalbert; Michael Kane; Cassie P. Bacani; Kyla M. Carrigan; Peter Finn Carrigan; Peter Finn).</td>
<td>Participants entering drug court between October 1999 and October 2000 had successfully completed and graduated the drug court; participants required up to 22 months to complete program but median length of stay for graduates was 13 months (Jackson Co.) and 12 months (Escambia Co); median length of stay for terminations was 7.5 months (Jackson Co.) and 8 months (Escambia Co.); 17% of participants (Jackson Co.) and 11% (Escambia Co.) absconded; median length of stay for absconders was 6 months (Jackson Co.) and 4 months (Escambia Co.). Predictors of program success: Jackson Co.: Probability of program success increased with age, education and employment. Males, blacks and participants who owned or rented homes more likely to be unsuccessful. Participants who injected drugs was only AOD use variable correlated with unsuccessful program completion. Participants with emotional problems or prior treatment experience had higher probability of success; participants who scored low on problem recognition factor of treatment motivation had higher probability of success; Escambia Co.: similar findings except males and participants who owned or rented homes had higher probability of success; males nearly 3x more likely to graduate or remain active than females; participants who had previously been in detox or rehab and participants with high levels of drug dependency more likely to be unsuccessful. Three of the four treatment motivation factors (problem recognition, treatment readiness, and external pressures) associated with higher probability of successful program participation.</td>
<td></td>
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<tr>
<td>19</td>
<td>May 5, 2002</td>
<td>From Whether to How Drug Courts Work: Retrospective Evaluation of Drug Courts in Clark County (Las Vegas) and Multnomah County (Portland), [Oregon]. John S. Goldkamp; Michael D. White; Jennifer B. Robinson.</td>
<td>NA</td>
<td>Extensive discussion of various possible factors, both internal and external to the drug court program that might impact recidivism rates.</td>
</tr>
<tr>
<td>20</td>
<td>March 2002</td>
<td>Drug Court Partnership Act of 1998, Chapter 1007, Statutes of 1998. Final Report. Prepared by</td>
<td>Total of 425,014 jail days avoided with an averted cost of approximately $26 million; total of 227,894 prison days avoided, with an averted cost of approximately $16 million; participants who completed paid almost $1</td>
<td>Participants had long histories of drug use and multiple incarceration as well as serious social difficulties including homelessness, unemployment and limited education; more than 70% used drugs for 5 or more years with more than 40% using drugs for more than 10 years prior to entering drug court; 52% had a high</td>
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| 21 | October 2001     | **Kentucky Drug Court Outcome Evaluation: Behaviors, Costs, and Avoided Costs to Society. Prepared by TK Logan, William Hoyt and Carl Leukefeld. Center on Drug and Alcohol Research. University of Kentucky** | - Annual cost of a drug court graduate ($2,642 accounting cost and $4,140 accounting and opportunity (e.g., judge, police, jail, etc.) costs is much less than the annual cost of housing an individual in jail ($9,600) or prison ($14,691) and not much higher than the annual cost of supervising an individual on probation ($1,237) in Kentucky; total avoided costs of "benefits" for graduates is estimated to be $4,364,114 when earnings are considered, and $2,584,562 without the earnings for a one year period…  
- For every dollar spent on a drug court graduate, results for terminators were less pronounced than for the graduates. However, for most outcome measures, there does seem to be a gain…reductions in undesirable behavior and increases in desirable behavior, except for time in prison and child support deficits. |
|    |                  | The California Department of Alcohol and Drug Programs and the Judicial Council of California, Administrative Office of the Courts. | million in fees and fines imposed by the court  
Fourteen million dollars in DCP program funds, combined with other funds supporting the programs, allowed cost offset and avoidance of approximately $43 million. | school diploma or its equivalent and 13% had any college education; 62% were unemployed; on average each participant had been arrested twice and had one incident of conviction and incarceration in the two years prior to entering drug court; 70% of graduates employed at graduation; 11% obtained GED/high school diploma; 8% obtained vocational certificate and 1% of graduates completed college 12% of graduates transitioned from homelessness to housing 20% of graduates obtained drivers licenses and car insurance; 28% of graduates retained/regained custody of their children; 7% gained child visitation rights and 8% became current in child support payments; 31% were reunited with families; 95% of all babies born while mothers participated in drug court were drug-free;  
Incarceration rates for participants who completed drug court is 83% less during two years after admission than incarceration rate of those entering program during two years prior to entry  
While in drug court, participants engaged in low levels of drug use as indicated by high rates of negative urinalysis in comparison to prior drug use histories;  
Participants who successfully completed program improved substantially in all areas, showed decreased drug use and rearrests a well as improvement in employment and education; other areas of social functioning also improved including acquisition of stable housing and increased family involvement; |
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<td>22</td>
<td>October 2000</td>
<td><em>Tulsa County Adult Drug Court: Phase II Analysis</em>, Wright, David, O’Connell, Paul, Clymer, Bob, Simpson, Debbie.</td>
<td>there was an avoided cost savings of $3.30 to $5.58 per graduate in a one year period when only accounting costs were considered, and a cost savings of $2.11 to $3.546 per graduate in a one year period when opportunity costs were included;  • When both graduates and terminators were included there is an estimated savings of $6,199 per client when earnings were included, and a savings of $3,059 in a one year period without the earnings per client using accounting costs. When the opportunity costs for Drug Court program graduates and terminators combined were used, there was an estimated savings of $4,826 per participant when earnings were included, and a savings of $1,686 per participant without the earnings in a one year period.  • For every dollar spent on a drug court participant (graduates and terminators) there was an avoided cost savings of $2.26 to $3.56 per participant in a one year period when only accounting costs were considered, and a cost savings of $1.44 to $2.27 per participant in a one year period when opportunity costs were included.</td>
<td>Re-arrest rates overestimate the actual level of criminality, while re-conviction rates underestimate the level of criminal activity.</td>
</tr>
<tr>
<td>23</td>
<td>May 1999</td>
<td><em>Evaluation of the Hennepin County Minneapolis Drug Court. Minnesota Citizens Council on Crime and Justice (R. Ericson; S. Welter and Thomas L. Welter)</em></td>
<td>Drug court handled 31% of all felony cases filed in 1997 in Hennepin Co, with primarily one judicial officer and various clerical staff; previously, this workload had been spread across all judges of the Court; Given the increase in case processing speed achieved by the Drug court, the increase in judicial efficiency is readily apparent.</td>
<td>Efficiencies in case processing achieved: average number of appearances was 3 (roughly half of the previous average); treatment completion rates were higher than other clients (54.5% vs. 47.3%)as</td>
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<td>24</td>
<td>October 2000</td>
<td>North Carolina Drug Treatment Court Evaluation Final Report. Craddock, Amy.</td>
<td>N/A</td>
<td>Most important predictor of recidivism is DTC graduation. Most common drug used is cocaine. 98.6% of participants are chemically dependent.</td>
</tr>
<tr>
<td>25</td>
<td>October 2000</td>
<td>Evaluation of Oklahoma Drug Courts, 1997-2000. O’Connell, Paul, Wright, David. Clymer, Bob.</td>
<td>NA</td>
<td>Drug court participants are more likely to be successful if they are older, Caucasian, better educated, employed, and less criminally active. Drug court participants are less likely to be successful if they are relatively young, African American, less educated, unemployed, and more criminally active.</td>
</tr>
<tr>
<td>26</td>
<td>October 2000</td>
<td>1998 Drug Court Recidivism Report Update. Administrative Office of the Courts, Dade County (Miami), Florida</td>
<td>NA</td>
<td>Other data that supports finding that drug court reduces recidivism</td>
</tr>
<tr>
<td>27</td>
<td>January 2001</td>
<td>Final Report on the Polk County Adult Drug Court: Executive Summary and Summary of Findings. Iowa Dept. of Human Rights. Division of Criminal and Juvenile Justice Planning. Statistical Analysis Center.</td>
<td>Total correction system costs for drug court clients ($26,021.59) was less than for comparison group($29,427.80) or referred group ($ 39,776.75); treatment costs were $ 5,149 per client compared to $3,949 for referred group;</td>
<td>Of the 134 drug court client sin the study, 44% graduated; graduation rate has risen during program’s first 2 years to 50%; most of terminations due to noncompliance rather than new arrests; Graduation rates for white and nonwhite clients are disparate; nonwhite clients have achieved very low rates of completion of the drug court; graduation rate for methamphetamine addicts was markedly higher than for participants using marijuana or cocaine</td>
</tr>
<tr>
<td>28</td>
<td>July 2001</td>
<td>NW HIDTA/DASA Washington State Drug Court Evaluation Project.</td>
<td>n/a</td>
<td>Graduates show systematic and substantial increases in income, with some tail-off in the third year; graduates were only group to show this improvement; rates for using vocation services b drug courts are very low (2% in King and Pierce Cos; 4%</td>
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<td>29</td>
<td>December 2004</td>
<td>G. Cox, L. Brown, C. Morgan, M. Hansten. Alcohol and Drug Abuse Institute. University of Washington, Seattle, Wash.</td>
<td>n/a</td>
<td>in Spokane Co.) Graduates had highest rate of use of Medicaid;</td>
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<tr>
<td>30</td>
<td>October 2003</td>
<td>Evaluation of Virginia’s Drug Treatment Court Programs. Office of the Executive Secretary, Supreme Court of Virginia</td>
<td>V Program decreased incarceration time for nonviolent offenders by at least 75% and may be up to 88%</td>
<td>V No difference in program completion rates for:</td>
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<tr>
<td></td>
<td></td>
<td></td>
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<td>- men vs. women</td>
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<td>- felony vs. misdemeanor participants</td>
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<td>- DUI vs. drug-related offenders</td>
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<td>- participants of different racial/ethnic groups</td>
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<td></td>
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<td></td>
<td></td>
<td>- those who received jail as a sanction and those who did not receive any jail time as a program sanction</td>
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<td>V There was no difference in rearrest rates for participants with different primary drugs of choice</td>
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<td>V The program did not lower LSI (Level of Supervision Inventory risk scores of participants by 40% between time of program entry and program completion but did result in 32% declines in LSI scores for 14 program graduates by time of graduation</td>
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<td>V The program maintained offenders in treatment and other maintenance programs for at least 12 months</td>
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<td>V There was a large difference between average time to sentence for drug court participants (60.9 days average) vs. nonparticipants (168.8 days)</td>
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<td>V Average time from arrest to program entry was not less than 42 days rather than 30 days as planned</td>
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<td>V Program decreased incarceration time for nonviolent offenders by at least 75% and may be up to 88%</td>
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<tr>
<td></td>
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<td></td>
<td>V Revocation of time for 8 terminated participants is 17% lower for drug court participants vs. average revocation rate of 32% for nondrug court participants in ND</td>
</tr>
</tbody>
</table>
# Summary of Recidivism and Other Findings Reported in Selected Evaluation Reports of U.S. Adult Drug Court Programs Published 2000 – Present

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</thead>
<tbody>
<tr>
<td>31</td>
<td>July 2002</td>
<td><em>Outcome Evaluation of Ohio's Drug Court Efforts. Final Report. By Edward J. Latessa, Ph.D.; Deborah Koetzle Shaffer; Christopher Lowenkamp. Center for Criminal Justice Research. University of Cincinnati.</em></td>
<td>n/a</td>
<td>Graduation:  - Common: Please graduated 31% of participants  - Municipal drug courts graduated 44% of participants  overall, 40% of participants graduated</td>
</tr>
<tr>
<td>32</td>
<td>2001</td>
<td><em>Evaluation of the Bernalillo County Metropolitan DWI/Drug Court</em></td>
<td>Total Cost Savings:  - Jail Days:  Graduates: Jail days 914 days vs. 3,366 days = 2,451 days saved for 2,757 days saved ($184,719)  CCP days: 1,483 days vs. 3,103 days – 1,902 days saved ($62,291); total cost savings - $247,010 over 4 year period.  - Graduates spent 915 days in jail, costing $61,305 in jail time ($67/day); average is 5.45 days per graduate ($365.15 per participant); graduates spent 1,483 days in Community Custody ($32.75 per day) cost $48,568 or 8.83 days average per participant or $289.18 per participant.</td>
<td>y</td>
</tr>
</tbody>
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<tr>
<td>33</td>
<td>February 2005</td>
<td>Adult Drug Courts: Evidence Indicates Recidivism Reductions and Mixed Results for Other Outcomes. U.S Government Accountability Office. February 2005</td>
<td>Four of seven adult drug court program evaluations provided sufficient cost and benefit data to estimate net benefits. Although cost of six of the programs was greater than costs to provide criminal justice services to comparison group., all seven programs yielded positive net benefits, primarily from reductions in recidivism affecting judicial system costs and avoided costs to potential victims. Financial cost savings for the criminal justice system (taking into account recidivism reductions) were found in two of the seven programs.</td>
<td>ý Evidence about the effectiveness of adult drug courts in reducing participants’ Substance use relapse limited to data from 8 drug courts: evaluations of these 8 drug courts reported mixed results on substance use relapse; drug test results generally showed significant reductions in use during participation in the program while self reported results generally showed no significant reductions in use. ý Completion rates ranged from 27 – 66%. Other than compliance with drug \ court program procedures, no other program factor consistently predicted participants’ completion</td>
</tr>
<tr>
<td>34</td>
<td>April 2005</td>
<td>Evaluation of the Outcomes in Three Therapeutic Courts: Anchorage Felony Drug Court; Anchorage felony DUI Court; Bethel Therapeutic Court. Alaska Judicial Council.</td>
<td>Overall: significant cost benefits including reductions in days of incarceration to graduates compared with comparison groups; also greater family stability, better education and employment; Specific impact(s) reported:-16% of graduates and 6% of active participants appeared to have improved child support situations – either able to pay more support to their children or were receiving more child support; -one graduate and one active participant reported birth of drug/alcohol-free babies -6% of graduates and 3% of active participants regained custody of their children -81% of graduates and 32% of active in the program had more stable family situations during or after program -9% of graduates and 13% of active participants reported reduced domestic violence after program participation -63% of graduates and 46% of active participants holding steady job after program participation -41% of graduates and 21% of active participants had</td>
<td>ý Overall, defendants who graduates from program and who were active had fewer days of incarceration, fewer remands to custody and fewer convictions after beginning program than in 2 years preceding ý Defendants in comparison groups had significantly more mean days of incarceration after convictions for the evaluated offense than they did in the two years before ý Graduates from each of the courts spent an average of 452 days (15 months) in court before graduating (43 hearings for graduates; and average of 29 hearings for defendants who opted out)</td>
</tr>
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<tr>
<td>35</td>
<td>April 2004</td>
<td><em>The Kootenai and Ada County [Idaho] Drug Courts: Outcome Evaluation Findings. Final Report</em></td>
<td>- improved educational status after program participation -41% of graduates and 15% of active participants reported less debt after program participation</td>
<td>Factors associated with recidivism: <em>Kootenai County</em>: gender,prior record and time at risk (males with prior record and at risk longer more likely to be rearrested; graduates less likely to be arrested for felony charge; none of graduates arrested more than once during follow up period vs. 30% of nongraduates and 24% of comparison group was; <em>Ada Co</em>: gender; employment and time</td>
</tr>
<tr>
<td>36</td>
<td>July 2000</td>
<td><em>The Hamilton County [Ohio] Drug Court: Outcome Evaluation Findings. Shelley Johnson and Edward Latessa. University of Cincinnati.</em></td>
<td>NA</td>
<td>Majority of drug court participants began treatment in the residential phase of the program and progressed to the outpatient phase</td>
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<td>75% of participants completed the first phase and 84% [sic] completed the second phase</td>
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<td>Typical offender had 3 status review hearings while in program but 30% had more than 5</td>
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<td>Factors associated with recidivism were race (African Americans) prior record, age (younger) and time at risk</td>
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<tr>
<td>37</td>
<td>March 2005</td>
<td><em>Analysis of Oklahoma Drug Courts: Fiscal Years 2002-2004. Oklahoma Department of Mental Health and Substance Abuse Services</em></td>
<td>If all 2,307 offenders would have serviced their sentence in prison, overall 4-year cost savings of drug court vs. prison is $ 64,805,293; ODMHSAS requested funding to increase drug court capacity in state from 1,575 by 3,229 to total 4,804 drug court slots and projects cumulative cost savings of $ 314,250,347 over 4 years; [annual cost per drug court participant = $ 2,325; annual cost for prison = $ 16,842];</td>
<td><em>Retention rate for period was 83.1% for graduates.</em></td>
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<td><em>reduction in unemployment of 82.4%</em>;</td>
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<td><em>53.3% increase in income</em>;</td>
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<td><em>23.9% decrease in number without high school diploma</em>;</td>
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<td><em>20.8% increase in number of participants who had children living with them</em></td>
</tr>
<tr>
<td>38</td>
<td>July 2001</td>
<td><em>The Akron Municipal Drug Court: Outcome Evaluation Findings. S. Listwam, D.K. Shaffer, and Edward J. Latessa. Center for Criminal Justice Research, University of Cincinnati</em></td>
<td>n/a</td>
<td>Completion Status:</td>
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<tr>
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<td><em>Graduated: 129 (42.7%)</em></td>
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<td><em>Terminated: 100 (33.1%)</em></td>
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<td><em>Absconded: 62 (20.5%)</em></td>
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<td><em>Other: 10 (3.3%)</em></td>
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<td><em>Expiration of term</em>: 1 (.3%)*</td>
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</table>
# Summary of Recidivism and Other Findings Reported in Selected Evaluation Reports of U.S Adult Drug Court Programs Published 2000 – Present

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<tr>
<td>39</td>
<td>May 2003</td>
<td>Coconino County DUI/Drug Court Evaluation. Frederic I. Solop, Nancy A. Wonders, K.K. Hagen, K.McCarrier. Social Research Laboratory, Northern Arizona University.</td>
<td>Average DUI drug court participant costs Coconino Co $6,408 vs. $22,740 for traditional cjs processing; DUI participant paid average of $28.86 monthly to court vs. $7.34 by control group; therefore traditional cjs process is 3.5 times more costly than Co. Dui Drug Court.</td>
<td>DUI drug court participants make more positive contributions to society during an average month, working more hours each week (32.1 vs. 29.8) and spending more time in school (1.3 vs. 0) than offenders processed through the traditional process</td>
</tr>
<tr>
<td>40</td>
<td>2005</td>
<td>Recidivism of Violent Offenders in a Delaware Drug Court Program for Probation Violators. Christine A. Saum, Ph.D. Univ. of Delaware.</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>41</td>
<td>2004</td>
<td>Kalamazoo County 9th Judicial Circuit Court Drug Treatment Court Programs. Statistical Report. 2004</td>
<td>Females: restitution paid to victims totaled $9,023.72; urine screen fees paid totaled $10,935.50; drug treatment court fees paid totaled: $7,620 Males: restitution paid totaled $10,254.15 Urine screen fees totaled $24,005.75 Drug treatment court fees totaled $13,74.800</td>
<td>Females: 202 (36%) of female enrollees successfully completed the program; 38 opted out of the program; 276 (49%) were discharged due to repeated noncompliance; 47 (17%) were discharged due to new charges; average length of drug use was 10.5 years; youngest initial drug use was 7 yrs; oldest initial use was 46 years; 100% of women who completed the program and physically able were employed or attending school full time at time of program completion; 52.7% (298) had never received formal treatment services prior to enrolling in the drug court Males: 183 (31%) successfully completed the program; 34 men opted out of the program; 259 (45%) were discharged due to repeated non-compliance with program rules;35 (13.5%) were discharged due to new charges; 100% of men who were physically able were employed or attending school full time upon program completion; 55% (325) had never received formal substance abuse treatment prior to engaging in the drug court</td>
</tr>
<tr>
<td>42</td>
<td>April 2005</td>
<td>Puerto Rico Drug Court Program: Outcome Evaluation Center for Addiction Studies, School of Medicine, Universidad Central del Caribe</td>
<td>n/a</td>
<td>(1) drug court participants showed marked and statistically significant improvements found in reduction in drug use (from 86.5% to 33.5%) and participation in treatment (97.5% received treatment) and in reduction of antisocial and illegal behaviors among drug court participants; (2) percent of drug court participants considered drug dependent decreased from 41.4% prior to admission to 8% 12 months after admission, and, for alcohol dependence, from 9.5% to 2.5% (3) no statistically significant improvements found in other domains (employment and education, residential stability and family roles; physical and mental health</td>
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### Summary of Recidivism and Other Findings Reported in Selected Evaluation Reports of U.S. Adult Drug Court Programs Published 2000 – Present

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<tr>
<td>43</td>
<td>September 2005 (interim)</td>
<td>California Drug Courts: Outcomes, Costs and Promising Practices: An Overview of Phase II Study Results. NPC Research, Shannon M. Carey, Michael W. Finigan, David Crompton, Mark Waller, Francine Byrne</td>
<td><strong>(1)</strong> Investment costs per participant not always much more than traditional court processing</td>
<td><strong>Recommendations:</strong> (1) only 40% of drug court participants studied appeared to be drug dependent at time of program entry – therefore need to review eligibility criteria and recruitment strategies to focus on those who are drug dependent (not simply drug using); (2) need to intensify efforts to assist participant in improving other domains, particularly: education; employment; familial roles; and mental health problems; 3) Need to register participants in drug court (and other diversion programs) in Department of Justice’s management information system to permit tracking of recidivism.</td>
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**CJ Invstmt/DC partic Invstmt/nonDC Cost Ben**
- **Arrest:** 192.91 192.91 0
- **Booking:** 284.34 284.34 0
- **Court:** 681.54 678.50 + $3
- **Treatment:** 2,713.32 2,009.18 +704
- **Jail:** 1,610.89 2,782.55 -1,171
- **Probation:** 513.64 1,421.84 - 908
- **Total cost:** 5,927.80 7,369.32 -1,442

**(2)** average net investment cost per participant: $ 1392

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<tr>
<td>sup ct</td>
<td>464</td>
<td>(79) –(898)</td>
</tr>
<tr>
<td>DA</td>
<td>235</td>
<td>103-(523)</td>
</tr>
<tr>
<td>Pub D</td>
<td>279</td>
<td>(76) –(448)</td>
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<tr>
<td>Prob</td>
<td>697</td>
<td>2,143-(632)</td>
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**Promising Practices:**
- O single or overseeing treatment provider
- High drug court team attendance at 227 staffing
- Court sessions start 1 every 2-3 weeks
- Treatment 2-3 times per week (start)
- Drug tests 3 times per week (start)
- Judges voluntary with no fixed term (or at least 2 years)
- Minimum 6 months clean before graduation

**FTE’s**

<p>| Monterey Or Co./Laguna Nig Or Co/Santa Ana Stanisl. Co. |
|---------|---------|---------|--------|
| DA:     | 28      | 0       | 1.00   | .20    |
| Pub Def | .08     | .4      | 1.00   | .25    |
| Law Enf. | .00 | .50    | .00    | .00    |
| Prob.:  | 1.00    | 1.5     | 4.00   | 3.00   |</p>
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<tr>
<td>44</td>
<td>January 2005</td>
<td>Malheur Co. Adult <a href="http://example.com">gender specific Drug Court Outcome Evaluation, Final Report. NPC Research. Shannon Carey and Gwen Marchand.</a></td>
<td>n/a</td>
<td>Factors associated with success: no correlation between success and age, marital status, race or years of education; small correlation between sex and success (females slightly more likely than males to be terminated); graduates more likely to report alcohol as primary drug of choice than other drug; over 60% of terminated participants were meth users vs. 41% of graduates; higher number of drug treatment (group and individual) sessions associated with lower number of re-arrests; lower re-arrest rates for males associated with treatment readiness; females rarely rearrested regardless of whether they graduated or were terminated</td>
</tr>
</tbody>
</table>
| 45 | January 2005      | Marion Co. (Oregon), Adult Drug Court Outcome Evaluation, Final Report. NPC Research. Shannon Carey, Gwen Marchand. | NA                        | - Program retention rate is 71% (44 graduated or currently participating vs. 18 terminated or withdrew  
- Predictors of Success: Factors with no correlation: age, marital status, race, insurance source, employment status, number of arrests prior to entry; years of education; significant correlation between gender and success : females much less likely to graduate than males  
- nearly 78% of terminated clients were meth users vs 47% of graduates  
- terminated clients more likely to have at least one dependent child  
- readiness for treatment correlated with greater likelihood of graduating and less likelihood to recidivate  
- small negative correlation between days spent in aftercare and rearrests, particularly drug related rearrests – longer time spent in aftercare, reduced likelihood of being rearrested |
### Summary of Recidivism and Other Findings Reported in Selected Evaluation Reports of U.S. Adult Drug Court Programs Published 2000 – Present

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| 46 | July 2003 | A Detailed Cost Analysis in a Mature Drug Court Setting: A Cost-Benefit Evaluation of the Multnomah County Drug Court. NPC Research, Inc. Shannon Carey, Michael Finigan | - Total investment cost per client in drug court was less ($1,441.52) than investment cost per client in business as usual process.  
- money saved in outcome costs ($2,328.89 per participant) although savings not spread equally among agencies;  
- total savings over 30-month period, including victimization costs, averaged 44,788.88 per drug court participant | (1) does it cost more for drug court than business as usual? No: total investment in drug court averaged $5,927.80 per participant compared with 7,369.32 for business as usual. Business as usual offender cost $1,441.52 more than drug court  
(2) do agencies save money upfront from drug court vs business as usual? Yes. Law enf/corrections and public defender receive immediate savings. All agencies saved money in outcomes.  
(3) Are there cost savings in outcomes due to drug court processing? Yes. When outcomes costs for drug court participants compared with outcome costs for business as usual offenders, drug court saved an average of $2,328.89 per year per participant. With victimization costs added, average savings were $3,596.92 per participant.  
(4) What are total cost savings (investment and outcomes) attributed to drug court process? Combining outcome cost savings with investment savings over 30-month period, drug court saved average of 44,788.88 per participant including victimization costs. Multiplied by 300 participants who enter each year, this is $1,434,000 in cost savings for local tax payers –which is the “bottom line” difference in cost to the system of drug court participants vs cost for nondrug court participants |
| 47 | March 2004 | State of California Department of Alcohol and Drug Programs. Comprehensive Drug Court Implementation Act of 1999: Interim Report to the Legislature. Kathryn P. Jett, Director | - 3,563 participants completed adult drug courts avoiding a total of 948,299 prison days, resulted in an averted cost of approximately $34,233,593 to the state;  
- ratio of prison costs averted by participants to amount invested for the counties reporting was 1.53 to 1 | - 618 adult criminals reported making child support payments regularly  
- 39% (7,790) of adult criminal participants obtained employment while in the program, thus contributing to California’s economy  
- 12% (966) new adult participants admitted to the program were homeless; 785 of them (81%) obtained housing during the study period  
- 990 adult criminal participants either enrolled or completed parenting classes  
- 1,358 adult criminal participants were reunified with family members  
- almost all participants (96%) had negative urinalysis while participating the |
### Summary of Recidivism and Other Findings Reported in Selected Evaluation Reports of U.S Adult Drug Court Programs Published 2000 – Present

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- 93% of females who gave birth during the period of program participation gave birth to drug free babies | - “the best evidence at our disposal indicates that the four drug courts in Suffolk Co. have increased the receipt of substance abuse treatment and reduced criminal recidivism for a population of otherwise recalcitrant, drug-involved offenders. … Graduates of these drug courts are 33% less likely to be arrested than matched persons on traditional probation, have 47% fewer convictions, and are 70% less likely to be incarcerated.”  
- Drug court participants 24% less likely to be incarcerated; had 35% fewer incidents of incarceration; and 36% fewer suspensions and revocations  
- Drug court GRADUATES: were 70% less likely to be incarcerated; had 66% fewer incidents of incarceration and had 54% fewer suspensions and revocations  
TREATMENT:  
- participants had 35% higher probability of receiving S.A. treatment  
- graduates were neither more or less likely to enter treatment than nondrug court probationers |
| 49 | May 20, 2006     | *Outcome Evaluation of the Jackson County, Florida Drug Court*. Williams Consulting, Silver Spring, Md. | Program Costs: (1) treatment: $28,200 for 12 graduates; urinalysis was $16,200; total treatment costs were $44,400 for 12 graduates; comparison group: cost of 18 months incarceration was $38/day x 18 months = $20,710 = 248,520  
Total cost savings if comparison group was enrolled in drug court would be $204,120.00 (248,520-44,400) = 204,120. | - Demographics of population studied:  
- Gender: male: 73%; female: 37%  
- Employed fulltime at entry: 38%  
- Education: 45% HS Grads; 19% GED; 29% hs drop outs  
- Prior treatment: 47%  
- Children under 18: 62% (98 children of 51 parents)  
- Medical problems: 95% none; 15% added ADHD diabetes, depression, back and neck pain, hepatitis, high blood pressure, migraines  
-GRADUATES: average age of 12 graduates studied was 33, all were male and employed; one was Afr. Am; the other 11 were white; 59% single; 25% divorced;  
average prior arrests as 5  
- NON GRADS: (16); average age was 28; 57% male;38% employed; 53% unemployed;12% AM; 88% White;  
most nongrads received sentences of 10-15 years |
| 50 | Spring 2006      | *Long-Term effects of participation in the Baltimore City drug* | - Quantity of drug treatment services received was related to lower recidivism rates  
- Treatment had sustained effect on recidivism reduction, even after serves were |
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<tr>
<td>51</td>
<td>April 2006</td>
<td><em>California Drug Courts: A Methodology for Determining Costs and Benefits: Phase II: Testing the Methodology. NPC Research. Shannon Carey, Dave Crampton, Michael Finigan and Mark Waller. (See No. 43 for interim report)</em></td>
<td>Eight of the nine sites show outcome cost benefits ranging from $3,200 to over $20,000 saved per participant; Monterey showed no cost benefit over time; “actually loses money on drug court participants”. Stanislaus and El Monte produce very high returns on investment (1:16 and 1:36) in part because of low investment costs. San Joaquin saves money immediately by having lower investment costs than standard court processing. Only Monterey has no positive return on investment because drug court did not produce positive outcome results, likely due to operational problems. <strong>Specific Findings:</strong> Average cost per participant El Monte: $5,542.37 (2.275.50 for treatment, jail sanction next) vs $5,283.51 traditional case process Monterey: $8,173.93 (largest cost is treatment, then jail day sanctions) vs. $5,340.27 Orange Co.-Laguna Niguel: $19,799.59 (jail days pre or post DC, then case management highest costs) vs. $13,195.62- every dollar invested yields $1.50 return Orange Co. – Santa Ana: $15,613.12 vs. 15,173.10; each $ invested produced $7.30 savings (in correctional costs) San Joaquin Co.: $12,214.76 vs. 12,701.34 (72% of cost is jail days)- drug court approach produces 25% reduction in standard case processing); $4,801,427 saved each year at rate of 307 new participants annually) Stanislaus Co.: $5,455.20 (treatment is largest cost) vs. $4,518.24 (court costs and jail costs); greatest savings were in probation costs (-77%), victimization costs (-63%), bookings (-44%) and jail days (-42%); every $ spent produced savings of $16.00</td>
<td>1. No two drug courts function in the same manner; each operates in a different context, serves a different population and involves multiple agencies contributing varying levels of resources; each drug court has unique practices, policies and requirements. 2. Wide range in investment between jurisdictions and counties, and within counties, both in drug court process ($5,000 – 19,000) per participant and traditional court process (just under $5,000 to over $15,000 per participant) (differences largely attributable to jail costs) 3. Promising practices identified: a. Those drug courts where more agency staff attended drug court meetings and court session tended to have more positive outcomes b. The courts that start participants at one court session every 2 or 3 weeks, 1 to 3 group treatment sessions per week and individual treatment sessions “as needed” appear to have the best outcomes c. Sites with either a single provider or with multiple referral options but a single overseeing provider had the most positive outcomes. d. Judges on voluntary assignment to drug court, with either no fixed term or a term of at least two years, help produce the most beneficial outcomes. e. The sites that required participants to be “clean” for at least six months had lower costs and higher net benefits. f. Drug test frequency greater than 3 x per week didn’t appear to have added benefit; however lower frequencies were associated with less positive benefits. <strong>Graduation Rates:</strong> Butte Co: 68% (n=156) Los Angeles Co. – Central: 36% (n=115) Los Angeles Co. El Monte: 82% (n=127)- 60% overall (n=700) Monterey Co: 26% (n= 213) graduation rate (resulting from required $14 fee for drug tests and many terminated for failure to test (39% overall – n=721) San Diego-East: 65% (n=178) Orange Co.-Laguna Niguel: 68% (n=124) (64% overall – n=343) Orange Co.: Santa Ana: 45% (n=289) (overall 41% - n = 932) San Joaquin Co.: 29% (n=202) (31% overall – n = 2,010)</td>
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## Summary of Recidivism and Other Findings Reported in Selected Evaluation Reports of U.S Adult Drug Court Programs Published 2000 – Present

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<tr>
<td>52</td>
<td>August 2001</td>
<td><em>The Philadelphia Treatment Court, Its Development and Impact: The Second Phase (1998-2000)</em>. John S. GoldKamp al. Crime and Justice Research Institute</td>
<td>Relatively low cost per participant compared with other programs ($ 6,275) – 6,102 for males; 6,585 for females) compared with recidivism costs 9165.61-arrest; 10.00-booking; and 49.20-jail bed day. - females show decrease in costs after starting program while males (except for grads) show increase in costs due to more time spent in jail for new offenses -Average costs for females 2 years prior to drug court were $ 2,312.34 compared with $ 1,679.30 two years following drug court entry; -average costs for ALL male participants two years prior to entry were lower (1,205.36 vs 2,612.84) than following program entry but mainly due to terminated participants and jail costs entailed. Costs for male graduates were reduced from $ 643.08 2 years prior to program entry to $ 261.80 2 years following program entry.</td>
<td>40% of defendants referred for assessment were “no shows”; 47% found to be in need of treatment the 383 candidates actually entering Treatment Court represented 20% of the defendants referred; Race/Ethnicity: 58% were Afr.Amer; 28% Hispanic and 13% while; Median age we 23 83% male 53% unemployed 96% charged with drug felony 46% had prior arrests; 16 had prior court convictions 205 had at least one arrest as a juvenile 42% didn’t complete Phase I of treatment 9% of enrolled terminated for noncompliance participants averaged 9.28 days incarcerated Level of substance abuse was reduced, based on both UR results and rearrests Retention rate for both men and women is better than most standard (non-criminal justice related) treatment programs Factors associated with fewer rearrests were (1) greater number of treatment sessions; -graduates tended to have fewer arrest prior to program entry; were slightly more likely to be male, were less likely to use methamphetamine, were more likely to have had treatment prior to drug court, and more likely to score high on the “readiness-for-treatment scale”. -terminated participants were more likely to use methamphetamine, less likely to use alcohol or marijuana, attend fewer treatment sessions and scored lower on the readiness for treatment testing.</td>
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<tr>
<td>53</td>
<td>July 2005</td>
<td><em>Malheur County, Oregon Adult Drug Court (S.A.F.E Court) Cost Evaluation: Final Report</em></td>
<td>Substantial cost savings/avoided costs resulting from fewer re-arrests, less probation time and fewer new court</td>
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<td>54</td>
<td>September 2006</td>
<td><em>Kalamazoo County, Michigan Adult Drug</em></td>
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<td>233</td>
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<td>Treatment Court, Outcome and Cost Evaluation. Final Report, NPC Research</td>
<td>cases. - combined programs saved total of $ 593,154 over a two year period for persons entering the program during two year study period (2002-3); savings can be anticipated to accrue over additional years.</td>
</tr>
<tr>
<td>55</td>
<td>September 2006</td>
<td>Barry County, Michigan Adult Drug Court. Outcome and Cost Evaluation. Final Report, NPC Research</td>
<td>Cost savings for drug court participants of over $ 3,000 per participant over 2 year period as a result of fewer re-arrests, less probation time and fewer new court cases. - multiplying cost savings by 108 participants since program implementation, total savings have been $ 353,160. For first two years since program entry. - Can expect cost savings to continue following 2 year study period.</td>
<td>All participants (graduates and terminated) consistently showed less drug use than comparison group; for some time period, no positive drug tests for participants during same time period when positive drug tests for comparison group were might higher.</td>
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<tr>
<td>56</td>
<td>March 2004</td>
<td>The Douglas County (Nebraska) Drug Court: Characteristics of Participants, Case Outcomes and Recidivisms. Cassia Spohn and R.K. Piker, Final Report. March 2004</td>
<td>Males significant less likely than females to graduate: Drug court success also affected by age at which offender first used drug and by number of positive drug tests during first six months of program.</td>
<td>Program retention predicted by age; average age of graduates was greater than dropouts; older participants (average of 35 years) more likely to successfully complete treatment than younger participants.</td>
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<tr>
<td>57</td>
<td>November 2001</td>
<td>Dallas County DIVERT Court Outcome Evaluation. Monica Turley and Ashley Sibley.</td>
<td>--</td>
<td>Program retention predicted by age; average age of graduates was greater than dropouts; older participants (average of 35 years) more likely to successfully complete treatment than younger participants.</td>
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<tr>
<td>58</td>
<td>January 2003</td>
<td>Initial Process and Outcome Evaluation of Drug Courts in Texas, Criminal Justice Policy Council.</td>
<td>--</td>
<td>Drug court graduates had 3.4% incarceration rate 3 years following program entry vs. 21.4% for noncompleters and 26.6% for comparison group; incarceration rate for all drug court participants was 12%; frequency of positive drug tests was 9% - 11% for drug court participants compared with 50% for ADAM tested offenders. The effectiveness of drug courts in reducing recidivism merits considering strategies to expand drug courts in Texas.</td>
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<td>59</td>
<td>October 2003</td>
<td>Douglas County (Neb) Drug Court Targeted Capacity Expansion Grant. Year 1 Evaluation Report. ISED Solutions.</td>
<td>--</td>
<td>Older participants experience lower rates of post-treatment drug use generally and fare better with respect to new arrests. Participants with at least a high school education fare better than clients without in terms of being arrested after treatment. Gender is not associated with differences in treatment outcomes. Race/ethnicity is associated with few differences in outcomes and, where it does, differences exist for Hispanic clients who are more likely to have problems with FTA’s and rearrests so may need additional services, particularly for those with limited language skills.</td>
</tr>
<tr>
<td>60</td>
<td>December 2004</td>
<td>Douglas County (Neb) Drug Court Targeted Capacity Expansion Grant. Year 2 Evaluation Report. ISED Solutions.</td>
<td>-</td>
<td>Men and women have same treatment completion rate (60%). Caucasians fare better in treatment than African Americans (75% vs. 53% retention). Completion of residential treatment associated with significant reductions in post-treatment drug use, general arrests and failure to appear. Participants who successfully complete treatment more likely to graduate than those who don’t (44% vs. 8%). Older participants and those with high school education have lower risk of failing to complete program.</td>
</tr>
<tr>
<td>61</td>
<td>March 31, 2004</td>
<td>Cost Benefit Analysis of the Douglas County, Nebraska Drug Court. R.K. Piper and Cassia Spohn</td>
<td>Average investment cost for drug court participants is $4,803 vs $9,224 for traditionally adjudicated offenders, resulting in cost benefit of $4,421 less for each drug court participant; Annual investment cost savings for drug court participants vs traditionally adjudicated offenders is $1,326,414; greatest cost savings were for jail confinement $622,098 and prison ($1,125,642). Lesser ‘up front’ investment cost savings of $125,703 for district Court and other agencies involved with prosecuting and processing drug offenders; additional savings of $51,234 realized for County (Lower) courts and agencies at county court level;</td>
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<td>62</td>
<td>February 2007</td>
<td><em>Recidivism in Alaska’s Felony Therapeutic Courts</em>, Alaska Judicial Council</td>
<td>Reduced misdemeanor arrests resulted in outcome savings of $346,129 and fewer felony arrests resulted in savings of $533,468, with total annual outcome cost savings of $899,597. Average annual outcome cost savings per drug court participant was $2,999; total annual investment and outcome savings was $2,226,011. Victimization costs (lost wages, medical and mental health care, etc.) savings resulting from reduced recidivism was $1,120,886 for violent crimes reduction and $64,823 for property crimes reduction, or total victimization cost savings of $1,174,809</td>
<td>-The longer participants stayed in the program, the less likely they were to recidivate even if they did not graduate -54% of participants in the programs graduated - participants who were discharged or left voluntarily had same rate of recidivism as offenders charged with felonies in 1999 who didn’t enter these programs - older participants less likely to be rearrested than younger participants (43% of graduates were 40+; 33% of terminated participants were 40+) - participants in Anchorage Felony DUI Court less likely to be rearrested than those in Anchorage Felony Drug Court and Bethel Therapeutic Court - native participants responded as well to therapeutic court programs as Caucasian participants; Blacks and other ethnicities did not do as well as Caucasian participants</td>
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<tr>
<td>63</td>
<td>October 2006</td>
<td><em>The Staten Island Treatment Court Evaluation: Planning, Implementation, and Impacts</em>, Kelly O’Keefe and Michael Rempel, Center for Court Innovation</td>
<td>SITC successful in reducing the between arrest and initial plea date. (2.1 mos. vs. 4.2 av.; 1.5 med mos. vs. 2.7 mos for comparison group). Drug court failures significantly more likely to be sentenced to jail or prison than comparison group (96% vs. 27%) and averaged significantly more time sentenced to jail or prison (208 days vs. 39 days). “Therefore, there is some legal risk involved in entering the drug court.” Graduating means the complete avoidance of a criminal record since cases are dismissed; but failing involves a longer average sentence than what would have, on average, been imposed had the case been processed using conventional methods.</td>
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<td>64</td>
<td>2007</td>
<td><em>2005/2006 Tennessee Drug Court Annual</em></td>
<td>n/a</td>
<td>-Drug testing: 82,950 drug screens in FY 2006-2006; 2,917 positive (3.5%) -overall retention rate of 56% for fiscal year (range between 31% and 82%)</td>
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<td>65</td>
<td>2007</td>
<td>Wyoming Drug Court Performance Measures Project, National Center for State Courts.</td>
<td>n/a</td>
<td>-Drug Use Reported: Alcohol: (87.5%); marijuana (65.3%); meth (51.5%); cocaine (8.8%); hallucinogen (3.7%); prescript drug (2.7%); heroin (1%); crack (.3%) -Offenses: drug pos (43.4%); DUI (37%); prob rev (12.5%); property (9.1%); person (7.4%); drug sales (5.7%); other (11%) -status of admissions: graduated: 48.1%; terminated 16.7%; active: 15.7%; absconded: 10.2%; withdrawn 9.3% -retention rates: mean days in program: graduates : 402; terminated: 249 -soberity: Percent positive drug test: 86 (2.1%) -gender: male76%; average age: 29 years at time of admission -average days in program: 439 Caucasian; 90% GED/HS degree: 58% Employed: 65%; Single: 4% Prior record: no more than 2 prior arrests in past year: 63%</td>
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<tr>
<td>66</td>
<td>April 2007</td>
<td>Multnomah County, Oregon: The Impact of a Mature Drug Court Over 10 Years of Operation: Recidivism and Costs. NPC Research</td>
<td>Investment costs in drug court were $ 1,392 less than for ‘business as usual” processing; savings due to reduced recidivism for drug court participants totaled more than $79 million over 10 year period; - investment cost per participant was $ 5,16 vs. $ 6,560 for nondrug court participant -greatest cost benefit due to less use of jail days.</td>
<td>-drug court judges who worked longer with the drug court had better participant outcomes - judges who rotated into drug court twice had better participant outcomes the second time - drug court was effective continuously except for two “rough periods” –(1) first 2 years of the program, during initial implementation period; and (2) in 1996 when drug court moved outside of the courthouse; -during “target Cities” period, comparison group (nondrug court participants)did better than in other periods -some judges showed greater reductions in recidivism than others (range was 4% to 42%) - no difference in recidivism when single court judge or multiple judges were presiding; - early drug court judges did not have as positive outcomes as judges who came later—perhaps attributed to formalization of procedures and training</td>
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<tr>
<td>67</td>
<td>April 2007</td>
<td>Indiana Drug Courts: A Summary of Evaluation Findings in Five Adult</td>
<td>All 5 programs showed cost savings due to reduced recidivism; average cost savings for 2-year follow up period to local agencies and the state ranged between $</td>
<td>-Program participant characteristics varied from program to program except for age (31-33 years) -Wide range of drugs used</td>
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<td>68</td>
<td>Fall 2005</td>
<td><em>An Evaluation of Treatment in the Maine Adult Drug Courts</em>, Faye S. Taxman, April Pattavina and Jeffrey Bouffard.</td>
<td>314 and $ 7,040 per participant, based on fewer rearrests; fewer court cases; less probation time; less jail time and less prison time; doesn’t count number of drug-free babies born; decrease in health care expenses and drug court participants’ taxes resulting from employment. Overall: five courts resulted in savings of over $ 7 million for the two years. Over time, return to tax payer for investment can be up to $ 5.35 for every $ 1.00 invested.</td>
<td>-similar graduation rates (50-56%) despite differences in populations</td>
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<td>69</td>
<td>Spring 2008</td>
<td><em>Substance Use, Drug Treatment, and Crime: An Examination of Intra-Individual Variation in a Drug Court population</em>, Denise C. Gottfredson, Brook W. Kearley, Shawn D. Bushway.</td>
<td>NA</td>
<td>58% of participants had some negative behavior resulting in a sanction; sanctions most frequently were incarceration, increased reporting or termination; few sanctions relied on treatment or intensification of treatment, written assignments, etc.; offenders given these sanctions more likely to be expelled than those who received treatment sanctions. Participants involved with DSAT program had reductions in depression, hostility and risk-taking behavior, could identify personal progress and had good relations with staff. DSAT curriculum engages many of the participants and reflects a sound treatment approach. Control sanctions (e.g. increased reporting, etc., can undermine the treatment program; treatment based sanctions may reinforce the drug court. Judiciary should receive education in use of treatment based sanctions and value to the treatment court; Should also use different assessment tools to determine offenders that are less engaged in treatment and less committed to conformity.</td>
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<tr>
<td>70</td>
<td>January 2008</td>
<td><em>Strafford County [NH] Drug Treatment Court: Performance Evaluation 2, New Hampshire Center</em></td>
<td>Client load of 37 individuals costs $ 43 per client per day for treatment, case management, court and administrative services: includes: $ 15/day for case managers/coordinators; $ 17/day for treatment and $ 3/day</td>
<td>(1) median days for completion of LADC assessment decreased from 37 to 28 days [goal is 14 days]; overall time from referral to lea decreased from 57 to 53 days. So further work needed in this area. (2) continued work to develop standards for termination to improve.</td>
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| 71 | August 1, 2006 | *A Process and Site-Specific Outcome Evaluation of Maine’s Adult Drug Treatment Court Programs.* Andrew Ferguson et. Al. Dep’t. Of Sociology., University of Southern Maine | for probation supervision; clients pay $2 per day | consistency and fairness  
(3) continued opportunity for female-only treatment groups now held on a weekly basis  
(4) other needed improvements now identified including: (a) clarifying procedures for clients who are not actively participating in group sessions, not fully prepared for treatment, or are under the influence of alcohol or drugs while in attendance; (b) enhanced use of Motivational Enhancement Therapy  
(5) 137 offenders referred to program of which 67 admitted; reasons for nonadmission most frequently were “can’t meet requirements or comply with rules (30%) or “pursing other program” (25%).  
(6) Program is 46% [sic female and 51% male; 16% had prior mental health diagnosis and treatment  
(7) 14 (21%) of all participants admitted have graduated; 13 have moved to final phase; 16 (24%) have been terminated.  
(8) Now using database (enhancement of probation database) developed for program to monitor future operations; info entered by drug court coordinators and case managers and includes demographic data, treatment data and data on court proceedings |

(1) Adult drug court has generated net correctional savings of $11,243,726 in cost savings based on incarceration costs that would have been incurred (for 169 participants)  
(2) For every dollar spent in drug court, overall net correctional savings of $3.30  
(1) number of referrals and new admissions to the five adult drug court has declined by 27% (referrals) and 24% (new admissions)  
(2) overall graduation rates are 60% compared with national rate of 48%  
(3) average length of time from initial referral to admission is 85 days (same as previous year)  
(4) greater consistency in sanctioning of participants with similar infractions across sites using jail sanctions; 87% of sanctions for first positive test was 7 days or less  
(5) most drug court participants (57%) able to access an array of ancillary services  
(6) observations indicated no consistency among the five drug courts in how they interact with participants in the courtroom |
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<td>72</td>
<td>August 2007</td>
<td><em>Benefit-cost calculations for three adult drug courts in Minnesota. August 2007. Paul A. Anton. Wilder Research</em></td>
<td>Estimate that the rug courts in Stearns, Dodge and St. Louis Counties generated $ 5.08 of benefit for every dollar of cost.; total benefits were 4.8 million vs costs of 1.3 million for study period; savings based on costs of initial offense; costs of subsequent arrests; and costs of subsequent convictions (used $ 1,522 cost per case produced by Washington State Institute of Public Policy in 2006; used $85/day average for prison costs; incarceration costs saved for each program completer are over $ 46,000; used Washington State Institute for Public Policy study figures of $ 5,370 arrest costs for drug offenses and other nonviolent crimes and $ 6,438 for violent crimes</td>
<td>n/a</td>
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<tr>
<td>73</td>
<td>September 2008</td>
<td><em>California Drug Courts: Costs and Benefits: Superior Court of San Francisco County. Shannon M. Carey et al. NPC Research</em></td>
<td>Average cost for drug court participant: $ 9,757; average cost per Drug court graduate: $ 18,295; vs average cost for traditional case process per person: $ 16,378 (also provides breakdown in average costs per agency) and differential; net savings is $ 6,622 per participant; also provides costs per person associated with recidivism, broken down by transaction: $ 15,647 for graduates and 24,394 for participants vs 31,967 for comparison group; provides similar information broken down by agency</td>
<td>(1) average time in program was 7.2 months</td>
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<tr>
<td>74</td>
<td>January 31, 2004</td>
<td><em>Evaluation of Maine’s Statewide Adult Drug Treatment Court Program. Interim Report. Donald Anspach, Ph.D. U. of Southern Maine</em></td>
<td>N/A (but see Nos. 68 and 71 for follow up studies)</td>
<td>1. Statewide graduation rate (50%) 2. 20% increase in new admissions over past year 3. Participants who are tested more frequently more likely to graduate Participants who receive jail sanction 7 times LESS likely to graduate Length of time between referral and final admission increased form 71 days in 2002 to 78 days in 2003</td>
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<tr>
<td>75</td>
<td>March 2009</td>
<td>Strafford County (New Hampshire): Drug Treatment Court: Final Performance Evaluation. New Hamp Center for Public Policy Studies</td>
<td>N/A</td>
<td>-32 (54%) of participants admitted in first two years graduated from the program; -27 (46%) of participants admitted in first two years terminated and sentenced to incarceration (9 committed new offense while in program- shows most participants don’t recidivate while in program -program enhancements of age-specific treatment groups; allowing clients tardy for treatment to participate, and access to transitional housing were important - continuing challenges: (1) length of time offenders wait to enter program (goal is 14 days for initial assessment; referral to plea is actually 2 months – further delays resulting from reduced availability of judge; (2) mental health needs of participants; data problems resulting from small number of participants; (3) smaller number of participants than planned (anticipated 60 clients; as of October 31, 2008 have 33 active participants plus 11 on second year of probation supervision; since January 2006: 221 offenders referred and 102 (46%) admitted. (34% for not being able to comply with rules or requirements)</td>
</tr>
<tr>
<td>76</td>
<td>January 2009</td>
<td>Vermont Drug Courts: Rutland County Adult Drug Court Cost Evaluation. Final Report. NPC Research</td>
<td>Program investment cost was $ 19,405 per drug court participant; cost due to recidivism (rearrests, new court cases, probation, incarceration and victimizations) over 3 years was $ 48,277 per rug court participant vs. $ 64,251 per comparison group member, with savings of $ 15,977 per participant. Total criminal justice system cost per participant during the program is $ 5,809 less than traditional court processing ($ 9,749 if victimizations are included) If the program continues to enroll a cohort of 26 new participants annually, savings per participants over 3 years will be $ 138,441 per cohort; after 5 years, the accumulated savings will be over $ 2,000,000. Summary: $ criminal justice system cost savings of $ 15,977’ Criminal justice system costs 59% less during program</td>
<td>As of May 2008, 111 people entered program; 21-25 active participants at any one time; 32 graduated; 59 withdrew or were terminated, and 20 still active Average age of participants was 27 Years, 55% female 95% white; Most common drug of choice was heroin (50%), followed by prescription drugs (23%) which reportedly increased significantly in prior year, and cocaine (11%), as well as alcohol.</td>
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| 77 | April 2008 | *To Treat or Not to Treat: Evidence on the Prospects of Expanding Treatment to Drug-Involved Offenders.* Urban Institute. [Avinash Singh Bhati, John K. Roman, | participation compared with costs for nondrug court participants  
Projected 150% return on investment after 5 years;  
Projected 300% return on investment after 10 years. | (1) for those at risk of drug dependence, longterm residential reduces recidivism by 34%, short term inpatient by 19%, outpatient methadone by 20%, and outpatient drug free by 30%.  
(2) For those at risk of drug abuse, recidivism reductions are large (27%); outpatient drug free is the most effective modality, reducing recidivism by 33%; long term inpatient reduces recidivism by 27%, short term inpatient by 20% and outpatient methadone by 16%.  
(3) Small or no reductions in crime observed for the most serious crimes.  
(4) benefit-cost ratio is higher for those at risk of abuse (2.71) as compared to those at risk of dependence (1.84), even though the abuse group is less prevalent in the drug court population.  
(5) estimate that there are about twice as many arrestees eligible for drug court (109,922) than there are available drug court treatment slots (55,365). We simulate the effects of treating all of these currently eligible in the four treatment modalities studied by DATOS [Drug Abuse Treatment Outcome Study] and find that the costs of treating these additional clients about doubles, to slightly more than $ 1 billion. We find that the expansion of drug treatment to this larger population remains cost-effective, although the benefit-cost ratio is fractionally reduced to 2.14 from 2.21. In total, this expansion of treatment yields a benefit to society of more than $ 1.17 billion dollars.  
[Re potential value of expanding drug treatment courts]  
(7) estimate that expanding treatment access to those |
### Summary of Recidivism and Other Findings Reported in Selected Evaluation Reports of U.S Adult Drug Court Programs Published 2000 – Present

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<tr>
<td>78</td>
<td>March 2008</td>
<td>Carey, S. M., Fuller, B. E., &amp; Kissick, K. (Oct. 2007). <em>Michigan DUI Courts Outcome Evaluation: Final Report</em>. NPC Research:</td>
<td>Time enrolled in the program was higher for DUI court participants compared to time spent on probation in the comparison group also in two out of the three programs. Longer time spent in the program predicts success both in completing the program and in reducing recidivism. Overall, these results demonstrate that the DUI court is effective in reducing recidivism and reducing drug and</td>
<td>DUI court participants were re-arrested significantly less often than comparison group offenders who were sentenced to traditional probation. In the example from one DUI court site shown in Figure A, the comparison offenders on traditional probation were re-arrested nearly six times more often in the first year after starting probation for the DUI charge than the DUI court</td>
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with a pending case is cost beneficial, with about $1.65 billion in total benefits. In particular, allowing those with a pending case who are at risk of drug dependence is especially beneficial, with a benefit to cost ratio of 4.13:1.

(8) allowing participants with past violence into court supervised treatment is as cost-beneficial as current practice, with a benefit to cost ratio of 2.15.

(9) While the addition of those at risk of abuse with prior violence is cost beneficial (3.14:1), adding those at risk of drug dependence with prior violence is much less cost beneficial (1.38:1).

(10) Expanding the program to include those with a history of failed treatment is also cost-beneficial (2.09:1), especially for those at risk of drug abuse (2.29:1)

(11) Allowing those with co-occurring alcohol problems into court supervised treatment is cost–beneficial for the entire group treated (1.783:1). For those at risk of dependence, the results are better, with the newly added group estimated to have a benefit to cost ratio of 1.43:1. However, adding those with co-occurring alcohol problems who are at risk of drug dependence is not cost-effective (.70:1).

(12) Treating all at risk arrestees would cost more than $13.7 billion and return benefits of about $46 billion. We find that this approach would be cost-effective, with a benefit of $3.36 for every dollar in cost…..
### Summary of Recidivism and Other Findings Reported in Selected Evaluation Reports of U.S Adult Drug Court Programs Published 2000 – Present

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<tr>
<td>79</td>
<td>April 2008</td>
<td><em>Harford County, Maryland Adult District Drug Court Process Evaluation. A report to the Maryland Judiciary, Office of Problem-Solving Courts</em> Crumpton, D., Mackin, J. R., Weller, J. M., Linhares, R., Carey, S. M., &amp; Finigan, M. W. (July 2007).</td>
<td>The total criminal justice system cost savings per participant after 2 years was <strong>$2,767</strong> per drug court participant, regardless of whether or not they graduated. When this figure is multiplied by the 4001 participants who have entered the drug court since its inception, it results in a total savings of <strong>$1,106,800</strong>. If savings continue for each participant at the same rate (which has been shown to occur in other studies, e.g., Finigan, Carey, &amp; Cox, 2007), after 10 years, the savings for these 400 participants will total over <strong>$5.5 million</strong> ($5,534,000).</td>
<td>HCADC participants had consistently fewer drug-related re-arrests following entrance into drug court. HCADC program participants were significantly less likely to be re-arrested than offenders who were eligible for the program but did not participate.</td>
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### Summary of Recidivism and Other Findings Reported in Selected Evaluation Reports of U.S Adult Drug Court Programs Published 2000 – Present

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<th>Other Findings</th>
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<tbody>
<tr>
<td>80</td>
<td>March 2008</td>
<td>Carey, S. M., Finigan, M. W., &amp; Pukstas, K. (March 2008). Exploring the Key Components of Drug Courts: A Comparative Study of 18 Adult Drug Courts on Practices, Outcomes and Costs. NPC Research: Portland, OR</td>
<td>The drug court has a single treatment provider (that can make referrals to other treatment as needed). The treatment representative is expected to attend all drug court sessions. Factors that reduce costs The prosecution is expected to attend all drug court team meetings (participant progress meetings). The prosecution is expected to attend all drug court sessions. The defense attorney is expected to attend drug court team meetings (participant progress meetings). The drug court allows non-drug charges. The drug court expects 20 days or less to pass from a participant’s arrest to drug court entry. The drug court maintains a caseload of less than 150 clients. The drug court program is expected to take one year or more for participants to complete. Drug court has guidelines on the frequency of group treatment sessions that a participant must receive. Drug court has guidelines on the frequency of individual treatment sessions that a participant must receive. In the first phase of drug court, tests are collected at least 2 times per week. Drug court staff generally has drug test results within 48 hours. The drug court requires participants to have greater than 90 days “clean” before graduation. The drug court decreases the frequency of future treatment sessions as a reward. Only the judge can provide clients with tangible rewards. The judge is assigned to drug court for a term greater than 2 years (or indefinitely). In the first phase of drug court, participants appear before the judge in court once every 2 weeks or less. In the final phase of drug court, the clients appear before the judge in court at least once per month.</td>
<td>Our analysis revealed that despite the availability of benchmarks through the National Association of Drug Court Professionals, drug courts still have a lot of discretion in how they implement the 10 Key Components. Under each of the 10 components, there were both similarities and differences in how drug courts were operated. Differences across drug courts are expected and should not be misinterpreted as negative findings</td>
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### Summary of Recidivism and Other Findings Reported in Selected Evaluation Reports of U.S Adult Drug Court Programs Published 2000 – Present

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<th>System Impact/Cost Savings</th>
<th>Other Findings</th>
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The data from over 10 years of operation show that the Multnomah County Drug Court actually costs less to operate than the cost of “business as usual.” The investment cost per participant for the STOP Program was **$5,168** while the cost per offender for “business as usual” was **$6,560**, a difference of **$1,392**. These data suggest that the finding in 2003 was not simply relevant to the specific time period. Overall, this means that, independent of avoided system costs accruing from positive outcomes, the Drug Court’s operation itself saved the taxpayer more than **$9 million** over the 10-year period. Sources of this investment cost savings include treatment and probation services.

(1) While all judges showed reductions in re-arrests, some judges showed greater reductions than others. The reductions in re-arrests ranged from 4% to a substantial 42%, demonstrating clear differences. This suggests that drug court results may vary depending on the judge involved.

Figure 1 Overall, for the entire population of eligible offenders, the Drug Court significantly reduced the incidence and frequency of criminal recidivism for participants compared to offenders who did not participate. Including all offenders who were eligible for the Drug Court during the total 10-year period, over 5 years from the Drug Court petition hearing, the incidence of re-arrest was reduced by nearly 30%.

Figure 1 number of external changes from 1991 to 2001 that might have had an influence on court operations and outcomes were identified. These external changes were categorized.
### Summary of Recidivism and Other Findings Reported in Selected Evaluation Reports of U.S Adult Drug Court Programs Published 2000 – Present

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<td>as follows:</td>
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<td>criminal justice system changes, changes in the Multnomah County substance abuse treatment system, and changes in the Oregon managed care system. With one exception, these changes appeared to have no statistically significant impact on subsequent recidivism for this population (drug court and comparison group).</td>
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<td>Due to positive outcomes for drug court participants (including fewer re-arrests, less probation time and fewer new court cases), there were substantial avoided costs for MCDTC drug court participants. The average cost for the MCDTC Program was $20,067 per participant. This amount is on the highest end of the costs found nationally in other drug courts ($4,000 to $20,000) studied by NPC Research (Carey &amp; Finigan, 2004; Carey et al., 2005) and is mainly due to a large amount of resources invested in drug court case management. However, the outcome cost savings indicate that participation in drug court offers a cost-benefit to the Indiana taxpayer due to a low number of subsequent re-arrests and associated incarceration and victimizations.</td>
<td>MCDTC participants consistently showed less drug use as measured by percent positive urine drug screens over 12 months. Figure B illustrates the percent of positive drug tests over time for the drug court group, which includes graduates, terminated participants, and active participants. This figure shows a smaller percentage of positive drug tests for MCDTC participants following program entry. Further, the percent of positive drug tests is extremely small (3% or less) during the course of the program. The areas in which the MCDTC may wish to implement changes to enhance their services are as follows:</td>
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<td>- MCDTC may wish to consider offering more flexibility in the program by adding an additional testing schedule to better accommodate work schedules and school start times.</td>
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<td>- The drug court team should consider the optimal program dosage and intensity required to maximize accountability and oversight, while promoting successful participation.</td>
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<td>- Although the MCDTC has developed partnerships with community agencies, they may wish to increase or strengthen these partnerships in order to better meet the needs of participants.</td>
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<th>System Impact/Cost Savings</th>
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</table>
| 84 | November 2006 | Carey, S. M., Finigan, M. W., Crumpton, D., & Waller, M. S. (2006). California Drug Courts: Outcomes, Costs and Promising Practices: An Overview of Phase II in a Statewide Study. Journal of Psychoactive Drugs, 38 (4), 345-356. | Results in the nine sites showed that the majority of agencies save money in processing an offender though drug court. Overall, for these nine study sites, participation in drug court saved the state over $9 million in criminal justice and treatment costs due to lower recidivism in drug court participants. | - The drug court should consider consistently having an independent judge sentence terminated MCDTC participants.  
- The MCDTC team may want to discuss possible ways to decrease the time interval between participant identification and entry into the drug treatment court.  
- The hiring of a part-time Spanish interpreter may help the MCDTC reach more of its target population. |
| 85 | September 2006 | Marchand, G., Waller, M. S., & Carey, S. M. (Oct. 2006). Barry County Adult Drug Court Outcome and Cost Evaluation: Final Report. NPC Research: Portland, OR. | Due to positive outcomes for drug court participants (including fewer re-arrests, less probation time and fewer new court cases), there were substantial avoided costs for drug court participants. Barry County Drug Court participants showed a cost savings of over $3,000 per participant over a 2-year period. When this per participant savings is multiplied by the 1081 offenders who have participated in the Drug Court Program since implementation (in May 2001), the total Program cost savings (for outcomes over a 24-month period) is $353,160. | BCADC participants consistently showed less drug use than the comparison group. Figure 1 illustrates the percent of positive drug tests over time for the Drug Court and comparison Groups. The participant group includes graduates, terminated participants, and active participants. This figure shows a consistently smaller percentage of positive drug tests for BCADC participants following program entry. In fact, for some time periods there are no positive drug tests for BCADC participants at all while positive drug tests for comparison group members remain much higher. |
| 86 | February 2006 | Pukstas, K., Weller, J. M., Brekhus, J., Crumpton, D., Carey, S. M., Mackin, J. R., & Finigan, M. W. (Feb. 2006). Maryland Drug Cost analysis of juvenile drug courts and youth centers clearly illustrates the cost savings of working with this population in the community whenever possible. Juvenile drug courts offer specialized intensive services that can result in huge payoffs in terms of future quality of life for participants, their families, and their communities | Preliminary pre-post analysis of juvenile drug court participants in Maryland illustrate substantial reductions in new adjudicated charges, as well as significant reductions in the proportion of youth categorized as chronic offenders (i.e., those youth creating the most serious system and community impacts in terms of cost and public safety). |   |
### Summary of Recidivism and Other Findings Reported in Selected Evaluation Reports of U.S Adult Drug Court Programs Published 2000 – Present

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<tr>
<td>87</td>
<td>July 2005</td>
<td><em>Treatment Courts: Interim Report of the Effectiveness of Juvenile Drug Courts.</em> NPC Research: Portland, OR.</td>
<td>In general, the S.A.F.E. Court is successfully keeping program costs down while decreasing overall recidivism for its participants. Re-arrests and their associated costs are lower for the majority of participants. Although jail costs increase for many men after S.A.F.E. Court entry, male graduates and all females show a decrease in this taxpayer cost as well. Subsequent evaluation on a larger sample when the S.A.F.E. Court becomes a more mature program is needed to determine the validity of these results.</td>
<td>Figure 3 shows that there was a significant reduction in drug-related re-arrests from the pre-S.A.F.E. Court period to 24 months following program entry. Generally, although males were rearrested for drug-related crimes more often than females, both genders had fewer drug-related rearrests after entering the S.A.F.E. Court Program. Females demonstrated the most drastic and significant reduction in drug-related re-arrests. Taken together, these results indicate that participation in the S.A.F.E Court Program achieves the goal of reducing substance use as can be inferred by a reduction in drug-related recidivism.</td>
</tr>
<tr>
<td>88</td>
<td>July 2003</td>
<td><em>Carey, S. M., &amp; Marchand, G. (Jan. 2005). Malheur County Adult Drug Court (S.A.F.E. Court) Outcome Evaluation: Final Report. NPC Research: Portland, OR.</em></td>
<td>Does it cost more for drug court than for “business as usual”? A: No. The total investment cost by the agencies involved in drug court2 averaged $5,927.80 per participant compared to $7,369.32 for “business as usual.” The “business-as-usual” offenders cost $1,441.52 more than the drug court participants. Thus, the drug court approach actually saved the taxpayer money in investment costs. This was in a large part due to the use of jail and probation time for “business-as-usual” processing, and also due to significant use of treatment and court resources.</td>
<td>Law enforcement/corrections and the public defender’s office received an immediate savings from the drug court approach. All agencies saved money in outcomes. Data on the utility of a number of less intensive means of gathering costs data showed that in many cases a medium intensity method, generally involving the use of client level administrative data, brought reasonable results.</td>
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<tr>
<td>89</td>
<td>February 2004</td>
<td><em>Carey, S. M. (Feb. 2004). Clackamas County Juvenile Drug Court Outcome Evaluation: Final Report. NPC Research:</em>, N/A</td>
<td>This information, combined with the fact that the number of positive Uas was not correlated with program status (graduation vs. termination), implies that the program response to drug use is successful in guiding participants to reduce use so that they are able to graduate. That is, it is not necessary for participants to have already reduced use at the start of the program in order to graduate.</td>
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<td>Bibliographic Information</td>
<td>System Impact/Cost Savings</td>
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<td>90</td>
<td>April 2007</td>
<td><em>Wiest, K. L., Carey, S. M., Martin, S. J., Waller, M. S., Cox, A. A., Linhares, R.</em> (April 2007). <em>Indiana Drug Courts: Vanderburgh County Day Reporting Drug Court Evaluation: Final Report</em>. NPC Research: Portland, OR.</td>
<td>Due to positive outcomes for drug court participants (including fewer re-arrests, less probation time and fewer new court cases), there were substantial avoided costs for drug court participants. Over a 2-year period, the VCDRDC cost outcomes were $6,656 per participant compared to $8,044 per offender that did not participate in Drug Court. When this per participant savings is multiplied by the 203 offenders who have participated in the Drug Court Program since implementation, the total current program cost savings (for outcomes over 24-month period from program entry) is $281,764.</td>
<td>The overall trend in outcomes for the CCJDC is consistently positive. The CCJDC program appears to be impacting its youth and families in the intended manner. Further outcome evaluation as the program continues to grow (e.g., through the enhancement grant received from BJA) will allow for a larger sample size and the ability to verify the positive preliminary results achieved in the current evaluation.</td>
</tr>
<tr>
<td>91</td>
<td>April 2007</td>
<td><em>Wiest, K. L., Carey, S. M., Martin, S. J., Waller, M. S., Cox, A. A., Linhares, R., &amp; Crumpton, D.</em> (April 2007). <em>Indiana Drug Courts: Vigo County Drug Court Process</em>,</td>
<td>Due to positive outcomes for drug court participants (including fewer re-arrests, less probation time and fewer new court cases), there were substantial avoided costs for drug court participants. Over a 2-year period, the VCDC cost outcomes were $3,684 per participant compared to $7,935 per offender that did not participate in drug court.</td>
<td>Using the 10 Key Components of Drug Courts (NADCP, 1997) as a framework, NPC examined the practices of the VCDRDC program. The VCDRDC fully satisfies many of the 10 Key Components through its current policies and structure. We found that VCDRDC: • Integrates alcohol and other drug treatment services effectively with justice system case processing, • Does an excellent job of using a non-adversarial approach between prosecution and defense counsel, • Provides a very good continuum of treatment services, • Uses frequent alcohol/drug testing to monitor abstinence, • Has a consistent reward and sanction structure for responding to participant compliance, • Graduates participants within VCDRDC’s recommended timeframe, • Has had a continuously sitting judge since program implementation, and • Excels at developing partnerships with public and private community agencies and organizations.</td>
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| 92 | April 2007      | *Outcome and Cost Evaluation: Final Report. NPC Research: Portland, OR.*                   | *When this per participant savings of $4,251 is multiplied by the 697 offenders who have participated in the drug court program since implementation, the total current program cost savings for outcomes over 24-month period from program entry (*3 million.*| • Graduates participants within VCDC’s recommended time-frame,  
  • Has had a continuously sitting judge since program implementation, and  
  • Excels at developing partnerships with public and private community agencies and organizations. |
|    |                 | *Wiest, K. L., Carey, S. M., Martin, S. J., Waller, M. S., Cox, A. A., Linhares, R., & Crumpton, D. (April 2007). Indiana Drug Courts: St. Joseph County Drug Court Program Process, Outcome and Cost Evaluation: Final Report. NPC Research: Portland, OR.* | *Due to positive outcomes for drug court participants (including fewer re-arrests, less probation time and fewer new court cases), there were substantial avoided costs for drug court participants. Over a 2-year period, the SJCDCP cost outcomes were $3,838 per participant compared to $7,971 per offender that did not participate in drug court, resulting in a savings of $4,133 per drug court participant. When the 2-year per participant savings is multiplied by the 465 offenders who have participated in the drug court program since implementation, the total current program cost savings for outcomes over 24-month period from program entry comes to nearly $2 million.* | Using the 10 Key Components of Drug Courts (NADCP, 1997) as a framework, NPC examined the practices of the SJCDC program. The SJCDC satisfies many of the 10 Key Components through its current policies and structure. We found that SJCDC:  
  • Integrates alcohol and other drug treatment services effectively with justice system case processing,  
  • Does an excellent job of using a non-adversarial approach between prosecution and defense counsel,  
  • Provides a very good continuum of treatment services,  
  • Uses frequent alcohol/drug testing to monitor abstinence,  
  • Has had a continuously sitting Judge since program implementation, and  
  • The SJCDC program completion and retention rates are high compared to other drug court programs in the U.S.  
  SJCDC participants consistently showed less drug use than the comparison group as measured by percent positive urine drug screens over 12 months. Figure B illustrates the percent of positive drug tests over time for the drug court and comparison group. The participant group includes graduates, terminated participants, and active participants. This figure shows a consistently smaller percentage of positive drug tests for SJCDC participants relative to the comparison group. An important trend over time is the decreasing positive urine screens for the drug court participants. Although the comparison group |
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| 93 | November 2009   | Analysis of the Sisseton-Wahpeton Oyate Tribal Drug Court | Average Sentence for treatment court participants is 5.2 years. Savings are described as obvious no actual hard number | Added benefits of keeping families together  
Allows participants to keep working and add to the tribal economy.  
Participants showed a trend of decreasing positive drug tests as well, their overall percentage of positive tests was significantly higher. |
Establishing Drug Treatment Courts: Strategies, Experiences and Preliminary Outcomes

DTC Program Survey

PART ONE: DTC BACKGROUND INFORMATION

A. Name and contact information for Individual(s) completing this survey form:

Name:
Title
Agency
Address:
B. Location(s) of Drug Treatment Court Program:
   City:
   Country:

C. Drug Court Judge(s):
   Name
   Court
   Address:
   Telephone:   Fax:   email:

D. Date DTC Program Began

E. Total Number of Participants:
   1. Please provide the most current statistics on your DTC:
      a. total number who have ever enrolled in the DTC program
      b. total number who have successfully completed the program
      c. total number who were terminated unsuccessfully
      d. total number who are currently enrolled
   2. Are the number of participants reported above consistent with your expectations regarding program participation when the program was planned? If not, please explain

G. Background Leading Up to Development of the DTC; Goals/Mission of the Program:
   1. What was the situation leading to the development of the DTC?
   2. Were specific goals developed for the program to achieve? If so, what were they?
   3. To what degree do you feel these goals have been achieved?
PART TWO: DTC PROGRAM DESCRIPTION

A. Summary Program Description:

1. Please briefly describe your DTC and how it differs from the traditional method of dealing with drug involved offenders.

2. Please indicate on the chart below the staff assigned to the DTC:

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<thead>
<tr>
<th>Position</th>
<th>Number</th>
<th>Full-time</th>
<th>Part-Time</th>
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<tbody>
<tr>
<td>Judge</td>
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<tr>
<td>Prosecutor</td>
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<td>Defense Attorney</td>
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<tr>
<td>Substance Abuse Counselor</td>
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<td>Mental Health Counselor</td>
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<td>Social Worker</td>
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<td>Probation Officer</td>
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<td>Nurse</td>
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<td>Psychiatrist</td>
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<tr>
<td>Other (please describe)</td>
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B. Target Populations; Eligibility Determination

1. What offenders (e.g., “target population”) was the DTC established to serve?

2. Have there been any changes in the target population served by the DTC since the DTC began?
   If so, please describe the changes and why they were made.

3. DTC Eligibility
   a. Please summarize the eligibility requirements to participate in your DTC
      (1) Criminal justice characteristics (i.e. nature of offense, prior criminal history, etc.)
      (2) Substance Use/Treatment needs (i.e. nature/extent, etc.)
      (3) Other
b. Have there been any changes in the eligibility requirements since the DTC began? If so, please describe the changes and why they were made.

4. Referral process and stage in the criminal justice process at which DTC eligibility is determined
   (1) At what stage of the criminal justice process is DTC eligibility determined?
   (2) How are potential DTC participants identified?
   (3) On average, how many days after arrest is DTC eligibility determined?

C. Operational Components

1. What incentives, if any, are offered to offenders to become DTC participants?

2. What role does the DTC judge play in your DTC?
   (e.g., Does the drug court judge hold periodic hearings to review the progress of TC participants? If so, how frequently? What role, if any, does the drug court judge play in coordinating the services provided to DTC participants?)

3. Monitoring and Responding to Compliance/Noncompliance with DTC requirements
   a. What method(s) are used to monitor DTC participants’ compliance with DTC program requirements?
   b. What information do you feel is most useful in assessing compliance with DTC requirements?
   c. What responses/sanctions are given to noncompliance with DTC requirements?
   d. Are incentives or other positive reinforcement provided for participants who comply with DTC requirements? If so, please describe.

4. Length of the DTC program
   a. How long is the required period of participation for your DTC?
   b. Do you feel this period is too short? Too long?

D. Treatment Services

1. Please indicate whether the following services are available to the majority of DTC participants:

   Detox     Outpatient
   Residential    Acupuncture
   Pharmacological interventions (e.g., methadone, suboxone, etc.)
   Other (please explain)
2. Please describe generally the nature and extent of drug addiction among participants in your DTC (i.e., types of drugs used, length of drug use, associated physical and/or mental health conditions, etc.)

3. What types of agencies/organizations provide the treatment services for your DTC program participants? (e.g., NGO’s, public health department, local hospital, etc.)

4. Since the inception of the DTC, have any changes been made in the nature and/or frequency of treatment services provided to DTC participants? If so, please describe the changes and the reason(s) they were made.

E. Other Program Services

1. Does your DTC provide other services to DTC participants (e.g., housing, dental/medical, employment, etc.)? If so, please summarize the services provided and the types of agenc(ies) that provide them.

2. Are there any additional services you would like to see provided to improve operations? If so, please describe them.

3. Are any services provided to participants once they leave the DTC program? If so, please describe them. Are these services voluntary?

F. Legal Process

1. What changes, if any, have been made to the traditional criminal justice process in order to implement the DTC?

2. What is the legal outcome for cases of DTC participants if they:
   (a) successfully complete the program?
   (b) do not successfully complete the program?

3. Was special legislation needed to implement the DTC? If yes, what issues did the legislation address? Please provide a copy of the legislation.

G. Building and Maintaining Inter- and Intra-Agency Consensus and Support

1. What strategies were used to develop buy-in and support for the DTC program
   - From the judiciary?
   - From other criminal justice officials?
   - From attorneys?
   - From public health officials?
   - From community leaders?
From others whose support was needed?

2. What obstacles, if any, were encountered in building support for the DTC? How were these addressed?

3. What strategies are used to maintain interagency support for the DTC now that it has been implemented?

H. Planning and Testing Feasibility of the DTC
1. Was a pilot project used to test the viability of the DTC? If yes, how was its success determined?

2. How much time was devoted to planning the DTC, including any pilot testing conducted?

I. Training
1. Has any interdisciplinary training been provided for staff involved in the DTC to enhance understanding of the program? If so, please describe the nature of training provided.

2. What training/continuing education do you feel is needed to sustain the DTC, particularly as personnel change?

J. Program Costs
1. What additional resources/costs, if any, have been required to plan, implement and operate the DTC program and provide DTC services?

2. What source(s) have been used to provide these resources/funds?

K. Criteria for Effectiveness
1. What criteria are used to measure the effectiveness of the DTC program?

2. Are recidivism rates among participants in the DTC noticeably different than those among offenders processed by traditional criminal justice procedures? If so, please describe.

3. Are the costs for sending an offender through the DTC noticeably different than those entailed with the traditional criminal justice process? If so, please describe.

4. Have any evaluation reports on the DTC been published? If so, please attach a copy. If they are not available, please briefly summarize the results reported.
L. **Broader Impact of the DTC**
   1. What benefit(s), if any, do you feel the DTC provides to the community?
   
   2. Has your city or municipality been involved with the planning and/or implementation of the DTC? If so, please describe the involvement.

M. **Unanticipated Issues That Have Developed**
   1. Have any unanticipated issues developed since implementing the DTC? If so, please briefly describe them and indicate how they were addressed.

**Other Comments:**

Please return completed survey by February 15, 2010 to:

Justice Programs Office, School of Public Affairs
American University
Email: justice@american.edu

Attention: Caroline Cooper

With an electronic copy to: Antonio Lomba at: Alomba@oas.org

Thank you for completing this survey. We will recognize each contributor’s response in the publication as well as send you a draft compilation of all of the responses shortly.
The Organization of American States (OAS) is the world’s oldest regional organization, dating back to the First International Conference of American States, held in Washington, D.C., from October 1889 to April 1890. At that meeting the establishment of the International Union of American Republics was approved. The Charter of the OAS was signed in Bogotá in 1948 and entered into force in December 1951. The Charter was subsequently amended by the Protocol of Buenos Aires, signed in 1967, which entered into force in February 1970; by the Protocol of Cartagena de Indias, signed in 1985, which entered into force in November 1988; by the Protocol of Managua, signed in 1993, which entered into force on January 29, 1996; and by the Protocol of Washington, signed in 1992, which entered into force on September 25, 1997. The OAS currently has 35 member states. In addition, the Organization has granted permanent observer status to 63 states, as well as to the European Union.

The essential purposes of the OAS are: to strengthen peace and security in the Hemisphere; to promote and consolidate representative democracy, with due respect for the principle of nonintervention; to prevent possible causes of difficulties and to ensure peaceful settlement of disputes that may arise among the member states; to provide for common action on the part of those states in the event of aggression; to seek the solution of political, juridical, and economic problems that may arise among them; to promote, by cooperative action, their economic, social, and cultural development; and to achieve an effective limitation of conventional weapons that will make it possible to devote the largest amount of resources to the economic and social development of the member states.

The Organization of American States accomplishes its purposes by means of: the General Assembly; the Meeting of Consultation of Ministers of Foreign Affairs; the Councils (the Permanent Council and the Inter-American Council for Integral Development); the Inter-American Juridical Committee; the Inter-American Commission on Human Rights; the General Secretariat; the specialized conferences; the specialized organizations; and other entities established by the General Assembly.

The General Assembly holds a regular session once a year. Under special circumstances it meets in special session. The Meeting of Consultation is convened to consider urgent matters of common interest and to serve as Organ of Consultation under the Inter American Treaty of Reciprocal Assistance (Rio Treaty), the main instrument for joint action in the event of aggression. The Permanent Council takes cognizance of such matters as are entrusted to it by the General Assembly or the Meeting of Consultation and implements the decisions of both organs when their implementation has not been assigned to any other body; it monitors the maintenance of friendly relations among the member states and the observance of the standards governing General Secretariat operations; and it also acts provisionally as Organ of Consultation under the Rio Treaty. The General Secretariat is the central and permanent organ of the OAS. The headquarters of both the Permanent Council and the General Secretariat are in Washington, D.C.

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Establishing Drug Treatment Courts: Strategies, Experiences and Preliminary Outcomes

VOLUME ONE:
OVERVIEW AND SURVEY RESULTS

Justice Programs Office, School of Public Affairs, American University

Caroline S. Cooper
Brent Franklin
Tiffany Mease

Prepared for the
Drugs Summit: European, Latin American and Caribbean Mayors and Cities
April 21-23, 2010
Lugo, Spain

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1 Lugo City Summit. April 2010. www.lugosummit.org
In Memory of

Michael B. Sullivan
(1943 – 2009)

Whose Initial Insights and Effort Provided a Foundation for this
Document
PREFACE

Drug courts, the experience and the hopes

This is a moment when all over the world the question of drug production, consumption, addiction and trafficking is being discussed, as the traditional way of dealing with it, emphasizing law enforcement, has not helped to solve it. The discussion is taking place also in the Americas.

In Latin America, the former presidents of the three largest countries in terms of population, Brazil, Mexico and Colombia, proposed in 2007 a program called “Drugs and Democracy”, the objective of which is to stress the public health aspect of the problem, decriminalize/depenalize consumption of softer drugs and give the issue a global perspective linked to questions of socioeconomic development and democratic legitimacy in governance, at the same time as the fight against drug trafficking should continue, as a central activity against transnational organized crime.

In the United States, where policies have a global outreach for economic (market size), financial, political and cultural reasons (its condition as the superpower and the reach of its cultural production, mostly audiovisual), priorities are also changing. The idea of a war led by a “drug czar” is being abandoned for a more balanced approach. It is curious politically and linguistically that a word expressing the past ruler of the enemy country in the 1970’s should have been chosen, when historically czars were not necessarily very good military leaders; but the idea was precisely to suggest that this public servant (as a Roman Caesar, or the German Kaiser) would have sweeping global power in this war.

Secretary of State Clinton has stressed several times the idea of shared responsibility and the new drug “czar” for the Obama administration, Gil Kerlikowske, in his speech to the 53rd meeting of the UN Commission on Narcotic Drugs in March 2010, presented his assessment: “The results from long-standing initiatives, such as drug courts, and newer alternatives to incarceration, including “smart” programs which incorporate swift, certain, but modest sanctions, have been extremely encouraging. We must now expand such initiatives so all those for whom diversion from prison is appropriate, can participate. These innovative programs break the cycle of drug use, arrest, release and re-arrest and are much more cost-effective than long-term incarceration.”

In the Americas as a whole, the member states of the OAS, under the coordination of Brazil, have been discussing a new hemispheric drug strategy to replace the one officially adopted at the end of the last century. One of the leading aspects of this review, proposed a year ago by OAS Secretary General Insulza, would be to take into account all recent scientific evidence.

After decades of an approach that favored repression as its main component and that prevailed in many countries, it has become clear that it is an oversimplification. Even if it did not totally disregard the public health aspects of drug dependence, it emphasized the criminal aspect of drug use, resulting in the incarceration of hundreds of thousands of non-violent people all over the world; and, worse, with no indication whatsoever of any improvement in chemically- and psychologically dependent people, and no evidence that the roots of the phenomenon were being
addressed. In addition, in those countries in which the prison system has been partially privatized, there may be a strong economic motive behind sending people to jail.

Drug courts, or drug treatment courts, the first practice of which started in Florida over 20 years ago, represent thus an alternative to incarceration with advantages in critical aspects.

First, they establish the commitment of addicts to work on getting rid of their dependence; second, the approach avoids incarceration of drug users and could, depending on the legislation, be applied to petty, non-violence drug dealers, which would avoid their making contacts inside the prison system that often increase the tendency of first offenders to become more deeply involved in illegal activities, as they meet hardened criminals who no longer harbor any hope of being recovered as law-abiding citizens; third, it avoids or reduces the stigma of danger and unreliability often associated with incarcerated people, thus helping reinsertion and recovery; fourth--and this is also becoming more and more critical--it helps reduce the spiraling rise in costs that countries bear to imprison a large portion of their population, sometimes hopeless and helpless poor youngsters, whose possibilities of a decent life decline even more as they are sent to prison.

Drug courts are so far a practice that has set deeper roots in English-speaking parts of the world, but that is gaining much broader support as it extends to several other countries. This publication covers the experience in twelve countries.

Although the experience is fairly recent, it seems clear that the results achieved are strong enough to recommend that it should be adopted more or less universally.

Statistics vary from country to country, but certain features are common: many prison systems are bordering on bankruptcy; a vast majority of those in jail come from groups that are economically and socially vulnerable; a large portion of all those incarcerated are in prison for non-violent drug-related crimes.

In the first third of the 20th century the United States adopted a prohibition policy for alcohol, with a 1919 constitutional amendment which was repealed by another one in 1933. Overall consumption of alcohol went down, as most citizens were not willing to commit a crime to drink, but it did not eliminate alcoholism and led to increased smuggling and corruption in law enforcement and other state agents. That is why the efforts to reduce demand have become so important, and have already been recognized in the expression "shared responsibility", aiming at reducing both demand and supply. It is not only unfair, but also inefficient to put the blame--and the corresponding responsibility--mostly on the countries that are/were commonly seen as producers, particularly of cocaine, since chemical drugs are produced in a very wide range of countries.

As the assessment of the efficiency and usefulness of drug courts advances--and I am sure the current trend will assert itself more and more--perhaps a suggestion to be considered would be to apply this approach to the hundreds of thousands of prisoners sent to jail as drug users or as non-violent petty drug dealers. If carefully applied, such a move would reduce the financial and other
burdens of incarceration to society as a whole and might give people now in prisons some hope of leading a normal and productive life.

Drug courts should be one of the elements of a global and multidimensional strategy to fight drug addiction and non-violent drug crime. Such an approach takes into account social, economic and cultural factors which affect the lives of the most vulnerable groups. If the scope of drug courts were enlarged, or other “alternative” courts established, more people could be reintegrated in society without imprisonment, rendering services to the community and receiving support to overcome their links with the world of illegal drugs or petty, non-violent crime. It can also be an inspiration at this moment when the OAS member countries are revising their hemispheric drug strategy.

It is also true that drug policy should also take into account legal drugs, such as alcohol. As a factor in domestic violence and in deaths in car accidents—another form of violent death—the consumption of alcohol should be put under stronger control.

We hope that the exchange and links established among cities in Europe, on the one hand, and Latin America and the Caribbean, on the other, will survive, and that the cooperation will find other sponsors.

The progress made since the first conversations about this project in 2006 has been huge. We live in a world where sometimes we have the illusion of having access to unlimited knowledge, but the truth is that without the joint work of like-minded institutions and peoples and governments, this knowledge gets lost and little in practice can be achieved.

In the Secretariat for Multidimensional Security of the OAS, we believe in the approach that underlies drug treatment courts: more inclusive, more humane, more efficient and even cheaper in the long run. Let us support this initiative with all our strength as professionals and as human beings.

Finally, I want to acknowledge my gratitude to the team of SE/CICAD, including Abraham Stein for the first talks about EU-LAC cooperation in 2006, as well as Luis Coimbra, of the Department of Public Security of the Secretariat for Multidimensional Security, for the data provided and the enlightening discussions.

And for the moving hospitality of the people and authorities of Lugo, which makes us want to come back many times.

Alexandre Addor-Neto
Secretary for Multidimensional Security
Organization of American States
Drug dependence is a chronic relapsing disorder that must be addressed and treated as a public health matter, on a par with the treatment of other chronic diseases. It is a cluster of behavioral, cognitive and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state.

Heavy drug use is found more frequently among offenders than among the general population, as shown by a number of studies in the Western Hemisphere and Europe. Using Goldstein’s conceptual model, acquisitive crime to support a compulsive drug habit represents a fair proportion of crimes committed by offenders with substance abuse problems. Offenses committed under the influence of drugs or alcohol, according to self-reports in some countries, represent an even higher percentage of crimes by drug-dependent offenders.

Because drug abuse is compulsive, it does not stop at the prison door. In a 2009 survey of prisoners conducted by the Scottish Prison Service, 22% of prisoners reported that they had used drugs in prison in the month prior to the survey.

Treatment alternatives to incarceration for drug-dependent offenders involve diverting substance-abusing offenders from prison and jail into treatment and rehabilitation under judicial supervision. By increasing direct supervision of offenders, coordinating public resources, and expediting case processing, treatment alternatives to incarceration can help break the cycle of criminal behavior, alcohol and drug use, and imprisonment.

The details of these alternative mechanisms vary from jurisdiction to jurisdiction, but most involve suspension of the sentence provided the offender agrees voluntarily to participate in a drug treatment program. The judge in the case supervises the offender’s progress in treatment, with the assistance of the prosecutor, social workers (case officers), treatment providers and probation officers. The judge has the power to end the treatment program if the offender violates its terms and conditions, in which case, the sentence will be handed down and the offender will be incarcerated.

Drug treatment under judicial supervision is well established in countries like Canada, Australia, the United Kingdom and the United States, under the name of “drug courts” or “drug treatment courts”. While the name may vary from place to place, and the conditions of participation may differ, the

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2 CICAD/SMS/OAS Group of Experts on Demand Reduction, Basic principles of the treatment and rehabilitation of drug-abusing and drug-dependent persons in the hemisphere, Mexico City, November 2009,

3 World Health Organization

4 National Drug Council of Chile (CONACE), and National Service for Children and Minors (SENAME), Chile, 2006.


8 With the exception of juveniles, where it is mandatory in most cases.
essential ingredients are as described above. For the purposes of this publication, we shall use the term “drug treatment courts” and “drug courts” interchangeably.

At a number of recent seminars organized by the Inter-American Drug Abuse Control Commission (CICAD), Secretariat for Multidimensional Security of the Organization of American States\(^9\), judges, prosecutors and health care personnel from Latin America, the Caribbean and Europe examined the feasibility of establishing treatment alternatives to incarceration for drug-dependent offenders, one form of which are drug courts.

Some of the CICAD countries expressed great interest in setting up such programs, although civil law countries pointed to some difficulties they might face in working such alternatives into their penal codes and procedures. Countries where drug courts are already up and running spoke of how they had overcome obstacles and public skepticism, and stressed the need for good evaluations and research on the outcomes of drug treatment court programs in order to demonstrate their effectiveness.

Through its program of City Partnerships on the improvement of Drug Treatment, CICAD has helped the courts of Suriname and the State of Nuevo León, Mexico, to set up new drug treatment courts, and continues to support the work of drug courts in Chile, Jamaica and other interested countries and cities. Belgium, where a new drug treatment court pilot has been created, has taken a collaborative approach, involving city officials and universities in the process. CICAD’s exchange of good practices in recent years allowed countries where drug treatment courts are in place to share different approaches to drug court challenges.

Key to the success of drug courts in the U.S. has been the ability to demonstrate to lawmakers and the public at large that drug court participants have lower rates of recidivism and lower rates of relapse into drug use than drug dependent offenders who are incarcerated. We therefore recommend that all drug treatment courts have a robust information system, to assure public acceptance of alternatives to incarceration for drug-dependent offenders as well as to secure future funding.

It is our hope that the present publication will contribute to better understanding of drug treatment courts in operation around the world, and show that this approach can reduce prison overcrowding, calm the general public’s concerns about crime, and slow down the revolving door of recidivists for whom prison has done little but exacerbate their problems.

James F. Mack  
Executive Secretary  
Inter-American Drug Abuse Control Commission (CICAD)  
Secretariat for Multidimensional Security Organization of American States (OAS)

\(^9\) EU-LAC Drug Treatment City Partnerships, an initiative coordinated by CICAD/OAS and funded by the European Commission.  
www.eulacdrugs.org
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INTRODUCTION

This publication has been prepared by the Secretariat for Multidimensional Security of the Organization of American States (OAS) through the Executive Secretariat of the Inter-American Drug Abuse Control Commission (SE/CICAD); the Justice Programs Office, School of Public Affairs, American University; the Institute for International Research on Criminal Policy (IRCP), Universiteit Gent; the Ministerio Público of Chile (General Prosecutor’s Office); and the International Association of Drug Treatment Courts (IADTC). It has been developed as a project of the EU-LAC Drug Treatment City Partnerships\(^\text{10}\), an initiative coordinated by CICAD/SMS/OAS and funded by the European Commission, and represents the first in a series of reports that will be prepared to document the operations, services and impact of drug treatment courts in the various countries in which they have been implemented.

The present publication was prepared for distribution and discussion at the Drugs Summit: European, Latin American and Caribbean Mayors and Cities, on April 21 -23, 2010 in Lugo, Spain\(^\text{11}\), under the Spanish Presidency of the European Union of 2010. The report summarizes the initial experiences of Drug Treatment Courts (DTCs) in 13 of the approximately 20 countries that have established DTCs to date and draws on the responses to a survey sent by CICAD in January 2010 to the DTC judges and others involved in these programs. The report consists of two volumes: Volume One provides an overview of issues relevant to the development and implementation of Drug Treatment Courts and a summary of the responses to the CICAD survey submitted. Volume Two provides supporting documentation, including copies of legislation that has been enacted, relevant program descriptive and evaluative information, and the Survey Instrument. A list of the individuals who contributed responses to the survey, along with the names and contact information for the approximately 50 DTC judges who have been presiding over these programs, is provided on Charts One and Two in Volume One.

The purpose of this report is to describe the strategies that have been developed to establish Drug Treatment Courts in countries that have implemented them, the services they are providing, the target populations they are serving, and the impact they have had to date, along with “lessons learned” that may be useful to others embarking on a DTC initiative.

For those who have been involved with implementing DTCs, these programs have entailed a significant departure from the traditional approach for dealing with drug dependence and drug-related criminality by recognizing that incarceration in and of itself has little effect on stopping drug dependency and associated criminal behavior and that these problems are more effectively and more inexpensively accomplished through diversion programs where, in lieu of incarceration as the sole means for dealing with drug involved criminal behavior, certain drug-dependent offenders can be directed to DTC programs. Rather than handling these cases through a traditional criminal justice approach that focuses primarily on their criminal behavior, the DTC also directs attention to the underlying substance addiction that is causing it through a range of services tailored to the needs of the individual offender.

As we have come to learn, the value of DTC programs is that they address in a coordinated way, supervised by the court, not only the drug-dependent individual’s criminality, but also the drug-dependent individual’s underlying substance addiction that may be contributing to his/her criminal behavior. This blend of

\(^{10}\) EU-LAC Drug Treatment City Partnerships  
www.eulacdrugs.org  
\(^{11}\) Lugo City Summit. April 2010.  
www.lugosummit.org
treatment and other support services provided within the context of the criminal justice process, with the criminal justice sanction held in abeyance pending the individual’s completion of the prescribed treatment program, has proved to be an effective strategy to promote the individual’s rehabilitation and reintegration into the community.

Among the special services most DTCs provide to their participants -- in addition to focused drug treatment services -- that are not generally provided to offenders in a non-DTC setting include assistance in obtaining: clean and sober living arrangements; medical care; mental health services; vocational training; job readiness and placement services, and a wide array of family services. All these services are provided in a coordinated manner, overseen by the drug court program, so as to promote significant reductions in recidivism and the individual’s recovery from drug dependence, as well as improve his/her capacity for self-sufficiency as a productive member of the community. Evidence of the effectiveness of DTCs in achieving these objectives has been widely documented in a number of countries, most extensively throughout the United States of America.\(^{12}\)

Despite evidence that drug courts are effective in addressing the drug dependency of criminal offenders -- and, in fact, more effective than the traditional criminal process -- the fact is that in many countries, DTCs have been a “hard sell” for their advocates. Those who have dealt with the problems of addiction know all too well that social and other services provided to and for drug-dependent persons involved in the justice system, when applied in isolation, without the comprehensive assessment, interagency oversight and coordination of the DTC, accomplish far less than DTCs in undoing addiction and stopping the continuing criminal behavior associated with it. These other alternatives also potentially place a number of drug dependent individuals in settings where they are subject to becoming more efficient criminals and reduce the chances of meaningfully addressing their addiction and promoting their recovery and rehabilitation.

With this backdrop, the present publication is designed to begin to fill a critical information gap by providing a preliminary base of information regarding the experience of developing DTCs in various countries that have embarked on these initiatives and the impact and benefits which these programs have had. Although much still needs to be done, the information compiled from the 13 countries responding to the SE/CICAD survey presents a cogent argument about why DTCs are a good idea, and gives a snapshot of what they cost in terms of human and other resources, what savings they can create for their respective societies in economic as well as human terms, and what benefits can accrue, particularly in terms of public safety and community well-being. The goal is to divert drug-dependent offenders to DTCs, that is, to a judicially supervised treatment program, rather than simply incarcerating them with little, if any, treatment and support services.

The publication has been developed with a strategic focus for use by the international community -- and EU-LAC participants in particular -- to provide guidance for the further development of DTCs and to build on the lessons learned from programs in countries that have already established them. A major strength of this report is that it draws upon the perspectives and insights of the leading judges and others most influential and instrumental in the DTC field in countries where Drug Treatment Courts have been initiated. Their comments, based on their operational experience, and the information they have submitted provide practical guidance for counterparts in other countries who are interested in developing DTCs and need documentation to persuade relevant decision-makers in the criminal justice, public health, social service, law enforcement, and related

\(^{12}\) See Volume Two of this report for summaries and citations to outcome evaluation reports conducted of Drug Treatment Courts in Australia, Ireland and the U.S.
sectors of local government in their home counties to support them.
The organization of Volume One of the report mirrors the questions on the CICAD survey instrument, with an introductory section (Part One) providing a synopsis of the survey responses in key topic areas, followed by a compilation in Part Two of the survey responses to each question from each of the responding countries, including information on the costs and resources that have been necessary to set up and operate DTCs in the responding countries and the impact noted. Available statistical information from existing DTCs, including a comparison of recidivism rates among those who participate in DTC programs versus persons who would otherwise be incarcerated, has also been included.

Additional supporting documents provided by respondents are included in Volume Two which serves as the Appendix for the report. These documents include summaries of several comprehensive evaluation reports (Ireland and Australia, in particular as well as over 90 evaluation reports for U.S. drug courts) which, because of their size were not reproduced in toto but, rather, summarized, with reference given to the websites on which the full reports can be found. The data and other information compiled in this report should provide an initial response to any skepticism about the utility and value of DTCs that is sometimes presented as a challenge to their establishment.

Periodic updating of the publication will be undertaken on a regular basis.

Following publication of this “strategy” document, a subsequent publication will be prepared dealing more specifically with DTC “best practices” which will include a compilation, with commentary, on the various justice system and treatment program policies, protocols, operational materials, screening and assessment instruments, and other tools employed by the various DTCs.

The Lugo City Summit has brought together the participants from the countries referenced in the publication as well as others who have been interested in exploring the potential utility and feasibility of DTCs and the issues addressed in this report. The present publication is intended to provoke discussion on a range of policy, legal and practical issues involved in establishing DTCs and will be made available in both printed and electronic form to facilitate its dissemination and follow-up and communication among those both involved with and interested in DTC approaches and strategies.

Inter-American Drug Abuse Control Commission (CICAD, Secretariat for Multidimensional Security, Organization of American States

Anna McG. Chisman, Head, Demand Reduction

Antonio Lomba, EU-LAC Program Manager

Acknowledgements

We are deeply grateful to a number of individuals who made this report possible. First, to those who provided information regarding the development and operation of their respective DTCs, listed on Chart 1 in Part One, and to the judges whose leadership in developing and implementing these programs has been essential and whose work with the DTCs has often been a voluntary, uncompensated task in addition to their already heavy workload. Their insights and perspectives, in addition to the specific information they provided, have been invaluable.

The planning and conduct of this project could not have proceeded without the ongoing guidance and assistance of Justice Paul Bentley, Chair of the International Association of Drug Treatment Court Professionals (IADTC). His insights, familiarity with the various programs that have been developed, and his ready willingness to assist in all phases of the project enabled us to prepare this publication.
We are also indebted to our three partner institutions which worked collaboratively to develop the survey instrument and compile the survey responses:

**Justice Programs Office, School of Public Affairs, American University.** Washington D.C., which took the lead in preparing this publication:
- Caroline S. Cooper, Research Professor, and Associate Director of the Justice Programs Office;
- Graduate research assistants Brent Franklin and Tiffany Mease, who conducted background research, compiled the survey results and contributed substantially to the drafting of this publication; and Jeffrey Morris, Student Research Assistant, who assisted with the data compilation effort; and
- William M. LeoGrande, Dean, School of Public Affairs, American University, whose support made possible the preparation of this report.

**The Ministerio Público of Chile (General Prosecutor’s Office),** which provided reviews of the survey instrument and report drafts and assisted with compiling survey responses.

- Lorena Rebolledo Latorre, Lawyer, Unit Specialist in Illicit Traffic of Drugs and Narcotics.

**The Institute for International Research on Criminal Policy (IRCP) of Ghent University** is one of the partners involved in the current project. The IRCP is represented, for the purpose of this project, by Prof. Dr. Brice De Ruyver, Ms. Charlotte Colman and Mr. Laurens van Puyenbroeck. The Institute has for many years built up an extensive expertise in the field of drug policy and drug-related criminality and is one of the leading international research groups in this respect. The Institute has joined as a partner on this project because of its firm belief in the inherent value of the DTC concept and because of the clear necessity of further elaborating and improving the establishment of DTCs on a wide scale. The fact that a DTC has been established in 2008 at the level of the Court of First Instance of Ghent, naturally adds to the commitment the IRCP feels towards this innovating and challenging concept.

The data included in the current publication show that DTCs are capable of making a difference in the way drug-related offenders are approached and dealt with. The publication ‘Strategies, Experiences and Preliminary Outcomes’ offers a clear overview of the ways in which DTCs are being implemented in a number of countries at present. Nevertheless, the publication – as its title indicates – is designed only to provide a preliminary analysis based on a *prima facie* evaluation of the data provided by the countries that responded to the survey. Moreover, a quick scan of the data already reveals some striking findings that require further attention and a more detailed analysis. For example, the differences among the participating countries in the percentage of people who have successfully completed the DTC program and the fact that some countries have had to adopt a more non-adversarial approach in order to implement the DTC in its criminal justice system, are but two interesting findings to emerge.

As noted earlier, the first publication will be followed by a second one, building on the summary information compiled during the course of preparing the current one. The overarching goal of this second publication will be to draft a series of *Best Practices and Recommendations* based on a more in-depth and scientifically based approach. This second report will therefore not only inform on the concept of DTCs, but will also address the questions of how to improve their efficiency, how to validate their effectiveness and how best to incorporate them in the criminal justice system of the various countries that have already established such a scheme or are planning to do so in the near future. Since, the current project, in essence, aims to improve the quality and efficiency of dealing with drug dependency and related criminal behaviour, the IRCP has gladly committed itself to actively contributing to this second publication.
PART ONE: OVERVIEW

A: DRUG USE AND DRUG-RELATED CRIME

1. International Strategies to Address the Problem

Policies and strategies for dealing with the issues of drug use, abuse, and control have existed at a global level for over 100 years. Although some advances have been made, particularly in reducing the supply of certain drugs, demand remains high and addiction and drug-related crime are still at levels that elicit concern. Although demand for illegal substances is often highest in developed countries, supply chains feed addictions all across the world.

In response to the global nature of the problem, three international conventions on drugs have been signed and ratified by the overwhelming majority of United Nations member states. Within the framework of these conventions, each country has established its own legislation on drug-related crime, with a certain amount of variation. In particular, national laws on the penalization of drug use vary considerably. While some countries require criminal penalties for drug use and possession of small quantities of an illicit drug for personal use, others regard drug use and possession as conduct to be sanctioned, if at all, by an administrative measure, such as a fine. This variation in laws on drug use make cross-country comparisons of data on “drug-related crime” very difficult, if not meaningless. As stated in the preface to the Eighth United Nations Survey on Crime Trends and the Operations of Criminal Justice Systems (2001-2002):

“The statistics cannot take into account the differences that exist between the legal definitions of offences in various countries, of the different methods of tallying, etc. Consequently, the figures used in these statistics must be interpreted with great caution. In particular, to use the figures as a basis for comparison between different countries is highly problematic”...

Several international agencies, including the United Nations (UN) and the Organization of American States (OAS), have set up specialized divisions to investigate and attempt to reduce the supply of and the demand for narcotic drugs and psychotropic substances. North American and European countries often provide statistics that indicate a fairly high prevalence of drug use. In those Latin American and Caribbean countries for which data are available, prevalence rates tend to be lower than rates in North America and Western Europe, but are still on the increase. Juvenile drug use is also a problem in many areas. A report published by the OAS on student (aged approximately 13-17 years) drug use in twelve Caribbean countries, including Jamaica and Suriname which are among the countries with Drug Treatment Courts included in this report, presented disturbing findings. For most countries in the OAS study, between 15% and 45% of all students in this age group had used an illicit drug at some point in their lives and between 10% and 25% had used an illicit drug within the past year.

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14 Ibid.

2. Incarceration and Alternatives: Drug Treatment Courts (DTCs)

As a component of the “war on drugs” in the U.S. during the 1980’s, a number of state legislatures enacted or strengthened statutes requiring mandatory minimum and similarly restrictive sentencing provisions for drug offenses that substantially limited judicial discretion and resulted in a massive growth in the prison population in the U.S., of whom a significant proportion of which were non-violent drug abusers. Only a small percentage of these inmates received any treatment and recidivism rates, once they were released, were expectedly high. At least half of the criminal caseloads in most U.S. courts were estimated to consist of drug and/or drug-related offenses consuming substantial judicial resources and creating widely shared frustration among judges and other justice system officials with the “revolving door” syndrome that characterized their handling of drug offenses.

Incarceration – in and by itself -- became increasingly viewed as a less than ideal way of dealing with nonviolent drug offenders for a number of reasons, most notably: (1) the overcrowding of jails and prisons in both the U.S. and other countries, due, in part, to the incarceration of non-violent drug-related offenders; (2) high rates of recidivism for drug addicted inmates once released; and (3) increasing concern about the potential incarceration has for “hardening” nonviolent drug offenders by exposing them to seasoned and possibly violent criminals. From both a public safety and a public health perspective, the need to identify alternative ways for addressing the problems of drugs and crime became critical. The approach and potential of the “Drug Treatment Court” (DTC) model for more effectively addressing these issues has therefore increasingly attracted the interest of those involved in the justice and public health systems in a number of countries as information becomes available regarding the recidivism reductions and other benefits being documented in the communities in which these programs have been implemented.

DTCs have eschewed the traditional prosecution/conviction/sentencing model that has been associated with prison overcrowding and chronic recidivism and embraced an alternative that entails using the leverage of the criminal justice system and its potential sanctions to provide a judicially supervised program of substance abuse treatment and other services. Although the specific elements of the DTC model vary according to its application to the individual justice systems that have adopted it, it essentially entails:

- Early identification of individuals involved with the justice system as a result of their drug abuse;
- Suspension of the justice system proceedings in which the individual is involved pending the individual’s participation in the DTC program;
- Provision of intensive outpatient treatment services to the individual, overseen by the court, and additional services the individual may require based on comprehensive screening and assessment. (Often these entail mental health, housing, literacy, vocational and other services that wouldn’t ordinarily be identified and/or provided in the traditional justice system process);
- Frequent and usually random drug testing (e.g., up to three – four times per week initially);
- Frequent review hearings before the judge (often weekly at first) at which the judge reviews with the individual his/her progress/compliance with the DTC requirements, acknowledges progress made and determines how best to address difficulties encountered, either through changes in the treatment plan or other means;
- Immediate responses to noncompliance, such as not appearing for treatment sessions, drug tests, or court hearings, which can range from a required writing assignment to community service to
that drug use was but the presenting problem and that, for participants to become “clean and sober”, substantial ancillary services needed to be provided in addition to drug treatment -- housing, education, vocational training, job placement, public health, including mental health, services, for example, and opportunities for participants to earn a high school diploma or GED. 17

As word of the Miami “drug court” spread, judges from courts both in the U.S. and other countries visited the program, sitting in on drug court hearings and watching scores of addicts regularly appear before the judge, during which time their progress – or lack thereof – in treatment was discussed, services adjusted as necessary, and short term sanctions, if appropriate, imposed on those who failed to comply with program requirements. Compliance with program requirements to cease using drugs was typically monitored through random drug testing, and, as noted above, violators would face sanctions for not testing.

The drug court model developed in Miami was adapted by many of these visiting judges to the court processes in their respective courts. In many cases, successful “graduation” from a drug court came to require -- in addition to the participant’s recovery from drug use -- the necessity for the participant to meet minimum standards of education, financial responsibility, and preparedness for independent and productive living in the community. Many drug courts also mandated graduating participants to have a sponsor in the community and/or complete a community service component.

The presence of these specialized courts expanded rapidly throughout the next two decades, moving beyond American borders in the late 1990s. The DTC “experiment” initiated in Miami has now become accepted practice in over a third of U.S. courts and by court systems in other countries as well. Drug

16 Responses to noncompliance are designed to also be therapeutic and constructive and therapeutic rather than purely punitive and to re-engage the individual in the DTC program if at all possible.

17 Graduated Equivalent Degree for High School.
courts now exist, in some form, in Canada, Australia, New Zealand, the United Kingdom, and in several European, Caribbean, and Latin American countries.

DTCs draw not only upon the authority and supervision services of the criminal justice system but also on public health, housing, vocational and other services provided by healthcare and social service agencies, as well as community organizations and NGOs. While DTCs address the individual’s immediate offense, the longer term goals are to promote the individual’s recovery and reintegration into the community as a contributing, law-abiding citizen, thereby putting an end to the chronic recidivism that has characterized the behavior of drug addicts.

The appeal of the DTC model lies in many sectors: more effective supervision of offenders in the community; greater accountability for drug using individuals for complying with conditions of release and/or probation; greater coordination and accountability of the justice system, public health and other community services provided, including reduced duplication of services and costs to the taxpayer; and more efficiency of the court system through removal of a substantial class of cases that places significant resource demands for processing, both initially and with probation violations and new offenses that otherwise would undoubtedly occur.

Dramatic as these benefits may be, however, they do not in themselves explain the tremendous personal impact that drug courts have on all who have been involved with them – even the casual observer of a drug court session. What has made the DTC movement so powerful and infectious is the human element that is involved and the constructive interaction between the individual substance abuser and the “system” that takes place in a multi-disciplinary process geared to using the authority of the legal process to bring about therapeutic benefits for both the individual and the community.

Who are the DTC participants and what has been their experience with the DTC? In the U.S., we have found that:

- DTC participants in adult drug courts reflect all segments of the community, ranging in age from 18 to 75 years, and from individuals who left school at grade 5 to persons with considerable post college graduate education;
- Approximately two thirds of DTC participants are parents of minor children, and are often in danger of losing custody or have already lost custody them;
- In the U.S., approximately 10% have been veterans;
- Men participate at more than twice the rate of women although the percentage of female participants is rising; women, however, do not do as well in the DTCs as men unless special gender specific services and program components are provided for them;
- Most DTC participants have been using drugs for many, many years and many are poly drug users;
- Most DTC participants have never been exposed to treatment although a large majority have already served jail or prison time for drug-related offenses;
- Individuals are remaining in DTC programs at double the rate for traditional treatment programs; and
- Recidivism rates for individuals who have completed DTC programs are significantly lower than those for individuals who go through the traditional justice system process.

Approximately 450 juvenile drug courts have also been established in approximately 40 states in the U.S., serving youth generally between the ages of 13 – 18.

Unlike traditional treatment programs, becoming “clean and sober” is only the first step toward graduating from a DTC program. Almost all drug courts in the US require participants (after they have become clean and sober) to obtain a high school diploma or GED certificate, maintain employment, be current in all financial obligations, and have a sponsor in the community. Many programs also require participants to perform community service hours – to “give back” to the community that is supporting them through the drug court program. One drug court requires prospective graduates to prepare a two year “life plan” following drug court graduation for discussion with a community board to assure the court that the participant has developed the “tools” to lead a drug-free and crime-free life.

With the intense interest in finding alternatives to incarceration and ways these alternatives can be applied to nonviolent drug abusers, information about the experience of DTCs in the various countries in which they have been implemented is critical. As with statistics on drug-related crime, no standardized measures and/or data bases yet exist to compare drug court practices and services from one country to another. This report was developed as a first step in filling this gap.

3. Survey Conducted by CICAD on Drug Treatment Court (DTC) Experiences

The survey developed by CICAD and reported on in this Volume was designed to address the most frequent questions that appear to be posed by policy makers when presented with proposals to consider the implementation of DTCs:
- What do DTCs do?
- Why implement them?
- How are DTCs different from the traditional approach for dealing with drug addicts who are committing crime?
- Who would be the target population?
- What services would be provided?
- What steps need to be taken to implement them? What changes in the legal process, if any, are required?
- What is the cost of implementing these programs?
- What impact and benefits have they achieved?
- Perhaps most importantly: Are they worth the effort?

The survey was sent to drug court officials in approximately twenty countries. Responses were received from the following countries:
- Australia (New South Wales and Perth, Western Australia)
- Belgium (Ghent);
- Bermuda (Hamilton);
- Brazil (representing São Paulo, Pernambuco, Rio de Janeiro, and Rio Grande do Sul States);
- Canada (received from courts in Calgary and Edmonton, Alberta and Toronto, Ontario);
- Chile (representing Colina Depulveda, Ojeda, Pavez, Pinochet, San Bennardo, and Santiago);
- England (Liverpool);
- Ireland (Dublin);
- Jamaica (Kingston and Montego Bay);
- Mexico (Mexico City);
- Norway (representing Bergen and Oslo);
- Suriname (Paramaribo); and the
- United States (composite summary for 2,000+ drug courts operating in all states and territories).

Part Two of this Volume provides the full survey responses from each of the 13 responding countries (17 survey responses, including two from Brazil and three from Canada) to each of the survey questions.

Note: Respondents provided their survey responses in English, either as their initial response or through a translation; their responses have been reproduced, generally verbatim, although clarification was provided when considered necessary. Generally these clarifications are in brackets or the original answer has been paraphrased.

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See Volume two for the survey instrument.
The following provides a general summary of the information provided in the survey responses by major topic area.

**B. Survey Findings**

1. **General**

   - **Number of Individuals Who Have Participated in DTCs and Number of Judges Involved**

   Not including the United States, the reporting DTCs, all of which have been established since 2001, have enrolled nearly 6,000 participants, of whom over 1,000 have successfully completed their respective program. Most of the respondents indicated that these figures were lower than those anticipated when the DTCs were opened, primarily as a result of shortages of funding necessary to adequately develop the programs. Although no firm statistics are available for the U.S., it is estimated that well over 500,000 have enrolled in DTCs and well over 100,000 have graduated.

   Approximately 60 judges are involved in the DTCs responding to the CICAD survey in addition to the estimated 5,000+ judges who have been involved in DTCs in the U.S.

   - **Measures of “Success”**

   The responses indicate that the DTCs are perceived to be successful in all of the countries reporting. The most immediate measure of success noted has been recidivism reductions: In Dublin, for example, recidivism reportedly declined by over 75%; recidivism in the U.S. has also declined, although not to the same extent. Other measures of “success” noted included: the capacity to provide a greater array of services to drug addicts which included, in addition to drug treatment, housing, public health, vocational assistance, etc. The enhanced credibility of the justice system in terms of taking meaningful action to address a widespread community and public health problem was also noted.

   - **Costs**

   Where statistics are available, they show that drug courts are significantly less expensive than incarceration which, when combined with the decline in recidivism, indicates a much greater degree of cost-effectiveness.

   - **Benefits to the Community**

   Respondents were universally positive about the benefits that drug courts provide to the communities in which they operate. With the resulting reductions in crime and recidivism, communities where drug treatment courts have been implemented reportedly appear to have become safer places; respondents also saw gains in both the physical and mental health of participants; and, as noted above, there appears to be the perception that community members are expressing greater confidence in the criminal justice system.

   - **Unanticipated Challenges**

   Respondents noted that various unanticipated challenges had emerged which, in some instances, affected the degree to which the DTC could be implemented as envisioned. Where expectations of drug court programs were not fully met, however, few complaints centered around the effectiveness or “fit” of the DTC model. In some jurisdictions, for example, a lack of funding for the relatively new program hampered the efforts of the courts to increase capacity or to be as effective as they might like. In one case, staff turnover and an initial misjudgment of the extensive needs of potential participants were cited as problems. However, none of these developments indicated any fundamental concern over the continued operation of drug treatment courts.

2. **Who Participates? When and How Are Potential Participants Identified?**
The DTCs responding to the CICAD survey generally target nonviolent individuals who are addicted to drugs and who are committing offenses either while under the influence of drugs or to procure funds to obtain drugs. In the U.S., DTCs also target persons found in possession of drugs which, in the U.S., is a crime. Violent criminals are generally excluded from program eligibility, as are those offenders involved with organized crime or the drug trade. Several DTC programs noted that they expect potential participants to demonstrate a willingness to participate in the program and make a good-faith effort to improve their situation.

The nature of participants’ substance abuse can vary widely from court to court. The drug courts in Calgary and Dublin deal mostly with offenders who are addicted to methamphetamine, cocaine/crack, heroin, etc. Courts in Jamaica and the United States, as well as in Liverpool, cater to nearly everyone with a significant addiction problem, including alcoholics and marijuana users. The U.S. drug courts also serve individuals addicted to prescription drugs.

Generally, potential participants in the DTCs included in this report are identified at an early stage in the criminal process, usually twelve or fewer days following the initial arrest. One notable exception is the drug court in Dublin, in which eligibility is not determined until after conviction, which can take six months to two years. When DTCs started in the U.S., identification of potential participants generally occurred within a week or two of arrest and “immediacy” was an essential element of the drug court model and incorporated in the “Key Components”. However, during the course of the intervening years, the time between arrest and program entry has significantly lengthened in many U.S. DTC programs – a development which needs prompt attention.

The identification of participants potentially eligible for the responding DTCs is typically made by, or at the advice of, the defense attorney, although law enforcement and public health officials can influence or recommend participation. In the U.S., recommendation by the prosecutor is often a prerequisite.

3. **Services Offered**

Since drug abuse and dependence is the reason for involvement in the DTC, services offered necessarily focus on related treatment needs. Treating drug dependence means not only attempting to overcome addictions that may have persisted for many years, but, as noted earlier, also addressing the underlying causes of the addiction, such as prior physical and/or sexual abuse, or mental health disorders. In many cases, drug abuse may have been ongoing in the offenders’ lives for decades before contact with the DTC program, presenting both a need for intensive treatment as well as an opportunity for significant positive change.

Treatment services come from a wide array of service providers, including treatment centers, hospitals, NGOs, nonprofit organizations, and public health departments. For example, Chile reports working with a specialized nonprofit institution dealing with adolescents, and focusing on social risk, gender, and culture in one of its pilot programs.

Most programs also reported referrals to other service providers for additional services. In addition to medical services, these most frequently include education and training, employment, and housing. Although drug abuse is at the heart of the problem for offenders involved in the DTC, most programs have come to realize that treating the addiction alone will be ineffective if not also accompanied by services necessary to improve the lives of the individuals involved and prevent their relapse and recidivism.
A number of respondents also reported the desire to expand the range of services currently available to include counseling, child care, and expanded treatment as well as those that would create opportunities for positive alternatives to crime—particularly vocational training and career oriented job opportunities. In the U.S., the need for aftercare services has been critical for most programs. The development of DTC alumni groups is an increasingly frequent phenomenon which, in small part, reflects an attempt to address this need.

4. **Legal Issues**

While some countries have enacted special drug court legislation and/or regulations (Australia, Bermuda, Norway, for example), others began operating DTCs within the existing legal framework applicable to the traditional adjudication and disposition process for criminal offenses. Even without the need for legislation to implement a DTC, there is some thought that special legislation provides added legitimacy for these programs, even though it is often not necessary for their functioning.

4. **Building Interagency Support**

The interdisciplinary nature of DTCs requires ongoing support from the judiciary, other criminal justice officials, attorneys, public health officials, community leaders, and others whose buy-in as well as active assistance is needed. In this regard, a number of the responding DTCs highlighted the importance of regular meetings with local officials, both within the justice system and the community at large, as well as initiating a range of educational opportunities for the public to gain both support for the DTC and understanding of what it was attempting to accomplish. Explaining the logic and evidence in favor of DTCs and what happens to addicts who are left to the traditional process can inform those who are unfamiliar with the model and demonstrate that positive outcomes and effective programs can speak for themselves. Positive evaluations—as well as observing drug court sessions—can also convince hesitant or skeptical stakeholders about the merits of the DTC program. Once there is interagency agreement to participate, involvement in the DTC itself may reinforce faith in its potential, as the effects of this alternative model are witnessed firsthand.

Providing public information and training sessions have been another educational component noted by responding DTCs, particularly regarding the nature of addiction and the value of treatment that can help develop understanding and confidence in the program. Community outreach programs to educate the public have been another important strategy for gaining wider support and encouraging community participation.

6. **Preliminary Indicators of Effectiveness**

**Evaluative Criteria**

Scientific evaluations appear to be the ultimate tool for gauging program effectiveness, but because so many DTC programs are in their early years, most formal efforts to evaluate them are likewise in their beginning stages. However, numerous outcome evaluations in the United States have shown reduced recidivism and cost savings. Forthcoming evaluations in other jurisdictions are expected to reveal similar outcomes, given that the programs are based on the same logic model. A number of respondents reported that, although recidivism reduction is the primary goal used to evaluate program effectiveness, other goals are important as well. Curbing or eliminating substance abuse is an obvious example, as this problem is the reason for the establishment of the DTCs. Social functioning indicators, such as obtaining stable housing, employment, and education, and family stabilization have also been important indicators of success.

22 See Volume Two of this report for a summary of outcome evaluations for U.S. DTCs conducted during the past several years.
Preliminary Findings

All respondents with available data reported reduced recidivism rates among participants in the DTC compared to offenders processed in the traditional criminal justice system. As referenced earlier, Ireland reported figures from two small random assignment studies that showed 75% and 85% reductions in recidivism. Some respondents had comparison figures for the costs for handling offenders in the DTC, compared with the costs in the traditional adjudication process, and reported much lower costs for DTC participants compared to those in the traditional system. Evaluation reports for U.S. DTCs have estimated cost savings ranging from $3,000 to $20,000 per drug court participant, based, primarily, on avoided costs of incarceration.

Another notable benefit of DTC participation (besides cost savings) has been the effect of DTC programs on the community. Reductions in recidivism and substance abuse can remove stresses on community services like police and hospital services. Respondents also noted the creation of safer communities resulting from reduced crime. Some also noted that DTC participants gain a chance to be productive members of their communities and, as a result of their increased self-esteem and improved physical health, are better able to find jobs, reconnect with family and friends, and take greater responsibility for their own lives.

7. Challenges

Obtaining/Maintaining Adequate Funding

The major challenges faced by drug courts (and new programs in general) often relate to funding and budget concerns. This issue was reflected in most of the survey responses, with several respondents reporting that the difficulty in obtaining or maintaining funding necessarily affected the nature and extent of services they were able to provide. Initial funding has been needed to create pilot programs or otherwise establish DTCs, and consistent financial support has been necessary to keep them going.

Attracting Adequately Qualified Personnel/Dealing with Staff Turnover

Adequate, qualified personnel are essential to supporting drug court operations. Of critical importance is that the judges and other justice system officials who are participating in the program have a solid foundation regarding substance addiction and recovery – topics not generally covered in legal or other training they bring to their positions. Problems with inadequate personnel levels and turnover among those involved with the DTCs were reported by a number of the responding DTCs. Training and retaining knowledgeable personnel is an immediate issue most DTCs need to deal with for a number of reasons, none the least of which is to avoid the costs associated with staff turnover and its potential impact on drug court operations. Where turnover has occurred, special effort has been needed to ensure that the new staff understand the drug court program, how it differs from the traditional criminal case and treatment processes, and the role of the interdisciplinary DTC “team” members in promoting the successful recovery of the participants.

Having Adequate Resources and Coordinating Them Efficiently and Effectively

There appears to be a general feeling that not enough resources are available. Several respondents specifically expressed the desire – and need – for expanded treatment services, including counseling and aftercare. How to successfully coordinate services from multiple sectors is also a concern. Partnering with other agencies and community organizations to deliver services has frequently brought a host of problems, especially concerning communication and coordination among agencies that have not traditionally worked together in the coordinated manner required by the DTC. Coupled with the strain of inadequate resources (in both funding and personnel), there also appears to be a concern over how to best utilize those resources and services that are available, including who the
most appropriate target population(s) should be in light of this situation. A review is currently underway in Ireland, for example, regarding the lack of resources available to each agency involved in the DTC.

Developing and coordinating the interagency resources necessary to support a DTC was a major topic of discussion at the Lugo Conference and an increasingly critical role which city leadership should play. (See “Lugo Declaration” below.)

Ø Gaining Philosophical and Material Support from the Necessary Stakeholders

Another major obstacle to establishing and sustaining DTCs has been the challenges of gaining both the philosophical and material support from various stakeholders. Some may be resistant to the drug treatment model, considering the approach too lenient or doubting the legitimacy of substance abuse treatment – often because they lack information and/or understanding regarding the nature of addiction and the potential benefits of well developed and supervised treatment. (Gaining support from these stakeholders can also influence the ability to acquire and maintain adequate funding.) As the DTC model becomes more widely accepted and evaluations continue to reveal positive outcomes, broad support will likely be more easily attained. Ongoing education of stakeholders on the merits and effectiveness of DTCs is crucial.

8. Next Steps

Ø Making the Development and Maintenance of a DTC Part of the Local Government Agenda

A number of respondents to the EU-LAC CICAD survey noted that their municipality or appropriate local government had not yet become involved with their DTC, either in its planning and implementation or operations (although in Australia, for example, DTCs are an established part of the state governments’ agendas). This situation is clearly an item that needs to be addressed promptly in light of the multi-agency services, collaboration and coordination that is needed to effectively deal with addiction. Mayors, for example, are in a key policy setting position to voice support for DTCs and to coordinate the necessary agencies and services essential to bolster DTC efforts to provide the range of treatment, public health, education, housing, family, vocational and other services essential to promoting their effectiveness. In many cities or localities, the various agencies needed to support DTCs and the critical public health and community problem they are addressing through provision of needed services -- addiction treatment, mental health, medical, family, housing, employment, and/or educational services, for example—are often administered by the local government, or in close partnership with it. The incorporation of DTCs into the local government agenda can therefore help streamline service delivery as well as give all relevant partners a clear stake in the continued success of the program. In recognition of the important role cities can play in promoting and sustaining DTCs, the Lugo Conference for which this report has been prepared culminated with the “Lugo Declaration” reproduced at the end of this report section.

Ø Collection and Distribution of Empirical Evidence to document the Impact of DTC Activities

Most, if not all, officials involved in DTC programs recognize that drug dependence is a health and social issue. In many instances, however, policy makers view drug use as purely a criminal justice issue. When use and abuse are not treated properly, with attention to the public health issues they truly represent, the link between drugs and crime is allowed to continue uninterrupted.

The development of empirical evidence-based indicators of the link between dependence and crime, as well as any and all indicators of what DTCs do and their impact will be extremely important to the development and
maintenance of adequate community support. Effective data collection and reporting that answer the questions posed by policy makers, program officials, and the general community are also important agenda items for the future. The creation and proper use of data collection efforts is a critical and immediate step DTC programs need to undertake.

*Developing Appropriate Programs for Youth and Young Adults*

An unanticipated issue discovered by several countries as they implemented their respective DTCs has been the need for special services and, in effect, separate drug courts for juveniles. Toronto reported separating youth into other programs because they failed to become integrated into the adult DTC, while Jamaica is in the early stages of exploring the need for a juvenile DTC. A number of DTCs have expressed frustration with the prevalence of drug use and drug-related crime among young people, their lack of responsiveness to the traditional adult DTC model, and the range of what appears to be almost intractable issues that need to be dealt with in any meaningful program to reach them – the inappropriate influences of peers, gangs, unhealthy living/family situations, etc., not to mention their minute-to-minute orientation and sense of invulnerability.

This issue also emerged in the early years of drug court experience in the U.S., with a number of juvenile drug courts being developed alongside special family treatment courts for neglect and abuse cases involving drug involved parents. A related issue that has raised particular attention in the U.S. and is just beginning to be addressed relates to the need to develop specialized programs and services for young adults – e.g., individuals who are legally adult (e.g., 18 or over) but developmentally adolescents and for whom adult DTC services appear to be inappropriate. Those programs that appear to have success with adolescent drug users appear to be include a focus on developing the strengths, skills and self esteem of the participant and pay particular attention to the following:

1. Developing strategies to motivate the juvenile/adolescent to change, recognizing that juvenile/adolescent substance abusers often lack the "hitting the bottom" motivation that long-term adult substance abusers have -- and often use -- in their recovery process;

2. Understanding and anticipating the impact of the complex developmental processes juveniles are undergoing and which are particularly significant for adolescents -- a few months, let alone a year, can be of great significance to the physical, mental, emotional, and psychological developmental status of a juvenile or adolescent;

3. Addressing problems in the juvenile's family and environment that may bear on his or her substance abuse, with particular attention to the juvenile's living situation and peer relationships;

These may include a complexity of family needs -- emotional, economic, medical, psychological, interpersonal, etc. -- that often encircle the specific behavior that has generated the court's instant involvement. Although adult drug courts can require participants to obtain "stable living" situations, most juveniles have little control over their living environments and have great difficulty in altering peer relationships; and

4. Developing an appropriate system of sanctions for noncompliance. While the adult drug court can utilize jail as a sanction, detention of a juvenile drug court participant is not often feasible and often not desirable. Other sanctions involving increased treatment, drug testing, curfews, community service, writing assignments and other strategies will be necessary and, in most cases, more appropriate.

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LUGO DECLARATION

DECLARATION OF LUGO ON THE PREVENTION AND TREATMENT OF DRUG USE AND DEPENDENCE

April 23, 2010, Lugo, Spain

DECLARATION OF LUGO ON THE PREVENTION AND TREATMENT OF DRUG USE AND DEPENDENCE

We, European, Latin American and Caribbean city mayors, national policy-makers and experts, meeting in Lugo, Spain in the context of the “EU-LAC City Partnerships in Drug Treatment”, recognize that drug demand reduction policies and programs should be comprehensive and long-term, and should be geared to promoting healthy lifestyles, preventing drug use and abuse, providing treatment and rehabilitation for drug-dependent persons, and offering recovery support services in the community.

We have focused our efforts for the last three years on improving drug abuse prevention and treatment policies and programs in our cities.

We have shared out municipal plans for preventing drug and alcohol use, particularly among young people, with community support.

We have also seen the importance of providing in the cities treatment and rehabilitation for drug-dependent individuals.

We have learned, through the assessments we have conducted of the status of drug treatment in our cities, that our drug treatment services and our human resources training can be improved through the exchange of good practices and information among experts from both sides of the Atlantic.

We are most grateful to the European Union for its support and financing of the EU-LAC Drug Treatment City Partnerships over the last three years.

We are also most grateful to the Inter-American Drug Abuse Control Commission (CICAD), Secretariat for Multidimensional Security of the Organization of American States for its leadership in organizing and carrying out this initiative.

We have concluded that drug policies must be based on scientific evidence. This evidence shows us that drug dependence is a chronic relapsing disease that needs professional health care, and the support of local social and welfare services made available by cities.

It is necessary to remove the stigma and social exclusion that are still associated with drug users and drug-dependent people and that impede their recovery and full participation as productive members of the community.

We recognize that since the reasons for drug dependence are complex, therapy and recovery must necessarily also be complex and many-layered.

We are convinced that helping people recover from their illness of drug dependence means drawing on many government and community resources, particularly health care, social welfare, housing, employment and education. Resources invested in recovery services translate into benefits for society as a whole by reducing the costs associated with dependence.

We agree that drug policy works best when it is part of overall social policies, with drug treatment and rehabilitation working hand in hand with social services. An integrated health response to addiction requires a full partnership of government and civil society, in the common mission of improving the lives of every individual and their families.

We are also convinced that cooperation, communication and clear roles for different agencies are key to success in treating drug dependence, whether locally or in the central government.
We welcome the full cooperation of civil society organizations and the private sector in providing and supporting drug abuse prevention and treatment services for our citizens.

We express our support for international initiatives that build cooperation and exchanges of good practices among the local agencies and individuals, since it is they who work most closely with the people of our cities. We therefore propose to our national Governments that they ensure that their drug policies, particularly in demand reduction, include the promotion and continuation of initiatives such as the EU-LAC City Partnership in Drug Treatment that has brought us together in Lugo.

On behalf of the more than forty cities that have committed to this multilateral City Partnerships initiative in recent years, we express our thanks to the City of Lugo and to its citizens for their work in bringing together the peoples of Europe, Latin America and the Caribbean.

We are committed to translating our transatlantic exchanges of experiences into concrete plans and actions for the future.

We therefore declare that we are formally establishing the EU-LAC City Partnership in Drug Demand Reduction, that will be signed in Coimbra, Portugal in September 2010, geared to promoting public policies, plans and actions to prevent drug and alcohol use and to provide treatment and recovery support services for drug-dependent persons. This EU-LAC Partnership is committed to exchanges of evidence-based experiences in demand reduction, and to the protection of human rights.

Done in Lugo, Spain, April 23, 2010
PART TWO: SURVEY RESPONSES

Responses from the Drug Treatment Courts in the following thirteen countries which responded to the CICAD survey are provided in the following section of this report:

- Australia (New South Wales and Perth, Western Australia)
- Belgium (Ghent)
- Bermuda (Hamilton)
- Brazil (Rio de Janeiro and Sao Paulo)
- Canada: (Calgary and Edmonton, Alberta and Toronto, Ontario)
- Chile (multiple programs)
- England (Liverpool)
- Ireland (Dublin)
- Jamaica (Kingston and Montego Bay)
- Mexico (Mexico City)
- Norway (Bergen and Oslo)
- Suriname (Paramaribo)
- United States (multiple programs)

Responses are generally reproduced verbatim, although in some instances in which the responses had been translated into English, minor editing has been done with the intent of clarifying the response. We apologize for any errors we may have made in this process.

The sections are organized by topic area, preceded by a brief overview for each topic area providing a summary of the responses submitted. Volume Two of this report provides additional supporting documentation submitted by survey respondents (e.g., legislation, program descriptions, evaluation reports, etc.).

We have also included in Volume Two additional information for Drug Treatment Courts in New Zealand and some Australian courts which were not able to provide a response to the CICAD survey. In both countries a well developed program of Drug Treatment Courts and other therapeutic jurisprudence initiatives have been initiated. The documentation available for these programs provides a valuable insight into both their structure and impact. Authorizing legislation as well as program descriptive and evaluative information is provided for the programs in: New South Wales, Queensland, South Australia, Victoria and Western Australia.
### Establishing Drug Treatment Courts: Strategies, Experiences and Preliminary Outcomes

#### Chart 1: Individuals Who Provided Information for the DTC Survey

<table>
<thead>
<tr>
<th>Country/City</th>
<th>Contact(s) Name</th>
<th>Title</th>
<th>Agency</th>
<th>Address</th>
<th>Phone #</th>
<th>Fax #</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>AUSTRALIA, New South Wales, Perth, Western Australia</td>
<td>Judge Roger Dive</td>
<td>Senior Judge</td>
<td>Drug Court of New South Wales</td>
<td>PO Box 92 Parramatta 2124</td>
<td>+61 2 (02) 8688 4514 or registry +61 2 (02) 8688 4525</td>
<td>-</td>
<td><a href="mailto:jdive@courts.nsw.gov.au">jdive@courts.nsw.gov.au</a></td>
</tr>
<tr>
<td></td>
<td>Magistrate Vicki Stewart</td>
<td>Magistrate</td>
<td>Magistrates Court of Western Australia</td>
<td>501 Hay St., Perth WA 6000</td>
<td>+61 8 (08)94252212</td>
<td>-</td>
<td><a href="mailto:Magistrate.Stewart@justice.wa.gov.au">Magistrate.Stewart@justice.wa.gov.au</a></td>
</tr>
<tr>
<td>BELGIUM, Ghent</td>
<td>Jorn Dangreau; Annemie Serlippens</td>
<td>Judge; Prosecutor</td>
<td>Court of Ghent</td>
<td>Opgeestenlaan 401 9000 Ghent</td>
<td>0032.9.234.40.11</td>
<td>0032.9.234.43.02</td>
<td><a href="mailto:jorn.dangreau@gmail.com">jorn.dangreau@gmail.com</a>; <a href="mailto:annemie.serlippens@just.fgov.be">annemie.serlippens@just.fgov.be</a></td>
</tr>
<tr>
<td>BERMUDA, Hamilton</td>
<td>Gina Hurst-Maybury</td>
<td>Director</td>
<td>Department of Court Services</td>
<td>61 Victoria Street Hamilton, Bermuda</td>
<td>441-294-3045</td>
<td>441-292-3881</td>
<td><a href="mailto:gbhurst@gov.bm">gbhurst@gov.bm</a></td>
</tr>
<tr>
<td></td>
<td>Mario Sergio Sobrinho</td>
<td>Public Prosecutor</td>
<td>Ministerio Publico Sao Paulo</td>
<td>Rua Ana Benvinda de Andrade, 150, Alto de Santana, S. Paulo, CEP 02403-030</td>
<td>55-11-2281-1800</td>
<td>55-11-2281-1801</td>
<td><a href="mailto:pmcrimsantana@mp.sp.gov.br">pmcrimsantana@mp.sp.gov.br</a></td>
</tr>
<tr>
<td>CANADA, Calgary, Alberta</td>
<td>Linda Edney</td>
<td>Executive Director</td>
<td>Calgary Drug Treatment Court</td>
<td>604, 620-7th Ave. SW Calgary, Alberta, T2P 0Y8</td>
<td>403/476-4700</td>
<td>403/476-4701</td>
<td><a href="mailto:lindaedney@calgarydrugtreatmentcourt.org">lindaedney@calgarydrugtreatmentcourt.org</a></td>
</tr>
<tr>
<td></td>
<td>Doug Brady</td>
<td>Executive Director</td>
<td>Edmonton Drug Treatment and Community Restoration Court</td>
<td>101, 10010 – 105 Street, Edmonton, AB Canada</td>
<td>780 970-5124</td>
<td>780 425-1549</td>
<td><a href="mailto:dougb.edtcrc@shawlink.ca">dougb.edtcrc@shawlink.ca</a></td>
</tr>
<tr>
<td></td>
<td>Paul Bentley</td>
<td>Justice</td>
<td>Ontario Court of Justice</td>
<td>20 Queen St. West Toronto, Canada M5H2M4</td>
<td>416/327-5907</td>
<td>416-573-8540</td>
<td><a href="mailto:paul.bentley@ocj-cjo.ca">paul.bentley@ocj-cjo.ca</a></td>
</tr>
<tr>
<td>CHILE, (multiple)</td>
<td>Lorena Rebolledo</td>
<td>Lawyer, Unit Specialized in General Prosecutor’s Office</td>
<td>General Mackenna N 1369 4to. Piso, Santiago de Chile</td>
<td>56-2-69.09.142</td>
<td>56-2-69.09.150</td>
<td><a href="mailto:lrebolledo@minpobliso.cl">lrebolledo@minpobliso.cl</a></td>
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<td>COUNTRY/CITY</td>
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<td>FAX #</td>
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<tr>
<td>ENGLAND/ Liverpool</td>
<td>David Fletcher</td>
<td>His Honour Judge</td>
<td>North Liverpool Community Justice Center</td>
<td>Boundary Street Liverpool, L52QD United Kingdom</td>
<td>00441512983600</td>
<td>-</td>
<td><a href="mailto:david.fletcher@hmcourts-service.gsi.gov.uk">david.fletcher@hmcourts-service.gsi.gov.uk</a></td>
</tr>
<tr>
<td>IRELAND/ Dublin</td>
<td>Hazel Bell, Linda O'Driscoll, Fiona Carolan</td>
<td>1Acting Drugs Court Coordinator, 2Drug Treatment Court Nurse, 3Education Coordinator</td>
<td>Courts Services, 1HSE, 1Drug Treatment Court</td>
<td>1Richmond Courts Complex North Brunswick St, Dublin 7; 2PALC, 1 Parnell Square, Dublin 1</td>
<td>(01) 888-6647; 087-917-0482</td>
<td>(01) 888-6655</td>
<td><a href="mailto:hazelmbell@courts.ie">hazelmbell@courts.ie</a> <a href="mailto:linda.odriscoll@hse.ie">linda.odriscoll@hse.ie</a> <a href="mailto:lindaodriscoll@msn.com">lindaodriscoll@msn.com</a></td>
</tr>
<tr>
<td>JAMAICA/ Montego Bay and Kingston</td>
<td>Ms. Winsome Henry</td>
<td>Resident Magistrate</td>
<td>Ministry of Justice</td>
<td>St. James Resident Magistrates Court PO Box 321 Montego Bay, St. James, Jamaica</td>
<td>876-952-3323</td>
<td>876-952-3325</td>
<td><a href="mailto:winsomehenry-06@hotmail.com">winsomehenry-06@hotmail.com</a></td>
</tr>
<tr>
<td>MEXICO/ Mexico City (additional programs in the State of Nuevo León to be implemented shortly)</td>
<td>Luz Maria Garcia Rivas; Dr. Jesus Salazar Villegas; Demetrio Cadena Montoya</td>
<td>1Executive Director for Demand Reduction; 2State of Nuevo León, Director of Mental Health and Addictions 3Judge</td>
<td>CENAPI, Office of the Attorney General; Health Secretariat Addictions Treatment Court</td>
<td>Calle Xochitl s/n Colonia El Reloj Mexico D.F.CP.04640; Matamoros 520 Ote. Monterrey, N.L. Mexico Lazaro Cardenas Guadalupe Nuevo Leon, Mexico</td>
<td>5255-51 69 65 85; 5281-8343 4325</td>
<td>5255-5169-6669</td>
<td><a href="mailto:ljuzgarcia@pgr.gob.mx">ljuzgarcia@pgr.gob.mx</a> <a href="mailto:jesus.salazar@gmail.com">jesus.salazar@gmail.com</a></td>
</tr>
<tr>
<td>NORWAY/ Bergen and Oslo</td>
<td>Mrs. Ingunn Seim</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><a href="mailto:ingunn.seim@kriminalomsorgen.no">ingunn.seim@kriminalomsorgen.no</a></td>
</tr>
</tbody>
</table>
# Chart 1: Individuals Who Provided Information for the DTC Survey

<table>
<thead>
<tr>
<th>Country/City</th>
<th>Contact(s) Name</th>
<th>Title</th>
<th>Agency</th>
<th>Address</th>
<th>Phone #</th>
<th>Fax #</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Suriname/Paramaribo</strong></td>
<td>Mr. Albert Ramnewash</td>
<td>Judge/chairman of the Working Group Drug Treatment Court</td>
<td>Working Group Drug Treatment Court</td>
<td>Henck Arronstraat 1 Paramaribo, Suriname</td>
<td>00-597-477338/473530</td>
<td>00-597-477338</td>
<td><a href="mailto:yvonroepal@gmail.com">yvonroepal@gmail.com</a></td>
</tr>
<tr>
<td><strong>United States</strong></td>
<td>Caroline Cooper</td>
<td>Director</td>
<td>BJA Drug Court Clearinghouse/Tecchnical Assistance Project</td>
<td>Justice Programs Office School of Public Affairs 4400 Massachusetts Avenue N.W., Brandywine Suite 100 Washington, DC 20016-8159</td>
<td>202/885-2875</td>
<td>202/885-2885</td>
<td><a href="mailto:Justice@american.edu">Justice@american.edu</a>, <a href="mailto:ccooper@american.edu">ccooper@american.edu</a></td>
</tr>
</tbody>
</table>


### Establishing Drug Treatment Courts: Strategies, Experiences and Preliminary Outcomes

#### Chart 2: Current DTC Judges in the Responding Countries

<table>
<thead>
<tr>
<th>Country/City</th>
<th>Name of Judge(s)</th>
<th>Court</th>
<th>Address</th>
<th>Telephone #</th>
<th>Fax #</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AUS</strong> New South Wales</td>
<td>Roger Dive</td>
<td>Drug Court of New South Wales</td>
<td>PO Box 92 Parramatta 2124</td>
<td>+61 2 (02) 8688 4514 or registry + 61 2 (02) 8688 4525</td>
<td>+61 8 (08)94252212</td>
<td><a href="mailto:jdive@courts.nsw.gov.au">jdive@courts.nsw.gov.au</a></td>
</tr>
<tr>
<td>Perth, Western Australia</td>
<td>Vicki Stewart</td>
<td>Perth Drug Court</td>
<td>501 Hay St., Perth WA 6000</td>
<td>-</td>
<td>-</td>
<td><a href="mailto:Magistrate.Stewart@justice.wa.gov.au">Magistrate.Stewart@justice.wa.gov.au</a></td>
</tr>
<tr>
<td><strong>BEL</strong></td>
<td>Jorn Dangreau</td>
<td>DBK Ghent</td>
<td>Opgeestenlaan 401, 9000 Ghent</td>
<td>0032.9.234.46.50</td>
<td>-</td>
<td><a href="mailto:Jorn.dangreau@gmail.com">Jorn.dangreau@gmail.com</a></td>
</tr>
<tr>
<td><strong>BER</strong></td>
<td>Wor. Juan Wolffe</td>
<td>Magistrates’ Courts</td>
<td>Parliament Street, Hamilton</td>
<td>-</td>
<td>-</td>
<td><a href="mailto:jwolffe@gov.bm">jwolffe@gov.bm</a></td>
</tr>
<tr>
<td><strong>BRA</strong> Rio de Janeiro</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Sao Paulo</td>
<td>(1) Sandra Santarém Cardinali(^1)</td>
<td>(1) Il Juizado Especial Criminal(^1)</td>
<td>(1) *see footnote Cardinali(^2)</td>
<td>(1) (0xx21) 3133-2000(^1)</td>
<td>(1) (0xx21) 3133-2000(^1)</td>
<td>(1) <a href="mailto:pjrimsantana@mp.rs.gov.br">pjrimsantana@mp.rs.gov.br</a></td>
</tr>
<tr>
<td></td>
<td>Promotoria de Justiça Criminal de Santana(^2)</td>
<td>(2) Court 2a Vara Criminal de Santana</td>
<td>(2) Avenida Engenheiro Caetano Alvarens, 594,</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td></td>
<td>(2) Ivo de Almeida</td>
<td>(2) Avenida Engenheiro Caetano Alvarens, 594,</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
</tbody>
</table>

\(^23\) For other information on Brazilian drug courts, see “Therapeutic Justice Program—Brazil: Partial data in 4 States” in Volume Two of this report, “Program Descriptive Information”. Information courtesy of Carmen Co-Freitas.

\(^24\) Av. Erasmo Braga, 115-Centro/CEP: 20020-903

\(^25\) Rua Benvinda de Andrade, 150 Bairro Santana ZC: 02403-030 São Paulo – SP
## Chart 2: Current DTC Judges in the Responding Countries

<table>
<thead>
<tr>
<th>Country/City</th>
<th>Name of Judge(s)</th>
<th>Court</th>
<th>Address</th>
<th>Telephone #</th>
<th>Fax #</th>
<th>Email</th>
</tr>
</thead>
</table>
| (São Paulo State)          | (3) Flavio Fontes³  
(Rio Grande do Sul State)⁴  
(Other information)²³  | (3) (Pernambuco State—Recife)³ 
(Rio Grande do Sul State—Porto Alegre)³  | Limao, Sao Paulo, CEP 02546-000           | ³            | ³    | (3) flavioafl@uol.com.br        |
| CANADA/ Calgary, Alberta   | James Ogle                                            | Provincial Court of Alberta                | Calgary Court Center 601 5th St. SW Calgary, AB, T2P 5P7 | 403-297-3156 | 403-297-5287 | James.ogle@albertacourts.ca     |
| Edmonton, Alberta          | D. Wong                                               | EDT CRC – Provincial Court of Alberta       | 1 Sir Winston Churchill Square, Edmonton, AB T5J 0R2 |              |      | darlene.wong@albertacourts.ca   |
| Moose Jaw, Saskatchewan²⁶  | NA                                                    | Moose Jaw Drug Treatment Court             | Provincial Court House Room 211, 110 Ominica Street West Moose Jaw, SK S6H 6V2 |              |      |                                 |

²⁶ This DTC did not provide a survey response. However, preliminary information on this program was obtained from the CADTCPs. Delicious newsletter, May 2010. Additional information can be found at [www.cadtc.org](http://www.cadtc.org).
²⁷ This DTC did not provide a survey response. However, preliminary information on this program was obtained from the CADTCPs. Delicious newsletter, May 2010. Additional information can be found at [www.cadtc.org](http://www.cadtc.org).
²⁸ This DTC did not provide a survey response. However, preliminary information on this program was obtained from the CADTCPs. Delicious newsletter, May 2010. Additional information can be found at [www.cadtc.org](http://www.cadtc.org).
²⁹ This DTC did not provide a survey response. However, preliminary information on this program was obtained from the CADTCPs. Delicious newsletter, May 2010. Additional information can be found at [www.cadtc.org](http://www.cadtc.org).
### Chart 2: Current DTC Judges in the Responding Countries

<table>
<thead>
<tr>
<th>COUNTRY/CITY</th>
<th>NAME OF JUDGE(S)</th>
<th>COURT</th>
<th>ADDRESS</th>
<th>TELEPHONE #</th>
<th>FAX #</th>
<th>EMAIL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oshawa, Ontario</td>
<td>NA</td>
<td>Durham Drug Treatment Court</td>
<td>Pinwood Centre Suite 125, Office Galleria Oshawa Centre 419 King Street West Oshawa, ON L1J 2K5</td>
<td>905-571-3344</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ottawa, Ontario</td>
<td>NA</td>
<td>Drug Treatment Court Ottawa</td>
<td>c/o Rideauwood Addiction and Family Services 312 Parkdale Avenue Ottawa, ON K1Y 4X5</td>
<td>766-6303 direct line</td>
<td></td>
<td><a href="mailto:Judie.birns@gov.sk.ca">Judie.birns@gov.sk.ca</a></td>
</tr>
<tr>
<td>Regina, Saskatchewan</td>
<td>NA</td>
<td>Regina Drug Treatment Court</td>
<td>2024B Albert Street Regina, SK S4P 2T7</td>
<td>4163275840</td>
<td>-</td>
<td><a href="mailto:Paul.bentley@oci-cjo.ca">Paul.bentley@oci-cjo.ca</a></td>
</tr>
<tr>
<td>Toronto, Ontario</td>
<td>Paul Bentley</td>
<td>Ontario Court of Justice</td>
<td>60 Queen St. West Toronto, Canada</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vancouver, British Columbia</td>
<td>NA</td>
<td>Drug Treatment Court Vancouver</td>
<td>1141 Melville Street Vancouver, BC</td>
<td>604-775-0144</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Winnipeg, Manitoba</td>
<td>NA</td>
<td>Winnipeg Drug Treatment Court</td>
<td>Unit C—165 Gary Street Winnipeg, MB R3C 1G7</td>
<td>204-470-8254</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| CHILE (multiple)   | Ricardo Leyton Pavez\(^{30}\)  
                    | Carlos Muñoz Sepúlveda\(^{31}\) | Iquique Criminal Court\(^{1}\)  
                    | Antofagasta Criminal Court\(^{1}\)  
                    | *see footnote Pavez\(^{32}\) | (56-57) 581000\(^{1}\)    
                    |                             |                             | (56-55) 652224\(^{1}\)          | jiguique@pjud.cl  
                    |                             |                             |                             | chmunoz@pjud.cl    |

---

\(^{30}\) This DTC did not provide a survey response. However, preliminary information on this program was obtained from the CADTCProfessionals newsletter, May 2010. Additional information can be found at [www.cadtc.org](http://www.cadtc.org).

\(^{31}\) This DTC did not provide a survey response. However, preliminary information on this program was obtained from the CADTCProfessionals newsletter, May 2010. Additional information can be found at [www.cadtc.org](http://www.cadtc.org).
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<tr>
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<th>Address</th>
<th>Telephone #</th>
<th>Fax #</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valparaíso (I Criminal Court)</td>
<td>Silvia Quintana Ojeda</td>
<td>Valparaíso (I Criminal Court)</td>
<td>Sepúlveda</td>
<td>(56-32) 2320900</td>
<td></td>
<td><a href="mailto:squintana@pjud.cl">squintana@pjud.cl</a></td>
</tr>
<tr>
<td>Viña del Mar (I Criminal Court)</td>
<td>Loreto León Pinochet</td>
<td>Viña del Mar (I Criminal Court)</td>
<td>Ojeda</td>
<td>(56-32) 2327800</td>
<td></td>
<td><a href="mailto:lleon@pjud.cl">lleon@pjud.cl</a></td>
</tr>
<tr>
<td>2 Santiago Criminal Court</td>
<td>Alberto Amiot Rodríguez</td>
<td>2 Santiago Criminal Court</td>
<td>Pinochet</td>
<td>2 CC Santiago:</td>
<td></td>
<td><a href="mailto:aamiot@pjud.cl">aamiot@pjud.cl</a></td>
</tr>
<tr>
<td>2 Santiago Criminal Court</td>
<td>Rodrigo García León</td>
<td>2 Santiago Criminal Court</td>
<td>Santiago and Colina Courts</td>
<td>(56-2) 5872100</td>
<td></td>
<td><a href="mailto:ragarcial@pjud.cl">ragarcial@pjud.cl</a></td>
</tr>
<tr>
<td>2 Santiago Criminal Court</td>
<td>Paulo Orozco López</td>
<td>2 Santiago Criminal Court</td>
<td></td>
<td></td>
<td></td>
<td><a href="mailto:porozco@pjud.cl">porozco@pjud.cl</a></td>
</tr>
</tbody>
</table>

32 Patricio Lynch 60. Iquique
33 San Martín 2836. Antofagasta
34 Victoria 3022. Valparaíso
35 Álvarez 1330. Viña del Mar
36 Santiago and Colina Court Addresses:
   - 3 CC Santiago: Huérfanos 1219, 1er. Piso.
   - 5 CC Santiago: Huérfanos 1219, 6to. Piso.
   - 6 CC Santiago: Huérfanos 1219, 5to. Piso.
   - Colina Criminal Court: Carretera General San Martín N 521, Colina.
   - 13 CC Santiago: Huérfanos 1219, 2do. Piso
   - 14 CC Santiago: Huérfanos 1219, 3er. Piso.
   - Puente Alto CC: Av. Concha y Toro 1723. Puente Alto. (No exclusive Judge for the program has been appointed yet. The hearings are directed by the on-duty Judge, according to the model.

37 San Bernardo Courts Addresses:
   - Urmeneta 330. San Bernardo.
# Chart 2: Current DTC Judges in the Responding Countries

<table>
<thead>
<tr>
<th>COUNTRY/CITY</th>
<th>NAME OF JUDGE(S)</th>
<th>COURT</th>
<th>ADDRESS</th>
<th>TELEPHONE #</th>
<th>FAX #</th>
<th>EMAIL</th>
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</thead>
<tbody>
<tr>
<td>CHILE (cont.)</td>
<td>Paola Robinovich Moscovich</td>
<td>3 Santiago Criminal Court</td>
<td>San Bernardo Courts 7th Santiago Criminal Courts</td>
<td>(56-2) 5872200</td>
<td>3 Santiago:</td>
<td><a href="mailto:prbinovich@pjud.cl">prbinovich@pjud.cl</a></td>
</tr>
<tr>
<td></td>
<td>Pedro Advis Moncada</td>
<td>3 Santiago Criminal Court</td>
<td>5 Santiago:</td>
<td>(56-2) 5872400</td>
<td>6 CC Santiago:</td>
<td><a href="mailto:padvis@pjud.cl">padvis@pjud.cl</a></td>
</tr>
<tr>
<td></td>
<td>María Fernanda Sierra Cáceres</td>
<td>3 Santiago Criminal Court</td>
<td>5 Santiago:</td>
<td>(56-2) 5872500</td>
<td>7 CC Santiago:</td>
<td><a href="mailto:msierra@pjud.cl">msierra@pjud.cl</a></td>
</tr>
<tr>
<td></td>
<td>Paulina Gallardo García</td>
<td>5 Santiago Criminal Court</td>
<td>Colina CC:</td>
<td>(56-2) 5872550</td>
<td>4 CC Santiago:</td>
<td><a href="mailto:pgallardo@pjud.cl">pgallardo@pjud.cl</a></td>
</tr>
<tr>
<td></td>
<td>Judith Guzmán Martínez</td>
<td>5 Santiago Criminal Court</td>
<td>(56-2) 5874100</td>
<td>4 CC Santiago:</td>
<td><a href="mailto:jguzman@pjud.cl">jguzman@pjud.cl</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Carlos Gutiérrez Moya</td>
<td>5 Santiago Criminal Court</td>
<td>(56-2) 5874200</td>
<td>4 CC Santiago:</td>
<td><a href="mailto:cgutierrez@pjud.cl">cgutierrez@pjud.cl</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Isabel Pastran Castro</td>
<td>6 Santiago Criminal Court</td>
<td>(56-2) 5874300</td>
<td>4 CC Santiago:</td>
<td><a href="mailto:ipastran@pjud.cl">ipastran@pjud.cl</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tatiana Escobar Meza</td>
<td>6 Santiago Criminal Court</td>
<td>(56-2) 5874400</td>
<td>4 CC Santiago:</td>
<td><a href="mailto:tescobar@pjud.cl">tescobar@pjud.cl</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Carla Capello Valle</td>
<td>7 Santiago Criminal Court</td>
<td>(56-2) 5874500</td>
<td>4 CC Santiago:</td>
<td><a href="mailto:ccapello@pjud.cl">ccapello@pjud.cl</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ema Novoa Mateos</td>
<td>7 Santiago Criminal Court</td>
<td>(56-2) 5874600</td>
<td>4 CC Santiago:</td>
<td><a href="mailto:enovoa@pjud.cl">enovoa@pjud.cl</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td>María Carolina Herrera Cortés-Monroy</td>
<td>Colina Criminal Court</td>
<td>(56-2) 5874700</td>
<td>4 CC Santiago:</td>
<td><a href="mailto:mherrerac@pjud.cl">mherrerac@pjud.cl</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Carolina Andrea Araya Hernández</td>
<td>4 Santiago Criminal Court</td>
<td>(56-2) 5874800</td>
<td>4 CC Santiago:</td>
<td><a href="mailto:caaraya@pjud.cl">caaraya@pjud.cl</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ely Cecilia Rothfeld Santelices</td>
<td>8 Santiago Criminal Court</td>
<td>(56-2) 5873000</td>
<td>13 CC Santiago:</td>
<td><a href="mailto:erothfeld@pjud.cl">erothfeld@pjud.cl</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Alicia Gemma Rosende Silva</td>
<td>8 Santiago Criminal Court</td>
<td>(56-2) 5873100</td>
<td>13 CC Santiago:</td>
<td><a href="mailto:arosende@pjud.cl">arosende@pjud.cl</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Verónica Alejandra Sepúlveda Briones</td>
<td>13 Santiago Criminal Court</td>
<td>(56-2) 5873800</td>
<td>13 CC Santiago:</td>
<td><a href="mailto:vsepulveda@pjud.cl">vsepulveda@pjud.cl</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Valeria Magdalena Vega Sepúlveda</td>
<td>13 Santiago Criminal Court</td>
<td>(56-2) 5872900</td>
<td>13 CC Santiago:</td>
<td><a href="mailto:vvega@pjud.cl">vvega@pjud.cl</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Andrea Cecilia Acevedo Muñoz</td>
<td>14 Santiago Criminal Court</td>
<td>(56-2) 5872950</td>
<td>13 CC Santiago:</td>
<td><a href="mailto:aacevedo@pjud.cl">aacevedo@pjud.cl</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Carla Paz Troncoso Bustamante</td>
<td>14 Santiago Criminal Court</td>
<td>(56-2) 5873200</td>
<td>15 CC Santiago:</td>
<td><a href="mailto:ctroncoso@pjud.cl">ctroncoso@pjud.cl</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Aholíbama Morales Cáceres</td>
<td>14 Santiago Criminal Court</td>
<td>Puente Alto CC:</td>
<td>(56-2) 5873400</td>
<td><a href="mailto:amorales@pjud.cl">amorales@pjud.cl</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Macarena del Carmen</td>
<td>14 Santiago Criminal Court</td>
<td>San Bernardo CC:</td>
<td>(56-2) 5873000</td>
<td><a href="mailto:mdelcarmen@pjud.cl">mdelcarmen@pjud.cl</a></td>
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</tr>
<tr>
<td></td>
<td>Troncoso López</td>
<td>14 Santiago Criminal Court</td>
<td>1st Santiago CC:</td>
<td>(56-2) 5874000</td>
<td><a href="mailto:mryvasquez@pjud.cl">mryvasquez@pjud.cl</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Maritza Vásquez Díaz</td>
<td>10 Santiago Criminal Court</td>
<td>1st Santiago CC:</td>
<td>(56-2) 5874400</td>
<td><a href="mailto:mmvasquez@pjud.cl">mmvasquez@pjud.cl</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Maria Eugenia Masihy Cattan</td>
<td>11 Santiago Criminal Court</td>
<td>1st Santiago CC:</td>
<td>(56-2) 5874400</td>
<td><a href="mailto:mmasihy@pjud.cl">mmasihy@pjud.cl</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Jorge Eduardo Sáez Martín</td>
<td>12 Santiago Criminal Court</td>
<td>1st Santiago CC:</td>
<td>(56-2) 5874400</td>
<td><a href="mailto:jsaez@pjud.cl">jsaez@pjud.cl</a></td>
<td></td>
</tr>
<tr>
<td>COUNTRY/ CITY</td>
<td>NAME OF JUDGE(S)</td>
<td>COURT</td>
<td>ADDRESS</td>
<td>TELEPHONE #</td>
<td>FAX #</td>
<td>EMAIL</td>
</tr>
<tr>
<td>--------------</td>
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<td>-------</td>
<td>---------</td>
<td>-------------</td>
<td>-------</td>
<td>-------</td>
</tr>
<tr>
<td>ENGLAND/ Liverpool</td>
<td>María Angélica Rosen López, Daniela Guerrero González, Arturo Klenner Gutiérrez, Pilar Aravena Gómez, Isabel Zúñiga Alvayay</td>
<td>15 Santiago Criminal Court, San Bernardo Criminal Courts, 1st Santiago Criminal Court</td>
<td>Boundary Street Liverpool, L5 2QD United Kingdom</td>
<td>(56-2) 5872000</td>
<td><a href="mailto:mrosen@pjud.cl">mrosen@pjud.cl</a>, <a href="mailto:dvguerrero@pjud.cl">dvguerrero@pjud.cl</a>, <a href="mailto:aklennen@pjud.cl">aklennen@pjud.cl</a>, <a href="mailto:paravena@pjud.cl">paravena@pjud.cl</a>, <a href="mailto:izuniga@pjud.cl">izuniga@pjud.cl</a></td>
<td></td>
</tr>
<tr>
<td>ENGLAND/ Liverpool</td>
<td>David Fletcher</td>
<td>North Liverpool Community Justice Centre</td>
<td>Boundary Street Liverpool, L5 2QD United Kingdom</td>
<td>00441512983600</td>
<td></td>
<td><a href="mailto:David.fletcher@hmcourts-service.gsi.gov.uk">David.fletcher@hmcourts-service.gsi.gov.uk</a></td>
</tr>
<tr>
<td>IRELAND/ Dublin</td>
<td>Bridget Reilly</td>
<td>District Court Judge Court 54 (DTC)</td>
<td>Richmond Courts Complex North Brunswick St. Dublin 7</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>JAMAICA/ Montego Bay Kingston</td>
<td>Viviene Harris, Stephane Jackson-Haisley, Winsome Henry</td>
<td>St. James' Magistrates' Court Resident Magistrates' Court</td>
<td>PO Box 321 St. James Half Way Tree Kingston 10</td>
<td>876-952-3323 876-922-8300 876-940-5401</td>
<td>876-952-3325 876-940-5401</td>
<td><a href="mailto:vivienejh@hotmail.com">vivienejh@hotmail.com</a>, <a href="mailto:sajhaisley@yahoo.com">sajhaisley@yahoo.com</a>, <a href="mailto:winsomehenry-06@hotmail.com">winsomehenry-06@hotmail.com</a></td>
</tr>
<tr>
<td>MEXICO/ Mexico City</td>
<td>Demetrio Cadena Montoya</td>
<td>Addictions Treatment Court</td>
<td>Lazaro Cardenas Guadalupe Nuevo Leon, Mexico</td>
<td>5281-2020623</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>NORWAY/ Bergen and Oslo</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>COUNTRY/CITY</td>
<td>NAME OF JUDGE(S)</td>
<td>COURT</td>
<td>ADDRESS</td>
<td>TELEPHONE #</td>
<td>FAX #</td>
<td>EMAIL</td>
</tr>
<tr>
<td>---------------------</td>
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<td>------------------------</td>
</tr>
<tr>
<td>SURINAME/Paramaribo</td>
<td>Mr. Albert Ramnewash</td>
<td>Court of Justice</td>
<td>Grote Combeweg</td>
<td>00 597 473530</td>
<td>00 597 425234</td>
<td><a href="mailto:yvonroeplal@gmail.com">yvonroeplal@gmail.com</a></td>
</tr>
<tr>
<td>UNITED STATES</td>
<td>Over 2,000 - See footnote(^{39})</td>
<td>See footnote(^{8})</td>
<td>See footnote(^{9})</td>
<td>See footnote(^{40})</td>
<td>See footnote(^{9})</td>
<td>See footnote(^{9})</td>
</tr>
</tbody>
</table>

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\(^{39}\) There are currently approximately 2,150 Drug Courts operating in the United States of America, located in all 50 states, the District of Columbia, the Northern Mariana Islands, Puerto Rico, Guam, and in 80+ tribal courts. The number of judges currently presiding over drug courts in the U.S. is over 2,000.

\(^{40}\) Contact information for drug court judges in the United States can be obtained from the Bureau of Justice Assistance, Drug Court Clearinghouse/Technical Assistance Project at American University Justice Programs Office at the School of Public Affairs. Address: Justice Programs Office, School of Public Affairs, American University, 4400 Massachusetts Avenue, NW, Brandywine #100, Washington, D.C. 20016-8159. Tel: 202-885-2875, Fax: 202-885-2885, Email: justice@american.edu
I. DTC BACKGROUND INFORMATION

A. DATE DTC PROGRAM BEGAN, TOTAL NUMBER OF SUCCESSFUL/UNSUCCESSFUL PARTICIPANTS, CURRENT ENROLLEES; WHETHER NUMBERS WERE CONSISTENT WITH EXPECTATIONS

OVERVIEW:

Start dates for reporting programs ranged from 1989 (U.S.), 1999 (New South Wales, Australia), 2000 (Perth, Western Australia) and 2001 (Bermuda, Ireland and Jamaica) to the 2008-09 period (Belgium, Mexico and Suriname). Total numbers of enrollees in the responding programs was nearly 6,000 plus an estimated 750,000 participants in the US. In addition to the estimated 250,000 current participants in U.S. programs, nearly 750 individuals are currently participating in the DTCs responding to the survey and an additional 1,000 individuals are reported to have graduated from these programs in addition to the estimated 250,000 graduates of U.S. programs. Although some programs indicated the level of participation was consistent with or exceeded expectations, others reported the number was lower, primarily due to funding shortages, delays in start-up, and fewer referrals than anticipated.

SURVEY RESPONSES:

Chart 3: Total Enrollment, Graduates, Terminations, Current Participants and Whether Numbers are Consistent with Expectations

<table>
<thead>
<tr>
<th>COUNTRY/CITY</th>
<th>DATE PROGRAM BEGAN</th>
<th>TOTAL NUMBER WHO HAVE EVER ENROLLED IN DTC PROGRAM</th>
<th>TOTAL NUMBER WHO HAVE SUCCESSFULLY COMPLETED THE PROGRAM</th>
<th>TOTAL NUMBER WHO WERE TERMINATED UNSUCCESSFULLY</th>
<th>TOTAL NUMBER WHO ARE CURRENTLY ENROLLED</th>
<th>ARE NUMBERS CONSISTENT WITH EXPECTATIONS?</th>
</tr>
</thead>
<tbody>
<tr>
<td>AUSTRALIA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New South Wales</td>
<td>February 1999</td>
<td>1,90741</td>
<td>487</td>
<td>615</td>
<td>143</td>
<td>43</td>
</tr>
<tr>
<td>Perth, Western</td>
<td>12/4/2000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Australia</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BELGIUM/ Ghent,</td>
<td>May 2008</td>
<td>378</td>
<td>89</td>
<td>51</td>
<td>140 + 98 in absence of accused- can still be opposed</td>
<td>Yes</td>
</tr>
<tr>
<td>BERMUDA/ Hamilton</td>
<td>October 2001</td>
<td>8044</td>
<td>15</td>
<td>40</td>
<td>19</td>
<td>No45</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

41 Out of a total of 2,788 applicants to the program; statistics available from 2003
42 Approximately 70 participants are currently enrolled, although historically the number has been about 50 at any given time.
43 Since inception, demand for the program has exceeded the available program places. However, since the program was implemented as a randomised controlled trial, the number of available program places was determined based on budget and trial design – rather than on actual/anticipated demand. The program was never afforded the resourced to meet all demand (as a control group was required for follow-up and comparison) and resources were not increased once the trial phase ended to address unmet demand.
44 An additional 30 observed the programme for possible admittance.
45 No, there was a lag in admittance for at least a two year period, as a result of the perception there was not ample substance abuse treatment available by the then sitting magistrate.
<table>
<thead>
<tr>
<th>COUNTRY/CITY</th>
<th>DATE PROGRAM BEGAN</th>
<th>TOTAL NUMBER WHO HAVE EVER ENROLLED IN DTC PROGRAM</th>
<th>TOTAL NUMBER WHO HAVE SUCCESSFULLY COMPLETED THE PROGRAM</th>
<th>TOTAL NUMBER WHO WERE TERMINATED UNSUCCESSFULLY</th>
<th>TOTAL NUMBER WHO ARE CURRENTLY ENROLLED</th>
<th>ARE NUMBERS CONSISTENT WITH EXPECTATIONS?</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRAZIL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Rio de Janeiro</td>
<td>-</td>
<td>1500</td>
<td>326</td>
<td>487</td>
<td>680</td>
<td>No&lt;sup&gt;46&lt;/sup&gt;</td>
</tr>
<tr>
<td>- Sao Paulo</td>
<td>-</td>
<td>1180</td>
<td>Unknown</td>
<td>Unknown</td>
<td>120 during 2009</td>
<td>Yes</td>
</tr>
<tr>
<td>CANADA</td>
<td>May 2007</td>
<td>27</td>
<td>3</td>
<td>7</td>
<td>16</td>
<td>No&lt;sup&gt;47&lt;/sup&gt;</td>
</tr>
<tr>
<td>- Calgary/Alberta, Edmonton, Alberta</td>
<td>Dec. 2005</td>
<td>148</td>
<td>40</td>
<td>140</td>
<td>28</td>
<td>Yes</td>
</tr>
<tr>
<td>- Toronto,</td>
<td>-</td>
<td>1812</td>
<td>125</td>
<td>NA</td>
<td>85</td>
<td>-</td>
</tr>
<tr>
<td>CHILE</td>
<td>2004</td>
<td>482</td>
<td>118</td>
<td>218</td>
<td>145</td>
<td>Yes&lt;sup&gt;48&lt;/sup&gt;</td>
</tr>
<tr>
<td>(multiple)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ENGLAND/</td>
<td>2005&lt;sup&gt;49&lt;/sup&gt;</td>
<td>106</td>
<td>31</td>
<td>29</td>
<td>46</td>
<td>-</td>
</tr>
<tr>
<td>Liverpool</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IRELAND/</td>
<td>January 2001</td>
<td>374</td>
<td>29</td>
<td>131</td>
<td>32</td>
<td>No&lt;sup&gt;50&lt;/sup&gt;</td>
</tr>
<tr>
<td>Dublin</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>JAMAICA/</td>
<td>2001</td>
<td>392</td>
<td>171</td>
<td>173</td>
<td>16 –Montego Bay (+ 5 being)</td>
<td>No&lt;sup&gt;51&lt;/sup&gt;</td>
</tr>
<tr>
<td>Montego Bay</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<sup>46</sup> No. I understand that there is a lack of better structure and better knowledge of the drug courts. We also need a greater number of drug courts and appropriate locations for treatment.

<sup>47</sup> No, due to very limited funding along with no committed funding beyond a year by year basis, this program has not been able to establish any consistent programming due to the inability to hire adequate and qualified staff, along with the inability to do any type of long-term planning due to funding uncertainties. This has limited the number of participants we can accept, as well as limited where we initially could send them for treatment. Our current enrollment of 16 participants has brought us to our maximum capacity given our funding and our court time etc.

<sup>48</sup> In Chile there are eight jurisdictions with DTCs, nineteen courts working under the model and a pilot program for adolescent population, by which it is necessary to differentiate among the DTC corresponding to adult population.

DTC: The program in general has had the expected results; therefore it has been validated inside the criminal justice system, and by this way, [increasing the number of diversion cases referred].

Note on the Pilot DTC for adolescent population: Nevertheless, the current number of adolescents in the program is not related to the great number of benefited population (relating to the number of adolescents that enters to the criminal system). The program allows to deliver a high quality, integral and adequate response to the specific needs of each one of the adolescents and, on the other hand, has managed to maintain a constant flow of adolescents in the program, with an adherence that fluctuates between 80 and 90%. Particularly, this number refers to the type of crimes that enters to the program, and the restrictions that the own conditional suspension of the procedure imposes (referred to the absence of in force conditional suspensions and the absence of previous convictions).

<sup>49</sup> Program began in September 2005, but figures only available from 2008.

<sup>50</sup> We hoped to have a minimum of 100 participants during the first year of the pilot project, and the same number of referrals for each year after, so referrals are lower than we would have hoped.
<table>
<thead>
<tr>
<th>COUNTRY/CITY</th>
<th>DATE PROGRAM BEGAN</th>
<th>TOTAL NUMBER WHO HAVE EVER ENROLLED IN DTC PROGRAM</th>
<th>TOTAL NUMBER WHO HAVE SUCCESSFULLY COMPLETED THE PROGRAM</th>
<th>TOTAL NUMBER WHO WERE TERMINATED UNSUCCESSFULLY</th>
<th>TOTAL NUMBER WHO ARE CURRENTLY ENROLLED</th>
<th>ARE NUMBERS CONSISTENT WITH EXPECTATIONS?</th>
</tr>
</thead>
<tbody>
<tr>
<td>and Kingston</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>assessed 5 - Kingston</td>
</tr>
<tr>
<td>MEXICO/</td>
<td>August 2009</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Mexico City</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>52</td>
</tr>
<tr>
<td>(additional five programs in the state of Nuevo Leon to be implemented shortly)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NORWAY/</td>
<td>January 2006</td>
<td>101</td>
<td>12</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Bergen and Oslo</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>53</td>
</tr>
<tr>
<td>SURINAME/</td>
<td>May 15, 2009</td>
<td>~54</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Paramarib</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNITED STATES</td>
<td>August 1989</td>
<td>750,000+55</td>
<td>250,000+4</td>
<td>~ 50%56</td>
<td>~70,000</td>
<td>Exceeded Expectations57</td>
</tr>
<tr>
<td>(Multiple)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**B. BACKGROUND LEADING UP TO THE DEVELOPMENT OF THE DTC**

51 i. Initially clients more suitable for residential programme were admitted  
ii. Staff turnover  
iii. Budget constraints  
52 As this is the start of the pilot program, provision has been made for 5 participants on average each month. This is because to begin with the first court will be confined to a single judicial district and initially encompass only the municipality of Guadalupe, N.L. As more courts are granted jurisdiction over these matters the enrollment rate in the program will rise.  
53 It is a big challenge finding the right persons for the program.  
54 Please note that the Drug Treatment Court project is finalized. However, the project still has to be approved and also the national legislature and the budget to implement the project.  
55 These are estimates; precise statistics are not available on a national basis.  
56 On average, various evaluation reports indicate that approximately 45 -50% of program participants who enter the drug court complete the program and the balance are terminated for various reasons – some do not comply with program conditions and/or are arrested on a new charge; some are transferred to more intensive programs; a small percentage (2-3% die). Although the overall drug court concept is shared by all drug court programs in the U.S., individual programs differ in terms of their operational procedures, populations targeted, and nature and extent of services provided. There are also no uniform requirements among programs regarding eligibility criteria, program participation requirements and/or conditions resulting in termination. For this reason, termination rates vary significantly among individual drug court programs.  
57 When the Miami drug court opened in August 1989, there was no expectation the program would command such extensive interest locally, that so many defendants would want to participate or that the program would become a model that was adapted and replicated throughout the country. So the number of participants in U.S. drug courts – as well as the number of drug courts implemented – has far exceeded any thoughts local Miami officials contemplated. Not only have the number of participants far exceeded the contemplated participation but so have the nature and extent of services developed to serve the drug court participants. Initially only substance abuse, acupuncture and drug testing were contemplated. However, as it became evident to program officials that substance abuse was but the presenting problem of most participants and that, in addition to substance abuse treatment, a range of other services were needed – housing, mental health, vocational training, educational/literacy, and many others – these services were added as critical ancillary components of the drug court program.
**Question:** What was the situation leading to the development of the DTC?

**OVERVIEW:**

Most of the respondents to this question noted that they were trying to find alternatives to incarceration for offenders who are drug abusers. Some programs added that this was the result of the high volume of crime being committed by drug users and, in Australia, drug-related mortality. Other underlying issues were lack of drug rehabilitation or treatment available for drug addicted offenders through the criminal justice system and recycling of addicted offenders through the system, causing jail overcrowding. Some of the programs (Suriname, Norway and Canada (Calgary)) responded that the DTC was a result of their governments’ inquiry into the need, effectiveness and cost of implementing a Drug Treatment Court.

**SURVEY RESPONSES:**

**Australia:**

New South Wales: There was a significant increase in drug related crime and drug related mortality in Australia in the mid- and late-1990s. The Drug Court of NSW trial was the first major response by any Australian government (State or Federal) to that genuine crisis. Subsequently, significant additional resources were made available for a range of prevention, treatment and supply reduction initiatives. This included drug courts being established in each Australian mainland state.

Perth, Western Australia: The Perth Drug Court was established as part of a range of strategies developed at a State and National level intended to promote a coordinated and relevant approach to the problems within the community as a result of illicit drug use.

**Belgium:** On the level of the public prosecutor, we started a pilot project in 2005 to be able to divert people who only abuse drugs and commit no other crimes, directly to the treatment centre without bringing them before court. We started cooperation between justice and the treatment side, and ongoing this project we felt the need for a different approach on court level too. Normal court procedures have little results, especially for drug abusers who need an immediate reaction. We wanted to move towards a more solution focused judging system.

**Bermuda:** The Government of Bermuda undertook a commitment to provide a more comprehensive response to working with offenders and instituted the Alternatives to Incarceration initiative. Under the Alternatives to Incarceration initiative, the Bermuda Drug Treatment Court Programme was the forerunner. The Bermuda Drug Treatment Court embodies the spirit of maintains offenders in the community, utilizing treatment programmes and services to equip them with the skills to become contributing members of society.

**Brazil:**

Rio de Janeiro: The primary situation to increase drug courts is to increase the number of participants, as well as specific locations for performing the treatment.

Sao Paulo: Drug abuse has been responsible for increasing criminality also in Brazil. Knowing that incarceration do not solve the criminality associated to drug abuse, the Therapeutic Justice Program (as DTC

58 Note: Although every attempt was made to keep the same formatting and language used by the survey respondents, in some cases editing was necessary to clarify meaning.
is named in Brazil) began a real possibility to offer another kind of alternative to the drug abuser offenders. It was very important to start the program since this population is very badly assisted in Brazil – usually they do not receive any kind of social support (health, education, welfare…) and being submitted to the criminal justice system is an opportunity to treat the cause of their problem: the drug abuse.

**Canada:**

**Calgary:** There was a call for funding proposals for expanded federal funding to new drug treatment courts in Canada. Judge Peppler formed a steering committee of interested stakeholders to work on preparing this proposal. Despite the ultimate failure of the Calgary group’s proposal to receive federal funding, the Steering Committee continued to pursue other funding sources that allowed them to start a pilot project for the Calgary Drug Treatment Court. This has grown into what is now a 2 year program that continues to work on achieving long-term committed funding.

**Edmonton:** Seeing the drug addicted offenders in court again and again with no treatment for their addictions through traditional methods.

**Toronto:** Little or no treatment available for drug abused offenders. They were simply sentenced to jail and then recycled through the justice system.

**Chile:** The first DTC started in the city of Valparaíso. A group of judges, prosecutors and defense attorneys were interested in implementing it after a seminar organized by Fundación Paz Ciudadana (Civic Peace Foundation) and the Embassy of the United States.

**Ireland:** The DTC was set up as a response to the high level of crime being carried out by drug users, predominantly in Dublin, and to stop the cycle of recidivism by drug users.

**Jamaica:** Recognition that addiction to substances was an illness and incarceration alone did not treat the problem as evidenced by recidivism:
- Incarceration for minor drug related offences, overcrowding of jail with no adequate provision for treatment;
- No formal judicially monitored non-residential program was available;
- The development of Jamaica as a trans-shipment port for meeting the needs of substances abusers in North America and Europe. This also created a local demand for cocaine as the island became over supplied with the illicit substance;
- Jamaica became signatory to a number of international and regional treaties aimed at the reduction in the supply of illicit substances.

**Mexico:** The level of drug-related crime in Mexico has brought about the need to develop strategies whose basic aim is progressively to clean up society in the whole country through the reform of substantive criminal laws in the different states of the Republic. In this context, the core factors that have prompted a revised approach to judicial procedures in the light of new nonadversarial tendencies are as follows:
- High incidence of crime committed by persons under the influence of drugs;
- Overcrowding of prisons with inmates who have yet to be convicted or are serving short sentences;
- High incidence of drug use in prisons;
- Few prisons with drug rehabilitation and treatment programs;
- Acknowledgement that the adversarial model is not the solution in cases connected with drug use;
- Increase in cases associated with social problems that impact on the family.

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**Norway:** In Norway there were established a working group with participants from different ministries in the government. Their mandate was to make a report on whether the Drug Court system should be implemented in the Norwegian legal system or not, and if so: how to implement it. The report was presented in September 2004, and the conclusion was that the results from other drug-court countries were so good that this was something Norway should try. The report suggested that the court should lead the drug treatment program.

**Suriname:** The main object of the mentioned Working Group was to prepare a Drug Treatment Court project for Suriname on the following areas: the legal system, the national legislation, and professional staff in health care, Detox institution, treatment care and resocialisation of drug addicts committing minor offenses. Please also note that a 3 day Workshop Drug Treatment Court was organized in Paramaribo, Suriname in October 2009 with the cooperation of OAS/CICAD/ EU/LAC and the CITY partner Ghent, Belgium. The Working Group Drugs Treatment Court was also advised on legal treatment area by judge Mr. Jorne Dangreau and prosecutor Mrs. Annemiek Serlippens from Ghent Belgium. Finally several meetings and visits were also organized for institution, Ministries, treatment institutions and, Psychiatric centres. Please note that the project still has to be approved by the Government.

**UK:** Liverpool: High levels of crime and of depravation in target area.

**US:** The drug court in Miami was started as a result of a surge in drug arrests, coupled with an overcrowded jail that precluded detaining defendants following arrest until their case could be disposed of, with the result that drug offenders were being released following arrest and continuing to use drugs and commit crime.

### C. Specific Goals Established for the DTC and Degree to Which They Have Been Achieved

1. **Goals for The DTC**

   **Question:** Were specific goals developed for the program to achieve? If so, what were they?

   **Overview:**

   All programs responded that their main goal was to diminish the criminal recidivism associated with abuse or dependence on drugs. Providing rehabilitation through treatment programs for drug addicts was the second most frequently cited goal that programs hoped to achieve. Many programs also cited the goal of having drug addicts become law abiding and productive citizens of the community, referencing various social reintegration services being provided by the DTC, such as vocational skills, education, community based programs, etc., enabling graduates to function as law abiding citizens and become productive members of society.

   **Survey Responses:**

   **Australia:**

   New South Wales: The program has dedicated legislation, which states that

   “(1) The objects of this Act are:
   (a) to reduce the drug dependency of eligible persons and eligible convicted offenders, and
   (b) to promote the re-integration of such drug dependent persons into the community, and
(c) to reduce the need for such drug dependent persons to resort to criminal activity to support their drug dependencies."

**Perth, Western Australia:** The Aims of the Perth Drug Court are to;
- support Drug Court participants in addressing their substance use and associated lifestyle,
- reduce the imprisonment of those with substance use issues, by addressing problems that are integral to offending behaviour, and
- reduce post-treatment (and sentencing) supervision requirements for participants of the Drug Court by having them address relevant requirements at the earlier stage prior to final sentencing.

**Belgium:** A better and swifter response to criminal behavior by drug abusers. By tackling the underlying drug problem, we want to avoid new criminal facts.

**Bermuda:** Yes.

**Brazil:**
- **Rio de Janeiro:** The major victories were in the legal field to encourage more actors of justice to apply the program of Therapeutic Justice.

Politically, the leaders do understand the importance of Therapeutic Justice as a form of mediation of conflicts and to further the falling crime rate.

- **Sao Paulo:**
  1. To engage drug abuse offenders into treatment;
  2. Since the justice system could not count to the public health system, one of the main goals were to bring AA, AE and NA as partners of the program, so they could receive justice demand.

**Canada:**
- **Calgary:** The program was designed to offer chronic, untreated addicts who were responsible for committing a disproportionate amount of crime due to their addiction, an opportunity.

- **Edmonton:** To reduce the harm created by drug addiction.

- **Toronto:** Reduce criminal behavior, criminal behaviour and have them become productive members of society.

**Chile:** Rehabilitation: through treatment programs for criminal offenders that present problematic use of drugs. The elimination or decrease of the consumption is sought:
- Social and Labor Reintegration: that is to say, reinsert the participant in society, providing him/her the opportunity to work;
- Decrease recidivism: this is the main objective, that includes the two previous ones, that is to say, the participant is rehabilitated, eliminating the drug use of his/her life and in this way he/she will not commit new crimes.

**Ireland:** STATEMENT OF PURPOSE: To provide offenders with Court-Supervised treatment and direction through a multi-agency approach, enabling them to address their offending and addiction and lead a more positive life-style.

**Jamaica:**
- To reduce the level of criminal activity resulting from drug use/dependency;
- To provide assistance and enabling graduates to function as law abiding citizens;
- To reduce recidivism.

**Mexico:** Mission: The purpose of the Addictions Treatment Court is to encourage the rehabilitation of the accused and a reduction in criminal recidivism associated with abuse of or dependence on drugs or alcohol, in order to bring about their reintegration in society.

Bearing in mind the conditions that led to the introduction of a first pilot program in Mexico City, the following objectives of that program should be mentioned:
- Enrich the justice system with models that combine instruments that permit the application of specialized treatment of addictive conduct and emotional and behavioral disorders in offenders;
- Reduce criminal recidivism rates as well as the incidence of drug use, by providing treatment to drug-using offenders;
- Encourage addicts who are first-time misdemeanor offenders to become rehabilitated in exchange for having their criminal record expunged;
- Promote job or educational re-entry for addicts;
- Promote the participation of defendants in community-based programs;
- Strengthen public security efforts through the use of a non antagonistic approach by the prosecution and the defense, protecting the right of participants to due process of law;
- Involve the social services, improving the use of judicial funds;
- Reduce court caseloads with respect to misdemeanors;
- Reduce rates of domestic violence;
- Reduce overcrowding in prisons;
- Reduce judicial and prison costs.

**Norway:** The aim of the drug treatment court is to reduce or eliminate offenders' dependence on drugs and to reduce the level of drug-related criminal activity.

**Suriname:** Yes, Amendment of the national legislation regarding drug addicts committing minor offenses.

**UK:** Liverpool: To raise public confidence and reduce reoffending.

**US:** The initial goals for the Miami Drug Court were to (1) reduce the recurring crime drug arrestees were committing prior to trial; (2) provide intensive outpatient treatment services for drug offenders promptly after arrest; and (3) significantly enhance the court’s supervision over the pretrial drug offending population, through both frequent and regular court hearings. However, very soon after the program began it became apparent that drug addiction was but the presenting problem for most program participants and that, in addition to drug treatment, an array of other services needed to be provided (e.g., education, housing, medical, vocational, family, and others) in order to enhance the likelihood program participants could remain in and successfully complete the program. These same goals as well as necessary service enhancements have been adopted by all other drug courts in the U.S.

2. **Degree to Which DTC Goals Have Been Achieved**

**Question:** To what degree do you feel these goals have been achieved?

**OVERVIEW:**

Most of the programs stated that their goals had been put into action and they are seeing positive outcomes and getting affirmation from various stakeholders. There has been increased co-ordination between stakeholders, increased public confidence, and positive experiences among both graduates and non-graduates.
Chile and Mexico noted that measuring the achievement of goals has been difficult to evaluate, due to the lack of completed evaluation reports in each of the countries. Mexico further indicated that no evaluation report had been conducted as of yet, because the program was only recently initiated.

**SURVEY RESPONSES:**

**Australia:**

- New South Wales: The program has been independently evaluated twice, with reports released by the NSW Bureau of Crime Statistics and Research in 2002 and 2008.

The 2002 evaluation contained a health component. It found that

> “Strong support was found for improvements in each of the outcome measures examined: health, social functioning and drug use. These improvements were sustained over the twelve-month follow-up period…. Social functioning significantly improved within the first four months of program participation, with further improvements by eight months.”

Both the 2002 and the 2008 reports contained a recidivism component. The 2002 report found that the Court “proved more cost-effective than imprisonment in reducing the number of drug offences and equally cost-effective in delaying the onset of further offending.”

The 2008 report found “that, controlling for other factors, participants in the NSW Drug Court are significantly less likely to be reconvicted than offenders given conventional sanctions (mostly imprisonment).

When the Drug Court and comparison group were compared on an *intention-to-treat* basis, offenders accepted onto the Drug Court program were found to be 17 per cent less likely to be reconvicted for any offence, 30 per cent less likely to be reconvicted for a violent offence and 38 per cent less likely to be reconvicted for a drug offence at any point during the follow-up period (which averaged 35 months).”

This 2008 finding strongly suggests that the program is achieving its third objective.

- Perth, Western Australia: A review of the Perth Drug Court was released by the then Attorney General Jim McGinty in December 2006. The report found strong evidence that involvement in a Drug Court program had a positive effect in reducing the level of re-offending among individuals charged with a drug-related offence. The Perth Drug Court was found to be associated with a net reduction of recidivism of 17% over prison, and 10.4% over community corrections treatment alternatives. People who participated in the Perth Drug Court exhibited a reduced frequency of burglary offences and substantially fewer drug related offences in their future offending.

**Belgium:** As we started in 2008, the scientific evaluation is going on. We feel that the problem solving system is working much better for this kind of offenders and the ongoing court supervision makes the difference with the classical approach.

**Bermuda:** NA

**Brazil:**

- Rio de Janeiro: In Brazil, the Therapeutic Justice program is still emerging, but has a long way to go; therefore, much more success will come.
Sao Paulo: When the offenders accepts the “treatment” proposal (actually attend AA, AE and NA meetings) and when we felt that our partners were really committed to the Program.

Canada:
Calgary: NA

Edmonton: These goals have been achieved to a large extent. Even those who were terminated from the program have benefitted and have returned to tell us so.

Toronto: Very successful for many who entered the programme, even for those who did not necessarily graduate.

Chile:
Rehabilitation: The tools that the model provides have been applied. In this way, periodic judicial supervision and treatment programs have been provided for the users.

Social and Labor Reintegration: As part of the "integral" rehabilitation process, the treatment providers have involved the participant to different available social networks. Likewise, it has been supplied them training, labor workshops and leveling courses for their studies.

Recidivism: It has not been able to be measured because the lack of evaluation for the program.

Ireland: Goals being achieved within constraints, like the low numbers of entrants, and the participant’s socio-economic backgrounds.

Jamaica: Currently on goal achievement path. With increased co-ordination between stakeholders, budget security and stable staffing, more will be accomplished.

Mexico: Since this is a recently initiated pilot program no evaluation of results has yet been conducted. Under an agreement concluded on February 10, 2010, between the Secretary of the Interior of the State of Nuevo León and the President of the Court of Justice of the State of Nuevo León, five more specialized Addictions Treatment Courts will be opened in the Municipality of Monterrey, the State Capital. Treatment will be provided under the coordination of the Department of Mental Health and Addictions of the Health Secretariat of Nuevo León. The State of Nuevo León will thus have six Addictions Treatment Courts.

Norway: NA

Suriname: Please note that the project still has to be implemented.

UK: Liverpool: Reoffending has decreased and public confidence in the systems ability to deal with this type of offender has increased.

US: These goals have been achieved and continue to be achieved based on the numerous outcome evaluation reports that have been conducted of U.S. drug court programs.

D. **Nature of Addiction Presented by DTC Population**

**Question:** Please describe generally the nature and extent of drug addiction among participants in your DTC (i.e., types of drugs used, length of drug use, associated physical and/or mental health conditions, etc.)
OVERVIEW:

Most of the programs report that Cocaine and Heroin are the most common drugs of choice, followed by poly-drug addiction, methamphetamine and alcohol. The consensus among all respondents was that offenders get initiated during their adolescence to drug use and their quantity and assortment grows of drugs used over time frequently increases. Most respondents also noted that there has been an increase in co-occurring disorders, e.g., both substance addiction and mental health problems.

SURVEY RESPONSES:

Australia:

New South Wales: Program legislation requires all participants to be dependent on a prohibited drug at program entry. These can include benzodiazepines if illicitly obtained. Heroin and amphetamine is the most common drug of choice at program entry. Almost all participants report regular cannabis use at program entry, although it is generally not seen as a driver of acquisitional criminal activity.

Length of illicit drug use can vary from four decades to several years.

Perth, Western Australia: Generally participants in the Perth Drug Court have drug dependency issues spanning anywhere from several to more than 20 years. The types of drugs used by these offenders are cyclical and dependant upon a variety of issues, but primarily reliant upon what is prevalent in the community at the time. Participants are often using multiple drugs at the time of engagement. Currently heroin and amphetamines are common drugs of choice.

Belgium: heroine, cocaine, amphetamine, alcohol, from 1 to 20 years; often double diagnoses; hepatitis, teeth problems.

Bermuda: Most use cocaine and marijuana and have none so over an extended period; we are seeing more dually-diagnosed clients and have expanded collaboration with mental health providers. We are seeking to implement a Mental Health Treatment Court Program.

Brazil:

Rio de Janeiro: Mostly cocaine and crack that is a garbage extract of cocaine.

Sao Paulo: Substances more prevalent: alcohol, marijuana, cocaine and crack.

Canada:

Calgary: The typical profile of our men is that they have had extensive histories of severe addiction to one of the following drugs; crack/cocaine; crystal-meth and or heroin. They have typically had a lengthy involvement with crime; although there is a range of this, and we are also taking younger and less seasoned criminals in the hopes of intervening in their lives sooner. For our women, there is a strong association with having worked on the streets in prostitution to support their habit, and most come with an extensive history of trauma.

Edmonton: Cocaine most prevalent followed by Crystal Meth. Severe addictions. Some mental health issues – usually ADHD, or FASD

Toronto: cocaine, oxycontin, meth all for many years.
**Chile:** The participants of the DTC are people which present a problematic consumption of drugs, mostly poli-consume (base cocaine, marijuana, alcohol), with a moderate to severe compromised bio-psychosocial problems related to the drug addiction. The quantity of consumption grows in time, being a process normally initiated in adolescence. Before starting the treatment, a high physical damage, in some cases malnutrition it is able to be seen. Likewise, the mental condition is affected, sometimes showing traces of organic damage.

**Ireland:** The majority of our participants have a lengthy history of addiction before being referred to the DTC. They are generally polydrug users, usually starting with cannabis and alcohol use at a very young age (10-15yrs) and then progressing to other drug use, such as ecstasy and benzodiazepine use, on then to harder drug use such as heroin and cocaine. The main drug of choice is heroin, which is largely reflective of the catchment area in which the participants reside, which is socially disadvantaged area of Dublin. The average age of first heroin use is 17yrs approx, with cannabis being the first drug use at 14yrs approx. The majority of our participants (approx 80%) are in receipt of treatment at the time of entering the DTC programme and the average age of presenting for treatment is 21yrs. There is also a percentage that has alcohol addiction as well as addiction to other drugs, which presents particular challenges. Among injecting drug users, approx 80% have Hepatitis C and we generally have a further 5-10% at any time that have co infection with HIV also. I would estimate that between 10% -20% of our participants at any one time have dual diagnoses also (mental health difficulties as well as addiction).

**Jamaica:** Marijuana, crack-cocaine and alcohol. Length of addiction ranges from 1 year to 20 years. Some participants have been noted to suffer from depressive episodes and physical withdrawal symptoms.

**Mexico:** Abuse of and dependence on narcotics, stimulants, psychotropic drugs, or inhaled, hallucinogenic, or toxic substances that are addictive or habit-forming; Dually diagnosed patients.

**Norway:** NA

**Suriname:** Please note that the project still has to be implemented.

**UK:** Liverpool: Two specific groups. 1. Long term heroin addicts. 2. Young people 14-30 using skunk cannabis.

**US:** Most participants have extensive periods (at least 10 and often over 20 years) of addiction to multiple drugs, including methamphetamine, cocaine, alcohol and/or heroin. Synthetic drugs are becoming an increasing problem as are addiction to prescription drugs.
II. SUMMARY DESCRIPTIONS OF DTC PROGRAMS

A. TARGET POPULATION

1. Initial Target Population for the DTC

OVERVIEW:

Most of the programs reported that they are focusing on drug abusers who commit offences to support their habit or who commit offences under the influence of drugs. Most programs target non-violent adult drug abusers with a history of minor offenses, although Perth (Western Australia) reports that it deals with “medium to severe” offenders.

SURVEY RESPONSES:

Australia:

   - **New South Wales:** At the time of establishment, Government identified that the drug court was established to address heroin dependent property offenders whose significant acquisitional offending was strongly linked to their drug use. It was acknowledged that these offenders would inevitably use a range of other drugs, including cannabis, alcohol and amphetamine, but that the major driver of the acquisitional offending was heroin use.

   Program legislation requires participants to be drug dependent and facing a full time custodial sentence and excludes minors, violent or sexual offenders, drug traffickers, and persons with a very severe mental health problem. They need to be resident in one of 11 prescribed Local Government Areas in greater western Sydney and need to be referred from a prescribed Local or District Court.

   - **Perth, Western Australia:** The Perth Drug Court specifically targets offenders with significant substance use issues, who plead guilty to their offences, and whose history of offending has lead to the possibility of imprisonment. The Perth Drug Court generally deals with medium to severe levels of offenders.

Belgium:

Drug abusers who commit drug related crimes, and were the underlying drug problem is the cause of the crimes.

Bermuda:

Non-violent substance abusing offenders who can be maintained in the community.

Brazil:

   - **Rio de Janeiro:** In Brazil, the Therapeutic Justice is trying to meet everyone involved in minor crimes whose antecedent is the logical use and abuse of psychoactive substances.

   - **Sao Paulo:** In general, drug abuse offenders who committed “minor” offenses (the minor offenses are defined by Law 9.099/1995 – alternative punishment).

Canada:

   - **Calgary:** Group of hard-core, non-violent offenders whose criminal activity is the direct result of their untreated addiction.

   - **Edmonton:** Drug addicted offenders serving a sentence of between 18 months to 3 years. Women and aboriginal have been identified target groups but we do not limit ourselves.
Toronto: Adults.

Chile: Adult population (over 18 years). They should comply with the clinical and legal requirements mentioned in "description of the DTC program".

Ireland: Criminals with a history of minor crimes.

Jamaica: Offenders over the age of 17:
- Drug users who are either in possession of drugs or commit offences to support their habit;
- Individuals who commit offences under the influence of illicit drugs or alcohol.

Mexico: Pilot stage: Misdemeanor violators with alcohol and drug abuse or dependence problems.

Norway: The drug user must reside in one of the trial municipalities and illicit drugs must be the main substance abused (crimes committed under the influence of illicit drugs, and crimes committed in order to finance personal drug abuse).

Suriname: Drug addicts committing minor offenses.

UK: Liverpool: All offenders in a specific geographic area.

US: Most programs targeted initially first offenders with drug possession charges; of course, first offenders were not at all first time drug users and many had long histories of severe substance abuse. As experience developed with the effectiveness of the DTC approach, increasing focus has been on individuals who are “high risk/high need”, primarily determined by the individual’s current charge and criminal history.

2. Changes in the Target Population Served by the DTC since the DTC Began and Reasons for the Change(s)

OVERVIEW:

Half of the programs reported that no changes had been made in the target population served by the DTCs since program implementation. DTCs in New South Wales have made changes to target populations, particularly by encouraging female and indigenous participation. Chile incorporated a pilot program for adolescent populations, and Toronto hopes to establish separate DTCs for youth. DTC programs in the United States have made numerous changes, as the model becomes adapted to various jurisdictions as well as experience develops with its use and/or prosecutorial and/or law enforcement policies change affecting the types and numbers of drug offenses prosecuted and potentially eligible for drug court referral. Some programs have also expanded offense criteria eligibility etc., including theft, prescription forgery, and prostitution, for example, as long as it is tied to the individual’s drug addiction.

SURVEY RESPONSES:

Australia:

New South Wales: While the program legislation is regularly subject to minor amendment, legislative change has not significantly impacted on the target group.

Program policy has been introduced to encourage female and indigenous participation.
Since inception the program population has also dealt with significant numbers of amphetamine and benzodiazepine dependent offenders. Changes in the Australian drug market over the past decade have seen a reduction in referrals of offenders whose drug of choice is heroin, with more benzodiazepine and amphetamine users referred.

Program policy was introduced to encourage female and indigenous participation as it was felt that these two groups were poorly served by existing diversionary options.

Perth, Western Australia: No material changes.

Belgium: NA

Bermuda: NA

Brazil:

Rio de Janeiro: No changes.

Sao Paulo: None.

Canada:

Calgary: None.

Edmonton: NA

Toronto: Less emphasis on youth. Found that the DTC was not successful for youth in the same court. Needed a separate DTC for youth.

Chile: Yes, a pilot program in adolescent population was incorporated, in consideration of the Adolescent Criminal Responsibility Law, therefore one of the challenges of this law is the implementation and evaluation of models oriented to the full social integration of the juvenile population.

Ireland: None.

Jamaica: Generally none but individuals with special circumstances may lead to relaxation of strict criteria.

Mexico: No changes. It is debated whether or not to widen the benefit to include persons detained for drug possession for personal use. However, as this is a federal offense this is still under discussion.

Suriname: Please note that the project still has to be implemented.

UK: Liverpool: None.

US: A number of changes have been made. Many programs have expanded the target population to persons with more extensive criminal justice system contacts as well as persons who were already convicted and facing prison sentences; many programs have also expanded the offense criteria for eligibility from drug possession (which is a crime in the U.S.) to drug related crimes, including shoplifting, prescription and check forgery, small amounts of drug sales to support a drug habit, prostitution, and similar nonviolent offenses. In addition, the DTC model has been adapted for juvenile offenses and family abuse and neglect cases.

B. ELIGIBILITY REQUIREMENTS

1. Criminal Justice Characteristics (i.e. nature of offense, prior criminal history, etc.)
OVERVIEW:

Most of the respondents reported that the DTC does not accept offenders associated with organized crime, gang affiliation or offenders charged with felony or serious offences. Belgium and Bermuda appear to have the broadest criteria for accepting participants, which can include offenders with a wide array of offenses except organized crime. The UK has no specific stated criteria. Among some of the requirements, Mexico requires that there must be no opposition from the Attorney General’s office, and Norway requires a social inquiry report to access offender suitability for the treatment program.

SURVEY RESPONSES:

Australia:

New South Wales: The Drug Court of NSW was designed and resourced to deal with serious offenders, with all participants facing a full-time custodial sentence and around 20% of participants otherwise facing sentencing in the NSW District Court (i.e. the second level of the NSW criminal court system).

With violent offences, sexual offences and drug trafficking offences excluded, the majority of suitable/eligible persons have significant criminal histories involving property crime and most have served at least one full time custodial sentence. Many have significant juvenile offending histories. Many also have significant offending histories involving motor vehicles, and face long-term licence disqualification. Many have also accumulated fines that they have no real chance of ever repaying. Significantly, the Drug Court has some scope to assist with the latter two issues that can affect prospects for reintegration into the community.

Perth, Western Australia: (overall eligibility characteristics)
- Offenders must:
  - Give an indicated plea of guilty;
  - Have an illicit drug dependency;
  - Be willing to participate in drug treatment; and
  - If the participant is from the country, the participant must be willing to move to Perth for the duration of their time in the Drug Court.

The Perth Drug Court will not accept cases where a term of imprisonment is mandatory. The Perth Drug Court also will not accept cases involving serious violence, drug trafficking, or aggravated burglary where violence was involved. Sex offenders are also excluded from the Perth Drug Court.

Belgium: All kinds of offences, also violence, but no organized crime.

Bermuda: No excluded offences and having not been on Probation or Parole in the last 3 years.

Brazil:

Rio de Janeiro: Minor offenses.

Sao Paulo:
- Minor offenses $ law 9.099/1995 (alternative punishment);
- Be the first offense caught by the justice system or no prior criminal history;
- The offender has to agree to the proposal.

Canada:

Calgary: Non-commercial trafficking; non-violent break & enters to support their addiction; no gang affiliation; low public safety risk.
Edmonton: no serious violence on record, no sex offences, no gang affiliation, no break and enter charges to residential.

Toronto: NA

Chile: The legal tool used here is the conditional suspension of the procedure, which will be able to be decreed by the court complying with the following requirements:
- The sentence that may be imposed, in the case of a condemnatory sentence is dictated should not exceed 3 years of liberty deprivation;
- Absence of previous prison convictions by crime or simple crime;
- Absence of current conditional suspensions of the procedure.

The conditional suspension is an alternative to the criminal trial, which avoids under specific conditions established by the judge the traditional procedure that can be finished with a sentence If the offender accomplished with the conditions he will end the procedure without criminal records.

Ireland: must be aged 18 yrs, have history of addiction, and be motivated to get off drugs and have pleaded guilty or have been convicted of certain offences in the District Court where it is likely they would receive a custodial sentence.

Jamaica: Drug related offenders, both first time offenders and recidivists, individuals committing minor offences under the Dangerous Drug Act. Excluded are dealers and traffickers of drug as well serious offences such as murder, rape. Individuals diagnosed with a serious mental illness, e.g. psychosis, are also excluded.

Mexico: General eligibility requirements
The persons eligible to enroll in the program are those who meet the requirements established for the Probationary Suspension of Proceedings contained in Article 610 of the Code of Criminal Procedure of the State of Nuevo León.

“Article 610.- A probationary suspension of proceedings is a measure ordered by the judge or court at the request of the accused and the defense, the purpose of which is to suspend the effects of the criminal proceeding in favor of the former and avoid a conviction resulting from a criminal trial. To that end the following requirements shall be met:
- There is no reasoned opposition from the Office of the Attorney General or the injured party;
- The offense is not classed as a felony and the maximum prison term does not exceed eight years in any modality of the offense or modifying circumstances thereof;
- The defendant does not have a prior confirmed conviction for a deliberate offense nor is a party in a criminal suit;
- The same benefit has not been granted in a separate proceeding;
- There is nothing in circumstances of the offense or the personal background of the accused from which reasonably to presume that to grant the suspension would pose a serious threat to the juridical interests of others;
- The accused, in the presence of the judge, enters on an agreement with the victim or injured party, if any, to provide reparation for damages; Said agreement shall set out the amount to be paid in damages and the manner of payment. The accused releases themselves from the obligation by paying or depositing the agreed amount at the court where their case is being heard. The victim or injured party shall appear to receive payment or see the amount deposited in their favor;
- The suspension is requested before documentary evidence is presented and, in the case of proceedings governed by Title 14, Chapter 1, before the order is issued for the initiation of oral proceedings;
- They undertake to comply with the measures and conditions set by the judge.
Offenses to Consider:

The connection between the offense charged and the addictive disorder can be established if at the time of the offense the accused was intoxicated with alcohol or drugs or if the offense was committed as a direct consequence of being under the influence of alcohol or drugs or because of the indirect need to pay for said substances.

The accused persons who may be considered for enrolment in the program shall be those who have an addiction to alcohol or drugs and are charged with an offense under Article 610 (II) of the Code of Criminal Procedure of the State of Nuevo León.

Norway: A public prosecutor from the police (or the court) has to apply to the drug treatment program team to write a social inquiry report on the person charged. The team has to conclude whether the charge is suitable for the program or not. This report will be used in court to decide what kind of sentence the judge will give. The court can theoretically come to another conclusion than the team.

Suriname: Drug addicts committing minor offenses.

UK: Liverpool: No specific criminal justice criteria.

US: Most programs admit persons with charges of drug possession (which is an offense in the U.S.), shoplifting, theft, prostitution, forgery (check and prescription) and similar offenses as long as they were the product of the individual’s drug addiction and do not involve acts of violence and/or the use of a weapon.

2. Substance Use/Treatment Needs

OVERVIEW:

Most of the programs reported that they accept candidates with a history of substance abuse and do not exclude any specific drug users. Calgary’s DTC program, however, only accepts participants with addiction to crystal-meth, crack cocaine, or heroin, and Edmonton excludes those using marijuana. The most frequently used substances cited by the other responding programs have been heroin, crack cocaine and poly drugs.

SURVEY RESPONSES:

Australia:

New South Wales: The program deals with serious offenders, with significant criminal histories and life deficits. While counselling is an integral part of every Drug Court treatment program, it is rare that a program participant will successfully complete the program only receiving outpatient counselling.

Around 70% of participants undertake pharmacotherapy treatment as part of their program. Methadone and buprenorphine treatment are well-established components of the NSW drug treatment system, and are strongly endorsed as treatment options by the Drug Court of NSW. Naltrexone treatment for opiate dependent persons is not an endorsed treatment modality within the Drug Court of NSW.

Many of our participants require the care and support of a residential treatment provider for at least part of their program. These services are provided by the non-government sector, and specialist services are available for indigenous people and women. These services provide drug treatment as well as living skills programs, supporting our participants’ reintegration into work and community life.
We have a high rate of concurrent mental health issues in our program, particularly depression and anxiety. Appropriate use of medication to support participants is an important aspect in stabilizing them and allowing them to engage in treatment and social rehabilitation.

The program does offer referral to self-help programs (NA/AA/Smart Recovery) as an integral part of community reintegration.

Perth, Western Australia: See overall eligibility characteristics above.

Belgium: The underlying drug problem is the cause of the crimes.

Bermuda: Verified history of substance abuse in the last twelve months and test positive on arrest or random test.

Brazil:
- Sao Paulo: The presence of drug use, abuse or dependence.

Canada:
- Calgary: Must be addicted to one of the following drugs: crystal-meth; crack/cocaine; heroin.
- Edmonton: Must have an identifiable drug addiction (not marijuana addiction).
- Toronto: NA

Chile: Also, the program requires the compliance of the offender, of clinical requirements:
- Drug Abuse disorder or drug dependence (problematic use);
- Moderate to severe biological, psychological and social problem related to the drug addiction.

Ireland: We mainly cater to participants with heroin addiction, but most of our participants are polydrug users.

Jamaica: No substance or its chronicity is excluded but predominant substances have been marijuana and crack cocaine, individuals who can be treated in their community in non-residential settings.

Mexico: Program admission criteria:
- A candidate who takes part in a detoxification or rehabilitation program as part of a course of treatment with psychotropic medicines may be admitted to the services that the program provides;
- A person who is unable to pay reparations for damages because they are indigent, as determined by the court, may not be declared ineligible for admission to the program;
- A candidate evaluated for admission who presents parallel disorders and whom the treatment center determines to have the capacity to understand and participate in the program may be admitted to it only when they can be placed in the modality of treatment recommended for their condition.

Norway: The drug user must reside in one of the trial municipalities and illicit drugs must be the main substance abused (crimes committed under the influence of illicit drugs, and crimes committed in order to finance personal drug abuse).

Suriname: Treatment and resocialisation of drug addicts committing minor offenses.
UK: Liverpool: Any drug or serious problematic alcohol use.

US: Eligible participants can and usually do display an extensive pattern of drug use, frequently reflecting many years of multi-drug use, including alcoholism; programs are now also becoming more receptive to admitting persons with mental health conditions.

3. Other Factors Relating to Eligibility

OVERVIEW:

Other factors affecting eligibility included: the individual’s willingness to participate in the program (Chile and U.S. pretrial diversion programs. Jamaica requires participants to have stable accommodations and family support. In Mexico, the final decision about eligibility is made by judge. The U.S. requires participants in the federally funded treatment programs to be “non-violent” offenders.

SURVEY RESPONSES:

Australia:
New South Wales: NA

Perth, Western Australia: See overall eligibility characteristics above.

Belgium: NA

Bermuda: NA

Brazil:
Rio de Janeiro: NA

Sao Paulo: NA

Canada:
Calgary: NA

Edmonton: NA

Toronto: NA

Chile: The offender should declare his/her will to participate in the program.

Ireland: No Crime involving serious violence/or previous history of same.

Jamaica: Stable accommodation and family support.

Mexico: Final decision on admission: The final decision on the admission of the accused to the program shall be taken by the judge, who shall base their determination on the above-mentioned eligibility criteria and on the investigation, report, and recommendations of the representative of the treatment center and of the Police Monitoring Officers. The position of the Office of the Attorney General expressed in a motion to that effect shall also be considered.

Norway: NA
Suriname: NA

UK: Liverpool: NA

US: Some programs target particular populations, such as young adult males; females; and/or other groups that have been determined are in need of the special resources and supervision services of the drug courts. There have also been special programs developed for juveniles and families (in which a child has been removed from the home because of the parent’s substance abuse). Some programs limit participation to individuals residing in particular geographic areas of the city. Some programs also limit participation to individuals living within the county in which the court is located.

One factor that has limited eligibility for drug court programs in the U.S. is the “violent offender” prohibition enacted in the federal statute providing federal funding for drug courts in the various states in the U.S. This preclusion has not been clearly defined or limited so has had the affect of excluding many otherwise eligible defendants who may have had a conviction for assault, for example, years ago. There are, however, a few programs that are not using federal funding under this statute and have made a policy decision not to apply this prohibition.

4. Changes in Eligibility Requirements since DTC Began

**Question:** Have there been any changes in the eligibility requirements since the DTC began? If so, please describe the changes and why they were made.

**OVERVIEW:**

Most of the programs did not report any changes in the eligibility criteria since the DTC began. Chile added a new requirement that offenders should not have a current conditional suspension of the procedure, at the moment of facts checking. Liverpool added offenders with addictions to Cannabis their list. The U.S. reported that many programs have expanded the criteria for their target population and eligibility criteria in order to engage more participants and reach more seriously drug involved offenders.

**SURVEY RESPONSES:**

Australia:

- New South Wales: Some broadening of the court’s capacity to deal with offenders on existing community-based sentences (particularly breached bonds) simplified the referral and assessment process and allowed suitable offenders to access the program.

  Perth, Western Australia: No material changes.

Belgium: NA

Bermuda: NA

Brazil:

- Rio de Janeiro: Not yet.

  Sao Paulo: No.
Canada:

    Calgary: NA

    Edmonton: Graduation at one time could be completed if they were 4 months clean with the exception of marijuana use. We no longer allow marijuana use.

    Toronto: NA

Chile: Yes, when the Code of Criminal Procedure was modified (article 237), that is the legal framework that contemplates the conditional suspension of the procedure, adding a new requirement, which is that the offender should not have a current conditional suspension of the procedure, at the moment of facts checking, that is a new process concern. Prior to this modification, it was enough that the offenders comply with the legal criminal framework, and the absence of previous prison sentences.

Ireland: NA

Jamaica: NA

Mexico: NA

Norway: NA

Suriname: Please note that the project still has to be implemented.

UK: Liverpool: Yes. Cannabis users are now eligible.

US: As noted above, many programs have expanded the target population to persons with more extensive criminal justice system contacts as well as persons who were already convicted and facing prison sentences; many programs have also expanded the offense criteria for eligibility from drug possession to drug related crimes, including shoplifting, prescription and check forgery, small amounts of drug sales to support a drug habit, prostitution, and similar nonviolent offenses.

C. IDENTIFICATION OF ELIGIBLE DTC PARTICIPANTS AND REFERRAL PROCESS

1. Identification of Eligible DTC Participants

OVERVIEW:

Most respondents reported that participants can be identified by arresting officers or probation officers or by request of the defense counsel. In Chile and Norway extensive evaluation of the candidate is completed before acceptance for participation. In the U.S., depending upon the stage in the criminal justice process in which the individual enters the DTC, he/she can be identified through various sources including the defense counsel, prosecutors, judges etc. In Australia, it is generally the offender and/or their legal counsel who request admission into the DTC.

SURVEY RESPONSES:

Australia:

    New South Wales: Generally, an offender or their counsel will actively seek referral at the court of first appearance. The offender must consent to the referral.
Perth, Western Australia: Generally an offender, or their legal counsel, will seek admission to the Perth Drug Court. Offenders who may be suitable are referred by the presiding magistrate to the Perth Drug Court where a comprehensive assessment is performed as to suitability.

**Belgium:** On base of the written file, sometimes based on information of the police and information provided by the probation officer.

**Bermuda:** Through Pre-sentence Reports and BARC assessment (substance abuse assessments) and 3 positive urinalysis screenings and verified problem in past 12 months.

**Brazil:**

*Rio de Janeiro:* From the cases reported.

*Sao Paulo:* When they fulfill the eligibility criteria.

**Canada:**

*Calgary:* Primarily by defense lawyers.

*Edmonton:* Either through their lawyer, police or self referral.

*Toronto:* Application is submitted by offender (usually by defense lawyer/duty counsel) arresting police office must fill out a form indicating whether he/she recommends that the accused he considered.

**Chile:** By means of a clinical and legal selection, that is to say, the candidates that comply the legal requirements of the conditional suspension are identified, and then, a suspects of problematic drug use is performed and a diagnostic clinical evaluation, that confirms the presence of this problem.

**Ireland:** by Probation and Welfare and/or by the lawyer or Judge.

**Jamaica:** On arrest by police officers, but subsequently probation officers, defense or prosecution attorneys, criminal court judge.

**Mexico:** Initial identification of the candidate

An accused or their defense may request any of the program operators to have their record evaluated for admission to the program until the judge for criminal preliminary hearings declares the trial open.

**Norway:** We talk to the charged and we get information from other agencies. Then the team work closely together to conclude on suitability. That is one of our most difficult and major tasks at the moment – finding the right persons to attend the program. When we have finished the report we send it back to the public prosecutor. Then we have to wait until the main hearing is over and the judge passing the sentence, then we formally start the serving of the sentence.

**Suriname:** Please note that the project still has to be implemented.

**UK:** **Liverpool:** By problem solving meeting at court.

**US:** Depending upon the stage in the criminal justice process in which the individual enters the DTC, they can be identified through various sources including defense counsel, prosecutors, judges. In some instances the arresting officer may recommend the individual to the prosecutor for DTC consideration. For post adjudication programs, entry into the DTC may be a condition of sentencing or probation.
2. **Number of Days After Arrest When DTC Eligibility is Determined**

**OVERVIEW:**

There was significant diversity among the responses in terms of when DTC eligibility is determined, varying greatly from 1 day to up to 2 years. Some programs noted that it depends on the case, procedure, lawyers etc. Norway’s overall individual report of candidates takes up to 4-5 weeks. Toronto reports the shortest time frame for eligibility determination of 2-3 days. Ireland has the longest wait of 6 months to 2 years, as eligibility can only be determined at the end of prosecution and conviction. The U.S. noted that the original DTC design called for drug court eligibility to be determined within a day or two after arrest. Many of the early models, which were pretrial focused, followed this principle. However, as more programs shifted to a post trial, post adjudication model, delays in determining their eligibility for DTC have developed and now extend often to months after their arrest.

**SURVEY RESPONSES:**

**Australia:**

- **New South Wales:** The Drug Court does not routinely keep this information. Many of our participants are remanded before the court of first appearance considers their matters – this may take some months. A best-case scenario is that a participant may have their eligibility and suitability determined, and be released to a treatment plan, within five weeks of referral by the court of first appearance. A more usual outcome would see release seven weeks after referral.

- **Perth, Western Australia:** This time frame can vary significantly, but once referred into the Perth Drug Court, eligibility can be determined within 4 weeks.

**Belgium:**

Depends on the procedure (will be answered in the scientific evaluation), but in the Belgian system people do not get arrested often. We have a written file.

**Bermuda:** Fourteen (14) days – in essence, conducts weekly Court sessions and chairs the Treatment Team meetings regarding active and referred cases.

**Brazil:**

- **Rio de Janeiro:** 10-30 days.

  - **Sao Paulo:** In order to execute the alternative punishment law, it was created special instances within the criminal system called “Special Criminal Court”, were offenders have to go after they were caught (but don’t arrest) by the police. At this moment, they receive an order to go to the court to see the judge. So, since they committee the offense until the day to see the judge, it takes (mean) in São Paulo, 2 to 6 months.

**Canada:**

- **Calgary:** Varies greatly, depending on the lawyer’s familiarity with CDTC.

- **Edmonton:** NA

- **Toronto:** 2-3 days.

**Chile:** The eligibility requires verifying the compliance of requirements in two aspects: legal and health. That is to say, the legal requirements of the program should concur, and the presence of: problematic drugs use and
associated compromised bio-psychosocial. In this way, a diversion to treatment according to the offender profile is carried out. For this, the time limit is 12 days average\textsuperscript{60}.

**Ireland:** At end of prosecution on conviction therefore 6 months to 2 years.

**Jamaica:** As soon as practicable after referral.

**Mexico:** Less than 10 days.

**Norway:** The team usually needs 4-5 weeks to finish the report.

**Suriname:** Please note that the project still has to be implemented.

**UK:** Liverpool: Varies between 1 and 9 days.

**US:** Under the original DTC design, eligibility for the drug court was identified at the time or shortly after arrest. “Immediacy” of response was considered important in capitalizing on the trauma of arrest to motivate an offender to enter treatment and was an essential element (“Key Component”) of drug court programs. During this early period, most drug courts were pretrial programs for offenders prior to their trial which – if they were successful – would not occur and their charges would be dismissed. However, this practice of early identification of eligibility has slipped significantly and is a major issue that many drug courts now need to address. One of the reasons for this significant delay in identifying eligible DTC participants is that many programs have shifted to a “post trial” model and do not begin to screen potentially eligible participants until after they have pled guilty and the disposition of their case is being considered – often months following their arrest.

3. **Referral Process and Stage in the Justice Process at Which DTC Eligibility is Determined**

**OVERVIEW:**

Responses indicate fairly wide diversity among programs in terms of the process for referring an individual to the DTC and the state in the justice process at which the DTC referral is made. Belgium and Norway, for example, noted that the public prosecutor has to initiate the process. Bermuda and Ireland require a guilty plea in order to be eligible for the DTC. In Canada, U.S. and Mexico, as soon as charges are brought, candidates can be determined to be eligible for DTC participation.

**SURVEY RESPONSES:**

**Australia:**

New South Wales: Potential eligibility and suitability is usually determined at the court of first appearance (the Local Court, presided over by a magistrate) that makes the decision to refer the offender for full assessment by the Drug Court. So, while the Drug Court determines eligibility, the referring court plays a crucial ‘filtering’ role.

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\textsuperscript{60} It is important to be clear that there are programs which evaluate the eligibility of the candidate in the time limit of 1 day. However, the maximum time limit does not surpass 30 days (because several factors: assistance to the citations, psychiatrist hours, etc.)
Perth, Western Australia: Eligibility to participate in the Perth Drug Court is determined after referral to the Perth Drug Court upon a plea of guilty. A comprehensive assessment is then undertaken as to suitability.

Belgium: Public prosecutor; but defense lawyers can ask for a referral to the DTC when the accused is sued in front of a normal court.

Bermuda: Upon a guilty plea being entered and the offender has begun observation of the program.

Brazil:
  - **Rio de Janeiro**: From the beginning.
  - **Sao Paulo**: 5 or 6 months.

Canada:
  - **Calgary**: From as early as possible. Clients are arrested and hopefully speak to their lawyer about participation in CDTC program if eligible.
  - **Edmonton**: Any time prior to conviction.
  - **Toronto**: as soon after charges are laid as possible.

Chile: There are two stages:
- In the detention control hearing. The psychosocial team (psychologist and social worker) will previously carry out an interview of suspects diagnostic to all offenders that were previously selected by the Ministerio Público and/or proposed by General Prosecutor’s Office, as possible suitable candidates, since that they comply with the legal requirements;
- During the phase of investigation. As the prosecutor as the public defense attorney can detect possible candidates, which in subsequent form, they should be evaluated clinically to enter to the DTC.

Ireland: When pleaded guilty or convicted after trial.

Jamaica: Eligibility is a staged process. After an arrest, Judge refers to DTC, DTC Judge determines referral for assessment by Probation, Psychiatrist and or Treatment Provider. Final decision made at pre-court meeting by DTC Team led by DTC Judge and Lay Magistrates.

Mexico: Before the case is submitted to the preliminary hearing judge.

Norway: A public prosecutor from the police (or the court) has to apply to the drug treatment program- team to write a social inquiry report on the person charged. The team has to conclude whether the charged is suitable for the program or not. This report will be used in court to decide what kind of sentence the judge will give. The court can theoretically come to another conclusion than the team. (Very often a defence lawyer takes the initiative to get a social inquiry report for this purpose, but they still have to apply through the public prosecution. I have spent a lot of time giving information about the drug treatment program to: lawyers, judges, police officers, public prosecutors, prison officers, social workers, health workers, people working with education for grown-ups, and you name it. So the chance for someone to know about this possibility for drug-addicts is good. Theoretically all these different people can guide the drug-addict into getting a sentence like this, as long as it is the public prosecution/the court that formally asks for the social inquiry report).

Suriname: Please note that the project still has to be implemented.

UK: **Liverpool**: Sentence.
US: Under the original DTC design, eligibility for the drug court was identified at the time or shortly after arrest. “Immediacy” of response was considered important in capitalizing on the trauma of arrest to motivate an offender to enter treatment and was an essential element (“Key Component”) of drug court programs. During this early period, most drug courts were pretrial programs for offenders prior to their trial which – if they were successful – would not occur and their charges would be dismissed. However, this practice of early identification of eligibility has slipped significantly and is a major issue that many drug courts now need to address. One of the reasons for this significant delay in identifying eligible DTC participants is that many programs have shifted to a “post trial” model and do not begin to screen potentially eligible participants until after they have pled guilty and the disposition of their case is being considered – often months following their arrest.

D. INCENTIVES OFFERED FOR DRUG COURT PARTICIPATION

OVERVIEW:

Most of the programs reported that an inducement for drug court participation is the potential for a suspended sentence if treatment is successfully completed. Some programs (Bermuda, Chile, Ireland, and Jamaica) expunge the offense altogether from the individual’s criminal record. An additional inducement/incentive to enter the program is the opportunity for skills training and education, and travel outside the court’s jurisdiction.

SURVEY RESPONSES:

Australia:

New South Wales: They have the opportunity to avoid a full-time custodial sentence (average duration around 14 months). They have the opportunity to resolve all eligible outstanding legal matters within a single Drug Court sentence. They have the opportunity to receive the highest level of supervision and support available to offenders within the NSW criminal justice system within a framework that prioritises their rehabilitation and reintegration into the community.

Perth, Western Australia: The key incentive offered to participants is the opportunity to address their illicit substance use and to rebuild their lives in the community. In doing so, successful participants may avoid a term of imprisonment.

Belgium: They can try to get a more beneficial sentence by tackling the underlying problem.

Bermuda: Index offence can be expunged after completion of Phases.

Brazil:

Rio de Janeiro: In most cases the prosecution process is closed.

Sao Paulo: Not arrested and name not included in criminal register; no criminal file.

Canada:

Calgary: They have the opportunity to receive treatment for their addictions and avoid jail sentence by actively participating in our program.

Edmonton: Two tracks:

Track 1 – no prior record – current charges would be dropped after completion of the program
Track 2 – no custodial disposition after graduation. Honours grads – 1 day probation, substantial completion – probation to follow.

Toronto: If they complete program they are promised that they will not be placed back in jail...usually a suspended sentence and period of probation.

Chile: (1) The conditional suspension of the procedure, which implies that after the DTC ends, the candidate criminal records will be erased, that is to say, no prison sentence will be dictated against him/her; (2) Possibility to enter to a high quality drugs treatment program for free; (3) Rehabilitation and social integration.

Ireland: Benefits of the program; Strike out of charges on successful completion of program.

Jamaica: (1) Receipt of treatment, not punishment; (2) Opportunity to benefit from drug free lifestyle; (3) Opportunity for skills training and education; (4) Successful completion of treatment charge is dismissed, i.e. the offence is not recorded on individual’s criminal record; (5) First time offender exit without criminal record.

Mexico: Incentives: The program’s approach is founded on therapeutic justice, the overriding purpose of which is to bring about the rehabilitation of persons who abuse or are dependent on alcohol and/or drugs and help reduce criminal recidivism. In order to motivate program participants so that they can appreciate the effort that goes into their rehabilitation the judge will use judicial authority to directly supervise them and strengthen their progress. This will be done through recognition of their achievements and breakthroughs, as well as penalization of attitudes or conduct that are not consistent with the objectives of the treatment and therefore impair the rehabilitation process. This rehabilitation process requires the identification of family members or persons who can provide support or act as role models for new participants. For that reason, it is essential that penalties and incentives are issued at hearings in order to achieve greater impact through judicial supervision.

In order to achieve the above objective the judge will determine on a case-by-case basis how to reward progress made by participants in the treatment process. Based on the recommendations of the treatment center and the police monitoring officers the judge may, at his or her discretion, choose one of the following alternatives: - Draw attention to the progress of the participant at a public hearing; - Reduce the length of the treatment; - Reduce the frequency of judicial supervision; - Authorize participation in activities in the community at large and travel outside the court’s jurisdiction; - Authorize special privileges; - Reduce home restrictions in order to work, study, and interact more with the family; - Offer any other incentive that recognizes the participant’s performance in the rehabilitation program; - None of these measures may go against or undermine the participant’s treatment plan.

Norway: NA

Suriname: Please note that the project still has to be implemented.

UK: Liverpool: None save the obvious help offered and potential on occasion to avoid custody.
US: For pretrial programs, the chance to have a drug charge or felony conviction dismissed; for post adjudication programs, successful participants can have the period of their probation shortened, and/or any suspended period of incarceration withdrawn.

E. OPERATIONAL COMPONENTS

1. Differences Between DTC and Traditional Method for Justice System Handling of Drug Involved Individuals

OVERVIEW:

There was significant diversity among the responses that programs provided. Belgium noted that DTC participants are constantly under court supervision and treatment; and are represented in the court itself. Probation measures are established to fit each candidate’s needs. DTCs provide faster relief and help to addicted offenders than traditional methods. In Chile’s DTC commissions, under ‘conditional suspension of the procedure’, offenders who comply with legal and clinical criteria requirements are eligible. This limits their sentence to a maximum of three years. Jamaica’s program focuses more on a holistic approach and judges are more involved in the rehabilitation program of the offender. Mexico’s Addiction Treatment Court works under “probationary suspensions of proceedings” whereon successful completion suspends the effect of criminal proceedings. In Norway, the DTC sentence is a suspended sentence where participation in the drug treatment court program is conditional. The U.S. drug court operates at the state court level, although the criminal justice process in each state and territory is generally similar. There are some differences both among states and among cities within the same state, listed in the chart below. However, the principle differences between the DTC process and the traditional justice system process focus on the ongoing judicial supervision provided to each participant, the coordination and delivery of a broader array of services and service providers, and the early identification and intervention offered by most drug courts.

SURVEY RESPONSES:

Australia:

New South Wales: The program legislation allows the Drug Court to give participants an initial custodial sentence, and suspend that sentence while the participant undertakes a rehabilitation program of at least twelve months duration. The initial sentence is reviewed at program exit. Successful completion of the program sees the custodial sentence set aside, and a new non-custodial sentence imposed. Failure to complete the program generally sees the participant serve a custodial sentence, although the initial sentence can be reduced to reflect effort and achievement on program.

Perth, Western Australia: Offenders who plead guilty to their matters and who wish to address their illicit substance use issues are removed from the traditional justice process and participate in the Perth Drug Court prior to being sentenced. Whilst participating in the Perth Drug Court, offenders are given the opportunity to address their illicit substance use and rebuild their lives in the community with the assistance of a dedicated court team and through therapeutic judicial supervision. A key feature of the Perth Drug Court, in contrast to the traditional justice process, is that the court operates more collaboratively between stakeholders rather than in the typically adversarial manner.

Belgium: Introduced a Problem solving approach:
- Court supervision;
- Fast reaction;
- Treatment services are represented in the court;
- Tailor made probation measures;
- First treatment, then sentence.
Bermuda: NA

Brazil:

Rio de Janeiro: In Brazil we have adopted the system of civil law as opposed to the American adoption of common law. Thus, drug courts have been developed not only to rid their participants of drug addiction, but also as a public policy aimed at helping the individual reach their full potential.

Therapeutic Justice gives the population assistance with a range of problems, including qualified legal problems, social and health-related disorders, and abuse of and dependence on alcohol and other drugs. Based on a new paradigm—restoration, not punishment—Therapeutic Justice is intended as a link between special treatment programs and individualized drug courts. This is part of a trend in modern law which focuses on prevention and rehabilitation in the application of justice.

Another contribution of the proposed Therapeutic Justice is a non-adversarial approach between practitioners and technical and health professionals. It is known that in cases of drug abuse, domestic violence, mental illness, and other complex issues that neither health nor justice services can act in isolation because an effective solution depends on cooperative approaches. For example, for an adolescent drug user who has committed a crime, drug courts represent a concrete alternative to institutionalization—in this case, socio-educational procedures and semi-freedom (Article 102 Adolescent Law). We know that institutionalization has proved ineffective as an agent of education and rehabilitation and often contributes to the establishment of a vicious cycle of incarceration and crime.

The purpose of Therapeutic Justice applied to the Juvenile Justice System is to provide adolescents and their families the opportunity to access a range of services and treatments that help to overcome the legal, social, and health-related problems associated with the abuse of alcohol and other drugs.

Parallel Justice Therapy also occurs in relation to Sentencing Alternatives although, under Brazilian law, this can only happen after the advent of Central Penalty and Alternative Measures (CPMA) [1] in 2000.

In line with the guidance of the Attorney General and Subprocuradoria General Court of Human Rights and the Third Sector, the current Justice Coordination Therapeutic (TYC) proposes to carry out joint actions aimed at the construction of channels for effective support to the community, respect for human rights and social care needs, and the health of users of alcohol and other drugs.

The first action of Therapeutic Justice seeks to establish partnerships that enable and promote construction of a support network for users of alcohol and other drugs through the program of Therapeutic Justice.

Accordingly, in a short time it was established that there is pent-up demand for shares of Therapeutic Justice coming from developers, institutions, child protection agencies, courts, and communities. In this sense, it was also possible to understand that the principle purpose of Therapeutic Justice is advocacy of the less fortunate which, due to lack of access to social goods and quality services, face social exclusion and a poor position in Brazilian society.

Drug courts emerged as a priority demand for communities due to the complexity of drug problems in society, involving the guaranteed access to quality health, education, and welfare, and in aspects related to public safety and crime.

There is much to be done, and Therapeutic Justice Coordination plans to put more and more services into communities with the greatest need. The team at Therapeutic Justice realizes, however, that collaborating with and addressing demands of colleagues is essential to fulfilling its mission. Therefore, the TYC offers
permanent assistance to prosecutors, is the very coordination - Headquarters of the MP, either on visits to the
Courts of Law or by phone, fax or email.

Sao Paulo: Judge, prosecutor, and attorney have been understanding drug problem.

Canada:

Calgary: NA

Edmonton: Participants are required to attend court weekly, attend for a meeting with our staff
weekly, submit to urine testing randomly – at a minimum of 1/week. Generally, most of our participants
come from custody and enter into a residential treatment centre upon release. We broker out most of our
treatment and the people in our program could be easily called support workers. We help them not only deal
with their addiction but with managing life in the community.

Toronto: NA

Chile: The "Drug Treatment Courts" are not special courts; they constitute a program that is developed in
blocks of hearings, under the ordinary agenda of the criminal courts. The legal framework that governs them
is the alternative exit to the criminal trial called "conditional suspension of the procedure". Because of it, the
offenders that comply with the following legal requirements are eligible: the sentence that may be imposed to
them should not exceed three years of liberty deprivation; also, they should not present previous convictions
by crime or simple crime, neither conditional suspensions of the procedure.

Additionally, the offender must comply with clinical character requirements, that are verified through a
diagnostic evaluation: present a drug abuse disorder or drugs dependence, moderate to severe biological,
psychological and social problems associated to the drug addiction and to declare his/her voluntary will to
participate in the program.

The conditional suspension of the procedure is decreed by the judge, and requested by the Ministerio Público
(General Prosecutor’s Office), in accordance with the offender. In the case that the petition is accepted, the
judge establishes the conditions that the offender should comply by a time limit not lower than a year neither
over three years. In the case of the DTC, the entrance to treatment and judicial supervision by periodic
hearings is established as a condition. In serious or repeated cases of compliance failure, the judge can revoke
this decision and in this way the criminal normal process will continue.

The DTC has a highly coordinated and stable team, integrated by:

(1) Legal Team (judge, prosecutor and defense attorney);
(2) Bio-psychosocial Team (medical doctor, psychologist and social worker);
(3) Treatment Centers.

The legal-sanitary team of the program gathers once a month, in a prior or pre hearing meeting in order to
evaluate the degree of advance of the candidates that are complying the conditions of the DTC, where the
incentives or corresponding sanctions are being arranged in order to promote compliance to the program.

Now well, regarding the traditional system, that is to say, out of the framework of the DTC, in the case of
offenders that lend their consent in order to that the public prosecutor can request the conditional suspension
of the procedure, a problematic drug use inquiry mechanism does not exist, therefore, conditions that are
different to treatment under judicial supervision will be imposed.

Finally it is necessary to be clear that, in the case of the DTC as in a conditional suspension of the traditional
procedure, the crimes of drug trafficking and similar are not accepted.
**Ireland:** We use a combination of some aspects of the USA model, with the NSW (Australian model) with additional aspects we have developed ourselves e.g. education, with the staff as set out here in additional components:
- Educational training;
- Absence of lawyers/prosecutors (save in exceptional circumstances).

**Jamaica:** Provides therapeutic justice in that treatment instead of punishment is ordered by the Court. The Judge is also involved in the rehabilitation program of the offender. A holistic approach is utilized in rehabilitation. Individual treatment program is devised. See Jamaica Drug Court Lifestyle changes and DTC program model in Volume Two.

**Mexico:** The Addictions Treatment Court is the judicial organ that takes cognizance of cases arising from “Probationary Suspensions of Proceedings” (a measure ordered by the judge or court at the request of the accused and the defense, the purpose of which is to suspend the effects of the criminal proceeding, for which certain legal requirements must be met) in which possible drug or alcohol abuse or dependence on the part of the accused is detected. These cases are referred by Preliminary Hearing Courts.

**Norway:** In the juridical sense, the drug treatment court sentence is a suspended sentence where participation in drug treatment court programs is a condition. The offender has to agree to participate in the drug treatment court program. The programs include court-controlled treatment and rehabilitation activities. The program consists of four phases, and is specially designed for each individual client. Flexibility is an essential feature of the program in order to meet the client’s various needs. Some may need a 24-hour a day treatment at an institution, while others may need policlinic treatment. A supervision and treatment team is responsible for the design of the program. The team consists of representatives from the correctional service, the social service, the health service and the educational and employment service. Other organizations may also be represented in the team, like the police, the child protection agency etc. The permanent members of the team work together at a drug treatment court centre, and some of the client’s activities also take place there. The drug treatment court program transforms the roles of the criminal justice practitioners as well as other involved parties, and one of the aims for the pilot project is to develop good models for cooperation between the services.

A special feature of the Norwegian model is that the court’s involvement in the program is not as prominent as for example in the Irish or the Scottish model. However, the programme is supervised by the court, and all the time during the programme, the offender is accountable to the court. It is the court that rewards progress, by for example moving the client to the next phase, or sanctions non-compliance. Naturally, it is also the court that responds to criminal activity during the program. The punishment for not complying with the conditions as well as for new criminality may be imprisonment.

**Suriname:** The main object of the mentioned Working Group is to prepare a Drug Treatment Court project for Suriname on the following areas: the legal system, the national legislation, professional staff in health care, Detox institution, treatment care and resocialisation of drug addicts committing minor offenses. Please note that the project still has to be implemented.

**UK:** Liverpool: NA

**US:** Note: Drug Courts operate primarily at the state (not federal) court level. Although the criminal justice process in each state and territory in the U.S. is generally similar, there are also differences, both among states and among cities within the same state. The following is a generic summary of the major differences between the traditional method of dealing with drug involved offenders and the drug treatment court process in the U.S.:
<table>
<thead>
<tr>
<th>CASE PROCESSING COMPONENT</th>
<th>TRADITIONAL CRIMINAL CASE DISPOSITION PROCESS (Drug and Drug Related Offenses)</th>
<th>DRUG COURT PROCESS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INITIAL STAGES</strong></td>
<td></td>
<td></td>
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<tr>
<td>o Arrest</td>
<td>Police arrest offender, complete police report, and refer case to prosecutor</td>
<td>Police arrest offender, complete police report, and refer case to prosecutor PLUS arresting officer may (1) suggest to the offender he/she discuss the drug court program with his/her attorney or request information on the drug court during the booking process; flag the case for drug court consideration by the prosecutor</td>
</tr>
<tr>
<td>o Pretrial Release</td>
<td>Offender booked into local jail and interviewed for pretrial release eligibility</td>
<td>Offender booked into local jail and interviewed for pretrial release eligibility PLUS - frequently offender will be advised of possible eligibility for drug court program</td>
</tr>
<tr>
<td>Determination</td>
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<tr>
<td>o Pretrial Release/Bail</td>
<td>Generally must occur within 48 hours of arrest; Determination made on basis of established pretrial release criteria and/or bail schedule</td>
<td>Generally must occur within 48 hours of arrest; Determination made on basis of established pretrial release criteria and/or bail schedule PLUS extensive information compiled regarding participant’s drug use, other public health, housing, and related needs; court may make drug court participation a condition of release</td>
</tr>
<tr>
<td>Determination</td>
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<tr>
<td>o Nature of information</td>
<td>- Generally summary information relating to offender’s prior contact with the justice system, pending charges, current living situation, summary information relating to offense; and offender’s ties to the community; - Intake information is generally used for court record purposes; may provide some background for sentencing if offender is found guilty</td>
<td>- Information relating to pretrial release eligibility is compiled PLUS extensive information relating to offender’s drug usage, physical and mental health, family, employment, and related information that may be useful in determining treatment and other services needed; - Intake information is used for developing offender’s plan for treatment and related services which begin immediately</td>
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<tr>
<td>collected to determine</td>
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<tr>
<td>pretrial release eligibility</td>
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<tr>
<td>o Use of information</td>
<td>Information used for determination of pretrial release and sentencing; may also be used to address emergency situations affecting public safety or that of offender</td>
<td>Information used to shape subsequent program services; this information is also updated periodically to capture needs of the offender that may emerge during the period of the court’s involvement.</td>
</tr>
<tr>
<td>o Background of individuals compiling information</td>
<td>Intake information generally gathered by clerical or related staff who have no further involvement with offender</td>
<td>Intake information is generally compiled by staff skilled in assessing offender treatment and related needs and who will frequently be</td>
</tr>
</tbody>
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[INFORMATION COMPiled]
<table>
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<tr>
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<tr>
<td></td>
<td>working with defendant during drug court participation</td>
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<td></td>
<td><strong>PRE-TRIAL PROCESS</strong></td>
<td></td>
</tr>
<tr>
<td>o First Appearance</td>
<td>Defendant advised of charge and right to counsel</td>
<td>Defendant advised of charge and right to counsel PLUS may be used as the first drug court hearing at which time the judge can inform the defendant about the drug court program and determine interest in participating</td>
</tr>
<tr>
<td>o Consultation with Counsel</td>
<td>Should occur promptly following arrest but defendant may delay conferring with counsel until shortly before trial</td>
<td>Must occur as soon as possible following arrest and prior to entry into drug court</td>
</tr>
<tr>
<td>o Indictment / preliminary hearing</td>
<td>Purpose is to determine probable cause to support the charge (approximately half of the states conduct preliminary hearings and half follow the grand jury indictment process); results in filing of formal charges</td>
<td>N.A. usually waived in drug court programs</td>
</tr>
<tr>
<td>o Arraignment</td>
<td>Hearing at which presentation of charges is formally made in open court; defendant enters plea</td>
<td>May be used as initial drug court hearing at which time defendant formally enters the drug court program</td>
</tr>
<tr>
<td>o Discovery and Plea Negotiations</td>
<td>Process generally includes exchange of discovery, independent investigation, and plea negotiation in most cases</td>
<td>N.A. Discovery is suspended in drug court although generally lab analysis of the substance seized will be required if the offender is unsuccessful in the drug court and is sentenced for the offense.</td>
</tr>
<tr>
<td>o Motions Hearings</td>
<td>Pretrial motions submitted and heard, generally prior to trial</td>
<td>N.A. Motion practice is not conducted; issues requiring court action related to offender’s treatment or other conditions of participation, or sanctioning, generally discussed in team staffings prior to drug court review hearing</td>
</tr>
<tr>
<td></td>
<td><strong>TRIAL AND DISPOSITION</strong></td>
<td></td>
</tr>
<tr>
<td>o Adjudication/Trial</td>
<td>If plea agreement not reached, trial (by judge or jury) held to determine defendant’s guilt or innocence</td>
<td>N.A. Trial obviated if drug court participation, either because plea entered at an earlier stage with understanding it will be withdrawn and case will be dismissed upon successful drug court participation; or plea deferred pending offender’s drug court participation</td>
</tr>
<tr>
<td>o Pre-Sentence Investigation</td>
<td>If offender found guilty, information gathered, generally by probation office, regarding offender’s background, and other factors relevant to judge’s sentencing determination</td>
<td>N.S. This does not occur; information relating to offender’s drug use, medical, mental health and other needs, is gathered shortly after arrest and used for subsequent decisions regarding nature of drug court services to be provided</td>
</tr>
<tr>
<td>o Sentencing (generally 3-9 months following arrest)</td>
<td>Court hearing to determine sentence and/or other conditions for disposition of the case; if community based sentence (i.e., probation) defendant will usually be required to attend a treatment program</td>
<td>NA.- drug court participant would have been in treatment since shortly after arrest and would have had daily monitoring of his treatment program participation and frequent (at least weekly) drug testing and court review hearings. At conclusion of successful drug court</td>
</tr>
</tbody>
</table>
### CASE PROCESSING COMPONENT

<table>
<thead>
<tr>
<th>TRADITIONAL CRIMINAL CASE DISPOSITION PROCESS (Drug and Drug Related Offenses)</th>
<th>DRUG COURT PROCESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>participation, plea, if entered, will be vacated and charges dismissed; if offender is unsuccessful, the case will revert to the traditional process or have sentencing imposed at the time the offender is terminated.</td>
<td></td>
</tr>
</tbody>
</table>

### POST DISPOSITION ACTIVITY

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>o Probation Supervision</strong></td>
<td>If under community supervision, defendant will generally have periodic telephone, mail, and/or in person contact with probation officer to review compliance with probation conditions; may be required to drug test periodically</td>
</tr>
<tr>
<td><strong>o Post Disposition Judicial Review Hearing</strong></td>
<td>From time of entry into drug court program following arrest, participant will have been required to attend counseling and treatment sessions several times weekly, drug test at least weekly, report to supervising entity, and comply with other release and program conditions</td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>o Time frame for case disposition</strong></td>
<td>Generally three-six months</td>
</tr>
<tr>
<td><strong>o Range of Services Provided</strong></td>
<td>Limited services provided to directly address case dispositional needs</td>
</tr>
<tr>
<td><strong>o Treatment and other services provided</strong></td>
<td>Generally no services are provided prior to disposition</td>
</tr>
<tr>
<td><strong>o Judicial supervision</strong></td>
<td>Generally no formal supervision provided; defendant may be required to report periodically to pretrial or probation authorities</td>
</tr>
<tr>
<td><strong>o Coordination with local community organizations</strong></td>
<td>Generally minimal coordination community agencies; any involvement generally made through probation department, not judge/court</td>
</tr>
<tr>
<td><strong>o Judicial/court involvement</strong></td>
<td>Defendant appears in court several times during course of case disposition, generally for initial appearance; adjudication (determining guilt); and disposition (sentencing). Following disposition, rarely appears before court unless he/she violates terms of probation</td>
</tr>
<tr>
<td><strong>o Effect of offender’s noncompliance</strong></td>
<td>Probation violation hearing will usually be conducted within one-two months of noncompliant act; any suspended sentence or other sanction will generally be imposed</td>
</tr>
</tbody>
</table>

**Judicial review hearings conducted regularly throughout defendant’s participation in the drug court program (generally weekly or biweekly) to review participant’s progress, acknowledge accomplishments and/or sanction noncompliance. These review hearings continue throughout the defendant’s typical 12-15 month period of drug court participation**
2. **Length of the DTC Program and Comments on its Appropriateness**

**OVERVIEW:**

The average length of the DTC program is between 6 months to 2 years and most of the respondents reported that the current length of DTC program in their respective countries was appropriate. Toronto responded that the length of their DTC program depended on the situation of each individual participant.

**SURVEY RESPONSES:**

<table>
<thead>
<tr>
<th>City/Country</th>
<th>Length of Required Period of Participation</th>
<th>Considered Too Long or Too Short</th>
</tr>
</thead>
<tbody>
<tr>
<td>AUSTRALIA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New South Wales</td>
<td>12-24 months(^{61})</td>
<td>Considered reasonable(^{62})</td>
</tr>
<tr>
<td>Perth, Western Australia</td>
<td>6-24 months</td>
<td>Reasonable and appropriate</td>
</tr>
<tr>
<td>BELGIUM/Ghent</td>
<td>6 months – 1 year</td>
<td>OK</td>
</tr>
<tr>
<td>BERMUDA/Hamilton</td>
<td>360 days (in phases)(^{63})</td>
<td>OK(^{64})</td>
</tr>
<tr>
<td>BRAZIL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Rio de Janeiro</td>
<td>About 120 days</td>
<td>Long enough</td>
</tr>
<tr>
<td>- Sao Paulo</td>
<td>5 months – 6 months</td>
<td>OK, but some need more time</td>
</tr>
<tr>
<td>CANADA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Calgary, Alberta</td>
<td>12 months – 18 months</td>
<td>Currently Evaluating</td>
</tr>
<tr>
<td>- Edmonton, Alberta</td>
<td>10-18 months, avg. 14 months</td>
<td>10 months was too short – has been lengthened(^{65})</td>
</tr>
<tr>
<td>- Toronto</td>
<td>Depends on individual</td>
<td>-</td>
</tr>
</tbody>
</table>

\(^{61}\) Minimum (set by policy) is 12 months. There is no legislated maximum, although it is very rare for offenders to spend more than 24 months on the program.

\(^{62}\) Because individual needs vary greatly, and because we emphasise consistency of management, a twelve-month period is a reasonable minimum period to apply to all participants.

\(^{63}\) The Phases comprise a total of 360 days (Phase One-30 days; Phase Two-90 days; Phase Three-120 days; Phase Four-120 days; Phase Five-Optional 365 additional days for COMPLETION.

\(^{64}\) The majority of the clients take up to two years to progress through the Phases-some have done so in more, others less time. The length appears to be appropriate.

\(^{65}\) 10 too short, this has been adjusted; some stay longer than 18
Chart 4: **LENGTH OF REQUIRED PERIOD OF DTC PARTICIPATION AND COMMENTS AS TO WHETHER IT IS TOO LONG OR TOO SHORT**

<table>
<thead>
<tr>
<th>City/Country</th>
<th>Length of Required Period of Participation</th>
<th>Considered Too Long or Too Short</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHILE (Multiple)</td>
<td>1 year – 3 years(^\text{66})</td>
<td>OK (flexible)</td>
</tr>
<tr>
<td>ENGLAND/Liverpool</td>
<td>6 months – 12 months</td>
<td>OK (individually tailored)</td>
</tr>
<tr>
<td>IRELAND/Dublin</td>
<td>9 months – 3 years</td>
<td>OK (flexible)</td>
</tr>
<tr>
<td>JAMAICA/Montego Bay and Kingston</td>
<td>6 months – 2 years</td>
<td>OK (individually tailored)</td>
</tr>
<tr>
<td>MEXICO/Mexico City (five programs in the state of Nuevo Leon to be implemented shortly)</td>
<td>18 months</td>
<td>OK(^\text{67})</td>
</tr>
<tr>
<td>NORWAY/Bergen and Oslo</td>
<td>Usually 2 years probation</td>
<td>OK(^\text{68})</td>
</tr>
<tr>
<td>SURINAME/Paramaribo,</td>
<td>9 months</td>
<td>OK(^\text{69})</td>
</tr>
<tr>
<td>UNITED STATES (Multiple)</td>
<td>Generally 12 – 18 months</td>
<td>OK(^\text{69})</td>
</tr>
</tbody>
</table>

3. **Legal Outcome for DTC Cases**
   a. **For Individuals Who Successfully Complete the Program**

**OVERVIEW:**

The majority of the programs responded that successful completion of the program will result in suspension of the outstanding sentence and suspension of probation. Other programs (Bermuda, Ireland, Chile, Toronto and Jamaica) noted that they will expunge the offense from the individual’s criminal record. The U.S. noted that the case outcome varies based on the phase in the legal process that the drug court is applied.

**SURVEY RESPONSES:**

**Australia:**

*New South Wales:* Our main indicator of program success is imposition of a non-custodial sentence at program exit. This generally takes the form of a supervised or unsupervised bond. About 45% of program participants receive a non-custodial sentence at program exit.

*Perth, Western Australia:* The Perth Drug Court Magistrate acknowledges the performance of the participant during their Drug Court engagement at the time of sentencing. Offenders who have performed well during the program, made significant treatment gains, and remain drug free at the time of sentencing may

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\(^{66}\) The time of participation will depend on the time limit set by judge, upon decreeing the conditional suspension of the procedure, which cannot be lower than a year, neither over three years. If the treatment, as a condition of the suspension, had a smaller timeframe, the continuity of the monitoring hearings should be requested to the court.

\(^{67}\) It is sufficient because the social reintegration process will be monitored even after this period.

\(^{68}\) Please note that the project still has yet to be implemented and we do not have such experiences yet.

\(^{69}\) Most feel the length of time is adequate but there is a major need for aftercare services which are generally not readily available. A number of programs have alumni groups which are voluntary.
avoid a prison term and may receive a reduced imposition to that which was indicated at the outset of the program.

**Belgium:** They get probation measures or the punishment is suspended.

**Bermuda:** Index offence is expunged.

**Brazil:**
- **Rio de Janeiro:** Do not continue with criminal proceedings.
- **Sao Paulo:** No criminal trial.

**Canada:**
- **Calgary:** NA
- **Edmonton:** Two tracks:
  - Track 1 – no prior record – current charges would be dropped after completion of the program
  - Track 2 – no custodial disposition after graduation. Honours grads – 1 day probation, substantial completion – probation to follow.
- **Toronto:** Suspended sentence and probation (where the offender enters the programme with no record then the crown make agree to having the charges withdrawn altogether if the offender is successful in the program.

**Chile:** The court dismissed the proceedings against the offender; the criminal records of the candidate are erased.

**Ireland:** Strike out all charges.

**Jamaica:** The Court will discharge the offender in relation to the offence. The discharge may be absolute or conditional. The offence shall not form part of the criminal record.

**Mexico:** Suspension of the judicial process.

**Norway:** When justified by the convicted person's situation, the court may, if petitioned by the correctional service during the probationary period, decide to revoke or change stipulated conditions, or stipulate new conditions. If the court finds it necessary, it can also prolong the probationary period, not, however, such that it totals more than five years. The correctional service’s petition shall be based on the discussions and conclusions of the team. The regional director or person authorised to act on his/her behalf shall submit the petition to the court. The correctional service shall notify the prosecuting authority when it submits a petition for a court ruling.

If the court decides that it is justified by the convicted person’s situation, it may, on petition from the correctional service, rule that the convicted person shall proceed to the next phase of the programme. The correctional service’s petition shall be based on the discussions and conclusions of the team. The regional director or person authorised to act on his/her behalf shall submit the petition to the court. The correctional service shall notify the prosecuting authority when it submits a petition for a court ruling.

**Suriname:** Please note after a successfully complete program the minor ex-drug addict will not be sentenced.

**UK:** **Liverpool:** A recorded sentence with no breach.
US: The legal outcome for the DTC case can vary depending upon the phase in the legal process that the drug court program is applied. If the DTC is a pretrial program, the charges will be dismissed or, if a plea had been entered, it would be stricken; however, if the program is a post adjudication program, the period of probation may be shortened or terminated and/or any period of suspended incarceration that had been ordered would be stricken.

b. For Individuals Who Do Not Successfully Complete the Program

OVERVIEW:

Most of the programs reported that participants who do not successfully complete the DTC will proceed through the traditional criminal justice process and receive a jail sentence if they do not successfully complete the program, although Perth (Western Australia) notes that noncompliance with the DTC is not considered an aggravating factor when it comes to sentencing. In Jamaica, a new treatment program could be ordered or the offender could be referred back to the regular criminal court for trial or sentence. In Mexico the case will be reopened.

SURVEY RESPONSES:

Australia:

New South Wales: A custodial sentence. The Drug Court Act provides that the initial sentence imposed and suspended at program entry cannot be increased at program exit.

Perth, Western Australia: Offenders will, in most instances, receive the imposition that was indicated to them at the start of the program. Poor performance on a Perth Drug Court program is not an aggravating factor at the time of sentencing.

Belgium: They get an effective jail sentence or a working sentence.

Bermuda: An alternate sentence is imposed.

Brazil:

Rio de Janeiro: Continue with criminal proceedings and may be sentenced to prison.

Sao Paulo: Criminal prosecution.

Canada:

Calgary: NA

Edmonton: They have 60 days to withdraw their guilty plea. After that they are sentenced before the same judge and will receive the same sentence they would have had they not been in the program.

Toronto: May be jail or Conditional Sentence or probation.

Chile:

(1) Repeal Of The Conditional Suspension\textsuperscript{70}. If the candidate is object of a new investigation, by different charges or if he/she does not comply without serious or repeatedly justification, the imposed

\textsuperscript{70}Code of Criminal Procedure, Article 239.
conditions (treatment and assistance to the monitoring audiences), the conditional suspension of the procedure will be able to be revoked by the judge, at the request of the Ministerio Público. In this way, the criminal trial against the offender is restarted.

(2) Modification of the Conditions: In case that the candidate declares his will of not continuing with the drugs treatment, the judge will be able to modify the imposed conditions. In this way, the candidate will be left out of the program, complying another condition that can be adequate with the circumstances of the case.

Ireland: Sentence but good progress on program mitigates sentence.

Jamaica: (1) A new treatment program could be ordered.
(2) Participant referred back to regular criminal court for trial or sentence if these had been previously deferred.
If Abscondees: warrants issued and upon execution participant could either be readmitted to DTC program or referred to regular criminal court.

Mexico: Reopening of the judicial process.

Norway: If the convicted person seriously or repeatedly violates the conditions stipulated by the court or if he/she withdraws his/her consent to participate, the court may, on petition from the correctional service, rule that the sentence be fully or partially enforced. Instead of ordering that the sentence be served, the court may order a new probationary period and stipulate new conditions if it finds this more expedient. If the convicted person commits a criminal offence during the probationary period, the court may, pursuant to the Penal Code section 54 subsection 3, hand down a combined sentence for both criminal acts or a separate sentence for the new criminal act.

Suriname: The drug addict will be sentenced by the court.

UK: Liverpool: Breach and re-sentence.

US: The participant will proceed through the traditional criminal justice process; if the program is a pretrial program this will entail going to trial or plea; if it is a post conviction program, a sentence of incarceration will generally be imposed.

4. Personnel Assigned to the DTC

OVERVIEW:

The core staff of most DTCs entails the DTC judge, prosecutor, defense counselor, probation officer, and substance abuse counselor. Half of the programs also report that they also have the services of a psychiatrist available on a part time basis and approximately one third of the programs have access to the services of a nurse.

SURVEY RESPONSES:

<table>
<thead>
<tr>
<th>Chart 5: PERSONNEL ASSIGNED TO THE DRUG TREATMENT COURT PROGRAMS</th>
</tr>
</thead>
</table>

71 Criminal Code, End of Article 238.
<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Australia</strong></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New South Wales</td>
<td>1 FT/ 1 PT</td>
<td>2 FT/ 2 PT</td>
<td>3 FT</td>
<td>8 FT</td>
<td>12 FT</td>
<td>-</td>
<td>1 FT/ 2 PT</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Perth, Western Australia</td>
<td>1 FT</td>
<td>1 FT</td>
<td>1 FT</td>
<td>Varies, FT</td>
<td>Varies</td>
<td>Varies</td>
<td>PT</td>
<td>PT</td>
<td>72</td>
</tr>
<tr>
<td><strong>Belgium</strong></td>
<td>2 PT</td>
<td>2 PT</td>
<td>-</td>
<td>2 PT</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
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<tr>
<td><strong>Bermuda</strong></td>
<td>1</td>
<td>3 FT</td>
<td>2 FT</td>
<td>3</td>
<td>3 FT</td>
<td></td>
<td></td>
<td>Psychology</td>
<td></td>
</tr>
<tr>
<td><strong>Brazil</strong></td>
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<td></td>
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<tr>
<td>- Rio de Janeiro</td>
<td>80 FT</td>
<td>120 FT</td>
<td>120 FT</td>
<td>20 FT, 10 PT</td>
<td>30 FT</td>
<td>30 FT; 30 PT</td>
<td>20 FT; 20 PT</td>
<td>10 FT; 10 PT</td>
<td></td>
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<tr>
<td>- Sao Paulo</td>
<td>1 PT</td>
<td>1 PT</td>
<td>1 PT</td>
<td>-</td>
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<tr>
<td><strong>Canada</strong></td>
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<tr>
<td>- Calgary/ Alberta</td>
<td>1 PT (1 day/wk)</td>
<td>2 (Federal and Provincial) PT (.4)</td>
<td>1 PT (1/2)</td>
<td>1 PT (.5)</td>
<td>1 PT (40 hrs./ month)</td>
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<tr>
<td>- Edmonton, Alberta</td>
<td>1 FT</td>
<td>2 FT</td>
<td>1 FT (Legal Aid)</td>
<td>1 FT/ 1 PT</td>
<td>1 FT/ 1 PT</td>
<td>-</td>
<td>1 FT/ 1 PT</td>
<td>-</td>
<td>1 PT (FT)</td>
</tr>
<tr>
<td>- Toronto</td>
<td>5 PT</td>
<td>4 PT</td>
<td>2 PT</td>
<td>5 PT</td>
<td>1 PT</td>
<td>2 PT</td>
<td></td>
<td>Mental H Couns.; 1 PT</td>
<td></td>
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<tr>
<td><strong>Chile</strong></td>
<td>1 PT</td>
<td>1 PT</td>
<td>1 PT</td>
<td>1 PT</td>
<td>1 PT</td>
<td></td>
<td>1 PT</td>
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<tr>
<td><strong>England</strong></td>
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<tr>
<td>(Liverpool)</td>
<td>1 FT</td>
<td>3 FT</td>
<td>Non specifically assigned</td>
<td>1 FT</td>
<td>3</td>
<td>---</td>
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<td></td>
</tr>
<tr>
<td><strong>Ireland</strong></td>
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<td></td>
<td></td>
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<tr>
<td>(Dublin)</td>
<td>1 PT</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1 FT</td>
<td>1 FT</td>
<td></td>
<td>(1) Edu Spec.: FT</td>
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<td>(2) Poli 1 PT</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(3) DTC Coord: 1 PT</td>
<td></td>
</tr>
<tr>
<td><strong>Jamaica</strong></td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

72 Specialized Community Correction Officers with expertise relating to drug and alcohol programmes.
73 Staffing figures appear to be per program
5. Role of the DTC Judge and Nature and Frequency of DTC Hearings

**Question:** What role does the DTC judge play in your DTC? (e.g., Does the drug court judge hold periodic hearings to review the progress of DTC participants? If so, how frequently?)

**Question:** What role, if any, does the drug court judge play in coordinating the services provided to DTC participants?

**OVERVIEW:**

The majority of the respondents report that DTC judges primarily preside over DTC hearings (weekly, biweekly or monthly depending on the program and the case) to review the progress of the participants and make decisions related to treatment, sanctions, rewards, reinstatement and discharge. In Toronto, the judge works closely with the treatment manager to ensure the overall continuity of treatment and other services and information needed to assess participant progress. In Norway, judges get involved only when there is a petition: there is no routine review. In the U.S., Mexico and Jamaica, judges have been instrumental in providing coordination of various services that need to be provided to DTC participants.

**SURVEY RESPONSES:**

**Australia:**

New South Wales: DTC Judge gives initial and final sentences for every person entering and exiting the program. These are fully considered sentences and can be appealed to higher courts.

DTC Judge determines eligibility and suitability for the program. Eligibility decisions are based on adversarial legal argument by prosecution and defence. Suitability is determined based on recommendations from treatment and correctional officers.
DTC Judge holds periodic hearings to review progress (once/twice week in Phase 1 of the program, fortnightly in Phase 2, monthly in Phase 3). Judge chairs team meeting to discuss progress of individuals before court review hearing.

DTC Judge chairs team meeting to determine whether offender progress is sufficient to justify retention on the program – offenders with no potential to progress face termination from the program, while participants who have achieved program goals can graduate from the program. DTC Judge holds formal hearings to consider all potential terminations from their program - these are adversarial hearings.

Perth, Western Australia: The Perth Drug Court Magistrate decides if the participant can be assessed for Drug Court treatment program, sets bail conditions (where bail is granted) and make decisions about the participant’s progress throughout the program. The Magistrate will also decide what penalty will be imposed in relation to the charges. If the participant’s matters are before a higher court or jurisdiction, the Magistrate case manages the participant’s program on behalf of that court. A report is prepared by a dedicated case officer, based on the participant’s progress throughout the Perth Drug Court program. The Magistrate will monitor the participant’s progress through the Perth Drug Court program and engage with a participant in the courtroom to ascertain how the participant is progressing.

Belgium: Periodic hearings every 14 days; ongoing court supervision.

Bermuda: The Magistrate presides in weekly case conferencing/staffing and Programme Court hearings.

Brazil:

Rio de Janeiro: The judge has a predominant role to the extent that in the system of civil law the judge should apply the penal action and eventually replace it with the penalty of treatment.

Sao Paulo: People who preside/audience.

Canada:

Calgary: Having one judge assigned to the program is a key component to what we believe makes drug courts effective in helping to change participant’s lives. The judge is a member of the multi-disciplinary team that meets weekly to discuss the progress of the participants and make decisions related to sanctions, rewards reinstatement and discharge.

Each of the participants meets with the same judge for weekly court appearances, where their progress is reported to the judge.

Edmonton: Judge plays a significant role in the EDTCRC. Pre-court meeting from 1215 pm to 145 pm to discuss each participant. She interacts with participants from the bench on average about 8 minutes or more an offender. She attends participant/alumni barbeques and events, and participants want to tell her how they are doing.

Toronto: Central position he/she chairs the precourt meeting before each DTC (which occurs twice a week). The judge also works together with the treatment Manager to ensure continuity and openness of information flow between the court and treatment teams. So “retreats” occur 3-4 times a year.

Chile: The Judge establishes the conditional suspension of the procedure, he also establishes the conditions that should be complied by the candidate, (drugs treatment under judicial supervision), and monitors its compliance by means of monthly monitoring hearings (work plan). According to the behavior and the results obtained by the candidate, reported by the treatment center and the psychosocial team (psychologist and social worker), he periodically adjusts the conditions of compliance, such as: type of treatment, monitoring audiences, etc.
**Ireland:** Frequency depends on what phase they are in, so weekly in Phase One, fortnightly in Phase Two and monthly in Phase Three. This may vary if participants request to attend more often, or if the Judge/ or team feel they warrant more frequent review. Judge monitors by way of weekly pre-court meetings with team and weekly court hearing.

**Jamaica:** Judge is leader of the weekly meeting of DTC team before court. Progress of DTC participants reviewed by Judge. Judge discusses with DTC team, rewards, sanctions or expulsion from program. Judge leads screening of potential candidates for DTC and in consultation with lay magistrates, makes referrals to Probation, Psychiatrist, Treatment Provider. In court, normal judicial procedure is suspended and a more therapeutic alliance formed with offender and family. Praise and encouragement is metered out to offender in order to maintain or increase motivation in the quest for a drug free lifestyle. Judge co-ordinates graduation program for participant and their families.

**Mexico:** The Judge will order the Court Coordinator to arrange to have the accused assessed. That order shall be transmitted to the treatment center:
- The treatment center conducts a preliminary interview of the candidate and performs toxicology tests to determine if they have an alcohol or drug addiction;
- Based on the results of the preliminary interview the candidate undergoes a clinical assessment to determine the appropriate course of treatment;
- The center also conducts a sociological background check on the candidate which includes, but is not limited to, their social circles, family, community, academic history and the workplace.

**Follow-up hearings**

After an individual has been admitted to the program, the judge holds follow-up hearings in order to keep participants under close judicial supervision. These meetings shall be held at least at the following intervals. However, at the judge’s discretion meetings may be held with the frequency that he or she deems appropriate:
- Weekly for the first six months after the candidate has been accepted into the first phase of the program;
- Weekly over the following three months after the participant has graduated to the second phase.
- Fortnightly over the course of three months once the participant has been promoted to the third phase;
- Monthly during the three months thereafter once the participant has moved on to the fourth phase.

**Special hearings**

Special hearings may be held to deal with any urgent situations that arise, such as:
- The need to reassess a participant who needs a change in the level of clinical care;
- To order medical assessments;
- To grant authority to leave the court’s jurisdiction; or
- Any other measure that might be of benefit to the participant in their rehabilitation process without interfering with their recommended clinical treatment.

**Norway:** In Bergen there will be 5 judges (Drug Court judges) in the district court who will follow up the convicted every time they have qualified to be transferred to the next phase or when there is a breach of conditions. One of these 5 judges is probably not the same judge that pronounced the sentence (but it can be). Other than that, the judges will not be part of the team and there will be no pre-court meetings. There is no legal authority for this in Norway. The court is only involved when there is a petition, there is no routinely review.

**Suriname:** Please note that the project still has to be implemented.
UK: Liverpool: Regular reviews of progress in all cases.

US: All drug court judges in the U.S. hold frequent review hearings for all drug court participants. Generally these hearings are more frequent for participants when they start the program (once a week or once every other week) and then taper down to every three to four weeks as the individual progresses toward completion of the program. For persons having difficulty and either not progressing or relapsing, hearings are generally more frequently. Emergency hearings can be scheduled for participants who have missed treatment, drug testing or other appointments.

The drug court judge has been instrumental in providing coordination of the various services (treatment, public health, housing, vocational, etc.) that need to be provided to drug court participants. In many cases the judge has convened meetings of the heads of the agencies that can provide necessary services to request their support for the drug court and allocation of services for drug court participants. This function has been a critical one because generally these agencies are not required to provide dedicated support to criminal justice system offenders who would be required to be on long waiting lists for services if they, in fact, were even eligible to receive them.

6. Treatment Services Provided

a. Nature of Treatment Services Provided

OVERVIEW:

Most of the programs report that they provide detox and outpatient treatment services. Approximately half of the programs provide some residential services. Close to three quarters of the programs provide pharmacological interventions as part of their treatment services. Acupuncture services are provided only by Bermuda and Toronto’s programs, and limited facilities in the U.S. Other services provided by responding programs include day programs, and some additional services provided to address individual needs. Norway reports that treatment services are individually adapted to each participant.

SURVEY RESPONSES:

<table>
<thead>
<tr>
<th>COUNTRY/CITY</th>
<th>DETOX</th>
<th>OUTPATIENT</th>
<th>RESIDENTIAL</th>
<th>ACUPUNCTURE</th>
<th>PHARMACOLOGICAL INTERVENTIONS</th>
<th>OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>AUSTRALIA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New South Wales</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Perth, Western Australia&lt;sup&gt;74&lt;/sup&gt;</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>As needed</td>
</tr>
<tr>
<td>BELGIUM/</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<sup>74</sup> Provides inpatient treatment, as well as Community Corrections Officers charged with 15 participants
### Chart 6. Treatment Services Provided by Responding DTC Courts

<table>
<thead>
<tr>
<th>Country/City</th>
<th>Detox</th>
<th>Outpatient</th>
<th>Residential</th>
<th>Acupuncture</th>
<th>Pharmacological Interventions</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ghent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BERMUDA/Hamilton</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td>Yes</td>
<td>Yes</td>
<td>-</td>
</tr>
<tr>
<td>BRAZIL</td>
<td>Yes</td>
<td>-</td>
<td>No</td>
<td>-</td>
<td>Yes(^{75})</td>
<td>-</td>
</tr>
<tr>
<td>- Rio de Janeiro</td>
<td></td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Sao Paulo</td>
<td></td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CANADA</td>
<td>No</td>
<td>No</td>
<td>Yes, to all participants</td>
<td>No</td>
<td>No</td>
<td>Required Stages(^{76})</td>
</tr>
<tr>
<td>- Calgary, Alberta</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Edmonton, Alberta</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
<td>Methadone</td>
<td>-</td>
</tr>
<tr>
<td>- Toronto</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Dedicated Housing for men in DTC</td>
</tr>
<tr>
<td>CHILE (multiple)</td>
<td>Yes(^{78})</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>ENGLAND/Liverpool</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>-</td>
</tr>
<tr>
<td>IRELAND/Dublin</td>
<td>Yes(^{79})</td>
<td>Yes</td>
<td>Yes(^2)</td>
<td>Limited, depending on funding</td>
<td>Yes</td>
<td>Day Programs(^{80})</td>
</tr>
<tr>
<td>JAMAICA/Montego Bay and Kingston</td>
<td>Yes</td>
<td>Medical Services</td>
<td>Occasional Referral to Other Treatment Agencies</td>
<td>No</td>
<td>No</td>
<td>-</td>
</tr>
<tr>
<td>MEXICO/Mexico City (plus five additional programs in the state of Nuevo Leon to be implemented shortly)</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>-(^{81})</td>
</tr>
</tbody>
</table>

\(^{75}\) Other pharmacological substances such as mood stabilizers and anti-depressants.

\(^{76}\) All of our participants have to complete 3 stages of our program. Stage 1 involves mandatory residential treatment (3-5 months); Stage 2 is Transition into Community and entails the longest period (averaging 8-12 months); Stage 3 is graduating from the program and sentencing.

\(^{77}\) Dependent on availability and cost

\(^{78}\) Not for all participants – it depends on the special needs. It is available in hospitals (with waiting lists), or in private centers with a high cost.

\(^{79}\) These facilities are limited and waiting lists and entry criteria exist.

\(^{80}\) Some NGO’s and other community drug projects provide day programs for participants who are either trying to stabilize, or who are drug free, which involve group work, fellowship meetings/counseling and key working etc.

\(^{81}\) Care for emotional and behavioral disorders. Assistance program for the offender’s next of kin.
b. Changes in the Nature and/or Frequency of Treatment Services Provided to DTC Participants

**Question:** Since the inception of the DTC, have any changes been made in the nature and/or frequency of treatment services provided to DTC participants? If so, please describe the changes and the reason(s) they were made.

**OVERVIEW:**

Most of the responding DTCs had not instituted changes in their treatment, perhaps in part because of the limited period of time in which they have been operating and in part because of the limited resources that had been available. Several of the programs, however, noted increased availability of resources (Chile and England, for example). Several of the responding DTCs noted difficulties in successfully reaching youth and were instituting special juvenile programs. The U.S. has seen an increase in gender specific focused programming and mental health services.

**SURVEY RESPONSES:**

**Australia:**

- **New South Wales:** In recent years the program has lost access to a dedicated psychiatrist, and relies on referral to community mental health services. The loss of this service is predominantly related to funding and would be re-established if resources, and a suitable clinician, was available.

- **Perth, Western Australia:** No material changes.

**Belgium:** NA

**Bermuda:** There are fewer residential treatment spaces for both male and female clients.

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82 The programme can contain individually adapted treatment plans, referral to interdisciplinary specialist treatment for problem drug users, treatment by the municipal health service, educational and employment measures, residential follow-up, recreational plans, follow-up by social services and other measures of importance to the individual’s rehabilitation and integration into society.

83 More don’t use acupuncture reportedly because many state laws require the services of a physician, which makes the service too costly.
Brazil:
Rio de Janeiro: Not yet.
Sao Paulo: No, except that public health department recently began to launch efforts to treat people involved with drugs.

Canada:
Calgary: NA
Edmonton: NA
Toronto: NA

Chile: There were changes along the implementation of the DTC.
- In 2004, there was a lack of treatment centers. In 2007, the National Council for the Control of Narcotics CONACE\(^{84}\), assigned special treatment quotas for beneficiaries of DTC expanding the treatment centers offer. The allocation of special quotas, allows to access many as ambulatory as residential treatment programs;
- Besides, there have been improvements in the flows of work. Today, the treatment centers are the basis of the program;
- Regarding the pilot program in adolescents, at its start phase included a residential program for this type of population, in women, nevertheless today does not exist due to that at first the derivation of the adolescents was slower and not able to achieve the sustainability to the center.

Ireland: The DTC participants avail of existing services, no additional dedicated resources are provided to our DTC. There are additional urinary screening services provided since the start of the DTC. The HSE does provide a DTC Liaison Nurse to the court whose role includes providing information to the court, be a source of expertise on addiction/treatment issues and ensure that appropriate referrals are made to treatment services as required, such as counseling/psychiatric services/ medical card applications / etc. While it was envisaged that additional resources would be provided to the DTC once the pilot project was completed, as yet this has not happened.

Jamaica: NA

Mexico: NA

Norway: NA

Suriname: Please note that the project still has to be implemented.

UK: Liverpool: Yes much easier access and a much more comprehensive approach.

\(^{84}\) Advisor of the Ministry of Interior, which is a consultant for the government in the matters related to the prevention and control of the use of drugs. Regarding DTC, currently maintains a Covenant of Financial Contribution with the Ministerio Público, in order to deliver the necessary funds for hiring the technical team of the DTC (psychologists, medical doctor, social worker or psychiatrist) and for other ends such as the training to the teams, furniture and infrastructure for technical team, among others.
US: We do not have systematic information on the nature of changes in treatment services being provided but, anecdotally, it appears that programs have expanded their gender specific and other focused programming for drug court clients as well as enhanced mental health services.

c. Other Program Services Provided

Question: Does your DTC provide other services to DTC participants (e.g., housing, dental/medical, employment, etc.)? If so, please summarize the services provided and the types of agenc(ies) that provide them.

OVERVIEW:

Most programs reported that they (Australia, Belgium, Chile, Ireland, Jamaica, Norway, Liverpool and U.S.) provide other services in addition to treatment, including vocational training, employment, benefit advice, etc.. Mexico also provides tertiary hospital service if needed.

SURVEY RESPONSES:

Australia:

New South Wales: Ancillary services are provided via referral from correctional case managers.

Perth, Western Australia: The Perth Drug Court practices a holistic approach to treatment and offers referral support in addressing any issues facing offenders undertaking its programs.

Belgium: We try to solve all related problems (work, housing, free time, family problems…) NGO’s, public welfare organizations, local housing agencies, …

Bermuda: NA

Brazil:

Rio de Janeiro: Yes: education in many levels, sports, and arts.

Sao Paulo: No.

Canada:

Calgary: NA

Edmonton: Will supply some mental health/dental services not covered by (Alberta Employment and Immigration) AE and I.

Toronto: NA

Chile: Formally no, however, graduate candidates of the DTC have been contacted with institutions that offer them jobs or studies. In the treatment centers there is a reintegration offer (training, labor workshops and leveling of studies), for all the users (general population).

Ireland: Re Education and Employment:
The Irish DTC team has a full time education co-ordinator on the team. The education co-ordinator provides continual vocational and career guidance to the DTC participants and manages an education programme. The Irish Department of Education and Science support the City of Dublin Vocational Educational Committee
(CDVEC) Adult Educations’ involvement in the provision of this specifically designed education programme for participants of the DTC.

Each participant is given an educational assessment once they are on the DTC.

If they are not already involved in a community project, training, work or education they are given an appropriate daily specifically designed timetabled programme in the DTC education center which they must attend.

Re Health Care Matters: National Health Care system generally provides these services. Participants get assistance from the Team and are linked with appropriate services to pursue.

**Jamaica:** Medical services are provided through local hospital and health centre. Participants are referred to other agencies providing required services, e.g. skills training, literacy acquisition, employment.

**Mexico:** The Specialized Treatment Center of the Addictions Treatment Court, Health Secretariat of the State of Nuevo León, Mexico, is situated next to the same Health Secretariat’s Psychiatric Rehabilitation Unit, which is equipped to provide tertiary hospital services if needed.

**Norway:** A drug programme is an individually adapted rehabilitation programme and a condition for a suspended criminal sentence. The programme can contain individually adapted treatment plans, referral to interdisciplinary specialist treatment for problem drug users, treatment by the municipal health service, educational and employment measures, residential follow-up, recreational plans, follow-up by social services and other measures of importance to the individual’s rehabilitation and integration into society.

**Suriname:** Psychiatric centre and detox institution. Please note that the project still has to be implemented.

**UK:** **Liverpool:** Yes; housing advice, general health advice, employment advice, benefit advice, mental health treatment, education and training advice.

**US:** Most programs provide these support services. Dental and medical services are frequently provided through clinics and volunteer services; housing is often provided in coordination with local housing agencies although this need is the most immediate and continues to be one of the most difficult to meet.

d. **Agencies Providing DTC Treatment Services**

**Question:** What types of agencies/organizations provide the treatment services for your DTC program participants? (e.g. NGO’s, public health department, local hospital, etc.)

**OVERVIEW:**

Most of the DTCs report using local public health agencies and local hospitals for provision of treatment services. Some use combinations of NGO’s, the public health department, and local hospitals, to service DTC participants.

**SURVEY RESPONSES:**

**Australia:**

**New South Wales:** Residential services are provided solely by the non-government sector.
Pharmacotherapy is initially provided by public sector clinics, although participants can choose to be dosed at pharmacies or private sector clinics once they achieve program stability.

The majority of counselling is provided by public sector agencies, although some persons who complete residential treatment maintain a counselling relationship with their NGO residential agency.

    **Perth, Western Australia:** Programs and treatment are primarily delivered by NGOs with the management of clients remaining within the Department of Corrective Services.

    **Belgium:** NGO’s, public health department, local hospitals.

    **Bermuda:** NGO’s for substance abuse treatment; 2 Government residential facilities; Public Health Clinic; Local Hospital and Mental Health Hospital; Financial Assistance; Legal Aid; individual counseling services and Bermuda Housing Corporation.

    **Brazil:**
    - **Rio de Janeiro:** Public and private health departments.
    - **Sao Paulo:** NGO’s but recently public health department began activities for receiving people involved with drugs.

    **Canada:**
    - **Calgary:** We have MOU’s signed with 3 Residential Treatment Centres, 2 for men and 1 for our women. They provide all the addiction treatment programs to our clients during the first Stage in our program.
    - **Edmonton:** Alberta Employment and Immigration (AE & I) (welfare and Educational funding), some transitional housing, NA, AA, CA
    - **Toronto:** NA

    **Chile:** Treatment Centers, nonprofit private organizations (through its centers), private therapeutic communities, hospitals. In the case of the adolescent population pilot non profit institutions specialized in infancy and adolescence, social risk, gender and culture participate.

    **Ireland:** The majority of our participants are treated by the HSE (Health Service Executive) which is our public health body. Some also attend needle exchange/ counseling/ stabilization programs/ drug free day programmes mainly in NGO’s which would be usually partially funded by the HSE. Local hospitals would provide medical services to participants with long term illnesses, Hep C/HIV etc. or for emergency treatment of abscesses etc. The majority of our participants have a medical card which entitles them to free dental and general practitioner (GP Doctor) services, and we assist them in ensuring they apply for this and avail of services available.

    **Jamaica:** Local public hospital in Montego Bay and local public health centre in Kingston.

    **Mexico:** Local government public institution: Specialized Treatment Center of the Addictions Treatment Court, Health Secretariat of the State of Nuevo León, Mexico.

    **Norway:** Completion of the drug programme will require a combined effort from and binding cooperation between different sectors and administrative levels.
**Suriname**: Government public health department, psychiatric centre.

**UK**: Liverpool: Probation service in conjunction with health service and third sector providers.

**US**: Although we don’t have current program-by-program information regarding the agencies providing treatment services to drug courts in the U.S., most drug courts are using (in the following order): locally run substance abuse treatment providers, local health departments, and probation department staff for either or both initial screening and assessment and provision of treatment services. In many instances, multiple providers are used, sometimes assigned on the basis of the geographic location of the provider and participant; and/or the special services available from the provider (e.g., gender specific, etc.).

7. **Additional Services Needed/Desired:**

   **Question**: Are there any additional services you would like to see provided to improve operations? If so, please describe them.

**OVERVIEW:**

Approximately half of the programs that responded would like to be able to access supplemental services such as housing, education, life skills, social reintegration and additional drug treatment in order to improve their existing operations.

**SURVEY RESPONSES**

**Australia**:

   **New South Wales**: Housing is the main service gap we face. While the program has a good relationship with public sector housing agencies, participants face difficulty accessing stable, secure accommodation that is accessible to public transport, treatment services and employment opportunities. High housing costs in Sydney mean that even working participants struggle to meet the costs of independent private rental.

   **Perth, Western Australia**: Dedicated and additional housing to assist with stabilising clients during their treatment.

**Belgium**: NA

**Bermuda**: NA

**Brazil**:

   **Rio de Janeiro**: No.

   **Sao Paulo**: No.

**Canada**:

   **Calgary**: NA

   **Edmonton**: Additional treatment—especially outpatient
Toronto: NA

Chile: Yes, additional services are needed:
- Labor: At the moment the users of the DTC do not have this formal service especially for the DTC, and should apply with the general population;
- Educational: Leveling of studies.

Ireland: Yes. We would like to have:
- Additional Residential Treatment services, particularly stabilization facilities;
- Access to accommodation when participants become homeless;
- Access to inpatient alcohol detox beds for participants on methadone treatment.

Jamaica: Yes:
- Expanded counseling services for participant and family;
- Clearly defined budget;
- Expanded Social work input;
- Enhanced co-ordination across both programs;
- Clearly defined rehabilitation program;
- Post treatment and after care services to maintain DTC impact;
- In view of staff turnover, procedural manuals, ongoing training to identify and maintain best practice models and ensure consistency of approach.


Norway: NA

Suriname: Please note that the project still has to be implemented.

UK: Liverpool: In house education and child care.

US: Aftercare services that can be accessed by drug court participants, both those who successfully complete the program and those who fail but subsequently desire to access services.

8. Aftercare Services Provided to DTC Participants After They Leave the DTC

Question: Are any services provided to participants once they leave the DTC program? If so, please describe them. Are these services voluntary?

Overview:
Most of the DTCs responding reported that either services are provided on a voluntary basis or there is no clearly defined policy in place. In the US, the lack of available aftercare services has been a major deficiency, particularly in light of the chronic, relapsing nature of drug addiction. Ireland and Belgium reported that graduates of the program can seek limited after care services during their probation periods. For US programs, no aftercare services are available other than whatever support participation in DTC alumni groups may offer.

Survey Responses:
Australia:

New South Wales: Successful participants exit with an ongoing Continuing Care Plan based on mainstream public sector services. A major focus is retention in pharmacotherapy treatment. Health practitioners seek to educate participants about how to access services as required in the mainstream sector, and remain available to participants for support, advice and referral as required.

Perth, Western Australia: If necessary, participants may receive ongoing support through a community based order (mandated) which is managed outside of the Drug Court regime. For participants who do not receive a post-sentence order, informal support mechanisms are identified in mainstream services (voluntary).

Belgium: If necessary, through probation measures.

Bermuda: NA

Brazil:

Rio de Janeiro: No.

Sao Paulo: No.

Canada:

Calgary: NA

Edmonton: Yes, they are aware of community resources and they are always welcome to come back and receive support. Many come back to court and to our office for support.

Toronto: NA

Chile: No.

Ireland: Once the participant graduates from the DTC they are monitored for 12 months through the Rehabilitation Integration Officer provided by the HSE. The Education Programme welcomes graduates to come back for career advice and ongoing support. Many graduates have returned to avail of this and have given advice and encouragement to DTC participants.

Jamaica: No clearly defined policy in place, but ex-participants are accommodated for counseling at their behest.

Mexico: Not provided for.

Norway: NA

Suriname: Please note that the project still has to be implemented.

UK: Liverpool: All of the Community Justice Centre Services remain available on a voluntary basis.

US: Some programs have alumni groups which are voluntary and vary in focus and activities. Formal aftercare services, however, – which are desperately needed -- are not generally available.

9. Monitoring and Responding to Compliance/Noncompliance with DTC Requirements
a. **Methods Used**

**Question:** What method(s) are used to monitor DTC participants’ compliance with DTC program requirements?

**OVERVIEW:**

Most of the programs reported that they monitor participant compliance with program requirements through urine drug testing. Some programs have random drug tests while others have scheduled drug testing. Most of the programs also use some form of supervision (probation officer, case worker, and/or weekly meetings with judge) to monitor the progress of each participant through the various stages of their treatment.

**SURVEY RESPONSES**

**Australia:**

New South Wales: All participants are subject to systematic, supervised urinalysis (2-3 times a week, plus random home tests, plus breath tests for alcohol use).

Participants are required to attend all appointments (including court review hearings) and are sanctioned for missing appointments and being late for appointments.

All funded service providers are required to provide regular reports on participant progress. Information provided has protection under law.

Perth, Western Australia: The Perth Drug Court employs a case management process ensuring participants are monitored for compliance and managed where deficiencies are identified. Regular urinalysis is conducted as are random checks to ensure compliance with curfew requirements. Participants are subject to a breach point system where breaches of these requirements, along with non attendance at interviews, and treatment sessions, incur breach points. When a participant’s breach point limit is reached their ongoing involvement in the Perth Drug Court is jeopardised. In addition, regular court appearances, the breach point system, and regular supervision by the Court Assessment and Treatment Service Officers keep participants accountable to themselves and the Drug Court.

**Belgium:** Attestation.

**Bermuda:** Clients are supervised/case managed by Probation Officers and compliance is gauged through urinalysis screenings; attendance at treatment; regular reporting, etc. There are at least weekly reports from treatment providers.

**Brazil:**

Rio de Janeiro: Mostly interviews and possibly tests for drug use.

Sao Paulo: Come back to justice system when there is a new offence.

**Canada:**

Calgary: Weekly reports provided to team on how each participant is doing during residential stage; weekly drug testing up to graduation; weekly reports related to how many 12 step meetings they attend.

Edmonton: Curfew checks (very randomly), random and frequent urine screens.
Toronto: Random urine screens; routine court attendance. Honesty and accountability is key so the participants risk revocation of bail for not being honest @ drug use. However no participant is incarcerated for use.

Chile: Monthly monitoring hearings of the work plan are carried out. The most important aspect of these hearings is that the judge talks with the candidate, so this becomes a time space in which he/she can communicate whatever he/she wants in a voluntary way. The interventions that are carried out in this hearing are previously discussed and agreed by consensus in the preaudience meetings. The treatment center monthly reports to the psychosocial team, and them at the same time, keep the legal team (judge, prosecutor and defense attorney) informed, of the development, advance or backward steps of the treatment program by means of a "improvement report". The psychosocial team works as the case manager, monitoring the accomplishment and coordinating the delivery of information from the treatment supplier.

Ireland: Reporting by Team to Judge at pre-court meeting.

Jamaica:
- Attending weekly counseling with Treatment provider;
- Attending court weekly and accounts directly to Judge and lay magistrates;
- Random urine testing.

Mexico
Social work:
The center also conducts a sociological background check on the candidate which includes, but is not limited to, their social circles, family, community, academic history and the workplace.
Monitoring Police:
- Investigates the criminal record of the candidate.
The Office of the Attorney General:
- Evaluates the candidate based on the investigation file, including their criminal record, to determine if they accept or object to the request for admission to the program;
- Informs the victim of the offense of the candidate’s request and explains to them the consequences thereof.
The findings of the investigations are turned over to the court coordinator within a maximum of 10 business days from the date on which the accused was received.
The Office of the Attorney General submits their position on the requests for admission to the program at a hearing.

Norway: It is the ordinary court with all of the judges there, who can pass a suspended sentence and put the condition to attend the drug-treatment program. The correctional service is responsible for the execution of the sentence. The court may only stipulate completion of a drug programme as a condition with the consent of the convicted person. Consent shall be given in a declaration of consent that shall also contain necessary exemptions from the duty of confidentiality. For consent to participate to be valid the person charged must have been given and have understood sufficient information on the implications of giving his/her consent.
Before the case is brought to court, the team must prepare a plan for the drug programme including proposed conditions for the completion of the programme. The correctional service is responsible for monitoring that that the conditions are complied with.

Suriname: Please note that the project still has to be implemented.

UK: Liverpool: Regular (at least monthly) with the sentencing judge.

US: Case managers oversee participants’ progress in treatment and test results; the drug court judge receives regular reports on participants’ progress which he/she discusses with the participant at the regular review
hearings. Situations warranting immediate action may be reported to the drug court judge immediately (e.g., failure to appear for a drug test, failure to appear at treatment, etc.) Primary indicators used to monitor participant performance are (1) drug tests; (2) attendance at treatment sessions; (3) attendance at court hearings; and (4) compliance with other program conditions.

b. Information Considered Most Useful In Assessing Compliance with DTC Requirements

**Question:** What information do you feel is most useful in assessing compliance with DTC requirements?

**OVERVIEW:**

Most of the programs reported that the urine test results, record of the participant’s attendance at treatment sessions, court status hearings as well as the degree of compliance with other program requirements provide the most useful information to assessing participants’ compliance with DTC requirements. Mexico’s Code of Criminal Procedure provides a list of the obligations of participants, (see below) which includes such requirements as “leading an honest life”, committing no further criminal offenses, information authorities of any change in address, and submitting to monitoring and treatment, as prescribed.

**SURVEY RESPONSES:**

**Australia:**

New South Wales: While the richest information is that provided by program officers working with the participants (and often with their families), the court values the fact that relapse to drug use will quickly be detected via urinalysis and acted upon.

Perth, Western Australia: Urinalysis results and information gathered by the Drug Court Team.

**Belgium:** Attestation of different treatment centra, urine testing.

**Bermuda:** Urinalysis testing and attendance to treatment and reporting sessions.

**Brazil:**

Rio de Janeiro: Information passed on by the multidisciplinary team.

Sao Paulo: Know if people begin or remake contacts with work, information from health care/medical staff.

**Canada:**

Calgary: Weekly 12 step meetings, do they have a sponsor, weekly drug tests.

Edmonton: Urine screens

Toronto: Information received from treatment counselors which is received by the judge each time the participant enters the court.

**Chile:** The information that provides the psychosocial team in the pre hearing meetings, which also maintains informed the legal team based on the "improvement report” that is done by the treatment center.

**Ireland:**
- Urinalysis;
- No re-offending;
- Reports of attendance at appointments, review meetings.

**Jamaica:** Weekly report from Treatment Provider and Random Urine testing.

**Mexico:** General obligations of the participant

Article 611 of the Code of Criminal Procedure of the State of Nuevo León sets out a number of obligations to which the accused may be bound, including the following:
- Lead an honest life;
- Inform the authorities of any changes of address;
- Not commit a further offense that merits corporal punishment for which a formal arrest warrant is issued;
- Not threaten or approach the victim, injured party, or any witness who has given or is to give evidence against them;
- Take up residence in a fixed abode or change their place of residence;
- Not consort with certain individuals;
- Not visit certain places;
- Enroll in a formal education center or other institution whose purpose is to teach them to read, right, or learn a profession or trade;
- Hold a steady legal occupation or train to acquire one;
- Refrain from the consumption of alcoholic beverages and use of narcotics, stimulants, psychotropic drugs, or inhaled, hallucinogenic, or toxic substances that are addictive or habit-forming, except as part of a course of medical treatment or prescription;
- Submit to monitoring by the authorities under the terms and conditions warranted by the case;
- Submit to such treatment as their personal situation might require to prevent a repeat of antisocial conduct; or
- Perform certain services to the community under a program or programs designed in advance by the competent authority.

The victim or injured party and the Office of the Attorney General may request or propose to the judge that the accused be subjected to certain measures or conditions to ensure the better fulfillment of the provisions contained in this article.

**Article 24** Special obligations of the participant

Further to the obligations set out in the preceding article, the judge shall require the participant to perform the activities and tasks mentioned in Articles 13, 14, 15 or 16 of the Operations Manual of the Specialized Addictions Treatment Court, depending on the stage of treatment reached by the Participant. The judge has the authority to impose additional obligations to ensure that the participant continues in the program.

**Norway:** The drug programme shall be described in an implementation plan. The plan shall contain compulsory measures, including a requirement for the submission of regular urine samples, which is compulsory for all convicted persons, and individual measures planned in cooperation with the individual. The implementation plan shall be formulated in a manner that makes the conditions for participating in the programme predictable and clear to the convicted person.

**Suriname:** Please note that the project still has to be implemented.

**UK:** Liverpool: Response to testing, attendance at sessions, reoffending information.

**US:** Compliance with drug testing and treatment program attendance and appearance at drug court hearings.
c. **Responses to Noncompliance with DTC Requirements**

**Question:** What responses/sanctions are given to noncompliance with DTC requirements?

**OVERVIEW:**

The programs use a variety of responses to noncompliance with DTC requirements, ranging from increasing required court appearance, curfews, fines, more frequent testing and reporting, letters of apology, additional required 12-step meetings to short term jail as a last resort. Repeated noncompliance generally results in program termination. In Perth (Western Australia), for example, participants accrue points for noncompliance violations, which can then results in termination. The general consensus was that the nature of noncompliance affects the degree of sanctions.

**SURVEY RESPONSES:**

**Australia:**

- **New South Wales:** The court has some intermediate penalties, such as program regression and imposition of tailored program conditions (curfews, non-association clauses, no-alcohol use clauses).

The main sanction used for typical occasions of program non-compliance is a system of suspended custodial sanction set out in program policies that are well understood by all participants and staff and are consistently applied. Participants can accumulate up to 14 days of custodial sanctions, with different numbers of days imposed depending on the infraction. Once 14 days is accumulated, the offender enters custody for 14 days. Generally, this is a useful time for treatment review and a ‘fresh start’ on release.

The Court has the power to immediately return a participant to custody, either for treatment review or to allow consideration of program termination. This power is generally exercised where community safety, or the safety of the participant, is seen to be of concern.

- **Perth, Western Australia:** The main sanction used in the Perth Drug Court is the imposition of breach points. Participants start the program with zero points but breach points are incurred when returning dirty urine, non-attendance at meetings or treatment and breaching curfew. Should a participant reach the breach point limit the prosecution will apply for the termination of the participant from the Drug Court. Participants can reduce breach points through compliance with the ultimate goal of completing the Drug Court with zero breach points.

**Belgium:** Ending the program; more frequent appearances; changing the conditions.

**Bermuda:** Sanctions vary and are Phase specific. They include but are not limited to more frequent testing and/or reporting; Short-term imprisonment (Remand); Report writing/journaling; Community Service; Restarting Phases or relapse essays.

**Brazil:**

- **Rio de Janeiro:** The continuation of the process and possible criminal conviction.

- **Sao Paulo:** Reverse program and submit people to criminal trial.

**Canada:**

- **Calgary:** Being sent back to jail is the most common sanction used by our court for relapses and bad behaviors while in the residential treatment centers. Not being able to go to the bucket at court because they
have not had a good week. Having to write letters of apology and participating in extra 12 step meetings for relapse are also used.

Edmonton: No sanctions for a dirty urine screen if participant is honest with us prior to screening. Community Service Work, letters of apologies, attendance at other court proceedings, and custody.

Toronto: C.S.O.s, earlier attendance, “spoken to” by the judge, revoking bail

Chile: In case that the offender did not comply, without justification and serious or repeatedly the imposed conditions, at the request of the prosecutor or the victim, the Judge will revoke the conditional suspension of the procedure, which will be restarted. Also, it will be revoked in case that the offender was arraigned in a new investigation by different charges. Therefore, the relapse in the drug use, does not represent in itself a condition for the repealing of the conditional suspension, because it is assumed that this can be part of the rehabilitation process. In addition, it is important to mention that drug use in private spaces (except for the concert use) is not penalized in Chile. In cases that there were no serious or repeated compliance, the court will be able to talk with the offender, in order to evaluate which were the reasons of this behavior. In this way, it will be able to impose new "goals", in order to that these be accomplished and monitor in the next audience.

Ireland:
- Custody of 2 days up to 7 days;
- Debit of points;
- Increased frequencies in Court attendance;
- Daily morning sign on at Education centre or very infrequently at Garda Station;
- Curfews;
- Very small fines;
- Limitations on attending at certain places or with certain persons (very infrequently).

Jamaica:
- withdrawal of privileges;
- increase in random urine testing;
- expulsion and return to criminal court for trial or sentence for the offence;
- delayed graduation from program;
- overnight remand in custody;
- order new treatment program.

Mexico: Penalties
In cases where the participant displays symptoms or conduct that suggests that they have suffered a relapse, failed to comply with the treatment plan, or breached any of the conditions of their parole, the judge, at his or her discretion, may:
- Increase the frequency of judicial supervision;
- Order night-time supervision;
- Increase the frequency of toxicology tests at the court;
- Order them to carry out community work;
- Increase the restraining order to prevent them from going home;
- Order any other measure that might help the participant to change their conduct and obtain the necessary tools to rehabilitate themselves and get rid of their dependence on alcohol or drugs;

85 Also the drug use in public spaces is penalized.
None of these measures may go against or undermine the participant’s treatment plan. Revocation of the suspension shall not be used initially as an alternative penalty for the participant.

**Norway:** When the convicted has qualified to be transferred to the next phase in the program, the court has to say an order to do so. And also when the convicted has broken any of the conditions the court has to say a sentence that the convict has to go to jail or put other conditions to the sentence. If the convicted person seriously or repeatedly violates the conditions stipulated by the court or if he/she withdraws his/her consent to participate, the court may, on petition from the correctional service, rule that the sentence be fully or partially enforced. Instead of ordering that the sentence be served, the court may order a new probationary period and stipulate new conditions if it finds this more expedient. Moreover, on petition from the correctional service, the court may also rule that the convicted person be returned to a phase with stricter conditions. The correctional service’s petition pursuant to the second and third sentences shall be based on team discussions and conclusions. The regional director or person authorised to act on his/her behalf shall submit the petition to the court. The correctional service shall notify the prosecuting authority when it submits a petition for a court ruling.

If the convicted person refuses to provide a urine sample aimed at detecting the use of illegal intoxicants or narcotic substances, this shall be regarded as a violation. This also applies to failure to attend treatment appointments and other appointments that have been made with the involved bodies.

The correctional service may, in the event of violations deemed to be less serious, give the convicted person a written warning about the consequences of repeated violations. The correctional service may also decide to enforce more rigorous testing of urine samples for a certain period of time or decide that the convicted person shall undergo intensive programmes aimed at improving drug control. If the convicted person commits a criminal offence during the probationary period, the court may, pursuant to the Penal Code section 54 subsection 3, hand down a combined sentence for both criminal acts or a separate sentence for the new criminal act. The prosecuting authority is responsible for bringing the criminal case to court, and the correctional service is obliged to notify the police/prosecuting authority if it learns that the convicted person has committed any criminal acts during the probationary period.

**Suriname:** Please note that the project still has to be implemented.

**UK:** Liverpool: Additional more onerous requirements (e.g. electronic monitoring) and breach proceedings can lead to custody.

**US:** Sanctions range from an admonition by the judge, sitting for a day in the “jury box” to watch the court process, to curfew restrictions, to short term (2-3 days) in jail; relapse may also be addressed by enhanced treatment and/or changing the treatment plan. Continued noncompliance may also result in the individual being reassigned to an earlier phase of the program and/or, ultimately, program termination.

**d. Incentives/Recognition of Participant Progress**

**Question:** Are incentives or other positive reinforcement provided for participants who comply with DTC requirements? If so, please describe.

**OVERVIEW:**
DTCs are using a range of strategies to recognize and reinforce participant progress. The most consistent and reportedly significant is the praise of the judge and other officials involved with the program, and many DTCs utilize a mix of material and non-material incentives. Other responses include having a “bucket” in court (Calgary) which holds various items such as coffee cards, candy, etc. from which complying participants can select a gift, to reducing required court attendances, enhancement of “bonus points” accumulated (Dublin), being listed first on the docket and then being permitted to leave, and various tokens contributed by local merchants (sports ticket, movie passes, etc.). The ultimate response to positive participant performance is, of course, successful completion of the program and the dismissal of the charge and/or other criminal justice system response.

**SURVEY RESPONSES:**

**Australia:**

*New South Wales:* The suspended sanction model allows for accumulated days to be removed as a response to positive behaviour.

A positive report back is acknowledged via a ‘Drug Court clap’ from all present, while progression through the program stages is acknowledged via certificates. A lunchtime ceremony is held each month for program graduates (about 25% of participants) where they are individually acknowledged and their achievements described by program staff.

*Perth, Western Australia:* Positive Incentives include less frequent court appearances, relaxation of bail requirements, relaxation of curfew requirements, and reductions in breach points for positive behaviour. The Drug Court Magistrate provides positive feedback to participants in the courtroom. Participants are provided with a certificate and a key ring to acknowledge their achievements upon graduation from the Perth Drug Court.

**Belgium:** Less frequent appearances; positive stimulation by judge, prosecutor and lawyer.

**Bermuda:** Yes. Includes recognition by Magistrate; Certificates and bi-monthly Court attendance.

**Brazil:**

*Rio de Janeiro:* In particular, not continuing with the criminal process.

*Sao Paulo:* Same incentives AA, AE, and NA provided.

**Canada:**

*Calgary:* For a good week a participant goes to the bucket in court which holds various items like coffee cards, candy, chocolates etc. Approval is given for special outings for participants who are doing well and demonstrating good recovery. Some participants are excused from their weekly appearance in court for special requests, when they are doing well.

*Edmonton:* Coffee card ($5.00) weekly if attending all programs and clean screen.

*Toronto:* Reduction of court attendances, “Early Leave” list which allows participants to not remain in court; incentives such as coffee, toiletry, movie and museum passes.

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Chile: These incentives are the following:
- The conditional suspension of the procedure, which implies that when the DTC (legal time limit) ends the candidate criminal records will be erased;
- Possibility to carry out a high quality, free and opportune drug treatment;
- Congratulations and public recognition of his/her respective therapeutic progress, whether on behalf of the Judge, Prosecutor or Defense attorney;
- Diploma of Honor at the end of rehabilitation process. A ceremony is carried out, to celebrate his/her successful graduation of the program;
- The participants that are in the program a considerable amount of time and those that are graduated from it, has been contacted them with institutions that offer studies or jobs. The social and labor reintegration is one of the challenges of the program;
- Decrease of the monitoring hearings according to the improvements (bimonthly);
- In case of residential treatments, exit permits are offered;
- In Home Violence investigations, the ban regarding being close to the victim is lifted, provided that this must be recommended by the treatment center;
- In the case of the adolescent pilot program, coordination with training institutions have been carried out.

Ireland:
- Bonus points;
- Early listing in Court;
- Judicial praise;
- Vouchers 50 euro for shopping centre or cinema.

Jamaica:
- Reduction in counseling and court appearances;
- Increase in program special privileges;
- Achievements highlighted in front of peers/family.

Mexico: Case handling.
- Social reintegration program;
- Assistance program for the offender’s next of kin.

**SPECIAL HEARINGS**

Special hearings may be held to deal with any urgent situations that arise, such as:
- The need to reassess a participant who needs a change in the level of clinical care;
- To order medical assessments;
- To grant authority to leave the court’s jurisdiction; or
- Any other measure that might be of benefit to the participant in their rehabilitation process without interfering with their recommended clinical treatment.

**Conclusion of treatment:** Once treatment is concluded, the treatment center and Police Monitoring Officers shall certify to the court that participants have satisfactory completed their treatment.

**Graduation hearings:** The culmination of the rehabilitation process takes place at a hearing set and held by the judge. After evaluating the reports from the treatment center and the police monitoring officers who supervise the participant, and concluding that said reports are favorable, that the participant has completed their rehabilitation process, and that they have not used substances for six months, the judge will schedule a graduation hearing. On the day of the hearing each participant due to graduate shall undergo a toxicology test. Any participants whose test results are positive shall not have their case closed and the judge shall decide the appropriate penalties.
At this hearing the judge will recognize the performance of each participant before the members of the public present, family members, and friends; hand them a diploma that attests that they have fulfilled the program requirements; and exonerate them from the charges for which they had been referred to the program. The participant will be regarded as a graduate of the program.

The graduation hearing may be of a special nature and held in a special joint session attended by graduates who have met the conditions of the program. The hearing may be attended by persons close to them as well as representatives of the operators and special guests. These hearings may also be held as part of the regular program schedule interspersed with follow-up hearings.

**Norway:** The drug programme shall be carried out in four phases. The phases are designated the instigation phase, the stabilisation phase, the responsibility phase and the continuation phase. The phases are decided on the basis of an individual assessment and of what constitutes realistic progress. The contents of the phases and the conditions for progressing from one to the next shall be stated in the implementation plan. Compliance with requirements allows participants to move on to the next phase and move closer to program completion.

**Suriname:** Please note that the project still has to be implemented.

**UK: Liverpool:** Prospect of residential detox place.

**US:** Positive reinforcement of participant progress can range from praise by the judge in open court; having the participant be heard early in the hearing and not be required to stay on through the entire session, to small tokens/gifts, such as key chains, etc., as participants progress through various phases, to tickets to movies or sporting events and gift certificates contributed by local vendors In some cases, curfew restrictions or required frequency of drug court hearing attendance may be relaxed. The overall goal of whatever positive reinforcement is given is to provide prompt and ongoing recognition of participant efforts to comply with the program requirements, to reinforce their self confidence in being able to become and remain drug free and overcome situations that might have otherwise triggered their drug use. recognize participant.

### F. PROGRAM COSTS

1. Additional Resources Needed to Implement the DTC

   **Question:** What additional resources/costs, if any, have been required to plan, implement and operate the DTC program and provide DTC services?

   **OVERVIEW:**

   While a few of the reporting DTCs had received special funding for program implementation (e.g., Australia, Chile and the U.S., for example,) most had implemented the program with existing resources available from participating agencies with, in some cases, limited additional support (two half time liaisons in Belgium, for example). A few programs(e.g., Bermuda, Mexico and the U.S.) reported receiving funding for training and Toronto reported receiving funds to establish (with the DTC’s community partners) housing for DTC participants when released from custody. A few programs (Edmonton and some in the U.S., for example), receive funding from contributions from private donors, including, in Edmonton, from the judge when all participants test clean during the week.

   **SURVEY RESPONSES:**

   **Australia:**

   New South Wales: The program has an expenditure of over $6 million a year (for about 160 new participants) but does not rely on existing treatment, legal and correctional case manager services.
Perth, Western Australia: Additional resources were funded by the State Government on a recurrent annual basis to establish the Perth Drug Court.

Belgium: Two half time liaisons.

Bermuda: We have maintained the original budget since inception (minus some training funds for this fiscal year due to global economic situation).

Brazil:
   Sao Paulo: Unknown.

Canada:
   Calgary: We need committed 3 year funding at a minimum in order to create a viable program. We do not have this at present which creates a huge barrier to growing and developing our program.
   Edmonton: We have received private and corporate support for items not covered by drug court funding such as an ongoing evaluation, running groups, clothing, and a clean screen fund instituted by the Judge for the alumni. Everytime everyone in the court has a clean screen that week, she and others donate $10. to the fund. We have close to $2000 in the fund that has been used for moving expenses, clothing and other items.

   Toronto: The major cost has been to provide housing. We have recently received funds to establish (with our community partners) houses for only DTCS participants when the immediately are released from custody.

Chile: Since the year 2007 the Ministry of Interior, with the technical advising of CONACE and the Ministerio Público, have subscribed yearly a Covenant of Financial Contribution, whose purpose has been to give resources to the DTC project. With these resources, the bio-psychosocial teams have been hired, training have been given and other items of operational expenses for the DTC have been arranged.

Ireland: Pilot Project was commenced and maintained out of each agencies then existing resources.

Jamaica: These matters are dealt with at policy levels.

Mexico: Funds were allocated for participation in the following activities:
   - Visits to drug courts in San Diego, California; Santiago, Chile, and San Antonio, Texas, with funds provided by the federal government and the state government of Nuevo León, Mexico;
   - Attendance at a training program in Anaheim, California, with funds supplied by the U.S. Department of State; and in Ghent, Belgium, with funds provided by CICAD/SMS/OAS;
   - In the case of the Addictions Treatment Court of Nuevo León, Mexico, existing funds were used. In addition the Preliminary Hearing Court of Guadalupe, Nuevo León was expanded and specialized, as will be the case with the five other specialized courts which will be opened at courthouses in Monterrey, the state capital of Nuevo León.

Norway: NA

Suriname: Please note that the national legislation and budget still has to be approved.
UK: Liverpool: No specific figures available.

US: The most pressing need for resources has been for treatment services dedicated to the drug court program so that participants can get immediate services and not be on waiting lists and/or take the only limited services that are readily available. There have also been other resource needs, such as for supervision and monitoring but these have frequently been provided through existing personnel, such as from the Probation Department. In addition, as DTC programs developed it also became quickly apparent that there was a significant need for an adequate data base that could provide both information on participants, needs and services, and program monitoring and evaluation functions as well. While a number of programs have developed these systems, the lack of consistent data definitions, as well as program operations, has precluded meaningful cross-program comparisons.

2. **Source(s) of Funds Used To Provide DTC Resources**

**Question:** What source(s) have been used to provide these resources/funds?

**OVERVIEW:**

The reporting DTCs reflect a mix of funding sources. Most of the programs that received special funding for the program reported that their initial funding source has been their federal governments for whatever funds they have received (Belgium, Canada, Chile, Mexico, Norway, Suriname, UK, and US for program start up). In Bermuda some funding has also been received from NGOs and private sources. Funding from the city government was provided for the DTC in Calgary. Australian DTCs are funded primarily through state governments. In the US, after initial federal “seed” money was expended, funding has been obtained from a range of sources, including state, county and city governments.

**SURVEY RESPONSES:**

**Australia:**

- **New South Wales:** NSW Treasury provides all program funds.

- **Perth, Western Australia:** The court is funded by recurrent funding through the Department of Attorney General. Specialized Community Correction Officers are funded through the Department of Corrective Services.

**Belgium:** Minister of justice pays for 2 years (pilot project).

**Bermuda:** Government Funds and some limited NGO and private funding for specialized treatment needs.

**Brazil:**

- **Rio de Janeiro:** Public resources.

- **Sao Paulo:** Unknown.

**Canada:**

- **Calgary:** City funding was the initial source; provincial money through the Safer Communities Fund is the current source of our 2010 funding.

- **Edmonton:** NA
Toronto: Federal government.

Chile: The already mentioned “Covenant of Financial Contribution”.

Ireland: As with the Pilot Project the DTC is maintained out of each agencies existing resources.

Jamaica: As above.

Mexico:
- Federal funds provided by the Office of the Attorney General of Mexico and the National Council on Addictions;
- State funds furnished from the regular budget of the judiciary of the State of Nuevo León, Mexico;
- State funds supplied by the Department of Mental Health and Addictions of the Health Secretariat of Nuevo León.

Norway: All the different ministries involved grant money to the project. All the team-members get their salary from their own agency, and the correctional service is responsible for the operating costs.

Suriname: Please note that the project and the budget still have to be approved by the government of Suriname.

UK: Liverpool: Ministry of Justice and individual agency budgets.

US: A combination of federal, state and local government funds has been used to start and maintain the DTCs, supplemented in some cases by participant fees and the proceeds from various fundraising activities. At the federal level: Federal grants and other funding from the U.S. Department of Justice and the U.S. Department of Health and Human Services/Substance Abuse and Mental Health Administration have been an important source of funding to spearhead the development of DTC programs and/or enhance specialized components (e.g., services for females, etc.). At the state level, a number of state legislatures have appropriated funds for drug courts or permitted a percentage of various fines and fees to be dedicated to drug court programs. Other sources of funding have included city and county governments. For some DTCs, private foundations have been established to which individuals can make voluntary contributions and/or which can manage the proceeds of fund raising activities. A number of programs also charge participants fees, often on a sliding scale, and, if they have insurance coverage, access any available funds through their insurance.

G. Training

1. Training Provided

**Question:** Has any interdisciplinary training been provided for staff involved in the DTC to enhance understanding of the program? If so, please describe the nature of training provided.

**Overview:**

The majority of the programs reported that they attended a national and/or local interdisciplinary training conference to enhance their understanding of the DTC. Chile has been provided considerable training for judges, prosecutors and others involved in the DTC programs through a variety of sources (see below), including internships for some prosecutors. In Perth (Western Australia), individual agencies associated with the DTC are responsible for conducting most training, although some cross-agency training is provided.
Some programs (Bermuda, Chile, Ireland and Mexico) report that DTC program officials have attended international training meetings relating to drug treatment courts as well as visited operating programs.

**SURVEY RESPONSES:**

**Australia:**

New South Wales: Yes. The Court arranges annual training days, as well as internal activities as required.

Perth, Western Australia: Individual agencies who contribute human resources to the Perth Drug Court are responsible for the training of their staff. Additionally, the Perth Drug Court conducts planning days involving multiple agencies on an ad hoc basis.

**Belgium:** Yes, we organize a multidisciplinary training for all the actors.

**Bermuda:** Yes, annual local and overseas training provided by NDCI/NADCP and associates.

**Brazil:**

Rio de Janeiro: We coordinate the training of all persons who will work with the drug courts.

Sao Paulo: Speeches and seminars delivered by colleagues from Brazilian Association of Therapeutic Justice.

**Canada:**

Calgary: Seven members of the CDTC Team participated in a weeklong training for professionals at The Betty Ford Center in November, 2009, which provided an invaluable opportunity for team building as well as learning the common understanding of what addiction involves as well as what “effective” treatment involves. Several members of the Team also participated in a Round Table in November, 2009 where one of the key presentations was on Team dynamics and Team building.

Edmonton: Yes, matrix training, addictions training, attending NADCP conferences.

Toronto: Yes. Treatment team will train the court team and vice versa.

**Chile:**

Several activities of training for the teams that conform the program were developed. The Paz Ciudadana Foundation is permanently training the judges, regarding the management of audiences. On the other hand, CONACE supervises and train the double teams and the doctors of the project. Ministerio Público, together with the mentioned institutions carries out periodic training to the main actors of the project. For example we can mention some of them carried out in 2008 and 2009:

Internship of the Prosecutors from the I and II regions. This activity was carried out on May 26th, 2008.

Day of training developed in Antofagasta, on July 7th, 2008, where CONACE, Paz Ciudadana, the Judicial Branch of government and the Ministerio Público participated. Its objective was to raise the awareness of the Judges of the region that they would work in the program.

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87 The Paz Ciudadana Foundation and the CONACE provide technical advice to the teams of the DTC. The Foundation at the same time, publishes documents for the program such as: Statistical bulletins, Users satisfaction Surveys, etc.
Day of training called "Treatment Courts for Offenders under Judicial Supervision", carried out in Santiago August 28th, 2008, which gathered to the Judicial Branch of government, Ministry of Interior, Ministry of Justice, Public Criminal Defensor attorney’s office, Paz Cuidadana Foundation, CONACE and the Ministerio Público. In addition, the legal and bio-psychosocial teams of the pilot programs also participated.

Day of training developed in Santiago, November 4th, 2008, regarding youth criminal responsibility. Its objective was the evaluation of the pilot in adolescent criminal responsibility.

International seminar "Treatment Courts for Offenders under Judicial Supervision: Compared experience from different international models". This activity was carried out in Santiago, between March 26th and 27th, 2009, in the framework of the project "EU-LAC Drug Treatment City Partnerships". It was organized jointly by CICAD/SMS/OAS, CONACE and the Ministerio Público. It included the participation of experts from the United Kingdom, Belgium, United States and Canada, who analyzed the implementation of this methodology (DTC) in their countries. Internal work day training called "Drugs Treatment Courts", carried out in Santiago, June 15th, 2009. Its objective was to review the DTC model.

DTC Regional Workday Training; and DTC Adolescents Pilot workday, which were carried out in Santiago, November 23rd, 2009. The first one included the bio-psychosocial teams of the Iquique, Antofagasta and Valparaíso programs, and the discussed topics were: Main aspects of the drugs treatment: Therapeutic adhesion in problematic consumption of drugs and, the updating of the software for DTC records. The second, included the participation of the clinical diagnostics evaluation teams of the Metropolitan Region; the discussed topics were the following: Evaluations in Adolescents Offenders, The Motivational Interview: Another intervention tool in adolescents with problematic consumption of substances, intervention Model of the Problematic Consumption with Adolescents Offenders, Social Educational Interventions with Adolescents Offenders and, Utilization of the Conditional Suspension of the Procedure with Problematic Consumption of Drugs Treatment, Visions and Proposals in the Regional District Attorney's Offices of the Metropolitan Region.

Participation of Chilean judges and DTC teams in the NADCP Annual Meeting under the coordination of Paz Ciudadana Foundation.

Conferences hold by Paz Ciudadana Foundation with the participation of a Canadian and a American judge in order to promote the DTC in Chile.

Each member of a DTC team has had a training of two days delivered by Paz Ciudadana Foundation the contents of the training are: hearings management, communication skills that promotes rehabilitation, roll playing and motivational interview.

Ireland: Attendance at NADCP training conference by most members of team on an annual basis up to 2008.

Jamaica:
- Initially all personnel involved received training in DTC procedures. Training carried out by personnel from Canada and their model adapted;
- Local conferences as well as personnel travelling abroad for further training for DTC as well as general substance abuse treatment and management;
- Ongoing local training.

Mexico: Study and research on the topic:
- Visit to Drug Courts in San Diego, California. February 2009;
- Visit to drug courts and presentation on the progress of the project in Mexico City at the EU-LAC Meeting in Santiago, Chile. March 2009;
- Visit to Drug Courts in San Antonio, Texas. May 2009;
- Attendance at the NADCP 15th Annual Drug Court Training Conference, Anaheim, California. (June 2009). Working meeting with R. Gil Kerlikowske, Director of the ONDCP;
- Visit to the CICAD – EU-LAC Meeting in Ghent, Belgium. June 2009;
- Review of various analysis documents on how drug courts have evolved in other countries;
- Training Program on Non-Custodial Treatment offered by the National Association of Drug Court Professionals (NADCP) in Monterrey, Nuevo León. August 2009;
- Visit by managers from the Treatment Center to four Drug Courts in San Diego, California. August 2009;
- Participation in the Eleventh Meeting of the Group of Experts on Demand Reduction: Toward the Development of Comprehensive Policies on Drug Treatment, CICAD/SMS/OAS;
- Working meeting with Thomas McLellan, Deputy Executive Secretary, ONDCP, and Carlos Rodríguez Ajenjo, Technical Secretary of the National Council on Addictions (CONADIC).

Norway: NA

Suriname: Please note training is necessary for judge, prosecutor, health institution, lawyer and Police. Please note that the project still has to be implemented.

UK: Liverpool: Each agency has provide training for staff.

US: The U.S. Department of Justice has been providing interdisciplinary training for over fifteen years through various training programs conducted at both the national and state level.

2. Training Needed To Sustain the DTC

Question: What training/continuing education do you feel is needed to sustain the DTC, particularly as personnel change?

OVERVIEW:

Most of the programs acknowledged that there is a need to keep program officials abreast of emerging issues by conducting or attending training relating to these issues. Some programs, such as Canada, Mexico and the U.S., conduct state or local level training on an annual basis; whereas Ireland’s only opportunity to obtain DTC-specific training has been through attending international conferences. The U.S. reported that web-based training resources have also been made available that can be used by individual DTC staff as self-instructional tools. Ongoing training to address turnover in personnel is a need expressed by almost all of the responding programs.

SURVEY RESPONSES:

Australia:

New South Wales: Having a clear legislative and policy framework does assist staff in quickly becoming part of the overall operating culture of the program, which is modelled by team members when they work with staff from their own agencies. Rotating staff through the Court (e.g. relief defence solicitors) is a good way of exposing people to the Court and allowing them to determine whether this is an environment they want to work in.

Perth, Western Australia: A structured program of professional development is required for Drug Court Team members.
Belgium: NA

Bermuda: This remains on-going and has been expanded to embrace community issues and challenges.

Brazil:
  Rio de Janeiro: NA
  Sao Paulo: Talking about program.

Canada:
  Calgary: Yearly professional training related to drug treatment court issues.
  Edmonton: NADCP conference attendance and NDCI training
  Toronto: Ongoing because membership in this team changes on a regular basis.

Chile: Role of each actor within the program; its objectives.

Ireland: As we are the only DTC in Ireland, we do not have specific training available to us here. The only opportunity we get is to attend International conferences and all team members are not necessarily funded by their individual organization to go. It would be great if we had separate dedicated funding to ensure we could all travel for education/training conferences, and that new team members would be afforded this opportunity also.

Jamaica:
  - Program of continuing professional development for team members aimed at enhancing skills as well as keeping abreast of DTC developments;
  - Training manual;
  - Induction program to ensure all new personnel are trained in DTC procedures prior to commencing service delivery;
  - Administrators of each DTC should be trained to manage budget and evaluate program effectiveness.

Mexico: Training in resilience and social reintegration.

Norway: NA

Suriname: Please note that the project still has to be implemented.

UK: Liverpool: NA

US: The need for training is ongoing, both to enhance skills and knowledge regarding DTC operations and practices, and to address the frequent turnover of DTC personnel. Ideally, self instructional materials should be available on a wide array of topics that DTC practitioners can access to both familiarize with necessary knowledge and skills and refresh their understanding as situations develop. To date, training resources have been provided through a range of activities, including:
  1) training on the goals and purposes of the drug court, how individual drug courts are designed to operate;
  2) cross training for the criminal justice and treatment representatives on the roles, philosophy, and governing principles for each of them with particular focus on the legal requirements and constitutional rights to which drug court participants are entitled, whether or not they pursue the drug court approach; and
(3) training/orientation on addiction, recovery and treatment principles and strategies and how these relate to the way a drug court needs to operate and respond to participant progress and relapse.

Through resources provided by the U.S. Department of Justice, a wide range of training services has been made available, both for general DTC operational issues and discipline specific training for judges and other agency personnel involved (e.g., prosecutors, defense counsel, case managers, etc.). Web based training resources have also been made available that can be used by individual DTC staff as self instructional tools.

Each DTC has also developed a policies and procedures manual which provides a useful foundation for DTC team members to review and update program policies and procedures and to discuss their practical application to their program operations.
III. DTC IMPLEMENTATION PROCESS

A. CHANGES IN THE LEGAL PROCESS

Question: What changes, if any, have been made to the traditional criminal justice process in order to implement the DTC?

OVERVIEW:

Responding programs reflected a mix of approaches in terms of the process by which the DTC program was implemented. Some programs, such as in Belgium, Chile, Ireland, Norway and the UK, are working within the traditional criminal justice process. New South Wales in Australia, Jamaica and Mexico, however, have passed legislation and created specialized courts/dockets for the DTC. In the U.S., four major changes in the traditional criminal justice process have been introduced: (1) the addition of regular review hearings for drug court participants and emergency hearings, if needed; (2) direct communication between the judges and the participant, rather than with the participant’s attorney; (3) the addition of pre-hearing “staffings” in which drug court team members discuss the progress (or lack thereof) of DTC participants scheduled for hearing and special issues that may need to be addressed; and (4) suspension of dispositive action on the case pending the participant’s participation in the DTC.

SURVEY RESPONSES:

Australia:

New South Wales: The most significant changes to the traditional criminal justice process made to support implementation of the Drug Court of NSW include:

- Stand-alone specific legislation providing:
  - Ability to review the sentence given at program entry to consider performance on program
  - Ability to defer execution of the initial sentence to allow program participation to occur
  - Introduction of a collaborative case management approach within the Drug Court team, including defence and prosecution
  - Ability to bring in outstanding, or even new, offences as part of the Drug Court sentence
  - Ability to impose short custodial penalties as response to program infraction and/or to allow for treatment review

Perth, Western Australia: No specific legislation enables the operations of the Perth Drug Court. Participants are managed either whilst on bail or on a pre-sentence order. The difference from the traditional justice process is that the process emphasises collaboration rather than an adversarial approach and includes therapeutic judicial supervision with support from the Drug Court Team.

Belgium: (pilot program in existing legal system).

Bermuda: There is a team approach and environment. It is less adversarial.

Brazil:

Rio de Janeiro: Brazilian law was modified to include decriminalization measures, including alternatives to imprisonment. Thus, drug courts were incorporated in this context.

Sao Paulo: Judges, prosecutors and attorneys have been receiving education and training on substance abuse.
Canada:
  Calgary: NA
  Edmonton: One afternoon set aside for drug court.
  Toronto: Changed criteria to graduate.

Chile: None.

Ireland: None formally or by enactment of legislation. By consent sentencing is stayed pending outcome in DTC.

Jamaica: The following changes were made:
- Drug Court (Treatment and Rehabilitation of Offenders) Act passed 1999 with accompanying Regulations in 2000;
- Lay Magistrates specially trained in Drug Court procedures. One female, one male presides with the Judge.

Mexico: The Specialized Addictions Treatment Court was created in the justice system of the State of Nuevo León, Mexico, as part of the accusatory system. No modifications were made to the legislation in force.

Norway: In Norway there were established a working group with participants from different ministries in the government. Their mandate was to make a report on whether the Drug Court system should be implemented in the Norwegian legal system or not, and if so: how to implement it. The report was presented in September 2004, and the conclusion was that the results from other drug-court countries were so good that this was something Norway should try. The report suggested that the court should lead the drug treatment program.

Suriname: Suriname needs to amend its national legislation to get the legal authorization.

UK: Liverpool: No statutory change but a more non adversarial approach adopted in court.

US: As noted above, drug Courts operate primarily at the state (not federal) court level. Although the criminal justice process in each state and territory in the U.S. is generally similar, there are also differences, both among states and among cities within the same state. A generic summary of the major differences between the traditional method of dealing with drug involved offenders and the drug treatment court process in the U.S. has been provided above (See Section XXX) Essentially, the major changes in the traditional criminal justice process has been (1) the addition of regular review hearings for drug court participants and emergency hearings, if needed; (2) direct communication between the judges and the participant rather than through his/her attorney, premised on the understanding (often documented in a Memorandum of Understanding (MOU) that whatever the individual says at the hearing will not be used against him/her); (3) the addition of pre-hearing “staffings” at which the judge, prosecutor, defense, treatment representative and case manager discuss the cases on the hearing docket and special issues that have arisen regarding participants involved; and (4) suspension of dispositive action on the case pending the participant’s participation in the DTC. No special legislation has been required to implement the DTCs in the U.S., although some states have enacted legislation, primarily to provide legitimacy for the program DTCs operate under the existing pretrial and post adjudication disposition authority of the court.

B. NEED FOR SPECIAL LEGISLATION

Question: Was special legislation needed to implement the DTC? If yes, what issues did the legislation address? Please provide a copy of the legislation.
OVERVIEW:

Approximately half of the responding programs reported that no special legislation was needed for the DTC and that implementation had occurred within the existing framework for processing cases. Some programs (New South Wales in Australia, Bermuda, Norway, Jamaica and Suriname), however, reported that they had enacted legislation. The U.S. reported that, while legislation at the federal level (for funding) and in some states had been enacted, the purpose of the statutes has been to authorize funding (at both the federal and state level), to provide legitimacy for the DTC program, and/or to require that DTC programs be established. However, legislation was not required for the drug treatment court programs to function in the U.S.

SURVEY RESPONSES:

Australia:

New South Wales: The Drug Court Act 1998 was implemented to oversee the entire operation of the program, although it concentrates on referral, assessment and sentencing processes and gives substantial scope for the Court to develop, implement and constantly review its own policies as to how the Court should operate.

Perth, Western Australia: The Perth Drug Court operates within existing legislation.

Belgium: Pilot program in existing legal system

Bermuda: Yes, Amendments to the Criminal Code, 1907 (Criminal Code Amendment Act, 2001)

Brazil:

Rio de Janeiro: NA

Sao Paulo: Federal Brazilian law number 11.343/2006 which was enacted to implement alternative punishment in general. Coincidentally this law is also very suitable for DTCs but it is not a specific law for the DTC. It can be found at: www.planalto.br.

Canada:

Calgary: NA

Edmonton: NA

Toronto: No.

Chile: There was no special legislation. The alternative exit to the criminal trial of "conditional suspension of the procedure" is applied, according to the Code of Criminal Procedure.

Ireland: NA

Jamaica: Yes new legislation passed. Please see attached

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88 See Volume Two of this report.
89 See attached document at end of survey responses
Legislation was in formal recognition of the link between substance abuse and offending, that incarceration was not effective in managing the problem. Treatment instead of punishment was more likely to succeed in breaking the cycle of offending and substance abused.

**Mexico:** No special laws were necessary; the Code of Criminal Procedure of the State of Nuevo León is applied.

**Norway:** A new statutory provision in the Criminal Code, section 53 and 54. The new statutory provision in the Criminal code and the administrative regulations came into force on the 1st of January 2006.

**Suriname:** Yes, to get the legal authorization to enforce the project. Please see attached copy.

**UK:** Liverpool: No.

**US:** Although some states have enacted legislation relating to drug courts, this legislation has generally been focused on providing legitimacy to the drug court program and is not required for the drug court program to function. Drug Courts have been implemented under the court’s existing pretrial release and sentencing authority.  

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### C. Strategies Used to Develop Buy-in and Support for the DTC Program

1. **From the Judiciary**

**OVERVIEW:**

Most of the programs reported that regular meetings with various stakeholders and continuous education and training was necessary to ensure support for the DTC. Some respondents pointed to the value of positive evaluation reports as mechanisms for solidifying support for the DTC programs. The U.S. reported that site visits to operating drug court programs has provided an opportunity for judges to see firsthand how a DTC operates and to talk with judges who preside over these programs.

**SURVEY RESPONSES:**

**Australia**

New South Wales (answer applies to all fields): Given the program was announced over eleven years ago, the following summary points are highlighted:

- The program was carefully legislated, with emphasis on excluding violent and/or sexual offenders and drug traffickers.
- The program was ‘fully funded’, with new treatment, legal and correctional services created specifically to deal with Drug Court participants to avoid any displacement of existing clients/offenders.
- The program was a trial for six years, with a rigorous independent evaluation included in program design and a second evaluation undertaken to demonstrate ongoing program impact.

**Perth, Western Australia:** Regular and inclusive stakeholder meetings form the main mechanism for all parties.

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Belgium: With all these actors, we had a lot of consultation and drafted a consensus text

Bermuda: Regular meeting, stakeholder surveys and training initiatives, in addition to presentations and enhanced PR regime has commenced.

Brazil:
   Rio de Janeiro: The judges held hearings to inform the defendant of the importance of complying with treatment.
   Sao Paulo: Talking about program, spreading the news.

Canada:
   Calgary: NA
   Edmonton: The judiciary implemented the DTC.
   Toronto: Long term education…still a work in progress.

Chile: In 2006 the interinstitutional work regarding DTC started, by means of the call done by the National Council for the Control of Narcotics CONACE and the Fundación Paz Ciudadana (Civic Peace Foundation), to a round table called: "Drugs Treatment for Offenders in the Judicial Context" , which included the participation of the Judicial Branch of the Government, Ministry of Justice, Defense Attorney National Office, Center for Civil Society Studies of the University of Chile and the General Prosecutor's Office. The purpose of this meeting was the creation of an interinstitutional roundtable, in order to present a public policy proposal to provide drugs treatment to small harmfulness crime offenders, in judicial context.

Then, in April 2007, the Ministry of Interior (Home Office), with the technical advisory of CONACE and Ministerio Público, held a Financial Contribution Covenant, establishing the necessary budget to hire a team composed by a psychologist and a social worker called "psychosocial team" in charge of the detection of problematic consumption of drugs in the DTC program.

In December same year, the Judicial Branch, Ministry of Interior, Ministry of Justice, Ministerio Público, General Defense Attorney’s Office, Paz Ciudadana and CONACE subscribed a "Protocol of Contribution", by virtue of which the institutions were committed to carry out the necessary actions for the appropriate implementation of the DTC in our country.

From 2008 to this date, the Ministry of Interior, with the technical advising of CONACE and Ministerio Público subscribed the Financial Contribution Covenants, in similar terms of the ones from the previous year, which we mentioned in a previous paragraph, agreeing the creation of a project called "Treatment Courts for Offenders under Judicial Supervision". In this way, the Ministry of Interior delivers to the ministerio Público the necessary funds for the implementation of this project, which implies hiring a psychosocial team responsible for the inquiry of the problematic consumption of drugs, hiring a psychiatrist in charge of the diagnostic clinical evaluation, sufficient budget for the training days implementation, etc.

Ireland: NA

Jamaica: Education across the judicial body:
   - Local meetings, conferences and education;
   - Presentation of routine data on day to day functions, audit as well as research;
   - Highlighting benefits of program.
**Mexico:** The purpose of the Addictions Treatment Court in Nuevo Leon is to encourage the rehabilitation of the accused and a reduction in criminal recidivism associated with abuse of or dependence on drugs or alcohol, in order to bring about their reintegration in society. To ensure the effective implementation of this approach the following 10 elements have been recognized as guiding principles:

- Combine treatment services for drug and alcohol abuse and dependence with case processing in the judicial system;
- Use a non-adversarial approach; the Office of the Attorney General and the defense promote public security while protecting the procedural guarantees of the parties;
- Quickly identify candidates for the pilot program;
- Provide access to treatment, detoxification, and rehabilitation services;
- Monitor abstinence through regular toxicology testing;
- Coordinate strategies based on the participation and compliance of participants;
- Maintain constant interaction between the participant and the judicial system;
- Measure the attainment of program goals as well as its effectiveness through permanent and continuous monitoring and evaluation;
- Promote interdisciplinary education through planning, implementation, and effective operation of the Addictions Treatment Court;
- Enrich the effectiveness of the program through support from institutions or agencies from all three branches of government as well as nongovernmental organizations.

**Norway:** A lot of agencies, and especially the Supreme Court, was very sceptic to a system where the courts would be so involved in the serving of a sentence. This would break the legal principle of the courts independence to the public administration. This resulted in a new statutory provision in the Criminal Code, section 53 and 54.

**Suriname:** NA

**UK: Liverpool:** Specific judicial post advertised.

**US:** Developing support and buy-in from judges for the DTC concept has been an ongoing effort. Initially, support developed following visits to operating programs which provided an opportunity for judges to see first hand how a DTC operated and to talk with judges who presided over these programs. In addition, national, state and local training programs provide an opportunity to not only obtain information on the DTC concept but also information on addiction, substance abuse treatment approaches, and related topics. Development of the “Key Components’ in 1997 under the sponsorship of the U.S. Department of Justice has also provided a framework for drug court programs to develop. Publicizing the findings of drug court evaluation reports has also been an important element in developing judicial support. As the DTC concept has become more accepted the assignment of “drug court judge” has increasingly become a part of the regular rotation assignment for judges.

2. **From Other Justice System Officials**

**OVERVIEW:**

Most respondents noted the value of providing information about their respective DTCs, the benefits of treatment, the positive evaluation results of other drug treatment courts, and the value of promoting peer to peer interchange regarding the benefits of the DTC to the justice agencies involved. Mexico, Jamaica and Ireland emphasized that the drug court personnel’s job descriptions should incorporate education and training about DTC proceedings. The U.S. noted that exposure to peers in other jurisdictions and to other drug court programs had been very beneficial.
**SURVEY RESPONSES:**

**Australia**

New South Wales (answer applies to all fields): Given the program was announced over eleven years ago, the following summary points are highlighted:

- The program was carefully legislated, with emphasis on excluding violent and/or sexual offenders and drug traffickers.
- The program was ‘fully funded’, with new treatment, legal and correctional services created specifically to deal with Drug Court participants to avoid any displacement of existing clients/offenders.
- The program was a trial for six years, with a rigorous independent evaluation included in program design and a second evaluation undertaken to demonstrate ongoing program impact.

Perth, Western Australia: Regular and inclusive stakeholder meetings form the main mechanism for all parties.

**Belgium:** NA

**Bermuda:** Quarterly strategy sessions and regular meetings along with shared training; Revised Manual to be disseminated this quarter.

**Brazil:**

- **Sao Paulo:** Talking about program to spread news about it.

**Canada:**

- **Calgary:** NA
- **Edmonton:** Public speaking, invitation to attend drug court
- **Toronto:** Proof that it “works” by demonstrating the outcomes.

**Chile:** In addition of the previously indicated, the Paz Ciudadana Foundation and CONACE have given technical support to the DTC by means of training to its main actors. The Ministerio Público has actively participated in these activities, as in the organization as in the contents.

**Ireland:** NA

**Jamaica:** Police officers – education and participation in DTC proceedings.

**Mexico:** Functions of the Office of the Attorney General

In addition to their regular functions, the representative of the Office of the Attorney General assigned to the pilot program will:
- Verify that candidates meet the general and special eligibility requirements to enroll in a program as well as the program admission criteria;
- Review the evaluation and progress report on each participant prepared by the treatment center and police monitoring officer, as appropriate;
- Approve or object to the admission of a defendant to the program;
- Inform the victim of the offense of which the candidate stands charged what the plea bargain consists of, what the program is, and what the consequences of failure to complete the program would be;

- Demand the payment of damages as part of the agreement;
- Maintain constant communication with the treatment center and the police monitoring officer in order to know about any changes and the progress of the participants;
- Attend meetings held with other program operators to discuss alternative penalties and incentives for participants;
- Request, where necessary, the initiation of the process to revoke the probationary suspension of proceedings for the treatment granted, always bearing in mind the program’s therapeutic approach;
- Collaborate with the general manager of the program, providing them with statistical data and informing them of any difficulties in the program’s progress, as well as any other information on the program that they request;
- Attend hearings on cases;
- Attend meetings convened by the judge to discuss cases;
- Attend other meetings convened by the general manager of the program or the judge.

Functions of the police monitoring officers
The basic mission of the police monitoring officer is to monitor participants to ensure that they comply with the obligations imposed by the judge.
- The police monitoring officer coordinates with the treatment center and has the following responsibilities;
- Supervision of participants, both day and night, as authorized by the court, as well as drafting reports on their supervision findings;
- Carry out investigations of program candidates on request from the court or the Office of the Attorney General;
- Attend program induction, follow-up, special, and graduation hearings, as well as case discussion meetings;
- Conduct the necessary police inquiries to verify if participants comply with their rehabilitation plans;
- Pursue all the necessary administrative procedures to obtain participants’ criminal records;
- Verify that participants comply with court restraining orders imposed to prevent them from going home;
- Conduct, at the request of the judge or the Office of the Attorney General, all the necessary inquiries and corroboration visits where information is doubtful or there is any controversy to be settled;
- Accompany treatment center staff to high-crime areas when requested to do so. This service requires the authorization of the police monitoring officers’ supervising coordinator;
- Provide support and cooperation to the support groups established;
- Collaborate with the general manager of the program, providing them with statistical data and informing them of any difficulties in the program’s progress, as well as any other information on the program that they request;
- Attend the hearings of their clients’ cases;
- Attend meetings convened by the judge to discuss cases;
- Attend other meetings convened by the general manager of the program or the judge.

Norway: NA

Suriname: NA

UK: Liverpool: Specific posts advertised.

US: Primarily exposure to peers in other jurisdictions and to other drug court programs; documentation on the efficiencies drug courts could provide in terms of enhancing public safety.
3. **From Attorneys**

**OVERVIEW:**

As with responses to earlier questions on this point, most programs noted that increased dialogue, education and exposure to peers in other jurisdictions was very valuable in promoting support as well as understanding of the nature of addiction and how the DTC program can be effective.

**SURVEY RESPONSES:**

**Australia**

*New South Wales (answer applies to all fields):* Given the program was announced over eleven years ago, the following summary points are highlighted:

- The program was carefully legislated, with emphasis on excluding violent and/or sexual offenders and drug traffickers.
- The program was ‘fully funded’, with new treatment, legal and correctional services created specifically to deal with Drug Court participants to avoid any displacement of existing clients/offenders
- The program was a trial for six years, with a rigorous independent evaluation included in program design and a second evaluation undertaken to demonstrate ongoing program impact

*Perth, Western Australia:* Regular and inclusive stakeholder meetings form the main mechanism for all parties.

**Belgium:** NA

**Bermuda:** Increased dialogue – starting with small conversations and presentations at Bar Association and other forums.

**Brazil:**

*Rio de Janeiro:* Explain that without submission to treatment, the criminal process will continue and the criminal defendant may be convicted.

*Sao Paulo:* Talking about program and spreading information about it.

**Canada:**

*Calgary:* NA

*Edmonton:* Speaking to related organizations. Once they see the benefits they are on board.

*Toronto:* See above.

**Chile:** see previous.

**Ireland:** NA

**Jamaica:**
- Education in relation to the benefits to their clients of DTC;
- Engaging civil rights attorneys and other advocacy groups.
**Mexico:** Functions of defense lawyers.  
Defense lawyers, whether they be a public defender or private counsel, represent the interests of citizens charged with crimes.  
Defense lawyers shall:  
- Provide legal counsel to persons accused of an offense;  
- Study the facts of the case and the best course of action to follow, presenting any defense to which the accused is entitled, including lodging such appeals as are deemed appropriate;  
- Protect the interests of the participant;  
- Inform the candidate of their rights and benefits as a participant in the program;  
- Review the evaluation and progress report on each participant prepared by the treatment center and police monitoring officer, as appropriate;  
- Once the candidate has been accepted into the program they shall defend them at the induction and follow-up hearings, inquiring beforehand about how they have adapted and progressed under the rules of the program;  
- Advise the candidate or participant about the consequences of breaking the rules of the program;  
- Collaborate with the general manager of the program, providing them with statistical data and informing them of any difficulties in the program’s progress, as well as any other information on the program that they request;  
- Attend the hearings of their clients’ cases;  
- Attend meetings convened by the judge to discuss cases;  
- Attend other meetings convened by the general manager of the program or the judge.  

As regards the public defender assigned to the program, they shall also coordinate with other lawyers in order to identify program candidates from the initial interview.

**Norway:** Very often a defence lawyer takes the initiative to get a social inquiry report for this purpose, but they still have to apply through the public prosecution.

**Suriname:** NA

**UK:** Liverpool: Judicial persuasion.

**US:** Support has been developed primarily through exposure to peers in other jurisdictions and to other drug courts; specific explanations of how the drug court can benefit their respective agencies in terms of carrying out their respective missions as well as bringing about efficiencies that can result in use of available resources; for defense attorneys, also working to ensure adequate protections of the rights of participants as part of the DTC program plan.

4. **From Public Health Officials**

**OVERVIEW:**

Most of the responding programs reported that public health officials had been collaborating partners and helpful in planning the DTC program as well as making available necessary treatment services. Some of the respondents (e.g., the U.S. and Mexico, for example), reported that the oversight provided by the court has reinforced the role of the treatment provider, thereby enhancing the impact of the treatment services.

**SURVEY RESPONSES:**

**Australia**
New South Wales (answer applies to all fields): Given the program was announced over eleven years ago, the following summary points are highlighted:

- The program was carefully legislated, with emphasis on excluding violent and/or sexual offenders and drug traffickers.
- The program was ‘fully funded’, with new treatment, legal and correctional services created specifically to deal with Drug Court participants to avoid any displacement of existing clients/offenders
- The program was a trial for six years, with a rigorous independent evaluation included in program design and a second evaluation undertaken to demonstrate ongoing program impact

Perth, Western Australia: Regular and inclusive stakeholder meetings form the main mechanism for all parties.

Belgium: NA

Bermuda: Enhanced collaborative efforts and community outreach.

Brazil:
  Sao Paulo: Nothing.

Canada:
  Calgary: NA
  Edmonton: NA
  Toronto: Easy buy in…they knew it would work.

Chile: Roundtables with representatives of the Department of Health have been formed, achieving their support in the sanitary topics of the program.

Ireland: NA

Jamaica:
- Regular meetings between health personnel and judiciary;
- Secured accessibility to general and specialist health provisions;
- Presentation of routine data on day to day functions, audit as well as research;
- Highlighting benefits of programme.

Mexico: Functions of the treatment center. The treatment center staff shall:
- Make a confirmation diagnosis of all candidates referred in order to determine their eligibility for the program;
- Conduct toxicology tests on each candidate as well as on participants during the latter’s supervision period;
- Make appropriate recommendations to the judge regarding the candidate’s admission to the program based on the findings made during the investigation and initial interview;
- Send the necessary documents or reports to the court that support any decision or determinations made by the program in each case over which it has jurisdiction;
- Discuss with the different program operators all those actions for which they are responsible;
- Provide appropriate supervision for the participant in order to keep the court apprised of their progress;
- Keep an up-to-date file on each and every intervention in each case with the participant, next of kin, and other necessary officials. (e.g. work, school, government agencies, among others);
- Submit to the judge, Office of the Attorney General or defense counsel such documents or reports as are required within the terms established by both parties;
- Arrange, within the established deadlines, investigation or follow-up visits at the settings where the program operates: Home, community, place of study or work, treatment center, where the situation merits;
- Investigate the cases referred by the court according to the established criteria;
- Keep program participants under close supervision at the office, in the community, and place of treatment;
- Direct the participant in their rehabilitation and integrate family resources to act as a support for the participant;
- Facilitate the coordination of services and provide guidance to participants in finding work, a place of study, housing, etc;
- Collaborate with the judge, providing them with statistical data and informing them of any difficulties in the program’s progress, as well as any other information on the program that they request;
- Attend the hearings of their clients’ cases;
- Attend meetings convened by the judge to discuss cases;
- Attend other meetings convened by the judge.

**Norway:** NA

**Suriname:** NA

**UK:** Liverpool: Meetings with commissioners headed by the judge.

**US:** In the US the drug courts have reinforced the role of public health – particularly treatment providers -- by providing continuous oversight of their clients as well as serving as a very credible and consistent referral source.

5. **From Community Leaders**

**OVERVIEW:**

Most of the programs reported that support from community leaders has been secured primarily through provision of information on both the DTC as well as the extent of drug addiction in the community, its impact on the well being of the community (e.g., on crime, public health, etc.), the financial costs entailed (e.g., jail space, workplace loss of productivity, etc.) and the cost effectiveness of DTC programs. A number of respondents also noted the value of inviting community leaders to DTC graduation ceremonies or DTC hearings where they can meet program participants and learn about the program first hand.

**SURVEY RESPONSES:**

**Australia**

**New South Wales (answer applies to all fields):** Given the program was announced over eleven years ago, the following summary points are highlighted:

- The program was carefully legislated, with emphasis on excluding violent and/or sexual offenders and drug traffickers.
• The program was ‘fully funded’, with new treatment, legal and correctional services created specifically to deal with Drug Court participants to avoid any displacement of existing clients/offenders
• The program was a trial for six years, with a rigorous independent evaluation included in program design and a second evaluation undertaken to demonstrate ongoing program impact

Perth, Western Australia: Regular and inclusive stakeholder meetings form the main mechanism for all parties.

Belgium: NA

Bermuda: Invited community leaders to view Court; make presentations on programme; and discussions with clients

Brazil:
   Rio de Janeiro: NA
   Sao Paulo: Talking about program to spread information about it.

Canada:
   Calgary: NA
   Edmonton: Public forums, speaking with graduates on how drug court saved their life.
   Toronto: see above.

Chile: see previous comments.

Ireland: There was a Government Report commissioned and provided and a steering committee set up comprised of personnel from the various interested agencies, Judiciary, Legal practitioners, Health Board, Probation, Community, Garda (Police), Medical.(Working Group on a Courts commission, available on the Courts Service website, [www.courts.ie](http://www.courts.ie)).

Jamaica:
   - Including Lay Magistrates in DTC;
   - Development of support groups for DTC.

Mexico: Create community-based for networks for the offender and their next of kin (in progress).

Norway: NA

Suriname: Please note that in the Working Group Drug Treatment Court several institutions are represented. For example, Court of Justice, Prosecution, Health treatment centre, prison, national drugs council. Please note that the project still has to be implemented.

UK: Liverpool: Close community liaison.

US: Support from community leaders has been developed through a number of strategies, including:

1. Convening meetings of community leaders to present the various dimensions of the drug problem and its implications for the community – youth, neighborhoods, merchants, tourism, etc.;
Many community leaders have also had personal experience with someone close to them becoming addicted and welcome the opportunity to work with the justice system in a constructive way to address addiction. Most graduation programs also include invitations to community leaders to attend and, often, to speak;

A number of DTCs also have established policy/advisory committees composed of community leaders (e.g., representatives from the medical, educational, business, etc., communities) who can serve as a liaison between the program and the community to report the benefits/services of the DTC as well as solicit needed services and resources;

Many of the DTCs have community service components involving both current participants and alumni that provide outreach to the community – for example, a booth at a community fair explaining the dangers of drugs and the importance of drug/alcohol treatment; providing Thanksgiving dinner baskets to families in need; working at shelters, etc.

6. From Others Whose Support was Needed

**OVERVIEW:**

Most of the programs reported that they reach out to all segments of the community—the media, legislators, mayors, governors, the faith community, local business organizations, etc. -- to provide information on both the DTC as well as addiction, generally, and the limitations of other options for treatment that the DTC overcomes.

**SURVEY RESPONSES:**

**Australia**

New South Wales (answer applies to all fields): Given the program was announced over eleven years ago, the following summary points are highlighted:

- The program was carefully legislated, with emphasis on excluding violent and/or sexual offenders and drug traffickers.
- The program was ‘fully funded’, with new treatment, legal and correctional services created specifically to deal with Drug Court participants to avoid any displacement of existing clients/offenders
- The program was a trial for six years, with a rigorous independent evaluation included in program design and a second evaluation undertaken to demonstrate ongoing program impact

Perth, Western Australia: Regular and inclusive stakeholder meetings form the main mechanism for all parties.

**Belgium:** NA

**Bermuda:** Collaboration; enhanced outreach initiatives and expanded trainings.

**Brazil:**

Rio de Janeiro: NA

Sao Paulo: Talking about program to spread information about it.

**Canada:**
Calgary: Each of the community stakeholders was invited to have a representative sit on our Board of Directors. We also held a well attended Open House to celebrate our 2 Year Anniversary as a way of educating and informing the community across all levels about who we are and the work we do. We also have participated in various community presentations to schools, and other professionals as a way of educating the public about the work we do.

Edmonton: NA

Toronto: The police were sold by having them to speak to colleagues in jurisdictions where DTCS are up and running.

Chile: NA

Ireland: NA

Jamaica: NA

Mexico: Create business and education networks by which to provide education and formal employment to program participants (in progress).

Norway: Spent a lot of time giving information about the drug treatment program to: lawyers, judges, police officers, public prosecutors, prison officers, social workers, health workers, people working with education for grown-ups, and you name it. So the chance for someone to know about this possibility for drug-addicts is good. Theoretically all these different people can guide the drug-addict into getting a sentence like this, as long as it is the public prosecution/the court that formally asks for the social inquiry report.

Suriname: NA

UK: Liverpool: NA

US: See above.

D. ROLE OF CITIES AND MUNICIPALITIES IN PLANNING/IMPLEMENTING DTCs

Question: Has your city or municipality been involved with the planning and/or implementation of the DTC? If so, please describe the involvement.

OVERVIEW:

Approximately half of the respondents noted that their city leaders had been involved with the development of their DTCs. Four respondents (Belgium, Calgary, Suriname and UK) reported that their city/municipality was contributed toward implementation of the DTC. The U.S. reported that a number of cities and counties have provided strong support for their DTC programs in various forms, including funding and recognition. In Australia, issues involved with the implementation of DTCs are matters of state government concern, and no municipal involvement has taken place.

SURVEY RESPONSES:

Australia:
New South Wales: Criminal law, health services, policing and corrections are all State Government issues within the Australian federal system. Accordingly, there has been little municipal involvement in Drug Court implementation in NSW.

Perth, Western Australia: As the issues addressed through the Perth Drug Court fall under the responsibilities of the State Government, there has been no municipal involvement in the implementation of the Perth Drug Court.

Belgium: Ghent was involved in the planning and the drug coordinator and the steering committee of the city of Ghent supported the DTC (without financial means).

Bermuda: NA

Brazil:
  Sao Paulo: Yes, but this action is just beginning.

Canada:
  Calgary: Yes, the city provided us with funding for the first 2 years that allowed us to open up.
  Edmonton: Not yet. They support us but not financially.
  Toronto: The city was not involved.

Chile: In 2007, the Judicial Branch of government, the Ministry of Interior, Ministry of Justice, Ministerio Público, Public Criminal Defensor attorney’s office, Paz Cuidadana Foundation and CONACE signed a “Protocol of Contribution”, by virtue of which the institutions are committed to carry out the necessary actions for the appropriate implementation of the DTC in our country.

Ireland: No, the city was not involved.

Jamaica: Administration of DTC is a function of central government between the ministries of Health and Justice.

Mexico: This program has arisen from agreements between the Mexican federal government, Office of the Attorney General and CONADIC; the state government, judiciary, and Department of Mental Health and Addictions of the Health Secretariat of the State of Nuevo Leon, and international agencies: The U.S. Department of State, ONDCP/NADCP, CICAD/SMS/OAS.

Norway: NA

Suriname: Yes, through the National Drugs Council and the government.

UK: Liverpool: Yes. The primary health care trust and Drug Intervention Programmes are vital partners.

US: Many cities in the U.S. have provided strong support to their DTCs. This has taken the form of financial support, recognition by city leaders of drug court graduates and attendance at their graduations; convening “stakeholder” meetings of key community leaders and agency heads who can serve as a liaison with the drug court and community resources. Regardless of the source of funding DTCs have received, the local cities in which they operate are major beneficiaries of the program’s services, reflected in the reductions in crime that
have resulted, reduced costs for justice system costs, particularly incarceration, and decreases in public assistance and foster care costs for the DTC participants who are able to obtain employment, retain/regain custody of their children who may have been placed in foster care due to the parent’s drug use, and related costs.

E. PLANNING AND TESTING FEASIBILITY OF THE DTC

1. Time Devoted to Planning the DTC

   Question: How much time was devoted to planning the DTC, including any pilot testing conducted?

OVERVIEW:

Most of the programs reported that it took anywhere from 6 months to 2 years or more to plan their DTC, depending on available funding. This time was generally devoted to planning the design of the program, developing stakeholder support, hiring staff, and training DTC personnel.

SURVEY RESPONSES:

Australia:
- New South Wales: The program was publicly announced in September 1998 and commenced operation in February 1999. Some preliminary planning had occurred prior to announcement, but implementation proceeded at an unusually rapid pace. No pilot testing was conducted.
- Perth, Western Australia: Planning for the Drug Court was undertaken over several months.

Belgium: Planning 9 months; 2 years of pilot.

Bermuda: 2 years.

Brazil:
- Rio de Janeiro: No pilot program.
- Sao Paulo: Time allocated was the time devoted to talking about the program.

Canada:
- Calgary: Five years of meetings involving various stakeholders who met as part of a steering committee to try to implement a drug court. The group initially came together in hopes of obtaining Federal funding for the drug court, which ultimately was unsuccessful.
- Edmonton: 5 months + the court is currently in a federal government pilot.
- Toronto: about one year.

Chile: The pilots worked up to 2008.

Ireland: The pilot project was envisaged to last about 18 months, but due to low referrals it was extended. It lasted until 2006 when the DTC was put on a permanent footing, but despite this the proposed expansion of the DTC has not yet happened.
**Jamaica:** This work was largely undertaken at policy and level, therefore unable to provide time estimate. Pilot is ongoing.

**Mexico:** The preparatory work for implementing the first pilot program lasted around eight months, during which time visits were made to drug courts in the United States, Chile, and Belgium. Project members also attended academic forums and training was provided to staff involved in this area both at the federal level and in the state of Nuevo León. The pilot project has been in operation for five months and is functioning on a permanent basis with the opening of five new courts in the jurisdiction of Monterrey, the State capital.

**Norway:** In Norway there were established a working group with participants from different ministries in the government. Their mandate was to make a report on whether the Drug Court system should be implemented in the Norwegian legal system or not, and if so: how to implement it. The report was presented in September 2004, and the conclusion was that the results from other drug-court countries were so good that this was something Norway should try. The report suggested that the court should lead the drug treatment program. The report was send out for comments to a lot of different agencies and also all the courts. A lot of agencies, and especially the Supreme Court, was very sceptic to a system where the courts would be so involved in the serving of a sentence. This would break the legal principle of the courts independence to the public administration. The result of the hearing was that when the bill was presented to the Parliament (Stortinget) it suggested that Norway should implement what they called a drug treatment program supervised/controlled by the court (not led by). This resulted in a new statutory provision in the Criminal Code, section 53 and 54, which came into force came into force on the 1st of January 2006.

**Suriname:** Please note that the project still has to be implemented.

**UK:** Liverpool: 12-18 months lead in.

**US:** Most programs can plan and implement their drug courts within six months – one year. Funding for treatment and related services and getting the buy in of other criminal justice agencies are generally the tasks that require substantial time.

2. **Pilot Testing the DTC Concept**

   **Question:** Was a pilot project used to test the viability of the DTC? If yes, how was its success determined?

   **OVERVIEW:**

   Approximately half of the respondents noted that they began as a pilot program and are still operating as a pilot program (for example: Belgium, Jamaica, Mexico and UK). Chile, Ireland and the U.S. reported that they started off as pilot programs, and success was determined based on graduation rates and recidivism rates. Calgary started as a pilot as result of limited funding. The DTCs in Australia began as pilot projects which were to be rigorously evaluated. The positive results of these evaluations have permitted the programs to move beyond the pilot phase. Because of the lack of permanent funding for most DTC programs, many that have been operating for some time still consider themselves to be “pilot”, e.g., continually having to justify their merit in order to maintain their operations.

   **SURVEY RESPONSES:**

   **Australia:**
New South Wales: The project was conceived as a trial that was rigorously and independently evaluated. Government received the report of the independent evaluator and chose to continue operation with several changes to policy and operating procedure. The program subsequently gained recurrent funding, moving it beyond being a trial.

Perth, Western Australia: The Perth Drug Court was initiated as a pilot, but currently remains in operation on a permanent basis.

Belgium: Still in pilot phase.

Bermuda: No.

Brazil:
Rio de Janeiro: There is no pilot program. Each state uses its own unique program.
Sao Paulo: No.

Canada:
Calgary: A pilot project was set up not to test the viability but more as a result of limited funding. At the end of the pilot project, funding was obtained for another full year because of the funders belief that this was a worthwhile project, but not because any formal evaluation had been completed.
Edmonton: Yes, an evaluation accompanied the pilot
Toronto: no pilot test was used.

Chile: Yes, in Valparaíso, in the year 2004. From this experience, the main actors of the project, with the coordination of Paz Ciudadana Foundation, signed an "Interinstitutional agreement Protocol", that established the bases of the program. A second pilot started by mid-2005. In this way, gradually, other cities were added to the program until the creation of what today is called Drug Treatment Courts, framed according to the international model.
Its success was determined, through the institutional wills that wanted to follow the model, and to the number of cases investigated during the phase of pilot programming.

Ireland: Pilot project up to 2006. An internal Courts Service report did a preliminary assessment based on results of graduations and achievements of participants together with reduction in re offending.

Jamaica: The programme is still in pilot owing to lack of funding for expansion. Audit reports have provided promising results. The Jamaican Justice Reform Task Force recommended its expansion based on positive evaluation.

Mexico: The program is currently at this phase. The specialized Treatment Center was created for cases referred by the Addictions Treatment Court.

Norway: A three-year trial scheme for court-controlled drug programmes (drug courts) in the municipalities of Oslo and Bergen will be established with effect from 1 January 2006. The objective of the trial scheme is to prevent new crime and to promote the rehabilitation of convicted persons. It is also intended to help improve the practical support and treatment offered to problem drug users covered by the scheme. Completion of the drug programme will require a combined effort from and binding cooperation between different sectors and administrative levels.
The trial scheme for drug programmes shall be evaluated during the trial period. By evaluation is meant a research-based process and assessment of results. The main objective of the evaluation is to arrive at a recommendation on whether the programme should be concluded after three years or whether it should be continued. Confidential information to be used during the evaluation shall as a rule be anonymised. If this is not the case, the convicted person must give his/her consent.

**Suriname:** Please note that the project still has to be implemented.

**UK:** Liverpool: This is a pilot and two further drug treatment pilots are underway in London and Leeds.

**US:** The Miami program, developed as a pragmatic response to jail crowding and the surge of drug involved offenders arrested and released into the community without any supervision or treatment services, was implemented as a practical, ad hoc effort to provide increased accountability and court supervision of drug involved arrestees. The necessary functions relating to provision and coordination of services, record keeping, participant monitoring, etc., were developed incrementally, as the program evolved. Other DTCs that developed subsequently, frequently established pilot programs to provide an opportunity to build necessary support as well as fine tune program operations and address implementation issues. Most programs now start with a pilot effort during which necessary procedures and services can be put into place, initial impact can be measured, and a foundation can be developed to then expand the program.

**F. OBSTACLES ENCOUNTERED AND STRATEGIES FOR ADDRESSING THEM**

**Question:** What obstacles, if any, were encountered in building support for the DTC? How were these addressed?

**OVERVIEW:**

Most respondents cited the lack of stable funding as the biggest obstacle they had encountered, with gaining ideological support for the program (e.g., demonstrating that the program was not a “soft on crime” approach) as an additional obstacle. The primary strategies for addressing these obstacles has been by providing education on the nature of chronic, relapsing nature of addiction; the significant role DTCs have played in addressing addiction; and the positive evaluation results that have been documented for DTCs. Inviting skeptics to observe drug court proceedings and attend graduation ceremonies has also frequently proved effective in building support for the DTC.

**SURVEY RESPONSES:**

**Australia:**

New South Wales: Health services in particular feared displacement of ‘voluntary’ clients (i.e. those not mandated into treatment by the justice system). Relatively generous treatment service funding (which has been eroded by cost inflation) for new, dedicated drug court services addressed these fears.

Perth, Western Australia: No obstacles.

**Belgium:** Capacity of the treatment side; financial means.

**Bermuda:** Getting buy-in. Through on-going collaboration and sharing of outcomes.

**Brazil:**

Rio de Janeiro: The biggest obstacle seen in developing drug courts is the lack of public investment and the difficulty of law professionals joining the program.
Sao Paulo: How to involve people in the program. This was addressed by talking about the program and spreading information about it.

Canada:

Calgary: Obtaining funding has been the largest obstacle to creating a viable and sustainable program. Educating the various stakeholders about the effectiveness of the drug treatment court remains a goal.

Edmonton: There are still people who just don’t get it. We continue to promote our program by our public speaking, by media, and giving back to the community.

Toronto: Biggest obstacles were convincing the defense bar because they saw this court as a potential “net widener”. They felt that offenders who had valid defenses to the charges would opt into the court (and plead guilty to an offence they might be acquitted of).

Chile: Lack of comprehension of the model: Several educational conferences on the DTC model were carried out, and at first, there were judges that because of they did not understand its dynamics did not create a stable team.

Lack of special legislation\(^\text{91}\): To include a special legislation has been presented as special need of the model. Some actors of the program say that the catalogue of crimes should be expanded and that within the program also, could have offenders participate despite their prior criminal records. The current tool used by the program is the conditional suspension of the procedure, and among its requirements of application, that the crimes sentences do not surpass 3 years of liberty deprivation and that the offender was not previously condemned.

Ireland: Steps were taken to avoid intra agency tension and DTC implemented speedily.

Jamaica:  
- Resistance from traditionalist who believe DTC is “too soft” an approach to crime management—managed by exposure to DTC processes and successes;  
- Resistance from those who believe that substance addiction is not a legitimate illness suitable for treatment—public education, exposure to DTC processes and successes;  
- Scarce allocation of resources both monetary and personnel—lobbying the 2 responsible Ministries for increased funding. Support groups have engaged in fundraising activities.

Mexico: Some developments in the second half of 2009 temporarily delayed the project’s progress. The then-Attorney General of Mexico left office and the Governor of the State of Nuevo León completed his constitutional term in office; both staunchly supported the pilot project. This meant that the work team had to wait until the federal government ratified its interest and approval was received from the new Governor. It was also necessary to await the appointment of the new heads of local agencies. However, the implementation work continued. The support of both levels of government has since been obtained and, therefore, it is planned to open five more courts to make a total of six Specialized Addictions Treatment Courts in the State of Nuevo León, Mexico. In addition, other states in Mexico have expressed an interest in initiating the relevant feasibility studies.

Norway: A lot of agencies, and especially the Supreme Court, was very sceptic to a system where the courts would be so involved in the serving of a sentence. This would break the legal principle of the courts independence to the public administration.

\(^{91}\) These requests need a legal reform.
**Suriname:** Please note that the project still has to be implemented.

**UK:** Liverpool: Obstacles from skeptical lawyers and community leaders addressed by a programme of meetings and involvement in local community initiatives on an intensive basis.

**US:** The major obstacles encountered have been:
   1. getting judges to support the program initially; some saw the drug court as a probation supervision function and did not see the program as a judicial function;
   2. developing the appropriate array of treatment and other services AND a mechanism to coordinate them;
   3. getting the public to understand that DTC is not a “soft on crime” approach; and, most important; and, most important;
   4. developing a stable funding base so that program planning can develop on a longer term basis.

**G. UNANTICIPATED ISSUES THAT HAVE DEVELOPED AND HOW THEY WERE ADDRESSED**

**Question:** Have any unanticipated issues developed since implementing the DTC? If so, please briefly describe them and indicate how they were addressed.

**OVERVIEW:**

The following were common, but unanticipated issues, reported by many of the respondents. Inadequate or unstable resources and funding channels; identifying and targeting the persons who could best benefit from the DTC program; reaching and engaging young adults (e.g., the 18-25 year olds); addressing the extent of mental health issues presented by eligible participants; and developing appropriate programs for juveniles, Jamaica, Toronto, and the U.S. reported that they had found that youth could not be successfully integrated into adult DTCs or even served by the same DTC model, so separate courts/programs have needed to be developed to address their needs.

**SURVEY RESPONSES:**

**Australia:**
   New South Wales: NA
   Perth, Western Australia: NA

**Belgium:** NA

**Bermuda:** Yes, there has been a reduction in available residential treatment spaces.

**Brazil:**
   Rio de Janeiro: No.
   Sao Paulo: Unknown.

**Canada:**
   Calgary: Many of the unanticipated issues have been related to our limited funding. For instance, the initial treatment provider was chosen because they were willing to take our participants at no additional cost. This turned out to be an inappropriate placement due to the center’s location in the city where drug addicts “hang out”, thereby making the likelihood of relapse very high among our male participants who were all sent
there initially. As well, lack of funding has limited the staff that can be hired which limits services to our participants.
Initial premises of the program have changed as the Team’s understanding of addiction and what constitutes good treatment has grown.

Edmonton: NA

Toronto: Failure of youth to integrate into an adult DTC. So separating the youth into other programmes has occurred.

Chile: The Ministerio Público and the Ministry of Interior, must subscribe on a year basis a Covenant of Financial Contribution, in consideration of the operating capacity of the DTC. It is necessary to have resources in order to hire clinical personnel, training and other activities inherent to the implementation of the program. This is an unexpected matter because there are no definite resources (from an item of the government), and these should be requested on a year basis.

Ireland: There is currently a review underway re the lack of resources available to each agency involved in the DTC.

Jamaica:  
- Non-offending substance abusers volunteering for DTC programme were referred to appropriate agencies;  
- Need for juvenile DTC – at early stages of exploration.

Mexico: NA

Norway: We are working on a lot of social inquiry reports. It is a big challenge finding the right persons for the program. Who can we help with this program? How addicted can they be? How mentally ill can they be? Do they need a safe place to live before we start working with them? We have a lot of questions, and very few answers. But we are getting more and more experienced every day.

In 12 months I really hope we are more certain of whom the target group really is. I also hope we have found a good way to organize and administrate the project with so many agencies involved. (For example the different budgets and the organization of the staff).

Suriname: Please note that the project still has to be implemented.

UK: Liverpool: NA

US: A number of unanticipated issues have developed since drug courts first became implemented in the U.S. which have included: (1) the severity of both substance addiction and associated psycho social problems presented by participants, including histories of physical, sexual and psychological abuse; (2) the prevalence of mental illness among drug court participants, many of whom require medication which has then made them ineligible to participate in drug court treatment if the provider requires participants to be “drug free”; (3) the range of ancillary needs drug court participants have presented (housing, vocational, literacy, educational, public health, etc.); (4) the impact of frequent changes in drug court personnel at all levels; (5) decreased arrests for and prosecutions of offenders for simple drug possession – a prime population targeted by many drug courts -- as a result of a combination of factors, including fiscal cutbacks for local agencies; and (6) the critical need for basic evaluative information to sustain the programs, particularly in the light of changing leadership in all branches and levels of government– and difficulty of obtaining it from the multiple agencies involved.
H. **STRATEGIES BEING USED TO MAINTAIN INTERAGENCY SUPPORT FOR DTCS**

**Question:** What strategies are used to maintain interagency support for the DTC now that it has been implemented?

**OVERVIEW:**

Strategies for maintaining interagency support were consistent among respondents: regular meetings with personnel and community members to facilitate ongoing communication regarding the program, its activities and accomplishments; providing regular evaluation information describing who the program is serving (e.g., number of parents; number of children of participants; years of addiction represented by the participants, etc.), the nature of services being provided, and the impact of the program. (See, for example, the report of the New South Wales DTC included in Volume Two.) Calgary and Chile reported that they have each created promotional materials to share with the public. Training for those working in the DTCs has been another important tool reportedly used to maintain interagency support.

**SURVEY RESPONSES:**

**Australia:**

New South Wales: Interagency support for the program was driven in the early years by the highest level of government – this was an initiative promoted by the State Premier and was given a high priority across government.

Since the program moved beyond a trial and beyond high level patronage, interagency support has been based on a common belief (proven by two evaluations) that this as a highly effective way of working with a difficult client group that represent a high cost to agencies, the communities, themselves and their families.

Perth, Western Australia: Regular and inclusive stakeholder meetings

**Belgium:** (unofficial) coordinator of the DTC, ongoing communication.

**Bermuda:** Regular stakeholder and strategic planning meetings are held. There is annual stakeholder training and discipline specific trainings off island sponsored by NDCI/ NADCP and associates. Outcomes are shared.

**Brazil:**

Rio de Janeiro: Drug courts have to prove every day that they are more advantageous to implement than other programs.

Sao Paulo: Only talking about the program.

**Canada:**

Calgary: The CDTC Board currently involves members from the community stakeholders who have a vested interest in this project. Public presentations and news articles highlighting our work. Inviting interested people to come and observe our weekly drug court sessions.

Edmonton: We acknowledge their involvement and support by gifts, special acknowledgments and keep them connected to our program.

Toronto: We hold Community Advisory Committee meeting 3 times a year. During the meeting we listen to concerns and suggestions from community members and work with them on organizing change.
**Chile:**
- Periodic coordination meetings are carried out;
- Training focused on the main actors of the model are planned and carried out;
- During 2009, promotional material of the program was created (flyers and DVDs);
- In 2010 Paz Ciudadana Foundation with support of the American Embassy in Chile published a training material for judges, prosecutors and defense attorney that are working in DTCs.

**Ireland:** The Team has a team meeting every Monday to discuss how the Participants are progress and what they can do to assist the Participants to progress. This meeting is outside of the DTC pre court meeting. Team members personally take great care and cooperate with each other.

**Jamaica:** Regular meetings at practitioner and policy levels.

**Mexico:** Interagency communication. It is also planned to create an internal information sharing system among the government agencies taking part in the program.

**Norway:** NA

**Suriname:** Please note that the project still has to be implemented.

**UK:** **Liverpool:** Regular meetings and reports to advise and inform.

**US:**
- Developing MOUs (Memorandum of Understanding) among agencies outlining their respective roles and responsibilities for the drug court pogrom;
- Producing meaningful evaluative information that outlines the benefits of the drug court for each agency as well as the community;
- Ongoing communication with these agencies at all levels;
- Ongoing interdisciplinary training;
- Regular interagency/team meetings.
IV. ASSESSING THE BENEFITS OF DTCS

A. CRITERIA BEING USED TO MEASURE EFFECTIVENESS

Question: What criteria are used to measure the effectiveness of the DTC program?

OVERVIEW:

Most respondents cited recidivism and graduation rates as the most significant measures of effectiveness for their programs. A number of programs also reported cost savings,\(^92\) as well as lifestyle changes such as employment or education, birth of drug-free babies, etc.

SURVEY RESPONSES:

Australia:

New South Wales: The focus of the 2002 evaluation was cost effectiveness in reducing recidivism compared to a matched control group of prisoners, with dedicated studies addressing health and social functioning and stakeholder satisfaction.

The 2008 evaluation looked primarily at recidivism compared to a matched control group of prisoners, with reference to comparing cost of incarceration with the total cost of a Drug Court program.

Perth, Western Australia: Whilst no ongoing evaluation schedule exists, past evaluations and reviews have studied the effectiveness of the Perth Drug Court in making positive changes to the lives of participants by examining recidivism rates and the comparative costs of imprisonment and supervision on community based orders.

Belgium: Scientific evaluation.

Bermuda: Compliance rate and completion of the programme.

Brazil:

Rio de Janeiro: Scientific research.

Sao Paulo: Unknown.

Canada:

Calgary: These questions are all currently part of the ongoing evaluation of our young (21/2 year old program). An evaluation is currently underway and will be available in May, 2010.

Edmonton: Ongoing evaluation and national evaluation program called the DTCIS.

Toronto: Stable housing, no further criminal offences, obtain & finish education and secure a job.

Chile: Each year, the results of the program are measured, by virtue of the Covenant of Financial Contribution, subscribed since the year 2007 between the Ministerio Público and the Ministry of Interior. The indicators are the following:

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- Total number of people with positive diagnostic suspect/ Total number of people with Diagnostic Suspect carried out;
- Total number of people that stay in treatment/ Total number of people sent to Treatment centers;
- Total number of people that abandon treatment/ Total number of people that entered to treatment;
- Total number of people that successfully finished treatment / Total number of people that entered to treatment;
- Total number of arranged plans for this population used/ Total number of arranged plans for this population used assigned;
- Number of people that left the previous step of treatment with rescue carried out/ Number of people that left the previous step of treatment;
- Number of joint - trainings carried out/ total number of joint -training planned.

Ireland: Re offending and rates system to properly assess this readily is been considered at present.

Jamaica:
- Graduation;
- Lifestyle changes;
- Long term impact in terms of recidivism and substance use.

Mexico:
- Number of participants who graduated from the treatment program;
- Number of next of kin of graduated participants;
- Continuation rate in current job;
- Continuation rate in school and academic activities;
- Felony and misdemeanor reduction rate in the jurisdiction of addictions treatment courts in the State of Nuevo León, Mexico;
- Operating costs of the specialized treatment center for cases referred by the addictions treatment court of the State of Nuevo León, Mexico;

Norway: The trial scheme for drug programmes shall be evaluated during the trial period. By evaluation is meant a research-based process and assessment of results.

Suriname: Please note that the project still has to be implemented.

UK: Liverpool: Reoffending and completion rates.

U.S.: Most programs are using recidivism – e.g., new arrests and/or new convictions – as the basic measure of effectiveness. Increasingly, programs are also using cost savings, particularly in terms of per participant jail costs vs. drug court costs. Secondary measures have included indicators of social functioning – employment; retention and/or regaining of child custody; currency in child support obligations; education, family functioning, birth of drug free babies, etc.

B. Recidivism Rates

Question: Are recidivism rates among participants in the DTC noticeably different than those among offenders processed by traditional criminal justice procedures? If so, please describe.

Overview:
Most of the programs have reported anecdotally reductions in recidivism rates for DTC participants, compared to offenders processed by traditional criminal justice procedures, although not all programs appear to have developed the infrastructure for reporting this information systematically.

**Survey Responses:**

**Australia:**

*New South Wales:* The 2008 report found “that, controlling for other factors, participants in the NSW Drug Court are significantly less likely to be reconvicted than offenders given conventional sanctions (mostly imprisonment).

When the Drug Court and comparison group were compared on an *intention-to-treat* basis, offenders accepted onto the Drug Court program were found to be 17 per cent less likely to be reconvicted for any offence, 30 per cent less likely to be reconvicted for a violent offence and 38 per cent less likely to be reconvicted for a drug offence at any point during the follow-up period (which averaged 35 months).”

*Perth, Western Australia:* The 2006 review of the Perth Drug Court found strong evidence that involvement in a drug court program has a positive effect in reducing the level of re-offending among individuals charged with a drug related offence. The drug court was found to be associated with a net reduction in recidivism of 17% over prison and 10.04% over community corrections. People who had been through the Perth Drug Court also exhibited a reduced frequency of burglary offences and had substantially fewer drug related offences and subsequent offending.

**Belgium:** (pilot phase).

**Bermuda:** Yes, there are fewer re-offenses.

**Brazil:**

*Rio de Janeiro:* In our scientific research we discovered that recidivism is 80% in cases where there is no submission to treatment and only 12% when there is treatment.

*Sao Paulo:* Unknown.

**Canada:**

*Calgary:* NA

*Edmonton:* Yes, but figures not available at hand

*Toronto:* Yes but we don’t have statistics at the present time.

**Chile:** To this date, no data has been obtained, nevertheless, the Paz Ciudadana Foundation is working in order to measure the rates of recidivism in the model.

**Ireland:** In terms of re offending, recent figures from DTC liaison Garda, on two random samples of 10 participants each, to look at offending rates before, during and after participants in the DTC programme have shown that there was a 75% and 84% reduction respectively in the total rate of offending.

**Jamaica:** Data not yet available.

**Mexico:** As yet there are not comparative data for this period.
Norway: NA

Suriname: Please note that the project still has to be implemented.

UK: Liverpool: Yes. Recidivism especially short term is reduced.

US: Yes. Most outcome evaluations have found that recidivism, measured either in terms of arrests or convictions, is considerably lower for drug court graduates than offenders processed in the traditional criminal justice process and generally also somewhat lower for drug court participants who did not complete the program compared with counterparts who were processed through the traditional criminal justice process.

C. COST SAVINGS

Question: Are the costs for sending an offender through the DTC noticeably different than those entailed with the traditional criminal justice process? If so, please describe.

OVERVIEW:

Although some of the programs reported that, due to the lack of available data, they cannot be certain that costs for sending an offender through the DTC are noticeably different from those of the traditional criminal justice process, half of the respondents noted cost savings. Toronto and the U.S., for example, reported cost savings, with Toronto noting that the cost for incarceration alone is over twice the cost for maintaining an offender in the DTC. The UK (Liverpool) also reported that DTC costs are less than the costs for custody. The U.S. appears to have the most extensive information relating to costs, with a number of evaluation reports addressing comparative costs for incarceration as well as public health (e.g., emergency room visits, birth of drug addicted infants, etc.) and public welfare costs, including those for foster care. Perth also notes that, when the costs of recidivism are taken into account, sending offenders through the DTC is more cost-effective than traditional processes.

SURVEY RESPONSES:

Australia:
    New South Wales: The independently evaluated cost of the traditional criminal justice process is only ‘slightly higher’ (about 10% higher) than the total cost of the Drug Court process, largely because just over 50% of Drug Court participants do not complete the program and return to custody. The cost of reincarcerating drug court ‘failures’ is higher than the cost of all program services and staff.

    Perth, Western Australia: A review of the Perth Drug Court in 2006 revealed the offender management costs associated with the Drug Court were higher than a mainstream community order but lower than a prison sentence. However, when the different rates of recidivism were also considered, and the cost of just one of these recidivist episodes taken into account, the Drug Court is more cost effective and achieves a better social outcome.

Belgium: (pilot phase).

Bermuda: NA

Brazil:

93 See “Cost Savings” cited in Note 73.
Rio de Janeiro: Yes. The treatment costs will not exceed $100 and the common system of criminal justice can vary from $200 to $500 depending on the security of the prison system.

Sao Paulo: Theoretically incarceration and criminal justice activities costs are much higher that treatment costs. In the instance where I used to work referring drug abuse offenders to treatment [is the subject of a study] to measure those values.

Canada:
Calgary: NA

Edmonton: For every $1 spent in drug court there is a minimum $5.90 return on investment.

Toronto: Much less because incarceration alone is over twice the cost of an offender who remains in DTC.

Chile: To this date, no data has been obtained.

Ireland: No information available.

Jamaica: It has been reported that the cost is less for DTC but the actual figures are not to hand.

Mexico: As yet there are not comparative data for this period.

Norway: NA

Suriname: Please note that the project still has to be implemented.

UK: Liverpool: Less than custody but more than other non-custodial disposals.

US: Yes. Reported cost savings have ranged from $ 3,000 to $ 20,000 per drug court participant. While the methods for calculating these costs have varied, they have generally focused on a comparison of the costs for incarcerating the individual – generally at least $ 50 daily.\(^\text{94}\)

D. **BENEFITS OF THE DTC TO THE COMMUNITY**

**Question:** What benefit(s), if any, do you feel the DTC provides to the community?

**OVERVIEW:**

All the programs reported that the DTC has benefitted the community in a variety of ways – promoting return of offenders to the community as law abiding, productive and contributing members; decreasing criminal recidivism and drug use; reducing incarceration costs; and increasing public confidence and respect for the criminal justice system.

SURVEY RESPONSES:

Australia:

New South Wales: The broader community does tangibly benefit by a significant reduction in criminal activity by a group of high frequency offenders. Because these offenders generally ‘consume’ a high number of expensive public sector services (most obviously gaol, but also housing, health, family support and income support services) with fairly poor outcomes, successful Drug Court participation should reduce the ineffective use of these other public sector services.

Given that the community also includes families, friends, employers and partners of Drug Court participants, these community members benefit from the re-integration into the community of those persons who succeed.

In a less tangible sense, the community benefits from having an innovative, high-profile program be demonstrated as successful and offering an optimistic alternative to the seemingly intractable cycle of drug use, offending and incarceration.

Perth, Western Australia: The Perth Drug Court contributes generally to a reduction in crime, and to breaking the cycle of illicit substance use in the community.

Belgium: Community gets involved.

Bermuda: Yes, there are fewer re-offenses.

Brazil:

Rio de Janeiro: A decrease in crime, especially in violent crime, and an improved public health system.

Sao Paulo: The community was more closely involved with the criminal justice system.

Canada:

Calgary: It has provided a significant dollar savings to our community by offering treatment to the group of chronic and hard-core addicts that had been responsible for a disproportionate amount of crime and placing a disproportionate amount of stress on community services like the police, emergency and hospital services. It is contributing towards making our community a safer community as well.

Edmonton: Productive citizens who assist in getting other addicts clean.

Toronto: Reduction of crime by reducing recidivism.

Chile: Decrease of the criminal recidivism, that is to say, decrease of the delinquency rates; By means of the decrease or detention of the drug use, a healthy physical and psychological life is promoted, for the candidate and for his/her social and family environment.

Ireland: The benefits to the community are wide spread. The Participants are now availing of Education, Health and in some cases Community Employment. With the improvement in their education their self worth and self esteem has increased thus they are able to communicate better with their families and the community at large. With the improvement in their self confidence combined with the improvement in their health and not being involved with illicit drug taking and crime they are now becoming more effective members of their families and communities.
Jamaica: Returns to community law-abiding, substance free citizens, often with improved interpersonal and occupational skills who take responsibility for themselves and the families.
- Active community advocates for substance/offending free lifestyles;
- Community role models for peers;
- Reduction in crime in the community.

Mexico: Reduces incarceration costs
- Provides alternative lifestyle change solutions for program participants and their families, which are aimed at having an influence on their communities of origin;
- Modifies the systems on drug abuse and dependence among community members.

Norway: The aim of the drug treatment court is to reduce or eliminate offenders' dependence on drugs and to reduce the level of drug-related criminal activity.

Suriname: The community will have less problems.

UK: Liverpool: Increases confidence in Criminal justice System.

US: Among the benefits a DTC provides to the community include: (1) the opportunity for its citizens who may have become drug addicted and committing crime to recover and return to the community as productive citizens rather than spend unproductive months or years in a prison cell; (2) significant cost savings compared to the costs for jail or prison; and (3) increased public confidence/respect for the judicial process in terms of its additional rehabilitative role in addition to its punitive functions.

E. AVAILABILITY OF EVALUATION REPORTS

Question: Have any evaluation reports on the DTC been published? If so, please attach a copy. If they are not available, please briefly summarize the results reported.

OVERVIEW:

Most of the respondents reported that evaluation reports are either not available or are still in progress. Australia, Ireland and a number of programs in the U.S. have completed formal evaluation reports, as have drug courts in New Zealand for which a completed CICAD survey had not been received at the time this report went to print. Jamaica reported that evaluations have been produced for internal consumption only.

SURVEY RESPONSES:

Australia:

New South Wales: See

Perth, Western Australia: Yes:

95 See Volume Two of this report for available evaluation information for the DTCs in Australia, Ireland, New Zealand and the U.S.
Belgium: Not yet; soon.

Bermuda: NA

Brazil:
   Rio de Janeiro: Not yet.
   Sao Paulo: No.

Canada:
   Alberta: NA
   Edmonton: Yes
   Toronto: Yes…will be send under separate heading.

Chile: No. However, during 2009 the "terms of reference" were created, to evaluate the program. It is expected that in the current year this activity will be carried out.

Ireland: Attached link to the Final Evaluation Report initiated at 12mths.


Jamaica: Evaluations to date have been for internal consumption.

Mexico: As yet there are not comparative data for this period, and therefore no report has been issued.

Norway: NA

Suriname: Please note that the project still has to be implemented.

UK: Liverpool: NA

US: There have been well over 200 outcome drug court evaluation reports published, primarily for local programs but some also for statewide programs. Almost all of these reports point to significantly reduced recidivism results for program graduates, and somewhat lower recidivism results for participants who did not graduate; significant cost savings, from both a justice system perspective (e.g., jail costs, case processing costs, law enforcement costs, etc.) and a community perspective (e.g., decreases in welfare costs, emergency room admissions, increased workforce productivity, etc.)

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96 See Volume Two of this report.
The Organization of American States (OAS) is the world’s oldest regional organization, dating back to the First International Conference of American States, held in Washington, D.C., from October 1889 to April 1890. At that meeting the establishment of the International Union of American Republics was approved. The Charter of the OAS was signed in Bogotá in 1948 and entered into force in December 1951. The Charter was subsequently amended by the Protocol of Buenos Aires, signed in 1967, which entered into force in February 1970; by the Protocol of Cartagena de Indias, signed in 1985, which entered into force in November 1988; by the Protocol of Managua, signed in 1993, which entered into force on January 29, 1996; and by the Protocol of Washington, signed in 1992, which entered into force on September 25, 1997. The OAS currently has 35 member states. In addition, the Organization has granted permanent observer status to 63 states, as well as to the European Union.

The essential purposes of the OAS are: to strengthen peace and security in the Hemisphere; to promote and consolidate representative democracy, with due respect for the principle of nonintervention; to prevent possible causes of difficulties and to ensure peaceful settlement of disputes that may arise among the member states; to provide for common action on the part of those states in the event of aggression; to seek the solution of political, juridical, and economic problems that may arise among them; to promote, by cooperative action, their economic, social, and cultural development; and to achieve an effective limitation of conventional weapons that will make it possible to devote the largest amount of resources to the economic and social development of the member states.

The Organization of American States accomplishes its purposes by means of: the General Assembly; the Meeting of Consultation of Ministers of Foreign Affairs; the Councils (the Permanent Council and the Inter-American Council for Integral Development); the Inter-American Juridical Committee; the Inter-American Commission on Human Rights; the General Secretariat; the specialized conferences; the specialized organizations; and other entities established by the General Assembly.

The General Assembly holds a regular session once a year. Under special circumstances it meets in special session. The Meeting of Consultation is convened to consider urgent matters of common interest and to serve as Organ of Consultation under the Inter American Treaty of Reciprocal Assistance (Rio Treaty), the main instrument for joint action in the event of aggression. The Permanent Council takes cognizance of such matters as are entrusted to it by the General Assembly or the Meeting of Consultation and implements the decisions of both organs when their implementation has not been assigned to any other body; it monitors the maintenance of friendly relations among the member states and the observance of the standards governing General Secretariat operations; and it also acts provisionally as Organ of Consultation under the Rio Treaty. The General Secretariat is the central and permanent organ of the OAS. The headquarters of both the Permanent Council and the General Secretariat are in Washington, D.C.

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Establishing Drug Treatment Courts: Strategies, Experiences and Preliminary Outcomes

VOLUME ONE:
OVERVIEW AND SURVEY RESULTS

Justice Programs Office, School of Public Affairs, American University

Caroline S. Cooper
Brent Franklin
Tiffany Mease

Prepared for the
Drugs Summit: European, Latin American and Caribbean Mayors and Cities
April 21 -23, 2010
Lugo, Spain

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In Memory of

Michael B. Sullivan
(1943 – 2009)

Whose Initial Insights and Effort Provided a Foundation for this Document
PREFACE

Drug courts, the experience and the hopes

This is a moment when all over the world the question of drug production, consumption, addiction and trafficking is being discussed, as the traditional way of dealing with it, emphasizing law enforcement, has not helped to solve it. The discussion is taking place also in the Americas.

In Latin America, the former presidents of the three largest countries in terms of population, Brazil, Mexico and Colombia, proposed in 2007 a program called “Drugs and Democracy”, the objective of which is to stress the public health aspect of the problem, decriminalize/depenalize consumption of softer drugs and give the issue a global perspective linked to questions of socioeconomic development and democratic legitimacy in governance, at the same time as the fight against drug trafficking should continue, as a central activity against transnational organized crime.

In the United States, where policies have a global outreach for economic (market size), financial, political and cultural reasons (its condition as the superpower and the reach of its cultural production, mostly audiovisual), priorities are also changing. The idea of a war led by a “drug czar” is being abandoned for a more balanced approach. It is curious politically and linguistically that a word expressing the past ruler of the enemy country in the 1970’s should have been chosen, when historically czars were not necessarily very good military leaders; but the idea was precisely to suggest that this public servant (as a Roman Caesar, or the German Kaiser) would have sweeping global power in this war.

Secretary of State Clinton has stressed several times the idea of shared responsibility and the new drug “czar” for the Obama administration, Gil Kerlikowske, in his speech to the 53rd meeting of the UN Commission on Narcotic Drugs in March 2010, presented his assessment: “The results from long-standing initiatives, such as drug courts, and newer alternatives to incarceration, including “smart” programs which incorporate swift, certain, but modest sanctions, have been extremely encouraging. We must now expand such initiatives so all those for whom diversion from prison is appropriate, can participate. These innovative programs break the cycle of drug use, arrest, release and re-arrest and are much more cost-effective than long-term incarceration.”

In the Americas as a whole, the member states of the OAS, under the coordination of Brazil, have been discussing a new hemispheric drug strategy to replace the one officially adopted at the end of the last century. One of the leading aspects of this review, proposed a year ago by OAS Secretary General Insulza, would be to take into account all recent scientific evidence.

After decades of an approach that favored repression as its main component and that prevailed in many countries, it has become clear that it is an oversimplification. Even if it did not totally disregard the public health aspects of drug dependence, it emphasized the criminal aspect of drug use, resulting in the incarceration of hundreds of thousands of non-violent people all over the world; and, worse, with no indication whatsoever of any improvement in chemically- and psychologically dependent people, and no evidence that the roots of the phenomenon were being
addressed. In addition, in those countries in which the prison system has been partially privatized, there may be a strong economic motive behind sending people to jail.

Drug courts, or drug treatment courts, the first practice of which started in Florida over 20 years ago, represent thus an alternative to incarceration with advantages in critical aspects.

First, they establish the commitment of addicts to work on getting rid of their dependence; second, the approach avoids incarceration of drug users and could, depending on the legislation, be applied to petty, non-violence drug dealers, which would avoid their making contacts inside the prison system that often increase the tendency of first offenders to become more deeply involved in illegal activities, as they meet hardened criminals who no longer harbor any hope of being recovered as law-abiding citizens; third, it avoids or reduces the stigma of danger and unreliability often associated with incarcerated people, thus helping reinsertion and recovery; fourth--and this is also becoming more and more critical--it helps reduce the spiraling rise in costs that countries bear to imprison a large portion of their population, sometimes hopeless and helpless poor youngsters, whose possibilities of a decent life decline even more as they are sent to prison.

Drug courts are so far a practice that has set deeper roots in English-speaking parts of the world, but that is gaining much broader support as it extends to several other countries. This publication covers the experience in twelve countries.

Although the experience is fairly recent, it seems clear that the results achieved are strong enough to recommend that it should be adopted more or less universally.

Statistics vary from country to country, but certain features are common: many prison systems are bordering on bankruptcy; a vast majority of those in jail come from groups that are economically and socially vulnerable; a large portion of all those incarcerated are in prison for non-violent drug-related crimes.

In the first third of the 20th century the United States adopted a prohibition policy for alcohol, with a 1919 constitutional amendment which was repealed by another one in 1933. Overall consumption of alcohol went down, as most citizens were not willing to commit a crime to drink, but it did not eliminate alcoholism and led to increased smuggling and corruption in law enforcement and other state agents. That is why the efforts to reduce demand have become so important, and have already been recognized in the expression "shared responsibility", aiming at reducing both demand and supply. It is not only unfair, but also inefficient to put the blame--and the corresponding responsibility-- mostly on the countries that are/were commonly seen as producers, particularly of cocaine, since chemical drugs are produced in a very wide range of countries.

As the assessment of the efficiency and usefulness of drug courts advances--and I am sure the current trend will assert itself more and more--perhaps a suggestion to be considered would be to apply this approach to the hundreds of thousands of prisoners sent to jail as drug users or as non-violent petty drug dealers. If carefully applied, such a move would reduce the financial and other
burdens of incarceration to society as a whole and might give people now in prisons some hope of leading a normal and productive life.

Drug courts should be one of the elements of a global and multidimensional strategy to fight drug addiction and non-violent drug crime. Such an approach takes into account social, economic and cultural factors which affect the lives of the most vulnerable groups. If the scope of drug courts were enlarged, or other “alternative” courts established, more people could be reintegrated in society without imprisonment, rendering services to the community and receiving support to overcome their links with the world of illegal drugs or petty, non-violent crime. It can also be an inspiration at this moment when the OAS member countries are revising their hemispheric drug strategy.

It is also true that drug policy should also take into account legal drugs, such as alcohol. As a factor in domestic violence and in deaths in car accidents--another form of violent death--the consumption of alcohol should be put under stronger control.

We hope that the exchange and links established among cities in Europe, on the one hand, and Latin America and the Caribbean, on the other, will survive, and that the cooperation will find other sponsors.

The progress made since the first conversations about this project in 2006 has been huge. We live in a world where sometimes we have the illusion of having access to unlimited knowledge, but the truth is that without the joint work of like-minded institutions and peoples and governments, this knowledge gets lost and little in practice can be achieved.

In the Secretariat for Multidimensional Security of the OAS, we believe in the approach that underlies drug treatment courts: more inclusive, more humane, more efficient and even cheaper in the long run. Let us support this initiative with all our strength as professionals and as human beings.

Finally, I want to acknowledge my gratitude to the team of SE/CICAD, including Abraham Stein for the first talks about EU-LAC cooperation in 2006, as well as Luis Coimbra, of the Department of Public Security of the Secretariat for Multidimensional Security, for the data provided and the enlightening discussions.

And for the moving hospitality of the people and authorities of Lugo, which makes us want to come back many times.

Alexandre Addor-Neto

Secretary for Multidimensional Security

Organization of American States
Drug dependence is a chronic relapsing disorder that must be addressed and treated as a public health matter, on a par with the treatment of other chronic diseases. It is a cluster of behavioral, cognitive and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state.

Heavy drug use is found more frequently among offenders than among the general population, as shown by a number of studies in the Western Hemisphere and Europe. Using Goldstein’s conceptual model, acquisitive crime to support a compulsive drug habit represents a fair proportion of crimes committed by offenders with substance abuse problems. Offenses committed under the influence of drugs or alcohol, according to self-reports in some countries, represent an even higher percentage of crimes by drug-dependent offenders.

Because drug abuse is compulsive, it does not stop at the prison door. In a 2009 survey of prisoners conducted by the Scottish Prison Service, 22% of prisoners reported that they had used drugs in prison in the month prior to the survey.

Treatment alternatives to incarceration for drug-dependent offenders involve diverting substance-abusing offenders from prison and jail into treatment and rehabilitation under judicial supervision. By increasing direct supervision of offenders, coordinating public resources, and expediting case processing, treatment alternatives to incarceration can help break the cycle of criminal behavior, alcohol and drug use, and imprisonment.

The details of these alternative mechanisms vary from jurisdiction to jurisdiction, but most involve suspension of the sentence provided the offender agrees voluntarily to participate in a drug treatment program. The judge in the case supervises the offender’s progress in treatment, with the assistance of the prosecutor, social workers (case officers), treatment providers and probation officers. The judge has the power to end the treatment program if the offender violates its terms and conditions, in which case, the sentence will be handed down and the offender will be incarcerated.

Drug treatment under judicial supervision is well established in countries like Canada, Australia, the United Kingdom and the United States, under the name of “drug courts” or “drug treatment courts”. While the name may vary from place to place, and the conditions of participation may differ, the

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2 CICAD/SMS/OAS Group of Experts on Demand Reduction, Basic principles of the treatment and rehabilitation of drug-abusing and drug-dependent persons in the hemisphere, Mexico City, November 2009.

3 World Health Organization

4 National Drug Council of Chile (CONACE), and National Service for Children and Minors (SENAME), Chile, 2006.


8 With the exception of juveniles, where it is mandatory in most cases.
essential ingredients are as described above. For the purposes of this publication, we shall use the term “drug treatment courts” and “drug courts” interchangeably.

At a number of recent seminars organized by the Inter-American Drug Abuse Control Commission (CICAD), Secretariat for Multidimensional Security of the Organization of American States, judges, prosecutors and health care personnel from Latin America, the Caribbean and Europe examined the feasibility of establishing treatment alternatives to incarceration for drug-dependent offenders, one form of which are drug courts.

Some of the CICAD countries expressed great interest in setting up such programs, although civil law countries pointed to some difficulties they might face in working such alternatives into their penal codes and procedures. Countries where drug courts are already up and running spoke of how they had overcome obstacles and public skepticism, and stressed the need for good evaluations and research on the outcomes of drug treatment court programs in order to demonstrate their effectiveness.

Through its program of City Partnerships on the improvement of Drug Treatment, CICAD has helped the courts of Suriname and the State of Nuevo León, Mexico, to set up new drug treatment courts, and continues to support the work of drug courts in Chile, Jamaica and other interested countries and cities. Belgium, where a new drug treatment court pilot has been created, has taken a collaborative approach, involving city officials and universities in the process. CICAD’s exchange of good practices in recent years allowed countries where drug treatment courts are in place to share different approaches to drug court challenges.

Key to the success of drug courts in the U.S. has been the ability to demonstrate to lawmakers and the public at large that drug court participants have lower rates of recidivism and lower rates of relapse into drug use than drug dependent offenders who are incarcerated. We therefore recommend that all drug treatment courts have a robust information system, to assure public acceptance of alternatives to incarceration for drug-dependent offenders as well as to secure future funding.

It is our hope that the present publication will contribute to better understanding of drug treatment courts in operation around the world, and show that this approach can reduce prison overcrowding, calm the general public’s concerns about crime, and slow down the revolving door of recidivists for whom prison has done little but exacerbate their problems.

James F. Mack
Executive Secretary
Inter-American Drug Abuse Control Commission (CICAD)
Secretariat for Multidimensional Security
Organization of American States (OAS)

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9 EU-LAC Drug Treatment City Partnerships, an initiative coordinated by CICAD/OAS and funded by the European Commission.

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**VOLUME ONE: OVERVIEW AND SURVEY RESULTS**

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- Queensland: Drug Court Act 2000

**Bermuda**
- Drug Treatment Programmes: Criminal Code Act 1907. Title 8, Item 31

**Jamaica**
- The Drug Court (Treatment and Rehabilitation of Offenders) Act, 1999.
- The Drug Court (Treatment and Rehabilitation of Offenders) Regulations, 2000
- The Drug Court Act, 1999

**Norway**

**United States**
- Reference to website for federal Crime authorizing funding to state and local drug courts (H.R. 3355, Title V-Drug Courts. Violent Crime Control and Law Enforcement Act of 1994), and statutes enacted in 44 states, the District of Columbia and two tribal jurisdictions.

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INTRODUCTION

This publication has been prepared by the Secretariat for Multidimensional Security of the Organization of American States (OAS) through the Executive Secretariat of the Inter-American Drug Abuse Control Commission (SE/CICAD); the Justice Programs Office, School of Public Affairs, American University; the Institute for International Research on Criminal Policy (IRCP), Universiteit Gent; the Ministerio Público of Chile (General Prosecutor’s Office); and the International Association of Drug Treatment Courts (IADTC). It has been developed as a project of the EU-LAC Drug Treatment City Partnerships, an initiative coordinated by CICAD/SMS/OAS and funded by the European Commission, and represents the first in a series of reports that will be prepared to document the operations, services and impact of drug treatment courts in the various countries in which they have been implemented.

The present publication was prepared for distribution and discussion at the Drugs Summit: European, Latin American and Caribbean Mayors and Cities, on April 21 -23, 2010 in Lugo, Spain, under the Spanish Presidency of the European Union of 2010. The report summarizes the initial experiences of Drug Treatment Courts (DTCs) in 13 of the approximately 20 countries that have established DTCs to date and draws on the responses to a survey sent by CICAD in January 2010 to the DTC judges and others involved in these programs. The report consists of two volumes: Volume One provides an overview of issues relevant to the development and implementation of Drug Treatment Courts and a summary of the responses to the CICAD survey submitted. Volume Two provides supporting documentation, including copies of legislation that has been enacted, relevant program descriptive and evaluative information, and the Survey Instrument. A list of the individuals who contributed responses to the survey, along with the names and contact information for the approximately 50 DTC judges who have been presiding over these programs, is provided on Charts One and Two in Volume One.

The purpose of this report is to describe the strategies that have been developed to establish Drug Treatment Courts in countries that have implemented them, the services they are providing, the target populations they are serving, and the impact they have had to date, along with “lessons learned” that may be useful to others embarking on a DTC initiative.

For those who have been involved with implementing DTCs, these programs have entailed a significant departure from the traditional approach for dealing with drug dependence and drug-related criminality by recognizing that incarceration in and of itself has little effect on stopping drug dependency and associated criminal behavior and that these problems are more effectively and more inexpensively accomplished through diversion programs where, in lieu of incarceration as the sole means for dealing with drug involved criminal behavior, certain drug-dependent offenders can be directed to DTC programs. Rather than handling these cases through a traditional criminal justice approach that focuses primarily on their criminal behavior, the DTC also directs attention to the underlying substance addiction that is causing it through a range of services tailored to the needs of the individual offender.

As we have come to learn, the value of DTC programs is that they address in a coordinated way, supervised by the court, not only the drug-dependent individual’s criminality, but also the drug-dependent individual’s underlying substance addiction that may be contributing to his/her criminal behavior. This blend of

10 EU-LAC Drug Treatment City Partnerships
www.eulacdrugs.org
www.lugosummit.org
treatment and other support services provided within the context of the criminal justice process, with the criminal justice sanction held in abeyance pending the individual’s completion of the prescribed treatment program, has proved to be an effective strategy to promote the individual’s rehabilitation and reintegration into the community.

Among the special services most DTCs provide to their participants -- in addition to focused drug treatment services -- that are not generally provided to offenders in a non-DTC setting include assistance in obtaining: clean and sober living arrangements; medical care; mental health services; vocational training; job readiness and placement services, and a wide array of family services. All these services are provided in a coordinated manner, overseen by the drug court program, so as to promote significant reductions in recidivism and the individual’s recovery from drug dependence, as well as improve his/her capacity for self-sufficiency as a productive member of the community. Evidence of the effectiveness of DTCs in achieving these objectives has been widely documented in a number of countries, most extensively throughout the United States of America. 12

Despite evidence that drug courts are effective in addressing the drug dependency of criminal offenders – and, in fact, more effective than the traditional criminal process -- the fact is that in many countries, DTCs have been a “hard sell” for their advocates. Those who have dealt with the problems of addiction know all too well that social and other services provided to and for drug-dependent persons involved in the justice system, when applied in isolation, without the comprehensive assessment, interagency oversight and coordination of the DTC, accomplish far less than DTCs in undoing addiction and stopping the continuing criminal behavior associated with it. These other alternatives also potentially place a number of drug dependent individuals in settings where they are subject to becoming more efficient criminals and reduce the chances of meaningfully addressing their addiction and promoting their recovery and rehabilitation.

With this backdrop, the present publication is designed to begin to fill a critical information gap by providing a preliminary base of information regarding the experience of developing DTCs in various countries that have embarked on these initiatives and the impact and benefits which these programs have had. Although much still needs to be done, the information compiled from the 13 countries responding to the SE/CICAD survey presents a cogent argument about why DTCs are a good idea, and gives a snapshot of what they cost in terms of human and other resources, what savings they can create for their respective societies in economic as well as human terms, and what benefits can accrue, particularly in terms of public safety and community well-being. The goal is to divert drug-dependent offenders to DTCs, that is, to a judicially supervised treatment program, rather than simply incarcerating them with little, if any, treatment and support services.

The publication has been developed with a strategic focus for use by the international community -- and EU-LAC participants in particular -- to provide guidance for the further development of DTCs and to build on the lessons learned from programs in countries that have already established them. A major strength of this report is that it draws upon the perspectives and insights of the leading judges and others most influential and instrumental in the DTC field in countries where Drug Treatment Courts have been initiated. Their comments, based on their operational experience, and the information they have submitted provide practical guidance for counterparts in other countries who are interested in developing DTCs and need documentation to persuade relevant decision-makers in the criminal justice, public health, social service, law enforcement, and related

12 See Volume Two of this report for summaries and citations to outcome evaluation reports conducted of Drug Treatment Courts in Australia, Ireland and the U.S.
sectors of local government in their home counties to support them.  
The organization of Volume One of the report mirrors the questions on the CICAD survey instrument, with an introductory section (Part One) providing a synopsis of the survey responses in key topic areas, followed by a compilation in Part Two of the survey responses to each question from each of the responding countries, including information on the costs and resources that have been necessary to set up and operate DTCs in the responding countries and the impact noted.  
Available statistical information from existing DTCs, including a comparison of recidivism rates among those who participate in DTC programs versus persons who would otherwise be incarcerated, has also been included.  
Additional supporting documents provided by respondents are included in Volume Two which serves as the Appendix for the report. These documents include summaries of several comprehensive evaluation reports (Ireland and Australia, in particular as well as over 90 evaluation reports for U.S. drug courts) which, because of their size were not reproduced in toto but, rather, summarized, with reference given to the websites on which the full reports can be found. The data and other information compiled in this report should provide an initial response to any skepticism about the utility and value of DTCs that is sometimes presented as a challenge to their establishment. 

Periodic updating of the publication will be undertaken on a regular basis.  

Following publication of this “strategy” document, a subsequent publication will be prepared dealing more specifically with DTC “best practices” which will include a compilation, with commentary, on the various justice system and treatment program policies, protocols, operational materials, screening and assessment instruments, and other tools employed by the various DTCs.  
The Lugo City Summit has brought together the participants from the countries referenced in the publication as well as others who have been interested in exploring the potential utility and feasibility of DTCs and the issues addressed in this report. The present publication is intended to provoke discussion on a range of policy, legal and practical issues involved in establishing DTCs and will be made available in both printed and electronic form to facilitate its dissemination and follow-up and communication among those both involved with and interested in DTC approaches and strategies.  

Inter-American Drug Abuse Control Commission (CICAD, Secretariat for Multidimensional Security, Organization of American States 

Anna McG. Chisman, Head, Demand Reduction  

Antonio Lomba, EU-LAC Program Manager 

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We are deeply grateful to a number of individuals who made this report possible. First, to those who provided information regarding the development and operation of their respective DTCs, listed on Chart 1 in Part One, and to the judges whose leadership in developing and implementing these programs has been essential and whose work with the DTCs has often been a voluntary, uncompensated task in addition to their already heavy workload. Their insights and perspectives, in addition to the specific information they provided, have been invaluable. 

The planning and conduct of this project could not have proceeded without the ongoing guidance and assistance of Justice Paul Bentley, Chair of the International Association of Drug Treatment Court Professionals (IADTC). His insights, familiarity with the various programs that have been developed, and his ready willingness to assist in all phases of the project enabled us to prepare this publication.
We are also indebted to our three partner institutions which worked collaboratively to develop the survey instrument and compile the survey responses:

**Justice Programs Office, School of Public Affairs, American University.** Washington D.C., which took the lead in preparing this publication:
- Caroline S. Cooper, Research Professor, and Associate Director of the Justice Programs Office;
- Graduate research assistants Brent Franklin and Tiffany Mease, who conducted background research, compiled the survey results and contributed substantially to the drafting of this publication; and Jeffrey Morris, Student Research Assistant, who assisted with the data compilation effort; and
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- Lorena Rebolledo Latorre, Lawyer, Unit Specialist in Illicit Traffic of Drugs and Narcotics.

**The Institute for International Research on Criminal Policy (IRCP) of Ghent University** is one of the partners involved in the current project. The IRCP is represented, for the purpose of this project, by Prof. Dr. Brice De Ruyver, Ms. Charlotte Colman and Mr. Laurens van Puyenbroeck. The Institute has for many years built up an extensive expertise in the field of drug policy and drug-related criminality and is one of the leading international research groups in this respect. The Institute has joined as a partner on this project because of its firm belief in the inherent value of the DTC concept and because of the clear necessity of further elaborating and improving the establishment of DTCs on a wide scale. The fact that a DTC has been established in 2008 at the level of the Court of First Instance of Ghent, naturally adds to the commitment the IRCP feels towards this innovating and challenging concept.

The data included in the current publication show that DTCs are capable of making a difference in the way drug-related offenders are approached and dealt with. The publication ‘Strategies, Experiences and Preliminary Outcomes’ offers a clear overview of the ways in which DTCs are being implemented in a number of countries at present. Nevertheless, the publication – as its title indicates – is designed only to provide a preliminary analysis based on a *prima facie* evaluation of the data provided by the countries that responded to the survey. Moreover, a quick scan of the data already reveals some striking findings that require further attention and a more detailed analysis. For example, the differences among the participating countries in the percentage of people who have successfully completed the DTC program and the fact that some countries have had to adopt a more non-adversarial approach in order to implement the DTC in its criminal justice system, are but two interesting findings to emerge.

As noted earlier, the first publication will be followed by a second one, building on the summary information compiled during the course of preparing the current one. The overarching goal of this second publication will be to draft a series of **Best Practices and Recommendations** based on a more in-depth and scientifically based approach. This second report will therefore not only inform on the concept of DTCs, but will also address the questions of how to improve their efficiency, how to validate their effectiveness and how best to incorporate them in the criminal justice system of the various countries that have already established such a scheme or are planning to do so in the near future. Since, the current project, in essence, aims to improve the quality and efficiency of dealing with drug dependency and related criminal behaviour, the IRCP has gladly committed itself to actively contributing to this second publication.
PART ONE: OVERVIEW

A: DRUG USE AND DRUG-RELATED CRIME

1. International Strategies to Address the Problem

Policies and strategies for dealing with the issues of drug use, abuse, and control have existed at a global level for over 100 years. Although some advances have been made, particularly in reducing the supply of certain drugs, demand remains high and addiction and drug-related crime are still at levels that elicit concern. Although demand for illegal substances is often highest in developed countries, supply chains feed addictions all across the world.

In response to the global nature of the problem, three international conventions on drugs have been signed and ratified by the overwhelming majority of United Nations member states. Within the framework of these conventions, each country has established its own legislation on drug-related crime, with a certain amount of variation. In particular, national laws on the penalization of drug use vary considerably. While some countries require criminal penalties for drug use and possession of small quantities of an illicit drug for personal use, others regard drug use and possession as conduct to be sanctioned, if at all, by an administrative measure, such as a fine. This variation in laws on drug use make cross-country comparisons of data on “drug-related crime” very difficult, if not meaningless. As stated in the preface to the Eighth United Nations Survey on Crime Trends and the Operations of Criminal Justice Systems (2001-2002):

“The statistics cannot take into account the differences that exist between the legal definitions of offences in various countries, of the different methods of tallying, etc. Consequently, the figures used in these statistics must be interpreted with great caution. In particular, to use the figures as a basis for comparison between different countries is highly problematic...

Several international agencies, including the United Nations (UN) and the Organization of American States (OAS), have set up specialized divisions to investigate and attempt to reduce the supply of and the demand for narcotic drugs and psychotropic substances. North American and European countries often provide statistics that indicate a fairly high prevalence of drug use. In those Latin American and Caribbean countries for which data are available, prevalence rates tend to be lower than rates in North America and Western Europe, but are still on the increase. Juvenile drug use is also a problem in many areas. A report published by the OAS on student (aged approximately 13-17 years) drug use in twelve Caribbean countries, including Jamaica and Suriname which are among the countries with Drug Treatment Courts included in this report, presented disturbing findings. For most countries in the OAS study, between 15% and 45% of all students in this age group had used an illicit drug at some point in their lives and between 10% and 25% had used an illicit drug within the past year.


14 Ibid.

2. **Incarceration and Alternatives: Drug Treatment Courts (DTCs)**

As a component of the “war on drugs” in the U.S. during the 1980’s, a number of state legislatures enacted or strengthened statutes requiring mandatory minimum and similarly restrictive sentencing provisions for drug offenses that substantially limited judicial discretion and resulted in a massive growth in the prison population in the U.S., of whom a significant proportion of which were non-violent drug abusers. Only a small percentage of these inmates received any treatment and recidivism rates, once they were released, were expectedly high. At least half of the criminal caseloads in most U.S. courts were estimated to consist of drug and/or drug-related offenses consuming substantial judicial resources and creating widely shared frustration among judges and other justice system officials with the “revolving door” syndrome that characterized their handling of drug offenses.

Incarceration – in and by itself -- became increasingly viewed as a less than ideal way of dealing with nonviolent drug offenders for a number of reasons, most notably: (1) the overcrowding of jails and prisons in both the U.S. and other countries, due, in part, to the incarceration of non-violent drug-related offenders; (2) high rates of recidivism for drug addicted inmates once released; and (3) increasing concern about the potential incarceration has for “hardening” nonviolent drug offenders by exposing them to seasoned and possibly violent criminals. From both a public safety and a public health perspective, the need to identify alternative ways for addressing the problems of drugs and crime became critical. The approach and potential of the “Drug Treatment Court” (DTC) model for more effectively addressing these issues has therefore increasingly attracted the interest of those involved in the justice and public health systems in a number of countries as information becomes available regarding the recidivism reductions and other benefits being documented in the communities in which these programs have been implemented.

DTCs have eschewed the traditional prosecution/conviction/sentencing model that has been associated with prison overcrowding and chronic recidivism and embraced an alternative that entails using the leverage of the criminal justice system and its potential sanctions to provide a judicially supervised program of substance abuse treatment and other services. Although the specific elements of the DTC model vary according to its application to the individual justice systems that have adopted it, it essentially entails:

- Early identification of individuals involved with the justice system as a result of their drug abuse;
- Suspension of the justice system proceedings in which the individual is involved pending the individual’s participation in the DTC program;
- Provision of intensive outpatient treatment services to the individual, overseen by the court, and additional services the individual may require based on comprehensive screening and assessment. (Often these entail mental health, housing, literacy, vocational and other services that wouldn’t ordinarily be identified and/or provided in the traditional justice system process);
- Frequent and usually random drug testing (e.g., up to three – four times per week initially);
- Frequent review hearings before the judge (often weekly at first) at which the judge reviews with the individual his/her progress/compliance with the DTC requirements, acknowledges progress made and determines how best to address difficulties encountered, either through changes in the treatment plan or other means;
- Immediate responses to noncompliance, such as not appearing for treatment sessions, drug tests, or court hearings, which can range from a required writing assignment to community service to
several days in jail; continued nonresponsiveness to the DTC program or commission of a new offense that disqualifies the individual from participation results in program termination and the resumption of the traditional justice system process;

- Gradual reductions in supervision as the individual increases his/her periods of sobriety and is able to benefit from the treatment and other services provided, recognizing, however, that the chronic relapsing nature of drug addiction may likely require renewed court intervention periodically, with adjustments to treatment and other services; and

- Graduation from the DTC after 12 – 15 months of continued progression in treatment and a significant period of sobriety.

The first Drug Treatment Court (DTC), or “drug court”, was established in 1989 in the United States as an experiment by the Dade County (Florida) Circuit Court to call upon the authority of a sitting judge to devise – and proactively oversee – an intensive, community-based treatment, rehabilitation, and supervision program for felony drug offenders in an effort to halt rapidly increasing recidivism rates while defendants were awaiting trial.

The program targeted felony drug users and provided an intensive, community-based and multi-dimensional alternative to incarceration. The presiding judge was charged with overseeing the treatment and rehabilitation of program participants through frequent (usually weekly at first) hearings at which he reviewed with the participant the results of his/her participation that week, including the results of random drug tests, and participation at treatment sessions. As experience with the program developed, it soon became apparent that drug use was but the presenting problem and that, for participants to become “clean and sober”, substantial ancillary services needed to be provided in addition to drug treatment -- housing, education, vocational training, job placement, public health, including mental health, services, for example, and opportunities for participants to earn a high school diploma or GED.

As word of the Miami “drug court” spread, judges from courts both in the U.S. and other countries visited the program, sitting in on drug court hearings and watching scores of addicts regularly appear before the judge, during which time their progress – or lack thereof – in treatment was discussed, services adjusted as necessary, and short term sanctions, if appropriate, imposed on those who failed to comply with program requirements. Compliance with program requirements to cease using drugs was typically monitored through random drug testing, and, as noted above, violators would face sanctions for not testing.

The drug court model developed in Miami was adapted by many of these visiting judges to the court processes in their respective courts. In many cases, successful “graduation” from a drug court came to require -- in addition to the participant’s recovery from drug use -- the necessity for the participant to meet minimum standards of education, financial responsibility, and preparedness for independent and productive living in the community. Many drug courts also mandated graduating participants to have a sponsor in the community and/or complete a community service component.

The presence of these specialized courts expanded rapidly throughout the next two decades, moving beyond American borders in the late 1990s. The DTC “experiment” initiated in Miami has now become accepted practice in over a third of U.S. courts and by court systems in other countries as well. Drug

\[16\] Responses to noncompliance are designed to also be therapeutic and constructive and therapeutic rather than purely punitive and to re-engage the individual in the DTC program if at all possible.

\[17\] Graduated Equivalent Degree for High School.
courts now exist, in some form, in Canada, Australia, New Zealand, the United Kingdom, and in several European, Caribbean, and Latin American countries.

DTCs draw not only upon the authority and supervision services of the criminal justice system but also on public health, housing, vocational and other services provided by healthcare and social service agencies, as well as community organizations and NGOs. While DTCs address the individual’s immediate offense, the longer term goals are to promote the individual’s recovery and reintegration into the community as a contributing, law-abiding citizen, thereby putting an end to the chronic recidivism that has characterized the behavior of drug addicts.

The appeal of the DTC model lies in many sectors: more effective supervision of offenders in the community; greater accountability for drug using individuals for complying with conditions of release and/or probation; greater coordination and accountability of the justice system, public health and other community services provided, including reduced duplication of services and costs to the taxpayer; and more efficiency of the court system through removal of a substantial class of cases that places significant resource demands for processing, both initially and with probation violations and new offenses that otherwise would undoubtedly occur.

Dramatic as these benefits may be, however, they do not in themselves explain the tremendous personal impact that drug courts have on all who have been involved with them – even the casual observer of a drug court session. What has made the DTC movement so powerful and infectious is the human element that is involved and the constructive interaction between the individual substance abuser and the “system” that takes place in a multi-disciplinary process geared to using the authority of the legal process to bring about therapeutic benefits for both the individual and the community.

Who are the DTC participants and what has been their experience with the DTC? In the U.S., we have found that:

- DTC participants in adult drug courts reflect all segments of the community, ranging in age from 18 to 75 years, and from individuals who left school at grade 5 to persons with considerable post college graduate education;
- Approximately two thirds of DTC participants are parents of minor children, and are often in danger of losing custody or have already lost custody them;
- In the U.S., approximately 10% have been veterans;
- Men participate at more than twice the rate of women although the percentage of female participants is rising; women, however, do not do as well in the DTCs as men unless special gender specific services and program components are provided for them;
- Most DTC participants have been using drugs for many, many years and many are poly drug users;
- Most DTC participants have never been exposed to treatment although a large majority have already served jail or prison time for drug-related offenses;
- Individuals are remaining in DTC programs at double the rate for traditional treatment programs; and
- Recidivism rates for individuals who have completed DTC programs are significantly lower than those for individuals who go through the traditional justice system process.

18 Approximately 450 juvenile drug courts have also been established in approximately 40 states in the U.S., serving youth generally between the ages of 13 – 18.

Unlike traditional treatment programs, becoming “clean and sober” is only the first step toward graduating from a DTC program. Almost all drug courts in the US require participants (after they have become clean and sober) to obtain a high school diploma or GED certificate, maintain employment, be current in all financial obligations, and have a sponsor in the community. Many programs also require participants to perform community service hours – to “give back” to the community that is supporting them through the drug court program. One drug court requires prospective graduates to prepare a two year “life plan” following drug court graduation for discussion with a community board to assure the court that the participant has developed the “tools” to lead a drug-free and crime-free life.

With the intense interest in finding alternatives to incarceration and ways these alternatives can be applied to nonviolent drug abusers, information about the experience of DTCs in the various countries in which they have been implemented is critical. As with statistics on drug-related crime, no standardized measures and/or data bases yet exist to compare drug court practices and services from one country to another. This report was developed as a first step in filling this gap.

3. Survey Conducted by CICAD on Drug Treatment Court (DTC) Experiences

The survey developed by CICAD and reported on in this Volume was designed to address the most frequent questions that appear to be posed by policy makers when presented with proposals to consider the implementation of DTCs:

- What do DTCs do?
- Why implement them?
- How are DTCs different from the traditional approach for dealing with drug addicts who are committing crime?
- Who would be the target population?
- What services would be provided?
- What steps need to be taken to implement them? What changes in the legal process, if any, are required?
- What is the cost of implementing these programs?
- What impact and benefits have they achieved?
- Perhaps most importantly: Are they worth the effort?

The survey was sent to drug court officials in approximately twenty countries. Responses were received from the following countries:

- Australia (New South Wales and Perth, Western Australia)
- Belgium (Ghent);
- Bermuda (Hamilton);
- Brazil (representing São Paulo, Pernambuco, Rio de Janeiro, and Rio Grande do Sul States);
- Canada (received from courts in Calgary and Edmonton, Alberta and Toronto, Ontario);
- Chile (representing Colina Depulveda, Ojeda, Pavez, Pinochet, San Bennardo, and Santiago);
- England (Liverpool);
- Ireland (Dublin);
- Jamaica (Kingston and Montego Bay);
- Mexico (Mexico City);
- Norway (representing Bergen and Oslo);
- Suriname (Paramaribo); and the
- United States (composite summary for 2,000+ drug courts operating in all states and territories).

Part Two of this Volume provides the full survey responses from each of the 13 responding countries (17 survey responses, including two from Brazil and three from Canada) to each of the survey questions.

Note: Respondents provided their survey responses in English, either as their initial response or through a translation; their responses have been reproduced, generally verbatim, although clarification was provided when considered necessary. Generally these clarifications are in brackets or the original answer has been paraphrased.

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20 See Volume two for the survey instrument.
The following provides a general summary of the information provided in the survey responses by major topic area.

B. **Survey Findings**

1. **General**

   **Number of Individuals Who Have Participated in DTCs and Number of Judges Involved**

   Not including the United States, the reporting DTCs, all of which have been established since 2001, have enrolled nearly 6,000 participants, of whom over 1,000 have successfully completed their respective program. Most of the respondents indicated that these figures were lower than those anticipated when the DTCs were opened, primarily as a result of shortages of funding necessary to adequately develop the programs. Although no firm statistics are available for the U.S., it is estimated that well over 500,000 have enrolled in DTCs and well over 100,000 have graduated.

   Approximately 60 judges are involved in the DTCs responding to the CICAD survey in addition to the estimated 5,000+ judges who have been involved in DTCs in the U.S.

   **Measures of “Success”**

   The responses indicate that the DTCs are perceived to be successful in all of the countries reporting. The most immediate measure of success noted has been recidivism reductions: In Dublin, for example, recidivism reportedly declined by over 75%; recidivism in the U.S. has also declined, although not to the same extent. Other measures of “success” noted included: the capacity to provide a greater array of services to drug addicts which included, in addition to drug treatment, housing, public health, vocational assistance, etc. The enhanced credibility of the justice system in terms of taking meaningful action to address a widespread community and public health problem was also noted.

   **Costs**

   Where statistics are available, they show that drug courts are significantly less expensive than incarceration which, when combined with the decline in recidivism, indicates a much greater degree of cost-effectiveness.

   **Benefits to the Community**

   Respondents were universally positive about the benefits that drug courts provide to the communities in which they operate. With the resulting reductions in crime and recidivism, communities where drug treatment courts have been implemented reportedly appear to have become safer places; respondents also saw gains in both the physical and mental health of participants; and, as noted above, there appears to be the perception that community members are expressing greater confidence in the criminal justice system.

   **Unanticipated Challenges**

   Respondents noted that various unanticipated challenges had emerged which, in some instances, affected the degree to which the DTC could be implemented as envisioned. Where expectations of drug court programs were not fully met, however, few complaints centered around the effectiveness or “fit” of the DTC model. In some jurisdictions, for example, a lack of funding for the relatively new program hampered the efforts of the courts to increase capacity or to be as effective as they might like. In one case, staff turnover and an initial misjudgment of the extensive needs of potential participants were cited as problems. However, none of these developments indicated any fundamental concern over the continued operation of drug treatment courts.

2. **Who Participates? When and How Are Potential Participants Identified?**
The DTCs responding to the CICAD survey generally target nonviolent individuals who are addicted to drugs and who are committing offenses either while under the influence of drugs or to procure funds to obtain drugs. In the U.S., DTCs also target persons found in possession of drugs which, in the U.S., is a crime. Violent criminals are generally excluded from program eligibility, as are those offenders involved with organized crime or the drug trade. Several DTC programs noted that they expect potential participants to demonstrate a willingness to participate in the program and make a good-faith effort to improve their situation.

The nature of participants’ substance abuse can vary widely from court to court. The drug courts in Calgary and Dublin deal mostly with offenders who are addicted to methamphetamine, cocaine/crack, heroin, etc. Courts in Jamaica and the United States, as well as in Liverpool, cater to nearly everyone with a significant addiction problem, including alcoholics and marijuana users. The U.S. drug courts also serve individuals addicted to prescription drugs.

Generally, potential participants in the DTCs included in this report are identified at an early stage in the criminal process, usually twelve or fewer days following the initial arrest. One notable exception is the drug court in Dublin, in which eligibility is not determined until after conviction, which can take six months to two years. When DTCs started in the U.S., identification of potential participants generally occurred within a week or two of arrest and “immediacy” was an essential element of the drug court model and incorporated in the “Key Components”. However, during the course of the intervening years, the time between arrest and program entry has significantly lengthened in many

U.S. DTC programs – a development which needs prompt attention.

The identification of participants potentially eligible for the responding DTCs is typically made by, or at the advice of, the defense attorney, although law enforcement and public health officials can influence or recommend participation. In the U.S., recommendation by the prosecutor is often a prerequisite.

3. Services Offered

Since drug abuse and dependence is the reason for involvement in the DTC, services offered necessarily focus on related treatment needs. Treating drug dependence means not only attempting to overcome addictions that may have persisted for many years, but, as noted earlier, also addressing the underlying causes of the addiction, such as prior physical and/or sexual abuse, or mental health disorders. In many cases, drug abuse may have been ongoing in the offenders’ lives for decades before contact with the DTC program, presenting both a need for intensive treatment as well as an opportunity for significant positive change.

Treatment services come from a wide array of service providers, including treatment centers, hospitals, NGOs, nonprofit organizations, and public health departments. For example, Chile reports working with a specialized nonprofit institution dealing with adolescents, and focusing on social risk, gender, and culture in one of its pilot programs.

Most programs also reported referrals to other service providers for additional services. In addition to medical services, these most frequently include education and training, employment, and housing. Although drug abuse is at the heart of the problem for offenders involved in the DTC, most programs have come to realize that treating the addiction alone will be ineffective if not also accompanied by services necessary to improve the lives of the individuals involved and prevent their relapse and recidivism.

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A number of respondents also reported the desire to expand the range of services currently available to include counseling, child care, and expanded treatment as well as those that would create opportunities for positive alternatives to crime – particularly vocational training and career oriented job opportunities. In the U.S., the need for aftercare services has been critical for most programs. The development of DTC alumni groups is an increasingly frequent phenomenon which, in small part, reflects an attempt to address this need.

4. **Legal Issues**

While some countries have enacted special drug court legislation and/or regulations (Australia, Bermuda, Norway, for example), others began operating DTCs within the existing legal framework applicable to the traditional adjudication and disposition process for criminal offenses. Even without the need for legislation to implement a DTC, there is some thought that special legislation provides added legitimacy for these programs, even though it is often not necessary for their functioning.

4. **Building Interagency Support**

The interdisciplinary nature of DTCs requires ongoing support from the judiciary, other criminal justice officials, attorneys, public health officials, community leaders, and others whose buy-in as well as active assistance is needed. In this regard, a number of the responding DTCs highlighted the importance of regular meetings with local officials, both within the justice system and the community at large, as well as initiating a range of educational opportunities for the public to gain both support for the DTC and understanding of what it was attempting to accomplish. Explaining the logic and evidence in favor of DTCs and what happens to addicts who are left to the traditional process can inform those who are unfamiliar with the model and demonstrate that positive outcomes and effective programs can speak for themselves. Positive evaluations – as well as observing drug court sessions – can also convince hesitant or skeptical stakeholders about the merits of the DTC program. Once there is interagency agreement to participate, involvement in the DTC itself may reinforce faith in its potential, as the effects of this alternative model are witnessed firsthand.

Providing public information and training sessions have been another educational component noted by responding DTCs, particularly regarding the nature of addiction and the value of treatment that can help develop understanding and confidence in the program. Community outreach programs to educate the public have been another important strategy for gaining wider support and encouraging community participation.

6. **Preliminary Indicators of Effectiveness**

### Evaluitive Criteria

Scientific evaluations appear to be the ultimate tool for gauging program effectiveness, but because so many DTC programs are in their early years, most formal efforts to evaluate them are likewise in their beginning stages. However, numerous outcome evaluations in the United States have shown reduced recidivism and cost savings. Forthcoming evaluations in other jurisdictions are expected to reveal similar outcomes, given that the programs are based on the same logic model. A number of respondents reported that, although recidivism reduction is the primary goal used to evaluate program effectiveness, other goals are important as well. Curbing or eliminating substance abuse is an obvious example, as this problem is the reason for the establishment of the DTCs. Social functioning indicators, such as obtaining stable housing, employment, and education, and family stabilization have also been important indicators of success.

22 See Volume Two of this report for a summary of outcome evaluations for U.S. DTCs conducted during the past several years.
Preliminary Findings

All respondents with available data reported reduced recidivism rates among participants in the DTC compared to offenders processed in the traditional criminal justice system. As referenced earlier, Ireland reported figures from two small random assignment studies that showed 75% and 85% reductions in recidivism. Some respondents had comparison figures for the costs for handling offenders in the DTC, compared with the costs in the traditional adjudication process, and reported much lower costs for DTC participants compared to those in the traditional system. Evaluation reports for U.S. DTCs have estimated cost savings ranging from $3,000 to $20,000 per drug court participant, based, primarily, on avoided costs of incarceration.

Another notable benefit of DTC participation (besides cost savings) has been the effect of DTC programs on the community. Reductions in recidivism and substance abuse can remove stresses on community services like police and hospital services. Respondents also noted the creation of safer communities resulting from reduced crime. Some also noted that DTC participants gain a chance to be productive members of their communities and, as a result of their increased self-esteem and improved physical health, are better able to find jobs, reconnect with family and friends, and take greater responsibility for their own lives.

7. Challenges

Obtaining/Maintaining Adequate Funding

The major challenges faced by drug courts (and new programs in general) often relate to funding and budget concerns. This issue was reflected in most of the survey responses, with several respondents reporting that the difficulty in obtaining or maintaining funding necessarily affected the nature and extent of services they were able to provide. Initial funding has been needed to create pilot programs or otherwise establish DTCs, and consistent financial support has been necessary to keep them going.

Attracting Adequately Qualified Personnel/Dealing with Staff Turnover

Adequate, qualified personnel are essential to supporting drug court operations. Of critical importance is that the judges and other justice system officials who are participating in the program have a solid foundation regarding substance addiction and recovery – topics not generally covered in legal or other training they bring to their positions. Problems with inadequate personnel levels and turnover among those involved with the DTCs were reported by a number of the responding DTCs. Training and retaining knowledgeable personnel is an immediate issue most DTCs need to deal with for a number of reasons, none the least of which is to avoid the costs associated with staff turnover and its potential impact on drug court operations. Where turnover has occurred, special effort has been needed to ensure that the new staff understand the drug court program, how it differs from the traditional criminal case and treatment processes, and the role of the interdisciplinary DTC “team” members in promoting the successful recovery of the participants.

Having Adequate Resources and Coordinating Them Efficiently and Effectively

There appears to be a general feeling that not enough resources are available. Several respondents specifically expressed the desire – and need – for expanded treatment services, including counseling and aftercare. How to successfully coordinate services from multiple sectors is also a concern. Partnering with other agencies and community organizations to deliver services has frequently brought a host of problems, especially concerning communication and coordination among agencies that have not traditionally worked together in the coordinated manner required by the DTC. Coupled with the strain of inadequate resources (in both funding and personnel), there also appears to be a concern over how to best utilize those resources and services that are available, including who the
most appropriate target population(s) should be in light of this situation. A review is currently underway in Ireland, for example, regarding the lack of resources available to each agency involved in the DTC.

Developing and coordinating the interagency resources necessary to support a DTC was a major topic of discussion at the Lugo Conference and an increasingly critical role which city leadership should play. (See “Lugo Declaration” below.)

Ø Gaining Philosophical and Material Support from the Necessary Stakeholders

Another major obstacle to establishing and sustaining DTCs has been the challenges of gaining both the philosophical and material support from various stakeholders. Some may be resistant to the drug treatment model, considering the approach too lenient or doubting the legitimacy of substance abuse treatment — often because they lack information and/or understanding regarding the nature of addiction and the potential benefits of well developed and supervised treatment. (Gaining support from these stakeholders can also influence the ability to acquire and maintain adequate funding.) As the DTC model becomes more widely accepted and evaluations continue to reveal positive outcomes, broad support will likely be more easily attained. Ongoing education of stakeholders on the merits and effectiveness of DTCs is crucial.

8. Next Steps

Ø Making the Development and Maintenance of a DTC Part of the Local Government Agenda

A number of respondents to the EU-LAC CICAD survey noted that their municipality or appropriate local government had not yet become involved with their DTC, either in its planning and implementation or operations (although in Australia, for example, DTCs are an established part of the state governments’ agendas). This situation is clearly an item that needs to be addressed promptly in light of the multi-agency services, collaboration and coordination that is needed to effectively deal with addiction. Mayors, for example, are in a key policy setting position to voice support for DTCs and to coordinate the necessary agencies and services essential to bolster DTC efforts to provide the range of treatment, public health, education, housing, family, vocational and other services essential to promoting their effectiveness. In many cities or localities, the various agencies needed to support DTCs and the critical public health and community problem they are addressing through provision of needed services -- addiction treatment, mental health, medical, family, housing, employment, and/or educational services, for example—are often administered by the local government, or in close partnership with it. The incorporation of DTCs into the local government agenda can therefore help streamline service delivery as well as give all relevant partners a clear stake in the continued success of the program. In recognition of the important role cities can play in promoting and sustaining DTCs, the Lugo Conference for which this report has been prepared culminated with the “Lugo Declaration” reproduced at the end of this report section.

Ø Collection and Distribution of Empirical Evidence to document the Impact of DTC Activities

Most, if not all, officials involved in DTC programs recognize that drug dependence is a health and social issue. In many instances, however, policy makers view drug use as purely a criminal justice issue. When use and abuse are not treated properly, with attention to the public health issues they truly represent, the link between drugs and crime is allowed to continue uninterrupted.

The development of empirical evidence-based indicators of the link between dependence and crime, as well as any and all indicators of what DTCs do and their impact will be extremely important to the development and
maintenance of adequate community support. Effective data collection and reporting that answer the questions posed by policy makers, program officials, and the general community are also important agenda items for the future. The creation and proper use of data collection efforts is a critical and immediate step DTC programs need to undertake.

-develop-appropriate-programs-for-youth-and-young-adults-

An unanticipated issue discovered by several countries as they implemented their respective DTCs has been the need for special services and, in effect, separate drug courts for juveniles. Toronto reported separating youth into other programs because they failed to become integrated into the adult DTC, while Jamaica is in the early stages of exploring the need for a juvenile DTC. A number of DTCs have expressed frustration with the prevalence of drug use and drug-related crime among young people, their lack of responsiveness to the traditional adult DTC model, and the range of what appears to be almost intractable issues that need to be dealt with in any meaningful program to reach them – the inappropriate influences of peers, gangs, unhealthy living/family situations, etc., not to mention their minute-to-minute orientation and sense of invulnerability.

This issue also emerged in the early years of drug court experience in the U.S., with a number of juvenile drug courts being developed alongside special family treatment courts for neglect and abuse cases involving drug involved parents. A related issue that has raised particular attention in the U.S. and is just beginning to be addressed relates to the need to develop specialized programs and services for young adults – e.g., individuals who are legally adult (e.g., 18 or over) but developmentally adolescents and for whom adult DTC services appear to be inappropriate. Those programs that appear to have success with adolescent drug users appear to be include a focus on developing the strengths, skills and self esteem of the participant and pay particular attention to the following:

1. Developing strategies to motivate the juvenile/adolescent to change, recognizing that juvenile/adolescent substance abusers often lack the "hitting the bottom" motivation that long-term adult substance abusers have -- and often use -- in their recovery process;

2. Understanding and anticipating the impact of the complex developmental processes juveniles are undergoing and which are particularly significant for adolescents -- a few months, let alone a year, can be of great significance to the physical, mental, emotional, and psychological developmental status of a juvenile or adolescent;

3. Addressing problems in the juvenile's family and environment that may bear on his or her substance abuse, with particular attention to the juvenile's living situation and peer relationships;

These may include a complexity of family needs -- emotional, economic, medical, psychological, interpersonal, etc. -- that often encircle the specific behavior that has generated the court's instant involvement. Although adult drug courts can require participants to obtain "stable living" situations, most juveniles have little control over their living environments and have great difficulty in altering peer relationships; and

4. Developing an appropriate system of sanctions for noncompliance. While the adult drug court can utilize jail as a sanction, detention of a juvenile drug court participant is not often feasible and often not desirable. Other sanctions involving increased treatment, drug testing, curfews, community service, writing assignments and other strategies will be necessary and, in most cases, more appropriate.

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DECLARATION OF LUGO ON THE PREVENTION AND TREATMENT OF DRUG USE AND DEPENDENCE

April 23, 2010, Lugo, Spain

We, European, Latin American and Caribbean city mayors, national policy-makers and experts, meeting in Lugo, Spain in the context of the “EU-LAC City Partnerships in Drug Treatment”, recognize that drug demand reduction policies and programs should be comprehensive and long-term, and should be geared to promoting healthy lifestyles, preventing drug use and abuse, providing treatment and rehabilitation for drug-dependent persons, and offering recovery support services in the community.

We have focused our efforts for the last three years on improving drug abuse prevention and treatment policies and programs in our cities.

We have shared out municipal plans for preventing drug and alcohol use, particularly among young people, with community support.

We have also seen the importance of providing in the cities treatment and rehabilitation for drug-dependent individuals.

We have learned, through the assessments we have conducted of the status of drug treatment in our cities, that our drug treatment services and our human resources training can be improved through the exchange of good practices and information among experts from both sides of the Atlantic.

We are most grateful to the European Union for its support and financing of the EU-LAC Drug Treatment City Partnerships over the last three years.

We are also most grateful to the Inter-American Drug Abuse Control Commission (CICAD), Secretariat for Multidimensional Security of the Organization of American States for its leadership in organizing and carrying out this initiative.

We have concluded that drug policies must be based on scientific evidence. This evidence shows us that drug dependence is a chronic relapsing disease that needs professional health care, and the support of local social and welfare services made available by cities.

It is necessary to remove the stigma and social exclusion that are still associated with drug users and drug-dependent people and that impede their recovery and full participation as productive members of the community.

We recognize that since the reasons for drug dependence are complex, therapy and recovery must necessarily also be complex and many-layered.

We are convinced that helping people recover from their illness of drug dependence means drawing on many government and community resources, particularly health care, social welfare, housing, employment and education. Resources invested in recovery services translate into benefits for society as a whole by reducing the costs associated with dependence.

We agree that drug policy works best when it is part of overall social policies, with drug treatment and rehabilitation working hand in hand with social services. An integrated health response to addiction requires a full partnership of government and civil society, in the common mission of improving the lives of every individual and their families.

We are also convinced that cooperation, communication and clear roles for different agencies are key to success in treating drug dependence, whether locally or in the central government.
We welcome the full cooperation of civil society organizations and the private sector in providing and supporting drug abuse prevention and treatment services for our citizens.

We express our support for international initiatives that build cooperation and exchanges of good practices among the local agencies and individuals, since it is they who work most closely with the people of our cities. We therefore propose to our national Governments that they ensure that their drug policies, particularly in demand reduction, include the promotion and continuation of initiatives such as the EU-LAC City Partnership in Drug Treatment that has brought us together in Lugo.

On behalf of the more than forty cities that have committed to this multilateral City Partnerships initiative in recent years, we express our thanks to the City of Lugo and to its citizens for their work in bringing together the peoples of Europe, Latin America and the Caribbean.

We are committed to translating our transatlantic exchanges of experiences into concrete plans and actions for the future.

We therefore declare that we are formally establishing the EU-LAC City Partnership in Drug Demand Reduction, that will be signed in Coimbra, Portugal in September 2010, geared to promoting public policies, plans and actions to prevent drug and alcohol use and to provide treatment and recovery support services for drug-dependent persons. This EU-LAC Partnership is committed to exchanges of evidence-based experiences in demand reduction, and to the protection of human rights.

Done in Lugo, Spain, April 23, 2010
PART TWO: SURVEY RESPONSES

Responses from the Drug Treatment Courts in the following thirteen countries which responded to the CICAD survey are provided in the following section of this report:

- Australia (New South Wales and Perth, Western Australia)
- Belgium (Ghent)
- Bermuda (Hamilton)
- Brazil (Rio de Janeiro and Sao Paulo)
- Canada: (Calgary and Edmonton, Alberta and Toronto, Ontario)
- Chile (multiple programs)
- England (Liverpool)
- Ireland (Dublin)
- Jamaica (Kingston and Montego Bay)
- Mexico (Mexico City)
- Norway (Bergen and Oslo)
- Suriname (Paramaribo)
- United States (multiple programs)

Responses are generally reproduced verbatim, although in some instances in which the responses had been translated into English, minor editing has been done with the intent of clarifying the response. We apologize for any errors we may have made in this process.

The sections are organized by topic area, preceded by a brief overview for each topic area providing a summary of the responses submitted. Volume Two of this report provides additional supporting documentation submitted by survey respondents (e.g., legislation, program descriptions, evaluation reports, etc.).

We have also included in Volume Two additional information for Drug Treatment Courts in New Zealand and some Australian courts which were not able to provide a response to the CICAD survey. In both countries a well-developed program of Drug Treatment Courts and other therapeutic jurisprudence initiatives have been initiated. The documentation available for these programs provides a valuable insight into both their structure and impact. Authorizing legislation as well as program descriptive and evaluative information is provided for the programs in: New South Wales, Queensland, South Australia, Victoria and Western Australia.
**Establishing Drug Treatment Courts: Strategies, Experiences and Preliminary Outcomes**

<table>
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<tr>
<td>New South Wales</td>
<td>Judge Roger Dive</td>
<td>Senior Judge</td>
<td>Drug Court of New South Wales</td>
<td>PO Box 92 Parramatta 2124</td>
<td>+61 2 (02) 8688 4514 or registry + 61 2 (02) 8688 4525 +61 8 (08)94252212</td>
<td>-</td>
<td><a href="mailto:j.dive@courts.nsw.gov.au">j.dive@courts.nsw.gov.au</a></td>
</tr>
<tr>
<td>Perth, Western Australia</td>
<td>Magistrate Vicki Stewart</td>
<td>Magistrate</td>
<td>Magistrates Court of Western Australia</td>
<td>501 Hay St., Perth WA 6000</td>
<td></td>
<td></td>
<td><a href="mailto:Magistrate.Stewart@justice.wa.gov.au">Magistrate.Stewart@justice.wa.gov.au</a></td>
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<tr>
<td>BELGIUM/ Ghent</td>
<td>Jorn Dangreau; Annemie Serlippens</td>
<td>Judge Prosecutor</td>
<td>Court of Ghent</td>
<td>Opgeestenlaan 401 9000 Ghent</td>
<td>0032.9.234.40.11</td>
<td>0032.9.234.43.02</td>
<td><a href="mailto:j.dangreau@gmail.com">j.dangreau@gmail.com</a> <a href="mailto:annemie.serlippens@just.fgov.be">annemie.serlippens@just.fgov.be</a></td>
</tr>
<tr>
<td>BERMUDA/ Hamilton</td>
<td>Gina Hurst-Maybury</td>
<td>Director</td>
<td>Department of Court Services</td>
<td>61 Victoria Street Hamilton, Bermuda</td>
<td>441-294-3045</td>
<td>441-292-3881</td>
<td><a href="mailto:gburst@gov.bm">gburst@gov.bm</a></td>
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<tr>
<td>BRAZIL</td>
<td>Marcos Kac</td>
<td>Chief Prosecutor</td>
<td>Prosecutor’s Office of Rio de Janeiro</td>
<td>Av. Marechal Cámara, N° 370/3ª AND-Rio de Janeiro—RJ—CEP: 20020-080</td>
<td>55-21-25503794</td>
<td>55-21-25503794</td>
<td><a href="mailto:mkac@o1.com.br">mkac@o1.com.br</a> <a href="mailto:kac@mp.rj.go">kac@mp.rj.go</a> v.br</td>
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<td>Rio de Janeiro</td>
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<td>of Therapeutic Justice of Rio de Janeiro</td>
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<td>Sao Paulo</td>
<td>Mario Sergio Sobrinho</td>
<td>Public Prosecutor</td>
<td>Ministerio Publico Sao Paulo</td>
<td>Rua Ana Benvinda de Andrade, 150, Alto de Santana, S. Paulo, CEP 02403-030</td>
<td>55-11-2281-1800</td>
<td>55-11-2281-1801</td>
<td><a href="mailto:mjcrimsantana@mp.sp.gov.br">mjcrimsantana@mp.sp.gov.br</a></td>
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<tr>
<td>CANADA</td>
<td>Linda Edney</td>
<td>Executive Director</td>
<td>Calgary Drug Treatment Court</td>
<td>604, 620-7th Ave. SW Calgary, Alberta, T2P 0Y8</td>
<td>403/476-4700</td>
<td>403/476-4701</td>
<td><a href="mailto:lindaedney@calgarydrugtreatmentcourt.org">lindaedney@calgarydrugtreatmentcourt.org</a></td>
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<tr>
<td>Edmonton, Alberta</td>
<td>Doug Brady</td>
<td>Executive Director</td>
<td>Edmonton Drug Treatment and Community Restoration Court</td>
<td>101, 10010 – 105 Street, Edmonton, AB Canada</td>
<td>780 970-5124</td>
<td>780 425-1549</td>
<td><a href="mailto:doug.edtcr@shawlink.ca">doug.edtcr@shawlink.ca</a></td>
</tr>
<tr>
<td>Toronto</td>
<td>Paul Bentley</td>
<td>Justice</td>
<td>Ontario Court of Justice</td>
<td>20 Queen St. West Toronto, Canada M5H2M4</td>
<td>416/327-5907 416-573-8540</td>
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<td><a href="mailto:paul.bentley@ocj-cjo.ca">paul.bentley@ocj-cjo.ca</a></td>
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<tr>
<td>CHILE</td>
<td>Lorena Rebolledo</td>
<td>Lawyer, Unit Specialized in</td>
<td>General Prosecutor’s Office</td>
<td>General Mackenna N 1369 4to. Piso. Santiago de Chile</td>
<td>56-2-69.09.142</td>
<td>56-2-69.09.150</td>
<td><a href="mailto:l.rebolledo@minpabliso.cl">l.rebolledo@minpabliso.cl</a></td>
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<tr>
<td>ENGLAND/Liverpool</td>
<td>David Fletcher</td>
<td>His Honour Judge</td>
<td>North Liverpool Community Justice Center</td>
<td>Boundary Street Liverpool, L52QD United Kingdom</td>
<td>00441512983600</td>
<td>-</td>
<td><a href="mailto:david.fletcher@hmcourts-service.gsi.gov.uk">david.fletcher@hmcourts-service.gsi.gov.uk</a></td>
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<tr>
<td>IRELAND/Dublin</td>
<td>¹Hazel Bell, ²Linda O’Driscoll, ³Fiona Carolan</td>
<td>¹Acting Drugs Court Co-ordinator, ²Drug Treatment Court Nurse, ³Education Coordinator</td>
<td>¹Courts Services, ²HSE, ³Drug Treatment Court</td>
<td>¹Richmond Courts Complex North Brunswick St, Dublin 7; ²PALC, 1 Parnell Square, Dublin 1</td>
<td>(01) 888-6647; 087-917-0482</td>
<td>(01) 888-6655</td>
<td><a href="mailto:hazelmbell@courts.ie">hazelmbell@courts.ie</a> <a href="mailto:linda.odriscoll@hse.ie">linda.odriscoll@hse.ie</a> <a href="mailto:lindaodtriscoll@msn.com">lindaodtriscoll@msn.com</a></td>
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<tr>
<td>JAMAICA/Montego Bay and Kingston</td>
<td>Ms. Winsome Henry</td>
<td>Resident Magistrate</td>
<td>Ministry of Justice</td>
<td>St. James Resident Magistrates Court PO Box 321 Montego Bay, St. James, Jamaica</td>
<td>876-952-3323</td>
<td>876-952-3325</td>
<td><a href="mailto:winsomehenry-06@hotmail.com">winsomehenry-06@hotmail.com</a></td>
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<tr>
<td>MEXICO/Mexico City</td>
<td>¹Luz Maria Garcia Rivas; ²Dr. Jesus Salazar Villegas; ³Demetrio Cadena Montoya</td>
<td>¹Executive Director for Demand Reduction; ²State of Nuevo Leon, Director of Mental Health and Addictions ³Judge</td>
<td>¹CENAPI, Office of the Attorney General; ²Health Secretariat ³Addictions Treatment Court</td>
<td>Calle Xochitl s/n Colonia El Reloj Mexico D.F.C.P.04640; Matamoros 520 Ote. Monterrey, N.L. Mexico ³Lazaro Cardenas Guadalupe Nuevo Leon, Mexico</td>
<td>¹5255-5169-6585; ²5281-8343 4325</td>
<td>³5281-2020623</td>
<td>¹<a href="mailto:luzgarcia@pgr.gob.mx">luzgarcia@pgr.gob.mx</a> ²<a href="mailto:jesus.salazarv@gmail.com">jesus.salazarv@gmail.com</a></td>
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<tr>
<td>NORWAY/Bergen and Oslo</td>
<td>Mrs. Ingunn Seim</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td><a href="mailto:ingunn.seim@kriminalomsorgen.no">ingunn.seim@kriminalomsorgen.no</a></td>
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**CHART 1: INDIVIDUALS WHO PROVIDED INFORMATION FOR THE DTC SURVEY**
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<td>SURINAME/</td>
<td>Mr. Albert Ramnewash</td>
<td>Judge/chairman of the Working Group Drug</td>
<td>Working Group Drug Treatment Court</td>
<td>Henck Arronstraat 1 Paramaribo, Suriname</td>
<td>00-597-477338/473530</td>
<td>00-597-477338</td>
<td><a href="mailto:yvonroeplal@gmail.com">yvonroeplal@gmail.com</a></td>
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<tr>
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<td>Ministry of Justice Police</td>
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<tr>
<td>UNITED STATES</td>
<td>Caroline Cooper</td>
<td>Director</td>
<td>BJA Drug Court Clearinghouse/Tec</td>
<td>Justice Programs Office School of</td>
<td>202/885-2875</td>
<td>202/885-2885</td>
<td><a href="mailto:Justice@american.edu">Justice@american.edu</a></td>
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<tr>
<td>(multiple)</td>
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<td>hnical Assistance Project</td>
<td>Public Affairs 4400 Massachusetts</td>
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<td><a href="mailto:ecooper@american.edu">ecooper@american.edu</a></td>
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<tr>
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<td></td>
<td>Avenue N.W., Brandywine Suite 100</td>
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## Chart 2: Current DTC Judges in the Responding Countries

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<th>Country/City</th>
<th>Name of Judge(s)</th>
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<th>Address</th>
<th>Telephone #</th>
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<tr>
<td><strong>Australia</strong>&lt;br&gt; New South Wales&lt;br&gt; Perth, Western Australia</td>
<td>Roger Dive</td>
<td>Drug Court of New South Wales</td>
<td>PO Box 92 Parramatta 2124</td>
<td>+61 2 (02) 8688 4514 or registry + 61 2 (02) 8688 4525 &lt;br&gt;+61 8 (08)94252212</td>
<td>-</td>
<td><a href="mailto:jdive@courts.nsw.gov.au">jdive@courts.nsw.gov.au</a></td>
</tr>
<tr>
<td></td>
<td>Vicki Stewart</td>
<td>Perth Drug Court</td>
<td>501 Hay St., Perth WA 6000</td>
<td>-</td>
<td>-</td>
<td><a href="mailto:Magistrate.Stewart@justice.wa.gov.au">Magistrate.Stewart@justice.wa.gov.au</a></td>
</tr>
<tr>
<td><strong>Belgium</strong>&lt;br&gt; Ghent</td>
<td>Jorn Dangreau</td>
<td>DBK Ghent</td>
<td>Opgeestenlaan 401, 9000 Ghent</td>
<td>0032.9.234.46.50</td>
<td>-</td>
<td><a href="mailto:Jorn.dangreau@gmail.com">Jorn.dangreau@gmail.com</a></td>
</tr>
<tr>
<td><strong>Bermuda</strong>&lt;br&gt; Hamilton</td>
<td>Wor. Juan Wolffe</td>
<td>Magistrates’ Courts</td>
<td>Parliament Street, Hamilton</td>
<td>-</td>
<td>-</td>
<td><a href="mailto:jwolffe@gov.bm">jwolffe@gov.bm</a></td>
</tr>
<tr>
<td><strong>Brazil</strong>&lt;br&gt; - Rio de Janeiro&lt;br&gt; - Sao Paulo</td>
<td>---&lt;br&gt; (1) Sandra Santarém Cardinali&lt;br&gt; (2) Ivo de Almeida</td>
<td>---&lt;br&gt; (1) II Juizado Especial Criminal&lt;br&gt; (2) Court 2a Vara Criminal de Santana</td>
<td>---&lt;br&gt; (1) Avenida Engenheiro Caetano Alvesares, 594,&lt;br&gt; (2) Avenida Engenheiro Caetano Alves, 594,</td>
<td>---&lt;br&gt; (1) 0xx21) 3133-2000&lt;sup&gt;1&lt;/sup&gt;&lt;br&gt; (2) 55-11-3851-2525</td>
<td>---&lt;br&gt; (1) 0xx21) 3133-2000&lt;sup&gt;1&lt;/sup&gt;&lt;br&gt; (2) ---</td>
<td>*see footnote&lt;br&gt;<a href="mailto:pjcirmsantana@mp.rs.gov.br">pjcirmsantana@mp.rs.gov.br</a>&lt;br&gt;<a href="mailto:inesbbarbosa@tjsp.gov.br">inesbbarbosa@tjsp.gov.br</a></td>
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<sup>23</sup> For other information on Brazilian drug courts, see “Therapeutic Justice Program—Brazil: Partial data in 4 States” in Volume Two of this report, “Program Descriptive Information”. Information courtesy of Carmen Co-Freitas.

<sup>24</sup> Av. Erasmo Braga, 115-Centro/CEP: 20020-903

<sup>25</sup> Rua Benvinda de Andrade, 150 Bairro Santana ZC: 02403-030 São Paulo – SP
### Chart 2: Current DTC Judges in the Responding Countries

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<th>COUNTRY/CITY</th>
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<th>COURT</th>
<th>ADDRESS</th>
<th>TELEPHONE #</th>
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<tbody>
<tr>
<td>(São Paulo State)</td>
<td>(3) Flavio Fontes</td>
<td>(3) (Pernambuco State—Recife) (Rio Grande do Sul State—Porto Alegre)</td>
<td>Limao, Sao Paulo, CEP 02546-000</td>
<td>-3 -4</td>
<td>-3 -4</td>
<td>(<a href="mailto:flavioafl@uol.com.br">flavioafl@uol.com.br</a>)</td>
</tr>
<tr>
<td>CANADA/Calgary, Alberta</td>
<td>James Ogle</td>
<td>Provincial Court of Alberta</td>
<td>Calgary Court Center 601 5th St. SW</td>
<td>Calgary, AB, T2P 5P7</td>
<td>403-297-3156</td>
<td>403-297-5287</td>
</tr>
<tr>
<td>Edmonton, Alberta</td>
<td>D. Wong</td>
<td>EDTCRC – Provincial Court of Alberta</td>
<td>1 Sir Winston Churchill Square, Edmonton, AB T5J 0R2</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Moose Jaw, Saskatchewan</td>
<td>NA</td>
<td>Moose Jaw Drug Treatment Court</td>
<td>Provincial Court House Room 211, 110 Ominica Street West Moose Jaw, SK S6H 6V2</td>
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26 This DTC did not provide a survey response. However, preliminary information on this program was obtained from the CADTCProfessionals newsletter, May 2010. Additional information can be found at [www.cadtc.org](http://www.cadtc.org).

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<tr>
<th>Country/City</th>
<th>Name of Judge(s)</th>
<th>Court</th>
<th>Address</th>
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<th>Email</th>
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<tbody>
<tr>
<td>Oshawa, Ontario 27</td>
<td>NA</td>
<td>Durham Drug Treatment Court</td>
<td>Pinwood Centre Suite 125, Office Galleria Oshawa Centre 419 King Street West Oshawa, ON L1J 2K5</td>
<td>905-571-3344</td>
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</tr>
<tr>
<td>Ottawa, Ontario 28</td>
<td>NA</td>
<td>Drug Treatment Court Ottawa</td>
<td>c/o Rideauwood Addiction and Family Services 312 Parkdale Avenue Ottawa, ON K1Y 4X5</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Regina, Saskatchewan 29</td>
<td>NA</td>
<td>Regina Drug Treatment Court</td>
<td>2024B Albert Street Regina, SK S4P 2T7</td>
<td>766-6303 direct line</td>
<td></td>
<td><a href="mailto:Judie.birns@gov.sk.ca">Judie.birns@gov.sk.ca</a></td>
</tr>
<tr>
<td>Toronto, Ontario</td>
<td>Paul Bentley</td>
<td>Ontario Court of Justice</td>
<td>60 Queen St. West Toronto, Canada</td>
<td>4163275840</td>
<td>-</td>
<td><a href="mailto:Paul.bentley@oci-cjo.ca">Paul.bentley@oci-cjo.ca</a></td>
</tr>
<tr>
<td>Vancouver, British Columbia 30</td>
<td>NA</td>
<td>Drug Treatment Court Vancouver</td>
<td>1141 Melville Street Vancouver, BC</td>
<td>604-775-0144</td>
<td></td>
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</tr>
<tr>
<td>Winnipeg, Manitoba 31</td>
<td>NA</td>
<td>Winnipeg Drug Treatment Court</td>
<td>Unit C—165 Gary Street Winnipeg, MB R3C 1G7</td>
<td>204-470-8254</td>
<td></td>
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<tr>
<td>CHILE (multiple)</td>
<td>Ricardo Leyton Pavez 1</td>
<td>Iquique Criminal Court 1</td>
<td>*see footnote Pavez 1</td>
<td>(56-57) 581000 1</td>
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<td><a href="mailto:igiquique@piud.cl">igiquique@piud.cl</a></td>
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<tr>
<td></td>
<td>Carlos Muñoz Sepúlveda 2</td>
<td>Antofagasta Criminal Court 2</td>
<td>*see footnote Pavez 2</td>
<td>(56-55) 652224 2</td>
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<td><a href="mailto:chmunoz@piud.cl">chmunoz@piud.cl</a></td>
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<td></td>
<td>Silvia Quintana Ojeda</td>
<td>Valparaiso (I Criminal Court)</td>
<td>Sepulveda</td>
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<td>Viña del Mar (I Criminal Court)</td>
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<td>Alberto Amiot Rodríguez</td>
<td>2 Santiago Criminal Court</td>
<td>Pinochet</td>
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<td><a href="mailto:aamiot@pjud.cl">aamiot@pjud.cl</a></td>
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<td>Santiago and Colina</td>
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<td></td>
<td><a href="mailto:ragarcial@pjud.cl">ragarcial@pjud.cl</a></td>
</tr>
<tr>
<td></td>
<td>Paulo Orozco López</td>
<td>2 Santiago Criminal Court</td>
<td>Courts</td>
<td></td>
<td></td>
<td><a href="mailto:porozco@pjud.cl">porozco@pjud.cl</a></td>
</tr>
<tr>
<td></td>
<td>Patricio Lynch</td>
<td>Iquique</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>San Martín</td>
<td>Antofagasta</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Victoria</td>
<td>Valparaíso</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Álvarez</td>
<td>Viña del Mar</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Santiago and Colina Court Addresses:</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 CC Santiago: Huérfanos 1219, 1er. Piso.</td>
</tr>
<tr>
<td>5 CC Santiago: Huérfanos 1219, 6to. Piso.</td>
</tr>
<tr>
<td>6 CC Santiago: Huérfanos 1219, 5to. Piso.</td>
</tr>
<tr>
<td>Colina Criminal Court: Carretera General San Martín N 521, Colina.</td>
</tr>
<tr>
<td>Puente Alto CC: Av. Concha y Toro 1723. Puente Alto. (No exclusive Judge for the program has been appointed yet. The hearings are directed by the on-duty Judge, according to the model.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>San Bernardo Courts Addresses:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urmeneta 330. San Bernardo.</td>
</tr>
</tbody>
</table>
### Chart 2: Current DTC Judges in the Responding Countries

<table>
<thead>
<tr>
<th>Country/City</th>
<th>Name of Judge(s)</th>
<th>Court</th>
<th>Address</th>
<th>Telephone #</th>
<th>Fax #</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chile (cont.)</td>
<td>Paola Robinovich Moscovich</td>
<td>3 Santiago Criminal Court</td>
<td>San Bernardo Courts(^{37})</td>
<td>(56-2) 5872200</td>
<td></td>
<td><a href="mailto:probinovich@pjud.cl">probinovich@pjud.cl</a></td>
</tr>
<tr>
<td></td>
<td>Pedro Advis Moncada</td>
<td>3 Santiago Criminal Court</td>
<td>1(^{st}) Santiago Criminal Courts(^{38})</td>
<td>(56-2) 5872400</td>
<td></td>
<td><a href="mailto:padvis@pjud.cl">padvis@pjud.cl</a></td>
</tr>
<tr>
<td></td>
<td>María Fernanda Sierra Cáceres</td>
<td>3 Santiago Criminal Court</td>
<td>6 CC Santiago</td>
<td>(56-2) 5872500</td>
<td></td>
<td><a href="mailto:msierra@pjud.cl">msierra@pjud.cl</a></td>
</tr>
<tr>
<td></td>
<td>Paulina Gallardo García</td>
<td>5 Santiago Criminal Court</td>
<td>7 CC Santiago</td>
<td>(56-2) 5872550</td>
<td></td>
<td><a href="mailto:pgallardo@pjud.cl">pgallardo@pjud.cl</a></td>
</tr>
<tr>
<td></td>
<td>Judith Guzmán Martínez</td>
<td>5 Santiago Criminal Court</td>
<td>Colina CC</td>
<td>(56-2) 5874100</td>
<td></td>
<td><a href="mailto:jguzman@pjud.cl">jguzman@pjud.cl</a></td>
</tr>
<tr>
<td></td>
<td>Carlos Gutiérrez Moya</td>
<td>5 Santiago Criminal Court</td>
<td>4 CC Santiago</td>
<td>(56-2) 5872300</td>
<td></td>
<td><a href="mailto:cgutierrez@pjud.cl">cgutierrez@pjud.cl</a></td>
</tr>
<tr>
<td></td>
<td>Isabel Pastran Castro</td>
<td>6 Santiago Criminal Court</td>
<td>8 CC Santiago</td>
<td>(56-2) 5872600</td>
<td></td>
<td><a href="mailto:ipastran@pjud.cl">ipastran@pjud.cl</a></td>
</tr>
<tr>
<td></td>
<td>Tatiana Escobar Meza</td>
<td>7 Santiago Criminal Court</td>
<td>13 CC Santiago</td>
<td>(56-2) 5873000</td>
<td></td>
<td><a href="mailto:tescobar@pjud.cl">tescobar@pjud.cl</a></td>
</tr>
<tr>
<td></td>
<td>Carla Capello Valle</td>
<td>7 Santiago Criminal Court</td>
<td>14 CC Santiago</td>
<td>(56-2) 5873100</td>
<td></td>
<td><a href="mailto:ccapello@pjud.cl">ccapello@pjud.cl</a></td>
</tr>
<tr>
<td></td>
<td>Ema Novoa Mateos</td>
<td>Colina Criminal Court</td>
<td>10 CC Santiago</td>
<td>(56-2) 5873800</td>
<td></td>
<td><a href="mailto:enovoa@pjud.cl">enovoa@pjud.cl</a></td>
</tr>
<tr>
<td></td>
<td>María Carolina Herrera Cortés-Monroy</td>
<td>4 Santiago Criminal Court</td>
<td>11 CC Santiago</td>
<td>(56-2) 5873900</td>
<td></td>
<td><a href="mailto:mherrerac@pjud.cl">mherrerac@pjud.cl</a></td>
</tr>
<tr>
<td></td>
<td>Carolina Andrea Araya</td>
<td>4 Santiago Criminal Court</td>
<td>12 CC Santiago</td>
<td>(56-2) 5872900</td>
<td></td>
<td><a href="mailto:caaraya@pjud.cl">caaraya@pjud.cl</a></td>
</tr>
<tr>
<td></td>
<td>Hernández</td>
<td>4 Santiago Criminal Court</td>
<td>12 CC Santiago</td>
<td>(56-2) 5872950</td>
<td></td>
<td><a href="mailto:erothfeld@pjud.cl">erothfeld@pjud.cl</a></td>
</tr>
<tr>
<td></td>
<td>Ely Cecilia Rothfeld Santelices</td>
<td>8 Santiago Criminal Court</td>
<td>15 CC Santiago</td>
<td>(56-2) 5873200</td>
<td></td>
<td><a href="mailto:arasende@pjud.cl">arasende@pjud.cl</a></td>
</tr>
<tr>
<td></td>
<td>Alicia Gemma Rosende Silva</td>
<td>8 Santiago Criminal Court</td>
<td>Puente Alto CC</td>
<td>(56-2) 5874300</td>
<td></td>
<td><a href="mailto:vsepulveda@pjud.cl">vsepulveda@pjud.cl</a></td>
</tr>
<tr>
<td></td>
<td>Verónica Alejandra Sepúlveda Briones</td>
<td>13 Santiago Criminal Court</td>
<td>San Bernardo CC</td>
<td>(56-2) 5874400</td>
<td></td>
<td><a href="mailto:vvega@pjud.cl">vvega@pjud.cl</a></td>
</tr>
<tr>
<td></td>
<td>Valeria Magdalena Vega Sepúlveda</td>
<td>13 Santiago Criminal Court</td>
<td></td>
<td></td>
<td></td>
<td><a href="mailto:aagevedo@pjud.cl">aagevedo@pjud.cl</a></td>
</tr>
<tr>
<td></td>
<td>Andrea Cecilia Acevedo Muñoz</td>
<td>14 Santiago Criminal Court</td>
<td></td>
<td></td>
<td></td>
<td><a href="mailto:ctroncoso@pjud.cl">ctroncoso@pjud.cl</a></td>
</tr>
<tr>
<td></td>
<td>Carla Paz Troncoso Bustamante</td>
<td>14 Santiago Criminal Court</td>
<td></td>
<td></td>
<td></td>
<td><a href="mailto:amorales@pjud.cl">amorales@pjud.cl</a></td>
</tr>
<tr>
<td></td>
<td>Aholíbama Morales Cáceres</td>
<td>14 Santiago Criminal Court</td>
<td></td>
<td></td>
<td></td>
<td><a href="mailto:mdtroncoso@pjud.cl">mdtroncoso@pjud.cl</a></td>
</tr>
<tr>
<td></td>
<td>Macarena del Carmen</td>
<td>14 Santiago Criminal Court</td>
<td></td>
<td></td>
<td></td>
<td><a href="mailto:mryvasquez@pjud.cl">mryvasquez@pjud.cl</a></td>
</tr>
<tr>
<td></td>
<td>Troncoso López</td>
<td>14 Santiago Criminal Court</td>
<td></td>
<td></td>
<td></td>
<td><a href="mailto:mmashiy@pjud.cl">mmashiy@pjud.cl</a></td>
</tr>
<tr>
<td></td>
<td>Maríta Vásquez Díaz</td>
<td>10 Santiago Criminal Court</td>
<td></td>
<td></td>
<td></td>
<td><a href="mailto:jsaez@pjud.cl">jsaez@pjud.cl</a></td>
</tr>
<tr>
<td></td>
<td>Maria Eugenia Masihy Cattan</td>
<td>11 Santiago Criminal Court</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COUNTRY/CITY</td>
<td>NAME OF JUDGE(S)</td>
<td>COURT</td>
<td>ADDRESS</td>
<td>TELEPHONE #</td>
<td>FAX #</td>
<td>EMAIL</td>
</tr>
<tr>
<td>--------------</td>
<td>------------------</td>
<td>-------</td>
<td>---------</td>
<td>-------------</td>
<td>-------</td>
<td>-------</td>
</tr>
<tr>
<td>ENGLAND/Liverpool</td>
<td>María Angélica Rosen López, Daniela Guerrero González, Arturo Klenner Gutiérrez, Pilar Aravena Gómez, Isabel Zúñiga Alvayay</td>
<td>15 Santiago Criminal Court, San Bernardo Criminal Courts, 1st Santiago Criminal Court</td>
<td>Santiago Criminal Court, San Bernardo Criminal Courts, 1st Santiago Criminal Court</td>
<td>(56-2) 5872000</td>
<td><a href="mailto:mrosen@pjud.cl">mrosen@pjud.cl</a>, <a href="mailto:dvguerrero@pjud.cl">dvguerrero@pjud.cl</a>, <a href="mailto:aklennner@pjud.cl">aklennner@pjud.cl</a>, <a href="mailto:paravena@pjud.cl">paravena@pjud.cl</a>, <a href="mailto:izuniga@pjud.cl">izuniga@pjud.cl</a></td>
<td></td>
</tr>
<tr>
<td>ENGLAND/Liverpool</td>
<td>David Fletcher</td>
<td>North Liverpool Community Justice Centre</td>
<td>Boundary Street, Liverpool, L5 2QD, United Kingdom</td>
<td>00441512983600</td>
<td><a href="mailto:David.fletcher@hmcourts-service.gsi.gov.uk">David.fletcher@hmcourts-service.gsi.gov.uk</a></td>
<td></td>
</tr>
<tr>
<td>ENGLAND/Dublin</td>
<td>Bridget Reilly</td>
<td>District Court Judge Court 54 (DTC)</td>
<td>Richmond Courts Complex, North Brunswick St., Dublin 7</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>JAMAICA/Montego Bay</td>
<td>Viviene Harris, Stephane Jackson-Haisley, Winsome Henry</td>
<td>St. James’ Magistrates’ Court, Resident Magistrates’ Court</td>
<td>PO Box 321, St. James’ Half Way Tree, Kingston 10</td>
<td>876-952-3323, 876-922-8300</td>
<td>876-952-3325, 876-940-5401</td>
<td><a href="mailto:vivienejh@hotmail.com">vivienejh@hotmail.com</a>, <a href="mailto:sahaisley@yahoo.com">sahaisley@yahoo.com</a>, <a href="mailto:winsomehenry-06@hotmail.com">winsomehenry-06@hotmail.com</a></td>
</tr>
<tr>
<td>MEXICO/Mexico City</td>
<td>Demetrio Cadena Montoya</td>
<td>Addictions Treatment Court</td>
<td>Lazaro Cardenas Guadalupe Nuevo Leon, Mexico</td>
<td>5281-2020623</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>NORWAY/Bergen and Oslo</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>COUNTRY/CITY</td>
<td>NAME OF JUDGE(S)</td>
<td>COURT</td>
<td>ADDRESS</td>
<td>TELEPHONE #</td>
<td>FAX #</td>
<td>EMAIL</td>
</tr>
<tr>
<td>-----------------------</td>
<td>------------------</td>
<td>-------------</td>
<td>------------------</td>
<td>-------------</td>
<td>-------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>SURINAME/Paramaribo</td>
<td>Mr. Albert Ramnewash</td>
<td>Court of Justice</td>
<td>Grote Combeweg</td>
<td>00 597 473530</td>
<td>00 597 425234</td>
<td><a href="mailto:yvonroeplal@gmail.com">yvonroeplal@gmail.com</a></td>
</tr>
<tr>
<td>UNITED STATES (multiple)</td>
<td>Over 2,000 - See footnote 39</td>
<td>See footnote 8</td>
<td>See footnote 9</td>
<td>See footnote 40</td>
<td>See footnote 9</td>
<td>See footnote 9</td>
</tr>
</tbody>
</table>

39 There are currently approximately 2,150 Drug Courts operating in the United States of America, located in all 50 states, the District of Columbia, the Northern Mariana Islands, Puerto Rico, Guam, and in 80+ tribal courts. The number of judges currently presiding over drug courts in the U.S. is over 2,000.

40 Contact information for drug court judges in the United States can be obtained from the Bureau of Justice Assistance, Drug Court Clearinghouse/Technical Assistance Project at American University Justice Programs Office at the School of Public Affairs. Address: Justice Programs Office, School of Public Affairs, American University, 4400 Massachusetts Avenue, NW, Brandywine #100, Washington, D.C. 20016-8159. Tel: 202-885-2875, Fax: 202-885-2885, Email: justice@american.edu
I. DTC BACKGROUND INFORMATION

A. DATE DTC PROGRAM BEGAN, TOTAL NUMBER OF SUCCESSFUL/ UNSUCCESSFUL PARTICIPANTS, CURRENT ENROLLEES; WHETHER NUMBERS WERE CONSISTENT WITH EXPECTATIONS

OVERVIEW:

Start dates for reporting programs ranged from 1989 (U.S.), 1999 (New South Wales, Australia), 2000 (Perth, Western Australia) and 2001 (Bermuda, Ireland and Jamaica) to the 2008-09 period (Belgium, Mexico and Suriname). Total numbers of enrollees in the responding programs was nearly 6,000 plus an estimated 750,000 participants in the US. In addition to the estimated 250,000 current participants in U.S. programs, nearly 750 individuals are currently participating in the DTCs responding to the survey and an additional 1,000 individuals are reported to have graduated from these programs in addition to the estimated 250,000 graduates of U.S. programs. Although some programs indicated the level of participation was consistent with or exceeded expectations, others reported the number was lower, primarily due to funding shortages, delays in start-up, and fewer referrals than anticipated.

SURVEY RESPONSES:

Chart 3: Total Enrollment, Graduates, Terminations, Current Participants and Whether Numbers are Consistent with Expectations

<table>
<thead>
<tr>
<th>COUNTRY/CITY</th>
<th>DATE PROGRAM BEGAN</th>
<th>TOTAL NUMBER WHO HAVE EVER ENROLLED IN DTC PROGRAM</th>
<th>TOTAL NUMBER WHO HAVE SUCCESSFULLY COMPLETED THE PROGRAM</th>
<th>TOTAL NUMBER WHO WERE TERMINATED UNSUCCESSFULLY</th>
<th>TOTAL NUMBER WHO ARE CURRENTLY ENROLLED</th>
<th>ARE NUMBERS CONSISTENT WITH EXPECTATIONS?</th>
</tr>
</thead>
<tbody>
<tr>
<td>AUSTRALIA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New South Wales</td>
<td>February 1999</td>
<td>1,907(^{41})</td>
<td>487</td>
<td>615</td>
<td>143</td>
<td>Yes</td>
</tr>
<tr>
<td>Perth, Western Australia</td>
<td>12/4/2000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BELGIUM/Ghent,</td>
<td>May 2008</td>
<td>378</td>
<td>89</td>
<td>51</td>
<td>140 + 98 in absence of accused- can still be opposed</td>
<td>Yes</td>
</tr>
<tr>
<td>BERMUDA/Hamilton</td>
<td>October 2001</td>
<td>80(^{44})</td>
<td>15</td>
<td>40</td>
<td>19</td>
<td>No(^{45})</td>
</tr>
</tbody>
</table>

\(^{41}\) Out of a total of 2,788 applicants to the program; statistics available from 2003

\(^{42}\) Approximately 70 participants are currently enrolled, although historically the number has been about 50 at any given time.

\(^{43}\) Since inception, demand for the program has exceeded the available program places. However, since the program was implemented as a randomised controlled trial, the number of available program places was determined based on budget and trial design – rather than on actual/anticipated demand. The program was never afforded the resource to meet all demand (as a control group was required for follow-up and comparison) and resources were not increased once the trial phase ended to address unmet demand.

\(^{44}\) An additional 30 observed the programme for possible admittance.

\(^{45}\) No, there was a lag in admittance for at least a two year period, as a result of the perception there was not ample substance abuse treatment available by the then sitting magistrate.
<table>
<thead>
<tr>
<th>COUNTRY/CITY</th>
<th>DATE PROGRAM BEGAN</th>
<th>TOTAL NUMBER WHO HAVE EVER ENROLLED IN DTC PROGRAM</th>
<th>TOTAL NUMBER WHO HAVE SUCCESSFULLY COMPLETED THE PROGRAM</th>
<th>TOTAL NUMBER WHO WERE TERMINATED UNSUCCESSFULLY</th>
<th>TOTAL NUMBER WHO ARE CURRENTLY ENROLLED</th>
<th>ARE NUMBERS CONSISTENT WITH EXPECTATIONS?</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRAZIL - Rio de Janeiro</td>
<td>-</td>
<td>1500</td>
<td>326</td>
<td>487</td>
<td>680</td>
<td>No⁴⁶</td>
</tr>
<tr>
<td>- Sao Paulo</td>
<td>-</td>
<td>1180</td>
<td>Unknown</td>
<td>Unknown</td>
<td>120 during 2009</td>
<td>Yes</td>
</tr>
<tr>
<td>CANADA - Calgary/Alberta, Edmonton, Alberta, Toronto</td>
<td>May 2007</td>
<td>27</td>
<td>3</td>
<td>7</td>
<td>16</td>
<td>No⁴⁷</td>
</tr>
<tr>
<td>CHILE (multiple)</td>
<td>2004</td>
<td>482</td>
<td>118</td>
<td>218</td>
<td>145</td>
<td>Yes</td>
</tr>
<tr>
<td>ENGLAND/ Liverpool</td>
<td>2005⁴⁹</td>
<td>106</td>
<td>31</td>
<td>29</td>
<td>46</td>
<td>-</td>
</tr>
<tr>
<td>IRELAND/ Dublin</td>
<td>January 2001</td>
<td>374</td>
<td>29</td>
<td>131</td>
<td>32</td>
<td>No⁵⁰</td>
</tr>
<tr>
<td>JAMAICA/ Montego Bay</td>
<td>2001</td>
<td>392</td>
<td>171</td>
<td>173</td>
<td>16 –Montego Bay (+ 5 being)</td>
<td>No⁵¹</td>
</tr>
</tbody>
</table>

⁴⁶ No. I understand that there is a lack of better structure and better knowledge of the drug courts. We also need a greater number of drug courts and appropriate locations for treatment.

⁴⁷ No, due to very limited funding along with no committed funding beyond a year by year basis, this program has not been able to establish any consistent programming due to the inability to hire adequate and qualified staff, along with the inability to do any type of long-term planning due to funding uncertainties. This has limited the number of participants we can accept, as well as limited where we initially could send them for treatment. Our current enrollment of 16 participants has brought us to our maximum capacity given our funding and our court time etc.

⁴⁸ In Chile there are eight jurisdictions with DTCs, nineteen courts working under the model and a pilot program for adolescent population, by which it is necessary to differentiate among the DTC corresponding to adult population.

DTC: The program in general has had the expected results; therefore it has been validated inside the criminal justice system, and by this way, [increasing the number of diversion cases referred].

Note on the Pilot DTC for adolescent population: Nevertheless, the current number of adolescents in the program is not related to the great number of benefited population (relating to the number of adolescents that enters to the criminal system). The program allows to deliver a high quality, integral and adequate response to the specific needs of each one of the adolescents and, on the other hand, has managed to maintain a constant flow of adolescents in the program, with an adherence that fluctuates between 80 and 90%. Particularly, this number refers to the type of crimes that enters to the program, and the restrictions that the own conditional suspension of the procedure imposes (referred to the absence of in force conditional suspensions and the absence of previous convictions).

⁴⁹ Program began in September 2005, but figures only available from 2008.

⁵⁰ We hoped to have a minimum of 100 participants during the first year of the pilot project, and the same number of referrals for each year after, so referrals are lower than we would have hoped.
<table>
<thead>
<tr>
<th>COUNTRY/CITY</th>
<th>DATE PROGRAM BEGAN</th>
<th>TOTAL NUMBER WHO HAVE EVER ENROLLED IN DTC PROGRAM</th>
<th>TOTAL NUMBER WHO HAVE SUCCESSFULLY COMPLETED THE PROGRAM</th>
<th>TOTAL NUMBER WHO WERE TERMINATED UNSUCCESSFULLY</th>
<th>TOTAL NUMBER WHO ARE CURRENTLY ENROLLED</th>
<th>ARE NUMBERS CONSISTENT WITH EXPECTATIONS?</th>
</tr>
</thead>
<tbody>
<tr>
<td>and Kingston</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>assessed 5 - Kingston</td>
<td></td>
</tr>
<tr>
<td>MEXICO/</td>
<td>August 2009</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>8</td>
<td>52</td>
</tr>
<tr>
<td>Mexico City</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(additional five programs in the state of Nuevo Leon to be implemented shortly)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NORWAY/</td>
<td>January 2006</td>
<td>101</td>
<td>12</td>
<td>-</td>
<td>-</td>
<td>53</td>
</tr>
<tr>
<td>Bergen and</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oslo</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SURINAME/</td>
<td>May 15, 2009</td>
<td>~54</td>
<td>-</td>
<td>-</td>
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<td>750,000+</td>
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B. BACKGROUND LEADING UP TO THE DEVELOPMENT OF THE DTC

51 i. Initially clients more suitable for residential programme were admitted
     ii. Staff turnover
     iii. Budget constraints
52 As this is the start of the pilot program, provision has been made for 5 participants on average each month. This is because to begin with the first court will be confined to a single judicial district and initially encompass only the municipality of Guadalupe, N.L. As more courts are granted jurisdiction over these matters the enrollment rate in the program will rise.
53 It is a big challenge finding the right persons for the program.
54 Please note that the Drug Treatment Court project is finalized. However, the project still has to be approved and also the national legislature and the budget to implement the project.
55 These are estimates; precise statistics are not available on a national basis.
56 On average, various evaluation reports indicate that approximately 45 -50% of program participants who enter the drug court complete the program and the balance are terminated for various reasons – some do not comply with program conditions and/or are arrested on a new charge; some are transferred to more intensive programs; a small percentage (2-3% die). Although the overall drug court concept is shared by all drug court programs in the U.S., individual programs differ in terms of their operational procedures, populations targeted, and nature and extent of services provided. There are also no uniform requirements among programs regarding eligibility criteria, program participation requirements and/or conditions resulting in termination. For this reason, termination rates vary significantly among individual drug court programs.
57 When the Miami drug court opened in August 1989, there was no expectation the program would command such extensive interest locally, that so many defendants would want to participate or that the program would become a model that was adapted and replicated throughout the country. So the number of participants in U.S. drug courts – as well as the number of drug courts implemented – has far exceeded any thoughts local Miami officials contemplated. Not only have the number of participants far exceeded the contemplated participation but so have the nature and extent of services developed to serve the drug court participants. Initially only substance abuse, acupuncture and drug testing were contemplated. However, as it became evident to program officials that substance abuse was but the presenting problem of most participants and that, in addition to substance abuse treatment, a range of other services were needed – housing, mental health, vocational training, educational/literacy, and many others – these services were added as critical ancillary components of the drug court program.
**Question:** What was the situation leading to the development of the DTC?

**OVERVIEW:**

Most of the respondents to this question noted that they were trying to find alternatives to incarceration for offenders who are drug abusers. Some programs added that this was the result of the high volume of crime being committed by drug users and, in Australia, drug-related mortality. Other underlying issues were lack of drug rehabilitation or treatment available for drug addicted offenders through the criminal justice system and recycling of addicted offenders through the system, causing jail overcrowding. Some of the programs (Suriname, Norway and Canada (Calgary)) responded that the DTC was a result of their governments’ inquiry into the need, effectiveness and cost of implementing a Drug Treatment Court.

**SURVEY RESPONSES:**

**Australia:**

New South Wales: There was a significant increase in drug related crime and drug related mortality in Australia in the mid- and late-1990s. The Drug Court of NSW trial was the first major response by any Australian government (State or Federal) to that genuine crisis. Subsequently, significant additional resources were made available for a range of prevention, treatment and supply reduction initiatives. This included drug courts being established in each Australian mainland state.

Perth, Western Australia: The Perth Drug Court was established as part of a range of strategies developed at a State and National level intended to promote a coordinated and relevant approach to the problems within the community as a result of illicit drug use.

**Belgium:** On the level of the public prosecutor, we started a pilot project in 2005 to be able to divert people who only abuse drugs and commit no other crimes, directly to the treatment centre without bringing them before court. We started cooperation between justice and the treatment side, and ongoing this project we felt the need for a different approach on court level too. Normal court procedures have little results, especially for drug abusers who need an immediate reaction. We wanted to move towards a more solution focused judging system.

**Bermuda:** The Government of Bermuda undertook a commitment to provide a more comprehensive response to working with offenders and instituted the Alternatives to Incarceration initiative. Under the Alternatives to Incarceration initiative, the Bermuda Drug Treatment Court Programme was the forerunner. The Bermuda Drug Treatment Court embodies the spirit of maintains offenders in the community, utilizing treatment programmes and services to equip them with the skills to become contributing members of society.

**Brazil:**

Rio de Janeiro: The primary situation to increase drug courts is to increase the number of participants, as well as specific locations for performing the treatment.

Sao Paulo: Drug abuse has been responsible for increasing criminality also in Brazil. Knowing that incarceration do not solve the criminality associated to drug abuse, the Therapeutic Justice Program (as DTC

58 Note: Although every attempt was made to keep the same formatting and language used by the survey respondents, in some cases editing was necessary to clarify meaning.
is named in Brazil) began a real possibility to offer another kind of alternative to the drug abuser offenders. It was very important to start the program since this population is very badly assisted in Brazil – usually they do not receive any kind of social support (health, education, welfare…) and being submitted to the criminal justice system is an opportunity to treat the cause of their problem: the drug abuse.

**Canada:**

**Calgary:** There was a call for funding proposals for expanded federal funding to new drug treatment courts in Canada. Judge Peppler formed a steering committee of interested stakeholders to work on preparing this proposal. Despite the ultimate failure of the Calgary group’s proposal to receive federal funding, the Steering Committee continued to pursue other funding sources that allowed them to start a pilot project for the Calgary Drug Treatment Court. This has grown into what is now a 2 year program that continues to work on achieving long-term committed funding.

**Edmonton:** Seeing the drug addicted offenders in court again and again with no treatment for their addictions through traditional methods.

**Toronto:** Little or no treatment available for drug abused offenders. They were simply sentenced to jail and then recycled through the justice system.

**Chile:** The first DTC started in the city of Valparaíso. A group of judges, prosecutors and defense attorneys were interested in implementing it after a seminar organized by Fundación Paz Ciudadana (Civic Peace Foundation) and the Embassy of the United States.

**Ireland:** The DTC was set up as a response to the high level of crime being carried out by drug users, predominantly in Dublin, and to stop the cycle of recidivism by drug users.

**Jamaica:** Recognition that addiction to substances was an illness and incarceration alone did not treat the problem as evidenced by recidivism:
- Incarceration for minor drug related offences, overcrowding of jail with no adequate provision for treatment;
- No formal judicially monitored non-residential program was available;
- The development of Jamaica as a trans-shipment port for meeting the needs of substances abusers in North America and Europe. This also created a local demand for cocaine as the island became over supplied with the illicit substance;
- Jamaica became signatory to a number of international and regional treaties aimed at the reduction in the supply of illicit substances.

**Mexico:** The level of drug-related crime in Mexico has brought about the need to develop strategies whose basic aim is progressively to clean up society in the whole country through the reform of substantive criminal laws in the different states of the Republic. In this context, the core factors that have prompted a revised approach to judicial procedures in the light of new nonadversarial tendencies are as follows:
- High incidence of crime committed by persons under the influence of drugs;
- Overcrowding of prisons with inmates who have yet to be convicted or are serving short sentences;
- High incidence of drug use in prisons;
- Few prisons with drug rehabilitation and treatment programs;
- Acknowledgement that the adversarial model is not the solution in cases connected with drug use;
- Increase in cases associated with social problems that impact on the family.

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Norway: In Norway there were established a working group with participants from different ministries in the government. Their mandate was to make a report on whether the Drug Court system should be implemented in the Norwegian legal system or not, and if so: how to implement it. The report was presented in September 2004, and the conclusion was that the results from other drug-court countries were so good that this was something Norway should try. The report suggested that the court should lead the drug treatment program.

Suriname: The main object of the mentioned Working Group was to prepare a Drug Treatment Court project for Suriname on the following areas: the legal system, the national legislation, and professional staff in health care, Detox institution, treatment care and resocialisation of drug addicts committing minor offenses. Please also note that a 3 day Workshop Drug Treatment Court was organized in Paramaribo, Suriname in October 2009 with the cooperation of OAS/CICAD/ EU/LAC and the CITY partner Ghent, Belgium. The Working Group Drugs Treatment Court was also advised on legal treatment area by judge Mr. Jorne Dangreau and prosecutor Mrs. Annemiek Serlippens from Ghent Belgium. Finally several meetings and visits were also organized for institution, Ministries, treatment institutions and, Psychiatric centres. Please note that the project still has to be approved by the Government.

UK: Liverpool: High levels of crime and of depravation in target area.

US: The drug court in Miami was started as a result of a surge in drug arrests, coupled with an overcrowded jail that precluded detaining defendants following arrest until their case could be disposed of, with the result that drug offenders were being released following arrest and continuing to use drugs and commit crime.

C. **Specific Goals Established for the DTC and Degree to Which They Have Been Achieved**

1. **Goals for The DTC**

   **Question:** Were specific goals developed for the program to achieve? If so, what were they?

   **Overview:**

   All programs responded that their main goal was to diminish the criminal recidivism associated with abuse or dependence on drugs. Providing rehabilitation through treatment programs for drug addicts was the second most frequently cited goal that programs hoped to achieve. Many programs also cited the goal of having drug addiciting offenders become law abiding and productive citizens of the community, referencing various social reintegration services being provided by the DTC, such as vocational skills, education, community based programs, etc., enabling graduates to function as law abiding citizens and become productive members of society.

   **Survey Responses:**

   Australia:
   
   **New South Wales:** The program has dedicated legislation, which states that

   “(1) The objects of this Act are:
   (a) to reduce the drug dependency of eligible persons and eligible convicted offenders, and
   (b) to promote the re-integration of such drug dependent persons into the community, and
(c) to reduce the need for such drug dependent persons to resort to criminal activity to support their drug dependencies.

Perth, Western Australia: The Aims of the Perth Drug Court are to;
- support Drug Court participants in addressing their substance use and associated lifestyle,
- reduce the imprisonment of those with substance use issues, by addressing problems that are integral to offending behaviour, and
- reduce post-treatment (and sentencing) supervision requirements for participants of the Drug Court by having them address relevant requirements at the earlier stage prior to final sentencing.

Belgium: A better and swifter response to criminal behavior by drug abusers. By tackling the underlying drug problem, we want to avoid new criminal facts.

Bermuda: Yes.

Brazil:
- Rio de Janeiro: The major victories were in the legal field to encourage more actors of justice to apply the program of Therapeutic Justice.

Politically, the leaders do understand the importance of Therapeutic Justice as a form of mediation of conflicts and to further the falling crime rate.

Sao Paulo:
- (1) To engage drug abuse offenders into treatment;
- (2) Since the justice system could not count to the public health system, one of the main goals were to bring AA, AE and NA as partners of the program, so they could receive justice demand.

Canada:
- Calgary: The program was designed to offer chronic, untreated addicts who were responsible for committing a disproportionate amount of crime due to their addiction, an opportunity.

Edmonton: To reduce the harm created by drug addiction.

Toronto: Reduce criminal behavior, criminal behaviour and have them become productive members of society.

Chile: Rehabilitation: through treatment programs for criminal offenders that present problematic use of drugs. The elimination or decrease of the consumption is sought:
- Social and Labor Reintegration: that is to say, reinsert the participant in society, providing him/her the opportunity to work;
- Decrease recidivism: this is the main objective, that includes the two previous ones, that is to say, the participant is rehabilitated, eliminating the drug use of his/her life and in this way he/she will not commit new crimes.

Ireland: STATEMENT OF PURPOSE: To provide offenders with Court-Supervised treatment and direction through a multi-agency approach, enabling them to address their offending and addiction and lead a more positive life-style.

Jamaica:
- To reduce the level of criminal activity resulting from drug use/dependency;
- To provide assistance and enabling graduates to function as law abiding citizens;
- To reduce recidivism.

**Mexico:** Mission: The purpose of the Addictions Treatment Court is to encourage the rehabilitation of the accused and a reduction in criminal recidivism associated with abuse of or dependence on drugs or alcohol, in order to bring about their reintegration in society.

Bearing in mind the conditions that led to the introduction of a first pilot program in Mexico City, the following objectives of that program should be mentioned:
- Enrich the justice system with models that combine instruments that permit the application of specialized treatment of addictive conduct and emotional and behavioral disorders in offenders;
- Reduce criminal recidivism rates as well as the incidence of drug use, by providing treatment to drug-using offenders;
- Encourage addicts who are first-time misdemeanor offenders to become rehabilitated in exchange for having their criminal record expunged;
- Promote job or educational re-entry for addicts;
- Promote the participation of defendants in community-based programs;
- Strengthen public security efforts through the use of a non antagonistic approach by the prosecution and the defense, protecting the right of participants to due process of law;
- Involve the social services, improving the use of judicial funds;
- Reduce court caseloads with respect to misdemeanors;
- Reduce rates of domestic violence;
- Reduce overcrowding in prisons;
- Reduce judicial and prison costs.

**Norway:** The aim of the drug treatment court is to reduce or eliminate offenders’ dependence on drugs and to reduce the level of drug-related criminal activity.

**Suriname:** Yes, Amendment of the national legislation regarding drug addicts committing minor offenses.

**UK:** **Liverpool:** To raise public confidence and reduce reoffending.

**US:** The initial goals for the Miami Drug Court were to (1) reduce the recurring crime drug arrestees were committing prior to trial; (2) provide intensive outpatient treatment services for drug offenders promptly after arrest; and (3) significantly enhance the court’s supervision over the pretrial drug offending population, through both frequent and regular court hearings. However, very soon after the program began it became apparent that drug addiction was but the presenting problem for most program participants and that, in addition to drug treatment, an array of other services needed to be provided (e.g., education, housing, medical, vocational, family, and others) in order to enhance the likelihood program participants could remain in and successfully complete the program. These same goals as well as necessary service enhancements have been adopted by all other drug courts in the U.S.

2. **Degree to Which DTC Goals Have Been Achieved**

   **Question:** To what degree do you feel these goals have been achieved?

**OVERVIEW:**

Most of the programs stated that their goals had been put into action and they are seeing positive outcomes and getting affirmation from various stakeholders. There has been increased co-ordination between stakeholders, increased public confidence, and positive experiences among both graduates and non-graduates.
Chile and Mexico noted that measuring the achievement of goals has been difficult to evaluate, due to the lack of completed evaluation reports in each of the countries. Mexico further indicated that no evaluation report had been conducted as of yet, because the program was only recently initiated.

**SURVEY RESPONSES:**

**Australia:**

**New South Wales:** The program has been independently evaluated twice, with reports released by the NSW Bureau of Crime Statistics and Research in 2002 and 2008.

The 2002 evaluation contained a health component. It found that

> “Strong support was found for improvements in each of the outcome measures examined: health, social functioning and drug use. These improvements were sustained over the twelve-month follow-up period…. Social functioning significantly improved within the first four months of program participation, with further improvements by eight months.”

Both the 2002 and the 2008 reports contained a recidivism component. The 2002 report found that the Court “proved more cost-effective than imprisonment in reducing the number of drug offences and equally cost-effective in delaying the onset of further offending.”

The 2008 report found “that, controlling for other factors, participants in the NSW Drug Court are significantly less likely to be reconvicted than offenders given conventional sanctions (mostly imprisonment).

When the Drug Court and comparison group were compared on an intention-to-treat basis, offenders accepted onto the Drug Court program were found to be 17 per cent less likely to be reconvicted for any offence, 30 per cent less likely to be reconvicted for a violent offence and 38 per cent less likely to be reconvicted for a drug offence at any point during the follow-up period (which averaged 35 months).”

This 2008 finding strongly suggests that the program is achieving its third objective.

**Perth, Western Australia:** A review of the Perth Drug Court was released by the then Attorney General Jim McGinty in December 2006. The report found strong evidence that involvement in a Drug Court program had a positive effect in reducing the level of re-offending among individuals charged with a drug-related offence. The Perth Drug Court was found to be associated with a net reduction of recidivism of 17% over prison, and 10.4% over community corrections treatment alternatives. People who participated in the Perth Drug Court exhibited a reduced frequency of burglary offences and substantially fewer drug related offences in their future offending.

**Belgium:** As we started in 2008, the scientific evaluation is going on. We feel that the problem solving system is working much better for this kind of offenders and the ongoing court supervision makes the difference with the classical approach.

**Bermuda:** NA

**Brazil:**

**Rio de Janeiro:** In Brazil, the Therapeutic Justice program is still emerging, but has a long way to go; therefore, much more success will come.
Sao Paulo: When the offenders accept the “treatment” proposal (actually attend AA, AE and NA meetings) and when we felt that our partners were really committed to the Program.

Canada:
  
  Calgary: NA
  
  Edmonton: These goals have been achieved to a large extent. Even those who were terminated from the program have benefitted and have returned to tell us so.
  
  Toronto: Very successful for many who entered the programme, even for those who did not necessarily graduate.

Chile:
Rehabilitation: The tools that the model provides have been applied. In this way, periodic judicial supervision and treatment programs have been provided for the users.

Social and Labor Reintegration: As part of the "integral" rehabilitation process, the treatment providers have involved the participant to different available social networks. Likewise, it has been supplied them training, labor workshops and leveling courses for their studies.

Recidivism: It has not been able to be measured because the lack of evaluation for the program.

Ireland: Goals being achieved within constraints, like the low numbers of entrants, and the participant’s socio-economic backgrounds.

Jamaica: Currently on goal achievement path. With increased co-ordination between stakeholders, budget security and stable staffing, more will be accomplished.

Mexico: Since this is a recently initiated pilot program no evaluation of results has yet been conducted. Under an agreement concluded on February 10, 2010, between the Secretary of the Interior of the State of Nuevo León and the President of the Court of Justice of the State of Nuevo León, five more specialized Addictions Treatment Courts will be opened in the Municipality of Monterrey, the State Capital. Treatment will be provided under the coordination of the Department of Mental Health and Addictions of the Health Secretariat of Nuevo León. The State of Nuevo León will thus have six Addictions Treatment Courts.

Norway: NA

Suriname: Please note that the project still has to be implemented.

UK: Liverpool: Reoffending has decreased and public confidence in the systems ability to deal with this type of offender has increased.

US: These goals have been achieved and continue to be achieved based on the numerous outcome evaluation reports that have been conducted of U.S. drug court programs.

D. **Nature of Addiction Presented by DTC Population**

  **Question:** Please describe generally the nature and extent of drug addiction among participants in your DTC (i.e., types of drugs used, length of drug use, associated physical and/or mental health conditions, etc.)
OVERVIEW:

Most of the programs report that Cocaine and Heroin are the most common drugs of choice, followed by poly-drug addiction, methamphetamine and alcohol. The consensus among all respondents was that offenders get initiated during their adolescence to drug use and their quantity and assortment grows of drugs used over time frequently increases. Most respondents also noted that there has been an increase in co-occurring disorders, e.g., both substance addiction and mental health problems.

SURVEY RESPONSES:

Australia:
   New South Wales: Program legislation requires all participants to be dependent on a prohibited drug at program entry. These can include benzodiazepines if illicitly obtained. Heroin and amphetamine is the most common drug of choice at program entry. Almost all participants report regular cannabis use at program entry, although it is generally not seen as a driver of acquisitional criminal activity. Length of illicit drug use can vary from four decades to several years.

   Perth, Western Australia: Generally participants in the Perth Drug Court have drug dependency issues spanning anywhere from several to more than 20 years. The types of drugs used by these offenders are cyclical and dependant upon a variety of issues, but primarily reliant upon what is prevalent in the community at the time. Participants are often using multiple drugs at the time of engagement. Currently heroin and amphetamines are common drugs of choice.

Belgium: heroine, cocaine, amphetamine, alcohol, from 1 to 20 years; often double diagnoses; hepatitis, teeth problems.

Bermuda: Most use cocaine and marijuana and have none so over an extended period; we are seeing more dually-diagnosed clients and have expanded collaboration with mental health providers. We are seeking to implement a Mental health Treatment Court Program.

Brazil:
   Rio de Janeiro: Mostly cocaine and crack that is a garbage extract of cocaine.

   Sao Paulo: Substances more prevalent: alcohol, marijuana, cocaine and crack.

Canada:
   Calgary: The typical profile of our men is that they have had extensive histories of severe addiction to one of the following drugs; crack/cocaine; crystal-meth and or heroin. They have typically had a lengthy involvement with crime; although there is a range of this, and we are also taking younger and less seasoned criminals in the hopes of intervening in their lives sooner. For our women, there is a strong association with having worked on the streets in prostitution to support their habit, and most come with an extensive history of trauma.

   Edmonton: Cocaine most prevalent followed by Crystal Meth. Severe addictions. Some mental health issues – usually ADHD, or FASD

   Toronto: cocaine, oxycontin, meth all for many years.
**Chile:** The participants of the DTC are people which present a problematic consumption of drugs, mostly poli-consume (base cocaine, marijuana, alcohol), with a moderate to severe compromised bio-psychosocial problems related to the drug addiction. The quantity of consumption grows in time, being a process normally initiated in adolescence. Before starting the treatment, a high physical damage, in some cases malnutrition it is able to be seen. Likewise, the mental condition is affected, sometimes showing traces of organic damage.

**Ireland:** The majority of our participants have a lengthy history of addiction before being referred to the DTC. They are generally polydrug users, usually starting with cannabis and alcohol use at a very young age (10-15yrs) and then progressing to other drug use, such as ecstasy and benzodiazepine use, on then to harder drug use such as heroin and cocaine. The main drug of choice is heroin, which is largely reflective of the catchment area in which the participants reside, which is socially disadvantaged area of Dublin. The average age of first heroin use is 17yrs approx, with cannabis being the first drug use at 14yrs approx. The majority of our participants (approx 80%) are in receipt of treatment at the time of entering the DTC programme and the average age of presenting for treatment is 21yrs. There is also a percentage that has alcohol addiction as well as addiction to other drugs, which presents particular challenges. Among injecting drug users, approx 80% have Hepatitis C and we generally have a further 5-10% at any time that have co-infection with HIV also. I would estimate that between 10% - 20% of our participants at any one time have dual diagnoses also (mental health difficulties as well as addiction).

**Jamaica:** Marijuana, crack-cocaine and alcohol. Length of addiction ranges from 1 year to 20 years. Some participants have been noted to suffer from depressive episodes and physical withdrawal symptoms.

**Mexico:** Abuse of and dependence on narcotics, stimulants, psychotropic drugs, or inhaled, hallucinogenic, or toxic substances that are addictive or habit-forming; Dually diagnosed patients.

**Norway:** NA

**Suriname:** Please note that the project still has to be implemented.

**UK:** Liverpool: Two specific groups. 1. Long term heroin addicts. 2. Young people 14-30 using skunk cannabis.

**US:** Most participants have extensive periods (at least 10 and often over 20 years) of addiction to multiple drugs, including methamphetamine, cocaine, alcohol and/or heroin. Synthetic drugs are becoming an increasing problem as are addiction to prescription drugs.
II. SUMMARY DESCRIPTIONS OF DTC PROGRAMS

A. TARGET POPULATION

1. Initial Target Population for the DTC

OVERVIEW:

Most of the programs reported that they are focusing on drug abusers who commit offences to support their habit or who commit offences under the influence of drugs. Most programs target non-violent adult drug abusers with a history of minor offenses, although Perth (Western Australia) reports that it deals with “medium to severe” offenders.

SURVEY RESPONSES:

Australia:

New South Wales: At the time of establishment, Government identified that the drug court was established to address heroin dependent property offenders whose significant acquisitional offending was strongly linked to their drug use. It was acknowledged that these offenders would inevitably use a range of other drugs, including cannabis, alcohol and amphetamine, but that the major driver of the acquisitional offending was heroin use.

Program legislation requires participants to be drug dependent and facing a full time custodial sentence and excludes minors, violent or sexual offenders, drug traffickers, and persons with a very severe mental health problem. They need to be resident in one of 11 prescribed Local Government Areas in greater western Sydney and need to be referred from a prescribed Local or District Court.

Perth, Western Australia: The Perth Drug Court specifically targets offenders with significant substance use issues, who plead guilty to their offences, and whose history of offending has lead to the possibility of imprisonment. The Perth Drug Court generally deals with medium to severe levels of offenders.

Belgium: Drug abusers who commit drug related crimes, and were the underlying drug problem is the cause of the crimes.

Bermuda: Non-violent substance abusing offenders who can be maintained in the community.

Brazil:

Rio de Janeiro: In Brazil, the Therapeutic Justice is trying to meet everyone involved in minor crimes whose antecedent is the logical use and abuse of psychoactive substances.

Sao Paulo: In general, drug abuse offenders who committed “minor” offenses (the minor offenses are defined by Law 9.099/1995 – alternative punishment).

Canada:

Calgary: Group of hard-core, non-violent offenders whose criminal activity is the direct result of their untreated addiction.

Edmonton: Drug addicted offenders serving a sentence of between 18 months to 3 years. Women and aboriginal have been identified target groups but we do not limit ourselves.
Toronto: Adults.

Chile: Adult population (over 18 years). They should comply with the clinical and legal requirements mentioned in "description of the DTC program".

Ireland: Criminals with a history of minor crimes.

Jamaica: Offenders over the age of 17:
- Drug users who are either in possession of drugs or commit offences to support their habit;
- Individuals who commit offences under the influence of illicit drugs or alcohol.

Mexico: Pilot stage: Misdemeanor violators with alcohol and drug abuse or dependence problems.

Norway: The drug user must reside in one of the trial municipalities and illicit drugs must be the main substance abused (crimes committed under the influence of illicit drugs, and crimes committed in order to finance personal drug abuse).

Suriname: Drug addicts committing minor offenses.

UK: Liverpool: All offenders in a specific geographic area.

US: Most programs targeted initially first offenders with drug possession charges; of course, first offenders were not at all first time drug users and many had long histories of severe substance abuse. As experience developed with the effectiveness of the DTC approach, increasing focus has been on individuals who are “high risk/high need”, primarily determined by the individual’s current charge and criminal history.

2. Changes in the Target Population Served by the DTC since the DTC Began and Reasons for the Change(s)

OVERVIEW:

Half of the programs reported that no changes had been made in the target population served by the DTCs since program implementation. DTCs in New South Wales have made changes to target populations, particularly by encouraging female and indigenous participation. Chile incorporated a pilot program for adolescent populations, and Toronto hopes to establish separate DTCs for youth. DTC programs in the United States have made numerous changes, as the model becomes adapted to various jurisdictions as well as experience develops with its use and/or prosecutorial and/or law enforcement policies change affecting the types and numbers of drug offenses prosecuted and potentially eligible for drug court referral. Some programs have also expanded offense criteria eligibility etc., including theft, prescription forgery, and prostitution, for example, as long as it is tied to the individual’s drug addiction.

SURVEY RESPONSES:

Australia:

New South Wales: While the program legislation is regularly subject to minor amendment, legislative change has not significantly impacted on the target group.

Program policy has been introduced to encourage female and indigenous participation.
Since inception the program population has also dealt with significant numbers of amphetamine and benzodiazepine dependent offenders. Changes in the Australian drug market over the past decade have seen a reduction in referrals of offenders whose drug is choice is heroin, with more benzodiazepine and amphetamine users referred.

Program policy was introduced to encourage female and indigenous participation as it was felt that these two groups were poorly served by existing diversionary options.

**Perth, Western Australia:** No material changes.

**Belgium:** NA

**Bermuda:** NA

**Brazil:**
- **Rio de Janeiro:** No changes.
- **Sao Paulo:** None.

**Canada:**
- **Calgary:** None.
- **Edmonton:** NA
- **Toronto:** Less emphasis on youth. Found that the DTC was not successful for youth in the same court. Needed a separate DTC for youth.

**Chile:** Yes, a pilot program in adolescent population was incorporated, in consideration of the Adolescent Criminal Responsibility Law, therefore one of the challenges of this law is the implementation and evaluation of models oriented to the full social integration of the juvenile population.

**Ireland:** None.

**Jamaica:** Generally none but individuals with special circumstances may lead to relaxation of strict criteria.

**Mexico:** No changes. It is debated whether or not to widen the benefit to include persons detained for drug possession for personal use. However, as this is a federal offense this is still under discussion.

**Suriname:** Please note that the project still has to be implemented.

**UK:**
- **Liverpool:** None.

**US:** A number of changes have been made. Many programs have expanded the target population to persons with more extensive criminal justice system contacts as well as persons who were already convicted and facing prison sentences; many programs have also expanded the offense criteria for eligibility from drug possession (which is a crime in the U.S.) to drug related crimes, including shoplifting, prescription and check forgery, small amounts of drug sales to support a drug habit, prostitution, and similar nonviolent offenses. In addition, the DTC model has been adapted for juvenile offenses and family abuse and neglect cases.

**B. ELIGIBILITY REQUIREMENTS**

1. **Criminal Justice Characteristics (i.e. nature of offense, prior criminal history, etc.)**
OVERVIEW:

Most of the respondents reported that the DTC does not accept offenders associated with organized crime, gang affiliation or offenders charged with felony or serious offences. Belgium and Bermuda appear to have the broadest criteria for accepting participants, which can include offenders with a wide array of offenses except organized crime. The UK has no specific stated criteria. Among some of the requirements, Mexico requires that there must be no opposition from the Attorney General’s office, and Norway requires a social inquiry report to access offender suitability for the treatment program.

SURVEY RESPONSES:

Australia: New South Wales: The Drug Court of NSW was designed and resourced to deal with serious offenders, with all participants facing a full-time custodial sentence and around 20% of participants otherwise facing sentencing in the NSW District Court (i.e. the second level of the NSW criminal court system).

With violent offences, sexual offences and drug trafficking offences excluded, the majority of suitable/eligible persons have significant criminal histories involving property crime and most have served at least one full time custodial sentence. Many have significant juvenile offending histories. Many also have significant offending histories involving motor vehicles, and face long-term licence disqualification. Many have also accumulated fines that they have no real chance of ever repaying. Significantly, the Drug Court has some scope to assist with the latter two issues that can affect prospects for reintegration into the community.

Perth, Western Australia: (overall eligibility characteristics)
- Offenders must:
  - Give an indicated plea of guilty;
  - Have an illicit drug dependency;
  - Be willing to participate in drug treatment; and
  - If the participant is from the country, the participant must be willing to move to Perth for the duration of their time in the Drug Court.

The Perth Drug Court will not accept cases where a term of imprisonment is mandatory. The Perth Drug Court also will not accept cases involving serious violence, drug trafficking, or aggravated burglary where violence was involved. Sex offenders are also excluded from the Perth Drug Court.

Belgium: All kinds of offences, also violence, but no organized crime.

Bermuda: No excluded offences and having not been on Probation or Parole in the last 3 years.

Brazil: Rio de Janeiro: Minor offenses.

Sao Paulo: (1) Minor offenses $ law 9.099/1995 (alternative punishment);
          (2) Be the first offense caught by the justice system or no prior criminal history;
          (3) The offender has to agree to the proposal.

Canada:

Calgary: Non-commercial trafficking; non-violent break & enters to support their addiction; no gang affiliation; low public safety risk.
Edmonton: no serious violence on record, no sex offences, no gang affiliation, no break and enter charges to residential.

Toronto: NA

Chile: The legal tool used here is the conditional suspension of the procedure, which will be able to be decreed by the court complying with the following requirements:
- The sentence that may be imposed, in the case of a condemnatory sentence is dictated should not exceed 3 years of liberty deprivation;
- Absence of previous prison convictions by crime or simple crime;
- Absence of current conditional suspensions of the procedure.

The conditional suspension is an alternative to the criminal trial, which avoids under specific conditions established by the judge the traditional procedure that can be finished with a sentence If the offender accomplished with the conditions he will end the procedure without criminal records.

Ireland: must be aged 18 yrs, have history of addiction, and be motivated to get off drugs and have pleaded guilty or have been convicted of certain offences in the District Court where it is likely they would receive a custodial sentence.

Jamaica: Drug related offenders, both first time offenders and recidivists, individuals committing minor offences under the Dangerous Drug Act. Excluded are dealers and traffickers of drug as well serious offences such as murder, rape. Individuals diagnosed with a serious mental illness, e.g. psychosis, are also excluded.

Mexico: General eligibility requirements
The persons eligible to enroll in the program are those who meet the requirements established for the Probationary Suspension of Proceedings contained in Article 610 of the Code of Criminal Procedure of the State of Nuevo León.

“Article 610.- A probationary suspension of proceedings is a measure ordered by the judge or court at the request of the accused and the defense, the purpose of which is to suspend the effects of the criminal proceeding in favor of the former and avoid a conviction resulting from a criminal trial. To that end the following requirements shall be met:
- There is no reasoned opposition from the Office of the Attorney General or the injured party;
- The offense is not classed as a felony and the maximum prison term does not exceed eight years in any modality of the offense or modifying circumstances thereof;
- The defendant does not have a prior confirmed conviction for a deliberate offense nor is a party in a criminal suit;
- The same benefit has not been granted in a separate proceeding;
- There is nothing in circumstances of the offense or the personal background of the accused from which reasonably to presume that to grant the suspension would pose a serious threat to the juridical interests of others;
- The accused, in the presence of the judge, enters on an agreement with the victim or injured party, if any, to provide reparation for damages; Said agreement shall set out the amount to be paid in damages and the manner of payment. The accused releases themselves from the obligation by paying or depositing the agreed amount at the court where their case is being heard. The victim or injured party shall appear to receive payment or see the amount deposited in their favor;
- The suspension is requested before documentary evidence is presented and, in the case of proceedings governed by Title 14, Chapter 1, before the order is issued for the initiation of oral proceedings;
- They undertake to comply with the measures and conditions set by the judge.
Offenses to Consider:

The connection between the offense charged and the addictive disorder can be established if at the time of the offense the accused was intoxicated with alcohol or drugs or if the offense was committed as a direct consequence of being under the influence of alcohol or drugs or because of the indirect need to pay for said substances.

The accused persons who may be considered for enrolment in the program shall be those who have an addiction to alcohol or drugs and are charged with an offense under Article 610 (II) of the Code of Criminal Procedure of the State of Nuevo León.

Norway: A public prosecutor from the police (or the court) has to apply to the drug treatment program team to write a social inquiry report on the person charged. The team has to conclude whether the charge is suitable for the program or not. This report will be used in court to decide what kind of sentence the judge will give. The court can theoretically come to another conclusion than the team.

Suriname: Drug addicts committing minor offenses.

UK: Liverpool: No specific criminal justice criteria.

US: Most programs admit persons with charges of drug possession (which is an offense in the U.S.), shoplifting, theft, prostitution, forgery (check and prescription) and similar offenses as long as they were the product of the individual’s drug addiction and do not involve acts of violence and/or the use of a weapon.

2. Substance Use/Treatment Needs

OVERVIEW:

Most of the programs reported that they accept candidates with a history of substance abuse and do not exclude any specific drug users. Calgary’s DTC program, however, only accepts participants with addiction to crystal-meth, crack cocaine, or heroin, and Edmonton excludes those using marijuana. The most frequently used substances cited by the other responding programs have been heroin, crack cocaine and poly drugs.

SURVEY RESPONSES:

Australia:

New South Wales: The program deals with serious offenders, with significant criminal histories and life deficits. While counselling is an integral part of every Drug Court treatment program, it is rare that a program participant will successfully complete the program only receiving outpatient counselling.

Around 70% of participants undertake pharmacotherapy treatment as part of their program. Methadone and buprenorphine treatment are well-established components of the NSW drug treatment system, and are strongly endorsed as treatment options by the Drug Court of NSW. Naltrexone treatment for opiate dependent persons is not an endorsed treatment modality within the Drug Court of NSW.

Many of our participants require the care and support of a residential treatment provider for at least part of their program. These services are provided by the non-government sector, and specialist services are available for indigenous people and women. These services provide drug treatment as well as living skills programs, supporting our participants’ reintegration into work and community life.
We have a high rate of concurrent mental health issues in our program, particularly depression and anxiety. Appropriate use of medication to support participants is an important aspect in stabilizing them and allowing them to engage in treatment and social rehabilitation.

The program does offer referral to self-help programs (NA/AA/Smart Recovery) as an integral part of community reintegration.

Perth, Western Australia: See overall eligibility characteristics above.

Belgium: The underlying drug problem is the cause of the crimes.

Bermuda: Verified history of substance abuse in the last twelve months and test positive on arrest or random test.

Brazil:
  Sao Paulo: The presence of drug use, abuse or dependence.

Canada:
  Calgary: Must be addicted to one of the following drugs: crystal-meth; crack/cocaine; heroin.
  Edmonton: Must have an identifiable drug addiction (not marijuana addiction).
  Toronto: NA

Chile: Also, the program requires the compliance of the offender, of clinical requirements:
- Drug Abuse disorder or drug dependence (problematic use);
- Moderate to severe biological, psychological and social problem related to the drug addiction.

Ireland: We mainly cater to participants with heroin addiction, but most of our participants are polydrug users.

Jamaica: No substance or its chronicity is excluded but predominant substances have been marijuana and crack cocaine, individuals who can be treated in their community in non-residential settings.

Mexico: Program admission criteria:
- A candidate who takes part in a detoxification or rehabilitation program as part of a course of treatment with psychotropic medicines may be admitted to the services that the program provides;
- A person who is unable to pay reparations for damages because they are indigent, as determined by the court, may not be declared ineligible for admission to the program;
- A candidate evaluated for admission who presents parallel disorders and whom the treatment center determines to have the capacity to understand and participate in the program may be admitted to it only when they can be placed in the modality of treatment recommended for their condition.

Norway: The drug user must reside in one of the trial municipalities and illicit drugs must be the main substance abused (crimes committed under the influence of illicit drugs, and crimes committed in order to finance personal drug abuse).

Suriname: Treatment and resocialisation of drug addicts committing minor offenses.
UK: Liverpool: Any drug or serious problematic alcohol use.

US: Eligible participants can and usually do display an extensive pattern of drug use, frequently reflecting many years of multi-drug use, including alcoholism; programs are now also becoming more receptive to admitting persons with mental health conditions.

3. Other Factors Relating to Eligibility

OVERVIEW:

Other factors affecting eligibility included: the individual’s willingness to participate in the program (Chile and U.S. pretrial diversion programs. Jamaica requires participants to have stable accommodations and family support. In Mexico, the final decision about eligibility is made by judge. The U.S. requires participants in the federally funded treatment programs to be “non-violent” offenders.

SURVEY RESPONSES:

Australia:
   New South Wales: NA
   Perth, Western Australia: See overall eligibility characteristics above.

Belgium: NA

Bermuda: NA

Brazil:
   Rio de Janeiro: NA
   Sao Paulo: NA

Canada:
   Calgary: NA
   Edmonton: NA
   Toronto: NA

Chile: The offender should declare his/her will to participate in the program.

Ireland: No Crime involving serious violence/or previous history of same.

Jamaica: Stable accommodation and family support.

Mexico: Final decision on admission: The final decision on the admission of the accused to the program shall be taken by the judge, who shall base their determination on the above-mentioned eligibility criteria and on the investigation, report, and recommendations of the representative of the treatment center and of the Police Monitoring Officers. The position of the Office of the Attorney General expressed in a motion to that effect shall also be considered.

Norway: NA
US: Some programs target particular populations, such as young adult males; females; and/or other groups that have been determined are in need of the special resources and supervision services of the drug courts. There have also been special programs developed for juveniles and families (in which a child has been removed from the home because of the parent’s substance abuse). Some programs limit participation to individuals residing in particular geographic areas of the city. Some programs also limit participation to individuals living within the county in which the court is located.

One factor that has limited eligibility for drug court programs in the U.S. is the “violent offender” prohibition enacted in the federal statute providing federal funding for drug courts in the various states in the U.S. This preclusion has not been clearly defined or limited so has had the affect of excluding many otherwise eligible defendants who may have had a conviction for assault, for example, years ago. There are, however, a few programs that are not using federal funding under this statute and have made a policy decision not to apply this prohibition.

4. Changes in Eligibility Requirements since DTC Began

**Question:** Have there been any changes in the eligibility requirements since the DTC began? If so, please describe the changes and why they were made.

**OVERVIEW:**

Most of the programs did not report any changes in the eligibility criteria since the DTC began. Chile added a new requirement that offenders should not have a current conditional suspension of the procedure, at the moment of facts checking. Liverpool added offenders with addictions to Cannabis their list. The U.S. reported that many programs have expanded the criteria for their target population and eligibility criteria in order to engage more participants and reach more seriously drug involved offenders.

**SURVEY RESPONSES:**

**Australia:**

New South Wales: Some broadening of the court’s capacity to deal with offenders on existing community-based sentences (particularly breached bonds) simplified the referral and assessment process and allowed suitable offenders to access the program.

Perth, Western Australia: No material changes.

**Belgium:** NA

**Bermuda:** NA

**Brazil:**

Rio de Janeiro: Not yet.

Sao Paulo: No.
Canada:

Calgary: NA

Edmonton: Graduation at one time could be completed if they were 4 months clean with the exception of marijuana use. We no longer allow marijuana use.

Toronto: NA

Chile: Yes, when the Code of Criminal Procedure was modified (article 237), that is the legal framework that contemplates the conditional suspension of the procedure, adding a new requirement, which is that the offender should not have a current conditional suspension of the procedure, at the moment of facts checking, that is a new process concern. Prior to this modification, it was enough that the offenders comply with the legal criminal framework, and the absence of previous prison sentences.

Ireland: NA

Jamaica: NA

Mexico: NA

Norway: NA

Suriname: Please note that the project still has to be implemented.

UK: Liverpool: Yes. Cannabis users are now eligible.

US: As noted above, many programs have expanded the target population to persons with more extensive criminal justice system contacts as well as persons who were already convicted and facing prison sentences; many programs have also expanded the offense criteria for eligibility from drug possession to drug related crimes, including shoplifting, prescription and check forgery, small amounts of drug sales to support a drug habit, prostitution, and similar nonviolent offenses.

C. IDENTIFICATION OF ELIGIBLE DTC PARTICIPANTS AND REFERRAL PROCESS

1. Identification of Eligible DTC Participants

OVERVIEW:

Most respondents reported that participants can be identified by arresting officers or probation officers or by request of the defense counsel. In Chile and Norway extensive evaluation of the candidate is completed before acceptance for participation. In the U.S., depending upon the stage in the criminal justice process in which the individual enters the DTC, he/she can be identified through various sources including the defense counsel, prosecutors, judges etc. In Australia, it is generally the offender and/or their legal counsel who request admission into the DTC.

SURVEY RESPONSES:

Australia:

New South Wales: Generally, an offender or their counsel will actively seek referral at the court of first appearance. The offender must consent to the referral.
Perth, Western Australia: Generally an offender, or their legal counsel, will seek admission to the Perth Drug Court. Offenders who may be suitable are referred by the presiding magistrate to the Perth Drug Court where a comprehensive assessment is performed as to suitability.

Belgium: On base of the written file, sometimes based on information of the police and information provided by the probation officer.

Bermuda: Through Pre-sentence Reports and BARC assessment (substance abuse assessments) and 3 positive urinalysis screenings and verified problem in past 12 months.

Brazil:
Rio de Janeiro: From the cases reported.
Sao Paulo: When they fulfill the eligibility criteria.

Canada:
Calgary: Primarily by defense lawyers.
Edmonton: Either through their lawyer, police or self referral.

Toronto: Application is submitted by offender (usually by defense lawyer/duty counsel) arresting police office must fill out a form indicating whether he/she recommends that the accused he considered.

Chile: By means of a clinical and legal selection, that is to say, the candidates that comply the legal requirements of the conditional suspension are identified, and then, a suspects of problematic drug use is performed and a diagnostic clinical evaluation, that confirms the presence of this problem.

Ireland: by Probation and Welfare and/or by the lawyer or Judge.

Jamaica: On arrest by police officers, but subsequently probation officers, defense or prosecution attorneys, criminal court judge.

Mexico: Initial identification of the candidate
An accused or their defense may request any of the program operators to have their record evaluated for admission to the program until the judge for criminal preliminary hearings declares the trial open.

Norway: We talk to the charged and we get information from other agencies. Then the team work closely together to conclude on suitability. That is one of our most difficult and major tasks at the moment – finding the right persons to attend the program. When we have finished the report we send it back to the public prosecutor. Then we have to wait until the main hearing is over and the judge passing the sentence, then we formally start the serving of the sentence.

Suriname: Please note that the project still has to be implemented.

UK: Liverpool: By problem solving meeting at court.

US: Depending upon the stage in the criminal justice process in which the individual enters the DTC, they can be identified through various sources including defense counsel, prosecutors, judges. In some instances the arresting officer may recommend the individual to the prosecutor for DTC consideration. For post adjudication programs, entry into the DTC may be a condition of sentencing or probation.
2. **Number of Days After Arrest When DTC Eligibility is Determined**

**OVERVIEW:**

There was significant diversity among the responses in terms of when DTC eligibility is determined, varying greatly from 1 day to up to 2 years. Some programs noted that it depends on the case, procedure, lawyers etc. Norway’s overall individual report of candidates takes up to 4-5 weeks. Toronto reports the shortest time frame for eligibility determination of 2-3 days. Ireland has the longest wait of 6 months to 2 years, as eligibility can only be determined at the end of prosecution and conviction. The U.S. noted that the original DTC design called for drug court eligibility to be determined within a day or two after arrest. Many of the early models, which were pretrial focused, followed this principle. However, as more programs shifted to a post trial, post adjudication model, delays in determining their eligibility for DTC have developed and now extend often to months after their arrest.

**SURVEY RESPONSES:**

**Australia:**

   New South Wales: The Drug Court does not routinely keep this information. Many of our participants are remanded before the court of first appearance considers their matters – this may take some months. A best-case scenario is that a participant may have their eligibility and suitability determined, and be released to a treatment plan, within five weeks of referral by the court of first appearance. A more usual outcome would see release seven weeks after referral.

   Perth, Western Australia: This time frame can vary significantly, but once referred into the Perth Drug Court, eligibility can be determined within 4 weeks.

**Belgium:** Depends on the procedure (will be answered in the scientific evaluation), but in the Belgian system people do not get arrested often. We have a written file.

**Bermuda:** Fourteen (14) days – in essence, conducts weekly Court sessions and chairs the Treatment Team meetings regarding active and referred cases.

**Brazil:**

   Rio de Janeiro: 10-30 days.

   Sao Paulo: In order to execute the alternative punishment law, it was created special instances within the criminal system called “Special Criminal Court”, were offenders have to go after they were caught (but don’t arrest) by the police. At this moment, they receive an order to go to the court to see the judge. So, since they committee the offense until the day to see the judge, it takes (mean) in São Paulo, 2 to 6 months.

**Canada:**

   Calgary: Varies greatly, depending on the lawyer’s familiarity with CDTC.

   Edmonton: NA

   Toronto: 2-3 days.

**Chile:** The eligibility requires verifying the compliance of requirements in two aspects: legal and health. That is to say, the legal requirements of the program should concur, and the presence of: problematic drugs use and
associated compromised bio-psychosocial. In this way, a diversion to treatment according to the offender profile is carried out. For this, the time limit is 12 days average\(^6\).

**Ireland:** At end of prosecution on conviction therefore 6 months to 2 years.

**Jamaica:** As soon as practicable after referral.

**Mexico:** Less than 10 days.

**Norway:** The team usually needs 4-5 weeks to finish the report.

**Suriname:** Please note that the project still has to be implemented.

**UK:** Liverpool: Varies between 1 and 9 days.

**US:** Under the original DTC design, eligibility for the drug court was identified at the time or shortly after arrest. “Immediacy” of response was considered important in capitalizing on the trauma of arrest to motivate an offender to enter treatment and was an essential element (“Key Component”) of drug court programs. During this early period, most drug courts were pretrial programs for offenders prior to their trial which – if they were successful – would not occur and their charges would be dismissed. However, this practice of early identification of eligibility has slipped significantly and is a major issue that many drug courts now need to address. One of the reasons for this significant delay in identifying eligible DTC participants is that many programs have shifted to a “post trial” model and do not begin to screen potentially eligible participants until after they have pled guilty and the disposition of their case is being considered – often months following their arrest.

3. **Referral Process and Stage in the Justice Process at Which DTC Eligibility is Determined**

**OVERVIEW:**

Responses indicate fairly wide diversity among programs in terms of the process for referring an individual to the DTC and the state in the justice process at which the DTC referral is made. Belgium and Norway, for example, noted that the public prosecutor has to initiate the process. Bermuda and Ireland require a guilty plea in order to be eligible for the DTC. In Canada, U.S. and Mexico, as soon as charges are brought, candidates can be determined to be eligible for DTC participation.

**SURVEY RESPONSES:**

**Australia:**

**New South Wales:** Potential eligibility and suitability is usually determined at the court of first appearance (the Local Court, presided over by a magistrate) that makes the decision to refer the offender for full assessment by the Drug Court. So, while the Drug Court determines eligibility, the referring court plays a crucial ‘filtering’ role.

\(^6\) It is important to be clear that there are programs which evaluate the eligibility of the candidate in the time limit of 1 day. However, the maximum time limit does not surpass 30 days (because several factors: assistance to the citations, psychiatrist hours, etc.)
Perth, Western Australia: Eligibility to participate in the Perth Drug Court is determined after referral to the Perth Drug Court upon a plea of guilty. A comprehensive assessment is then undertaken as to suitability.

Belgium: Public prosecutor; but defense lawyers can ask for a referral to the DTC when the accused is sued in front of a normal court.

Bermuda: Upon a guilty plea being entered and the offender has begun observation of the program.

Brazil:
  Rio de Janeiro: From the beginning.
  Sao Paulo: 5 or 6 months.

Canada:
  Calgary: From as early as possible. Clients are arrested and hopefully speak to their lawyer about participation in CDTC program if eligible.
  Edmonton: Any time prior to conviction.
  Toronto: as soon after charges are laid as possible.

Chile: There are two stages:
- In the detention control hearing. The psychosocial team (psychologist and social worker) will previously carry out an interview of suspects diagnostic to all offenders that were previously selected by the Ministerio Público and/or proposed by General Prosecutor’s Office, as possible suitable candidates, since that they comply with the legal requirements;
- During the phase of investigation. As the prosecutor as the public defense attorney can detect possible candidates, which in subsequent form, they should be evaluated clinically to enter to the DTC.

Ireland: When pleaded guilty or convicted after trial.

Jamaica: Eligibility is a staged process. After an arrest, Judge refers to DTC, DTC Judge determines referral for assessment by Probation, Psychiatrist and or Treatment Provider. Final decision made at pre-court meeting by DTC Team led by DTC Judge and Lay Magistrates.

Mexico: Before the case is submitted to the preliminary hearing judge.

Norway: A public prosecutor from the police (or the court) has to apply to the drug treatment program- team to write a social inquiry report on the person charged. The team has to conclude whether the charged is suitable for the program or not. This report will be used in court to decide what kind of sentence the judge will give. The court can theoretically come to another conclusion than the team. (Very often a defence lawyer takes the initiative to get a social inquiry report for this purpose, but they still have to apply through the public prosecution. I have spent a lot of time giving information about the drug treatment program to: lawyers, judges, police officers, public prosecutors, prison officers, social workers, health workers, people working with education for grown-ups, and you name it. So the chance for someone to know about this possibility for drug-addicts is good. Theoretically all these different people can guide the drug-addict into getting a sentence like this, as long as it is the public prosecution/the court that formally asks for the social inquiry report).

Suriname: Please note that the project still has to be implemented.

UK: Liverpool: Sentence.
US: Under the original DTC design, eligibility for the drug court was identified at the time or shortly after arrest. “Immediacy” of response was considered important in capitalizing on the trauma of arrest to motivate an offender to enter treatment and was an essential element (“Key Component”) of drug court programs. During this early period, most drug courts were pretrial programs for offenders prior to their trial which – if they were successful – would not occur and their charges would be dismissed. However, this practice of early identification of eligibility has slipped significantly and is a major issue that many drug courts now need to address. One of the reasons for this significant delay in identifying eligible DTC participants is that many programs have shifted to a “post trial” model and do not begin to screen potentially eligible participants until after they have pled guilty and the disposition of their case is being considered – often months following their arrest.

D. INCENTIVES OFFERED FOR DRUG COURT PARTICIPATION

OVERVIEW:

Most of the programs reported that an inducement for drug court participation is the potential for a suspended sentence if treatment is successfully completed. Some programs (Bermuda, Chile, Ireland, and Jamaica) expunge the offense altogether from the individual’s criminal record. An additional inducement/incentive to enter the program is the opportunity for skills training and education, and travel outside the court’s jurisdiction.

SURVEY RESPONSES:

Australia:

New South Wales: They have the opportunity to avoid a full-time custodial sentence (average duration around 14 months). They have the opportunity to resolve all eligible outstanding legal matters within a single Drug Court sentence. They have the opportunity to receive the highest level of supervision and support available to offenders within the NSW criminal justice system within a framework that prioritises their rehabilitation and reintegration into the community.

Perth, Western Australia: The key incentive offered to participants is the opportunity to address their illicit substance use and to rebuild their lives in the community. In doing so, successful participants may avoid a term of imprisonment.

Belgium: They can try to get a more beneficial sentence by tackling the underlying problem.

Bermuda: Index offence can be expunged after completion of Phases.

Brazil:

Rio de Janeiro: In most cases the prosecution process is closed.

Sao Paulo: Not arrested and name not included in criminal register; no criminal file.

Canada:

Calgary: They have the opportunity to receive treatment for their addictions and avoid jail sentence by actively participating in our program.

Edmonton: Two tracks:
Track 1 – no prior record – current charges would be dropped after completion of the program
Track 2 – no custodial disposition after graduation. Honours grads – 1 day probation, substantial completion – probation to follow.

Toronto: If they complete program they are promised that they will not be placed back in jail…usually a suspended sentence and period of probation.

Chile: 
1. The conditional suspension of the procedure, which implies that after the DTC ends, the candidate criminal records will be erased, that is to say, no prison sentence will be dictated against him/her;
2. Possibility to enter to a high quality drugs treatment program for free;
3. Rehabilitation and social integration.

Ireland: Benefits of the program; Strike out of charges on successful completion of program.

Jamaica: 
1. Receipt of treatment, not punishment;
2. Opportunity to benefit from drug free lifestyle;
3. Opportunity for skills training and education;
4. Successful completion of treatment charge is dismissed, i.e. the offence is not recorded on individual’s criminal record;
5. First time offender exit without criminal record.

Mexico: Incentives: 
The program’s approach is founded on therapeutic justice, the overriding purpose of which is to bring about the rehabilitation of persons who abuse or are dependent on alcohol and/or drugs and help reduce criminal recidivism. In order to motivate program participants so that they can appreciate the effort that goes into their rehabilitation the judge will use judicial authority to directly supervise them and strengthen their progress. This will be done through recognition of their achievements and breakthroughs, as well as penalization of attitudes or conduct that are not consistent with the objectives of the treatment and therefore impair the rehabilitation process.
This rehabilitation process requires the identification of family members or persons who can provide support or act as role models for new participants. For that reason, it is essential that penalties and incentives are issued at hearings in order to achieve greater impact through judicial supervision.
In order to achieve the above objective the judge will determine on a case-by-case basis how to reward progress made by participants in the treatment process. Based on the recommendations of the treatment center and the police monitoring officers the judge may, at his or her discretion, choose one of the following alternatives:
- Draw attention to the progress of the participant at a public hearing;
- Reduce the length of the treatment;
- Reduce the frequency of judicial supervision;
- Authorize participation in activities in the community at large and travel outside the court’s jurisdiction;
- Authorize special privileges;
- Reduce home restrictions in order to work, study, and interact more with the family;
- Offer any other incentive that recognizes the participant’s performance in the rehabilitation program;
- None of these measures may go against or undermine the participant’s treatment plan.

Norway: NA

Suriname: Please note that the project still has to be implemented.

UK: Liverpool: None save the obvious help offered and potential on occasion to avoid custody.
For pretrial programs, the chance to have a drug charge or felony conviction dismissed; for post adjudication programs, successful participants can have the period of their probation shortened, and/or any suspended period of incarceration withdrawn.

E. OPERATIONAL COMPONENTS

1. Differences Between DTC and Traditional Method for Justice System Handling of Drug Involved Individuals

OVERVIEW:

There was significant diversity among the responses that programs provided. Belgium noted that DTC participants are constantly under court supervision and treatment; and are represented in the court itself. Probation measures are established to fit each candidate’s needs. DTCs provide faster relief and help to addicted offenders than traditional methods. In Chile’s DTC commissions, under ‘conditional suspension of the procedure’, offenders who comply with legal and clinical criteria requirements are eligible. This limits their sentence to a maximum of three years. Jamaica’s program focuses more on a holistic approach and judges are more involved in the rehabilitation program of the offender. Mexico’s Addiction Treatment Court works under “probationary suspensions of proceedings” whereon successful completion suspends the effect of criminal proceedings. In Norway, the DTC sentence is a suspended sentence where participation in the drug treatment court program is conditional. The U.S. drug court operates at the state court level, although the criminal justice process in each state and territory is generally similar. There are some differences both among states and among cities within the same state, listed in the chart below. However, the principle differences between the DTC process and the traditional justice system process focus on the ongoing judicial supervision provided to each participant, the coordination and delivery of a broader array of services and service providers, and the early identification and intervention offered by most drug courts.

SURVEY RESPONSES:

Australia:

New South Wales: The program legislation allows the Drug Court to give participants an initial custodial sentence, and suspend that sentence while the participant undertakes a rehabilitation program of at least twelve months duration. The initial sentence is reviewed at program exit. Successful completion of the program sees the custodial sentence set aside, and a new non-custodial sentence imposed. Failure to complete the program generally sees the participant serve a custodial sentence, although the initial sentence can be reduced to reflect effort and achievement on program.

Perth, Western Australia: Offenders who plead guilty to their matters and who wish to address their illicit substance use issues are removed from the traditional justice process and participate in the Perth Drug Court prior to being sentenced. Whilst participating in the Perth Drug Court, offenders are given the opportunity to address their illicit substance use and rebuild their lives in the community with the assistance of a dedicated court team and through therapeutic judicial supervision. A key feature of the Perth Drug Court, in contrast to the traditional justice process, is that the court operates more collaboratively between stakeholders rather than in the typically adversarial manner.

Belgium: Introduced a Problem solving approach:
- Court supervision;
- Fast reaction;
- Treatment services are represented in the court;
- Tailor made probation measures;
- First treatment, then sentence.
Bermuda: NA

Brazil:

Rio de Janeiro: In Brazil we have adopted the system of civil law as opposed to the American adoption of common law. Thus, drug courts have been developed not only to rid their participants of drug addiction, but also as a public policy aimed at helping the individual reach their full potential.

Therapeutic Justice gives the population assistance with a range of problems, including qualified legal problems, social and health-related disorders, and abuse of and dependence on alcohol and other drugs. Based on a new paradigm—restoration, not punishment—Therapeutic Justice is intended as a link between special treatment programs and individualized drug courts. This is part of a trend in modern law which focuses on prevention and rehabilitation in the application of justice.

Another contribution of the proposed Therapeutic Justice is a non-adversarial approach between practitioners and technical and health professionals. It is known that in cases of drug abuse, domestic violence, mental illness, and other complex issues that neither health nor justice services can act in isolation because an effective solution depends on cooperative approaches. For example, for an adolescent drug user who has committed a crime, drug courts represent a concrete alternative to institutionalization—in this case, socio-educational procedures and semi-freedom (Article 102 Adolescent Law). We know that institutionalization has proved ineffective as an agent of education and rehabilitation and often contributes to the establishment of a vicious cycle of incarceration and crime.

The purpose of Therapeutic Justice applied to the Juvenile Justice System is to provide adolescents and their families the opportunity to access a range of services and treatments that help to overcome the legal, social, and health-related problems associated with the abuse of alcohol and other drugs.

Parallel Justice Therapy also occurs in relation to Sentencing Alternatives although, under Brazilian law, this can only happen after the advent of Central Penalty and Alternative Measures (CPMA) [1] in 2000.

In line with the guidance of the Attorney General and Subprocuradoria General Court of Human Rights and the Third Sector, the current Justice Coordination Therapeutic (TYC) proposes to carry out joint actions aimed at the construction of channels for effective support to the community, respect for human rights and social care needs, and the health of users of alcohol and other drugs.

The first action of Therapeutic Justice seeks to establish partnerships that enable and promote construction of a support network for users of alcohol and other drugs through the program of Therapeutic Justice.

Accordingly, in a short time it was established that there is pent-up demand for shares of Therapeutic Justice coming from developers, institutions, child protection agencies, courts, and communities. In this sense, it was also possible to understand that the principle purpose of Therapeutic Justice is advocacy of the less fortunate which, due to lack of access to social goods and quality services, face social exclusion and a poor position in Brazilian society.

Drug courts emerged as a priority demand for communities due to the complexity of drug problems in society, involving the guaranteed access to quality health, education, and welfare, and in aspects related to public safety and crime.

There is much to be done, and Therapeutic Justice Coordination plans to put more and more services into communities with the greatest need. The team at Therapeutic Justice realizes, however, that collaborating with and addressing demands of colleagues is essential to fulfilling its mission. Therefore, the TYC offers
permanent assistance to prosecutors, is the very coordination - Headquarters of the MP, either on visits to the Courts of Law or by phone, fax or email.

Sao Paulo: Judge, prosecutor, and attorney have been understanding drug problem.

Canada:

Calgary: NA

Edmonton: Participants are required to attend court weekly, attend for a meeting with our staff weekly, submit to urine testing randomly – at a minimum of 1/week. Generally, most of our participants come from custody and enter into a residential treatment centre upon release. We broker out most of our treatment and the people in our program could be easily called support workers. We help them not only deal with their addiction but with managing life in the community.

Toronto: NA

Chile: The "Drug Treatment Courts" are not special courts; they constitute a program that is developed in blocks of hearings, under the ordinary agenda of the criminal courts. The legal framework that governs them is the alternative exit to the criminal trial called "conditional suspension of the procedure". Because of it, the offenders that comply with the following legal requirements are eligible: the sentence that may be imposed to them should not exceed three years of liberty deprivation; also, they should not present previous convictions by crime or simple crime, neither conditional suspensions of the procedure.

Additionally, the offender must comply with clinical character requirements, that are verified through a diagnostic evaluation: present a drug abuse disorder or drugs dependence, moderate to severe biological, psychological and social problems associated to the drug addiction and to declare his/her voluntary will to participate in the program.

The conditional suspension of the procedure is decreed by the judge, and requested by the Ministerio Público (General Prosecutor’s Office), in accordance with the offender. In the case that the petition is accepted, the judge establishes the conditions that the offender should comply by a time limit not lower than a year neither over three years. In the case of the DTC, the entrance to treatment and judicial supervision by periodic hearings is established as a condition. In serious or repeated cases of compliance failure, the judge can revoke this decision and in this way the criminal normal process will continue.

The DTC has a highly coordinated and stable team, integrated by:

1. Legal Team (judge, prosecutor and defense attorney);
2. Bio-psychosocial Team (medical doctor, psychologist and social worker);
3. Treatment Centers.

The legal-sanitary team of the program gathers once a month, in a prior or pre hearing meeting in order to evaluate the degree of advance of the candidates that are complying the conditions of the DTC, where the incentives or corresponding sanctions are being arranged in order to promote compliance to the program.

Now well, regarding the traditional system, that is to say, out of the framework of the DTC, in the case of offenders that lend their consent in order to that the public prosecutor can request the conditional suspension of the procedure, a problematic drug use inquiry mechanism does not exist, therefore, conditions that are different to treatment under judicial supervision will be imposed.

Finally it is necessary to be clear that, in the case of the DTC as in a conditional suspension of the traditional procedure, the crimes of drug trafficking and similar are not accepted.
Ireland: We use a combination of some aspects of the USA model, with the NSW (Australian model) with additional aspects we have developed ourselves e.g. education, with the staff as set out here in additional components:
- Educational training;
- Absence of lawyers/prosecutors (save in exceptional circumstances).

Jamaica: Provides therapeutic justice in that treatment instead of punishment is ordered by the Court. The Judge is also involved in the rehabilitation program of the offender. A holistic approach is utilized in rehabilitation. Individual treatment program is devised. See Jamaica Drug Court Lifestyle changes and DTC program model in Volume Two.

Mexico: The Addictions Treatment Court is the judicial organ that takes cognizance of cases arising from “Probationary Suspensions of Proceedings” (a measure ordered by the judge or court at the request of the accused and the defense, the purpose of which is to suspend the effects of the criminal proceeding, for which certain legal requirements must be met) in which possible drug or alcohol abuse or dependence on the part of the accused is detected. These cases are referred by Preliminary Hearing Courts.

Norway: In the juridical sense, the drug treatment court sentence is a suspended sentence where participation in drug treatment court programs is a condition. The offender has to agree to participate in the drug treatment court program. The programs include court-controlled treatment and rehabilitation activities. The program consists of four phases, and is specially designed for each individual client. Flexibility is an essential feature of the program in order to meet the client’s various needs. Some may need a 24-hour a day treatment at an institution, while others may need policlinic treatment. A supervision and treatment team is responsible for the design of the program. The team consists of representatives from the correctional service, the social service, the health service and the educational and employment service. Other organizations may also be represented in the team, like the police, the child protection agency etc. The permanent members of the team work together at a drug treatment court centre, and some of the client’s activities also take place there. The drug treatment court program transforms the roles of the criminal justice practitioners as well as other involved parties, and one of the aims for the pilot project is to develop good models for cooperation between the services.

A special feature of the Norwegian model is that the court’s involvement in the program is not as prominent as for example in the Irish or the Scottish model. However, the programme is supervised by the court, and all the time during the programme, the offender is accountable to the court. It is the court that rewards progress, by for example moving the client to the next phase, or sanctions non-compliance. Naturally, it is also the court that responds to criminal activity during the program. The punishment for not complying with the conditions as well as for new criminality may be imprisonment.

Suriname: The main object of the mentioned Working Group is to prepare a Drug Treatment Court project for Suriname on the following areas: the legal system, the national legislation, professional staff in health care, Detox institution, treatment care and resocialisation of drug addicts committing minor offenses. Please note that the project still has to be implemented.

UK: Liverpool: NA

US: Note: Drug Courts operate primarily at the state (not federal) court level. Although the criminal justice process in each state and territory in the U.S. is generally similar, there are also differences, both among states and among cities within the same state. The following is a generic summary of the major differences between the traditional method of dealing with drug involved offenders and the drug treatment court process in the U.S.:
<table>
<thead>
<tr>
<th>CASE PROCESSING COMPONENT</th>
<th>TRADITIONAL CRIMINAL CASE DISPOSITION PROCESS (Drug and Drug Related Offenses)</th>
<th>DRUG COURT PROCESS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INITIAL STAGES</strong></td>
<td></td>
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<tr>
<td>o Arrest</td>
<td>Police arrest offender, complete police report, and refer case to prosecutor</td>
<td>Police arrest offender, complete police report, and refer case to prosecutor PLUS arresting officer may (1) suggest to the offender he/she discuss the drug court program with his/her attorney or request information on the drug court during the booking process; flag the case for drug court consideration by the prosecutor</td>
</tr>
<tr>
<td>o Pretrial Release</td>
<td>Offender booked into local jail and interviewed for pretrial release eligibility</td>
<td>Offender booked into local jail and interviewed for pretrial release eligibility PLUS - frequently offender will be advised of possible eligibility for drug court program</td>
</tr>
<tr>
<td>Determination</td>
<td></td>
<td></td>
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<tr>
<td>o Pretrial Release/Bail</td>
<td>Generally must occur within 48 hours of arrest; Determination made on basis of established pretrial release criteria and/or bail schedule</td>
<td>Generally must occur within 48 hours of arrest; Determination made on basis of established pretrial release criteria and/or bail schedule PLUS extensive information compiled regarding participant’s drug use, other public health, housing, and related needs; court may make drug court participation a condition of release</td>
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<tr>
<td>Determination</td>
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<tr>
<td>o Nature of information</td>
<td>- Generally summary information relating to offender’s prior contact with the justice system, pending charges, current living situation, summary information relating to offense; and offender’s ties to the community; - Intake information is generally used for court record purposes; may provide some background for sentencing if offender is found guilty</td>
<td>- Information relating to pretrial release eligibility is compiled PLUS extensive information relating to offender’s drug usage, physical and mental health, family, employment, and related information that may be useful in determining treatment and other services needed; - Intake information is used for developing offender’s plan for treatment and related services which begin immediately</td>
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<tr>
<td>collected to determine</td>
<td></td>
<td></td>
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<tr>
<td>pretrial release eligibility</td>
<td></td>
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</tr>
<tr>
<td>o Use of information</td>
<td>Information used for determination of pretrial release and sentencing; may also be used to address emergency situations affecting public safety or that of offender</td>
<td>Information used to shape subsequent program services; this information is also updated periodically to capture needs of the offender that may emerge during the period of the court’s involvement.</td>
</tr>
<tr>
<td>o Background of individuals</td>
<td>Intake information generally gathered by clerical or related staff who have no further involvement with offender</td>
<td>Intake information is generally compiled by staff skilled in assessing offender treatment and related needs and who will frequently be</td>
</tr>
<tr>
<td>compiling information</td>
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<tr>
<td>CASE PROCESSING COMPONENT</td>
<td>TRADITIONAL CRIMINAL CASE DISPOSITION PROCESS (Drug and Drug Related Offenses)</td>
<td>DRUG COURT PROCESS</td>
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<tr>
<td></td>
<td>working with defendant during drug court participation</td>
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</tr>
</tbody>
</table>

**PRE-TRIAL PROCESS**

| o First Appearance        | Defendant advised of charge and right to counsel                                | Defendant advised of charge and right to counsel PLUS may be used as the first drug court hearing at which time the judge can inform the defendant about the drug court program and determine interest in participating |
| o Consultation with Counsel | Should occur promptly following arrest but defendant may delay conferring with counsel until shortly before trial | Must occur as soon as possible following arrest and prior to entry into drug court |
| o Indictment/preliminary hearing | Purpose is to determine probable cause to support the charge (approximately half of the states conduct preliminary hearings and half follow the grand jury indictment process); results in filing of formal charges | N.A. usually waived in drug court programs |
| o Arraignment             | Hearing at which presentation of charges is formally made in open court; defendant enters plea | May be used as initial drug court hearing at which time defendant formally enters the drug court program |
| o Discovery and Plea Negotiations | Process generally includes exchange of discovery, independent investigation, and plea negotiation in most cases | N.A. Discovery is suspended in drug court although generally lab analysis of the substance seized will be required if the offender is unsuccessful in the drug court and is sentenced for the offense. |
| o Motions Hearings        | Pretrial motions submitted and heard, generally prior to trial                  | N.A. Motion practice is not conducted; issues requiring court action related to offender’s treatment or other conditions of participation, or sanctioning, generally discussed in team staffings prior to drug court review hearing |

**TRIAL AND DISPOSITION**

<p>| o Adjudication/Trial      | If plea agreement not reached, trial (by judge or jury) held to determine defendant’s guilt or innocence | N.A. Trial obviated if drug court participation, either because plea entered at an earlier stage with understanding it will be withdrawn and case will be dismissed upon successful drug court participation; or plea deferred pending offender’s drug court participation |
| o Pre-Sentence Investigation | If offender found guilty, information gathered, generally by probation office, regarding offender’s background, and other factors relevant to judge’s sentencing determination | N.S. This does not occur; information relating to offender’s drug use, medical, mental health and other needs, is gathered shortly after arrest and used for subsequent decisions regarding nature of drug court services to be provided |
| o Sentencing (generally 3-9 months following arrest) | Court hearing to determine sentence and/or other conditions for disposition of the case; if community based sentence (i.e., probation) defendant will usually be required to attend a treatment program | N.A.- drug court participant would have been in treatment since shortly after arrest and would have had daily monitoring of his treatment program participation and frequent (at least weekly) drug testing and court review hearings. At conclusion of successful drug court participation |</p>
<table>
<thead>
<tr>
<th>CASE PROCESSING COMPONENT</th>
<th>TRADITIONAL CRIMINAL CASE DISPOSITION PROCESS (Drug and Drug Related Offenses)</th>
<th>DRUG COURT PROCESS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>participation, plea, if entered, will be vacated and charges dismissed; if offender is unsuccessful, the case will revert to the traditional process or have sentencing imposed at the time the offender is terminated.</td>
<td></td>
</tr>
</tbody>
</table>

**POST DISPOSITION ACTIVITY**

<table>
<thead>
<tr>
<th><strong>0 Probation Supervision</strong></th>
<th>If under community supervision, defendant will generally have periodic telephone, mail, and/or in person contact with probation officer to review compliance with probation conditions; may be required to drug test periodically</th>
<th>From time of entry into drug court program following arrest, participant will have been required to attend counseling and treatment sessions several times weekly, drug test at least weekly, report to supervising entity, and comply with other release and program conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>0 Post Disposition Judicial Review Hearing</strong></td>
<td>N.A. - will only be conducted if offender on community supervision is referred to court for sentence of incarceration by probation officer because of failure to comply with conditions of probation or a change of circumstance is alleged</td>
<td>Judicial review hearings conducted regularly throughout defendant’s participation in the drug court program (generally weekly or biweekly) to review participant’s progress, acknowledge accomplishments and/or sanction noncompliance. These review hearings continue throughout the defendant’s typical 12-15 month period of drug court participation</td>
</tr>
</tbody>
</table>

**OTHER CHARACTERISTICS OF ADULT DRUG COURT PROCESS**

| **0 Time frame for case disposition** | Generally three-six months | Generally twelve - fifteen months or longer, depending upon the participant’s progress |
| **0 Range of Services Provided** | Limited services provided to directly address case dispositional needs | Individualized holistic service approach, including substance abuse treatment, skills-development, housing, family, and other support and community services |
| **0 Treatment and other services provided** | Generally no services are provided prior to disposition | Defendant participates in intensive outpatient treatment (3-4 or more sessions weekly at first), is frequently drug tested, and appears regularly before court at drug court review hearings |
| **0 Judicial supervision** | Generally no formal supervision provided; defendant may be required to report periodically to pretrial or probation authorities | Defendant appears regularly at drug court review hearings; various sanctions can be imposed for noncompliance with program conditions, including short term (several days) incarceration; judicial recognition is also given to participant progress |
| **0 Coordination with local community organizations** | Generally minimal coordination community agencies; any involvement generally made through probation department, not judge/court | Extensive and continuous coordination with local community organizations which can provide support/services for involved youth |
| **0 Judicial/court involvement** | Defendant appears in court several times during course of case disposition, generally for initial appearance; adjudication (determining guilt); and disposition (sentencing). Following disposition, rarely appears before court unless he/she violates terms of probation | Defendant appears before judge regularly and frequently (usually weekly); judge reviews and recognizes progress as well as any noncompliance |
| **0 Effect of offender’s noncompliance** | Probation violation hearing will usually be conducted within one-two months of noncompliant act; any suspended sentence or other sanction will generally be imposed | Court hearing held within a few days of noncompliant act; judge imposes sanctions which can include: imposition of curfew; community service; or short-term (2-3 days) detention; focus of program and court’s response to failures, however, is to take whatever actions are necessary to promote the participant’s subsequent success in the program. |
### CASE PROCESSING COMPONENT

<table>
<thead>
<tr>
<th>TRADITIONAL CRIMINAL CASE DISPOSITION PROCESS (Drug and Drug Related Offenses)</th>
<th>DRUG COURT PROCESS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Effect of participant’s compliance/ progress</strong></td>
<td>Generally no formal recognition; offender does not come back to court.</td>
</tr>
</tbody>
</table>

2. **Length of the DTC Program and Comments on its Appropriateness**

**OVERVIEW:**

The average length of the DTC program is between 6 months to 2 years and most of the respondents reported that the current length of DTC program in their respective countries was appropriate. Toronto responded that the length of their DTC program depended on the situation of each individual participant.

**SURVEY RESPONSES:**

| Chart 4: LENGTH OF REQUIRED PERIOD OF DTC PARTICIPATION AND COMMENTS AS TO WHETHER IT IS TOO LONG OR TOO SHORT |
|---|---|---|
| City/Country | Length of Required Period of Participation | Considered Too Long or Too Short |
| AUSTRALIA | | |
| New South Wales | 12-24 months<sup>61</sup> | Considered reasonable<sup>62</sup> |
| Perth, Western Australia | 6-24 months | Reasonable and appropriate |
| BELGIUM/Ghent | 6 months – 1 year | OK |
| BERMUDA/Hamilton | 360 days (in phases)<sup>63</sup> | OK<sup>64</sup> |
| BRAZIL | | |
| - Rio de Janeiro | About 120 days | Long enough |
| - Sao Paulo | 5 months – 6 months | OK, but some need more time |
| CANADA | | |
| - Calgary, Alberta | 12 months – 18 months | Currently Evaluating |
| - Edmonton, Alberta | 10-18 months, avg. 14 months | 10 months was too short – has been lengthened<sup>65</sup> |
| - Toronto | Depends on individual | - |

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<sup>61</sup> Minimum (set by policy) is 12 months. There is no legislated maximum, although it is very rare for offenders to spend more than 24 months on the program.

<sup>62</sup> Because individual needs vary greatly, and because we emphasise consistency of management, a twelve-month period is a reasonable minimum period to apply to all participants.

<sup>63</sup> The Phases comprise a total of 360 days (Phase One-30 days; Phase Two-90 days; Phase Three-120 days; Phase Four-120 days; Phase Five-Optional 365 additional days for COMPLETION.

<sup>64</sup> The majority of the clients take up to two years to progress through the Phases-some have done so in more, others less time. The length appears to be appropriate.

<sup>65</sup> 10 too short, this has been adjusted; some stay longer than 18
Chart 4: **Length of Required Period of DTC Participation and Comments As to Whether It Is Too Long or Too Short**

<table>
<thead>
<tr>
<th>City/Country</th>
<th>Length of Required Period of Participation</th>
<th>Considered Too Long or Too Short</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHILE</td>
<td>1 year – 3 years(^{66})</td>
<td>OK (flexible)</td>
</tr>
<tr>
<td>ENGLAND</td>
<td>6 months – 12 months</td>
<td>OK (individually tailored)</td>
</tr>
<tr>
<td>IRELAND</td>
<td>9 months – 3 years</td>
<td>OK (flexible)</td>
</tr>
<tr>
<td>JAMAICA</td>
<td>6 months – 2 years</td>
<td>OK (individually tailored)</td>
</tr>
<tr>
<td>MEXICO</td>
<td>18 months</td>
<td>OK(^{67})</td>
</tr>
<tr>
<td>NORWAY</td>
<td>Usually 2 years probation</td>
<td>OK(^{68})</td>
</tr>
<tr>
<td>SURINAME</td>
<td>9 months</td>
<td>OK(^{69})</td>
</tr>
<tr>
<td>UNITED STATES</td>
<td>Generally 12 – 18 months.</td>
<td>OK(^{69})</td>
</tr>
</tbody>
</table>

3. **Legal Outcome for DTC Cases**

   a. **For Individuals Who Successfully Complete the Program**

   **OVERVIEW:**

   The majority of the programs responded that successful completion of the program will result in suspension of the outstanding sentence and suspension of probation. Other programs (Bermuda, Ireland, Chile, Toronto and Jamaica) noted that they will expunge the offense from the individual’s criminal record. The U.S. noted that the case outcome varies based on the phase in the legal process that the drug court is applied.

   **SURVEY RESPONSES:**

   **Australia:**

   New South Wales: Our main indicator of program success is imposition of a non-custodial sentence at program exit. This generally takes the form of a supervised or unsupervised bond. About 45% of program participants receive a non-custodial sentence at program exit.

   Perth, Western Australia: The Perth Drug Court Magistrate acknowledges the performance of the participant during their Drug Court engagement at the time of sentencing. Offenders who have performed well during the program, made significant treatment gains, and remain drug free at the time of sentencing may

\(^{66}\) The time of participation will depend on the time limit set by judge, upon decreeing the conditional suspension of the procedure, which cannot be lower than a year, neither over three years. If the treatment, as a condition of the suspension, had a smaller timeframe, the continuity of the monitoring hearings should be requested to the court.

\(^{67}\) It is sufficient because the social reintegration process will be monitored even after this period.

\(^{68}\) Please note that the project still has yet to be implemented and we do not have such experiences yet.

\(^{69}\) Most feel the length of time is adequate but there is a major need for aftercare services which are generally not readily available. A number of programs have alumni groups which are voluntary.
avoid a prison term and may receive a reduced imposition to that which was indicated at the outset of the program.

**Belgium:** They get probation measures or the punishment is suspended.

**Bermuda:** Index offence is expunged.

**Brazil:**
- **Rio de Janeiro:** Do not continue with criminal proceedings.
- **Sao Paulo:** No criminal trial.

**Canada:**
- **Calgary:** NA
- **Edmonton:** Two tracks:
  - Track 1 – no prior record – current charges would be dropped after completion of the program
  - Track 2 – no custodial disposition after graduation. Honours grads – 1 day probation, substantial completion – probation to follow.
- **Toronto:** Suspended sentence and probation (where the offender enters the programme with no record then the crown make agree to having the charges withdrawn altogether if the offender is successful in the program.

**Chile:** The court dismissed the proceedings against the offender; the criminal records of the candidate are erased.

**Ireland:** Strike out all charges.

**Jamaica:** The Court will discharge the offender in relation to the offence. The discharge may be absolute or conditional. The offence shall not form part of the criminal record.

**Mexico:** Suspension of the judicial process.

**Norway:** When justified by the convicted person's situation, the court may, if petitioned by the correctional service during the probationary period, decide to revoke or change stipulated conditions, or stipulate new conditions. If the court finds it necessary, it can also prolong the probationary period, not, however, such that it totals more than five years. The correctional service’s petition shall be based on the discussions and conclusions of the team. The regional director or person authorised to act on his/her behalf shall submit the petition to the court. The correctional service shall notify the prosecuting authority when it submits a petition for a court ruling.

If the court decides that it is justified by the convicted person’s situation, it may, on petition from the correctional service, rule that the convicted person shall proceed to the next phase of the programme. The correctional service’s petition shall be based on the discussions and conclusions of the team. The regional director or person authorised to act on his/her behalf shall submit the petition to the court. The correctional service shall notify the prosecuting authority when it submits a petition for a court ruling.

**Suriname:** Please note after a successfully complete program the minor ex-drug addict will not be sentenced.

**UK:** **Liverpool:** A recorded sentence with no breach.
US: The legal outcome for the DTC case can vary depending upon the phase in the legal process that the drug court program is applied. If the DTC is a pretrial program, the charges will be dismissed or, if a plea had been entered, it would be stricken; however, if the program is a post adjudication program, the period of probation may be shortened or terminated and/or any period of suspended incarceration that had been ordered would be stricken.

b. For Individuals Who Do Not Successfully Complete the Program

**OVERVIEW:**

Most of the programs reported that participants who do not successfully complete the DTC will proceed through the traditional criminal justice process and receive a jail sentence if they do not successfully complete the program, although Perth (Western Australia) notes that noncompliance with the DTC is not considered an aggravating factor when it comes to sentencing. In Jamaica, a new treatment program could be ordered or the offender could be referred back to the regular criminal court for trial or sentence. In Mexico the case will be reopened.

**SURVEY RESPONSES:**

**Australia:**

- **New South Wales:** A custodial sentence. The Drug Court Act provides that the initial sentence imposed and suspended at program entry cannot be increased at program exit.

- **Perth, Western Australia:** Offenders will, in most instances, receive the imposition that was indicated to them at the start of the program. Poor performance on a Perth Drug Court program is not an aggravating factor at the time of sentencing.

**Belgium:** They get an effective jail sentence or a working sentence.

**Bermuda:** An alternate sentence is imposed.

**Brazil:**

- **Rio de Janeiro:** Continue with criminal proceedings and may be sentenced to prison.

- **Sao Paulo:** Criminal prosecution.

**Canada:**

- **Calgary:** NA

- **Edmonton:** They have 60 days to withdraw their guilty plea. After that they are sentenced before the same judge and will receive the same sentence they would have had they not been in the program.

- **Toronto:** May be jail or Conditional Sentence or probation.

**Chile:**

(1) **Repeal Of The Conditional Suspension**. If the candidate is object of a new investigation, by different charges or if he/she does not comply without serious or repeatedly justification, the imposed

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70 Code of Criminal Procedure, Article 239.
conditions (treatment and assistance to the monitoring audiences), the conditional suspension of the procedure will be able to be revoked by the judge, at the request of the Ministerio Público. In this way, the criminal trial against the offender is restarted.

(2) **Modification of the Conditions**\(^71\): In case that the candidate declares his will of not continuing with the drug treatment, the judge will be able to modify the imposed conditions. In this way, the candidate will be left out of the program, complying another condition that can be adequate with the circumstances of the case.

**Ireland:** Sentence but good progress on program mitigates sentence.

**Jamaica:**

(1) A new treatment program could be ordered.

(2) Participant referred back to regular criminal court for trial or sentence if these had been previously deferred.

If Abscondes: warrants issued and upon execution participant could either be readmitted to DTC program or referred to regular criminal court.

**Mexico:** Reopening of the judicial process.

**Norway:** If the convicted person seriously or repeatedly violates the conditions stipulated by the court or if he/she withdraws his/her consent to participate, the court may, on petition from the correctional service, rule that the sentence be fully or partially enforced. Instead of ordering that the sentence be served, the court may order a new probationary period and stipulate new conditions if it finds this more expedient. If the convicted person commits a criminal offence during the probationary period, the court may, pursuant to the Penal Code section 54 subsection 3, hand down a combined sentence for both criminal acts or a separate sentence for the new criminal act.

**Suriname:** The drug addict will be sentenced by the court.

**UK:** **Liverpool:** Breach and re-sentence.

**US:** The participant will proceed through the traditional criminal justice process; if the program is a pretrial program this will entail going to trial or plea; if it is a post conviction program, a sentence of incarceration will generally be imposed.

4. **Personnel Assigned to the DTC**

**OVERVIEW:**

The core staff of most DTCs entails the DTC judge, prosecutor, defense counselor, probation officer, and substance abuse counselor. Half of the programs also report that they also have the services of a psychiatrist available on a part time basis and approximately one third of the programs have access to the services of a nurse.

**SURVEY RESPONSES:**

<table>
<thead>
<tr>
<th>Chart 5: <strong>PERSONNEL ASSIGNED TO THE DRUG TREATMENT COURT PROGRAMS</strong></th>
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\(^71\) Criminal Code, End of Article 238.
### DTC Staff Positions: Number and Status

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<td><strong>Australia</strong></td>
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<td></td>
</tr>
<tr>
<td>New South Wales</td>
<td>1 FT/1 PT</td>
<td>2 FT/2 PT</td>
<td>3 FT</td>
<td>8 FT</td>
<td>12 FT</td>
<td>-</td>
<td>1 FT/2 PT</td>
<td>-</td>
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</tr>
<tr>
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<td>1 FT</td>
<td>1 FT</td>
<td>1 FT</td>
<td>Varies, FT</td>
<td>Varies</td>
<td>Varies, PT</td>
<td>PT</td>
<td>PT</td>
<td>72</td>
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<tr>
<td><strong>Belgium</strong></td>
<td>2 PT</td>
<td>2 PT</td>
<td>-</td>
<td>2 PT</td>
<td>-</td>
<td>-</td>
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</tr>
<tr>
<td><strong>Bermuda</strong></td>
<td>1</td>
<td>3 FT</td>
<td>2 FT</td>
<td>3</td>
<td>3 FT</td>
<td></td>
<td></td>
<td>Psychologist</td>
<td></td>
</tr>
<tr>
<td><strong>Brazil</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>- Rio de Janeiro</td>
<td>80 FT</td>
<td>120 FT</td>
<td>120 FT</td>
<td>20 FT, 10 PT</td>
<td>30 FT</td>
<td>30 FT; 30PT; 20FT; 20PT</td>
<td>10 FT; 10PT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Sao Paulo</td>
<td>1PT</td>
<td>1PT</td>
<td>1PT</td>
<td>-</td>
<td>-</td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>Canada</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>- Calgary/Alberta</td>
<td>1 PT (1 day/wk)</td>
<td>2 (Federal and Provincial) PT (0.4)</td>
<td>1 PT (1/2)</td>
<td>1 PT (0.5)</td>
<td>1 PT (40 hrs./month)</td>
<td></td>
<td></td>
<td>Case mana; (FT)</td>
<td></td>
</tr>
<tr>
<td>- Edmonton, Alberta</td>
<td>1 FT</td>
<td>2 FT</td>
<td>1 FT (Legal Aid)</td>
<td>1 FT/1 PT</td>
<td>1 FT/1 PT</td>
<td>-</td>
<td>1 FT/1 PT</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>- Toronto</td>
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<td>4 PT</td>
<td>2 PT</td>
<td>5 PT</td>
<td>1 PT</td>
<td>2 PT</td>
<td></td>
<td>Mental H Couns.:1 PT</td>
<td></td>
</tr>
<tr>
<td><strong>Chile</strong></td>
<td>1 PT</td>
<td>1 PT</td>
<td>1 PT</td>
<td>1PT</td>
<td>1PT</td>
<td></td>
<td></td>
<td>Administratoi FT</td>
<td></td>
</tr>
<tr>
<td><strong>England</strong></td>
<td></td>
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<tr>
<td>(Liverpool)</td>
<td>1 FT</td>
<td>3 FT</td>
<td>Non specifically assigned</td>
<td>1 FT</td>
<td>3</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>(1) Mental H Couns.: as required; (2) Housing Officer: 1 FT (3) Benefits &amp; Educ and Em Advisor: 1 FT</td>
</tr>
<tr>
<td><strong>Ireland</strong></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
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<td>(Dublin)</td>
<td>1PT</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1 FT</td>
<td>1FT</td>
<td></td>
<td></td>
<td>(1) Edu Spec.: FT</td>
</tr>
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<td></td>
<td></td>
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<td></td>
<td>(2) Poli 1 PT</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>(3) DTC Coord: 1 PT</td>
</tr>
<tr>
<td><strong>Jamaica</strong></td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

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72 Specialized Community Correction Officers with expertise relating to drug and alcohol programmes.

73 Staffing figures appear to be per program.
5. Role of the DTC Judge and Nature and Frequency of DTC Hearings

Question: What role does the DTC judge play in your DTC? (e.g., Does the drug court judge hold periodic hearings to review the progress of DTC participants? If so, how frequently?)

Question: What role, if any, does the drug court judge play in coordinating the services provided to DTC participants?

OVERVIEW:

The majority of the respondents report that DTC judges primarily preside over DTC hearing (weekly, biweekly or monthly depending on the program and the case) to review the progress of the participants and make decisions related to treatment, sanctions, rewards, reinstatement and discharge. In Toronto, the judge works closely with the treatment manager to ensure the overall continuity of treatment and other services and information needed to assess participant progress. In Norway, judges get involved only when there is a petition: there is no routine review. In the U.S., Mexico and Jamaica, judges have been instrumental in providing coordination of various services that need to be provided to DTC participants.

SURVEY RESPONSES:

Australia:

New South Wales: DTC Judge gives initial and final sentences for every person entering and exiting the program. These are fully considered sentences and can be appealed to higher courts.

DTC Judge determines eligibility and suitability for the program. Eligibility decisions are based on adversarial legal argument by prosecution and defence. Suitability is determined based on recommendations from treatment and correctional officers.
DTC Judge holds periodic hearings to review progress (once/twice week in Phase 1 of the program, fortnightly in Phase 2, monthly in Phase 3). Judge chairs team meeting to discuss progress of individuals before court review hearing.

DTC Judge chairs team meeting to determine whether offender progress is sufficient to justify retention on the program – offenders with no potential to progress face termination from the program, while participants who have achieved program goals can graduate from the program. DTC Judge holds formal hearings to consider all potential terminations from their program - these are adversarial hearings.

**Perth, Western Australia:** The Perth Drug Court Magistrate decides if the participant can be assessed for Drug Court treatment program, sets bail conditions (where bail is granted) and make decisions about the participant’s progress throughout the program. The Magistrate will also decide what penalty will be imposed in relation to the charges. If the participant’s matters are before a higher court or jurisdiction, the Magistrate case manages the participant’s program on behalf of that court. A report is prepared by a dedicated case officer, based on the participant’s progress throughout the Perth Drug Court program. The Magistrate will monitor the participant’s progress through the Perth Drug Court program and engage with a participant in the courtroom to ascertain how the participant is progressing.

**Belgium:** Periodic hearings every 14 days; ongoing court supervision.

**Bermuda:** The Magistrate presides in weekly case conferencing/staffing and Programme Court hearings.

**Brazil:**

- **Rio de Janeiro:** The judge has a predominant role to the extent that in the system of civil law the judge should apply the penal action and eventually replace it with the penalty of treatment.

- **Sao Paulo:** People who preside/audience.

**Canada:**

- **Calgary:** Having one judge assigned to the program is a key component to what we believe makes drug courts effective in helping to change participant’s lives. The judge is a member of the multi-disciplinary team that meets weekly to discuss the progress of the participants and make decisions related to sanctions, rewards reinstatement and discharge. Each of the participants meets with the same judge for weekly court appearances, where their progress is reported to the judge.

- **Edmonton:** Judge plays a significant role in the EDTCRC. Pre-court meeting from 1215 pm to 145 pm to discuss each participant. She interacts with participants from the bench on average about 8 minutes or more an offender. She attends participant/alumni barbeques and events, and participants want to tell her how they are doing.

- **Toronto:** Central position he/she chairs the precourt meeting before each DTC (which occurs twice a week). The judge also works together with the treatment Manager to ensure continuity and openness of information flow between the court and treatment teams. So “retreats” occur 3-4 times a year.

**Chile:** The Judge establishes the conditional suspension of the procedure, he also establishes the conditions that should be complied by the candidate, (drugs treatment under judicial supervision), and monitors its compliance by means of monthly monitoring hearings (work plan). According to the behavior and the results obtained by the candidate, reported by the treatment center and the psychosocial team (psychologist and social worker), he periodically adjusts the conditions of compliance, such as; type of treatment, monitoring audiences, etc.
**Ireland:** Frequency depends on what phase they are in, so weekly in Phase One, fortnightly in Phase Two and monthly in Phase Three. This may vary if participants requests to attend more often, or if the Judge/ or team feel they warrant more frequent review. Judge monitors by way of weekly pre-court meetings with team and weekly court hearing.

**Jamaica:** Judge is leader of the weekly meeting of DTC team before court. Progress of DTC participants reviewed by Judge. Judge discusses with DTC team, rewards, sanctions or expulsion from program. Judge leads screening of potential candidates for DTC and in consultation with lay magistrates, makes referrals to Probation, Psychiatrist, Treatment Provider. In court, normal judicial procedure is suspended and a more therapeutic alliance formed with offender and family. Praise and encouragement is metered out to offender in order to maintain or increase motivation in the quest for a drug free lifestyle. Judge co-ordinates graduation program for participant and their families.

**Mexico:** The Judge will order the Court Coordinator to arrange to have the accused assessed. That order shall be transmitted to the treatment center:
- The treatment center conducts a preliminary interview of the candidate and performs toxicology tests to determine if they have an alcohol or drug addiction;
- Based on the results of the preliminary interview the candidate undergoes a clinical assessment to determine the appropriate course of treatment;
- The center also conducts a sociological background check on the candidate which includes, but is not limited to, their social circles, family, community, academic history and the workplace.

*Follow-up hearings*

After an individual has been admitted to the program, the judge holds follow-up hearings in order to keep participants under close judicial supervision. These meetings shall be held at least at the following intervals. However, at the judge’s discretion meetings may be held with the frequency that he or she deems appropriate:
- Weekly for the first six months after the candidate has been accepted into the first phase of the program;
- Weekly over the following three months after the participant has graduated to the second phase.
- Fortnightly over the course of three months once the participant has been promoted to the third phase;
- Monthly during the three months thereafter once the participant has moved on to the fourth phase.

*Special hearings*

Special hearings may be held to deal with any urgent situations that arise, such as:
- The need to reassess a participant who needs a change in the level of clinical care;
- To order medical assessments;
- To grant authority to leave the court’s jurisdiction; or
- Any other measure that might be of benefit to the participant in their rehabilitation process without interfering with their recommended clinical treatment.

**Norway:** In Bergen there will be 5 judges (Drug Court judges) in the district court who will follow up the convicted every time they have qualified to be transferred to the next phase or when there is a breach of conditions. One of these 5 judges is probably not the same judge that pronounced the sentence (but it can be). Other than that, the judges will not be part of the team and there will be no pre-court meetings. There is no legal authority for this in Norway. The court is only involved when there is a petition, there is no routinely review.

**Suriname:** Please note that the project still has to be implemented.
UK: Liverpool: Regular reviews of progress in all cases.

US: All drug court judges in the U.S. hold frequent review hearings for all drug court participants. Generally these hearings are more frequent for participants when they start the program (once a week or once every other week) and then taper down to every three to four weeks as the individual progresses toward completion of the program. For persons having difficulty and either not progressing or relapsing, hearings are generally more frequently. Emergency hearings can be scheduled for participants who have missed treatment, drug testing or other appointments.

The drug court judge has been instrumental in providing coordination of the various services (treatment, public health, housing, vocational, etc.) that need to be provided to drug court participants. In many cases the judge has convened meetings of the heads of the agencies that can provide necessary services to request their support for the drug court and allocation of services for drug court participants. This function has been a critical one because generally these agencies are not required to provide dedicated support to criminal justice system offenders who would be required to be on long waiting lists for services if they, in fact, were even eligible to receive them.

6. Treatment Services Provided
   
   a. Nature of Treatment Services Provided

OVERVIEW:

Most of the programs report that they provide detox and outpatient treatment services. Approximately half of the programs provide some residential services. Close to three quarters of the programs provide pharmacological interventions as part of their treatment services. Acupuncture services are provided only by Bermuda and Toronto’s programs, and limited facilities in the U.S. Other services provided by responding programs include day programs, and some additional services provided to address individual needs. Norway reports that treatment services are individually adapted to each participant.

SURVEY RESPONSES:

<table>
<thead>
<tr>
<th>COUNTRY/CITY</th>
<th>DETOX</th>
<th>OUTPATIENT</th>
<th>RESIDENTIAL</th>
<th>ACUPUNCTURE</th>
<th>PHARMACOLOGICAL INTERVENTIONS</th>
<th>OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>AUSTRALIA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Perth, Western Australia</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>As needed</td>
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<tr>
<td>BELGIUM/</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>-</td>
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74 Provides inpatient treatment, as well as Community Corrections Officers charged with 15 participants
<table>
<thead>
<tr>
<th>COUNTRY/CITY</th>
<th>DETOX</th>
<th>OUTPATIENT</th>
<th>RESIDENTIAL</th>
<th>ACUPUNCTURE</th>
<th>PHARMACOLOGICAL INTERVENTIONS</th>
<th>OTHER</th>
</tr>
</thead>
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</tr>
<tr>
<td>BERMUDA/ Hamilton</td>
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<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>-</td>
</tr>
<tr>
<td>BRAZIL</td>
<td>Yes</td>
<td>-</td>
<td>No</td>
<td>-</td>
<td>Yes⁷₅</td>
<td>-</td>
</tr>
<tr>
<td>- Rio de Janeiro</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>- Sao Paulo</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>AA, AE, and NA Meetings</td>
</tr>
<tr>
<td>CANADA</td>
<td>No</td>
<td>No</td>
<td>Yes, to all participants</td>
<td>No</td>
<td>No</td>
<td>Required Stages⁷⁶</td>
</tr>
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<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Edmonton, Alberta</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td>No</td>
<td>Methadone</td>
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</tr>
<tr>
<td>- Toronto</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Dedicated Housing for men in DTC</td>
</tr>
<tr>
<td>CHILE (multiple)</td>
<td>Yes⁷⁹</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>-</td>
</tr>
<tr>
<td>ENGLAND/ Liverpool</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
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</tr>
<tr>
<td>IRELAND/Dublin</td>
<td>Yes⁷⁹</td>
<td>Yes</td>
<td>Yes²</td>
<td>Limited, depending on funding</td>
<td>Yes</td>
<td>Day Programs⁸⁰</td>
</tr>
<tr>
<td>JAMAICA/ Montego Bay and Kingston</td>
<td>Yes</td>
<td>Medical Services</td>
<td>Occasional Referral to Other Treatment Agencies</td>
<td>No</td>
<td>No</td>
<td>-</td>
</tr>
<tr>
<td>MEXICO/Mexico City (plus five additional programs in the state of Nuevo Leon to be implemented shortly)</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>-⁸¹</td>
</tr>
</tbody>
</table>

⁷⁵ Other pharmacological substances such as mood stabilizers and anti-depressants.
⁷⁶ All of our participants have to complete 3 stages of our program. Stage 1 involves mandatory residential treatment (3-5 months); Stage 2 is Transition into Community and entails the longest period (averaging 8-12 months); Stage 3 is graduating from the program and sentencing.
⁷⁷ Dependent on availability and cost
⁷⁸ Not for all participants – it depends on the special needs. It is available in hospitals (with waiting lists), or in private centers with a high cost.
⁷⁹ These facilities are limited and waiting lists and entry criteria exist.
⁸⁰ Some NGO’s and other community drug projects provide day programs for participants who are either trying to stabilize, or who are drug free, which involve group work, fellowship meetings/counseling and key working etc.
⁸¹ Care for emotional and behavioral disorders. Assistance program for the offender’s next of kin.
CHART 6. TREATMENT SERVICES PROVIDED BY RESPONDING DTC COURTS

<table>
<thead>
<tr>
<th>COUNTRY/CITY</th>
<th>DETOX</th>
<th>OUTPATIENT</th>
<th>RESIDENTIAL</th>
<th>ACUPUNCTURE</th>
<th>PHARMACOLOGICAL INTERVENTIONS</th>
<th>OTHER</th>
</tr>
</thead>
<tbody>
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<td>NORWAY/ Bergen and Oslo</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>Individually Adapted Program 82</td>
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<tr>
<td>SURINAME/ Paramaribo</td>
<td>Yes</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<td>-</td>
</tr>
<tr>
<td>UNITED STATES (multiple)</td>
<td>Yes</td>
<td>Yes</td>
<td>Limited</td>
<td>A few 83</td>
<td>Some</td>
<td>additional services may be provided to address individual needs of participant</td>
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</table>

b. Changes in the Nature and/or Frequency of Treatment Services Provided to DTC Participants

Question: Since the inception of the DTC, have any changes been made in the nature and/or frequency of treatment services provided to DTC participants? If so, please describe the changes and the reason(s) they were made.

OVERVIEW:

Most of the responding DTCs had not instituted changes in their treatment, perhaps in part because of the limited period of time in which they have been operating and in part because of the limited resources that had been available. Several of the programs, however, noted increased availability of resources (Chile and England, for example). Several of the responding DTCs noted difficulties in successfully reaching youth and were instituting special juvenile programs. The U.S. has seen an increase in gender specific focused programming and mental health services.

SURVEY RESPONSES:

Australia:

New South Wales: In recent years the program has lost access to a dedicated psychiatrist, and relies on referral to community mental health services. The loss of this service is predominantly related to funding and would be re-established if resources, and a suitable clinician, was available.

Perth, Western Australia: No material changes.

Belgium: NA

Bermuda: There are fewer residential treatment spaces for both male and female clients.

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82 The programme can contain individually adapted treatment plans, referral to interdisciplinary specialist treatment for problem drug users, treatment by the municipal health service, educational and employment measures, residential follow-up, recreational plans, follow-up by social services and other measures of importance to the individual’s rehabilitation and integration into society.

83 More don’t use acupuncture reportedly because many state laws require the services of a physician, which makes the service too costly.
Brazil:
Rio de Janeiro: Not yet.
Sao Paulo: No, except that public health department recently began to launch efforts to treat people involved with drugs.

Canada:
Calgary: NA
Edmonton: NA
Toronto: NA

Chile: There were changes along the implementation of the DTC.
- In 2004, there was a lack of treatment centers. In 2007, the National Council for the Control of Narcotics CONACE\(^{84}\), assigned special treatment quotas for beneficiaries of DTC expanding the treatment centers offer. The allocation of special quotas, allows to access many as ambulatory as residential treatment programs;
- Besides, there have been improvements in the flows of work. Today, the treatment centers are the basis of the program;
- Regarding the pilot program in adolescents, at its start phase included a residential program for this type of population, in women, nevertheless today does not exist due to that at first the derivation of the adolescents was slower and not able to achieve the sustainability to the center.

Ireland: The DTC participants avail of existing services, no additional dedicated resources are provided to our DTC. There are additional urinary screening services provided since the start of the DTC. The HSE does provide a DTC Liaison Nurse to the court whose role includes providing information to the court, be a source of expertise on addiction/treatment issues and ensure that appropriate referrals are made to treatment services as required, such as counseling/psychiatric services/ medical card applications / etc. While it was envisaged that additional resources would be provided to the DTC once the pilot project was completed, as yet this has not happened.

Jamaica: NA

Mexico: NA

Norway: NA

Suriname: Please note that the project still has to be implemented.

UK: Liverpool: Yes much easier access and a much more comprehensive approach.

---

\(^{84}\) Advisor of the Ministry of Interior, which is a consultant for the government in the matters related to the prevention and control of the use of drugs. Regarding DTC, currently maintains a Covenant of Financial Contribution with the Ministerio Público, in order to deliver the necessary funds for hiring the technical team of the DTC (psychologists, medical doctor, social worker or psychiatrist) and for other ends such as the training to the teams, furniture and infrastructure for technical team, among others.
US: We do not have systematic information on the nature of changes in treatment services being provided but, anecdotally, it appears that programs have expanded their gender specific and other focused programming for drug court clients as well as enhanced mental health services.

c. Other Program Services Provided

**Question:** Does your DTC provide other services to DTC participants (e.g., housing, dental/medical, employment, etc.)? If so, please summarize the services provided and the types of agenc(ies) that provide them.

**OVERVIEW:**

Most programs reported that they (Australia, Belgium, Chile, Ireland, Jamaica, Norway, Liverpool and U.S.) provide other services in addition to treatment, including vocational training, employment, benefit advice, etc.. Mexico also provides tertiary hospital service if needed.

**SURVEY RESPONSES:**

Australia:

New South Wales: Ancillary services are provided via referral from correctional case managers.

Perth, Western Australia: The Perth Drug Court practices a holistic approach to treatment and offers referral support in addressing any issues facing offenders undertaking its programs.

Belgium: We try to solve all related problems (work, housing, free time, family problems…) ‡ NGO’s, public welfare organizations, local housing agencies, …

Bermuda: NA

Brazil:

Rio de Janeiro: Yes: education in many levels, sports, and arts.

Sao Paulo: No.

Canada:

Edmonton: Will supply some mental health/dental services not covered by (Alberta Employment and Immigration) AE and I.

Toronto: NA

Chile: Formally no, however, graduate candidates of the DTC have been contacted with institutions that offer them jobs or studies. In the treatment centers there is a reintegration offer (training, labor workshops and leveling of studies), for all the users (general population).

Ireland: Re Education and Employment:
The Irish DTC team has a full time education co-ordinator on the team. The education co-ordinator provides continual vocational and career guidance to the DTC participants and manages an education programme. The Irish Department of Education and Science support the City of Dublin Vocational Educational Committee
Each participant is given an educational assessment once they are on the DTC.

If they are not already involved in a community project, training, work or education they are given an appropriate daily specifically designed timetabled programme in the DTC education center which they must attend.

Re Health Care Matters: National Health Care system generally provides these services. Participants get assistance from the Team and are linked with appropriate services to pursue.

**Jamaica:** Medical services are provided through local hospital and health centre. Participants are referred to other agencies providing required services, e.g. skills training, literacy acquisition, employment.

**Mexico:** The Specialized Treatment Center of the Addictions Treatment Court, Health Secretariat of the State of Nuevo León, Mexico, is situated next to the same Health Secretariat’s Psychiatric Rehabilitation Unit, which is equipped to provide tertiary hospital services if needed.

**Norway:** A drug programme is an individually adapted rehabilitation programme and a condition for a suspended criminal sentence. The programme can contain individually adapted treatment plans, referral to interdisciplinary specialist treatment for problem drug users, treatment by the municipal health service, educational and employment measures, residential follow-up, recreational plans, follow-up by social services and other measures of importance to the individual’s rehabilitation and integration into society.

**Suriname:** Psychiatric centre and detox institution. Please note that the project still has to be implemented.

**UK:** Liverpool: Yes; housing advice, general health advice, employment advice, benefit advice, mental health treatment, education and training advice.

**US:** Most programs provide these support services. Dental and medical services are frequently provided through clinics and volunteer services; housing is often provided in coordination with local housing agencies although this need is the most immediate and continues to be one of the most difficult to meet.

### d. Agencies Providing DTC Treatment Services

**Question:** What types of agencies/organizations provide the treatment services for your DTC program participants? (e.g. NGO’s, public health department, local hospital, etc.)

**Overview:**

Most of the DTCs report using local public health agencies and local hospitals for provision of treatment services. Some use combinations of NGO’s, the public health department, and local hospitals, to service DTC participants.

**Survey Responses:**

**Australia:**

New South Wales: Residential services are provided solely by the non-government sector.
Pharmacotherapy is initially provided by public sector clinics, although participants can choose to be dosed at pharmacies or private sector clinics once they achieve program stability.

The majority of counselling is provided by public sector agencies, although some persons who complete residential treatment maintain a counselling relationship with their NGO residential agency.

**Perth, Western Australia:** Programs and treatment are primarily delivered by NGOs with the management of clients remaining within the Department of Corrective Services.

**Belgium:** NGO’s, public health department, local hospitals.

**Bermuda:** NGO’s for substance abuse treatment; 2 Government residential facilities; Public Health Clinic; Local Hospital and Mental Health Hospital; Financial Assistance; Legal Aid; individual counseling services and Bermuda Housing Corporation.

**Brazil:**
- **Rio de Janeiro:** Public and private health departments.
- **Sao Paulo:** NGO’s but recently public health department began activities for receiving people involved with drugs.

**Canada:**
- **Calgary:** We have MOU’s signed with 3 Residential Treatment Centres, 2 for men and 1 for our women. They provide all the addiction treatment programs to our clients during the first Stage in our program.
- **Edmonton:** Alberta Employment and Immigration (AE & I) (welfare and Educational funding), some transitional housing, NA, AA, CA
- **Toronto:** NA

**Chile:** Treatment Centers, nonprofit private organizations (through its centers), private therapeutic communities, hospitals. In the case of the adolescent population pilot non profit institutions specialized in infancy and adolescence, social risk, gender and culture participate.

**Ireland:** The majority of our participants are treated by the HSE (Health Service Executive) which is our public health body. Some also attend needle exchange/ counseling/ stabilization programs/ drug free day programmes mainly in NGO’s which would be usually partially funded by the HSE. Local hospitals would provide medical services to participants with long term illnesses, Hep C/HIV etc. or for emergency treatment of abscesses etc. The majority of our participants have a medical card which entitles them to free dental and general practitioner (GP Doctor) services, and we assist them in ensuring they apply for this and avail of services available.

**Jamaica:** Local public hospital in Montego Bay and local public health centre in Kingston.

**Mexico:** Local government public institution: Specialized Treatment Center of the Addictions Treatment Court, Health Secretariat of the State of Nuevo León, Mexico.

**Norway:** Completion of the drug programme will require a combined effort from and binding cooperation between different sectors and administrative levels.
**Suriname:** Government public health department, psychiatric centre.

**UK:** Liverpool: Probation service in conjunction with health service and third sector providers.

**US:** Although we don’t have current program-by-program information regarding the agencies providing treatment services to drug courts in the U.S., most drug courts are using (in the following order): locally run substance abuse treatment providers, local health departments, and probation department staff for either or both initial screening and assessment and provision of treatment services. In many instances, multiple providers are used, sometimes assigned on the basis of the geographic location of the provider and participant; and/or the special services available from the provider (e.g., gender specific, etc.).

7. **Additional Services Needed/Desired:**

   **Question:** Are there any additional services you would like to see provided to improve operations? If so, please describe them.

**OVERVIEW:**

Approximately half of the programs that responded would like to be able to access supplemental services such as housing, education, life skills, social reintegration and additional drug treatment in order to improve their existing operations.

**SURVEY RESPONSES**

**Australia:**

   New South Wales: Housing is the main service gap we face. While the program has a good relationship with public sector housing agencies, participants face difficulty accessing stable, secure accommodation that is accessible to public transport, treatment services and employment opportunities. High housing costs in Sydney mean that even working participants struggle to meet the costs of independent private rental.

   Perth, Western Australia: Dedicated and additional housing to assist with stabilising clients during their treatment.

**Belgium:** NA

**Bermuda:** NA

**Brazil:**

   Rio de Janeiro: No.

   Sao Paulo: No.

**Canada:**

   Calgary: NA

   Edmonton: Additional treatment—especially outpatient
Toronto: NA

Chile: Yes, additional services are needed:
- Labor: At the moment the users of the DTC do not have this formal service especially for the DTC, and should apply with the general population;
- Educational: Leveling of studies.

Ireland: Yes. We would like to have:
- Additional Residential Treatment services, particularly stabilization facilities;
- Access to accommodation when participants become homeless;
- Access to inpatient alcohol detox beds for participants on methadone treatment.

Jamaica: Yes:
- Expanded counseling services for participant and family;
- Clearly defined budget;
- Expanded Social work input;
- Enhanced co-ordination across both programs;
- Clearly defined rehabilitation program;
- Post treatment and after care services to maintain DTC impact;
- In view of staff turnover, procedural manuals, ongoing training to identify and maintain best practice models and ensure consistency of approach.


Norway: NA

Suriname: Please note that the project still has to be implemented.

UK: Liverpool: In house education and child care.

US: Aftercare services that can be accessed by drug court participants, both those who successfully complete the program and those who fail but subsequently desire to access services.

8. Aftercare Services Provided to DTC Participants After They Leave the DTC

**Question:** Are any services provided to participants once they leave the DTC program? If so, please describe them. Are these services voluntary?

**Overview:**

Most of the DTCs responding reported that either services are provided on a voluntary basis or there is no clearly defined policy in place. In the US, the lack of available aftercare services has been a major deficiency, particularly in light of the chronic, relapsing nature of drug addiction. Ireland and Belgium reported that graduates of the program can seek limited after care services during their probation periods. For US programs, no aftercare services are available other than whatever support participation in DTC alumni groups may offer.

**Survey Responses:**
Australia:

New South Wales: Successful participants exit with an ongoing Continuing Care Plan based on mainstream public sector services. A major focus is retention in pharmacotherapy treatment. Health practitioners seek to educate participants about how to access services as required in the mainstream sector, and remain available to participants for support, advice and referral as required.

Perth, Western Australia: If necessary, participants may receive ongoing support through a community based order (mandated) which is managed outside of the Drug Court regime. For participants who do not receive a post-sentence order, informal support mechanisms are identified in mainstream services (voluntary).

Belgium: If necessary, through probation measures.

Bermuda: NA

Brazil:

Rio de Janeiro: No.

Sao Paulo: No.

Canada:

Calgary: NA

Edmonton: Yes, they are aware of community resources and they are always welcome to come back and receive support. Many come back to court and to our office for support.

Toronto: NA

Chile: No.

Ireland: Once the participant graduates from the DTC they are monitored for 12 months through the Rehabilitation Integration Officer provided by the HSE. The Education Programme welcomes graduates to come back for career advice and ongoing support. Many graduates have returned to avail of this and have given advice and encouragement to DTC participants.

Jamaica: No clearly defined policy in place, but ex-participants are accommodated for counseling at their behest.

Mexico: Not provided for.

Norway: NA

Suriname: Please note that the project still has to be implemented.

UK: Liverpool: All of the Community Justice Centre Services remain available on a voluntary basis.

US: Some programs have alumni groups which are voluntary and vary in focus and activities. Formal aftercare services, however, – which are desperately needed – are not generally available.

9. Monitoring and Responding to Compliance/Noncompliance with DTC Requirements
a. **Methods Used**

**Question:** What method(s) are used to monitor DTC participants’ compliance with DTC program requirements?

**OVERVIEW:**

Most of the programs reported that they monitor participant compliance with program requirements through urine drug testing. Some programs have random drug tests while others have scheduled drug testing. Most of the programs also use some form of supervision (probation officer, case worker, and/or weekly meetings with judge) to monitor the progress of each participant through the various stages of their treatment.

**SURVEY RESPONSES**

**Australia:**

- **New South Wales:** All participants are subject to systematic, supervised urinalysis (2-3 times a week, plus random home tests, plus breath tests for alcohol use).

Participants are required to attend all appointments (including court review hearings) and are sanctioned for missing appointments and being late for appointments.

All funded service providers are required to provide regular reports on participant progress. Information provided has protection under law.

- **Perth, Western Australia:** The Perth Drug Court employs a case management process ensuring participants are monitored for compliance and managed where deficiencies are identified. Regular urinalysis is conducted as are random checks to ensure compliance with curfew requirements. Participants are subject to a breach point system where breaches of these requirements, along with non attendance at interviews, and treatment sessions, incur breach points. When a participant’s breach point limit is reached their ongoing involvement in the Perth Drug Court is jeopardised. In addition, regular court appearances, the breach point system, and regular supervision by the Court Assessment and Treatment Service Officers keep participants accountable to themselves and the Drug Court.

**Belgium:** Attestation.

**Bermuda:** Clients are supervised/case managed by Probation Officers and compliance is gauged through urinalysis screenings; attendance at treatment; regular reporting, etc. There are at least weekly reports from treatment providers.

**Brazil:**

- **Rio de Janeiro:** Mostly interviews and possibly tests for drug use.

- **Sao Paulo:** Come back to justice system when there is a new offence.

**Canada:**

- **Calgary:** Weekly reports provided to team on how each participant is doing during residential stage; weekly drug testing up to graduation; weekly reports related to how many 12 step meetings they attend.

- **Edmonton:** Curfew checks (very randomly), random and frequent urine screens.
Toronto: Random urine screens; routine court attendance. Honesty and accountability is key so the participants risk revocation of bail for not being honest @ drug use. However no participant is incarcerated for use.

Chile: Monthly monitoring hearings of the work plan are carried out. The most important aspect of these hearings is that the judge talks with the candidate, so this becomes a time space in which he/she can communicate whatever he/she wants in a voluntary way. The interventions that are carried out in this hearing are previously discussed and agreed by consensus in the preaudience meetings. The treatment center monthly reports to the psychosocial team, and them at the same time, keep the legal team (judge, prosecutor and defense attorney) informed, of the development, advance or backward steps of the treatment program by means of a "improvement report". The psychosocial team works as the case manager, monitoring the accomplishment and coordinating the delivery of information from the treatment supplier.

Ireland: Reporting by Team to Judge at pre-court meeting.

Jamaica:
- Attending weekly counseling with Treatment provider;
- Attending court weekly and accounts directly to Judge and lay magistrates;
- Random urine testing.

Mexico
Social work:
The center also conducts a sociological background check on the candidate which includes, but is not limited to, their social circles, family, community, academic history and the workplace.

Monitoring Police:
- Investigates the criminal record of the candidate.

The Office of the Attorney General:
- Evaluates the candidate based on the investigation file, including their criminal record, to determine if they accept or object to the request for admission to the program;
- Informs the victim of the offense of the candidate’s request and explains to them the consequences thereof.
The findings of the investigations are turned over to the court coordinator within a maximum of 10 business days from the date on which the accused was received.
The Office of the Attorney General submits their position on the requests for admission to the program at a hearing.

Norway: It is the ordinary court with all of the judges there, who can pass a suspended sentence and put the condition to attend the drug-treatment program. The correctional service is responsible for the execution of the sentence. The court may only stipulate completion of a drug programme as a condition with the consent of the convicted person. Consent shall be given in a declaration of consent that shall also contain necessary exemptions from the duty of confidentiality. For consent to participate to be valid the person charged must have been given and have understood sufficient information on the implications of giving his/her consent. Before the case is brought to court, the team must prepare a plan for the drug programme including proposed conditions for the completion of the programme. The correctional service is responsible for monitoring that the conditions are complied with.

Suriname: Please note that the project still has to be implemented.

UK: Liverpool: Regular (at least monthly) with the sentencing judge.

US: Case managers oversee participants’ progress in treatment and test results; the drug court judge receives regular reports on participants’ progress which he/she discusses with the participant at the regular review
hearings. Situations warranting immediate action may be reported to the drug court judge immediately (e.g., failure to appear for a drug test, failure to appear at treatment, etc.) Primary indicators used to monitor participant performance are (1) drug tests; (2) attendance at treatment sessions; (3) attendance at court hearings; and (4) compliance with other program conditions.

b. Information Considered Most Useful In Assessing Compliance with DTC Requirements

**Question:** What information do you feel is most useful in assessing compliance with DTC requirements?

**OVERVIEW:**

Most of the programs reported that the urine test results, record of the participant’s attendance at treatment sessions, court status hearings as well as the degree of compliance with other program requirements provide the most useful information to assessing participants’ compliance with DTC requirements. Mexico’s Code of Criminal Procedure provides a list of the obligations of participants, (see below) which includes such requirements as “leading an honest life”, committing no further criminal offenses, information authorities of any change in address, and submitting to monitoring and treatment, as prescribed.

**SURVEY RESPONSES:**

**Australia:**

- **New South Wales:** While the richest information is that provided by program officers working with the participants (and often with their families), the court values the fact that relapse to drug use will quickly be detected via urinalysis and acted upon.

- **Perth, Western Australia:** Urinalysis results and information gathered by the Drug Court Team.

**Belgium:** Attestation of different treatment centra, urine testing.

**Bermuda:** Urinalysis testing and attendance to treatment and reporting sessions.

**Brazil:**

- **Rio de Janeiro:** Information passed on by the multidisciplinary team.

- **Sao Paulo:** Know if people begin or remake contacts with work, information from health care/medical staff.

**Canada:**

- **Calgary:** Weekly 12 step meetings, do they have a sponsor, weekly drug tests.

- **Edmonton:** Urine screens

- **Toronto:** Information received from treatment counselors which is received by the judge each time the participant enters the court.

**Chile:** The information that provides the psychosocial team in the pre hearing meetings, which also maintains informed the legal team based on the "improvement report” that is done by the treatment center.

**Ireland:**
- Urinalysis;
- No re-offending;
- Reports of attendance at appointments, review meetings.

**Jamaica:** Weekly report from Treatment Provider and Random Urine testing.

**Mexico:** *General obligations of the participant*

Article 611 of the Code of Criminal Procedure of the State of Nuevo León sets out a number of obligations to which the accused may be bound, including the following:
- Lead an honest life;
- Inform the authorities of any changes of address;
- Not commit a further offense that merits corporal punishment for which a formal arrest warrant is issued;
- Not threaten or approach the victim, injured party, or any witness who has given or is to give evidence against them;
- Take up residence in a fixed abode or change their place of residence;
- Not consort with certain individuals;
- Not visit certain places;
- Enroll in a formal education center or other institution whose purpose is to teach them to read, right, or learn a profession or trade;
- Hold a steady legal occupation or train to acquire one;
- Refrain from the consumption of alcoholic beverages and use of narcotics, stimulants, psychotropic drugs, or inhaled, hallucinogenic, or toxic substances that are addictive or habit-forming, except as part of a course of medical treatment or prescription;
- Submit to monitoring by the authorities under the terms and conditions warranted by the case;
- Submit to such treatment as their personal situation might require to prevent a repeat of antisocial conduct; or
- Perform certain services to the community under a program or programs designed in advance by the competent authority.

The victim or injured party and the Office of the Attorney General may request or propose to the judge that the accused be subjected to certain measures or conditions to ensure the better fulfillment of the provisions contained in this article.

**Article 24**  *Special obligations of the participant*

Further to the obligations set out in the preceding article, the judge shall require the participant to perform the activities and tasks mentioned in Articles 13, 14, 15 or 16 of the Operations Manual of the Specialized Addictions Treatment Court, depending on the stage of treatment reached by the Participant. The judge has the authority to impose additional obligations to ensure that the participant continues in the program.

**Norway:** The drug programme shall be described in an implementation plan. The plan shall contain compulsory measures, including a requirement for the submission of regular urine samples, which is compulsory for all convicted persons, and individual measures planned in cooperation with the individual. The implementation plan shall be formulated in a manner that makes the conditions for participating in the programme predictable and clear to the convicted person.

**Suriname:** Please note that the project still has to be implemented.

**UK:** Liverpool: Response to testing, attendance at sessions, reoffending information.

**US:** Compliance with drug testing and treatment program attendance and appearance at drug court hearings.
c. Responses to Noncompliance with DTC Requirements

**Question:** What responses/sanctions are given to noncompliance with DTC requirements?

**OVERVIEW:**

The programs use a variety of responses to noncompliance with DTC requirements, ranging from increasing required court appearance, curfews, fines, more frequent testing and reporting, letters of apology, additional required 12-step meetings to short term jail as a last resort. Repeated noncompliance generally results in program termination. In Perth (Western Australia), for example, participants accrue points for noncompliance violations, which can then result in termination. The general consensus was that the nature of noncompliance affects the degree of sanctions.

**SURVEY RESPONSES:**

**Australia:**

**New South Wales:** The court has some intermediate penalties, such as program regression and imposition of tailored program conditions (curfews, non-association clauses, no-alcohol use clauses).

The main sanction used for typical occasions of program non-compliance is a system of suspended custodial sanction set out in program policies that are well understood by all participants and staff and are consistently applied. Participants can accumulate up to 14 days of custodial sanctions, with different numbers of days imposed depending on the infraction. Once 14 days is accumulated, the offender enters custody for 14 days. Generally, this is a useful time for treatment review and a ‘fresh start’ on release.

The Court has the power to immediately return a participant to custody, either for treatment review or to allow consideration of program termination. This power is generally exercised where community safety, or the safety of the participant, is seen to be of concern.

**Perth, Western Australia:** The main sanction used in the Perth Drug Court is the imposition of breach points. Participants start the program with zero points but breach points are incurred when returning dirty urine, non-attendance at meetings or treatment and breaching curfew. Should a participant reach the breach point limit the prosecution will apply for the termination of the participant from the Drug Court. Participants can reduce breach points through compliance with the ultimate goal of completing the Drug Court with zero breach points.

**Belgium:** Ending the program; more frequent appearances; changing the conditions.

**Bermuda:** Sanctions vary and are Phase specific. They include but are not limited to more frequent testing and/or reporting; Short-term imprisonment (Remand); Report writing/journaling; Community Service; Restarting Phases or relapse essays.

**Brazil:**

**Rio de Janeiro:** The continuation of the process and possible criminal conviction.

**Sao Paulo:** Reverse program and submit people to criminal trial.

**Canada:**

**Calgary:** Being sent back to jail is the most common sanction used by our court for relapses and bad behaviors while in the residential treatment centers. Not being able to go to the bucket at court because they
have not had a good week. Having to write letters of apology and participating in extra 12 step meetings for relapse are also used.

Edmonton: No sanctions for a dirty urine screen if participant is honest with us prior to screening. Community Service Work, letters of apologies, attendance at other court proceedings, and custody.

Toronto: C.S.O.s, earlier attendance, “spoken to” by the judge, revoking bail

Chile: In case that the offender did not comply, without justification and serious or repeatedly the imposed conditions, at the request of the prosecutor or the victim, the Judge will revoke the conditional suspension of the procedure, which will be restarted. Also, it will be revoked in case that the offender was arraigned in a new investigation by different charges. Therefore, the relapse in the drug use, does not represent in itself a condition for the repealing of the conditional suspension, because it is assumed that this can be part of the rehabilitation process. In addition, it is important to mention that drug use in private spaces (except for the concert use) is not penalized in Chile. In cases that there were no serious or repeated compliance, the court will be able to talk with the offender, in order to evaluate which were the reasons of this behavior. In this way, it will be able to impose new “goals”, in order to that these be accomplished and monitor in the next audience.

Ireland:
- Custody of 2 days up to 7 days;
- Debit of points;
- Increased frequencies in Court attendance;
- Daily morning sign on at Education centre or very infrequently at Garda Station;
- Curfews;
- Very small fines;
- Limitations on attending at certain places or with certain persons (very infrequently).

Jamaica:
- withdrawal of privileges;
- increase in random urine testing;
- expulsion and return to criminal court for trial or sentence for the offence;
- delayed graduation from program;
- overnight remand in custody;
- order new treatment program.

Mexico: Penalties
In cases where the participant displays symptoms or conduct that suggests that they have suffered a relapse, failed to comply with the treatment plan, or breached any of the conditions of their parole, the judge, at his or her discretion, may:
- Increase the frequency of judicial supervision;
- Order night-time supervision;
- Increase the frequency of toxicology tests at the court;
- Order them to carry out community work;
- Increase the restraining order to prevent them from going home;
- Order any other measure that might help the participant to change their conduct and obtain the necessary tools to rehabilitate themselves and get rid of their dependence on alcohol or drugs;

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85 Also the drug use in public spaces is penalized.
None of these measures may go against or undermine the participant’s treatment plan. Revocation of the suspension shall not be used initially as an alternative penalty for the participant.

**Norway:** When the convicted has qualified to be transferred to the next phase in the program, the court has to say an order to do so. And also when the convicted has broken any of the conditions the court has to say a sentence that the convict has to go to jail or put other conditions to the sentence. If the convicted person seriously or repeatedly violates the conditions stipulated by the court or if he/she withdraws his/her consent to participate, the court may, on petition from the correctional service, rule that the sentence be fully or partially enforced. Instead of ordering that the sentence be served, the court may order a new probationary period and stipulate new conditions if it finds this more expedient. Moreover, on petition from the correctional service, the court may also rule that the convicted person be returned to a phase with stricter conditions. The correctional service’s petition pursuant to the second and third sentences shall be based on team discussions and conclusions. The regional director or person authorised to act on his/her behalf shall submit the petition to the court. The correctional service shall notify the prosecuting authority when it submits a petition for a court ruling.

If the convicted person refuses to provide a urine sample aimed at detecting the use of illegal intoxicants or narcotic substances, this shall be regarded as a violation. This also applies to failure to attend treatment appointments and other appointments that have been made with the involved bodies.

The correctional service may, in the event of violations deemed to be less serious, give the convicted person a written warning about the consequences of repeated violations. The correctional service may also decide to enforce more rigorous testing of urine samples for a certain period of time or decide that the convicted person shall undergo intensive programmes aimed at improving drug control. If the convicted person commits a criminal offence during the probationary period, the court may, pursuant to the Penal Code section 54 subsection 3, hand down a combined sentence for both criminal acts or a separate sentence for the new criminal act. The prosecuting authority is responsible for bringing the criminal case to court, and the correctional service is obliged to notify the police/prosecuting authority if it learns that the convicted person has committed any criminal acts during the probationary period.

**Suriname:** Please note that the project still has to be implemented.

**UK:** **Liverpool:** Additional more onerous requirements (e.g. electronic monitoring) and breach proceedings can lead to custody.

**US:** Sanctions range from an admonition by the judge, sitting for a day in the “jury box” to watch the court process, to curfew restrictions, to short term (2-3 days) in jail; relapse may also be addressed by enhanced treatment and/or changing the treatment plan. Continued noncompliance may also result in the individual being reassigned to an earlier phase of the program and/or, ultimately, program termination.

d. **Incentives/Recognition of Participant Progress**

**Question:** Are incentives or other positive reinforcement provided for participants who comply with DTC requirements? If so, please describe.

**OVERVIEW:**
DTCs are using a range of strategies to recognize and reinforce participant progress. The most consistent and reportedly significant is the praise of the judge and other officials involved with the program, and many DTCs utilize a mix of material and non-material incentives. Other responses include having a “bucket” in court (Calgary) which holds various items such as coffee cards, candy, etc. from which complying participants can select a gift, to reducing required court attendances, enhancement of “bonus points” accumulated (Dublin), being listed first on the docket and then being permitted to leave, and various tokens contributed by local merchants (sports ticket, movie passes, etc.). The ultimate response to positive participant performance is, of course, successful completion of the program and the dismissal of the charge and/or other criminal justice system response.

**SURVEY RESPONSES:**

**Australia:**

New South Wales: The suspended sanction model allows for accumulated days to be removed as a response to positive behaviour.

A positive report back is acknowledged via a ‘Drug Court clap’ from all present, while progression through the program stages is acknowledged via certificates. A lunchtime ceremony is held each month for program graduates (about 25% of participants) where they are individually acknowledged and their achievements described by program staff.

**Perth, Western Australia:** Positive Incentives include less frequent court appearances, relaxation of bail requirements, relaxation of curfew requirements, and reductions in breach points for positive behaviour. The Drug Court Magistrate provides positive feedback to participants in the courtroom. Participants are provided with a certificate and a key ring to acknowledge their achievements upon graduation from the Perth Drug Court.

**Belgium:** Less frequent appearances; positive stimulation by judge, prosecutor and lawyer.

**Bermuda:** Yes. Includes recognition by Magistrate; Certificates and bi-monthly Court attendance.

**Brazil:**

Rio de Janeiro: In particular, not continuing with the criminal process.

Sao Paulo: Same incentives AA, AE, and NA provided.

**Canada:**

Calgary: For a good week a participant goes to the bucket in court which holds various items like coffee cards, candy, chocolates etc. Approval is given for special outings for participants who are doing well and demonstrating good recovery. Some participants are excused from their weekly appearance in court for special requests, when they are doing well.

Edmonton: Coffee card ($5.00) weekly if attending all programs and clean screen.

Toronto: Reduction of court attendances, “Early Leave” list which allows participants to not remain in court; incentives such as coffee, toiletry, movie and museum passes.

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Chile: These incentives are the following:
- The conditional suspension of the procedure, which implies that when the DTC (legal time limit) ends the candidate criminal records will be erased;
- Possibility to carry out a high quality, free and opportune drug treatment;
- Congratulations and public recognition of his/her respective therapeutic progress, whether on behalf of the Judge, Prosecutor or Defense attorney;
- Diploma of Honor at the end of rehabilitation process. A ceremony is carried out, to celebrate his/her successful graduation of the program;
- The participants that are in the program a considerable amount of time and those that are graduated from it, has been contacted them with institutions that offer studies or jobs. The social and labor reintegration is one of the challenges of the program;
- Decrease of the monitoring hearings according to the improvements (bimonthly);
- In case of residential treatments, exit permits are offered;
- In Home Violence investigations, the ban regarding being close to the victim is lifted, provided that this must be recommended by the treatment center;
- In the case of the adolescent pilot program, coordination with training institutions have been carried out.

Ireland:
- Bonus points;
- Early listing in Court;
- Judicial praise;
- Vouchers 50 euro for shopping centre or cinema.

Jamaica:
- Reduction in counseling and court appearances;
- Increase in program special privileges;
- Achievements highlighted in front of peers/family.

Mexico: Case handling.
- Social reintegration program;
- Assistance program for the offender’s next of kin.

SPECIAL HEARINGS
Special hearings may be held to deal with any urgent situations that arise, such as:
- The need to reassess a participant who needs a change in the level of clinical care;
- To order medical assessments;
- To grant authority to leave the court’s jurisdiction; or
- Any other measure that might be of benefit to the participant in their rehabilitation process without interfering with their recommended clinical treatment.

Conclusion of treatment: Once treatment is concluded, the treatment center and Police Monitoring Officers shall certify to the court that participants have satisfactory completed their treatment.

Graduation hearings: The culmination of the rehabilitation process takes place at a hearing set and held by the judge. After evaluating the reports from the treatment center and the police monitoring officers who supervise the participant, and concluding that said reports are favorable, that the participant has completed their rehabilitation process, and that they have not used substances for six months, the judge will schedule a graduation hearing. On the day of the hearing each participant due to graduate shall undergo a toxicology test. Any participants whose test results are positive shall not have their case closed and the judge shall decide the appropriate penalties.
At this hearing the judge will recognize the performance of each participant before the members of the public present, family members, and friends; hand them a diploma that attests that they have fulfilled the program requirements; and exonerate them from the charges for which they had been referred to the program. The participant will be regarded as a graduate of the program.

The graduation hearing may be of a special nature and held in a special joint session attended by graduates who have met the conditions of the program. The hearing may be attended by persons close to them as well as representatives of the operators and special guests. These hearings may also be held as part of the regular program schedule interspersed with follow-up hearings.

Norway: The drug programme shall be carried out in four phases. The phases are designated the instigation phase, the stabilisation phase, the responsibility phase and the continuation phase. The phases are decided on the basis of an individual assessment and of what constitutes realistic progress. The contents of the phases and the conditions for progressing from one to the next shall be stated in the implementation plan. Compliance with requirements allows participants to move on to the next phase and move closer to program completion.

Suriname: Please note that the project still has to be implemented.

UK: Liverpool: Prospect of residential detox place.

US: Positive reinforcement of participant progress can range from praise by the judge in open court; having the participant be heard early in the hearing and not be required to stay on through the entire session, to small tokens/gifts, such as key chains, etc., as participants progress through various phases, to tickets to movies or sporting events and gift certificates contributed by local vendors In some cases, curfew restrictions or required frequency of drug court hearing attendance may be relaxed. The overall goal of whatever positive reinforcement is given is to provide prompt and ongoing recognition of participant efforts to comply with the program requirements, to reinforce their self confidence in being able to become and remain drug free and overcome situations that might have otherwise triggered their drug use recognize participant.

F. PROGRAM COSTS

1. Additional Resources Needed to Implement the DTC

Question: What additional resources/costs, if any, have been required to plan, implement and operate the DTC program and provide DTC services?

OVERVIEW:

While a few of the reporting DTCs had received special funding for program implementation (e.g., Australia, Chile and the U.S., for example,) most had implemented the program with existing resources available from participating agencies with, in some cases, limited additional support (two half time liaisons in Belgium, for example). A few programs (e.g., Bermuda, Mexico and the U.S.) reported receiving funding for training and Toronto reported receiving funds to establish (with the DTC’s community partners) housing for DTC participants when released from custody. A few programs (Edmonton and some in the U.S., for example), receive funding from contributions from private donors, including, in Edmonton, from the judge when all participants test clean during the week.

SURVEY RESPONSES:

Australia:

New South Wales: The program has an expenditure of over $6 million a year (for about 160 new participants) but does not rely on existing treatment, legal and correctional case manger services.
Perth, Western Australia: Additional resources were funded by the State Government on a recurrent annual basis to establish the Perth Drug Court.

Belgium: Two half time liaisons.

Bermuda: We have maintained the original budget since inception (minus some training funds for this fiscal year due to global economic situation).

Brazil:
   Sao Paulo: Unknown.

Canada:
   Calgary: We need committed 3 year funding at a minimum in order to create a viable program. We do not have this at present which creates a huge barrier to growing and developing our program.
   Edmonton: We have received private and corporate support for items not covered by drug court funding such as an ongoing evaluation, running groups, clothing, and a clean screen fund instituted by the Judge for the alumni. Everytime everyone in the court has a clean screen that week, she and others donate $10. to the fund. We have close to $2000 in the fund that has been used for moving expenses, clothing and other items.
   Toronto: The major cost has been to provide housing. We have recently received funds to establish (with our community partners) houses for only DTCS participants when the immediately are released from custody.

Chile: Since the year 2007 the Ministry of Interior, with the technical advising of CONACE and the Ministerio Público, have subscribed yearly a Covenant of Financial Contribution, whose purpose has been to give resources to the DTC project. With these resources, the bio-psychosocial teams have been hired, training have been given and other items of operational expenses for the DTC have been arranged.

Ireland: Pilot Project was commenced and maintained out of each agencies then existing resources.

Jamaica: These matters are dealt with at policy levels.

Mexico: Funds were allocated for participation in the following activities:
   - Visits to drug courts in San Diego, California; Santiago, Chile, and San Antonio, Texas, with funds provided by the federal government and the state government of Nuevo León, Mexico;
   - Attendance at a training program in Anaheim, California, with funds supplied by the U.S. Department of State; and in Ghent, Belgium, with funds provided by CICAD/SMS/OAS;
   - In the case of the Addictions Treatment Court of Nuevo León, Mexico, existing funds were used. In addition the Preliminary Hearing Court of Guadalupe, Nuevo León was expanded and specialized, as will be the case with the five other specialized courts which will be opened at courthouses in Monterrey, the state capital of Nuevo León.

Norway: NA

Suriname: Please note that the national legislation and budget still has to be approved.
UK: Liverpool: No specific figures available.

US: The most pressing need for resources has been for treatment services dedicated to the drug court program so that participants can get immediate services and not be on waiting lists and/or take the only limited services that are readily available. There have also been other resource needs, such as for supervision and monitoring but these have frequently been provided through existing personnel, such as from the Probation Department. In addition, as DTC programs developed it also became quickly apparent that there was a significant need for an adequate data base that could provide both information on participants, needs and services, and program monitoring and evaluation functions as well. While a number of programs have developed these systems, the lack of consistent data definitions, as well as program operations, has precluded meaningful cross-program comparisons.

2. Source(s) of Funds Used To Provide DTC Resources

Question: What source(s) have been used to provide these resources/funds?

OVERVIEW:

The reporting DTCs reflect a mix of funding sources. Most of the programs that received special funding for the program reported that their initial funding source has been their federal governments for whatever funds they have received (Belgium, Canada, Chile, Mexico, Norway, Suriname, UK, and US for program start up). In Bermuda some funding has also been received from NGOs and private sources. Funding from the city government was provided for the DTC in Calgary. Australian DTCs are funded primarily through state governments. In the US, after initial federal “seed” money was expended, funding has been obtained from a range of sources, including state, county and city governments.

SURVEY RESPONSES:

Australia:

    New South Wales: NSW Treasury provides all program funds.

    Perth, Western Australia: The court is funded by recurrent funding through the Department of Attorney General. Specialized Community Correction Officers are funded through the Department of Corrective Services.

Belgium:

    Minister of justice pays for 2 years (pilot project).

Bermuda:

    Government Funds and some limited NGO and private funding for specialized treatment needs.

Brazil:

    Rio de Janeiro: Public resources.

    Sao Paulo: Unknown.

Canada:

    Calgary: City funding was the initial source; provincial money through the Safer Communities Fund is the current source of our 2010 funding.

    Edmonton: NA
Toronto: Federal government.

Chile: The already mentioned “Covenant of Financial Contribution”.

Ireland: As with the Pilot Project the DTC is maintained out of each agencies existing resources.

Jamaica: As above.

Mexico:
- Federal funds provided by the Office of the Attorney General of Mexico and the National Council on Addictions;
- State funds furnished from the regular budget of the judiciary of the State of Nuevo León, Mexico;
- State funds supplied by the Department of Mental Health and Addictions of the Health Secretariat of Nuevo León.

Norway: All the different ministries involved grant money to the project. All the team-members get their salary from their own agency, and the correctional service is responsible for the operating costs.

Suriname: Please note that the project and the budget still have to be approved by the government of Suriname.

UK: Liverpool: Ministry of Justice and individual agency budgets.

US: A combination of federal, state and local government funds has been used to start and maintain the DTCs, supplemented in some cases by participant fees and the proceeds from various fundraising activities. At the federal level: Federal grants and other funding from the U.S. Department of Justice and the U.S. Department of Health and Human Services/Substance Abuse and Mental Health Administration have been an important source of funding to spearhead the development of DTC programs and/or enhance specialized components (e.g., services for females, etc.). At the state level, a number of state legislatures have appropriated funds for drug courts or permitted a percentage of various fines and fees to be dedicated to drug court programs. Other sources of funding have included city and county governments. For some DTCs, private foundations have been established to which individuals can make voluntary contributions and/or which can manage the proceeds of fund raising activities. A number of programs also charge participants fees, often on a sliding scale, and, if they have insurance coverage, access any available funds through their insurance.

G. TRAINING

1. Training Provided

Question: Has any interdisciplinary training been provided for staff involved in the DTC to enhance understanding of the program? If so, please describe the nature of training provided.

OVERVIEW:

The majority of the programs reported that they attended a national and/or local interdisciplinary training conference to enhance their understanding of the DTC. Chile has been provided considerable training for judges, prosecutors and others involved in the DTC programs through a variety of sources (see below), including internships for some prosecutors. In Perth (Western Australia), individual agencies associated with the DTC are responsible for conducting most training, although some cross-agency training is provided.
Some programs (Bermuda, Chile, Ireland and Mexico) report that DTC program officials have attended international training meetings relating to drug treatment courts as well as visited operating programs.

**Survey Responses:**

**Australia:**
- **New South Wales:** Yes. The Court arranges annual training days, as well as internal activities as required.
- **Perth, Western Australia:** Individual agencies who contribute human resources to the Perth Drug Court are responsible for the training of their staff. Additionally, the Perth Drug Court conducts planning days involving multiple agencies on an adhoc basis.

**Belgium:** Yes, we organize a multidisciplinary training for all the actors.

**Bermuda:** Yes, annual local and overseas training provided by NDCI/NADCP and associates.

**Brazil:**
- **Rio de Janeiro:** We coordinate the training of all persons who will work with the drug courts.
- **Sao Paulo:** Speeches and seminars delivered by colleagues from Brazilian Association of Therapeutic Justice.

**Canada:**
- **Calgary:** Seven members of the CDTC Team participated in a weeklong training for professionals at The Betty Ford Center in November, 2009, which provided an invaluable opportunity for team building as well as learning the common understanding of what addiction involves as well as what “effective” treatment involves. Several members of the Team also participated in a RoundTable in November, 2009 where one of the key presentations was on Team dynamics and Team building.
- **Edmonton:** Yes, matrix training, addictions training, attending NADCP conferences.
- **Toronto:** Yes. Treatment team will train the court team and vice versa.

**Chile:** Several activities of training for the teams that conform the program were developed. The Paz Ciudadana Foundation is permanently training the judges, regarding the management of audiences. On the other hand, CONACE supervises and train the double teams and the doctors of the project. Ministerio Publico, together with the mentioned institutions carries out periodic training to the main actors of the project. For example we can mention some of them carried out in 2008 and 2009:

Internship of the Prosecutors from the I and II regions. This activity was carried out on May 26th, 2008.

Day of training developed in Antofagasta, on July 7th, 2008, where CONACE, Paz Ciudadana, the Judicial Branch of government and the Ministerio Publico participated. Its objective was to raise the awareness of the Judges of the region that they would work in the program.

87 The Paz Ciudadana Foundation and the CONACE provide technical advice to the teams of the DTC. The Foundation at the same time, publishes documents for the program such as: Statistical bulletins, Users satisfaction Surveys, etc.
Day of training called "Treatment Courts for Offenders under Judicial Supervision", carried out in Santiago August 28th, 2008, which gathered to the Judicial Branch of government, Ministry of Interior, Ministry of Justice, Public Criminal Defensor attorney’s office, Paz Cuidadana Foundation, CONACE and the Ministerio Público. In addition, the legal and bio-psychosocial teams of the pilot programs also participated.

Day of training developed in Santiago, November 4th, 2008, regarding youth criminal responsibility. Its objective was the evaluation of the pilot in adolescent criminal responsibility.

International seminar "Treatment Courts for Offenders under Judicial Supervision: Compared experience from different international models". This activity was carried out in Santiago, between March 26th and 27th, 2009, in the framework of the project "EU-LAC Drug Treatment City Partnerships". It was organized jointly by CICAD/SMS/OAS, CONACE and the Ministerio Público. It included the participation of experts from the United Kingdom, Belgium, United States and Canada, who analyzed the implementation of this methodology (DTC) in their countries. Internal work day training called "Drugs Treatment Courts", carried out in Santiago, June 15th, 2009. Its objective was to review the DTC model.

DTC Regional Workday Training; and DTC Adolescents Pilot workday, which were carried out in Santiago, November 23rd, 2009. The first one included the bio-psychosocial teams of the Iquique, Antofagasta and Valparaíso programs, and the discussed topics were: Main aspects of the drugs treatment: Therapeutic adhesion in problematic consumption of drugs and, the updating of the software for DTC records. The second, included the participation of the clinical diagnostics evaluation teams of the Metropolitan Region; the discussed topics were the following: Evaluations in Adolescents Offenders, The Motivational Interview: Another intervention tool in adolescents with problematic consumption of substances, intervention Model of the Problematic Consumption with Adolescents Offenders, Social Educational Interventions with Adolescents Offenders and, Utilization of the Conditional Suspension of the Procedure with Problematic Consumption of Drugs Treatment, Visions and Proposals in the Regional District Attorney's Offices of the Metropolitan Region.

Participation of Chilean judges and DTC teams in the NADCP Annual Meeting under the coordination of Paz Ciudadana Foundation.

Conferences hold by Paz Ciudadana Foundation with the participation of a Canadian and a American judge in order to promote the DTC in Chile.

Each member of a DTC team has had a training of two days delivered by Paz Ciudadana Foundation the contents of the training are: hearings management, communication skills that promotes rehabilitation, roll playing and motivational interview.

Ireland: Attendance at NADCP training conference by most members of team on an annual basis up to 2008.

Jamaica:
- Initially all personnel involved received training in DTC procedures. Training carried out by personnel from Canada and their model adapted;
- Local conferences as well as personnel travelling abroad for further training for DTC as well as general substance abuse treatment and management;
- Ongoing local training.

Mexico: Study and research on the topic:
- Visit to Drug Courts in San Diego, California. February 2009;
- Visit to drug courts and presentation on the progress of the project in Mexico City at the EU-LAC Meeting in Santiago, Chile. March 2009;
- Visit to Drug Courts in San Antonio, Texas. May 2009;
- Attendance at the NADCP 15th Annual Drug Court Training Conference, Anaheim, California. (June 2009), Working meeting with R. Gil Kerlikowske, Director of the ONDCP;
- Visit to the CICAD – EU-LAC Meeting in Ghent, Belgium. June 2009;
- Review of various analysis documents on how drug courts have evolved in other countries;
- Training Program on Non-Custodial Treatment offered by the National Association of Drug Court Professionals (NADCP) in Monterrey, Nuevo León. August 2009;
- Visit by managers from the Treatment Center to four Drug Courts in San Diego, California. August 2009;
- Participation in the Eleventh Meeting of the Group of Experts on Demand Reduction: Toward the Development of Comprehensive Policies on Drug Treatment, CICAD/SMS/OAS;
- Working meeting with Thomas McLellan, Deputy Executive Secretary, ONDCP, and Carlos Rodríguez Ajenjo, Technical Secretary of the National Council on Addictions (CONADIC).

**Norway:** NA

**Suriname:** Please note training is necessary for judge, prosecutor, health institution, lawyer and Police. Please note that the project still has to be implemented.

**UK:** Liverpool: Each agency has provide training for staff.

**US:** The U.S. Department of Justice has been providing interdisciplinary training for over fifteen years through various training programs conducted at both the national and state level.

2. **Training Needed To Sustain the DTC**

**Question:** What training/continuing education do you feel is needed to sustain the DTC, particularly as personnel change?

**OVERVIEW:**

Most of the programs acknowledged that there is a need to keep program officials abreast of emerging issues by conducting or attending training relating to these issues. Some programs, such as Canada, Mexico and the U.S., conduct state or local level training on an annual basis; whereas Ireland’s only opportunity to obtain DTC-specific training has been through attending international conferences. The U.S. reported that web-based training resources have also been made available that can be used by individual DTC staff as self-instructional tools. Ongoing training to address turnover in personnel is a need expressed by almost all of the responding programs.

**SURVEY RESPONSES:**

**Australia:**

New South Wales: Having a clear legislative and policy framework does assist staff in quickly becoming part of the overall operating culture of the program, which is modelled by team members when they work with staff from their own agencies. Rotating staff through the Court (e.g. relief defence solicitors) is a good way of exposing people to the Court and allowing them to determine whether this is an environment they want to work in.

Perth, Western Australia: A structured program of professional development is required for Drug Court Team members.
Belgium: NA

Bermuda: This remains on-going and has been expanded to embrace community issues and challenges.

Brazil:
   * Rio de Janeiro: NA
   * Sao Paulo: Talking about program.

Canada:
   * Calgary: Yearly professional training related to drug treatment court issues.
   * Edmonton: NADCP conference attendance and NDCI training
   * Toronto: Ongoing because membership in this team changes on a regular basis.

Chile: Role of each actor within the program; its objectives.

Ireland: As we are the only DTC in Ireland, we do not have specific training available to us here. The only opportunity we get is to attend International conferences and all team members are not necessarily funded by their individual organization to go. It would be great if we had separate dedicated funding to ensure we could all travel for education/training conferences, and that new team members would be afforded this opportunity also.

Jamaica:
   * Program of continuing professional development for team members aimed at enhancing skills as well as keeping abreast of DTC developments;
   * Training manual;
   * Induction program to ensure all new personnel are trained in DTC procedures prior to commencing service delivery;
   * Administrators of each DTC should be trained to manage budget and evaluate program effectiveness.

Mexico: Training in resilience and social reintegration.

Norway: NA

Suriname: Please note that the project still has to be implemented.

UK: Liverpool: NA

US: The need for training is ongoing, both to enhance skills and knowledge regarding DTC operations and practices, and to address the frequent turnover of DTC personnel. Ideally, self instructional materials should be available on a wide array of topics that DTC practitioners can access to both familiarize with necessary knowledge and skills and refresh their understanding as situations develop. To date, training resources have been provided through a range of activities, including:
   1. training on the goals and purposes of the drug court, how individual drug courts are designed to operate;
   2. cross training for the criminal justice and treatment representatives on the roles, philosophy, and governing principles for each of them with particular focus on the legal requirements and constitutional rights to which drug court participants are entitled, whether or not they pursue the drug court approach; and
(3) training/orientation on addiction, recovery and treatment principles and strategies and how these relate to the way a drug court needs to operate and respond to participant progress and relapse.

Through resources provided by the U.S. Department of Justice, a wide range of training services has been made available, both for general DTC operational issues and discipline specific training for judges and other agency personnel involved (e.g., prosecutors, defense counsel, case managers, etc.). Web based training resources have also been made available that can be used by individual DTC staff as self instructional tools.

Each DTC has also developed a policies and procedures manual which provides a useful foundation for DTC team members to review and update program policies and procedures and to discuss their practical application to their program operations.
III. DTC IMPLEMENTATION PROCESS

A. CHANGES IN THE LEGAL PROCESS

Question: What changes, if any, have been made to the traditional criminal justice process in order to implement the DTC?

OVERVIEW:

Responding programs reflected a mix of approaches in terms of the process by which the DTC program was implemented. Some programs, such as in Belgium, Chile, Ireland, Norway and the UK, are working within the traditional criminal justice process. New South Wales in Australia, Jamaica and Mexico, however, have passed legislation and created specialized courts/dockets for the DTC. In the U.S., four major changes in the traditional criminal justice process have been introduced: (1) the addition of regular review hearings for drug court participants and emergency hearings, if needed; (2) direct communication between the judges and the participant, rather than with the participant’s attorney; (3) the addition of pre-hearing “staffings” in which drug court team members discuss the progress (or lack thereof) of DTC participants scheduled for hearing and special issues that may need to be addressed; and (4) suspension of dispositive action on the case pending the participant’s participation in the DTC.

SURVEY RESPONSES:

Australia:

New South Wales: The most significant changes to the traditional criminal justice process made to support implementation of the Drug Court of NSW include:

- Stand-alone specific legislation providing:
  - Ability to review the sentence given at program entry to consider performance on program
  - Ability to defer execution of the initial sentence to allow program participation to occur
  - Introduction of a collaborative case management approach within the Drug Court team, including defence and prosecution
  - Ability to bring in outstanding, or even new, offences as part of the Drug Court sentence
  - Ability to impose short custodial penalties as response to program infraction and/or to allow for treatment review

Perth, Western Australia: No specific legislation enables the operations of the Perth Drug Court. Participants are managed either whilst on bail or on a pre-sentence order. The difference from the traditional justice process is that the process emphasises collaboration rather than an adversarial approach and includes therapeutic judicial supervision with support from the Drug Court Team.

Belgium: (pilot program in existing legal system).

Bermuda: There is a team approach and environment. It is less adversarial.

Brazil:

Rio de Janeiro: Brazilian law was modified to include decriminalization measures, including alternatives to imprisonment. Thus, drug courts were incorporated in this context.

Sao Paulo: Judges, prosecutors and attorneys have been receiving education and training on substance abuse.
Canada:

Calgary: NA

Edmonton: One afternoon set aside for drug court.

Toronto: Changed criteria to graduate.

Chile: None.

Ireland: None formally or by enactment of legislation. By consent sentencing is stayed pending outcome in DTC.

Jamaica: The following changes were made:
- Drug Court (Treatment and Rehabilitation of Offenders) Act passed 1999 with accompanying Regulations in 2000;
- Lay Magistrates specially trained in Drug Court procedures. One female, one male presides with the Judge.

Mexico: The Specialized Addictions Treatment Court was created in the justice system of the State of Nuevo León, Mexico, as part of the accusatory system. No modifications were made to the legislation in force.

Norway: In Norway there were established a working group with participants from different ministries in the government. Their mandate was to make a report on whether the Drug Court system should be implemented in the Norwegian legal system or not, and if so: how to implement it. The report was presented in September 2004, and the conclusion was that the results from other drug-court countries were so good that this was something Norway should try. The report suggested that the court should lead the drug treatment program.

Suriname: Suriname needs to amend its national legislation to get the legal authorization.

UK: Liverpool: No statutory change but a more non adversarial approach adopted in court.

US: As noted above, drug Courts operate primarily at the state (not federal) court level. Although the criminal justice process in each state and territory in the U.S. is generally similar, there are also differences, both among states and among cities within the same state. A generic summary of the major differences between the traditional method of dealing with drug involved offenders and the drug treatment court process in the U.S. has been provided above (See Section XXXX) Essentially, the major changes in the traditional criminal justice process has been (1) the addition of regular review hearings for drug court participants and emergency hearings, if needed; (2) direct communication between the judges and the participant rather than through his/her attorney, premised on the understanding (often documented in a Memorandum of Understanding (MOU) that whatever the individual says at the hearing will not be used against him/her); (3) the addition of pre-hearing “staffings” at which the judge, prosecutor, defense, treatment representative and case manager discuss the cases on the hearing docket and special issues that have arisen regarding participants involved; and (4) suspension of dispositive action on the case pending the participant’s participation in the DTC. No special legislation has been required to implement the DTCs in the U.S., although some states have enacted legislation, primarily to provide legitimacy for the program DTCs operate under the existing pretrial and post adjudication disposition authority of the court.

B. NEED FOR SPECIAL LEGISLATION

Question: Was special legislation needed to implement the DTC? If yes, what issues did the legislation address? Please provide a copy of the legislation.
OVERVIEW:

Approximately half of the responding programs reported that no special legislation was needed for the DTC and that implementation had occurred within the existing framework for processing cases. Some programs (New South Wales in Australia, Bermuda, Norway, Jamaica and Suriname), however, reported that they had enacted legislation. The U.S. reported that, while legislation at the federal level (for funding) and in some states had been enacted, the purpose of the statutes has been to authorize funding (at both the federal and state level), to provide legitimacy for the DTC program, and/or to require that DTC programs be established. However, legislation was not required for the drug treatment court programs to function in the U.S.

SURVEY RESPONSES:

Australia:

New South Wales:
The Drug Court Act 1998 was implemented to oversee the entire operation of the program, although it concentrates on referral, assessment and sentencing processes and gives substantial scope for the Court to develop, implement and constantly review its own policies as to how the Court should operate.

Perth, Western Australia:
The Perth Drug Court operates within existing legislation.

Belgium:
Pilot program in existing legal system

Bermuda:
Yes, Amendments to the Criminal Code, 1907 (Criminal Code Amendment Act, 2001)

Brazil:

Rio de Janeiro: NA

Sao Paulo: Federal Brazilian law number 11.343/2006 which was enacted to implement alternative punishment in general. Coincidentally this law is also very suitable for DTCs but it is not a specific law for the DTC. It can be found at: www.planalto.br.

Canada:

Calgary: NA

Edmonton: NA

Toronto: No.

Chile:
There was no special legislation. The alternative exit to the criminal trial of "conditional suspension of the procedure" is applied, according to the Code of Criminal Procedure.

Ireland:
NA

Jamaica:
Yes new legislation passed. Please see attached

88 See Volume Two of this report.
89 See attached document at end of survey responses
Legislation was in formal recognition of the link between substance abuse and offending, that incarceration was not effective in managing the problem. Treatment instead of punishment was more likely to succeed in breaking the cycle of offending and substance abused.

**Mexico:** No special laws were necessary; the Code of Criminal Procedure of the State of Nuevo León is applied.

**Norway:** A new statutory provision in the Criminal Code, section 53 and 54. The new statutory provision in the Criminal code and the administrative regulations came into force on the 1st of January 2006.

**Suriname:** Yes, to get the legal authorization to enforce the project. Please see attached copy.

**UK:** Liverpool: No.

**US:** Although some states have enacted legislation relating to drug courts, this legislation has generally been focused on providing legitimacy to the drug court program and is not required for the drug court program to function. Drug Courts have been implemented under the court’s existing pretrial release and sentencing authority.  

C. **Strategies Used to Develop Buy-in and Support for the DTC Program**

1. **From the Judiciary**

**OVERVIEW:**

Most of the programs reported that regular meetings with various stakeholders and continuous education and training was necessary to ensure support for the DTC. Some respondents pointed to the value of positive evaluation reports as mechanisms for solidifying support for the DTC programs. The U.S. reported that site visits to operating drug court programs has provided an opportunity for judges to see firsthand how a DTC operates and to talk with judges who preside over these programs.

**SURVEY RESPONSES:**

**Australia**

New South Wales (answer applies to all fields): Given the program was announced over eleven years ago, the following summary points are highlighted:

- The program was carefully legislated, with emphasis on excluding violent and/or sexual offenders and drug traffickers.
- The program was ‘fully funded’, with new treatment, legal and correctional services created specifically to deal with Drug Court participants to avoid any displacement of existing clients/offenders.
- The program was a trial for six years, with a rigorous independent evaluation included in program design and a second evaluation undertaken to demonstrate ongoing program impact.

**Perth, Western Australia:** Regular and inclusive stakeholder meetings form the main mechanism for all parties.

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Belgium: With all these actors, we had a lot of consultation and drafted a consensus text.

Bermuda: Regular meeting, stakeholder surveys and training initiatives, in addition to presentations and enhanced PR regime has commenced.

Brazil:
  Rio de Janeiro: The judges held hearings to inform the defendant of the importance of complying with treatment.
  Sao Paulo: Talking about program, spreading the news.

Canada:
  Calgary: NA
  Edmonton: The judiciary implemented the DTC.
  Toronto: Long term education…still a work in progress.

Chile: In 2006 the interinstitutional work regarding DTC started, by means of the call done by the National Council for the Control of Narcotics CONACE and the Fundación Paz Ciudadana (Civic Peace Foundation), to a round table called: "Drugs Treatment for Offenders in the Judicial Context", which included the participation of the Judicial Branch of the Government, Ministry of Justice, Defense Attorney National Office, Center for Civil Society Studies of the University of Chile and the General Prosecutor's Office. The purpose of this meeting was the creation of an interinstitutional roundtable, in order to present a public policy proposal to provide drugs treatment to small harmfulness crime offenders, in judicial context.

Then, in April 2007, the Ministry of Interior (Home Office), with the technical advisory of CONACE and Ministerio Público, held a Financial Contribution Covenant, establishing the necessary budget to hire a team composed by a psychologist and a social worker called "psychosocial team" in charge of the detection of problematic consumption of drugs in the DTC program.

In December same year, the Judicial Branch, Ministry of Interior, Ministry of Justice, Ministerio Público, General Defense Attorney’s Office, Paz Ciudadana and CONACE subscribed a "Protocol of Contribution", by virtue of which the institutions were committed to carry out the necessary actions for the appropriate implementation of the DTC in our country.

From 2008 to this date, the Ministry of Interior, with the technical advising of CONACE and Ministerio Público subscribed the Financial Contribution Covenants, in similar terms of the ones from the previous year, which we mentioned in a previous paragraph, agreeing the creation of a project called "Treatment Courts for Offenders under Judicial Supervision". In this way, the Ministry of Interior delivers to the ministerio Público the necessary funds for the implementation of this project, which implies hiring a psychosocial team responsible for the inquiry of the problematic consumption of drugs, hiring a psychiatrist in charge of the diagnostic clinical evaluation, sufficient budget for the training days implementation, etc.

Ireland: NA

Jamaica: Education across the judicial body:
  - Local meetings, conferences and education;
  - Presentation of routine data on day to day functions, audit as well as research;
  - Highlighting benefits of program.
Mexico: The purpose of the Addictions Treatment Court in Nuevo Leon is to encourage the rehabilitation of the accused and a reduction in criminal recidivism associated with abuse of or dependence on drugs or alcohol, in order to bring about their reintegration in society. To ensure the effective implementation of this approach the following 10 elements have been recognized as guiding principles:

- Combine treatment services for drug and alcohol abuse and dependence with case processing in the judicial system;
- Use a non-adversarial approach; the Office of the Attorney General and the defense promote public security while protecting the procedural guarantees of the parties;
- Quickly identify candidates for the pilot program;
- Provide access to treatment, detoxification, and rehabilitation services;
- Monitor abstinence through regular toxicology testing;
- Coordinate strategies based on the participation and compliance of participants;
- Maintain constant interaction between the participant and the judicial system;
- Measure the attainment of program goals as well as its effectiveness through permanent and continuous monitoring and evaluation;
- Promote interdisciplinary education through planning, implementation, and effective operation of the Addictions Treatment Court;
- Enrich the effectiveness of the program through support from institutions or agencies from all three branches of government as well as nongovernmental organizations.

Norway: A lot of agencies, and especially the Supreme Court, was very sceptic to a system where the courts would be so involved in the serving of a sentence. This would break the legal principle of the courts independence to the public administration. This resulted in a new statutory provision in the Criminal Code, section 53 and 54.

Suriname: NA

UK: Liverpool: Specific judicial post advertised.

US: Developing support and buy-in from judges for the DTC concept has been an ongoing effort. Initially, support developed following visits to operating programs which provided an opportunity for judges to see first hand how a DTC operated and to talk with judges who presided over these programs. In addition, national, state and local training programs provide an opportunity to not only obtain information on the DTC concept but also information on addiction, substance abuse treatment approaches, and related topics. Development of the “Key Components” in 1997 under the sponsorship of the U.S. Department of Justice has also provided a framework for drug court programs to develop. Publicizing the findings of drug court evaluation reports has also been an important element in developing judicial support. As the DTC concept has become more accepted the assignment of “drug court judge” has increasingly become a part of the regular rotation assignment for judges.

2. From Other Justice System Officials

OVERVIEW:

Most respondents noted the value of providing information about their respective DTCs, the benefits of treatment, the positive evaluation results of other drug treatment courts, and the value of promoting peer to peer interchange regarding the benefits of the DTC to the justice agencies involved. Mexico, Jamaica and Ireland emphasized that the drug court personnel’s job descriptions should incorporate education and training about DTC proceedings. The U.S. noted that exposure to peers in other jurisdictions and to other drug court programs had been very beneficial.
SURVEY RESPONSES:

Australia
New South Wales (answer applies to all fields): Given the program was announced over eleven years ago, the following summary points are highlighted:

- The program was carefully legislated, with emphasis on excluding violent and/or sexual offenders and drug traffickers.
- The program was ‘fully funded’, with new treatment, legal and correctional services created specifically to deal with Drug Court participants to avoid any displacement of existing clients/offenders
- The program was a trial for six years, with a rigorous independent evaluation included in program design and a second evaluation undertaken to demonstrate ongoing program impact

Perth, Western Australia: Regular and inclusive stakeholder meetings form the main mechanism for all parties.

Belgium: NA

Bermuda: Quarterly strategy sessions and regular meetings along with shared training; Revised Manual to be disseminated this quarter.

Brazil:
Sao Paulo: Talking about program to spread news about it.

Canada:
Calgary: NA
Edmonton: Public speaking, invitation to attend drug court
Toronto: Proof that it “works” by demonstrating the outcomes.

Chile: In addition of the previously indicated, the Paz Ciudadana Foundation and CONACE have given technical support to the DTC by means of training to its main actors. The Ministerio Público has actively participated in these activities, as in the organization as in the contents.

Ireland: NA

Jamaica: Police officers – education and participation in DTC proceedings.

Mexico: Functions of the Office of the Attorney General
In addition to their regular functions, the representative of the Office of the Attorney General assigned to the pilot program will:
- Verify that candidates meet the general and special eligibility requirements to enroll in a program as well as the program admission criteria;
- Review the evaluation and progress report on each participant prepared by the treatment center and police monitoring officer, as appropriate;
- Approve or object to the admission of a defendant to the program;
- Inform the victim of the offense of which the candidate stands charged what the plea bargain consists of, what the program is, and what the consequences of failure to complete the program would be;

- Demand the payment of damages as part of the agreement;
- Maintain constant communication with the treatment center and the police monitoring officer in order to know about any changes and the progress of the participants;
- Attend meetings held with other program operators to discuss alternative penalties and incentives for participants;
- Request, where necessary, the initiation of the process to revoke the probationary suspension of proceedings for the treatment granted, always bearing in mind the program’s therapeutic approach;
- Collaborate with the general manager of the program, providing them with statistical data and informing them of any difficulties in the program’s progress, as well as any other information on the program that they request;
- Attend hearings on cases;
- Attend meetings convened by the judge to discuss cases;
- Attend other meetings convened by the general manager of the program or the judge.

Functions of the police monitoring officers
The basic mission of the police monitoring officer is to monitor participants to ensure that they comply with the obligations imposed by the judge.
- The police monitoring officer coordinates with the treatment center and has the following responsibilities;
- Supervision of participants, both day and night, as authorized by the court, as well as drafting reports on their supervision findings;
- Carry out investigations of program candidates on request from the court or the Office of the Attorney General;
- Attend program induction, follow-up, special, and graduation hearings, as well as case discussion meetings;
- Conduct the necessary police inquiries to verify if participants comply with their rehabilitation plans;
- Pursue all the necessary administrative procedures to obtain participants’ criminal records;
- Verify that participants comply with court restraining orders imposed to prevent them from going home;
- Conduct, at the request of the judge or the Office of the Attorney General, all the necessary inquiries and corroboration visits where information is doubtful or there is any controversy to be settled;
- Accompany treatment center staff to high-crime areas when requested to do so. This service requires the authorization of the police monitoring officers’ supervising coordinator;
- Provide support and cooperation to the support groups established;
- Collaborate with the general manager of the program, providing them with statistical data and informing them of any difficulties in the program’s progress, as well as any other information on the program that they request;
- Attend the hearings of their clients’ cases;
- Attend meetings convened by the judge to discuss cases;
- Attend other meetings convened by the general manager of the program or the judge.

Norway: NA

Suriname: NA

UK: Liverpool: Specific posts advertised.

US: Primarily exposure to peers in other jurisdictions and to other drug court programs; documentation on the efficiencies drug courts could provide in terms of enhancing public safety.
3. From Attorneys

**OVERVIEW:**

As with responses to earlier questions on this point, most programs noted that increased dialogue, education and exposure to peers in other jurisdictions was very valuable in promoting support as well as understanding of the nature of addiction and how the DTC program can be effective.

**SURVEY RESPONSES:**

**Australia**

*New South Wales (answer applies to all fields):* Given the program was announced over eleven years ago, the following summary points are highlighted:

- The program was carefully legislated, with emphasis on excluding violent and/or sexual offenders and drug traffickers.
- The program was ‘fully funded’, with new treatment, legal and correctional services created specifically to deal with Drug Court participants to avoid any displacement of existing clients/offenders.
- The program was a trial for six years, with a rigorous independent evaluation included in program design and a second evaluation undertaken to demonstrate ongoing program impact.

**Perth, Western Australia:** Regular and inclusive stakeholder meetings form the main mechanism for all parties.

**Belgium:** NA

**Bermuda:** Increased dialogue – starting with small conversations and presentations at Bar Association and other forums.

**Brazil:**

*Rio de Janeiro:* Explain that without submission to treatment, the criminal process will continue and the criminal defendant may be convicted.

*Sao Paulo:* Talking about program and spreading information about it.

**Canada:**

*Calgary:* NA

*Edmonton:* Speaking to related organizations. Once they see the benefits they are on board.

*Toronto:* See above.

**Chile:** see previous.

**Ireland:** NA

**Jamaica:**
- Education in relation to the benefits to their clients of DTC;
- Engaging civil rights attorneys and other advocacy groups.
**Mexico:** Functions of defense lawyers.

Defense lawyers, whether they be a public defender or private counsel, represent the interests of citizens charged with crimes.

Defense lawyers shall:
- Provide legal counsel to persons accused of an offense;
- Study the facts of the case and the best course of action to follow, presenting any defense to which the accused is entitled, including lodging such appeals as are deemed appropriate;
- Protect the interests of the participant;
- Inform the candidate of their rights and benefits as a participant in the program;
- Review the evaluation and progress report on each participant prepared by the treatment center and police monitoring officer, as appropriate;
- Once the candidate has been accepted into the program they shall defend them at the induction and follow-up hearings, inquiring beforehand about how they have adapted and progressed under the rules of the program;
- Advise the candidate or participant about the consequences of breaking the rules of the program;
- Collaborate with the general manager of the program, providing them with statistical data and informing them of any difficulties in the program’s progress, as well as any other information on the program that they request;
- Attend the hearings of their clients’ cases;
- Attend meetings convened by the judge to discuss cases;
- Attend other meetings convened by the general manager of the program or the judge.

As regards the public defender assigned to the program, they shall also coordinate with other lawyers in order to identify program candidates from the initial interview.

**Norway:** Very often a defence lawyer takes the initiative to get a social inquiry report for this purpose, but they still have to apply through the public prosecution.

**Suriname:** NA

**UK:** Liverpool: Judicial persuasion.

**US:** Support has been developed primarily through exposure to peers in other jurisdictions and to other drug courts; specific explanations of how the drug court can benefit their respective agencies in terms of carrying out their respective missions as well as bringing about efficiencies that can result in use of available resources; for defense attorneys, also working to ensure adequate protections of the rights of participants as part of the DTC program plan.

4. **From Public Health Officials**

**OVERVIEW:**

Most of the responding programs reported that public health officials had been collaborating partners and helpful in planning the DTC program as well as making available necessary treatment services. Some of the respondents (e.g., the U.S. and Mexico, for example), reported that the oversight provided by the court has reinforced the role of the treatment provider, thereby enhancing the impact of the treatment services.

**SURVEY RESPONSES:**

Australia
New South Wales (answer applies to all fields): Given the program was announced over eleven years ago, the following summary points are highlighted:

- The program was carefully legislated, with emphasis on excluding violent and/or sexual offenders and drug traffickers.
- The program was ‘fully funded’, with new treatment, legal and correctional services created specifically to deal with Drug Court participants to avoid any displacement of existing clients/offenders.
- The program was a trial for six years, with a rigorous independent evaluation included in program design and a second evaluation undertaken to demonstrate ongoing program impact.

Perth, Western Australia: Regular and inclusive stakeholder meetings form the main mechanism for all parties.

Belgium: NA

Bermuda: Enhanced collaborative efforts and community outreach.

Brazil:
   Sao Paulo: Nothing.

Canada:
   Calgary: NA
   Edmonton: NA
   Toronto: Easy buy in…they knew it would work.

Chile: Roundtables with representatives of the Department of Health have been formed, achieving their support in the sanitary topics of the program.

Ireland: NA

Jamaica:
- Regular meetings between health personnel and judiciary;
- Secured accessibility to general and specialist health provisions;
- Presentation of routine data on day to day functions, audit as well as research;
- Highlighting benefits of programme.

Mexico: Functions of the treatment center.
The treatment center staff shall:
- Make a confirmation diagnosis of all candidates referred in order to determine their eligibility for the program;
- Conduct toxicology tests on each candidate as well as on participants during the latter’s supervision period;
- Make appropriate recommendations to the judge regarding the candidate’s admission to the program based on the findings made during the investigation and initial interview;
- Send the necessary documents or reports to the court that support any decision or determinations made by the program in each case over which it has jurisdiction;
- Discuss with the different program operators all those actions for which they are responsible;
- Provide appropriate supervision for the participant in order to keep the court apprised of their progress;
- Keep an up-to-date file on each and every intervention in each case with the participant, next of kin, and other necessary officials. (e.g. work, school, government agencies, among others);
- Submit to the judge, Office of the Attorney General or defense counsel such documents or reports as are required within the terms established by both parties;
- Arrange, within the established deadlines, investigation or follow-up visits at the settings where the program operates: Home, community, place of study or work, treatment center, where the situation merits;
- Investigate the cases referred by the court according to the established criteria;
- Keep program participants under close supervision at the office, in the community, and place of treatment;
- Direct the participant in their rehabilitation and integrate family resources to act as a support for the participant;
- Facilitate the coordination of services and provide guidance to participants in finding work, a place of study, housing, etc;
- Collaborate with the judge, providing them with statistical data and informing them of any difficulties in the program’s progress, as well as any other information on the program that they request;
- Attend the hearings of their clients’ cases;
- Attend meetings convened by the judge to discuss cases;
- Attend other meetings convened by the judge.

**Norway:** NA

**Suriname:** NA

**UK:** Liverpool: Meetings with commissioners headed by the judge.

**US:** In the US the drug courts have reinforced the role of public health – particularly treatment providers -- by providing continuous oversight of their clients as well as serving as a very credible and consistent referral source.

5. **From Community Leaders**

**OVERVIEW:**

Most of the programs reported that support from community leaders has been secured primarily through provision of information on both the DTC as well as the extent of drug addiction in the community, its impact on the well being of the community (e.g., on crime, public health, etc.), the financial costs entailed (e.g., jail space, workplace loss of productivity, etc.) and the cost effectiveness of DTC programs. A number of respondents also noted the value of inviting community leaders to DTC graduation ceremonies or DTC hearings where they can meet program participants and learn about the program first hand.

**SURVEY RESPONSES:**

**Australia**

New South Wales (answer applies to all fields): Given the program was announced over eleven years ago, the following summary points are highlighted:

- The program was carefully legislated, with emphasis on excluding violent and/or sexual offenders and drug traffickers.
• The program was ‘fully funded’, with new treatment, legal and correctional services created specifically to deal with Drug Court participants to avoid any displacement of existing clients/offenders
• The program was a trial for six years, with a rigorous independent evaluation included in program design and a second evaluation undertaken to demonstrate ongoing program impact

Perth, Western Australia: Regular and inclusive stakeholder meetings form the main mechanism for all parties.

Belgium: NA

Bermuda: Invited community leaders to view Court; make presentations on programme; and discussions with clients

Brazil:
  Rio de Janeiro: NA
  Sao Paulo: Talking about program to spread information about it.

Canada:
  Calgary: NA
  Edmonton: Public forums, speaking with graduates on how drug court saved their life.
  Toronto: see above.

Chile: see previous comments.

Ireland: There was a Government Report commissioned and provided and a steering committee set up comprised of personnel from the various interested agencies, Judiciary, Legal practitioners, Health Board, Probation, Community, Garda (Police), Medical. (Working Group on a Courts commission, available on the Courts Service website, www.courts.ie).

Jamaica:
  - Including Lay Magistrates in DTC;
  - Development of support groups for DTC.

Mexico: Create community-based for networks for the offender and their next of kin (in progress).

Norway: NA

Suriname: Please note that in the Working Group Drug Treatment Court several institutions are represented. For example, Court of Justice, Prosecution, Health treatment centre, prison, national drugs council. Please note that the project still has to be implemented.

UK: Liverpool: Close community liaison.

US: Support from community leaders has been developed through a number of strategies, including:
  (1) Convening meetings of community leaders to present the various dimensions of the drug problem and its implications for the community – youth, neighborhoods, merchants, tourism, etc.;
Many community leaders have also had personal experience with someone close to them becoming addicted and welcome the opportunity to work with the justice system in a constructive way to address addiction. Most graduation programs also include invitations to community leaders to attend and, often, to speak.

A number of DTCs also have established policy/advisory committees composed of community leaders (e.g., representatives from the medical, educational, business, etc., communities) who can serve as a liaison between the program and the community to report the benefits/services of the DTC as well as solicit needed services and resources.

Many of the DTCs have community service components involving both current participants and alumni that provide outreach to the community – for example, a booth at a community fair explaining the dangers of drugs and the importance of drug/alcohol treatment; providing Thanksgiving dinner baskets to families in need; working at shelters, etc.

6. From Others Whose Support was Needed

OVERVIEW:

Most of the programs reported that they reach out to all segments of the community—the media, legislators, mayors, governors, the faith community, local business organizations, etc. -- to provide information on both the DTC as well as addiction, generally, and the limitations of other options for treatment that the DTC overcomes.

SURVEY RESPONSES:

Australia

New South Wales (answer applies to all fields): Given the program was announced over eleven years ago, the following summary points are highlighted:

- The program was carefully legislated, with emphasis on excluding violent and/or sexual offenders and drug traffickers.
- The program was 'fully funded', with new treatment, legal and correctional services created specifically to deal with Drug Court participants to avoid any displacement of existing clients/offenders.
- The program was a trial for six years, with a rigorous independent evaluation included in program design and a second evaluation undertaken to demonstrate ongoing program impact.

Perth, Western Australia: Regular and inclusive stakeholder meetings form the main mechanism for all parties.

Belgium: NA

Bermuda: Collaboration; enhanced outreach initiatives and expanded trainings.

Brazil:

Rio de Janeiro: NA

Sao Paulo: Talking about program to spread information about it.

Canada:
Calgary: Each of the community stakeholders was invited to have a representative sit on our Board of Directors. We also held a well attended Open House to celebrate our 2 Year Anniversary as a way of educating and informing the community across all levels about who we are and the work we do. We also have participated in various community presentations to schools, and other professionals as a way of educating the public about the work we do.

Edmonton: NA

Toronto: The police were sold by having them to speak to colleagues in jurisdictions where DTCS are up and running.

Chile: NA

Ireland: NA

Jamaica: NA

Mexico: Create business and education networks by which to provide education and formal employment to program participants (in progress).

Norway: Spent a lot of time giving information about the drug treatment program to: lawyers, judges, police officers, public prosecutors, prison officers, social workers, health workers, people working with education for grown-ups, and you name it. So the chance for someone to know about this possibility for drug-addicts is good. Theoretically all these different people can guide the drug-addict into getting a sentence like this, as long as it is the public prosecution/the court that formally asks for the social inquiry report.

Suriname: NA

UK: Liverpool: NA

US: See above.

D. Role of Cities and Municipalities in Planning/Implementing DTCs

Question: Has your city or municipality been involved with the planning and/or implementation of the DTC? If so, please describe the involvement.

Overview:

Approximately half of the respondents noted that their city leaders had been involved with the development of their DTCs. Four respondents (Belgium, Calgary, Suriname and UK) reported that their city/municipality was contributed toward implementation of the DTC. The U.S. reported that a number of cities and counties have provided strong support for their DTC programs in various forms, including funding and recognition. In Australia, issues involved with the implementation of DTCs are matters of state government concern, and no municipal involvement has taken place.

Survey Responses:

Australia:
New South Wales: Criminal law, health services, policing and corrections are all State Government issues within the Australian federal system. Accordingly, there has been little municipal involvement in Drug Court implementation in NSW.

Perth, Western Australia: As the issues addressed through the Perth Drug Court fall under the responsibilities of the State Government, there has been no municipal involvement in the implementation of the Perth Drug Court.

Belgium: Ghent was involved in the planning and the drug coordinator and the steering committee of the city of Ghent supported the DTC (without financial means).

Bermuda: NA

Brazil:
  Sao Paulo: Yes, but this action is just beginning.

Canada:
  Calgary: Yes, the city provided us with funding for the first 2 years that allowed us to open up.
  Edmonton: Not yet. They support us but not financially.
  Toronto: The city was not involved.

Chile: In 2007, the Judicial Branch of government, the Ministry of Interior, Ministry of Justice, Ministerio Público, Public Criminal Defensor attorney’s office, Paz Cuidadana Foundation and CONACE signed a “Protocol of Contribution”, by virtue of which the institutions are committed to carry out the necessary actions for the appropriate implementation of the DTC in our country.

Ireland: No, the city was not involved.

Jamaica: Administration of DTC is a function of central government between the ministries of Health and Justice.

Mexico: This program has arisen from agreements between the Mexican federal government, Office of the Attorney General and CONADIC; the state government, judiciary, and Department of Mental Health and Addictions of the Health Secretariat of the State of Nuevo Leon, and international agencies: The U.S. Department of State, ONDCP/NADCP, CICAD/SMS/OAS.

Norway: NA

Suriname: Yes, through the National Drugs Council and the government.

UK: Liverpool: Yes. The primary health care trust and Drug Intervention Programmes are vital partners.

US: Many cities in the U.S. have provided strong support to their DTCs. This has taken the form of financial support, recognition by city leaders of drug court graduates and attendance at their graduations; convening “stakeholder” meetings of key community leaders and agency heads who can serve as a liaison with the drug court and community resources. Regardless of the source of funding DTCs have received, the local cities in which they operate are major beneficiaries of the program’s services, reflected in the reductions in crime that
have resulted, reduced costs for justice system costs, particularly incarceration, and decreases in public assistance and foster care costs for the DTC participants who are able to obtain employment, retain/regain custody of their children who may have been placed in foster care due to the parent’s drug use, and related costs.

E. PLANNING AND TESTING FEASIBILITY OF THE DTC

1. Time Devoted to Planning the DTC

   Question: How much time was devoted to planning the DTC, including any pilot testing conducted?

OVERVIEW:

Most of the programs reported that it took anywhere from 6 months to 2 years or more to plan their DTC, depending on available funding. This time was generally devoted to planning the design of the program, developing stakeholder support, hiring staff, and training DTC personnel.

SURVEY RESPONSES:

Australia:
   New South Wales: The program was publicly announced in September 1998 and commenced operation in February 1999. Some preliminary planning had occurred prior to announcement, but implementation proceeded at an unusually rapid pace. No pilot testing was conducted.

   Perth, Western Australia: Planning for the Drug Court was undertaken over several months.

Belgium: Planning 9 months; 2 years of pilot.

Bermuda: 2 years.

Brazil:
   Rio de Janeiro: No pilot program.

   Sao Paulo: Time allocated was the time devoted to talking about the program.

Canada:
   Calgary: Five years of meetings involving various stakeholders who met as part of a steering committee to try to implement a drug court. The group initially came together in hopes of obtaining Federal funding for the drug court, which ultimately was unsuccessful.

   Edmonton: 5 months + the court is currently in a federal government pilot.

   Toronto: about one year.

Chile: The pilots worked up to 2008.

Ireland: The pilot project was envisaged to last about 18 months, but due to low referrals it was extended. It lasted until 2006 when the DTC was put on a permanent footing, but despite this the proposed expansion of the DTC has not yet happened.
Jamaica: This work was largely undertaken at policy and level, therefore unable to provide time estimate. Pilot is ongoing.

Mexico: The preparatory work for implementing the first pilot program lasted around eight months, during which time visits were made to drug courts in the United States, Chile, and Belgium. Project members also attended academic forums and training was provided to staff involved in this area both at the federal level and in the state of Nuevo León. The pilot project has been in operation for five months and is functioning on a permanent basis with the opening of five new courts in the jurisdiction of Monterrey, the State capital.

Norway: In Norway there were established a working group with participants from different ministries in the government. Their mandate was to make a report on whether the Drug Court system should be implemented in the Norwegian legal system or not, and if so: how to implement it. The report was presented in September 2004, and the conclusion was that the results from other drug-court countries were so good that this was something Norway should try. The report suggested that the court should lead the drug treatment program. The report was send out for comments to a lot of different agencies and also all the courts. A lot of agencies, and especially the Supreme Court, was very sceptic to a system where the courts would be so involved in the serving of a sentence. This would break the legal principle of the courts independence to the public administration. The result of the hearing was that when the bill was presented to the Parliament (Stortinget) it suggested that Norway should implement what they called a drug treatment program supervised/controlled by the court (not led by). This resulted in a new statutory provision in the Criminal Code, section 53 and 54, which came into force came into force on the 1st of January 2006.

Suriname: Please note that the project still has to be implemented.

UK: Liverpool: 12-18 months lead in.

US: Most programs can plan and implement their drug courts within six months – one year. Funding for treatment and related services and getting the buy in of other criminal justice agencies are generally the tasks that require substantial time.

2. Pilot Testing the DTC Concept

Question: Was a pilot project used to test the viability of the DTC? If yes, how was its success determined?

OVERVIEW:

Approximately half of the respondents noted that they began as a pilot program and are still operating as a pilot program (for example: Belgium, Jamaica, Mexico and UK). Chile, Ireland and the U.S. reported that they started off as pilot programs, and success was determined based on graduation rates and recidivism rates. Calgary started as a pilot as result of limited funding. The DTCs in Australia began as pilot projects which were to be rigorously evaluated. The positive results of these evaluations have permitted the programs to move beyond the pilot phase. Because of the lack of permanent funding for most DTC programs, many that have been operating for some time still consider themselves to be “pilot”, e.g., continually having to justify their merit in order to maintain their operations.

SURVEY RESPONSES:

Australia:
New South Wales: The project was conceived as a trial that was rigorously and independently evaluated. Government received the report of the independent evaluator and chose to continue operation with several changes to policy and operating procedure. The program subsequently gained recurrent funding, moving it beyond being a trial.

Perth, Western Australia: The Perth Drug Court was initiated as a pilot, but currently remains in operation on a permanent basis.

Belgium: Still in pilot phase.

Bermuda: No.

Brazil:
- Rio de Janeiro: There is no pilot program. Each state uses its own unique program.
- Sao Paulo: No.

Canada:
- Calgary: A pilot project was set up not to test the viability but more as a result of limited funding. At the end of the pilot project, funding was obtained for another full year because of the funders belief that this was a worthwhile project, but not because any formal evaluation had been completed.
- Edmonton: Yes, an evaluation accompanied the pilot
- Toronto: no pilot test was used.

Chile: Yes, in Valparaíso, in the year 2004. From this experience, the main actors of the project, with the coordination of Paz Ciudadana Foundation, signed an "Interinstitutional agreement Protocol", that established the bases of the program. A second pilot started by mid-2005. In this way, gradually, other cities were added to the program until the creation of what today is called Drug Treatment Courts, framed according to the international model. Its success was determined, through the institutional wills that wanted to follow the model, and to the number of cases investigated during the phase of pilot programming.

Ireland: Pilot project up to 2006. An internal Courts Service report did a preliminary assessment based on results of graduations and achievements of participants together with reduction in re offending.

Jamaica: The programme is still in pilot owing to lack of funding for expansion. Audit reports have provided promising results. The Jamaican Justice Reform Task Force recommended its expansion based on positive evaluation.

Mexico: The program is currently at this phase. The specialized Treatment Center was created for cases referred by the Addictions Treatment Court.

Norway: A three-year trial scheme for court-controlled drug programmes (drug courts) in the municipalities of Oslo and Bergen will be established with effect from 1 January 2006. The objective of the trial scheme is to prevent new crime and to promote the rehabilitation of convicted persons. It is also intended to help improve the practical support and treatment offered to problem drug users covered by the scheme. Completion of the drug programme will require a combined effort from and binding cooperation between different sectors and administrative levels.
The trial scheme for drug programmes shall be evaluated during the trial period. By evaluation is meant a research-based process and assessment of results. The main objective of the evaluation is to arrive at a recommendation on whether the programme should be concluded after three years or whether it should be continued. Confidential information to be used during the evaluation shall as a rule be anonymised. If this is not the case, the convicted person must give his/her consent.

Suriname: Please note that the project still has to be implemented.

UK: Liverpool: This is a pilot and two further drug treatment pilots are underway in London and Leeds.

US: The Miami program, developed as a pragmatic response to jail crowding and the surge of drug involved offenders arrested and released into the community without any supervision or treatment services, was implemented as a practical, ad hoc effort to provide increased accountability and court supervision of drug involved arrestees. The necessary functions relating to provision and coordination of services, record keeping, participant monitoring, etc., were developed incrementally, as the program evolved. Other DTCs that developed subsequently, frequently established pilot programs to provide an opportunity to build necessary support as well as fine tune program operations and address implementation issues. Most programs now start with a pilot effort during which necessary procedures and services can be put into place, initial impact can be measured, and a foundation can be developed to then expand the program.

F. Obstacles Encountered and Strategies for Addressing Them

Question: What obstacles, if any, were encountered in building support for the DTC? How were these addressed?

Overview:

Most respondents cited the lack of stable funding as the biggest obstacle they had encountered, with gaining ideological support for the program (e.g., demonstrating that the program was not a “soft on crime” approach) as an additional obstacle. The primary strategies for addressing these obstacles has been by providing education on the nature of chronic, relapsing nature of addiction; the significant role DTCs have played in addressing addiction; and the positive evaluation results that have been documented for DTCs. Inviting skeptics to observe drug court proceedings and attend graduation ceremonies has also frequently proved effective in building support for the DTC.

Survey Responses:

Australia:
   New South Wales: Health services in particular feared displacement of ‘voluntary’ clients (i.e. those not mandated into treatment by the justice system). Relatively generous treatment service funding (which has been eroded by cost inflation) for new, dedicated drug court services addressed these fears.
   Perth, Western Australia: No obstacles.

Belgium: Capacity of the treatment side; financial means.

Bermuda: Getting buy-in. Through on-going collaboration and sharing of outcomes.

Brazil:
   Rio de Janeiro: The biggest obstacle seen in developing drug courts is the lack of public investment and the difficulty of law professionals joining the program.
Sao Paulo: How to involve people in the program. This was addressed by talking about the program and spreading information about it.

Canada:

Calgary: Obtaining funding has been the largest obstacle to creating a viable and sustainable program. Educating the various stakeholders about the effectiveness of the drug treatment court remains a goal.

Edmonton: There are still people who just don’t get it. We continue to promote our program by our public speaking, by media, and giving back to the community.

Toronto: Biggest obstacles were convincing the defense bar because they saw this court as a potential “net widener” They felt that offenders who had valid defenses to the charges would opt into the court (and plead guilty to an offence they might be acquitted of).

Chile: Lack of comprehension of the model: Several educational conferences on the DTC model were carried out, and at first, there were judges that because of they did not understand its dynamics did not create a stable team.

Lack of special legislation: To include a special legislation has been presented as special need of the model. Some actors of the program say that the catalogue of crimes should be expanded and that within the program also, could have offenders participate despite their prior criminal records. The current tool used by the program is the conditional suspension of the procedure, and among its requirements of application, that the crimes sentences do not surpass 3 years of liberty deprivation and that the offender was not previously condemned.

Ireland: Steps were taken to avoid intra agency tension and DTC implemented speedily.

Jamaica:

- Resistance from traditionalist who believe DTC is “too soft” an approach to crime management— managed by exposure to DTC processes and successes;
- Resistance from those who believe that substance addiction is not a legitimate illness suitable for treatment - public education, exposure to DTC processes and successes;
- Scarce allocation of resources both monetary and personnel – lobbying the 2 responsible Ministries for increased funding. Support groups have engaged in fundraising activities.

Mexico: Some developments in the second half of 2009 temporarily delayed the project’s progress. The then-Attorney General of Mexico left office and the Governor of the State of Nuevo León completed his constitutional term in office; both staunchly supported the pilot project. This meant that the work team had to wait until the federal government ratified its interest and approval was received from the new Governor. It was also necessary to await the appointment of the new heads of local agencies. However, the implementation work continued. The support of both levels of government has since been obtained and, therefore, it is planned to open five more courts to make a total of six Specialized Addictions Treatment Courts in the State of Nuevo León, Mexico. In addition, other states in Mexico have expressed an interest in initiating the relevant feasibility studies.

Norway: A lot of agencies, and especially the Supreme Court, was very sceptic to a system where the courts would be so involved in the serving of a sentence. This would break the legal principle of the courts independence to the public administration.

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91 These requests need a legal reform.
Suriname: Please note that the project still has to be implemented.

UK: Liverpool: Obstacles from skeptical lawyers and community leaders addressed by a programme of meetings and involvement in local community initiatives on an intensive basis.

US: The major obstacles encountered have been:
   (1) getting judges to support the program initially; some saw the drug court as a probation supervision function and did not see the program as a judicial function;
   (2) developing the appropriate array of treatment and other services AND a mechanism to coordinate them;
   (3) getting the public to understand that DTC is not a “soft on crime” approach; and, most important;
   (4) developing a stable funding base so that program planning can develop on a longer term basis.

G. UNANTICIPATED ISSUES THAT HAVE DEVELOPED AND HOW THEY WERE ADDRESSED

Question: Have any unanticipated issues developed since implementing the DTC? If so, please briefly describe them and indicate how they were addressed.

OVERVIEW:

The following were common, but unanticipated issues, reported by many of the respondents. Inadequate or unstable resources and funding channels; identifying and targeting the persons who could best benefit from the DTC program; reaching and engaging young adults (e.g., the 18-25 year olds); addressing the extent of mental health issues presented by eligible participants; and developing appropriate programs for juveniles, Jamaica, Toronto, and the U.S. reported that they had found that youth could not be successfully integrated into adult DTCs or even served by the same DTC model, so separate courts/programs have needed to be developed to address their needs.

SURVEY RESPONSES:

Australia:
   New South Wales: NA
   Perth, Western Australia: NA

Belgium: NA

Bermuda: Yes, there has been a reduction in available residential treatment spaces.

Brazil:
   Rio de Janeiro: No.
   Sao Paulo: Unknown.

Canada:
   Calgary: Many of the unanticipated issues have been related to our limited funding. For instance, the initial treatment provider was chosen because they were willing to take our participants at no additional cost. This turned out to be an inappropriate placement due to the center’s location in the city where drug addicts “hang out”, thereby making the likelihood of relapse very high among our male participants who were all sent
there initially. As well, lack of funding has limited the staff that can be hired which limits services to our participants. Initial premises of the program have changed as the Team’s understanding of addiction and what constitutes good treatment has grown.

**Edmonton:** NA

**Toronto:** Failure of youth to integrate into an adult DTC. So separating the youth into other programmes has occurred.

**Chile:** The Ministerio Público and the Ministry of Interior, must subscribe on a year basis a Covenant of Financial Contribution, in consideration of the operating capacity of the DTC. It is necessary to have resources in order to hire clinical personnel, training and other activities inherent to the implementation of the program. This is an unexpected matter because there are no definite resources (from an item of the government), and these should be requested on a year basis.

**Ireland:** There is currently a review underway re the lack of resources available to each agency involved in the DTC.

**Jamaica:**
- Non-offending substance abusers volunteering for DTC programme were referred to appropriate agencies;
- Need for juvenile DTC – at early stages of exploration.

**Mexico:** NA

**Norway:** We are working on a lot of social inquiry reports. It is a big challenge finding the right persons for the program. Who can we help with this program? How addicted can they be? How mentally ill can they be? Do they need a safe place to live before we start working with them? We have a lot of questions, and very few answers. But we are getting more and more experienced every day.

In 12 months I really hope we are more certain of whom the target group really is. I also hope we have found a good way to organize and administrate the project with so many agencies involved. (For example the different budgets and the organization of the staff).

**Suriname:** Please note that the project still has to be implemented.

**UK:** Liverpool: NA

**US:** A number of unanticipated issues have developed since drug courts first became implemented in the U.S. which have included: (1) the severity of both substance addiction and associated psycho social problems presented by participants, including histories of physical, sexual and psychological abuse; (2) the prevalence of mental illness among drug court participants, many of whom require medication which has then made them ineligible to participate in drug court treatment if the provider requires participants to be “drug free”; (3) the range of ancillary needs drug court participants have presented (housing, vocational, literacy, educational, public health, etc.); (4) the impact of frequent changes in drug court personnel at all levels; (5) decreased arrests for and prosecutions of offenders for simple drug possession – a prime population targeted by many drug courts -- as a result of a combination of factors, including fiscal cutbacks for local agencies; and (6) the critical need for basic evaluative information to sustain the programs, particularly in the light of changing leadership in all branches and levels of government-- and difficulty of obtaining it from the multiple agencies involved.
H. **STRATEGIES BEING USED TO MAINTAIN INTERAGENCY SUPPORT FOR DTCS**

**Question:** What strategies are used to maintain interagency support for the DTC now that it has been implemented?

**OVERVIEW:**

Strategies for maintaining interagency support were consistent among respondents: regular meetings with personnel and community members to facilitate ongoing communication regarding the program, its activities and accomplishments; providing regular evaluation information describing who the program is serving (e.g., number of parents; number of children of participants; years of addiction represented by the participants, etc.), the nature of services being provided, and the impact of the program. (See, for example, the report of the New South Wales DTC included in Volume Two.) Calgary and Chile reported that they have each created promotional materials to share with the public. Training for those working in the DTCs has been another important tool reportedly used to maintain interagency support.

**SURVEY RESPONSES:**

**Australia:**

New South Wales: Interagency support for the program was driven in the early years by the highest level of government – this was an initiative promoted by the State Premier and was given a high priority across government.

Since the program moved beyond a trial and beyond high level patronage, interagency support has been based on a common belief (proven by two evaluations) that this as a highly effective way of working with a difficult client group that represent a high cost to agencies, the communities, themselves and their families.

   Perth, Western Australia: Regular and inclusive stakeholder meetings

**Belgium:** (unofficial) coordinator of the DTC, ongoing communication.

**Bermuda:** Regular stakeholder and strategic planning meetings are held. There is annual stakeholder training and discipline specific trainings off island sponsored by NDCI/ NADCP and associates. Outcomes are shared.

**Brazil:**

   Rio de Janeiro: Drug courts have to prove every day that they are more advantageous to implement than other programs.

   Sao Paulo: Only talking about the program.

**Canada:**

   Calgary: The CDTC Board currently involves members from the community stakeholders who have a vested interest in this project. Public presentations and news articles highlighting our work. Inviting interested people to come and observe our weekly drug court sessions.

   Edmonton: We acknowledge their involvement and support by gifts, special acknowledgments and keep them connected to our program.

   Toronto: We hold Community Advisory Committee meeting 3 times a year. During the meeting we listen to concerns and suggestions from community members and work with them on organizing change.
Chile:
- Periodic coordination meetings are carried out;
- Training focused on the main actors of the model are planned and carried out;
- During 2009, promotional material of the program was created (flyers and DVDs);
- In 2010 Paz Ciudadana Foundation with support of the American Embassy in Chile published a training material for judges, prosecutors and defense attorney that are working in DTCs.

Ireland: The Team has a team meeting every Monday to discuss how the Participants are progress and what they can do to assist the Participants to progress. This meeting is outside of the DTC pre court meeting. Team members personally take great care and cooperate with each other.

Jamaica: Regular meetings at practitioner and policy levels.

Mexico: Interagency communication. It is also planned to create an internal information sharing system among the government agencies taking part in the program.

Norway: NA

Suriname: Please note that the project still has to be implemented.

UK: Liverpool: Regular meetings and reports to advise and inform.

US:
- Developing MOUs (Memorandum of Understanding) among agencies outlining their respective roles and responsibilities for the drug court pogrom;
- Producing meaningful evaluative information that outlines the benefits of the drug court for each agency as well as the community;
- Ongoing communication with these agencies at all levels;
- Ongoing interdisciplinary training;
- Regular interagency/team meetings.
IV. ASSESSING THE BENEFITS OF DTCS

A. CRITERIA BEING USED TO MEASURE EFFECTIVENESS

Question: What criteria are used to measure the effectiveness of the DTC program?

OVERVIEW:

Most respondents cited recidivism and graduation rates as the most significant measures of effectiveness for their programs. A number of programs also reported cost savings,92 as well as lifestyle changes such as employment or education, birth of drug-free babies, etc.

SURVEY RESPONSES:

Australia:

New South Wales: The focus of the 2002 evaluation was cost effectiveness in reducing recidivism compared to a matched control group of prisoners, with dedicated studies addressing health and social functioning and stakeholder satisfaction.

The 2008 evaluation looked primarily at recidivism compared to a matched control group of prisoners, with reference to comparing cost of incarceration with the total cost of a Drug Court program.

Perth, Western Australia: Whilst no ongoing evaluation schedule exists, past evaluations and reviews have studied the effectiveness of the Perth Drug Court in making positive changes to the lives of participants by examining recidivism rates and the comparative costs of imprisonment and supervision on community based orders.

Belgium: Scientific evaluation.

Bermuda: Compliance rate and completion of the programme.

Brazil:

Rio de Janeiro: Scientific research.

Sao Paulo: Unknown.

Canada:

Calgary: These questions are all currently part of the ongoing evaluation of our young (21/2 year old program). An evaluation is currently underway and will be available in May, 2010.

Edmonton: Ongoing evaluation and national evaluation program called the DTCIS.

Toronto: Stable housing, no further criminal offences, obtain & finish education and secure a job.

Chile: Each year, the results of the program are measured, by virtue of the Covenant of Financial Contribution, subscribed since the year 2007 between the Ministerio Público and the Ministry of Interior. The indicators are the following:

- Total number of people with positive diagnostic suspect / Total number of people with Diagnostic Suspect carried out;
- Total number of people that stay in treatment / Total number of people sent to Treatment centers;
- Total number of people that abandon treatment / Total number of people that entered to treatment;
- Total number of people that successfully finished treatment / Total number of people that entered to treatment;
- Total number of arranged plans for this population used / Total number of arranged plans for this population used assigned;
- Number of people that left the previous step of treatment with rescue carried out / Number of people that left the previous step of treatment;
- Number of joint - trainings carried out / total number of joint - training planned.

**Ireland:** Re offending and rates system to properly assess this readily is been considered at present.

**Jamaica:**
- Graduation;
- Lifestyle changes;
- Long term impact in terms of recidivism and substance use.

**Mexico:**
- Number of participants who graduated from the treatment program;
- Number of next of kin of graduated participants;
- Continuation rate in current job;
- Continuation rate in school and academic activities;
- Felony and misdemeanor reduction rate in the jurisdiction of addictions treatment courts in the State of Nuevo León, Mexico;
- Operating costs of the specialized treatment center for cases referred by the addictions treatment court of the State of Nuevo León, Mexico;

**Norway:** The trial scheme for drug programmes shall be evaluated during the trial period. By evaluation is meant a research-based process and assessment of results.

**Suriname:** Please note that the project still has to be implemented.

**UK:** Liverpool: Reoffending and completion rates.

**U.S.:** Most programs are using recidivism – e.g., new arrests and/or new convictions – as the basic measure of effectiveness. Increasingly, programs are also using cost savings, particularly in terms of per participant jail costs vs. drug court costs. Secondary measures have included indicators of social functioning – employment; retention and/or regaining of child custody; currency in child support obligations; education, family functioning, birth of drug free babies, etc.

**B. RECIDIVISM RATES**

**Question:** Are recidivism rates among participants in the DTC noticeably different than those among offenders processed by traditional criminal justice procedures? If so, please describe.

**OVERVIEW:**
Most of the programs have reported anecdotally reductions in recidivism rates for DTC participants, compared to offenders processed by traditional criminal justice procedures, although not all programs appear to have developed the infrastructure for reporting this information systematically.

**Survey Responses:**

**Australia:**

**New South Wales:** The 2008 report found “that, controlling for other factors, participants in the NSW Drug Court are significantly less likely to be reconvicted than offenders given conventional sanctions (mostly imprisonment).

When the Drug Court and comparison group were compared on an *intention-to-treat* basis, offenders accepted onto the Drug Court program were found to be 17 per cent less likely to be reconvicted for any offence, 30 per cent less likely to be reconvicted for a violent offence and 38 per cent less likely to be reconvicted for a drug offence at any point during the follow-up period (which averaged 35 months).”

**Perth, Western Australia:** The 2006 review of the Perth Drug Court found strong evidence that involvement in a drug court program has a positive effect in reducing the level of re-offending among individuals charged with a drug related offence. The drug court was found to be associated with a net reduction in recidivism of 17% over prison and 10.04% over community corrections. People who had been through the Perth Drug Court also exhibited a reduced frequency of burglary offences and had substantially fewer drug related offences and subsequent offending.

**Belgium:** (pilot phase).

**Bermuda:** Yes, there are fewer re-offenses.

**Brazil:**

**Rio de Janeiro:** In our scientific research we discovered that recidivism is 80% in cases where there is no submission to treatment and only 12% when there is treatment.

**Sao Paulo:** Unknown.

**Canada:**

**Calgary:** NA

**Edmonton:** Yes, but figures not available at hand

**Toronto:** Yes but we don’t have statistics at the present time.

**Chile:** To this date, no data has been obtained, nevertheless, the Paz Ciudadana Foundation is working in order to measure the rates of recidivism in the model.

**Ireland:** In terms of re offending, recent figures from DTC liaison Garda, on two random samples of 10 participants each, to look at offending rates before, during and after participants in the DTC programme have shown that there was a 75% and 84% reduction respectively in the total rate of offending.

**Jamaica:** Data not yet available.

**Mexico:** As yet there are not comparative data for this period.
Norway: NA

Suriname: Please note that the project still has to be implemented.

UK: Liverpool: Yes. Recidivism especially short term is reduced.

US: Yes. Most outcome evaluations have found that recidivism, measured either in terms of arrests or convictions, is considerably lower for drug court graduates than offenders processed in the traditional criminal justice process and generally also somewhat lower for drug court participants who did not complete the program compared with counterparts who were processed through the traditional criminal justice process.

C. COST SAVINGS

Question: Are the costs for sending an offender through the DTC noticeably different than those entailed with the traditional criminal justice process? If so, please describe.

OVERVIEW:

Although some of the programs reported that, due to the lack of available data, they cannot be certain that costs for sending an offender through the DTC are noticeably different from those of the traditional criminal justice process, half of the respondents noted cost savings. Toronto and the U.S., for example, reported cost savings, with Toronto noting that the cost for incarceration alone is over twice the cost for maintaining an offender in the DTC. The UK (Liverpool) also reported that DTC costs are less than the costs for custody. The U.S. appears to have the most extensive information relating to costs, with a number of evaluation reports addressing comparative costs for incarceration as well as public health (e.g., emergency room visits, birth of drug addicted infants, etc.) and public welfare costs, including those for foster care. Perth also notes that, when the costs of recidivism are taken into account, sending offenders through the DTC is more cost-effective than traditional processes.

SURVEY RESPONSES:

Australia:

New South Wales: The independently evaluated cost of the traditional criminal justice process is only ‘slightly higher’ (about 10% higher) than the total cost of the Drug Court process, largely because just over 50% of Drug Court participants do not complete the program and return to custody. The cost of reincarcerating drug court ‘failures’ is higher than the cost of all program services and staff.

Perth, Western Australia: A review of the Perth Drug Court in 2006 revealed the offender management costs associated with the Drug Court were higher than a mainstream community order but lower than a prison sentence. However, when the different rates of recidivism were also considered, and the cost of just one of these recidivist episodes taken into account, the Drug Court is more cost effective and achieves a better social outcome.

Belgium: (pilot phase).

Bermuda: NA

Brazil: 

93 See “Cost Savings” cited in Note 73.
Rio de Janeiro: Yes. The treatment costs will not exceed $100 and the common system of criminal justice can vary from $200 to $500 depending on the security of the prison system.

Sao Paulo: Theoretically incarceration and criminal justice activities costs are much higher than treatment costs. In the instance where I used to work referring drug abuse offenders to treatment [is the subject of a study] to measure those values.

Canada:
   Calgary: NA

   Edmonton: For every $1 spent in drug court there is a minimum $5.90 return on investment.

   Toronto: Much less because incarceration alone is over twice the cost of an offender who remains in DTC.

Chile: To this date, no data has been obtained.

Ireland: No information available.

Jamaica: It has been reported that the cost is less for DTC but the actual figures are not to hand.

Mexico: As yet there are not comparative data for this period.

Norway: NA

Suriname: Please note that the project still has to be implemented.

UK: Liverpool: Less than custody but more than other non-custodial disposals.

US: Yes. Reported cost savings have ranged from $3,000 to $20,000 per drug court participant. While the methods for calculating these costs have varied, they have generally focused on a comparison of the costs for incarcerating the individual – generally at least $50 daily.  

D. **Benefits of the DTC to the Community**

   **Question:** What benefit(s), if any, do you feel the DTC provides to the community?

   **OVERVIEW:**

   All the programs reported that the DTC has benefitted the community in a variety of ways – promoting return of offenders to the community as law abiding, productive and contributing members; decreasing criminal recidivism and drug use; reducing incarceration costs; and increasing public confidence and respect for the criminal justice system.

   

**Survey Responses:**

**Australia:**

New South Wales: The broader community does tangibly benefit by a significant reduction in criminal activity by a group of high frequency offenders. Because these offenders generally ‘consume’ a high number of expensive public sector services (most obviously gaol, but also housing, health, family support and income support services) with fairly poor outcomes, successful Drug Court participation should reduce the ineffective use of these other public sector services.

Given that the community also includes families, friends, employers and partners of Drug Court participants, these community members benefit from the re-integration into the community of those persons who succeed.

In a less tangible sense, the community benefits from having an innovative, high-profile program be demonstrated as successful and offering an optimistic alternative to the seemingly intractable cycle of drug use, offending and incarceration.

Perth, Western Australia: The Perth Drug Court contributes generally to a reduction in crime, and to breaking the cycle of illicit substance use in the community.

**Belgium:** Community gets involved.

**Bermuda:** Yes, there are fewer re-offenses.

**Brazil:**

Rio de Janeiro: A decrease in crime, especially in violent crime, and an improved public health system.

Sao Paulo: The community was more closely involved with the criminal justice system.

**Canada:**

Calgary: It has provided a significant dollar savings to our community by offering treatment to the group of chronic and hard-core addicts that had been responsible for a disproportionate amount of crime and placing a disproportionate amount of stress on community services like the police, emergency and hospital services. It is contributing towards making our community a safer community as well.

Edmonton: Productive citizens who assist in getting other addicts clean.

Toronto: Reduction of crime by reducing recidivism.

**Chile:** Decrease of the criminal recidivism, that is to say, decrease of the delinquency rates; By means of the decrease or detention of the drug use, a healthy physical and psychological life is promoted, for the candidate and for his/her social and family environment.

**Ireland:** The benefits to the community are wide spread. The Participants are now availing of Education, Health and in some cases Community Employment. With the improvement in their education their self worth and self esteem has increased thus they are able to communicate better with their families and the community at large. With the improvement in their self confidence combined with the improvement in their health and not being involved with illicit drug taking and crime they are now becoming more effective members of their families and communities.
Jamaica: Returns to community law-abiding, substance free citizens, often with improved interpersonal and occupational skills who take responsibility for themselves and the families.
- Active community advocates for substance/offending free lifestyles;
- Community role models for peers;
- Reduction in crime in the community.

Mexico: Reduces incarceration costs
- Provides alternative lifestyle change solutions for program participants and their families, which are aimed at having an influence on their communities of origin;
- Modifies the systems on drug abuse and dependence among community members.

Norway: The aim of the drug treatment court is to reduce or eliminate offenders' dependence on drugs and to reduce the level of drug-related criminal activity.

Suriname: The community will have less problems.

UK: Liverpool: Increases confidence in Criminal justice System.

US: Among the benefits a DTC provides to the community include: (1) the opportunity for its citizens who may have become drug addicted and committing crime to recover and return to the community as productive citizens rather than spend unproductive months or years in a prison cell; (2) significant cost savings compared to the costs for jail or prison; and (3) increased public confidence/respect for the judicial process in terms of its additional rehabilitative role in addition to its punitive functions.

E. AVAILABILITY OF EVALUATION REPORTS

Question: Have any evaluation reports on the DTC been published? If so, please attach a copy. If they are not available, please briefly summarize the results reported.

OVERVIEW:

Most of the respondents reported that evaluation reports are either not available or are still in progress. Australia, Ireland and a number of programs in the U.S. have completed formal evaluation reports, as have drug courts in New Zealand for which a completed CICAD survey had not been received at the time this report went to print. Jamaica reported that evaluations have been produced for internal consumption only.

SURVEY RESPONSES:

Australia:
New South Wales: See

Perth, Western Australia: Yes:

95 See Volume Two of this report for available evaluation information for the DTCs in Australia, Ireland, New Zealand and the U.S.
Belgium: Not yet; soon.

Bermuda: NA

Brazil:
  Rio de Janeiro: Not yet.
  Sao Paulo: No.

Canada:
  Alberta: NA
  Edmonton: Yes
  Toronto: Yes…will be send under separate heading.

Chile: No. However, during 2009 the "terms of reference" were created, to evaluate the program. It is expected that in the current year this activity will be carried out.

Ireland: Attached link to the Final Evaluation Report initiated at 12mths.


Jamaica: Evaluations to date have been for internal consumption.

Mexico: As yet there are not comparative data for this period, and therefore no report has been issued.

Norway: NA

Suriname: Please note that the project still has to be implemented.

UK: Liverpool: NA

US: There have been well over 200 outcome drug court evaluation reports published, primarily for local programs but some also for statewide programs. Almost all of these reports point to significantly reduced recidivism results for program graduates, and somewhat lower recidivism results for participants who did not graduate; significant cost savings, from both a justice system perspective (e.g., jail costs, case processing costs, law enforcement costs, etc.) and a community perspective (e.g., decreases in welfare costs, emergency room admissions, increased workforce productivity, etc.)

See Volume Two of this report.
The Organization of American States (OAS) is the world’s oldest regional organization, dating back to the First International Conference of American States, held in Washington, D.C., from October 1889 to April 1890. At that meeting the establishment of the International Union of American Republics was approved. The Charter of the OAS was signed in Bogotá in 1948 and entered into force in December 1951. The Charter was subsequently amended by the Protocol of Buenos Aires, signed in 1967, which entered into force in February 1970; by the Protocol of Cartagena de Indias, signed in 1985, which entered into force in November 1988; by the Protocol of Managua, signed in 1993, which entered into force on January 29, 1996; and by the Protocol of Washington, signed in 1992, which entered into force on September 25, 1997. The OAS currently has 35 member states. In addition, the Organization has granted permanent observer status to 63 states, as well as to the European Union.

The essential purposes of the OAS are: to strengthen peace and security in the Hemisphere; to promote and consolidate representative democracy, with due respect for the principle of nonintervention; to prevent possible causes of difficulties and to ensure peaceful settlement of disputes that may arise among the member states; to provide for common action on the part of those states in the event of aggression; to seek the solution of political, juridical, and economic problems that may arise among them; to promote, by cooperative action, their economic, social, and cultural development; and to achieve an effective limitation of conventional weapons that will make it possible to devote the largest amount of resources to the economic and social development of the member states.

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The General Assembly holds a regular session once a year. Under special circumstances it meets in special session. The Meeting of Consultation is convened to consider urgent matters of common interest and to serve as Organ of Consultation under the Inter American Treaty of Reciprocal Assistance (Rio Treaty), the main instrument for joint action in the event of aggression. The Permanent Council takes cognizance of such matters as are entrusted to it by the General Assembly or the Meeting of Consultation and implements the decisions of both organs when their implementation has not been assigned to any other body; it monitors the maintenance of friendly relations among the member states and the observance of the standards governing General Secretariat operations; and it also acts provisionally as Organ of Consultation under the Rio Treaty. The General Secretariat is the central and permanent organ of the OAS. The headquarters of both the Permanent Council and the General Secretariat are in Washington, D.C.

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