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The National Drug Court Survey: Treatment Practices

Drug treatment courts are known as the most innovative means of integrating treatment into a criminal justice program for drug-involved offenders. No systemic survey has been conducted of drug courts to understand how treatment services are delivered in this context. One hundred thirty-two (132) drug courts receiving implementation or enhancement grants from the Bureau of Justice Assistance and 76 drug courts identified as part of the National Criminal Justice Treatment Practices Survey sampling frame (Taxman, et al, 2007) were surveyed in an effort to fill this gap in knowledge (response rate 68%).

Number of Offenders Served by Drug Courts. An estimate of 49,000 offenders are served by adult drug treatment courts, or about 3% of the offenders with substance use disorders.

Size of Drug Courts. Drug courts have an average of 54 clients (median). Twenty-seven (27) percent of courts have more than 100 participants.

Arrangements with Treatment Providers. Contracts or agreements with treatment providers are common in drug treatment courts, with over 76% of the drug courts having such agreements. The typical agreement includes the types of services offered to clients, attendance at case conferencing sessions, confidentiality agreements, and eligibility criteria.

Eligibility for drug courts. Eligibility is generally determined by the prosecutor based on charge and criminal history. Twenty-one (21) percent of drug courts use a standardized risk tool (most frequently reported is the LSI-R), while 68% use a standardized substance abuse tool (most frequently used are ASI (45%), and SASSI (23%)). About half of the courts have the treatment provider participate in decisions about eligibility.

Drug Court Programming. Half of the drug courts have four phases of drug court programming, and 25% have three phases. Drug testing, self-help groups, and group counseling are offered in most phases. Weekly or bi-weekly status hearings (judicial review) are offered in 80% of the courts during the first two phases (six months), but are offered less frequently in the second half of the program. Fifty-seven (57) percent do not have a set schedule for incentives or sanctions.

Treatment Services. Few providers refer drug court clients for detoxification, or for medications such as methadone, buprenorphine, or naltrexone. Fifty-two (52) percent of the treatment providers working with drug treatment courts report the use of a manualized curriculum, with the MATRIX model being the most frequently mentioned.

Working Relationships. Drug courts report an average of 6.1 integrated activities with substance abuse providers (joint staffing, share resources, etc.), compared to 4.6 for probation/parole offices (findings from the NCJTP survey on treatment practices).

Use of EBPs. Drug courts reports an average of 5.9 (out of 11) EBPs, compared to 4.6 for probation /parole offices. Most common is addressing co-occurring disorders, the use of incentives, and the presence of a continuum of care. Less frequent is the involvement of family in drug court, use of standardized risk screening tool, and the use of motivational engagement strategies.

10 Drug Court Concepts. The average drug court implements 6 of 10 key components identified by the National Association of Drug Court Professionals. These components emphasize collaboration, and do not typically address treatment activities or evidence-based practices. Most frequently reported are continued education of staff, working together with outside agencies, and drug testing. Less frequently utilized is the early screening of clients for drug court, judicial interaction, and coordinated strategies for dealing with compliance.