

SPECIAL ISSUE ON BEST PRACTICES IN DRUG COURTS

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THE FIRST GENERATION of research on most programs addresses the basic question of whether the program can be effective under typical conditions. Studies compare the effects of the program to no treatment or to alternative programs addressing the same condition and determine whether, on average, it significantly outperforms the alternatives. These so-called horse races are necessary to decide whether continuing to invest time and effort in the intervention is justifiable, but they do not grapple with the more important questions of who the program is most effective for (i.e., its target population), how to make it most efficient and cost-effective, and how to avoid any negative side effects it might produce.

The second generation of research delves beyond the average effects of an intervention to identify the factors that distinguish effective programs from those that are ineffective or even harmful. This is referred to as research on *best practices*. The most common approach is for evaluators to compare the characteristics of programs that have significant positive outcomes with those that have poor or insignificant outcomes. Presumably, services that are provided by effective programs and not provided by ineffective programs are likely to be important ingredients of an effective intervention. Of course, one cannot place full confidence in the reliability of such findings because the services were not under experimental control. Programs may have differed, simply by chance, on dimensions that were not in fact responsible for the differences in outcomes. Nevertheless, in the absence of definitive evidence from controlled research studies, it makes logical sense to emulate the practices of effective programs and avoid the practices of ineffective or harmful programs.

Drug Courts have decidedly entered into the second generation of research on best practices. No longer preoccupied with the answered question of whether they work, Drug Courts are now focusing their attention on characterizing the attributes of exemplary programs. In the process, they are also identifying the attributes that are lacking in a small subgroup of poorly performing Drug Courts. These so-called outlier programs have the potential to give the Drug Court field a black eye, and provide fodder for critics who may be opposed to the Drug Court model on purely philosophical or attitudinal grounds.

This special issue of the *Drug Court Review* fills critical gaps in the literature on best practices in Drug Courts, and offers concrete guidance for Drug Court practitioners to enhance their operations and improve their outcomes. In the first invited article, Drs. Shannon Carey, Juliette Mackin, and Michael Finigan compare the programmatic policies and procedures, services offered, and outcomes produced from a large sample of sixty-nine Drug Courts in several states. Each of their studies employed a parallel methodology that permitted the researchers to examine common factors influencing effectiveness and cost-effectiveness across all or most of the jurisdictions. The results lent substantial support to many of the key components of the Drug Court model. For example, substantially greater reductions in crime and lower societal costs were produced by Drug Courts that had multidisciplinary team involvement in their court hearings and team meetings, held more frequent judicial status reviews, performed intensive urine drug testing, and administered gradually escalating incentives and sanctions. The best Drug Courts ensured their teams attended timely training events and engaged in ongoing performance monitoring of their operations and outcomes.

In the second article, Drs. Janine Zweig, Christine Lindquist, P. Mitchell Downey, John Roman and Ms. Shelli Rossman review findings from the Multisite Adult Drug Court Evaluation (MADCE). Funded by the National Institute of Justice (NIJ), this groundbreaking study compared outcomes for more than 1,000 participants in twenty-three adult Drug Courts located in seven geographic regions around the country to those of a carefully matched comparison sample. Not only did the findings confirm that the Drug Courts reduced crime and

drug abuse and improved the participants' psychosocial functioning, but, more importantly, they also revealed a number of practices that were associated with better results. Again, the findings confirmed many of the core tenets of the Drug Court model. Better outcomes were produced, for example, by Drug Courts that had moderately predictable sanctioning schedules, exercised greater leverage over their participants, and had judges with more positive interactional styles.

In the third article, Dr. Harry Wexler, Mr. Mark Zehner, and Dr. Gerald Melnick report on their application of the NIATx (Network for the Improvement of Addiction Treatment) process improvement model in ten Drug Courts. Funded by the Center for Substance Abuse Treatment (CSAT), NIATx has been proven to improve client access to and retention in substance abuse treatment, but had not heretofore been applied in the justice system. The results revealed that relatively simple and modest adjustments to the Drug Courts' organizational and administrative processes substantially reduced wait times and no-shows for appointments and increased admission rates and participant engagement in treatment. If Drug Courts intend to "go to scale" and make meaningful contributions to the justice system, they must learn new ways to improve their recruitment rates and streamline their operations to serve more people more efficiently. The NIATx model shows considerable promise for helping Drug Courts in this critical challenge.

In the fourth article, Mr. Michael Tobin, a highly experienced public defender, offers suggestions to help defense attorneys recognize and resolve ethical challenges in Drug Courts. Among many issues, Mr. Tobin offers practical suggestions for advising clients about the anticipated benefits and burdens of participating in Drug Court, advocating for fair and effective procedures in the program, educating the defense bar about the Drug Court option, and protecting client confidentiality and due process. Most importantly, he addresses the important issue of avoiding role conflicts when exercising the functions of adversarial counsel as opposed to membership on a multidisciplinary Drug Court team. Although the recommendations do not necessarily represent the unanimous opinion of the defense bar or

NADCP policy, they reflect the considered wisdom of an experienced defense expert who has carefully thought through these issues for decades.

Finally, in the fifth article, Drs. David Festinger, Karen Dugosh, David Metzger, and Douglas Marlowe report outcomes from a study examining HIV risk behaviors among participants in a felony Drug Court in Philadelphia. Funded by the National Institute on Drug Abuse (NIDA), the study revealed that sexual risk behaviors, including unprotected sex with multiple partners, were prevalent. Many of the Drug Court participants lived in geographic zones of the city characterized by high HIV seroconversion rates and a high prevalence of persons living with HIV/AIDS, thus heightening the probability of exposure to the virus. The criminal justice system, especially jails and prisons, has long been recognized as a major vector for the spread of HIV and a critical juncture for launching prevention and early detection efforts. The results of this study suggest Drug Courts should be playing a much more active role in administering HIV prevention and detection protocols.

In summary, the articles in this special issue address critical issues pertaining to best practices in Drug Courts that can optimize outcomes and make the most efficient use of scarce resources. Defining best practices is especially critical as Drug Courts go to scale and address the full scope of our nation's drug problem. The appalling figures are well known: 1 out of every 100 American citizens is behind bars with the burden borne disproportionately by minorities and the poor (Pew Center on the States, 2008). Our prisons are overcrowded with nonviolent offenders charged with drug-related offenses and our budgets are buckling under the weight of enormous correctional expenditures, yet, crime rates and drug-use initiation rates are barely budging or are merely shifting in character. Drug Courts have been credited with helping to "bend the curve" of incarceration downward, especially for racial minority citizens (Mauer, 2009). But Drug Courts still serve only a small fraction of the roughly 1.5 million adults arrested each year in the U.S. who are at risk for substance abuse or dependence (Bhati, Roman, & Chalfin, 2008). Drug Courts need to treat every American in need, and that requires them to optimize their ser-

vices, take advantage of economies of scale, and instill greater efficiencies in their operations. Best practice standards reflect the hard-won knowledge of the Drug Court field garnered from more than two decades of earnest labor and honest self-appraisal. As more and more Drug Courts come on line, it is essential they benefit from this institutional memory and avoid relearning the painful lessons of the past.

REFERENCES

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