

A Review of Available Literature on Some Key Themes Concerning Drug Treatment Courts

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Drug courts are a relatively new initiative, wherein certain lawbreakers whose crimes are deemed to be connected to substance abuse and addiction are given sentences in specialized treatment programs, as opposed to simply being sent to prison. A substantial amount of lawbreakers in Canada and elsewhere have issues with controlled substances (Patra, Gliksman, Fischer, Newton-Taylor, Belenko, Ferrari, Kersta and Rehm, 2010; Wenzel, Longshore, Turner and Ridgely, 2001). The value of a program that sees lawbreakers given supervised treatment, as opposed to standard carceral intervention with its associated complications of exposure to the criminal justice system, has made the drug court system an attractive alternative option (Patra et al., 2010; Wenzel et al., 2001).

Since the first Canadian drug treatment court opened in 1998 (in the wake of drug courts in the United States, Australia, and elsewhere), an increasing-yet-small variety of peer-reviewed literature has been written about drug treatment court programs, particularly in the United States. Themes such as the general efficacy of drug courts, the placement and value of juvenile drug courts in the United States, and factors which negatively influence the effectiveness of drug treatment courts have been addressed, though often with only one or two papers dedicated to each topic. Of these, most are specific to the United States as opposed to Canada. It has been difficult to locate Canada-specific research on these three themes, and impossible to locate research where the topic of specialized measures for drug-involved juveniles in the drug treatment court system in Canada is concerned. What Canadian research is available is concerned with the Toronto drug treatment court and cannot be extrapolated to rural areas or other urban centres in Canada (Patra et al., 2010).

The research tends to point towards the drug court program having a substantial positive effect on the behaviour of drug court clients while in their programs, as well as a measurable positive effect on recidivism rates once the clients have graduated from their programs. The earliest paper located on the evaluation of the Toronto drug court found positive effects while clients were involved in their treatment programs and being processed by the drug courts. While there was not yet a large amount of

data on recidivism rates after the clients had left treatment, the data which existed at the time pointed towards a positive effect (La Prairie, Gliksman, Erickson, Wall and Newton-Taylor, 2002). There were differential rates of graduation from programs established in the research by La Prairie et al. (2002), with substantial variation between one Australian drug court and the Toronto court, but this was taken by the authors to be evidence of differences in requirements imposed on clients, as opposed to actual differences in program effectiveness. The supposition by La Prairie et al. (2002) of a positive effect on recidivism rates was reiterated in a later paper by Patra et al. (2010), which points out that both American and Canadian drug courts have had demonstrable positive effects on recidivism.

One of the key benefits of the drug court, as discussed in the available literature, would be its apparent function as a bridge between the criminal justice establishment and public health services. (Wenzel et al., 2001). The early research by Wenzel et al. (2001), however, which examined this relationship in the American drug treatment court system, was not able to determine the availability of services to drug treatment court clients. The writers found that the relationship between the courts and other services was not yet formalized, with reluctance in sharing client information being named as a significant issue. They did, however, describe the drug court as promising in its potential for creating a bridge between the public health services and the criminal justice system. More recent research has also celebrated the advantages of this bridge between the criminal justice system and public health services. Hiller, Malluche, Bryan, DuPont, Martin, Abensur, Leukefeld and Payne (2010) found juvenile drug courts in the United States to be important opportunities to engage drug-involved youth in the health care system, particularly where it might otherwise be difficult or impossible to reach them. The importance of this potential link was further emphasized in an article by Henggeler, Halliday-Boykins, Cunningham, Randall, Shapiro and Chapman (2006), which found that, despite pre-existing mental health issues, less than 35% of drug-using delinquent youth had prior interactions with the mental health system. Access to valuable mental health services was not available to these youth prior to their

engagement with the criminal justice system. While reporting positively on the connection between the criminal justice system and the public health system, these papers pointed out a general lack of research concerning the mechanics of that connection and the processes by which the criminal justice system and the public health system interact.

Juvenile drug courts and specialized measures for juvenile drug court customers also appear to be under-researched. In Canada, it is noted that juveniles are treated within the regular drug court system in research by La Prairie et al. (2002) and Patra et al. (2010). Special measures concerning juveniles in Canadian drug courts, or any examination of the potential for juvenile drug courts in Canada could not be located.. All available research on juvenile drug courts would appear to come from the United States, and the available articles by Henggeler et al. (2006) and Hiller et al. (2010) make note of the overall lack of research into the American juvenile drug treatment courts. Halliday-Boykins, Schaeffer, Henggeler, Chapman, Cunningham, Randall and Shapiro (2010) view the juvenile drug treatment court system in the United States as a measurably positive (though small) counter to issues of substance abuse in young offenders in the context of the criminal justice-public health interface, already shown to be successful in adult drug treatment courts. Similarly, Henggeler et al. and Hiller et al. found a net positive effect from juvenile drug courts (2006; 2010), though there are factors that work against success for those youth in the programs. As examples, Hiller et al. (2010) found that many court-ordered treatment sessions lost 25% of their budgeted time due to inefficiency or leniency, and noted that programs were not being tailored to specific types of juvenile drug users – youth using marijuana were sent to the same programs for the same durations as those who were addicted to harder drugs. Henggeler et al. (2006) noted that, perhaps due to increased surveillance, youth in the drug courts were shown to have a marked decrease in antisocial behaviours over youth who were simply in the family court system, but that this did not always translate to reduced instances of re-arrest. Their study recommended an emphasis on evidence-based treatment plans, which their findings support as being

viable counters to youth substance abuse. Additionally, the article by Halliday-Boykins et al. (2010) found that youth were ten times more likely to be unresponsive to court-mandated treatment programs if their caregivers reported using substances themselves (2010). One problem in assessing the overall success of youth treatment programs was found by Hiller et al. (2010) to be a lack of attendance data in some juvenile drug court programs, with a total absence of data from rural programs.

Negative factors influencing the success experienced by adult drug treatment court clients in Toronto were examined in the paper by Patra et al. (2010). In their study, they found drug use by other family members to be the most significant predictor of unresponsiveness, echoing the aforementioned findings by Halliday-Boykins et al. (2010) with regard to juvenile drug-involved offenders. Unstable housing conditions are also a predictor of failure to complete court-mandated treatment, according to Patra et al. (2010). These same negative factors are emphasized by Brown (2010), who, in studying American drug treatment courts, additionally found cocaine use disorders to be predictors of treatment failure. Roll, Prendergast, Richardson, Burdon & Ramirez (2005) found that a history of intravenous drug use was a predictor of non-response to court-mandated treatment. Johnson, O'Leary, Striley, Abdallah, Bradford and Cottler (2011) found that current (but not past) major depressive events in women was a predictor of crack cocaine relapses during mandated treatment, though their research was specific to this demographic. Some of these findings appear to stand in sharp contrast to the paper by Shaffer, Hartman, Listwan, Howell and Latessa, (2011), which found, over the course of a two-year post-treatment follow-up period, that the drug of choice did not influence either completion of a court-mandated drug treatment program, or re-arrest. Meanwhile, a study of Australian drug-involved offenders by Jones and Kemp (2011) found that there was significant value in early-phase substance use trajectories as predictors of failure or success for participants in drug court treatment programs, with those participants who consistently submit clean urine samples in the early stages of treatment having a significantly greater chance of successfully graduating from the program than those who do not.

What is immediately apparent from this literature review is that there is little extant literature that deals directly with drug treatment courts, and especially little that deals with Canadian drug treatment courts in particular (Patra et al., 2010). While most of the research available comes from the United States, even the authors of American-based research tend to lament the lack of research concerning drug treatment courts (Henggeler et al, 2006; Hiller et al., 2010). This generalized lack of research is a recurring theme in the extant literature, despite the drug treatment court having spread to several countries since its inception in Miami in 1989 (Jones & Kemp, 2011). As such, the first recommendation of this literature review would be towards increased research in all areas concerning drug treatment courts, particularly where Canadian drug treatment courts are concerned.

Only two papers were found that compared rural and urban drug courts, and both of these were from the United States Bouffard and Smith (2005) found inconsistent application of, and access to, programs between the rural and urban drug courts, while Mateyoke-Scriver, Webster, Staton and Leukefeld (2004) found fewer predictors of treatment failure in rural areas than in urban areas. The lack of examination of rural drug treatment court programs in general, coupled with the lack of Canada-specific research outside of Toronto in particular, would suggest tremendous potential value in a study of drug treatment courts that cater to the Canadian rural population. Further research into the mechanisms by which the court-public health interface operates may also be beneficial in determining where potential shortfalls can be avoided, and relationships formalized. The absence of research into this interface was a recurring theme, mentioned in research by Wenzel et al., (2001), Henggeler et al. (2006), and Hiller et al. (2010).

In terms of best practice, it may well be of value for Canadian researchers to examine the potential for specialized measures catering to juvenile drug-involved offenders. At present, no evidence of Canadian specialized, separate juvenile drug treatment courts appears in the literature, but there are American papers that suggest value in separate juvenile drug treatment courts as a reaction to the

unique problems facing young drug-involved offenders (Halliday-Boykins et al., 2010). As discussed earlier, researchers appear to be in agreement that family drug use and unstable housing situations are hugely significant predictors of drug treatment failure in juveniles and adults alike (Patra et al., 2010; Brown, 2010; Halliday-Boykins et al., 2010). Coupled with testimony from two juveniles in recovery, delivered at a panel discussion for the course for which this literature review is written, a convincing argument can be made that Canadian drug treatment courts would do well to seek means by which to facilitate clients removing themselves from potentially damaging interpersonal relationships and dependencies. This might include programs that assist clients with accessing stable housing and employment opportunities, as well as physical and mental health care.

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