

**A NATIONAL RESEARCH AGENDA FOR DRUG
COURTS: PLOTTING THE COURSE FOR SECOND-
GENERATION SCIENTIFIC INQUIRY**

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In 2005, the National Drug Court Institute convened an expert panel of nationally recognized scholars to develop a research agenda for adult drug courts. Named the National Research Advisory Committee (NRAC), this expert panel specified standardized criteria for identifying critical research questions for the field, which ultimately led to the development of a list of 23 research priorities for drug court. Subsequently, this list of priorities underwent field review by a national sample of drug court practitioners and administrators, who endorsed each of the research topics and rank-ordered them in importance. This research agenda reflects the considered opinion of both scholars and practitioners in the drug court field about the important research topics that need to be addressed, sets priorities for researchers and evaluators about which questions to focus on, and provides a road map for funders and sponsors for identifying those research proposals that are most relevant to drug court practices and policies. Future NRAC meetings are planned that will focus on juvenile drug courts, DUI/DWI courts, and family dependency treatment courts.

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ARTICLE SUMMARIES

**PAST THE FIRST
GENERATION OF
RESEARCH**

[1] The first generation of drug court research focused on the question of whether drug courts work. Having affirmatively answered that question, future research should concentrate on the mechanisms behind their success.

**NATIONAL RESEARCH
ADVISORY COMMITTEE**

[2] Developed to guide future drug court research nationally, the committee defined selection criteria through which to guide research priorities and identified key content areas.

**NATIONAL RESEARCH
AGENDA**

[3] The committee focused its recommendations on specific questions of long term outcomes, impacts on minorities, judicial practices, incentives and sanctions, treatment services, case management, and issues of collaboration.

CONCLUSION

[4] While drug courts have achieved initial success, their ultimate success depends on their ability to self-examine and refine the model.

INTRODUCTION

Drug courts reduce criminal recidivism by roughly 15 to 20 percentage-points as compared to the traditional adjudication of drug-related offenses, and they enhance offenders' exposure to substance abuse treatment nearly six-fold as compared to standard or intensive probationary conditions. These are the consistent conclusions reached by numerous research scholars (e.g., Belenko, 1998; Cissner & Rempel, 2005; Goldkamp, 2003; Harrell, 2003; Marlowe, DeMatteo, & Festinger, 2003; Roman, Townsend, & Bhati, 2003) and endorsed by the U.S. Government Accountability Office (GAO, 2005) and the White House Office of National Drug Control Policy (ONDCP, 2005). Importantly, these robust effects have been sustained under stringent experimental research conditions (e.g., Gottfredson, Najaka, & Kearley, 2003). Moreover, it appears that the magnitude of the effects increase even further when drug court services are appropriately targeted to the needs of the most incorrigible, high-risk drug offenders (e.g., Fielding, Tye, Ogawa, Imam, & Long, 2002; Marlowe, Festinger, Lee, Dugosh, & Benasutti, 2006; Rempel & DeStefano, 2001).

[1] On the heels of these first-generation research findings, drug courts have grown at an exponential rate from single-digit numbers in the early 1990s to over 1,600 drug courts by the end of 2004 (Huddleston, Freeman-Wilson, Marlowe, & Roussell, 2005). The concern at this juncture is that growth could be outpacing data. More information is needed to determine how to tailor program resources most efficiently, how to target inclusion criteria to the most suitable candidates, and how to modify drug court interventions to elicit more robust and longer-term effects. Scholars are now calling out in unison for a second generation of research focusing no longer on *whether* drug courts work, but rather on *how* and *for whom* they work, and how they might work even better (e.g., Cissner & Rempel,

2005; Marlowe et al., 2003; Goldkamp, 2001; Longshore et al., 2001).

Several research portfolios do exist that are investigating issues of relevance to drug court practice. For instance, studies of behavioral and pharmacological interventions for addiction are yielding critically important findings that promise to improve outcomes for drug court participants. Other studies investigating alternative sentencing strategies for drug offenders promise to identify less costly and less punitive dispositions that can still serve public-safety and public-health objectives.

But this is not enough. Few studies are addressing the specific mechanism(s) of action believed to be responsible for drug courts' superior effects. Combining ongoing judicial supervision with evidence-based clinical services, intensive case management, community-based corrections, and operant conditioning techniques has leveraged outcomes not heretofore seen with this intransigent population. If drug courts exceed the sum of their parts by integrating treatment and correctional interventions in synergistic ways, the existing body of research evidence fails to do justice to this new paradigm and pales in its efforts to advance the field. Studying outmoded models of "treatment vs. punishment" cannot be expected to shed light on this new way of doing business for the courts, which rejects the exclusive embrace of those single-minded strategies as too simplistic to solve the complicated problem of drug-related crime. Studies are needed to investigate the defining ingredients of drug court programs and to clearly distinguish the drug court model from past endeavors that have produced lackluster results.

NATIONAL RESEARCH ADVISORY COMMITTEE

[2] Recognizing the critical need to conduct research aimed at these nuanced issues, the National Drug Court

Institute (NDCI) convened a nationally recognized expert panel of drug court researchers and practitioners called the National Research Advisory Committee (NRAC). The committee met repeatedly throughout 2005 to develop procedures for identifying essential second-generation research questions, which ultimately resulted in a national drug court research agenda (see Table 1, Appendix). Under the direction of Dr. Douglas Marlowe from the Treatment Research Institute (TRI) at the University of Pennsylvania and Dr. Cary Heck from the University of Wyoming, NRAC developed an objective means for specifying research priorities, raising the most pressing legal and social issues facing drug courts.

Selection Criteria. NRAC first identified standardized criteria to guide the specification of research priorities, as listed below. These criteria were not rank-ordered in importance and no one research question was expected to satisfy every criterion. The goal was to consider potential research questions in light of each of these important criteria.

- Is the research question policy-relevant? For example, does it have implications for such matters as sentencing or dispositional policies?
- Is the question of substantial interest to practitioners and relevant to their day-to-day activities?
- Does it address one or more of the Ten Key Components of problem solving courts (NADCP, 1997)?
- Is the question amenable to high-quality, controlled research? For example, is the hypothesis falsifiable and could random assignment be feasible?
- Is the research likely to have a “high payoff” potential for the field as a whole? For example, is it apt to lead to best-

practice recommendations or to professional credentialing standards?

- Does it build logically upon an existing body of research evidence that would suggest it is likely to bear fruit in terms of positive findings?
- Can a potential funding source or sponsor for the research be identified? Is the question already the subject of substantially funded research?
- Is the question innovative in terms of involving new clinical applications or new research methodologies?
- Does the matter relate to the integration or synergy between public safety (criminal justice) and public health (treatment) perspectives, or does it simply focus on one of these perspectives within the context of a drug court?

Content Areas. NRAC further decided that the research priorities should address each of the broad content areas represented within drug courts and other problem solving court programs. Because drug courts reflect a unique blending of various systems and approaches, and are committed to providing equal access to the courts for all citizens, it was felt that key issues should be investigated within each of the following domains:

- Judicial or court practices
- Incentives and sanctions
- Substance abuse treatment and other services
- Community supervision and case management
- Inter-agency and inter-system collaboration
- Differential impacts on minority citizens

Field Review. Based upon the above criteria, NRAC identified a list of 23 research priorities for drug courts (see

Table 1, Appendix). Subsequently, this list underwent field review by a national sample of drug court administrators and practitioners. NDCI maintains a list of primary points of contact (PPOCs) in every state and territory in the U.S., consisting of presidents of state drug court associations, statewide drug court coordinators, or individuals with ongoing responsibility for administering drug court programming within a particular jurisdiction's Administrative Office of the Courts (AOC). The PPOCs forwarded a Likert-scale survey derived from the NRAC recommendations (see Table 1, Appendix) to their respective Statewide Drug Court Steering Committee, State Drug Court Commission, or comparable governing body. These committees, in turn, distributed the surveys to drug court practitioners and administrators within their respective jurisdictions.

Each research priority identified by NRAC was rated by respondents in terms of its perceived importance to the field on a 5-point Likert scale, ranging from 0 ("not at all important") to 5 ("extremely important"). Additional space was provided for respondents to identify other research priorities. NDCI followed up with each PPOC via telephone or e-mail to ensure that every state and territory was represented in the survey. Descriptive data on the survey results are presented in Table 1 in the Appendix.

The respondents (N = 150) reflected a broad range of professional disciplines represented within drug court programs in every jurisdiction, including drug court coordinators, judges or magistrates, prosecutors, defense attorneys, treatment providers, case managers, community corrections officers, and court clerks or administrators.

To this point, NRAC has focused on adult criminal drug courts, because these are the most prevalent type of problem solving court program, have been in existence the longest, and currently have the largest body of research evidence supporting their efficacy. In subsequent meetings,

the committee has been engaged in identifying research priorities for other prevalent types of problem solving courts, including DUI/DWI courts, juvenile drug courts, and family dependency treatment courts and is committed to presenting its findings and recommendations to the field.

A NATIONAL RESEARCH AGENDA FOR DRUG COURTS

Long Term Outcomes

[3] *Research Question 1:* What are the long-term effects of drug courts and other problem solving courts on other important outcomes, such as substance use, psychological health, physical health, employment, or parenting? What components of the drug court model contribute to the most effective outcomes in those areas?

Most of the existing research on drug courts has relied on official arrest and conviction records to measure outcomes. This is because evaluators can usually gain ready access to state criminal justice databases at a manageable cost. Unfortunately, relatively little is known about the effects of drug courts on other client-level outcomes, such as substance use, family interactions, employment, and medical or psychiatric functioning. This is because it is often difficult and expensive to track down participants for purposes of administering post-treatment interviews or urine drug tests. Yet it is important to recognize that the basic logic-model of drug courts assumes that substance abuse often mediates criminal activity; therefore, treating addiction is believed to elicit sustained reductions in criminal recidivism. Without measuring effects on substance use and other psychosocial indicators, it is not possible to test this central hypothesis of drug courts. Research is required that measures the effects of drug courts on a wider range of client-level variables, and that permits researchers an understanding of how drug courts exert effects on both mediating and distal outcomes.

Differential Impacts on Minority Citizens

Research Question 2: Do minority sub-groups have differential access to drug-court programs or differential success or failure rates? Are they subjected to different types or amounts of sanctions or rewards for comparable performance? Do they receive different types of treatment services? If so, why and how can drug courts correct this?

Racial, ethnic, and cultural minorities are disproportionately represented in the criminal justice system. Minorities generally do not report higher rates of illicit drug use in anonymous national household surveys, yet African Americans are imprisoned at nearly four times the rate of Caucasians for drug-related offenses and Hispanics are imprisoned at more than twice the rate of Caucasians (e.g., Iguchi, Bell, Ramchand, & Fain, 2005). Concerns have been raised about whether citizens of color have equivalent access to resource-intensive drug court programs, and whether the services offered within drug courts are culturally responsive and account for the unique obstacles often faced by people of color, not the least of which may include language barriers and culturally divergent concepts of wellness or healing. Research is needed to address issues related to access and performance of minority groups within drug court programs.

Judicial and Court Practices

Research Question 3: How are outcomes influenced by having a permanently dedicated drug court judge and docket, as opposed to annually rotating assignments?

In many jurisdictions, drug courts were founded by innovative and committed judges who continued to lead the program for years. In other jurisdictions, judges may be assigned to drug court on an annually rotating docket or based upon their seniority. It is important to determine whether such arrangements influence the effectiveness of

drug court programs. This information will provide needed guidance to President Judges about how to most effectively mete out judicial assignments for drug court dockets.

Research Question 4: Does it matter whether a judge wants to be in drug court, or can any judge be “brought up to speed”?

It is commonly believed that the success of drug courts hinges, at least in part, on the dedication of its staff members—particularly on that of the judge who leads the team and sets the tone for the program during status hearings. This raises concerns about whether regular criminal court judges who may have little interest in drug court can be brought in on short notice to provide continuing oversight to a program, or whether a ready cadre of dedicated personnel is necessary to maintain continuity. Research is needed to determine how the motivation and training of judges influence client outcomes.

Research Question 5: What traits or characteristics of the judge, if any, are associated with better outcomes for various clientele?

Similar to questions that have been raised about the therapeutic alliance in psychotherapy, questions have been raised about how drug court judges should interact with clients during status hearings, and how these interactions might be influenced by a judge’s personality or relational style. Research is needed to determine what attributes of a judge make him or her better suited for drug court practice, and whether this might vary by the nature of the client population.

Research Question 6: Can equivalent outcomes be attained using alternative judicial arbiters, such as masters or commissioners? Does this vary by clientele?

Judges cost money. Moreover, in many jurisdictions, judges are elected to the bench by the public or are appointed by the executive branch of government with the advice and consent of the legislature. As a result, judges are frequently in short supply, and they may be hesitant to make unpopular treatment-oriented decisions that can be seen as “soft on crime.” Many states also have lower tiers of judicial arbiters called “magistrates” or “commissioners,” who may sit on the bench of a limited-jurisdiction court or render a restricted range of decisions. For example, a magistrate might be empowered to oversee judicial status hearings in drug court and make limited decisions related to treatment and supervisory conditions; however, they may be required to bring in a judge to rule on more serious matters such as termination from drug court or imposition of jail sanctions. Research is needed to determine whether such arrangements can be effective and cost-efficient, and how they might influence such issues as clients’ perceptions of procedural fairness or due process.

Incentives and Sanctions

Research Question 7: What are the impacts of brief jail sanctions (“flash incarceration”) on clients who are noncompliant with their care plans or program requirements? Do these impacts vary by the nature of the clientele (e.g., adults vs. juveniles, or criminal offenders vs. parents in dependency cases)? Do they vary by the target behavior (e.g., non-attendance in counseling vs. relapse to drug use)?

Drug court judges have substantial authority to impose potent sanctions and rewards contingent upon offenders’ conduct in treatment. Most notably, they may be authorized to impose brief intervals of jail detention (known as “flash incarceration”) for noncompliance in treatment or unremitting substance use. Not surprisingly, jail sanctions are among the most controversial aspects of judicial intervention in drug courts. For instance, major legislative

policy debates are underway in California with regard to proposed amendments to “Proposition 36,” which would authorize brief jail sanctions for noncompliant probationers who had been diverted into treatment in lieu of incarceration. The Supreme Court of California is considering a similar issue in a family dependency treatment court case (*In Re Olivia J.*), which involves the propriety of using civil contempt powers to briefly jail non-compliant parents in child neglect proceedings. It is essential to provide controlled research data regarding the effects and potential side-effects of brief jail sanctions in drug courts and other problem solving court programs.

Research Question 8: Are there sub-groups of drug court clients for which “rational” models of rewards and sanctions are differentially effective or need to be substantially modified, such as mentally ill offenders, juveniles, or psychopaths?

Research indicates that certain high-risk drug offenders may respond differently to sanctions and rewards than other individuals. For example, youthful offenders and those with antisocial personality disorder tend to discount the probability of receiving a serious sanction in the long-term in favor of earning an immediate reward (e.g., Patterson & Newman, 1993). They are also more likely to opt for smaller short-term rewards on delay-discounting tasks than to forestall gratification in favor of larger rewards to be earned in the future (e.g., Petry, 2002). This apparent hypersensitivity to rewards, imperviousness to sanctions, and impulsivity could reflect executive-control deficits stemming from damage or immaturity to the pre-frontal cortex (e.g., Fishbein, 2000). It has also been observed, anecdotally, that mentally ill offenders may react in unanticipated ways to negative sanctions. Research is needed to determine whether drug courts should substantially modify their slates of sanctions and rewards or apply them differently for certain subgroups of drug offenders.

Research Question 9: How are outcomes affected when a drug court imposes a pre-defined “matrix” of sanctions or rewards, as opposed to individualizing its responses and keeping clients “guessing”?

Many drug courts develop a pre-specified slate or matrix of graduated sanctions and rewards that are applied in response to successive infractions or accomplishments in the program. This matrix may be listed in a program manual to give clients clear advance warning about the types of consequences that can be imposed, and to enhance clients’ sense of procedural justice and fairness in the program. Other drug courts prefer to craft their responses on an individualized basis, in consideration of each client’s unique clinical and criminogenic needs. Unfortunately, research provides little basis for determining which approach may be most effective and for which types of clients.

Substance Abuse Treatment and Other Services

Research Question 10: What is the optimum length of time for required participation in a drug court program? Does this vary by clientele or by the drug of choice? Does drug court “accelerate” recovery because of the additional services and monitoring?

Most drug courts are scheduled to be a minimum of 12 to 18 months in duration and require clients to satisfy fairly stringent criteria for graduation. It is an open question whether such a standardized course of treatment, with standardized completion criteria, is a suitable approach for all clients and whether a year-long regimen might be excessively burdensome or costly in some cases. It is also an open question whether the intensive and multi-faceted services offered in drug courts might elicit faster gains than are typically seen in traditional community-based substance abuse treatment programs. Research is needed to identify the ideal term(s) for drug court programs, and to determine

whether drug courts may speed up the recovery process as compared to traditional modalities of substance abuse treatment.

Research Question 11: What are the most effective continuing-care strategies that result in the greatest likelihood of long term success, focusing specifically on practices that (a) utilize the continued influence of the criminal justice system following completion of the drug court program and (b) are embraced by program graduates after the drug court no longer has active jurisdiction over their case?

It is common practice for drug courts to relax clients' treatment and supervisory obligations as they near completion of the program, and the requirements often end precipitously following graduation. This could lead to a rapid decline in functioning for some individuals upon discharge. Research is needed to identify the most effective continuing care strategies that can be utilized when the drug court no longer has legal jurisdiction over the case.

Research Question 12: Are there sub-types of drug offenders who could benefit from the monitoring components of the drug-court model, even if they are not actively addicted to drugs or alcohol and may not require formal substance abuse treatment?

The drug court model assumes that most drug offenders are addicts or serious drug abusers and that drug use fuels or exacerbates other criminal activity. As a result, drug court clients are typically required to satisfy an intensive regimen of treatment and supervisory obligations. However, research suggests that roughly one-third of clients in drug courts do not have a diagnosable or clinically significant substance use disorder (e.g., DeMatteo, Marlowe, & Festinger, 2006). For these clients, standard drug court services may be ineffective or unduly costly. Instead, these low-risk clients may be best suited for a secondary prevention

approach directed at interrupting the acquisition of addictive behaviors. Alternatively, they might respond to a “coerced abstinence” model that simply focuses on holding them accountable for drug-positive urine samples (e.g., Kleiman et al., 2003). Research is needed to identify those clients who may respond to the monitoring elements of drug courts without the necessity of providing an entire menu of costly and intrusive clinical services.

Research Question 13: What additional or adjunctive services are most related to positive outcomes in drug courts and most likely to serve public-safety aims? In particular, should employment or educational attainments be required prior to graduation from drug courts?

Drug courts were created to reduce drug use and crime. It is uncertain whether drug courts must, or should, intervene further against the myriad other problems clients frequently present with in order to maintain treatment gains. For example, if unemployment or family dysfunction is apt to precipitate relapse or recidivism, then drug courts might not be able to accomplish their primary task unless they also improve these other problems as well. On the other hand, expecting too much from clients or overburdening them with an array of services could undermine treatment goals. Research is needed to determine the circumstances under which adjunctive services improve drug- and crime-related outcomes at a manageable cost to the program.

Research Question 14: Are there differential effects when a drug court requires an abstinence-only policy from the outset, as opposed to following a “harm reduction” approach that approximates abstinence over time?

Some drug courts view illicit drug use as unacceptable behavior that cannot be tolerated by law enforcement authorities and presents an unwarranted risk to public safety. These courts may also believe that such

voluntary misconduct can be readily brought under behavioral control through the stringent application of rewards and sanctions. Other drug courts view addiction as a disease with compulsive features that takes some time to treat, and that will inevitably be characterized by relapse. Research is needed to compare outcomes across programs holding divergent views about the effects of punishing substance use, and more importantly, to determine which types of clients respond better to different enforcement procedures.

Community Supervision and Case Management

Research Question 15: What types of clients require frequent judicial contacts, and what types can be effectively and safely managed by community corrections officers, probation or parole officers, case managers, or treatment providers?

Evidence suggests that certain types of low-risk drug offenders can be supervised safely and effectively using community corrections officers or treatment providers, whereas high-risk offenders require the authority and power of a judge to bring their substance use and illicit activity under control (Marlowe et al., 2006). Further research is needed to evaluate the generalizability of these findings for the full range of drug-possession offenders. This will permit communities to preserve their precious judicial resources while safeguarding public safety and contributing to better outcomes for their clients.

Research Question 16: What types of community monitoring technologies (e.g., anklet monitors, Secure Continuous Remote Alcohol Monitor (SCRAM), phone monitors, patches) and practices (e.g., surprise home visits) are associated with better outcomes in drug courts? Do these outcomes vary by population? How do these technologies and practices affect clients' perceptions of such things as "procedural justice" or "perceived deterrence"?

Drug courts involve a close partnership between the courts, community corrections officers, and treatment providers. Research is needed to determine which types of community-based monitoring practices can be most effectively managed by probation and parole officers, and which can be most effectively integrated with judicial practices and standard clinical interventions.

Inter-Agency and Inter-System Collaboration

Research Question 17: How can we develop better methods and instrumentation to measure the degree of collaboration between agencies and systems in drug courts?

As discussed earlier, the effects of drug courts appear to exceed the sum of their parts by creating a synergy between clinical, judicial, and correctional interventions. Unfortunately, few instruments exist to measure the degree to which this integration has been achieved in a particular program, and to pinpoint the nature of effective cross-agency interactions. The drug court field needs better assessment tools to measure these synergistic and collaborative processes.

Research Question 18: Are outcomes affected by having clinicians and case managers appear during status hearings to give testimony, as opposed to sending written reports or transmitting data elements? Does this affect clients' perceptions of the therapeutic alliance and their willingness to disclose important personal information?

The time that it takes for clinicians to appear at status hearings in court is time taken away from other important functions, such as providing treatment services. On the other hand, having clinicians appear in court can serve to plug gaps in communication and ensure that sanctions and rewards are applied by the judge with the requisite certainty and immediacy that is necessary for effective outcomes.

Research is needed to determine the circumstances under which clinicians' presence in court is most likely to improve outcomes while having the fewest negative effects on the therapeutic alliance.

Research Question 19: Are outcomes affected by having clinicians share only limited data elements (e.g., counseling attendance and drug-testing results) with the court and other professionals, as opposed to sharing a wider range of clinical information? Does this affect clients' perceptions of the therapeutic alliance and their willingness to disclose important personal information?

The intrusion of a judge into the therapeutic relationship could be disruptive or harmful under some circumstances. Clients may be hesitant, for example, to confide clinically important information to their therapists for fear the information will be disclosed to the judge and used against their legal interests. On the other hand, having clinicians provide detailed progress reports to the judge prevents clients from "falling through the cracks" and eluding deserved sanctions or losing deserved rewards. Research is needed to determine the appropriate scope of information-sharing that permits effective communication among drug court staff members, while at the same time preserving the sanctity and trust of the therapeutic relationship.

Research Question 20: Are decisions more consistent and outcomes more effective when the judge acts as the final arbiter of clients' performance during status hearings, or when the team reaches a general consensus on such matters?

Drug courts are designed to operate on a team basis, with the judge conceptualized as a leader among equals (NADCP, 1997). Constitutional due process requires the judge to exercise final and independent judgment on all matters influencing a client's legal status and rights; however, it is appropriate for the judge to rely on the expertise of other

professionals in making these decisions, and the judge must at least consider the arguments of legal counsel on both sides of the case. Unfortunately, research is virtually nonexistent for understanding how judges can make the most informed decisions. For example, studies are needed to determine whether reliance on a team consensus leads to better client outcomes or more correct decisions, or whether independent judgment is ultimately more reliable.

Research Question 21: Does participation in drug court raise the quality of all staff members' performance, such as improving the quality of treatment?

Drug court judges have substantial prestige and influence within their communities, and it is hoped that by partnering with clinicians and correctional professionals, they will enhance the performance of all parties involved in the drug court process. Research is needed to determine how judges can be the most effective "consumers" or "purchasers" of substance abuse treatment services and probation or parole services.

Research Question 22: Are outcomes improved or are services more efficient when the drug court coordinator is an agent of the court system, the treatment system, probation/parole, or some combination of these?

Virtually all drug court programs have a designated drug court coordinator who is primarily responsible for coordinating the services across state agencies, providing for staff training and supervision, and purchasing materials and services for the program. In some states, this individual might be an agent of the substance abuse treatment system, whereas in other jurisdictions he or she might be an employee of the AOC or of community corrections. Research is needed to determine whether client outcomes, inter-agency collaboration, or even the political influence of a program within a jurisdiction are enhanced when the drug court

coordinator is an agent of a particular state agency or has a specific professional identity or level of professional training.

Research Question 23: What methods of client staffing or case conferences lead to the most effective sharing of information and to the best outcomes? In particular, is it necessary for the prosecution and defense to be present during staffing and during court proceedings?

Prior to holding status hearings in court, drug court team members typically meet in a case conference or case review to share information about clients and reach decisions about how to respond to clients' performance in the program. In some drug courts, these case reviews focus on dealing with the most difficult cases, whereas others might focus on staging therapeutic interactions for open court, or generally improving team communication and processes. Some programs solicit regular input from all drug court staff members during these meetings, including the defense and prosecution, whereas others may use the time for the judge and clerk to process paperwork or plan the court calendar, or for treatment providers to report on clinical information about their cases. Research is needed to determine the most effective and efficient ways to hold case reviews and to reach team decisions on important matters for the program.

CONCLUSION

There are two kinds of success: initial and ultimate.

—Winston Churchill

[4] Drug courts have achieved undeniable initial success. In the span of only 15 years, they have evolved from an anomalous experiment within a few courts to a major movement within the criminal justice system. There are now more than 1,600 drug courts and over 2,500 total problem solving courts located in every jurisdiction in the U.S. (Huddleston et al., 2005) as well as several foreign nations.

More research has now been published on the positive effects of drug courts than on virtually all other interventions for drug-abusing offenders combined, including reviews of more than 100 program evaluations (Belenko, 1998; 2001), randomized experimental studies (Gottfredson et al., 2003; Turner, Greenwood, Fain, & Deschenes, 1999), statewide systems evaluations (e.g., Rempel et al., 2003), and national recidivism estimates (Roman et al., 2003). No other criminal justice program can come close to boasting this level of programmatic success or scientific productivity.

Yet, the future is far from secure. Cuts in state and federal funding threaten the integrity of existing programs and are slowing down the development and expansion of new slots. Competing models, such as California's Proposition 36, claim that success can be achieved by eliminating many of the defining attributes of drug courts, not the least of which include judicial monitoring and graduated sanctions and incentives. In addition, because drug courts tend to be resource-intensive, it is difficult for them to serve a wide-ranging proportion of the drug-involved offender population. Guidance is critically needed to determine which segments of the drug-offender population are best suited for drug courts, and to indicate how certain aspects of the drug court model might be infused into the practices and philosophy of general-jurisdiction criminal courts.

It is too late in the day to rehash old arguments about whether drug courts work. Critics who ignore the current cache of evidence supporting drug courts are unlikely to be swayed by more of the same data. The time has come to move the field forward to a new generation of more sophisticated research questions: Which types of offenders are best suited to drug court, what types of services within drug court contributes to the most effective outcomes, what is the mechanism of action that explains the superior effects of drug court, and how can certain principles and practices of drug court be extended to the larger criminal justice context?

Answers to these questions will point the field in important directions towards improving clinical practice, drug policy, and public safety.

Although drug courts have achieved initial success, their ultimate success depends on their ability to answer these nuanced and sophisticated research questions—and to do so in an atmosphere of competing, and sometimes mutually inconsistent, research priorities. Research portfolios that take the single-minded perspective that drug abuse is simply a disease requiring treatment are unlikely to pursue the critical avenues of research necessary to unlock the synergistic ingredients of drug court programs. Similarly, those that view drug abuse as simply unlawful conduct are unlikely to add new knowledge to the field. New paradigms call for new research methods and new research questions. Only then will the ultimate success of drug courts be secured.

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APPENDIX

Table 1. Results of Research Priority Field Review

Research Priority	Mean Response (Standard Deviation)	Percent "Extremely" or "Quite" Important
What are the long-term effects of drug courts and other problem solving courts on important outcomes other than recidivism, such as substance use, psychological health, physical health, employment, or parenting? What components of the drug court model contribute to the most effective outcomes in those areas?	4.48 (0.71)	91%
Do minority sub-groups have differential access to drug-court programs or differential success or failure rates? Are they subjected to different types or amounts of sanctions or rewards for comparable performance? Do they receive different types of treatment services? If so, why and how do we correct this?	3.48 (1.35)	58%
How are outcomes influenced by having a permanently dedicated drug-court judge and docket, as opposed to annually rotating assignments?	4.0 (0.96)	77%
Does it matter whether a judge wants to be in drug court, or can any judge be "brought up to speed"?	3.93 (1.05)	72%
What traits or characteristics of the judge, if any, are associated with better outcomes for various clienteles?	3.63 (1.19)	60%
Can equivalent outcomes be attained using alternative judicial arbiters, such as masters or commissioners? Does this vary by clientele?	2.81 (1.32)	33%

What are the impacts of brief jail sanctions on clients who are noncompliant with their care plans or program requirements? Do these impacts vary by the nature of the clientele? Do they vary by the target behavior?	4.07 (0.96)	83%
Are there sub-groups of drug court clients for which “rational” models of rewards and sanctions are differentially effective or need to be substantially modified, such as mentally ill offenders, juveniles, or psychopaths?	4.04 (0.91)	72%
How are outcomes affected when a drug court imposes a pre-defined “matrix” of sanctions or rewards, as opposed to individualizing its responses and keeping clients “guessing”?	3.98 (1.06)	72%
What is the optimum length of time for required participation in a drug court program? Does this vary by clientele or by the drug of choice? Does drug court “accelerate” recovery because of the additional services and monitoring?	4.19 (0.81)	80%
What are the most effective continuing-care strategies that result in the greatest likelihood of long term success, focusing specifically on practices that (a) utilize the continued influence of the criminal justice system following completion of the drug court program or (b) are embraced by program graduates after the drug court no longer has active jurisdiction over their case?	4.11 (0.88)	80%
Are there sub-types of drug offenders who could benefit from the monitoring components of the drug-court model, even if they are not actively addicted to drugs or alcohol and may not require formal substance abuse treatment?	2.79 (1.06)	27%

What additional or adjunctive services are most related to positive outcomes in drug courts and most likely to serve public-safety aims? In particular, should employment or educational attainments be required prior to graduation from drug courts?	4.04 (0.82)	80%
Are there differential effects when a drug court requires an abstinence-only policy from the outset, as opposed to following a “harm-reduction” approach that approximates abstinence over time?	3.53 (1.08)	56%
What types of clients require frequent judicial contacts, and what types can be effectively and safely managed by community corrections officers, probation or parole officers, case managers, or treatment providers?	3.67 (1.05)	59%
What types of community monitoring technologies and practices are associated with better outcomes in drug courts? Do these outcomes vary by population? How do these technologies and practices affect clients’ perceptions of such things as “procedural justice” or “perceived deterrence”?	3.61 (1.03)	61%
How can we develop better methods and instrumentation to measure the degree of collaboration between agencies and systems in drug courts?	3.35 (1.24)	46%
Are outcomes affected by having clinicians and case managers appear during status hearings to give testimony, as opposed to sending written reports or transmitting data elements? Does this affect clients’ perceptions of the therapeutic alliance and their willingness to disclose important personal information?	3.49 (1.09)	50%
Are outcomes affected by having clinicians share only limited data elements (e.g., counseling attendance and drug-testing results) with the court and other professionals, as opposed to sharing a wider range of clinical information? Does this affect clients’ perceptions of the therapeutic alliance and their willingness to disclose important personal	3.54 (1.06)	58%

information?		
Are decisions more consistent and outcomes more effective when the judge acts as the final arbiter of clients' performance during status hearings, or when the team reaches a general consensus on such matters?	3.90 (1.01)	71%
Does participation in drug court raise the quality of all staff members' performance, such as improving the quality of treatment?	3.17 (1.25)	45%
Are outcomes improved or are services more efficient when the drug court coordinator is an agent of the court system, the treatment system, probation/parole, or some combination of these?	3.27 (1.28)	49%
What methods of client staffing or case-conferences lead to the most effective sharing of information and to the best outcomes? In particular, is it necessary for the prosecution and defense to be present during staffing and during court proceedings?	3.51 (1.04)	52%