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## The Implementation of Drug Court Programs in Selected States: An Examination of Government Influence

Lisa Ann Nored

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THE IMPLEMENTATION OF DRUG COURT PROGRAMS IN SELECTED STATES:  
AN EXAMINATION OF GOVERNMENT INFLUENCE

By

Lisa S. Nored

A Dissertation  
Submitted to the Faculty of  
Mississippi State University  
in Partial Fulfillment of the Requirements  
for the Degree of Doctor of Philosophy  
in Public Administration  
in the Department of Political Science and Public Administration

Mississippi State, Mississippi

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Lisa S. Nored

2007

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AN EXAMINATION OF GOVERNMENT INFLUENCE

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With the merger of judicial supervision and mandated treatment, drug courts have given rise to therapeutic jurisprudence and attempt to address those issues which have plagued corrections policymakers for several decades. The evaluation literature indicates that drug courts tend to produce lower recidivism rates, increased retention rates and lower costs when compared to traditional programs. However, as drug courts approach their second decade, there is a void in the literature regarding the implementation of drug court programs.

This study specifically examined those factors which either facilitate or challenge the implementation of drug court programs. This study examined implementation issues from a bottom-up and top-down perspective. In order to examine these issues, the perceptions of drug court judges and administrators in five states were obtained through the administration of a survey instrument.

Examination of the influence of government factors upon the implementation of drug court programs yielded interesting findings. A host of factors appear to influence the implementation of drug court programs, including federal, state and local agencies and actors. Respondents consistently identified state and local actors as being the most supportive and influential of the efforts to create and implement drug courts. Of those, the most common actors were public defenders and the district attorneys. If opposition to drug courts existed, the respondents indicated that local law enforcement or the general public were generally the sources of the opposition. In addition, there is clearly a more positive view of the influence of state and local actors when compared to their federal counterparts.

From a policy perspective, the results of this research reveal that innovative programs for criminal offenders can thrive in conservative states. Four states in the sample are southern states with Utah being the only non-southern state, yet one which is typically regarded as conservative in terms of social policy and political values. Despite the conservative character of these states, drug court programs are thriving. Moreover, actors and agencies within these states appear supportive of innovative programming within the criminal justice system which is markedly different from the traditional approaches supported by conservatives.

## DEDICATION

This project is dedicated to my mother, Camille, my husband, Deron and my children,  
Hunter, Holden and Hayden.

## ACKNOWLEDGEMENTS

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## CHAPTER I

### INTRODUCTION

The evolution of American drug control policy has undergone several remarkable phases; all of which are instrumental to understand current policies and strategies to combat the use and abuse of drugs as well as drug-related crime. However, most instrumental to the present study is the dramatic increases in crime and the high costs of incarceration which plagued policymakers in the late 1980s and throughout the 1990s. Especially troubling for policymakers was the continued and alarming increase in the sheer number of drug-related crimes. While the link between drugs and crime has been well-documented among criminal justice professionals, national rates of drug-related crimes continued to escalate leaving policymakers searching for creative and cost-effective strategies to deal with ever-increasing dockets and prison populations. However, political forces demanded policies which were “tough on crime” and therefore required policymakers to favor programs which offered accountability and deterrence.

Drug courts seemed to offer a palatable alternative. Drug courts target a very specific, yet growing offender population which accounts for a significant percentage of prison populations. With the merger of judicial supervision and mandated treatment, drug courts address those issues which have plagued corrections policymakers for several decades. Those who desire policies which are tough on crime are impressed with the

strict accountability required by drug courts while others who believe the proper focus of the justice system should be rehabilitation are encouraged by the prevailing emphasis on drug treatment. Thus, drug courts seem to be an alternative which satisfies both conservative and positivist factions.

### **Statement of the Problem**

The initial report on drug courts is encouraging. The evaluation literature on drug courts is plentiful with most evaluations revealing promising results. Impact and process evaluations indicate that drug courts tend to produce lower recidivism rates, increased retention rates and lower costs when compared to traditional programs such as probation. However, as drug courts approach their second decade, there is a void in the literature regarding the implementation of drug court programs which leaves a central question left unanswered: What factors have influenced the implementation of drug court programs?<sup>1</sup>

This study specifically examines the implementation of drug court programs. Unlike projects which focus on the implementation of regulatory policy (See Ringquist, 1993) where program compliance is mandatory, this project examines the implementation of a creative policy alternative the use of which is within the discretion of the local jurisdiction. Moreover, this study examines implementation issues from a bottom-up and top-down perspective (see Matland, 1995; Mazmanian and Sabatier, 1989; Hjern, 1982; Hjern and Hull, 1985, 1987). On a broader scale, the proposed project will provide scholars and policymakers with relevant information regarding those factors which

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<sup>1</sup> Lawrence and Freeman (2002) authored a report regarding the implementation of Australia's first drug court program. However, this article is largely descriptive in nature and presents an overview of Australia's first drug court program as opposed to an examination of those factors which influenced the implementation.



facilitate and challenge the implementation of drug court programs. As a result, this study augments the existing literature on drug courts which is currently dominated by outcome and process evaluations of drug court programs. The current study is designed to address the following research questions:

1. What factors influence the implementation of drug court programs in the United States?
2. Whether top-down or bottom-up factors are more likely to influence the successful implementation of drug court programs in the United States?

### **Theoretical Justification and Framework for Analysis**

According to Thomas Dye, “public policy is whatever the government chooses to do or not to do” (Dye, 1981: 1). How these decisions are made by “government” is a dynamic process which often proves elusive to traditional methods of examination and measurement. However, it is generally agreed that the evolution of crime policy and more specifically drug policy, is a function of the “... confluence of media, ideology and politics” (Merlo and Benekos, 2004: 169). Interestingly, the dynamic nature of crime policy over the last century is evidence of the cyclic policy pattern discussed by Archambeault and Archambeault (1982).

What has occurred is referred to as a “perturbated spiral compression” model of policy change (Archambeault and Archambeault, 1982: 158-160). In this model, five stages of policy evolution occur. During these stages, “new ideas emerge, reach a point of maximum impact, begin to decline and then become integrated into collective knowledge” (Merlo and Benekos, 2004: 169). In the final stage, “reconceptualized and

redefined ideas reemerge and the cycle continues” (Merlo and Benekos, 2004, 169; Archambeault and Archambeault, 1982: 158-160). The authors coined the term perturbed spiral compression to refer to the irregularity of the process (perturbed); its continuous nature (spiral); and the speed with which the transformation occurs (compression) (Merlo and Benekos, 2004, 169; Archambeault and Archambeault, 1982, 158-160).

According to Cohen (1985,35), “the problems, inconsistencies, contradictions and unintended consequences of crime control policies provide opponents with a rationale to begin dismantling and replacing discredited and bankrupt policy.” Thus, the work of Archambeault and Archambeault (1982) is useful when examining the evolution of crime policy because such frameworks allow us to view the impact of competing ideology and theory upon policy change (Merlo and Benekos, 2004, 169). Because drug control policy has largely been developed under the auspices of crime policy, the Archambeault model is a useful conceptualization.

A similar view of policy change is that advocated by Sabatier (1988). At its core, the theoretical framework constructed by Sabatier (1988) is an attempt to expand on the earlier work of Hecl (1974). The primary modification to the conceptualization of policy change by Sabatier (1988) is the addition of factors related to political belief systems, political coalitions, policy implementation and the use of policy analysis (Sabatier, 1988, 340, fn. 1). The framework posited by Sabatier (1988) is comprised of three basic premises. First, a decade or more is required to fully understand policy change and the role of policy-oriented learning. Second, policy change is best understood by an examination of “policy subsystems.” Policy subsystems are defined by

Sabatier (1988, 341) as “the interaction of actors from different institutions interested in a policy arena.” Importantly, policy subsystems include both public and private actors involved with the policy. The final premise of the Sabatier model allows public policy “...to be conceptualized in the same manner as belief systems” (Sabatier, 1988, 341).

With these three premises in mind, Sabatier (1988) suggests that policy change occurs when policy subsystems (with their policy beliefs and resources) act as advocacy coalitions for those beliefs and seek to transform the same into public policy. However, a key component of the subsystem is the policy broker. Policy brokers are typically third parties who are not members of the policy coalition but “whose dominant concern is with keeping the level of political conflict within acceptable limits and with reaching some ‘reasonable’ solution to the problem” (Sabatier, 1988, 351).

In addition, the Sabatier (1988) model incorporates variables which represent the opportunities and constraints which impact the policy subsystem actors. These include “relatively stable system parameters” and “external system events.” (Sabatier, 1988, 342). Relatively stable system parameters include the basic attributes of the problem area, basic distribution of natural resources, fundamental socio-cultural values and social structure and lastly, the basic constitutional structure (rules) (Sabatier, 1988, 342). External system events (perturbations) are more dynamic in nature and include changes in socio-economic conditions, changes in systemic governing coalition and policy decisions and impacts from other subsystems (Sabatier, 1988, 342). Depending upon the impact of stable system parameters or external events, policy coalitions may revise or modify their strategy to maximize the likelihood of policy change which reflects their core beliefs.

A key element of the Sabatier (1988) model is policy-oriented learning. This concept is attributed to Hecló (1974, 304) and is more specifically described as “relatively enduring alterations of thought or behavioral intentions which result from experience and which are concerned with the attainment (or revision) of policy objectives” (Sabatier, 1988, 343). Policy-oriented learning is a result of perception of external dynamics as well as increased knowledge of the problem and factors which affects that problem (Sabatier, 1988, 343). Thus, the intersection of increased policy knowledge and external events often result in policy advocates shifting their focus and strategy.

The relevance of Sabatier’s model to an examination of the evolution of American drug control policy is evident. For decades, advocacy groups have debated whether the drug control problem was an issue that required a criminal justice response or a social and rehabilitative response. These groups have each sought policy which would implement their core policy beliefs. Following years of tough laws and the War on Drugs which have resulting in revolving prison doors, overcrowded prisons and a mammoth price tag, drug control policies are now beginning to incorporate programming which includes both accountability and treatment. Drug courts are an example of drug control programs which represent a shift from the law and order response to all drug offenders.

While the Sabatier (1988) model is designed to provide a framework from which to examine policy change, the literature also provides substantial guidance on the examination of policy implementation and outcomes. A useful synthesis of the implementation literature is authored by Richard Matland (1995) wherein he thoroughly

reviewed the existing implementation literature which has been dominated by two views: top-down and bottom-up.

Top-down implementation analysis suggests that policy success or failure should be evaluated in light of compliance with an authoritative directive such as a statutory mandate (Van Meter and Van Horn, 1975; Mazmanian and Sabatier, 1981, 1983, 1989). Thus, top-down analysts focus on the authoritative directive and view implementation as a function of the degree to which that directive addresses the problem as well as the manner in which the problem will be addressed. In one of the most-often cited models of top-down policy implementation, Sabatier and Mazmanian (1989) suggest that policy implementation is largely determined by three categories of factors. These are: tractability (solubility) of the problem, ability of the statute to structure implementation and nonstatutory variables which affect implementation. However, the primary criticisms of top-down approaches are the lack of attention to microlevel factors and the role of street-level actors and politics in the implementation process (Matland, 1995, 147).

In contrast, bottom-up approaches focus on the actions of street-level actors and the impact those individuals and their beliefs, goals and activities have on policy implementation. Thus, bottom-up approaches are most concerned with microlevel implementation. According to Matland (1995), "...bottom-uppers have placed more emphasis on describing what factors have caused difficulty [or facilitate] in reaching stated goals" (Matland, 1995, 149). The scholarship of Hjern (1982) and Hjern and Hull (1985; 1987) is most closely associated with the bottom-up perspective. Hjern (1982) suggests beginning with the beliefs, functions and role of street-level actors when developing a plan for policy implementation. Such a method will provide a functional

analysis of implementation along with the challenges which may present themselves. Such an approach also is more likely to accommodate community needs and challenges.

Following review of the prevailing approaches to policy implementation, Matland (1995) attempts to create a comprehensive model which utilizes the level of policy ambiguity and conflict as its benchmark. The hallmark of the Matland model is the ambiguity-conflict matrix for policy implementation processes. These include administrative implementation (low conflict, low ambiguity); political implementation (high conflict, low ambiguity); experimental implementation (low conflict, high ambiguity) and lastly, symbolic implementation (high conflict, high ambiguity). Within each type of implementation, a factor which is primarily responsible for successful implementation is identified. In administrative implementation, implementation is largely dependent upon resources. However, if the policy requires political implementation, it is dependent upon power. Experimental implementation is dependent upon contextual conditions and symbolic implementation upon coalition strength (Matland, 1995).

In its broadest form, American drug control policy appears to fall within the category of political implementation. Most policy elites and the general public share core beliefs about drug control policy: the need to eradicate the use of illegal drugs and crime associated with drug use. However, there is a significant amount of conflict among advocacy groups, political parties and the public regarding the means through which this policy goal should be accomplished. Because actors who may not share similar beliefs about the policy must be relied upon for implementation of the policy, those who support

the policy must either have sufficient power to force their will on others or be able to accomplish their goals through bargaining and compromise (Matland, 1995).

The political nature of policy implementation is embraced by Mazmanian and Sabatier (1989) in their model. This model includes variables which address general public support, support from upper-level political leaders, resources and support from relevant constituency groups and the commitment of implementing officials (Mazmanian and Sabatier (1989) in Matland, 1995, 165).

However, when one considers the more specific inquiry, i.e. the use of drug treatment courts as a novel intervention technique, the categorization under Matland's model (1995) appears to shift. As a result of this shift, the choice of perspective from which to evaluate implementation does as well. When drug courts are viewed as an extension of the larger area of drug control policy, the categorization of this policy area lies within experimental implementation.

At the outset, Matland (1995) suggests that high policy ambiguity and low policy conflict are the criteria for experimental implementation. However, upon further reading, Matland (1995) acknowledges that "...policies with clear and widely supported goals but with unclear means of implementation take on experimental characteristics" (Matland, 1995, 167).<sup>2</sup> Such description reflects that which attends the use of drug treatment courts. The policies and statutory guidelines which attend the use of drug treatment courts are relatively clear, yet these policies clearly comprehend a healthy respect for

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<sup>2</sup> Matland (1995) utilizes the Headstart Program as an example of experimental policy implementation. According to Matland (1995), the Office of Economic Opportunity possessed very general ideas regarding Headstart programming. As such, proposals with significant diversity were approved and funded. With time, however, goals of Headstart programming gained clarity and the program more structured. However, the ambiguous nature at the inception of Headstart resulted in tremendous power and control at the local level.

local conditions, resources and actors. While the underlying components and goals of drug courts are well-defined and consistent, a great degree of flexibility exists in the manner in which these are implemented. As a result, programs vary among and within states. According to Matland (1995), when implementation in this context is examined, a bottom-up model, with its greater “tolerance for ambiguity,” is most appropriate (Matland, 1995, 167).

The use of the bottom-up perspective is also implicated by Maynard-Moody, Musheno and Palumbo (1990) in their examination of street-level influence and the successful implementation of community corrections programs. Maynard-Moody, et al. (1990) acknowledge the traditional criticisms of street-level influence on public policy, but suggest that the “...positive aspects of street-level influence can be maximized and the negative aspects minimized when service organizations are designed to engage, rather than mute, street-level worker perspectives on how policy should be implemented” (Maynard-Moody, et al. 1990, 833). The authors rely on the earlier work of Lipsky (1980) where he argued that street-level workers were the “ultimate policy makers” because they determine the “distribution and character of governmental benefits and sanctions”(Lipsky, 1980, 3-12 in Maynard-Moody, et al. 1990, 834).

The work of Maynard-Moody, et al. (1990) is relevant to this project given the similarity between community corrections (characterized by the authors as the provision of human services, including vocational training, job skills, drug and alcohol treatment and family counseling) to qualified offenders through the work activities of street-level employees (Maynard-Moody, et al., 1990, 836). In light of the significant amount of discretion which exists among street-level employees, Maynard-Moody, et al., (1990)



suggest that community corrections is an appropriate milieu for an examination of the street-level workers and the implementation of social policy (Maynard-Moody, et al., 1990, 836).

In light of the foregoing, both top-down and bottom-up variables are relevant to the issues under examination. As such, the proposed project will utilize a combined approach and examine the impact of top-down and bottom-up variables on the implementation of drug court programs. Such an approach is intended to better understand the full range of variables which influence the continuing development of an extremely popular correctional alternative.

This approach with its inclusion of both top-down and bottom-up variables yields the following model:

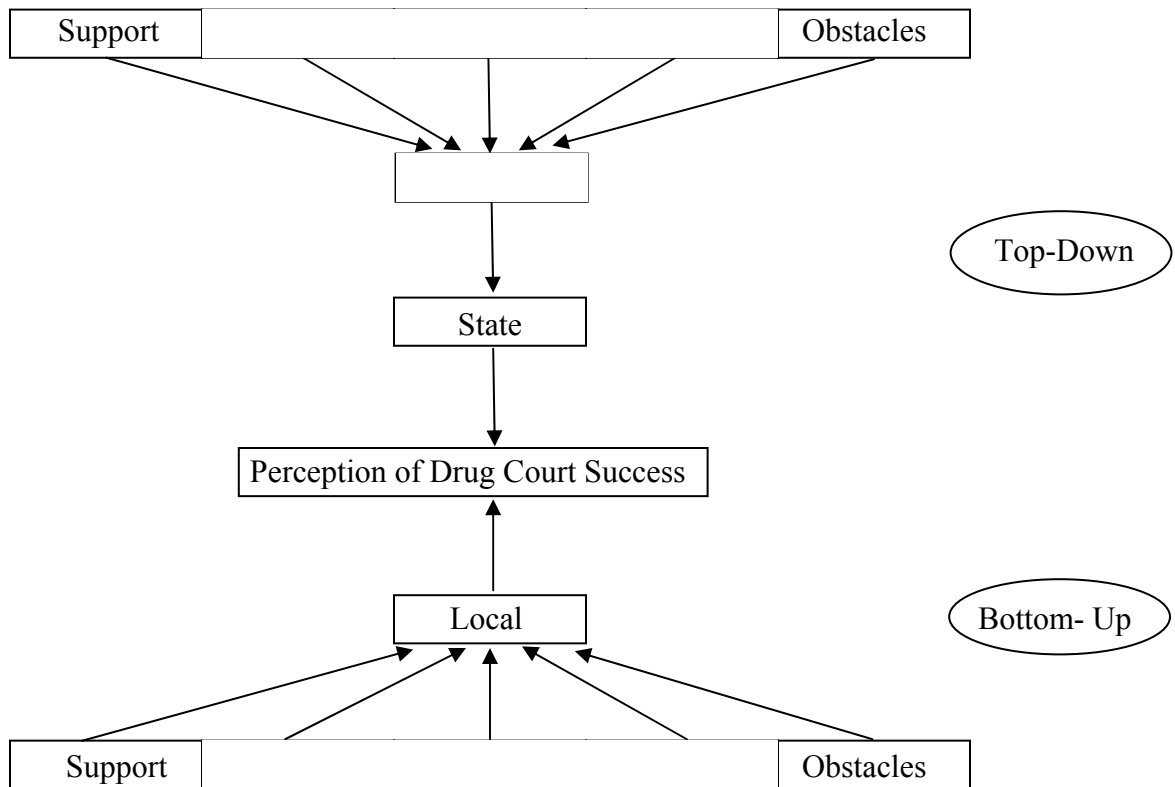


Figure 1.1 Factors Which Influence the Perception of Drug Court Success

### Scope and Limitations of Study

The present study is an attempt to examine those variables which impact the successful implementation of drug courts. As described more fully in Chapter 3, this project utilized a survey instrument to examine the perceptions of drug court success held by drug court judges and administrators. Drug court programs in five states were selected for inclusion based on a number of substantive criteria as well as the availability of accurate mailing lists for drug court programs. With the exception of Utah, the remaining states included in the study are from the South. As such, there is concern due

to the experiences which may (or may not) be unique to drug court judges or administrators in southern states thus giving rise to a regional bias. In addition, it becomes difficult to generalize the findings of this project to drug court judges and administrators throughout the country.

In addition, the study relies on the perceptions of the respondents. Many researchers have explored the risks and benefits of data based on perception (Saltzman, et al., 1982). While there are limitations to such data, the instant study utilized drug court judges and administrators who are most familiar with the actual performance of the drug court program. Moreover, effort was made to structure survey items to specifically examine more concrete measures such as the actual actions taken by various actors in an effort to minimize those issues which arise with perception data. However, it is acknowledged that perceptions are fluid and therefore may change following the administration of the survey instrument. This study, as with all that rely on self-report surveys, must assume that the respondents are truthful.

## CHAPTER II

### LITERATURE REVIEW

#### **The Evolution of American Drug Control Policy**

The academic discourse on the history of American drug control policy typically begins with the first drug control policies which were enacted in 1900. Prior to that time, narcotics and other substances were virtually unregulated by the government. Thus, narcotics and other substances could be obtained and used without recourse. For example, heroin or cocaine were both widely available and usually available for purchase from drugstores or the like (Reiman, 2004; Duster, 1970). Given its widespread availability, recreational drug use was “socially acceptable” (Roman, et al., 2004; Musto, 1999).

According to Roman, et al. (2004) “the use and abuse of psychoactive substances other than alcohol became prevalent during the Civil War” (Roman, et al. 2004, 36). This was attributed largely to the widespread use of morphine to treat injured soldiers. However, following treatment, many soldiers suffered from the long-term addiction. While morphine and other forms of opiates reigned supreme for many years, in 1884 the medicinal value of cocaine as an anesthetic became apparent. However, cocaine, like opiates, possessed strong addictive properties. Yet, despite its dangers, cocaine, too, was widely available for recreational use and was likewise socially acceptable. Most

remember the use of cocaine in Coca-Cola products, hence the popular advertising slogan: “The Real Thing.” However, the dangers associated with the widespread use and abuse of drugs eventually became apparent.

In the late 1800’s communities and families began to struggle with the consequences of physical and psychological addiction to these substances. These struggles coupled with the increasing need for a sober work force to satisfy the demands of the Industrial Revolution resulted in a new awareness and a national discussion regarding control and enforcement. However, the guiding perspective for this discussion was one of treatment, not punishment. Society hoped that government regulation would produce meaningful policy to combat what was initially viewed as a disease that was beyond the control of the addict. However, the primary response to the problem by the medical community was the development of “. . .new drugs which could counter the addictive properties of narcotics” (Roman, et al., 2004, 36). Unfortunately, this approach resulted in the addition of new addictive substances to the market (Roman, et al., 2004, 36). Thus, addicts may have shifted from one substance to another but were not receiving treatment which eliminated their need for alcohol or drugs.

With the passage of time, however, the public sentiment towards drug use and addiction began to shift from the view that addiction was a medical problem to the view that addiction was essentially a psychological and moral issue (Roman, et al., 2004, 36). According to MacCoun and Reuter (2001), this new model linked substance abuse with social deviance. Moreover, this shift in perspective suggested that addiction should be viewed as a lapse in moral fiber, self control and pathology as opposed to a physiological disease. The new perspective encouraged the belief that addiction was within the control

of the individual. Such a shift would therefore have distinctive implications for future drug control policies (Roman, et al., 2004, 36; Nolan, 2001).

Following the election of Theodore Roosevelt in 1901, the federal government began to gradually address the problem of substance abuse. The first step occurred with the appointment of a national anti-narcotics advisor followed by the development and implementation of a public awareness campaign to educate the public regarding the dangers of drug abuse (Roman, et al., 2004, 37). With the commitment of the executive branch readily apparent, Congress also began to work on legislation which would effectively address the proliferation of narcotics and other substances. The next two decades would mark a period of increasing federal involvement in the sale and distribution and use of narcotics and other drugs.

The 1906 Food and Drug Act is widely identified as the first significant piece of federal legislation designed to regulate the distribution of certain substances. However, the Food and Drug Act did not significantly impact the drug trade. Rather, this Act simply required manufacturers to label their products with a label which listed all ingredients.

Eight years later, Congress enacted the Harrison Narcotics Tax Act. Unlike its predecessor, the Harrison Act (1914) implemented more stringent controls on the distribution of certain substances and is commonly referred to as the first national anti-drug legislation (Roman et al., 2004, 37). While the Act did not prohibit the manufacture or distribution of any particular substance, it made the following sweeping changes: 1) imposed registration requirements for both narcotic distributors and consumers; 2) imposed a tax upon the sale of narcotics; 3) imposed limits on the amount of narcotics

that could be sold; 4) required prescriptions for the distribution of narcotics; and 5) limited the use of narcotics to medical purposes (Roman, 2004, 37-38; MacCoun and Reuter, 2001).

In 1919, the focus shifted from narcotics to alcohol with the passage of the Volstead Act. The Act was subsequently adopted as the Eighteenth Amendment to the Constitution and prohibited the manufacturing, sale, import and export of alcohol. This era is commonly referred to as Prohibition and is typically portrayed as an era with an elaborate underground network of night clubs and bootleggers all designed to circumvent law enforcement efforts and deliver alcohol to a deprived public. According to Roman, et al. (2004), the passage of the Volstead Act marked the beginning of a trend which continues to today: the institutional separation of drugs and alcohol within national drug policy. Also, interesting is the difference in response. Alcohol tends to reap a more treatment-oriented legislative response whereas narcotics tend to receive a more punitive one (Roman, et al., 2004, 39).

Another pivotal and influential event occurred in 1930 with the appointment of Harry J. Anslinger as the Commissioner of Narcotics, a position within the Federal Bureau of Narcotics. Commissioner Anslinger served throughout five presidential administrations (1930-1962). Interestingly, federal drug policy mirrored the Anslinger philosophy regarding drug use. Anslinger believed that drug use was a form of voluntary deviance and therefore sought and recommended policies which provided a conservative approach to the problem: criminalization, detection, enforcement and incarceration. Thus, the next three decades brought legislation which was increasingly punitive and not treatment-oriented (Roman, et al., 2004, 36; Musto and Korsmeyer, 2002).

In 1937, Congress enacted the Marihuana Tax Act. Following the trend which was emerging among the states, the federal government prohibited the non-medicinal (and untaxed) possession of marijuana. Violations were punished with fines and/or incarceration. Medicinal and certain industrial uses were exempt from the Act and subject to a special occupational tax.

A year later, Congress passed the Food, Drug and Cosmetic Act (1938). This legislation designated the issue of drug safety to the Food and Drug Administration (FDA). Additionally, the Act defined drugs as any substance which affects the body in the absence of disease and implemented a system of classification of drugs.

During the 1940s, Congress enacted the Opium Poppy Control Act (1942) and the Narcotics Act (1946). The Opium Poppy Control Act was an attempt to regulate synthetic forms of opium and cocaine whereas the Narcotics Act significantly increased penalties for the illegal distribution of narcotics.

The 1950s resulted in even greater federal attention to the national drug problem. In 1951, the Harrison Act was amended with the passage of the Boggs Act. The Boggs Act continued a continuing trend of punitive measures designed to curb supply of and demand for narcotics. This legislation instituted a mandatory minimum graduated sentencing scheme for drug-related convictions. Sentences ranged from 2 to 5 years for first offenses to 10 to 20 years for third or subsequent offenses. The Boggs Act was followed by the Durham-Humphrey Amendment in 1951 which created guidelines for prescription drugs. The Narcotics Control Act of 1956 provided additional penalties for violations of narcotics laws, including the death penalty in cases where narcotics were sold to minors. This Act also authorized federal narcotics agents to carry firearms.



While national drug control policy was becoming increasingly more punitive throughout the 1950s the nation was entering into one of the most unusual social periods in history: the 1960s. This period was marked by the Civil Rights Movement, Equal Rights for Women and the War in Vietnam. Troubled by the punitive measures contained in the Boggs Act, the American Bar Association (ABA) and the American Medical Association (AMA) formed a joint committee to examine the national approach to drug use and formulate recommendations. Following an examination of international approaches and the national experience, the committee recommended a less punitive treatment-oriented approach to drug abuse and drug-related crime.

The work of the AMA/ABA joint committee marked the beginning of a decade during which reexamination of national drug policy was encouraged. In the year 1962, President Kennedy held a national conference which was designed to solicit suggestions to improve the response to drug use. Suggestions were focused on rehabilitation and greater coordination among federal agencies involved with the implementation of national drug policy.

1962 also included the occurrence of two other pivotal events. First, 1962 marked the end of Harry Anslinger's tenure as the Commissioner of Narcotics. Second, the judiciary handed down an opinion which clearly reflected an appreciation of the unique dynamics of drug addiction. *Robinson v. California* (1962) involved a due process challenge to a California statute which criminalized narcotics addiction. Following review, the United States Supreme Court held that it was unconstitutional to criminalize the addiction. To do so, in the opinion of the Court, was criminalization of a status rather than the criminalization of illegal conduct. Interestingly, the opinion clearly embraced

the view of narcotics addiction as a disease. The shift continued with the passage of the Narcotic Addict and Rehabilitation Act of 1966 which authorized the use of drug treatment facilities as alternatives to incarceration (Roman, et al. 2004; Nolan, 2001; Keel, 1993).

Following the assassination of John F. Kennedy, the nation continued to entertain treatment-oriented and rehabilitative policy alternatives. Thus, officially, the country was open to examination of not only its drug policy but to its traditional response to crime as well. The debate over the origins and solutions to crime and drugs proved to be an important subject in the 1964 Johnson-Goldwater Presidential campaign (Rosch, 1985). The contrast in approaches occurred along traditional lines epitomized the ongoing debate about the causes of crime and the appropriate responses.

Goldwater, a Republican, argued that crime was “the result of a weakened morality and a decline in discipline” (Marion, 1995, 95). Like other conservatives, Goldwater’s solutions included more police with greater authority and discretion coupled with tougher laws (Marion, 1995). Interestingly, Goldwater favored a strong federal role in the business of criminal justice and law enforcement (Marion, 1995, 96). Goldwater’s views reflected the classical approach to crime with its focus on free will, rational choice, deterrence and punishment.

On the other hand, Johnson, a Democrat, viewed crime as a social issue with social causes. Like Goldwater, Johnson also favored a strong federal presence to assist with crime reduction. However, the function of the federal government would be prevention, treatment and rehabilitation. Moreover, Johnson “focused his crime campaign on defining the root causes of crime and using the government to develop

programs to correct them” (Merlo and Benekos, 2004, 161). Johnson’s beliefs were clearly more in line with positivist notions of criminal behavior and its emphasis on the discovery of those factors in the environment which adversely impact human behavior. Once causes are discovered, the positivist model favors corrective action which is rehabilitative and able to promote pro-social behavior.

Following the heated campaign, Johnson was elected President and soon began work on his approach to the increasing problems associated with rising crime rates. In July of 1965, President Lyndon Johnson, by executive order, established the President’s Commission on Law Enforcement and Administration of Justice. The purpose of the Commission was to investigate the causes and nature of crime, to collect existing knowledge about the criminal justice system and to make recommendations which address how the criminal justice system may meet the “challenge of crime in a free society.” According to Johnson, “crime is a social problem that is deeply interwoven with almost every aspect of American life.” (President’s Commission on Law Enforcement and the Administration of Justice, 1967, pg. vi, all quotes).

The Commission’s report was presented to President Johnson in 1967 and focused on the social and economic variables which influence crime. In its report, the Commission recognized that the rate of violent crime in the United States was particularly troubling. The Commission attributed rising crime rates to the existence of social inequalities that went beyond poverty and unemployment. Rather, the Commission suggested that “[t]he social institutions generally relied on to guide and control people in their individual and mutual existence simply are not operating effectively in the inner city.” The Commission called for “every effort” to be made to

“strengthen the family.” According to the Commission, the most important objective for the country was to “seek to prevent crime before it happens by assuring that all Americans have a stake in the benefits and responsibilities of American life.” In addition to its attention to the root causes of crime, the Commission addressed the widespread use of incarceration as a response. The Commission acknowledged that correctional facilities did not achieve their rehabilitative goals and more often returned individuals who were no better-equipped to meet their responsibilities upon their return to society. Thus, the Commission strongly urged that the correctional system shift its focus “toward the integration of offenders into community life” (President’s Commission on Law Enforcement and the Administration of Justice, 1967, pg. vi, all quotes).

Armed with an increased sensibility to the need for rehabilitative orientation and programming, the 1970s resulted in a decade marked by legislation which increased funding for treatment and education. However, Congress continued its emphasis on enforcement and detection of criminal drug activity. This was apparent when, in 1970, Congress, with the support of the Nixon administration, enacted the Comprehensive Drug Abuse and Control Act. This Act was intended to address the distribution of illegal narcotics in a comprehensive manner and was designed to replace all previous legislation regarding narcotics. Despite the shift towards rehabilitation and treatment throughout the 1960s, the Act further limited narcotics dosages and authorized more severe prison sentences for drug violations. However, the Act did reduce federal penalties for possession of marijuana.

Two years later, Congress enacted the Drug Abuse Office and Treatment Act (1972). This Act was more in line with prevailing thought with its provision of federal

funding for programs which emphasized prevention and treatment. Additional funding was approved in the 1978 amendments to this legislation.

In 1973, Congress reorganized federal agencies which were largely responsible for the formulation and implementation of national drug policy. Congress established the Alcohol, Drug Abuse and Mental Health Administration (ADAMHA) which was a consolidation of the former National Institute of Mental Health (NIMH), the National Institute for Drug Addiction (NIDA) and the National Institute on Alcohol Abuse and Alcoholism (NIAAA). The newly-created Drug Enforcement Administration (DEA) was a new version of the former Bureau of Narcotics and Dangerous Drugs.

The late 1970s and early 1980s were marked by legislation which continued federal funding for education, prevention and treatment strategies. In 1978, Congress passed the Alcohol and Drug Abuse Education amendments which created educational programs to be administered by the Department of Education. In 1980, further funding was allocated in the Drug Abuse Prevention, Treatment and Rehabilitation amendments and in 1984, Congress established programming and treatment for drug offenders in the Drug Offenders Act.

Despite the gains in programming and funding, a shift in public sentiment regarding crime that had been steadily growing throughout the 1970s was about to transform the national approach to crime and drugs. This shift is referred to by many scholars and policy analysts as the “conservative revolution” (Currie, 1990). The essence of the conservative revolution was the view that crime was a criminal justice problem, not a social one. According to Currie (1990) this perspective had “dethroned social explanations of the causes of crime, cast the idea of the rehabilitation of offenders into

the category of the antique and faintly disreputable, relegated the belief that social programs might help prevent crime to the margins of public discourse, and simultaneously elevated the idea that crime could be best reduced by deterrence and incapacitation to a central place in public policy” (Currie, 1990, 53). Proponents viewed the surge in crime rates as a function of the “absence of sufficient punishment.” (Currie, 1990, 53). The conservative revolution was fueled, in part, by the argument that despite a decades-long emphasis on rehabilitation, crime rates continued to escalate and prisons were now overcrowded. Thus, conservatives argued that the rehabilitative approach to crime had not worked and the focus on treatment as opposed to sufficient punishment had in fact allowed violent crime, drugs and gangs to proliferate.

According to Merlo and Benkos (2004: 169), the shift is largely attributed to the following developments: (1) the discrediting of rehabilitation as a goal of criminal justice—a media message that “nothing works,” (2) the view of criminals as free-willed individuals making rational decisions to commit crime—a shift in the ideology of crime and (3) the emphasis on public safety and victims’ rights rather than concerns with offenders’ rights—politics and politicization of crime. Thus, the shift in sentiment was “a confluence of media, ideology and politics” (Merlo and Benekos, 2004, 169).

As such, the 1980s brought with it a strong “law and order” response to crime as well as the firm entrenchment of the war model. The war metaphor was especially persuasive with the public and provided a useful framework within which to present the law and order approach to crime. The Reagan administration embraced the war model and marked an approach to crime which possessed all of the hallmarks of the traditional conservative response: tougher penalties for crime, the continued use of incarceration as

the primary weapon against crime and tough anti-crime federal legislation. Moreover, during the Reagan years, states began enacting mandatory minimum sentencing schemes, eliminating parole for many types of offenders, increasing the types of offenses for which offenders may be sentenced to death (typically weapons and drug-related offenses), lowering the age at which juvenile offenders could be waived to adult courts and of course, building more prisons to accommodate all of these changes. Compounding the impact of these laws was the concurrent reduction in federal funding for “social programs.” Gradually, funding was reduced for AFDC, public medical and social services, maternal, child health care, community health centers and child abuse prevention and child protection services (Currie, 1990).

The combination of law and order and decreased funding for social services did little to alter the trends associated with rising crime rates. By the end of the 1980s the country was faced with rising crime rates, exploding prison populations and diminished social services programs. States were struggling to find solutions to the sheer costs associated with implementation and enforcement of the law and order approach to crime.

However, the use of crime as a political tool was entrenched in American politics by the end of the 1980s and successful political strategy (Democratic or Republican) demanded that campaigns tout a strong approach to crime and drugs. While the political appreciation of crime may be largely nonpartisan, differences in the choice of crime control strategies emerge along party lines. Republicans tend to focus on social control mechanisms including increased police protection, fewer restraints on law enforcement, and increased use and length of incarceration (Caldeira and Cowart, 1980; Johnson and Porter, 1978). On the other hand, Democrats typically argue for increased use of

resources to address the underlying issues associated with the occurrence of crime such as poverty, unemployment, and family disintegration (Caldeira and Cowart, 1980; Johnson and Porter, 1978).

Perhaps one of the most memorable elections involving crime-related issues occurred in 1988. George Bush effectively used the furlough turned crime spree of Willie Horton to portray Michael Dukakis as “soft on crime” (Anderson, 1995). Focus groups conducted by the Bush campaign and subsequent examination have confirmed the effectiveness of the Horton ads in the defeat of Dukakis. Many consider the Bush/Dukakis campaign to “epitomize the politicization of crime and the cooptation of criminal justice” (Hancock and Sharp, 2004, 163).

In 1992, Bill Clinton did not allow the crime issue to be dominated by his Republican opponent. (Marion, 1995). Rather, Clinton apparently learned a valuable lesson from the Horton incident, and unlike most Democratic candidates, advocated a strong law and order response to the issue of crime. Clinton campaigned on a platform that espoused support for the death penalty and “promis[ed] to put 100,000 more law enforcement officers on the street” (Hancock and Sharp, 2004,163, Marion, 1995). Clinton fulfilled his promise and in 1994 partially “[i]n response to opinion polls ranking crime as the number one problem facing the country, Congress authorized partial federal funding of an additional 100,000 local police officers” (Levitt,1997, 271).

Thus, regardless of political ideology and affiliation, crime is a significant policy issue which must be effectively addressed both before and after the election. Those who desire reelection must demonstrate a continued commitment to efforts designed to decrease crime.



Throughout the late 1980s and early 1990s the war model continued to dominate the national discussion about crime and drugs. The use of this metaphor reached its highpoint during the Bush I administration when President Bush appointed a Drug Czar and through the Office of National Drug Control Policy officially declared war on drugs (Brownstein, 1996). The aim of the “war” was to “disrupt, dismantle and ultimately destroy the illegal market for drugs” (Brownstein, 1996, 45). According to Walker (1998) the elements of a war characterize the intensive police crackdowns on street-level drug dealers; the collaboration of federal, state and local law enforcement (including the use of the military); and more punitive sentencing policies toward drug offenders (Walker, 1998, 250).

In their examination of the war model as a strategy to combat the proliferation of crime and drugs, Merlo and Benkos (2004) note the latent consequences which attended the use of the war model. These consequences included: (1) intensified racial tensions resulting from targeting minorities; (2) concerns about erosion of civil rights as aggressive law enforcement strategies are encouraged; (3) increased costs of criminal justice and (4) continued fear of crime and criminals because efforts to reduce the correlates of crime are generally minimal (Merlo and Benekos, 2004, 166; Merlo and Benekos, 1992).

As predicted by the perturbed spiral compression model (Archambeault and Archambeault, 1982), these consequences have gradually opened the door for discussion about alternatives to the traditional law and order response to crime and more specifically, drug control. While the current environment, both political and social, does not appear willing to relinquish the demand for law and order, there is a movement which

acknowledges the shortcomings of purely harsh policies which are inherently punitive and is therefore willing to consider alternatives other than incarceration. However, in order to command broad support among the public, policymakers and justice professionals, the proponents of these alternatives will have to ensure that strategies ensure accountability for offenders and public safety.

### **The Origin and Evolution of American Drug Courts**

In the late 1980s the nation was struggling with dramatic increases in crime and the high costs of incarceration. Especially troubling for policymakers was the continued and alarming increase in the number of drug-related crimes. While the link between drugs and crime has long been documented among criminal justice professionals, national rates of drug-related crimes continued to escalate in the late 1980s and into the 1990s. (Bureau of Justice Statistics, 2001). According to the Bureau of Justice Statistics, “between 1984 and 1999, the number of defendants charged with a drug offense in the federal courts increased from 11,854 to 29,306” (Bureau of Justice Statistics, 2001). According to the National Institute of Justice, approximately 83% of state prisoners scheduled for release in 1999 were involved with alcohol or drugs at the time of their offense (Office of National Drug Control Policy, 2003). Moreover, of the 1.7 million individuals incarcerated in 1996, approximately 80% had a history of alcohol and drug abuse (National Center on Addiction and Substance Abuse at Columbia University, 1998). This is consistent with data published by the Bureau of Justice Statistics. According to the Bureau of Justice Statistics, in 1997, approximately 83% of state prisoners indicated that they had used drugs in the past (Bureau of Justice Statistics,

2005). This reflects an increase from 79% of state prisoners in 1991 (Bureau of Justice Statistics, 2005).

In addition, according to the FBI as published in the Uniform Crime Report, in 1987 approximately 4.9% of homicides were drug-related (Bureau of Justice Statistics, 2005). By 1989, 7.4% of homicides were drug-related (Bureau of Justice Statistics, 2005). However, the UCR only includes those homicides which occur during a narcotics felony. As such, the percentage of homicides which are drug-related, i.e. committed to obtain money for drugs or otherwise in conjunction with the drug trade, are not included in these statistics. According to the Bureau of Justice Statistics, in 2002, 8% of jail inmates indicated that they committed a violent offense to obtain money for drugs (Bureau of Justice Statistics, 2005).

The percentage of property crimes related to drug addiction is significantly higher. According to the Bureau of Justice Statistics, approximately 25% of property offenders committed their crimes to obtain money for drugs in 2002 (Bureau of Justice Statistics, 2005). This represents an increase in the percentage of offenders (19% of state prisoners; 16% of federal prisoners) who indicated they committed their current offense to obtain money for drugs in 1997 between 1991 (17% of state inmates and 10% of federal prisoners) (Bureau of Justice Statistics, 2005).

Actual drug use among offenders is also measured at the time of arrest. The Arrestee Drug Abuse Monitoring (ADAM) program was implemented to identify drug use patterns among adult and juvenile arrestees. This program collects data from 38 sites throughout the United States. In 2000, ADAM reported that more than half of all adult and juvenile arrestees tested positive for at least one drug (Bureau of Justice Statistics,

2005). Interestingly, male adult arrestees were more likely to test positive for marijuana whereas adult females were more likely to test positive for cocaine (Bureau of Justice Statistics, 2005). According to ADAM, marijuana and cocaine were the leading drugs among juvenile arrestees as well.

As such, states were in the market for low-cost but effective crime control strategies. Given the shift in American public opinion toward crime and criminal offenders, especially those involved in the drug trade, policymakers and politicians were sensitive to the need to fund programs which guaranteed accountability, deterrence and swift implementation. Gone were the days when correctional officials could stress rehabilitation and long-term correctional strategies. The public wanted immediate intervention with swift consequences.

Despite the increasing demand for incapacitation and deterrence of criminal offenders which followed a decade of the War on Drugs, many states faced federal mandates to reduce prison overcrowding. The philosophy of locking up offenders and throwing away the key had given rise to a significant increase in prison populations, notably a luxury which very few states could reasonably afford or effectively manage. Thus, while conservative crime control strategy was both marketable and palatable to the polis, the expense of “get-tough” policies was taking its toll. Moreover, many offenders serving lengthy prison sentences were non-violent offenders who were engaged in drug-related offenses and had been sentenced pursuant to three-strikes laws and minimum mandatory sentencing schemes. According to Shanahan, et al. (2004), “the rapid growth in prisoner numbers coincided with rising bureaucratic and political skepticism about the

effectiveness of jail in dealing with drug offenders” (Shanahan, et al, 2004, 3; U.S. Department of Justice 1997).

Florida, like most other states in the late 1980s, was faced with a federal mandate to reduce prison overcrowding. Given the popularity of conservative crime control policies throughout the last two decades, the state was without many effective alternatives to handle those individuals who would be released from state institutions as well as to serve as effective community-based correctional strategies in the future. In response to the mandate and the concurrent fear of sanctions and possible loss of federal funding which typically accompanies noncompliance with such edicts, the Supreme Court of Florida created a commission to be chaired by Judge Herbert M. Klein to conduct research into a resolution which would effectively handle the systemic increase in drug-related offenses and offenders (Wiseman, 2005; Nolan, 2001). The true task for the Commission was to formulate alternatives which addressed the needs of drug-related offenders yet protected public safety (Roman, et al., 2004; Nolan, 2001). The Court provided Judge Klein with a one-year leave of absence from his judicial duties as chief judge of the 11<sup>th</sup> judicial circuit in order to facilitate his research (Wiseman, 2005; McAulye, Giever & Mays, 1998).

The result of Klein’s research revealed that a significant proportion of the increase in prison populations was related to the drug trade and drug use and addiction. Like many others, Klein found that a large number of inmates in state institutions were convicted of drug-related offenses (Wiseman, 2005). Moreover, Klein’s research revealed that a significant percentage of these individuals had been in and out of Florida’s criminal justice system due to ongoing problems with drug addiction (Wiseman, 2005).

Based on his findings, Judge Klein proposed a unique alternative to incarceration of drug-addicted offenders: a treatment-based, judicially-administered intervention program. The combined approach of treatment and judicial supervision was designed to effectively manage the unique circumstances of the drug-addicted offender. The program was designed to specifically provide attention to the underlying problem faced by these offenders: drug addiction. However, this attention and treatment was provided within the judicial milieu and as such, while coercive in nature, provided many offenders with the structure that was conducive to their success. Supporters suggested that such an approach was more likely to reduce recidivism among these offenders given the focus on the root cause of their criminal behavior.

As a result, the first drug court program was created in Dade County, Florida in 1989 (Wiseman, 2005; National Criminal Justice Reference Service, 2005a, 2005b; Roman, et al., 2004; Nolan, 2001). The program was community-based yet stressed accountability for offenders. Moreover, much of the cost of such programming was offset by the payment of fees by participants. Such characteristics satisfied the need for effective intervention with drug-addicted offenders while providing accountability in a cost-effective manner. Thus, with the creation of this unique alternative, the demands of the public, the judiciary, policymakers and federal authorities were seemingly addressed in an effective and workable manner.

While the Dade County Drug Court Program is universally cited in the relevant literature as the country's first drug court program, Belenko (1998) acknowledges that the concept of specialized courts designed to hear drug cases did not begin with the creation of the Dade County Drug Court. Rather, New York City and Chicago experimented with

the use of “drug case courtrooms” in the early 1950s (Belenko, 1998, 4). Moreover, in response to growing issues with heroin addiction, New York City developed a system of “Narcotics Courts” in the early 1970s (Belenko, 1998, 4). Yet, Belenko (1998) notes that neither the drug case courtroom nor the narcotics courts emphasized treatment of offenders.

While it may not be the first of its kind, the creation of the Dade County Drug Court quickly generated widespread interest which eventually resulted in the First National Drug Court Conference. The conference was held in Miami, Florida in 1993 and attendees included judges, prosecutors, defense attorneys and drug treatment professionals (Wiseman, 2005; National Institute of Justice Update, 1995). The official purpose of the meeting was to generate a blueprint for the development of drug court programs. The chief accomplishment during the conference was the development of a list of essential elements of successful drug court programs (Wiseman, 2005; National Institute of Justice Update, 1995). This list of core requirements for successful drug court programs was designed to ensure that drug court programs adhered to a core group of central tenets in order to ensure the integrity of the intervention. These tenets are more thoroughly discussed in the following section.

The number of drug courts has steadily increased over the last two decades. An important factor which has significantly contributed to the national growth of drug courts is the Violent Crime Control and Law Enforcement Act of 1994 (P.L. 103-322). This legislation includes “. . . federal support for the planning, implementation and enhancement of drug courts for nonviolent drug offenders” (Belenko, 1998, 5). In addition, in 1995, the Drug Courts Program Office was established under the auspices of

the Department of Justice. This office was created to facilitate the provision of grants to states for the establishment of drug court programs (Cooper, 2001). The Drug Court Grant Program is a competitive, discretionary grant program designed to assist communities with planning, implementation and enhancement of drug courts (Cooper, 2001, 12). According to Belenko, “[b]etween 1995 and 1997, the United States Department of Justice, through its Drug Courts Program Office (DCPO)<sup>3</sup>, provided a total of \$ 56 million in funding to drug courts” (Belenko, 1998, 5).

According to the Bureau of Justice Assistance, as of April 2006, there were 1,557 fully operational drug courts throughout the United States and an additional 394 which are currently in the planning stages (Bureau of Justice Assistance, 2006). Moreover, the use of drug court programming has also proven attractive to the juvenile court system. As of April 2006, 406 juvenile, 166 family and 14 blended drug courts were fully operational in the United States with an additional 101 juvenile, 86 family and 5 blended drug courts in the planning stages (Bureau of Justice Assistance, 2006). In addition to use of drug court programming within the traditional adult and juvenile court systems, there are currently 62 fully operational tribal drug courts and 61 others which are in the planning stages (Bureau of Justice Assistance, 2006). In addition, the drug court model has been implemented abroad. Drug courts are currently operational in Puerto Rico, Guam and Australia (Sanford and Arrigo, 2005).

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<sup>3</sup> The Drug Court Program Office (DCPO) is no longer operational.



## The Drug Court Model

As noted in the preceding section, the meeting of the First National Drug Court Conference led to the development of the essential elements of a successful drug court program (Wiseman, 2005; National Institute of Justice Update, 1995). These elements are as follows:

- Judicial commitment and leadership
- Collaboration among criminal justice agencies, the courts, treatment agencies and community organizations
- Education and training programs in substance abuse, addictive behaviors and their treatment for relevant personnel within the judicial system (prosecutors, defense counsel, judges, treatment providers and public health officials)
- A specific target population, defined as such by reference to its drug involvement and risk to public safety
- A custom designed treatment program addressing the specific treatment needs of the target population
- Integrated information management that links the court with criminal justice and treatment agencies and also provides adequate supervision for defendants and offenders
- A detailed and comprehensive drug court implementation plan that would include benchmarks, orientation and training for all affected personnel
- Funding sources to support such drug court implementation and maintenance
- An assessment strategy that defines outcomes and identifies the kind of evidence required to measure those outcomes, as well as a timetable for reporting and analyzing those outcomes (National Institute of Justice Update, 1995, pp. 1-2).

Despite the existence of these guidelines, there is no uniform model for drug court programs. Rather, while much similarity exists there is significant variance among drug court programs throughout the country as well as among programs in the same state.

This, of course, has translated into difficulty for evaluators who desire to measure the success of drug court programming. While a uniform model is elusive, drug courts, at least true drug courts, share common goals. These goals are to decrease criminal recidivism; to provide cost-effective intervention with drug offenders; to concentrate expertise about drug cases into a single courtroom; to increase retention in drug treatment through judicial supervision and sanction; and to provide drug-involved offenders with the opportunity for affordable treatment; to address other needs of drug-involved offenders through clinical assessment and effective case management; and lastly, to “free up” judicial, prosecutorial and defense resources for other types of cases (National Drug Court Institute, 2004; Belenko, 1998).

Despite the lack of a uniform drug court model, there are certain key features which are common to most, if not all, drug court programs. These components include the use of participant screening, voluntary participation, pre-trial diversion or probation, treatment, case management, coordination among treatment providers and court personnel, judicial supervision of participants as well as sanctions and rewards for participants.

#### *Participant Screening and Selection*

Drug court programs utilize a host of screening tools to assist with participant selection. In most jurisdictions, eligibility criteria are determined at the state level and typically contained in a statute. While eligibility criteria vary considerably, most states or jurisdictions restrict participation to non-violent or first-time offenders. Many programs exclude individuals who are charged with or have past criminal histories

involving violent offenses such as murder, rape, robbery or others. In addition, most programs exclude individuals who are charged with or have a history of the sale or distribution of a controlled substance. Such exclusions attempt to limit participation in drug court to the non-entrepreneurial drug-related offender. Thus, offenders who are clearly involved in the drug trade are typically excluded.

Moreover, participants must acknowledge their drug-related problems and demonstrate a desire for treatment. Proper screening is essential to the operation of the drug court and to ensure that those individuals who will benefit most receive services.

However, some discussion of the use of such selective criteria poses interesting questions for analysts and requires attention to a phenomenon which is commonly referred to as “widening the net” (Sigel and Senna, 2000). Widening the net describes the process which occurs when “programs which are designed to divert offenders from the justice system actually involve them more deeply in the official process” (Siegel and Senna 2000, 32). For example, many offenders whose cases are processed by drug courts may have, in the absence of a drug court program, have had their cases “passed to the files” or dismissed due to the low priority of non-violent or misdemeanor offenses in certain jurisdictions which may be suffering from overburdened dockets, low funding, or high rates of violent crime. Thus, many argue that drug courts courts, like other diversionary programs, actually widen the net and include many offenders (adult and juvenile) in a process which they would have otherwise avoided.

This phenomenon particularly troubles labeling theorists who suggest that contact with the official justice system increases the likelihood that an individual will be labeled as deviant or criminal (Champion 2004; Siegel and Senna 2000). Once the label attaches,

members of the community and justice professionals react to the individual in accordance with the label (Champion 2004; Siegel and Senna 2000). The result of official and unofficial labeling is akin to a self-fulfilling prophecy which is fulfilled when the individual accepts the label and thereafter behaves accordingly (Champion 2004; Siegel and Senna 2000).

### *Voluntary Participation*

Voluntary participation is essential to the fidelity of drug courts. Because drug courts are treatment-oriented, participation is not mandatory nor will judges mandate participation by an unwilling defendant. Rather, drug court participants must be willing and able to undergo drug treatment, counseling, life skills training and to obtain employment. Thus, the typical drug court participant is a person who acknowledges their drug problem and is willing to accept treatment. While the agreement to participate in drug court programs is voluntary, a coercive element does accompany this participation. Interestingly, a growing body of research suggests that coerced treatment may be as effective as that which is purely voluntary in nature (Butts, et al., 2004; Anglin, Brecht and Maddahian, 1989; Belenko, 1999; Collins and Allison, 1983; Hubbard et al., 1989; Lawental et al., 1996; Miller and Flaherty, 2000; Siddall and Conway, 1988; Swartz, Lurigio and Slomka, 1996; Trone and Young, 1996.)

### *Pre-trial Diversion or Probation-based Drug Courts*

A survey of existing drug court programs reveals that there are two primary types of programs. The most popular alternative is the use of drug court as a pre-trial diversion

program. Diversion programs are designed to provide an alternative to traditional judicial process. However, drug courts are only one example of the many varieties of diversionary programs that currently exist. In exchange for participation in drug court, the offender avoids a trial. In most diversion drug court programs, no plea is required of the offender. Thus, the offender is not required to plead guilty to the offense in order to participate. As a result, these programs are also commonly referred to as “pre-plea” programs. Such programs are also referred to as “non-adjudicatory” in nature because the offender avoids a criminal conviction for their offense, i.e. the offender is non-adjudicated. Thus, if the participant successfully completes the drug court program, their current charge is forgiven in a sense.

Alternatively, if the offender fails to successfully complete the drug court program and is terminated, the pending criminal charge is reinstated and the offender returns to face trial. As with all diversion programs, due process and speedy trial issues are waived by the defendant as a condition of participation. Once returned to face trial, however, the defendant is vested with all constitutional rights that normally attend the criminal justice process.

Not all programs are diversion-based. Rather, the other common drug court model is the probation-based program. In these programs, the offender proceeds through the traditional judicial process and if convicted (adjudicated) or enters a guilty plea, is placed on probation. Thus, these programs are also referred to as “post-plea” programs.

Probation is a conditional arrangement between the offender and the state. In exchange for adherence to the conditions of probation, the offender may remain in the

community with supervision. In many jurisdictions the offender may agree to participate in drug court as a condition of their probation. Failure to adhere to the rules of drug court will result in a probation violation and possible revocation. If probation is revoked, the offender will receive a sentence, which typically includes incarceration, fines or a combination thereof. However, in both models, drug court participants are typically supervised by a probation officer.

### *Assessment and Treatment*

The essence of a drug court program is accurate assessment followed by a coordinated treatment plan. As with screening, drug court programs utilize a host of tools to assess participants. Accurate assessment is critical to the success of the drug court model. Assessment provides the necessary information in order to formulate a realistic and appropriate treatment plan for the participant. In drug court programs, a significant amount of information is gathered from the participant during the intake phase.

Drug court programs are designed to be flexible enough to allow for individual treatment plans for each participant which, in turn, allows the program to address any unique needs of the participant. While there is flexibility, most drug court programs are organized into structured phases which vary in terms of the type of treatment, expectations of the participant and the level of supervision. The length as well as the number of phases varies among programs. However, most programs have four or five phases. In *Defining Drug Courts: The Key Components* (1997), the Office of Justice Programs suggests three phases, each of which takes approximately fifteen to twenty months to complete. The range of therapeutic intervention is vast and the type of

intervention which is offered within each drug court program is largely determined by availability within geographic area of the drug court and the cost. Common treatment modalities for substance abuse include: Multisystemic therapy (MST), Multidimensional Family Therapy (MDFT), Moral Reconciliation Therapy (MRT), Relapse Prevention, Individualized Drug Counseling (IDC), Supportive-Expressive Psychotherapy (SEP), Motivational Enhancement Therapy (MET), Behavior Modification, Community Reinforcement Approach (CRA). (Rossman, et al. 2004; National Institute on Drug Abuse, 1999).

In many programs, the initial phase requires detoxification and/or inpatient drug treatment. As the participant progresses (or graduates) through subsequent phases treatment is typically administered on an outpatient basis. Based upon the assessment, drug treatment may include detoxification, counseling and mental health services, family therapy and other forms of therapeutic intervention.

However, treatment in drug court programs is not limited to traditional therapeutic intervention. Rather, treatment as used in the drug court literature often includes educational and vocational services, literacy skills, mentoring, participation in pro-social activities, parenting classes, anger management treatment and other forms of support services.

Research continues to confirm the value of appropriate drug treatment to the reduction of drug use and criminal activity (Butts, et al., 2004; Anglin, Hser and Grella, 1997). However, with many forms of treatment retention of participants is problematic. Thus, programs which are able to increase retention will be more effective. Supporters suggest that the drug court model, with its emphasis on intensive case management,

supervision and monitoring, is able to encourage participants to remain in treatment (Butts, et al., 2004; Belenko, 2004; Roman and DeStefano, 2004).

### *Case Management and Supervision*

According to Butts, et al. (2004, 228-9), case management fulfills two roles in the drug court program. First, as gatekeeper for the criminal justice system and second, as facilitator of client services (Roman, Harrell and Sack, 1998). Case management involves assessment of program eligibility and treatment needs; identification of social service needs, linking clients to appropriate treatment, monitoring client progress in treatment and reporting the status of participants to the court (Butts, et al. 2004, 229). Clearly, the case manager occupies a vital role in the drug court and is commonly viewed by many as the linchpin of the process. In many drug courts the case manager or administrator oversees the daily operations of the drug courts and typically has the greatest amount of contact with clients. In some jurisdictions, the case manager is responsible for conducting urinalysis as well. In most jurisdictions, the case manager is responsible for reporting violations to the court and making recommendations regarding sanctions. According to Butts, et al. (2004, 229), many case managers possess the authority to impose sanctions for violations that do not warrant an appearance before the court.

Ongoing and appropriate case management is believed to encourage retention of drug court participants (Butts, et al. 2004; Schwarz et al., 1997). Given their proximity to drug court participants, case managers are able to thwart potential problems in advance and immediately address client needs. As a result, circumstances which may lead to



reduced retention in other programs can be resolved. Thus, with increased attention case managers are able to more effectively manage common occurrences which may otherwise inhibit client participation.

### *Coordination and Integrated Service Delivery*

As stated earlier, the provision of treatment and services in a structured setting is one of the primary goals of drug court programs. Professionals associated with drug court programs normally function as a team in order to coordinate their efforts. Thus, most programs require professionals to meet on a weekly or biweekly basis to discuss participant progress and needs. Such an approach allows all relevant professionals (drug court staff, therapeutic professionals and other service providers) to come together in order to facilitate the appropriate and efficient delivery of services. The anticipated result is more effective communication among the drug court team and ancillary service providers.

### *Judicial Interaction and Supervision*

One of the most unique aspects of drug courts is the extent of interaction between the participants and the judge. Drug court judges have an unusual relationship with drug court participants when compared to the level and nature of contact involved in traditional processing in the criminal justice system. In drug court programs, judges are expected and encouraged to develop rapport with the participants and an enhanced level of knowledge regarding the participants. In addition, drug court judges typically develop an appreciation of the participant as an individual as opposed to an offender. Some judges

tend to function as a paternalistic figure. In addition, most drug court judges undergo training and education to assist with understanding the nature of drug addiction, available treatment alternatives and the manner in which coordinated service delivery should be administered.

In an evaluation of a Hawaii drug court, Kassebaum and Okamoto (2001) found that the “dual capacity of the judge as both a formal and informal activist in the drug court model was noted as the most influential structural component of the court” (Sanford and Arrigo, 2005, 249; Kassebaum and Okamoto, 2001). These findings are consistent with an examination of the role of the judge in a California drug court (See Burns and Peyrot, 2003).

### *Sanctions and Rewards*

One of the primary goals of a drug court is to provide treatment in a structured setting which requires accountability of offenders. The primary means through which accountability is achieved in the drug court setting is through the application of sanctions and rewards. According to Cesare Beccaria (1981, 1764), in order to achieve its goal, effective punishment should be certain, severe and swift. Only when these elements converge will the threat of punishment actually deter individuals. In most cases, drug court sanctions and rewards are designed with these three characteristics in mind.

Sanctions and rewards are typically graduated and in most cases pre-determined. Participants are typically advised of the penalty for violations and the reward for successful accomplishments. For example, in one program participants are advised that

testing positive for drugs will result in three days in jail during Phase One. Certainly, there are always exceptions.

Rewards are designed to provide incentives for participants as well as acknowledge their accomplishments. Rewards range from tangible items like gift certificates to programmatic items like bonus credits. However, given the unique nature of drug addiction, rewards must be chosen very carefully. Thus, certain items that could be easily traded for drugs or sold for drug money are discouraged.

#### *Felony vs. Misdemeanor*

Distinctions also exist among drug courts with regard to the type of case. Drug courts may be limited to cases which are felonies or misdemeanor. A felony is generally defined as a criminal offense which is punishable by more than one year in the state penitentiary. A misdemeanor is typically a less-serious criminal offense which is punishable with a monetary fine or a period of time in the local jail. Thus, the primary distinction lies with the severity of the offense and the nature of the punishment.

#### *Adult vs. Juvenile Drug Courts*

Having reviewed the common elements of drug courts, it is important to understand the differences which exist. One of the primary differences which exist among the provision of drug court programming lies with the target population. Currently, drug courts exist for both adult and juvenile offenders. While the key components of each are largely the same, there are some differences which warrant discussion.

Cooper (2001) identifies four areas of distinction among adult and juvenile drug courts. However, most of the differences identified by Cooper (2001) are an extension of one primary concern: that juvenile drug courts ensure that services and treatment modalities are appropriate for juveniles.

The first major difference identified by Cooper (2001, 217-218) is the significant difference in target populations and its impact on eligibility criteria (Cooper 2001, 217-218). The fact that the target population involves juvenile offenders requires special attention to ensure the philosophy and mission of the drug court is one that is appropriate for youthful offenders. Interestingly, the treatment-oriented approach of drug courts is entirely consistent with the philosophy of the juvenile court and its *parens patriae* function.

Another difference between juvenile and adult drug courts is the need for treatment and services which are tailored to meet the unique needs of adolescent substance abusers. Cooper (2001) argues that juvenile drug courts must not discount the impact of adolescence on the behavior of drug court participants. Again, however, the locus of most juvenile drug courts is under the auspices of an existing juvenile court and as such, these concerns are already familiar to those professionals.

In juvenile drug courts, heightened awareness must exist regarding the role of family and peers in life of the juvenile. This is especially true when the home life of the juvenile is not conducive to sobriety. While adult drug court participants have a greater degree of control over their living arrangements, juveniles do not. As such, many jurisdictions opt for home-based services and family-oriented treatment modalities to encourage the involvement of the family in a productive manner (Rossman, 2004 et al.;

Cooper, 2001). Lastly, sanctions, rewards and incentives must be appropriate for juvenile participants (Cooper, 2001). Sanctions for juvenile participants include research papers, letters of apology, attendance at a victim impact panel or paying for missed appointments. Rewards may include gift certificates, being excused from drug court meeting or verbal praise.

Another important consideration which emerges is confidentiality. Unlike their adult counterparts, juvenile courts are confidential. Thus, the juvenile court is not an open forum for the public, nor are juvenile records and court files available for public scrutiny. As such, juvenile drug court programs which utilize a network of service providers must ensure that these providers understand the nature of the juvenile court system. Many juvenile court drug programs require treatment and service providers to execute confidentiality agreements to ensure privacy for juvenile participants. However, confidentiality policies and agreements must ensure that the drug court team and service providers have access to necessary information (National Drug Court Institute/National Council of Juvenile and Family Court Judges, 2003).

The final issue which emerges when considering juvenile drug court programs is the need to establish a solid relationship with the educational system. While adult drug court programs may address obtaining a GED, enrolling in community college or university courses, juvenile drug court programs must work to incorporate school attendance and truancy issues within its mission. Thus, with juvenile drug court programs the educational system the family are additional stakeholders.

Clearly, a significant amount of variance exists among drug court programs. However, the key tenets of the drug court model typically serve as the blueprint with

jurisdictions having to fine tune their programs based on demographics which exist within their jurisdiction, available services within the community, cost of services and any unique needs of their community. The differences among types of drug court programs have proven challenging for evaluators to compare success among different programs. However, a significant and growing body of literature exists with regard to drug court evaluation. Yet, it is only through robust evaluation that we may learn whether drug courts fulfill their goals or are simply another popular alternative.

### **Perception versus Performance: Evaluations and Outcomes**

Drug courts have proven to be extremely popular. In the two decades which have given rise to widespread growth of drug courts, the public, justice professionals and treatment providers appear to be pleased with the model. However, the question remains: are drug courts effective tools in the fight against drug-related crime?

Significant evaluation of drug court programs has occurred and the results are encouraging. However, evaluations are as varied as drug court programs. As such, the literature does not reveal a one-size fits all method which is appropriate for drug court evaluation. Rather, as with evaluations of other programs, the traditional indicators of success include low rates of recidivism, cost-effectiveness, and retention rates (National Drug Court Institute, 2004).

Evaluations of drug courts utilize either outcome measures, process measures or cost-benefit analysis. Outcome measures typically include those relating to drug involvement and criminal activity and those which indicate improvements in life circumstances (Bureau of Justice Assistance, 2006). Measures which related to drug

involvement and criminal activity include drug test results, rearrest rates, length of time to rearrest, subsequent convictions and self-reported drug use. Measures related to improvement in quality of life include educational attainment (high school diploma, GED, vocational classes), mental and physical health, employment, reduction in public assistance, and the ability to maintain housing or stable living arrangements.

Process measures are also common in the literature relating to drug court performance. According to Logan, et al. (2000, 370), “a process evaluation, in contrast to examination of program outcome only, can provide a clearer and more comprehensive picture of how drug court impacts those involved in the drug court process (e.g. judges, staff, clients, defense attorneys, treatment providers and prosecutors).” According to Sanford and Arrigo (2005), “[d]rug court process studies attempt to move beyond the goals of traditional outcome evaluations by examining the key processes and structural components of drug courts” (Sanford and Arrigo, 2005, 247).

Process measures generally examine issues such as admissions (number, nature and quality), completion and attrition rates, sanctions and rewards, services provided (including inpatient and outpatient services), drug testing (number, nature and quality), length of time participant remains in program, type and nature of contact with the judge and the overall level of supervision of participants (Bureau of Justice Assistance, 2006; Festinger et al., 2002; Goldkamp, 2003; Kassebaum & Okamoto, 2001; Longshore et al., 2001; Marlowe et al., 2003; Olson, Lurigio & Albertson, 2001; Saum, Scarpetti & Robbins, 2001).

Measures of cost-effectiveness typically include a comparison of the cost of drug court programming as compared to traditional probation or incarceration, cost savings

associated with integrated service delivery and use of contract providers, cost savings generated from fee and fine payments by participants and cost savings generated from public assistance, unemployment and other forms of public assistance.

### **Limitations of Prior Research**

Despite the abundance of drug court evaluation which has occurred, many of the projects suffered from a lack of methodological rigor and as such, the results of these evaluations must be interpreted with caution (Sanford and Arrigo, 2005: 241; U.S. GAO, 1997; U.S. GAO, 2002; U.S. GAO 2005; Belenko, 1998; Belenko, 1999, Belenko, 2001). In response to a mandate contained in the 21<sup>st</sup> Century Department of Justice Appropriates Authorization Act<sup>4</sup>, the United States General Accounting Office, hereinafter “GAO”, conducted its own evaluation of the drug court performance literature and the effectiveness of drug courts.

The first GAO summary report was released in 1997. The 1997 report contained an analysis of twelve drug court evaluations. Following its review, the GAO found that the evaluations varied significantly in terms of “validity, methodology and scope” (Sanford and Arrigo, 2005, 241). As such, the GAO concluded that no representations regarding the effectiveness or ineffectiveness of drug courts could be made (Sanford and Arrigo, 2005, 241; U.S. GAO, 1997). The GAO noted that these evaluations were positive but “presented little empirical evidence about the effectiveness of drug court programs in reducing recidivism and substance abuse.” (U.S. GAO, 2005, 4).

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<sup>4</sup> Pub. L. No. 107-272, 116 Stat. 1758, 1799 (2002).



In its 2002 report, the GAO specifically commented on the failure of the Drug Court Program Office to effectively manage data submitted by drug court programs (Sanford and Arrigo, 2005, 241; U.S. GAO, 2002). This, in turn, contributed to the inability to conduct reliable studies regarding drug court effectiveness (Sanford and Arrigo, 2005, 241; U.S. GAO, 2002). Specifically troubling to GAO was the failure to the DCPO to implement a prior recommendation by GAO which encouraged the collection of data on a national level regarding post-program drug relapse or recidivism data (Sanford and Arrigo, 2005, 241; U.S. GAO, 2002).

Belenko (1998, 1999 and 2001) also noted deficiencies in prior research. Like GAO, Belenko (1998, 1999 and 2001) acknowledged that weaknesses in previous studies included the failure to utilize a comparable control group, short follow-up periods and the failure to measure program outcomes other than recidivism (Sanford and Arrigo, 2005).

In his initial evaluation of existing research, Belenko (1998) reviewed thirty evaluations of twenty-four drug court programs. Following review, Belenko (1998, 22) identified several “gaps in our knowledge about drug courts.” These gaps include the following: the need for longer follow-up periods, use of alternative outcomes (most studies utilize rearrest), more extensive cost-benefit analysis, in-depth examination of treatment services and the impact of those particular services on outcomes, follow-up evaluations for programs still in the developing stages to assess incremental changes and implementations of programmatic changes and greater use of experimental designs with random assignment (Belenko, 1998, 22-23). In addition, Belenko (1998) encouraged the development of baseline measures to gauge the treatment of drug-related offenders in that jurisdiction prior to the implementation of the drug court program. While Belenko

(1998) acknowledged that the development of baseline measures could be a cumbersome and labor-intensive endeavor, the effort would be worthwhile to “provide some comparison group data and to support any future efforts to estimate cost savings from the drug court” (Belenko, 1998, 22).

### **Drug Court Performance: General Findings**

The most recent U.S. GAO report was released in 2005. The 2005 report began with a sample of 117 evaluations of adult drug court programs in the United States which were published between May 1997 and January 2004. These evaluations examined recidivism, substance use relapse or program completion outcomes (U.S. GAO, 2005). From this sample, 27 evaluations which met certain methodological criteria (use of and comparison with an appropriate control group) were selected for further review.<sup>5</sup> The 27 evaluations provided information on 39 adult drug court programs. In addition to the review, GAO staff conducted interviews with drug court research analysts and officials at the Department of Justice, the National Institute on Drug Abuse and the Office of National Drug Control Policy (ONDCP) (U.S. GAO, 2005).

From a more sound methodological basis, the GAO reached some general conclusions regarding the performance of drug courts which may be summarized as follows:

1. Lower recidivism rates (including rearrest and reconviction) rates among drug court participants than control group members.
2. Fewer recidivism events among program participants when compared to control group members.

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<sup>5</sup> Four of these studies contained sufficient cost-benefit data. (U.S. GAO, 2005).

3. Lower recidivism rates among drug court participants regardless of the type of offense committed by the participant.
4. Inconclusive evidence regarding the impact of drug court operation and programming (judicial behavior, amount of treatment received, level of supervision, sanctions) on recidivism.
5. Reduction in recidivism rates continued for “some period of time” (typically one year) after participants completed the drug court program.
6. Mixed results regarding substance use relapse.<sup>6</sup> Drug test results indicated a reduction in use while participants were active in the program, however, self-report measures showed “no significant reductions in use.”
7. Completion rates ranged from 27 to 66% among programs. Compliance with program requirements was the only variable which “consistently predicted” program completion.
8. Of those programs with sufficient cost-benefit data, six resulted in costs which exceeded traditional processing. However, when the net benefit of drug court programming is measured with the inclusion of savings from recidivism and costs to victims, those programs produced a positive net benefit (U.S. GAO, 2005).

Thus, the GAO findings are encouraging for the continued use of drug courts.

GAO recommendations for future research include the examination of participant characteristics and program components which are related to program compliance in light of the significant relationship between program compliance and completion and reduced recidivism (U.S. GAO, 2005, 7). Thus, future research endeavors should focus on the existing or development of program features which contribute to increased retention.

Despite the limitations of previous studies, Belenko (1998, 1999, 2001) like GAO, acknowledges that the preliminary data regarding drug courts is both positive and consistent. Belenko (1998) acknowledged that drug courts are more successful in retaining offenders in treatment, provide greater supervision than traditional supervision,

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<sup>6</sup> Substance use relapse data were available from eight of the evaluations reviewed by GAO.

have resulted in substantial reductions of criminal behavior while clients are participating in the drug court program which generally continues for a period of one year post-program and generate cost savings. In addition, Belenko (1998) concludes that “drug courts have been successful in bridging the gap between the court and the treatment/public health systems and spurring greater cooperation among the various agencies and personnel within the criminal justice system, as well as between the criminal justice system and the community” (Belenko, 1998, 21).

In his most recent analysis of drug court research, Belenko (2001) concluded that studies continue to indicate the reduction of crime and substance abuse among drug court participants when compared to similar offenders (Belenko, 2001,1). Further, Belenko (2001) concluded that current evaluations demonstrate that completion rates of drug court participants range from 36 to 66 percent (Belenko, 2001, 1).

Wilson, et al. (forthcoming) also conducted a synthesis of the existing drug court evaluation research. Like Belenko (1998, 1999, 2001) and the U.S. GAO (1997, 2002, 2005), Wilson, et al. concluded that evidence suggests that drug court participants are less likely to reoffend when compared to offenders who receive standard probation as a disposition.

Having reviewed the existing literature which synthesizes the wealth of existing literature, the following sections will examine the literature within the framework of more specific issues: recidivism, retention rates and cost-benefit of drug courts.

## *Recidivism*

When evaluating programs within the justice system, many researchers rely on recidivism as a measure of whether the particular program is effective. Scholars, practitioners and the public generally conclude that effective programs reduce crime on a general or specific level. General deterrence suggests that the presence of suitable sanctions or punishments will deter criminal activity by others (Siegel and Senna 2000). Thus, the possibility of punishment is sufficient to prevent or deter others from engaging in illegal behavior. In contrast, specific deterrence refers to the impact of punishment or the threat thereof on a particular individual (Siegel and Senna, 2000). For example, those individuals who are incarcerated are deterred, through incapacitation, from committing additional crimes.

As such, one method through which to evaluate whether a particular program or policy is an effective deterrent is to measure the rate of recidivism among those who have been subjected to the program or policy. Those programs with little or no effect on recidivism are viewed as ineffective whereas programs whose participants are less likely to re-offend are deemed effective.

As noted in the preceding section, the research indicates that drug courts are an effective tool in reducing recidivism among program participants and graduates. In 2003, the National Institute of Justice released its findings from a nationwide evaluation of 17,000 drug court graduates (Roman, et al. 2003). Only 16.4% of program graduates had been rearrested for a felony within one year following program completion.

According to the National Drug Court Institute (2004), the largest statewide study on drug courts evaluated drug courts in New York. Examination of recidivism rates

revealed that drug court participants were, on average 29% less likely than non-participants to re-offend within a three-year follow-up period (Rempel, et al., 2003).

In one of the most frequently cited works, Gottfredson and Exum (2002) found that drug court participants had significantly lower rates of recidivism than individuals in a comparable control group. This study was designed to examine the impact of the Baltimore City Drug Treatment Court (BDTC). Most importantly and unlike many other evaluation efforts, this study incorporated random assignment of offenders into either a treatment (drug court) or control group (probation). Data included information obtained at intake, criminal history records as well as twelve-month treatment and recidivism data.

Gottfredson and Exum (2002) found that drug court participants (48%) were significantly less likely than their counterparts (64%) to be rearrested. Further, drug court participants had a sixteen percent (16%) reduction in the rate of arrest one year following admission into the program (Gottfredson and Exum, 2002, 350). In addition, the difference between new arrests and new charges among participants and the control group was statistically significant with drug court participants have fewer numbers of new arrests and charges. Moreover, nearly four times as many control group members were rearrested for a violent offense when compared to the drug court participants (Gottfredson and Exum, 2002, 350).

In an effort to continue the examination of the Baltimore City Drug Treatment Court, Banks and Gottfredson (2004) examined time to rearrest among drug court participants. This project utilized an experimental design to examine the impact of drug court treatment on time until first arrest during a two-year period following

randomization. The authors employed survival analysis<sup>7</sup> to determine whether drug court participants had a significantly longer time to failure than control sample members (Banks and Gottfredson, 2004, 646). In general, Banks and Gottfredson (2004) found that drug court participants as significantly less likely to fail (rearrest) and had a longer time to failure.

An evaluation of two Florida drug court programs indicated that drug court graduates were significantly less likely than their probation counterparts to be rearrested and had fewer arrests during a thirty-month follow-up period (Peters and Murrin, 2000). In addition, rates of arrest among drug court participants declined in proportion to the duration of drug court participation (Peters and Murrin, 2000). The time to rearrest among drug court participants was also significantly longer than the time for non-participants.

In their evaluation, Wolfe, Guydish and Termondt (2002) found that rearrest rates during a two-year follow-up period were considerably lower for drug court participants (19%) than for non-participants (53%). Similar findings were reported by Fielding, et al. (2002) in their evaluation of a drug court program in Los Angeles County. During a twelve-month follow-up period, Fielding, et al. (2002) found that 20% of drug court graduates reoffended compared to 51% of offenders who did not participate in a diversion program. Fielding, et al. (2002) also found that the rate of drug-related arrests among drug court graduates was significantly less than those among the control group.

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<sup>7</sup> Survival analysis examines the relationship among offender characteristics, intervention type, offense-related variables and time to rearrest (Banks and Gottfredson, 2004; 646).

Brewster (2001) found that Pennsylvania drug court participants had a rearrest rate of 5.4% as compared to 21.5% rearrest rate of nonparticipants.<sup>8</sup>

### *Program Retention*

Another common indicator of drug court effectiveness presented in the literature is program retention. One of the inherent challenges for strategies designed to facilitate drug treatment is program retention, i.e. the ability to maintain the participant in the program long enough to produce meaningful change. Given the dynamics of addiction, the first several months are an extremely critical time for the participant. Thus, one measure of success for drug courts is whether they are able to retain the participants and facilitate completion of the program.

The U.S. GAO 2005 report specifically addressed completion rates (the number of individuals who successfully completed a drug court program as a percentage of the total number) among drug court programs. U.S. GAO found that completion rates among sixteen drug court programs ranged from 27 to 66 percent. Moreover, the GAO emphasized that compliance with program requirements was a predictor of the rate of completion (U.S. GAO, 2005). Attendance at treatment sessions and status hearings as well as engaging in treatment early in the program were consistently related to program completion (U.S. GAO, 2005). In addition to the adherence to program requirements, certain demographics were related to completion rates. These included criminal history

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<sup>8</sup> See also, an evaluation of a drug court in Dade County, Florida by Goldkamp and Weiland (1993) which reported a 33% rearrest rate for drug court participants and 48% among non-participants. Texas evaluation revealed 15.6% rearrest rate among drug court graduates and 48.7% rearrest rate for non-participants (Turley and Sibley, 2001)



and age. Thus, older participants and those with less involvement with the criminal justice system were more likely to complete the program (U.S. GAO, 2005).

The 1997 U.S. GAO report contained similar findings among drug courts where an analysis of 131 drug court programs yielded an average retention rate of 71% (U.S. GAO, 1997).

In their evaluation of the New York drug court system, Rempel, et al., (2003) documented a 65% retention rate among participants. This rate exceeded the national retention rate of 60% (Rempel, et al., 2003). In his review of the drug court evaluation literature, Belenko (2001) found that the average graduation rate among eight programs which collected such data was 47% (See also, Belenko, 1998). Like others, Belenko (2001, 1998) suggests that the retention success of drug court programs may be attributed to greater supervision, access to treatment and other related services, acceptance of relapse and graduated sanctions and rewards.

According to Peters and Murrin (2000, 74), “over a period of one year, drug courts successfully retain about 60% of participants in comparison with only about 35% of offenders who are retained after three months of involvement in outpatient treatment” (See also, Cooper, 1998; Hubbard, et al., 1988). Impressive retention rates were also present in the evaluation of two Florida drug courts conducted by Peters and Murrin (2000). Forty-eight percent of participants graduated in one of the programs while 53% of participants graduated in the other.

In their process evaluation of drug courts, Logan et al. (2000) found that 42% of drug court participants graduated and 44% exited before graduation. Logan et al. (2000) indicated that the factors which distinguished graduates and non-graduates were: age,

time to serve, prior incarceration, acknowledgement of addiction issue, family support, level of commitment and intellectual and social functioning (Logan et al. 2000, 381).

Higher completion rates are typically associated with greater supervision by drug courts and participants who have significantly reduced criminal histories and substance abuse rates when compared to other offenders (Peters and Murrin 2000, 74). Thus, the very nature of the drug court participant may contribute to the positive outcomes reflected in the evaluation literature.

### *Cost-Benefit Analysis*

The literature which examines drug courts from a cost-benefit perspective is limited but growing. Like the preceding measures of program success, cost-benefit analysis of drug court programs supports the claims of drug court proponents regarding cost-effectiveness (American University, 2006).

According to the 2005 U.S. GAO report, of those programs with sufficient cost-benefit data, six resulted in costs which exceeded traditional processing (U.S. GAO, 2005). However, when the net benefit of drug court programming is measured with the inclusion of savings from recidivism and costs to victims, those programs produced a positive net benefit (U.S. GAO, 2005).

Logan, et al. (2004) conducted a cost-benefit analysis of three drug court programs in Kentucky. This evaluation utilized data regarding costs associated with program participants as compared to costs associated with individuals who were assessed but failed to meet selection criteria for or declined drug court participation. Economic cost analysis was conducted by use of the Drug Abuse Treatment Cost Analysis

Program (DATCAP) which is a cost data collection instrument and interview guide designed for use in treatment and social service settings (Logan, et al., 2004; French, 2001a, b; French, et al.,1997; McCollister and French, 2002; Salome and French, 2001). DATCAP enables analysts to estimate both accounting costs (direct/out of pocket expenditures) and opportunity costs (program expenditures and the market value of donated or subsidized materials or resources) in order to provide a comprehensive measure of costs associated with programs which include service delivery. In addition to the expanded assessment of costs, the analysts included a comprehensive assessment of benefits associated with the operation of drug courts in areas such as the criminal justice system, earnings of participants, payment of child support, mental health utilization, domestic violence and traffic accidents.

The authors reported that the costs of the Kentucky drug court programs were comparable to or lower than drug court programs in other states. Moreover, costs of drug court programming were significantly lower than the costs associated with incarceration. When the investment value of drug courts was examined, the greatest returns were associated with program graduates who generated a benefit-cost ratio of \$3.83 (\$3.83 return for every dollar invested) throughout the twelve-month period following graduation or a net economic value of \$14,526.00<sup>9</sup> (Logan, et al., 2004, 392).

An evaluation of a Virginia drug court estimated that one-year admissions (440 drug court clients) resulted in a cost savings of \$2,476,795.00 (Finigan, 1998). However, when costs associated with victimization, theft reduction, public assistance and medical

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<sup>9</sup> When graduates and terminators were included in the analysis, the net economic benefit associated with program participation was \$5446.00 per participant or a \$2.71 return on every dollar invested in drug court programs.

claims were included Finigan (1998) estimated a costs savings of \$10,223,532.00 over a two-year period. Thus, for every dollar spent on drug court programs there was a return of \$2.50 (Finigan, 1998; 1999).

While not as comprehensive in terms of measuring accounting and opportunity costs, in his cost-benefit analysis of two juvenile drug courts in North Dakota, Thompson (2002) found that relative to sending a juvenile to the training school or other forms of out-of-home placements in residential facilities, drug courts produced an annual savings of \$400,260 and \$303,250. A review of the available literature reveals that, regardless of methodological rigor, outcome and process evaluations dominate the existing scholarship on drug court programs. As such, a gap in the literature exists with regard to examination of those factors which impact the implementation of drug court programs throughout the country.

## CHAPTER III

### METHODOLOGY

The present study examined drug court program implementation. Its scholarly value lies in its examination of the implementation of an experimental public policy tool. As a result, this project will contribute further to the existing literature about drug court operations and will specifically augment the literature with an examination of drug court implementation. This chapter is divided into sections which discuss methodological issues. The discussion includes population and sample selection, hypotheses identification, research model specification and variable identification.

#### **Research Design**

The study was exploratory in nature. Given the lack of existing literature about those factors which may or may not impact drug court program implementation, this study sought to identify the same. This study specifically seeks to explore whether top-down or bottom-up variables influence the successful implementation of drug court programs.

The primary research question underlying this project is the examination of those variables which influence drug court program implementation. Grounded in a thorough review of the available literature, two perspectives emerge when analysts examine the actual implementation of public policy. As discussed earlier, these include top-down and

bottom-up approaches. The literature suggests that, given the nature of the setting under examination in the present project, a bottom-up approach is most appropriate. However, in light of the strong theoretical support for top-down variables such as policy directives, statutory guidance and legislative requirements, survey items which address these variables are included (Mazmanian and Sabatier, 1989). Moreover, even those scholars who have been most closely associated with the top-down perspective have now moved away from approaches which are purely macro-level in nature (Sabatier, 1988).

While identical variables are not employed, the two general hypotheses which guide the proposed project are similar to those in Keiser and Meier (1996). Keiser and Meier (1996) utilized top-down and bottom-up variables in their examination of policy design, bureaucratic incentives and the implementation of federal child support enforcement measures. Such an approach is an interesting blend of those suggested by the policy design literature as well as those commonly found in the implementation literature. Their work also presents a unique nexus between the worlds of public policy and public management. This approach is persuasive; therefore, this study incorporated variables which are representative of top-down and bottom-up influences in order to examine which variables, if any, are more likely to influence successful drug court program implementation.

The first hypothesis suggests that successful implementation of public policy is influenced by policy design variables such as statutory guidance relating to goals and implementation, policy directives, policy coherence, financial incentives and support, tractability of the problem, nature of the target population and eligibility criteria (Keiser and Meier, 1996; Mazmanian and Sabatier, 1989). The second and alternative general

hypothesis suggests that successful implementation of public policy is influenced by local level variables such as support and cooperation of local actors, politicians and the general public; the availability of local staff, resources and training; the presence of a sufficient target population; and local actors' perceptions of the program/policy. Many of these local level variables, as they are operationalized, are similar to implementation and enrollment barriers included in the SVORI evaluation conducted by Lattimore, Visher, and Lindquist (2005).

Specific research hypotheses which will be tested in the present study are as follows:

- H<sup>1a</sup>: Federal actors will have no impact on the perception of drug court success.
- H<sup>1b</sup>: State actors will have a positive impact on the perception of drug court success.
- H<sup>1c</sup>: Local actors will have a positive impact on the perception of drug court success.
- H<sup>1d</sup>: Demographic characteristics of drug court judges and administrators will have no impact upon the perception of drug court success.
  
- H<sup>2a</sup>: Federal actors will have no impact on the perception of offender-related indicators of drug court success.
- H<sup>2b</sup>: State actors will have a positive impact on the perception of offender-related indicators of drug court success.
- H<sup>2c</sup>: Local actors will have a positive impact on the perception of offender-related indicators of drug court success.
- H<sup>2d</sup>: Demographic characteristics of drug court judges and administrators will have no impact upon the perception of offender-related indicators of drug court success.
  
- H<sup>3a</sup>: Federal actors will have no impact on the perception of service-related indicators of drug court success.
- H<sup>3b</sup>: State actors will have a positive impact on the perception of service-related indicators of drug court success.
- H<sup>3c</sup>: Local actors will have a positive impact on the perception of service-related indicators of drug court success.
- H<sup>4d</sup>: Demographic characteristics of drug court judges and administrators will have no impact upon the perception of service-related indicators of drug court success.

## **Sample Selection and Rationale**

Drug court programs are now present in every state. Currently, there are approximately 1,500 drug court programs throughout the United States with an additional four hundred programs in the planning phase. To enhance external validity, multiple external sites were originally selected with reference to specific criteria. These states were identified due to the similarity which exists among the operation, structure and official drug court program goals; adherence to the Key Components of Drug Courts; the existence of an administrative mechanism to provide oversight of drug court programs; and the existence of a sufficient number of operational programs in those jurisdictions.

Although external validity is enhanced as more states are included in the sample, the difference in programming and the lack of accurate and current mailing lists for drug court judges and administrators would impact internal validity (within state selection bias) and statistical conclusion validity (e.g., Shadish, Cook, and Campbell, 2002). Of those states which satisfied the criteria discussed above, five states (Alabama, Florida, Louisiana, Mississippi, and Utah) were ultimately chosen for inclusion. The population for the present study included 340 drug court judges and administrators from those five states (response rate 33.5%,  $n = 114$ ).

Drug court judges and administrators were selected as these individuals are the primary actors responsible for the implementation and oversight of drug court programs. Drug courts are not mandated by state legislatures, but rather are authorized if the local jurisdiction desires and pursues the establishment of a drug court program. As such, drug court judges usually possess the initial motivation to develop these programs in their jurisdiction. Thereafter, it is the judge and the drug court administrator who are primarily



responsible for the organization and implementation of the program. As such, judges and administrators are believed to possess the knowledge required to most accurately evaluate the impact of the independent variables upon successful implementation.

All active drug court programs in each state were included in the sample.

### *State profiles*

In Mississippi<sup>10</sup>, there are currently 17 operational drug court programs throughout the state. There are eleven felony drug court programs, two adult misdemeanor drug court programs and four juvenile court programs. These programs utilize 38 drug court judges and administrators. Additional drug court programs are planned for future development.

In Alabama, there are currently 16 operational drug court programs. Like Mississippi, Alabama's operational drug court programs include felony, misdemeanor and juvenile court programs. These programs utilize 30 drug court judges and administrators.

In Louisiana, there are currently 43 operational drug court programs throughout the state. Of these, 17 are juvenile drug court programs. These programs utilize 86 drug court judges and administrators.

In Utah, there are currently 28 drug court programs. There are 14 adult felony drug courts, four adult misdemeanor drug courts, six family drug courts and four juvenile drug courts. Utah, unlike the other states, has six family drug courts to address addiction issues which arise during the course of domestic relations cases.

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<sup>10</sup> See Dunaway et al. (2005) for an evaluation of Mississippi's longest-running drug court program.

In Florida, there are 100 operational drug court programs throughout the state. There are 47 adult felony drug courts, 32 juvenile drug courts, 21 dependency drug courts and two DUI courts.

### **Survey Instrument**

Following a review of the literature and focused conversations with drug court judges and administrators, a survey instrument was designed (Appendix A). Prior to the survey being fielded, a pilot study was conducted. Qualified experts in survey methodology, as well as subject area experts (drug court judges and court administrators), reviewed the instrument for errors, redundancies, clarity and comprehensiveness. Further, the experts were asked to complete the instrument to determine the time for completion as well as survey item organization and flow (Babbie, 2001; Dillman, 2000). The pilot study resulted in several items being rephrased, as well as item additions, deletions and consolidations. On average, the reviewers reported that the survey instrument required approximately twenty to thirty minutes to complete.

The final survey instrument was eight pages in length and contained 36 survey items designed to address the research objectives and hypotheses. Areas of inquiry addressed by survey items included the following:

1. Drug court operations (10 items)
2. Goals of the drug court program (2 items)
3. Support for or resistance to implementation by actors (3 items)
4. Influence of federal, state and local actors (2 items)
5. Incentives for implementation (2 items)

6. Obstacles to implementation (2 items)
7. Perceived importance of drug courts (1 item)
8. Implementation actions (2 items)
9. Perceived success of drug courts (3 items)
10. Demographic data (7 items)

Drug court operations were measured by ten survey items. These items explored the length of drug court operation, the client caseload, nature of clients, jurisdictional issues and types of funding. These items were measured with a series of survey items designed to solicit categorical responses.

Drug court goals were measured by two survey items. The first, survey item 11, was a Likert-type survey item which requested respondents to characterize the level of importance of certain goals within their drug court program. Respondents were asked to characterize the goals from “not important” to “very important.” These goals were derived from the National Drug Court Institute. In survey item 12, respondents were asked to list the top three goals of their drug court program.

Support of or resistance to drug court implementation was addressed by survey items 13 -15. Survey item 13 was a Likert-type item which asked respondents to characterize the level of support or resistance to drug court implementation by federal, state and local actors and agencies. Common among all levels of government were the following actors: elected officials, corrections officials and mental health officials at the federal, state and local levels of government. Additionally, federal actors included the United States Department of Justice, while state actors included state attorneys general and appellate court judges. Local actors included the local judiciary, district attorney,

public defender, law enforcement officials, drug-related offenders and general public. Survey response categories ranged from very supportive to very resistant.

Survey items 14 and 15 were open-ended items which asked respondents to identify the actor who provided the most support for the implementation of drug court programs and the most resistance, respectively, to the implementation of drug court programs.

Survey item 16 was a Likert-type question which asked respondents to characterize the degree of influence exercised on drug court implementation by various federal, state and local actors (see previous description of various actors). Survey response categories ranged from “no influence” to “very influential.” Survey item 17 was an open ended question which asked respondents to identify the actors which exercised the most influence over the implementation of drug courts.

Survey item 18 asked respondents to indicate whether various incentives for drug court implementation existed during the development of their drug court program. Incentives included financial assistance/matching funds, grant funds, State Court Advisory Board, staff training, technical assistance, MIS, data collection and evaluation support and lastly, a drug court association. Respondents were asked to check all that applied. Survey item 19 was an open-ended item which asked responded to identify the incentive which they deemed most important to the development of their drug court program.

Obstacles to the implementation of drug courts were measured using four survey items. Survey item 20 asked respondents to indicate whether fifteen possible circumstances which hindered the implementation of drug court programs were present.

These circumstances could exist at the federal, state or local level. Respondents were asked to check all that applied. Survey item 21 was open-ended and asked respondents to identify the circumstance in survey item 20 which proved to be the most difficult to the implementation of the drug court program. Survey item 22 was a Likert-type question which asked respondents to indicate whether certain circumstances hindered participation by offenders in the drug court program. Responses ranged from “strongly disagree” to “strongly agree.” Survey item 23 was an open-ended question which asked respondents to identify the top three circumstances which hindered participation by offenders.

Survey item 24 was a Likert-type question which asked respondents to characterize the degree to which drug courts are viewed as important by various federal, state and local actors (see previous description of various actors). Survey response categories ranged from “not important” to “very important.”

The survey contained two items which measured implementation actions. In survey item 25, respondents were asked to identify what actions from a list of twenty four possibilities they undertook to successfully implement their drug court program. This item simply asked respondents to indicate whether or not they engaged in that activity. This item was followed by an open-ended question which asked respondents to identify the top three most beneficial actions to the development of the drug court program.

Respondents’ perceptions of drug court success were measured with three survey items. Survey item 7 was a Likert-type question which asked respondents to indicate the degree to which the implementation of drug court programming resulted in the improvement or deterioration of certain conditions or services. These conditions or services included the following: recidivism of offenders, time spent in treatment,

payment of fees and fines, sobriety of offenders, jail crowding, delivery of probation services, delivery of substance abuse treatment, inter-agency coordination, inter-agency cooperation, public safety and confidence in the criminal justice system. Response categories ranged from “significant deterioration” to “significant improvement.” Two subsequent open-ended questions asked respondents to identify which condition or service has improved the most and which had deteriorated the most due to the implementation of the drug court program.

Overall, the survey was designed to solicit information which permits examination of the administrative characteristics of drug court programs, programming alternatives, funding sources and most importantly, the impact of top-down and bottom-up factors upon the implementation of drug courts.

In addition to items related to the respondents’ perceptions and beliefs regarding the influence of top-down and bottom-up variables, the following demographic data were obtained: age, gender, highest level of education, current position, number of years in current position, prior employment experience, estimated size of geographic area served, estimated volume served by drug court program and nature of jurisdiction.

### **Measurement of Perceptions**

Demographic and programmatic items aside, the survey relied on measurement of the respondents’ perceptions about the impact of federal, state and local variables upon the successful implementation of drug court programs. Reliance on perception data can be problematic for a host of reasons. According to Saltzman, Paternoster, Waldo and Chiricos (1982), accurate measurement of perceptions, especially with a cross-sectional

methodology, is impossible. Utilization of a cross-sectional design, arguably, only captures the perception of the respondents at the time the survey was completed. Inherent in all research designs which employ such methods is the risk that perceptions may change. However, measurement of perceptions is a common research method in the social sciences.

### **Survey Procedures**

Following pre-testing and revision, the research protocol and survey instrument were submitted to the Institutional Review Boards of Mississippi State University and The University of Southern Mississippi. Approval was sought from both institutions as the author is a Ph.D. candidate at the former and a faculty member at the latter. As such, approval to conduct research involving human subjects was obtained from both institutions. Approval was obtained from Mississippi State University on November 21, 2006 and The University of Southern Mississippi on October 30, 2006 (see IRB approval letters attached as Appendices B and C, respectively).

Following approval, drug court judges and administrators were identified through the use of AOC (Administrative Office of Courts) for each state or state judicial websites. A master mailing list was generated. Following generation of a mailing list, surveys were disseminated to 340 drug court judges and administrators in selected states.

In the initial mailing, surveys were accompanied by a letter of introduction. The letter of introduction served as the informed consent. The letter specifically advised respondents that their research participation was voluntary, that all responses were confidential and would not be associated with a particular individual or drug court

program. Self-addressed postage-prepaid envelopes were included to enhance the return rate.

A survey respondent postcard also was enclosed. In the letter, respondents were requested to return this card separately from the survey. The postcard was utilized to eliminate respondents' names from the mailing list so that unnecessary reminders or follow-ups were not sent (Dillman, 2000). The postcard was not associated with individual surveys and only indicated that the respondent desired a copy of survey results or did not wish to participate in the research project. A copy of the survey results was offered as an incentive to participate (Dillman, 2000); no other incentives were offered.

Approximately ten days after the initial mailing, a follow-up letter was delivered to participants as a reminder and thanked them for their participation. Approximately two to three weeks later, a final letter accompanied by a second copy of the survey instrument was mailed to those who had not responded. This letter stressed the importance of their response and offered to conduct the survey by telephone.

### **Statistical Analysis**

Data derived from the dissemination and return of survey instruments was entered into SPSS Version 13.0 for Windows. The first form of statistical analysis applied to the data was simple tabulation and reporting of frequencies for each category. Despite the simplicity of tabulation and frequencies, this type of analysis often is useful in exploratory research for several reasons. For example, these techniques allow an analyst to draw rough comparisons among the data. In addition, these techniques allow an



analyst to identify areas, dimensions or topics which warrant further empirical exploration through more sophisticated methodological techniques.

Multiple regression analysis was utilized in order to examine the influence of federal, state and local variables and certain demographics upon the successful implementation of drug court programs. Multiple regression analysis is appropriate when there is a single dependent variable measured at interval or ratio level and multiple independent variables are present (Hair, et al.1998). The objective is to determine if the independent variables can be used to predict the value of a dependent variable.

In the first model, ten independent variables were utilized to determine their impact, if any, on the dependent variable (Success of Drug Court). Additional models were utilized in an effort to more specifically examine the influence of the independent variables upon more specific aspects of the dependent variable utilized in the first model. The use of rotated factor analysis (Varimax) resulted in more specific dimensions or constructs of the dependent variable (Success of Drug Court).

The first construct was labeled Offender and included the following success indicators: recidivism by offenders, time spent by offenders in treatment, payment of fees and fines by offenders, sobriety of offenders and jail crowding. These indicators involve the status of the offender within the drug court program. The second construct, Service Delivery, included the following: delivery of probation services, delivery of substance abuse treatment, inter-agency coordination and inter-agency cooperation. This group involves the factors related to the delivery of services by the criminal justice system.

Model 2 utilized the three government variables (federal, state and local) and seven demographic variables to predict the value of the dependent variable labeled Offender. Model 3 utilized the three government variables (federal, state and local) and seven demographic variables to determine their impact on the dependent variable labeled Service Delivery.

### **Strengths and Limitations of Method and Design**

As with most research designs, both strengths and limitations exist. The primary strength of the instant research design is the reliance upon prior research in the formulation of variables and survey instrument. The dependent variable with the exception of three criteria has been utilized by Maynard-Moody et al. (1990). The additional three criteria employed in the dependent variable were derived from three indicators which are almost universally cited as the primary indicators of drug court success. Thus, the design and method is well-grounded in theory and prior research. An additional strength of instant research design is its focus.

This project sought to specifically examine the differences, if any, which emerged among the impact of different actors upon the perception of drug court success. Findings regarding the impact of various actors, policies and agencies can help target those areas which are in need of improvement. Moreover, the variables as measured by the survey instrument allow the analyst to examine those incentives and obstacles which impact the perception of drug court success. Thus, while much of the existing evaluation literature indicates that drug courts appear to be successful, the present study begins to examine

“why” and therefore contributes another piece of the puzzle to the existing literature regarding drug court programs.

Methodological and design limitations appear to lie in three areas. First, drug court programs chosen for inclusion in the sample are, with the exception of Utah, derived from states which are located in the South. What if any impact this regional bias may have on the perceptions of drug court judges and administrators is unknown. A survey item which identified the state in which drug court judges or administrators were located, was not included in the survey instrument. As such, the analyst was unable to specifically examine regional bias. This was intentional and occurred in an effort to ensure anonymity of respondents given the small number of drug court programs in certain states.

Second, the survey instrument is eight pages in length. While survey items are printed on the front and back of each page, this does not diminish the number of survey items. As such, the sheer length of the survey is a limitation and may have impacted the response rate. In addition, the survey takes approximately 20 to 30 minutes to complete. Given that the sample includes drug court judges and administrators, presumably very busy individuals, the amount of time required to complete the instrument may be viewed as a limitation.

Lastly, the initial mailout of the survey instrument occurred during the month of December 2006. The final mailing occurred during the third week in January 2007. The most obvious issue which may have impacted the response rate is the timing. Because the mailings occurred during the holiday season, factors such as vacations, lack of motivation and increased mail volume may have negatively impacted the response rate.

In addition, there is the possibility that, in some cases, judges who were not re-elected during the November 2006 elections would not have returned after the holidays to receive the survey. Moreover, if a new judge was recently elected, he or she may not have been inclined to answer the survey if they had no prior involvement with the drug court program.

## CHAPTER IV

### RESULTS

#### **Survey Responses and Sample Population**

Descriptive characteristics of respondents are presented in Tables 4.1 and 4.2. Surveys were disseminated to a total of 340 drug court judges and administrators in five states. One hundred and seventy surveys were disseminated to drug court judges and one hundred and seventy were disseminated to drug court administrators. Of those 340, 114 judges and administrators completed and returned the survey. Thus, the overall response rate was 33.5%. Of the 114 respondents, 43% indicated that their current position was drug court judge and 56% indicated that their current position was drug court administrator. One respondent did not respond to this item. Thus, the response rate for drug court judges was 29% and 38% for drug court administrators.

Table 4.1

## Respondent Demographics

Variable	N	%
Current Position		
Judge	49	43.0
Administrator	64	56.1
Experience (mean)	5.27 years	
Age (mean)	51.18 years	
Gender		
Male	71	62.3
Female	40	35.1
Race		
African-American	12	10.5
White	96	84.2
Other	2	1.8
Education		
Some High School	0	0
High School	2	1.8
Some college or jr.college degree	8	7.0
Bachelor's degree	25	21.9
Some graduate school	7	6.1
Graduate degree	17	14.9
Professional degree	49	43.0
Multiple	3	2.6
Drug Court Activity		
0 to 25%	43	37.7
26 to 50%	18	15.8
51 to 75%	16	14.0
76 to 99%	8	7.0
100%	29	25.4

NOTE: Percentages fail to total 100% due the exclusion of non-responses.

Of those participants who completed the items which requested demographic information, 62% were males and 35% were females. Further, 11% were African

American, 84% were Caucasian and 2% identified “Other” as their race. The mean age of the sample was 51 years and the mean number of years in current position was 5.27.

The survey also addressed the respondents’ educational qualifications. The majority of the respondents (43%) possessed a professional degree (law degree or LL.M.). Twenty-five (25%) of respondents possessed a bachelor’s degree and 17 (15%) possessed a graduate degree (M.S., M.A. or Ph.D.). Overall, the sample was well-educated.

Respondents who answered the survey item regarding the number of years in their current position (n = 107) indicated a range of 1 to 24 years (mean = 5.27 years). Fifty four percent of respondents indicated drug court duties occupied 50% or less of their time. Forty-six percent of respondents indicated that drug court duties occupied over 50% of their time, of which 25% indicated that drug court occupied 100% of their time.

The respondents’ employment history also was explored. Of 111 respondents, 32% indicated that the field in which they worked prior to their drug court service was the judiciary, 1% had served as a law clerk, 5 % served in law enforcement, 12% worked in the field of community corrections and 4% worked in the business field. Forty-eight percent of respondents indicated that they worked in “other” fields prior to joining the drug court program.

A demographic comparison among judges and administrators further profiles the respondent group. These findings are presented in the following table.

Table 4.2

## Respondent Demographics by Current Position

Variable	Judge (%)	Administrator (%)
Experience (mean)	5.23	5.30
Age (mean)	53.10	49.90
Gender		
Male	72.3	57.8
Female	27.7	42.4
Race		
African-American	8.7	12.5
White	91.3	84.4
Other	0	3.1
Education		
Some High School	0	0
High School	0	3.1
Some college or jr. college degree	0	12.5
Bachelor's degree	2.1	37.5
Some graduate school	0	10.9
Graduate degree	6.4	21.9
Professional degree	87.2	12.5
Multiple	4.3	1.6
Drug Court Activity		
0 to 25%	69.4	12.5
26 to 50%	16.3	15.6
51 to 75%	6.1	20.3
76 to 99%	0	12.5
100%	8.2	39.1



Table 4.3

## Drug Court Program Characteristics

Variable	N	%
Operational Duration		
0-1 year	7	6.2
2-3 years	21	18.6
4-5 years	24	21.2
6-10 years	44	38.9
Over 10 years	17	15.0
Number of Counties in District		
Single-County	49	43.8
Two-County District	16	14.3
Three-County District	24	21.4
Four or more	23	20.5
Population		
Under 10,000	1	.9
10,001-25,000	6	5.4
25,001-50,000	10	9.0
50,001-75,000	15	13.5
Over 75,000	79	71.2
Jurisdiction		
Felony only	51	45.9
Misdemeanor only	3	2.7
Felony and Misdemeanor	20	18.0
Juvenile only	18	16.2
Other	19	17.1
Drug Court Model		
Diversion, pre-plea	20	17.5
Post-plea	64	56.1
Probation program	9	7.9
Other	21	18.4

The majority of drug court programs (85%) were reported to have been in operation between zero and ten years. Forty six percent of programs were operational between zero and five years with the remaining thirty nine percent in operation between six and ten years. Fifteen percent of programs were operational over ten years.

The number of counties and population of the judicial district served by the drug courts also was an area of inquiry. Forty-four percent of respondents indicated that their drug court program served a single-county district. Thirty-six percent indicated that their drug court programs served two or three counties while twenty-one percent indicated that their drug court program served four or more counties. Seventy-one percent of respondents indicated that the population of the judicial district in which the drug court operated was over 75,000, while twenty-three percent of respondents indicated that the judicial district in which the drug court operated had a population of 25,000 to 75,000.

Jurisdiction of the programs also was an area of inquiry. Forty-six percent of respondents indicated that their programs heard felony cases only, while eighteen percent of respondents indicated that their programs heard both felony and misdemeanor cases. Sixteen percent of respondents indicated that their programs heard only juvenile cases. Seventeen percent of respondents indicated that their program operated in a court with jurisdiction over “other” types of cases. In most cases, “other” referred to dependency courts or family court drug courts.

As discussed in Chapter 2, no universal drug court model exists. As such, respondents were asked which model was utilized in their jurisdiction. The majority of respondents (56 %) indicated that the drug court program in their jurisdiction was a post-plea model. Eighteen percent of respondents indicated that model utilized in their drug

court program was a diversion model. Twenty-one (18%) respondents indicated that the model utilized in their jurisdiction was one other than a post-plea, diversion or probation model.

Table 4.4  
Drug Court Client Characteristics

Variable	n	%
Total Clients Served		
Less than 25	8	7.2
25-50	8	7.2
51-100	12	10.8
101-200	18	16.2
201-400	15	13.5
401-500	11	9.9
Over 500	39	35.1
Monthly Client Intake		
Less than 10	61	55.0
10-25	33	29.7
26-50	7	6.3
51-75	5	4.5
76-100	2	1.8
More than 100	3	2.7
Clients		
Adult Cases	70	61.4
Juvenile Cases	21	18.4
Adult and Juvenile	23	20.2

Drug court programs within the sample appear to be serving a high volume of clients. Forty percent of respondents indicated that the number of clients served by the drug court program ranged between 101 and 500 while thirty-five percent of respondents indicated that the drug court program has served over 500 clients since opening. Twenty five percent of respondents indicated that their program served between 0 to 100 clients since its establishment.

Another measure of the number of clients served by drug court programs in this sample was monthly client intakes. Eighty five percent of respondents reported that the drug court program completed between 0 and 25 client intakes per month. Eleven percent of respondents indicated that the drug court program completed between 26 and 75 client intakes per month while only five percent of respondents indicated that the drug court program completed more than seventy five client intakes per month.

Sixty one percent of respondents in this sample indicated that their drug court program served adults only, while eighteen percent indicated that their programs served only a juvenile population. Twenty percent of respondents indicated that their program served both adult and juvenile populations.

Inquiry also was made into those circumstances which hindered participation by drug-related offenders. These circumstances were developed from the list of implementation barriers identified by Lattimore et al. (2005). Respondents were asked to rank the top three circumstances which hindered participation by offenders in the drug court program. Stringent eligibility criteria (18%), offenders who decline to participate in the program (18%) and lack of referrals (14%) were the most common circumstances identified by respondents as the top circumstance which hindered participation in the

drug court program. However, eighteen percent of respondents did not identify an issue in this category. View of the drug court program as too stringent (24%) was the most common issue identified by respondents as second followed by eligible offenders who decline to participate in the program (14%). Twenty-six respondents did not identify an issue. Issues which were most commonly identified by respondents as the third circumstance which hindered participation included the following: view of the drug court program as too stringent (12%) and the lack of referrals (11%). Forty-one respondents did not identify a third issue.

Table 4.5

## Administrative Characteristics of Drug Court Programs

Funding Sources	N	%
Grant funds (federal)	43	37.7
Grant funds (state)	36	31.6
Grant funds (local)	16	14.0
Court fees	59	51.8
Federal funds	11	9.6
State funds	50	43.9
Local funds	49	43.0
Private donations	26	22.8
<b>Implementation Actions</b>		
Attended training sessions offered by federal agencies	94	82.5
Attended training sessions offered by state agencies	98	86.0
Applied for federal grant funds	89	78.1
Applied for state grant funds	77	67.5
Requested technical assistance (federal)	64	56.1
Requested technical assistance (state)	74	64.9
Requested assistance from statewide drug court association	73	64.0
Consulted other drug court judges	107	93.9
Consulted other drug court Administrators	99	86.8
Attended/observed drug court sessions	97	85.1
Consulted State Attorney General	19	16.7
Consulted state legislators	68	59.6
Consulted local elected officials	93	81.6
Consulted D.A./Prosecutor	103	90.4
Consulted Public Defender	104	91.2
Consulted local law enforcement	99	86.8
Consulted local probation/parole Administrators	101	88.6
Consulted local probation/parole Officers	101	88.6
Consulted local mental health Administrators	91	79.8
Consulted local mental health agency staff/counselors	91	79.8
Requested budget increase	77	67.5
Secured additional judgeship	27	23.7
Retained an evaluator	68	59.6
Restructured staff positions	86	75.4

The administrative features of drug court programs operated by the respondents were also of interest in the present study. Respondents also were asked about the actions they had undertaken to successfully implement their drug court program. In addition to identification of all actions undertaken, respondents were asked to rank those actions in terms of importance. Of those who responded to the question, 26% of respondents indicated that training by federal agencies was the most beneficial action they undertook to successfully implement the drug court program. Eleven percent of respondents indicated that applying for federal grant funding was the most beneficial action undertaken. Eleven percent of respondents identified the second most important action taken as training by state agencies. Ten percent of respondents indicated that training by federal agencies and consultation with other drug court judges were the second most beneficial actions undertaken. Ten percent of respondents identified attendance and observation of other drug court sessions as the third most beneficial action.

Sources of funding for drug court programs also were explored. Grant funding was the first area of inquiry. Interestingly, most respondents indicated that federal, state and local grants were not a source of funding for the drug court programs. Sixty two percent of respondents indicated that federal grants were not a funding source; sixty eight percent of respondents indicated that state grants were not a funding source and eighty six percent of respondents indicated that local grants were not a funding source. Other than grant funding, funds from government, federal, state and local were explored. Interestingly, the majority of respondents again indicated that government was not a source of funding for the drug court program. Ninety percent of respondents indicated that federal funds were not a funding source; fifty-six percent of respondents indicated

that state funds were not a funding source and fifty- seven percent of respondents indicated that local government funds were not a funding source.

Court fees are another popular funding source for drug court programs. However, the respondents in this study were about equally split with regard to the use of court fees as a funding source for drug court programs. Forty-eight percent of respondents indicated that court fees were not a funding source while fifty-two percent indicated that court fees were a funding source. Private donations also seem to be an uncommon funding source. Seventy-seven percent of respondents indicated that private donations were not a funding source while twenty-three percent of respondents indicated that private donations were a source of drug court funding.

It appears that sources of drug court funding are diverse. Primary funding sources appear to be state and local funds and court fees with a smaller role for private funding sources. Fewer respondents indicated that grants were a source of funding. These results may result from the use of grant funds in the initial phases of program development with less reliance or availability of grant funding for operational drug courts. However, because the survey item requested respondents to check all funding sources that applied, the results in any single category may not adequately reflect the true nature of funding for drug court programs.

The goals of drug court programs also were also explored. Results are presented in Table 4.6. Higher reported means indicate a higher degree of perceived importance of the goal within the drug court program. The range for goals was 0 to 3, thus those goals with a reported mean which exceeded 2.0 were perceived as important. Seven goals identified in the survey item exceeded a mean of 2.0. Therefore, all were perceived as



important or very important by the respondents. The three goals with the highest reported means are reduction of recidivism, reduction of drug-related crime and ensuring that drug-related offenders receive treatment.

Table 4.6  
Drug Court Goals

Goals	Mean	Standard Deviation	N
Reduction of recidivism	2.75	.053	114
Reduction of drug-related crime	2.69	.059	114
Ensure drug offenders receive treatment	2.67	.054	114
Reduction of crime	2.62	.059	114
To provide accountability for drug offenders	2.55	.057	114
To offer correctional alternatives for drug offenders	2.44	.071	114
Reduction of cost of drug-related crime	2.03	.080	114
Reduction of jail/prison overcrowding	1.79	.089	114
To enhance or facilitate inter-agency cooperation	1.75	.083	114
To enhance or facilitate Inter-agency communication	1.70	.082	114
Free up judicial resources	1.58	.103	114

NOTE: Not important=0, Somewhat important=1, Important=2, Very Important=3.

As with implementation actions, respondents were asked to rank in order of importance the top three goals of the drug court program. Interestingly, very little variance emerged among the three levels. For the most important goal of the drug court

program, respondents indicated the following: ensuring treatment for drug-related offenders (33%), reduction of recidivism (32%) and reduction of crime (13%). For the second most important goal, respondents indicated the following: reduction of recidivism (25%), ensuring treatment for drug-related offenders (14%), accountability for drug related offenders (14%) and reduction of drug-related crime (14%) and lastly, the reduction of crime in general (13%). The third most important goals of the drug court programs were as follows: ensure that drug-related offenders receive treatment (16%), reduction of recidivism (14.0%), accountability of drug-related offenders (12%) and reduction of drug-related crime (12%).

### **Dependent Variables**

Three dependent variables were utilized in this design. The first dependent variable is perception of drug court success. This variable represents an overall measure of the perceptions regarding drug court success. Maynard-Moody et al. (1990) utilized a five-point scale to operationalize successful program implementation in their examination of street-level implementation of community corrections programs. This scale asked respondents to characterize the improvement or deterioration of conditions or services ranging from low to high. These conditions or services included the following: jail crowding, probation and parole services, direct treatment services to offenders, community safety and coordination of the criminal justice system in the county and state. Given the similarity among the goals of community corrections and drug court programs, the variable, as operationalized by Maynard-Moody et al., was utilized as the dependent

variable in the present study.<sup>11</sup> However, additional indicators were included due to the unique nature of drug court programs. A review of the drug court evaluation literature reveals three primary indicators of drug court success: lower recidivism rates, higher treatment retention rates and cost-effectiveness (U.S. GAO, 1995, 1997). These indicators were added to those identified by Maynard-Moody et al. to form a more comprehensive list of indicators designed specifically for drug courts.

The dependent variable as measured by the comprehensive list of success indicators is a five-point scale placed near the beginning of the survey instrument in order to increase the likelihood of obtaining full and complete responses. This item requested respondents to characterize the improvement or deterioration of the following conditions or services following the implementation of a drug court program: jail crowding, probation services for drug offenders, direct treatment services to drug offenders, community safety and coordination of the criminal justice system in the county and state, coordination of service delivery among substance abuse treatment providers and the judicial system, drug-related crime, recidivism rates of drug court participants, ability of the drug court program to retain participants and cost-effectiveness.

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<sup>11</sup>Unlike the present study, Maynard-Moody et al. (1990) utilized successful program implementation as an independent variable.

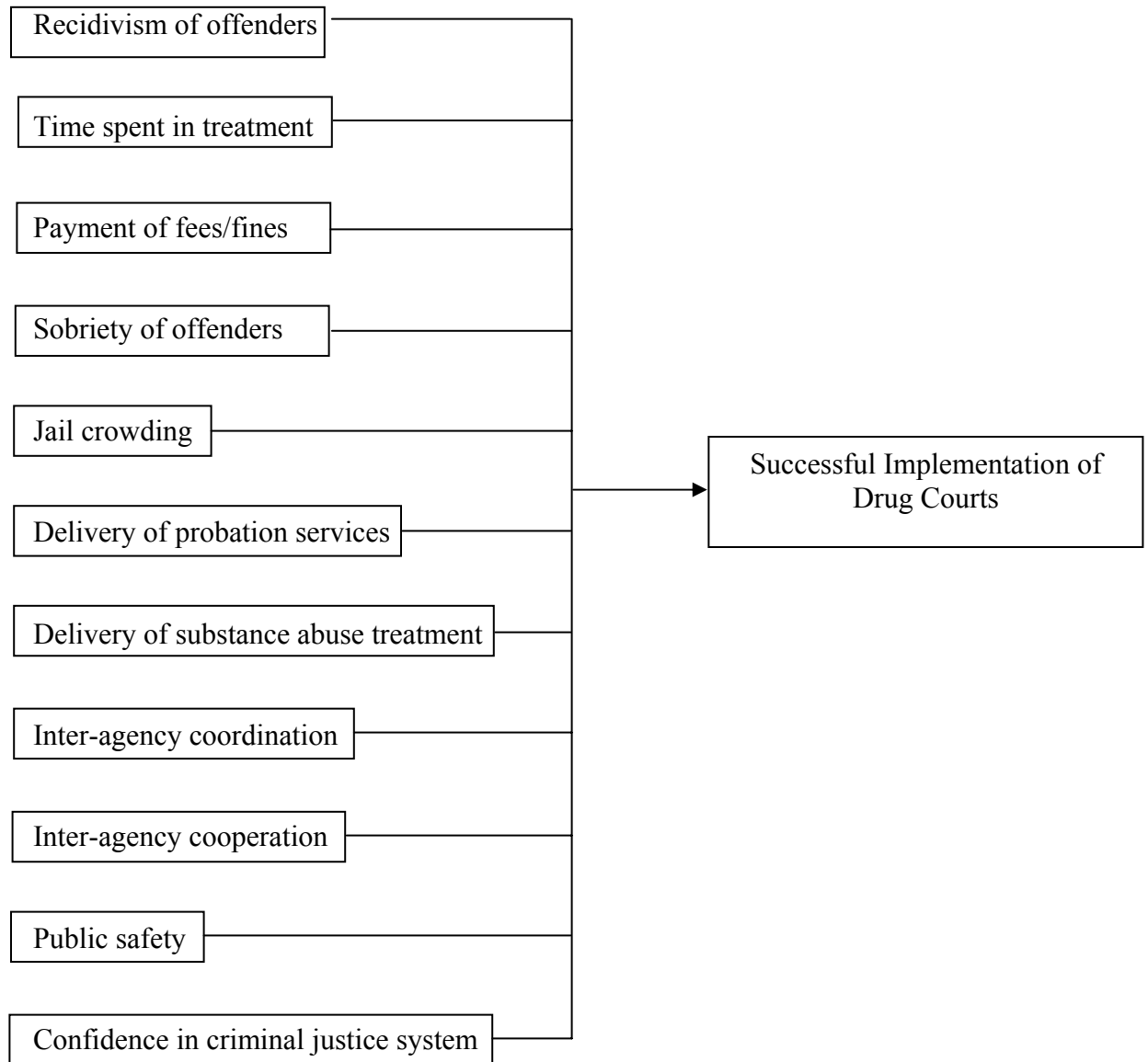


Figure 4.1 Determinants Model of Perceived Successful Implementation of Drug Courts

Due to the large number of success indicators, factor analysis was employed in an effort to identify patterns or constructs. According to Babbie (2000), “[f]actor analysis is a complex algebraic method used to discover patterns among the variations in values of several variables” (Babbie, p. 449). Factor analysis has two primary objectives: to group variables into meaningful constructs and to reduce data (Hair et al., 1998). In the present study, rotated factor analysis provided some insight into the structure of the variables and revealed that the variables held together as two unitary constructs with Eigenvalues greater than 1.00. These factors were also supported by an examination of the skree diagram (Hair, et al., 1998).

Table 4.7

Results for the Extraction of Component Factors

Factor	Eigenvalue	Percent of Variance	Cumulative Percent of Variance
1	<b>4.598</b>	<b>41.804</b>	41.80
2	<b>1.304</b>	<b>11.855</b>	53.66
3	.983	8.933	62.59
4	.860	7.817	70.41
5	.755	6.866	77.27
6	.641	5.829	83.10
7	.612	5.561	88.66
8	.469	4.262	92.92
9	.424	3.858	96.78
10	.290	2.639	99.42
11	.063	.575	100.00

Based on logic, substantive meaning and the results of factor analysis, two constructs were labeled as follows: Offender and Service Delivery (Babbie, 2000). Each produced an Eigenvalue greater than 1.0 (Table 4.7). The Service Delivery construct

(Factor 1) included the following: delivery of probation services, delivery of substance abuse treatment, inter-agency coordination and inter-agency cooperation. Each of these indicators relates to the perceived impact of drug court programs upon the delivery of services by the criminal justice system. This construct had a Cronbach alpha of .810. The Offender construct (Factor 2) included the following success indicators: recidivism by offenders, time spent by offenders in treatment, payment of fees and fines by offenders, sobriety of offenders and jail crowding.<sup>12</sup> These indicators are associated with the perceived impact of drug courts upon the drug-related offender. This construct had a Cronbach alpha of .68. While not all factors produced reliability coefficients of .70 or greater, it is clear that the reliability coefficients factors load in noticeable patterns (Hair, et al 1998). When these patterns are considered in light of logic and substantive meaning, the constructs are appropriate.

Ultimately, the Service and Offender factors were combined to produce a Drug Court Success dependent variable. This variable was intended to capture all aspects of drug court success and provide an overall indicator.

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<sup>12</sup> Arguably, a third construct could have been employed given the .983 Eigenvalue for Factor 3. However, because there was no theoretical or practical association with the other factors, a third construct was not utilized. In addition, Varimax rotation produced high loadings with these two variables.

Table 4.8

## VARIMAX-Rotated Loadings

Variables	Factor 1	Factor 2	Communality
Recidivism by offenders	.172	<b>.714</b>	.54
Time spent in treatment by offenders	.256	<b>.561</b>	.38
Payment of fees/fines by offenders	.196	<b>.589</b>	.38
Sobriety of offenders	-.034	<b>.695</b>	.48
Jail crowding	.153	<b>.594</b>	.37
Delivery of probation services	<b>.548</b>	-.013	.30
Delivery of substance abuse treatment	<b>.723</b>	.334	.63
Inter-agency coordination	<b>.894</b>	.236	.85
Inter-agency cooperation	<b>.882</b>	.245	.83
Public safety	.409	.597	.52
Confidence in criminal justice system	.593	.484	.58
Sum of squares (eigenvalue)	3.070	2.820	<u>Total</u> 5.89
Percentage of trace*	27.900	25.600	53.50

\*Trace = sum of eigenvalues

Once dependent variables were identified and constructed, a comparison of means was completed to determine if a statistical difference existed between the responses of drug court judges and administrators on the dependent variables. The results indicate that drug court administrators reported significantly higher means for two dependent variables. These variables were Drug Court Success and the Service Delivery dependent variable. Thus, administrators had significantly higher means than judges ( $t = -2.088, p < .05$ ) with regard to the dependent variable Drug Court Success. Administrators also had significantly higher means when compared to judges with regard to the dependent variable Service Delivery ( $t = -2.909, p < .05$ ).

No significant difference existed between the two groups of respondents with regard to the dependent variable Offender-related success. These results are more fully reported in Table 4.9.

Table 4.9  
Comparison of Means Between Judges and Administrators

Group Statistics	N	Mean	Std. Deviation	Std Error of Mean	<i>t</i>
Drug court success					
Judge	49	28.67	4.14	.592	-2.088*
Administrator	64	30.34	4.26	.533	
Offender-related success					
Judge	49	16.16	2.60	.372	-.832
Administrator	64	16.58	2.64	.331	
Service delivery					
Judge	49	12.51	2.43	.348	-2.909*
Administrator	64	13.77	2.14	.268	

\* $p < .05$

Note: These three dependent variables are scales derived from indicators that range from a code of “0” for significant deterioration to “4” for significant improvement.

### Independent Variables

Ten independent variables were ultimately utilized in the present study. These variables included seven demographic variables and three government variables.

#### *Demographics*

Demographic variables included the following: current position, years in current position, age, gender, race, education, and percent of time spent on drug court activities.



Current position indicated whether the respondent was a judge or administrator. Judges were coded as “0” and administrators were coded as “1”.

Time spent on drug court activities was also examined. Responses were coded as follows: 0 = 0-25%, 1 = 26-50%, 2 = 51-75%, 3 = 76-99%, and 4 = 100%. Years in current position and age were each measured by the actual number of years.

Race was initially operationalized into six categories (African American, Asian or Pacific Islander, White, non-Hispanic, Native American, Hispanic and Other). However, for purposes of regression analysis, the original six categories were collapsed into two: 0 = African American (n=12) and 1 = White (n=96) as there were four respondents who did not respond to this survey item and only two respondents who identified their race/ethnicity as something other than African American or White. For these six individuals, these cases were treated as missing data.

Education was operationalized as highest degree obtained. Originally, there were eight categories. These ranged from some high school, high school graduate, some college or junior college, bachelor’s degree, some graduate school, graduate degree, professional degree and multiple degrees. The original categories were collapsed into the following: 0 = high school or less, 1 = some college or bachelor’s degree, 2 = some graduate school or graduate degree, 3 = J.D/LL.M. Examination of the means for these three groups through the use of one-way ANOVA revealed no significant differences among the groups.

### *Level of Government*

Several variables were operationalized with reference to the level of government (federal, state or local). Federal and state actors, policies and activities are considered top-down factors, while local actors, policies and activities are considered bottom-up factors. A discussion about each independent variable follows.

Three independent variables related to the level of government were ultimately identified and created (Federal, State and Local). Each of these variables represents the sum of responses in the following categories: support for implementation of drug courts, influence on implementation of drug courts, incentives for drug court implementation and importance of drug courts by level of government. Obstacles to the implementation of drug courts was subtracted from the equation. In order to better understand the underlying categories, each will be more fully discussed in the following paragraphs. The means for these variables are reported in Table 4.10.

Factor analysis was utilized for each of the four variables (support, influence, incentives and importance) to determine whether three factors (federal, state and local) emerged. With the exception of incentives, the variables held together as unified constructs within each level of government with Cronbach alphas of .70 or greater. Interestingly, incentives emerged as a separate construct within federal and state.

### *Support for Implementation of Drug Courts*

Survey items 13-15 were designed to measure the level of support or resistance to the implementation of drug court programs by various actors/agency. Survey item 13 asked respondents to characterize the level of support or resistance to drug court

implementation by government actors at the federal, state and local levels. Common among all levels of government were the following actors: elected officials, corrections officials and mental health officials at the federal, state and local levels of government. Additionally, federal actors included the United States Department of Justice, while state actors included state attorneys general and appellate court judges. Local actors included the local judiciary, district attorney, public defender, law enforcement officials, drug-related offenders and general public. Survey response categories ranged from very supportive to very resistant. Responses were coded as follows: 0 = very resistant, 1 = somewhat resistant, 2 = somewhat supportive, 3 = very supportive.

Survey item 14 was an open-ended questions which asked respondents to identify the actor or agency (from the list provided in survey item 13) which provided the most support for the implementation of their drug court program. Thereafter, survey item 15 asked respondents to identify the actor or agency which provided the most resistance to the implementation of their drug court program.

#### *Influence on Implementation of Drug Courts*

Survey item 16 asked respondents to characterize the degree of influence exercised on drug court implementation by various federal, state and local actors (see previous description of various actors). Survey response categories ranged from no influence to very influential. Responses were coded as follows: 0 = no influence, 1 = some influence, 2 = moderate influence, 3 = very influential. Survey item 17 was an open ended question which asked respondents to identify the actor which exercised the most influence over the implementation of drug courts.

### *Incentives for Drug Court Implementation*

Survey item 18 asked respondents to identify whether various incentives for drug court implementation existed during the development of their drug court program. Incentives included financial assistance/matching funds, grant funds, State Court Advisory Board, staff training, technical assistance, MIS, data collection and evaluation support and lastly, a drug court association. Respondents were asked to check all that applied. Responses were coded “0” if not present and “1” if present.

### *Importance of Drug Courts*

Survey item 24 asked respondents to characterize the degree to which drug courts are viewed as important by various federal, state and local actors (see previous description of various actors). Survey response categories ranged from not important to very important. Responses were coded as follows: 0 = not important, 1 = somewhat important, 2 = important and 3 = very important.

### *Obstacles to Implementation of Drug Courts*

Survey item 20 was designed to measure the presence of circumstances which hindered the implementation of drug court programs. As with other variables, these were measured by reference to the level of government at which the circumstances existed. Respondents were asked to check all that applied and indicate if the obstacle was present. If the obstacle was not present, the response was coded as “0”. If the obstacle was present, the response was coded as “1”.

Federal, state and local variables were scaled differently throughout the survey. As such, Table 4.10, presents the means as standardized percentages in an effort to more accurately describe the relative influence of each. The means were standardized by subtotalling each category within the respective level of government. For example, the means for support, influence, incentives, importance (all positive contributions) were subtotaled within each level of government. The standardized mean is then divided by the range for the level of government thereby producing a number which reflects a positive contribution rate with a maximum contribution of 100%. Next, the mean for Obstacles which has a negative contribution is divided by the range for that category within each level of government. This calculation produces a negative contribution rate with a maximum contribution of 100%. This process allows discussion about the means between and among the categories within each level of government.

Following calculation, the means between and among the levels of government may be discussed. Within the federal level government, four variables collectively yield a positive contribution rate of 37%. Those same variables collectively produced a positive contribution rate of 55% on the state level. Those variables produced a positive contribution rate of 65% on the local level. Interestingly, the greatest positive contribution rate is evident on the local level.

Examination of the negative contribution rate yields similar findings. On the federal level, a negative contribution rate of 5% exists. On the state level, the negative contribution rate was 12%. Lastly, obstacles produced a negative contribution rate of 20% on the local level.

Overall, contributions and obstacles yield the highest percentages on the local level. These results suggest that positive and negative conditions or influences upon drug court programs are most closely associated with the local level of government or at least more easily attributed to local conditions and actors. The more remote the level of government or its actors, the less likely it is that drug court personnel will attribute either positive or negative influences.

Table 4.10

## Federal, State and Local Variables

Variable (Range)	N	Mean	S.E.	Std. Deviation
Federal (0-40)	114	14.09	.630	6.72
Support (0-12)	114	6.41	.107	1.15
Influence (0-12)	114	2.94	.292	3.11
Incentives (0-7)	114	2.35	.180	1.92
Importance (0-9)	114	3.17	.231	2.46
<b>Subtotal</b>		<b>14.87</b>		
Obstacles (0-15)	114	<b>.78</b>	.183	1.95
State (0-61)	114	31.89	1.09	11.65
Support (0-18)	114	13.69	.259	2.76
Influence (0-18)	114	7.90	.475	5.07
Incentives (0-7)	114	2.50	.209	2.23
Importance (0-18)	114	9.57	.436	4.66
<b>Subtotal</b>		<b>33.66</b>		
Obstacles (0-15)	114	<b>1.78</b>	.248	2.65
Local (0-88)	114	53.96	1.36	14.54
Support (0-27)	114	22.32	.319	3.40
Influence (0-27)	114	16.34	.632	6.75
Incentives (0-7)	114	.97	.132	1.41
Importance (0-27)	114	17.28	.552	5.89
<b>Subtotal</b>	114	<b>56.91</b>		
Obstacles (0-15)		<b>2.95</b>	.320	3.42

## CHAPTER V

### MULTIPLE REGRESSION ANALYSIS

Multiple regression analysis was utilized in order to examine the influence of federal, state and local variables and certain demographics upon the successful implementation of drug court programs. Multiple regression analysis is appropriate when there is a single dependent variable measured at interval or ratio level and multiple independent variables are present (Hair, et al.1998). The objective is to determine if the independent variables can be used to predict the dependent variable's value.

The multiple regression models presented in this chapter assume that each level of government is unidimensional. As discussed in the preceding chapter, factor analysis was utilized for each of the four variables (support, influence, incentives and importance) to determine whether three factors (federal, state and local) emerged. With the exception of incentives, the variables held together as unified constructs within each level of government with each having a Cronbach alpha greater than .70. Interestingly, incentives emerged as a separate construct within the federal and state variables.

#### **Model 1**

The first model was designed to examine the impact of several independent variables upon the perception of drug court success by drug court judges and



administrators. Multivariate regression was utilized because ratio-level data was collected for the dependent variable.

In the formula:  $\hat{Y} = \alpha + \beta_1X_1 + \beta_2X_2 + \beta_3X_3 + \beta_4X_4 + \beta_5X_5 + \beta_6X_6 + \beta_7X_7 + \beta_8X_8 + \beta_9X_9 + \beta_{10}X_{10} + \varepsilon$ ,  $\hat{Y}$  represents the perception of drug court success.  $\beta_1$  through  $\beta_{10}$  are slope weights for the ten independent variables and  $\varepsilon$  represents the measurement error in the Y variable, which in OLS, is assumed to equal zero.  $X_1$  represents federal factors,  $X_2$  represents state factors, and  $X_3$  represents local factors,  $X_4$  represents current position,  $X_5$  represents years in current position,  $X_6$  represents age,  $X_7$  represents gender,  $X_8$  represents race,  $X_9$  represents highest educational level and  $X_{10}$  represents percentage of time spent on drug court activities as discussed in Chapter 3. Table 5.1 presents the descriptive statistics for the variables associated with Model 1.

Table 5.1

Descriptive Statistics for Model 1 Variables

Variable	Mean	Std Deviation	Minimum	Maximum	n
Success of DC	29.54	4.29	0	36	110
Federal	14.09	6.72	0	40	110
State	31.89	11.65	0	61	110
Local	53.96	14.54	0	88	110
Yrs in Position	5.27	3.920	1	24	110
Age	51.18	9.250	29	74	110
Education	2.12	.909	0	3	110
Drug Court Activity	1.67	1.633	0	4	110

Based on the means presented in Table 5.1, drug court judges and administrators perceive success of drug court programs to be extremely high with a mean of 29.54. On a scale with 36 as a maximum, the Success dependent variable is above average at 82 %. As previously discussed in Chapter 4, examination of the federal, state and local independent variables suggests that judges and administrators attribute the most importance or influence to local actors and agencies (61%) followed by state actors or agencies (52%) and federal actors and agencies (35%).

Table 5.2

## Correlation Matrix for Model 1 Variables

	DV	1	2	3	4	5	6	7	8	9	10	
DV	1.000											
Federal	*	1.000										
State	**	**	1.000									
Local	.186 **	.315 **	.691 **	1.000								
Position	.240 **	.091 **	.489 **	.621 **	1.000							
Yrs in Position	.077	.010	.012	-.110	-.102	1.000						
Age	.032	.018	.018	.130	.119	.386 **	.433 **	1.000				
Gender	-.026	.063	.018	.130	.021	.386 **	.631 **	.700 **	1.000			
Race	-.004	-.108	-.033	.020	.033	.564	-.084	-.116	-.020	1.000		
Educ	**	**	**	-.175	-.124	-.066	-.070	.168	.273 **	.015	1.000	
DCt Activity	-.269 **	-.275 **	.129	.158	.116	-.066	-.004	-.050	-.176	.006	-.585 **	1.000

\*p<.05 level (2-tailed); \*\*p<.01 level (2-tailed)  
n=110

NOTE: DV – Success of Drug Court; X1 – Federal factors; X2 – State factors; X3 – Local factors; X4 – Current Position (0=Judge, 1=Administrator); X5 – Years in Current Position (in years); X6 – Age(in years); X7 – Gender (0=Male, 1=Female); X8 – Race (0 = African American, 1 = Caucasian); X9 – Education (measured by highest degree obtained, 0 = High School or less, 1 = Bachelor's Degree or Some college, 2 = Graduate Degree or Some graduate school, 3 = J.D./LL.M); X10 – Drug Court Activity (measured by percentage of time devoted to drug court Activities, 0 = 0-25%, 1 = 26-50%, 2 = 51-75%, 3 = 76-99%, 4 = 100%).

As reflected in Table 5.2, five independent variables are statistically significant with regard to the dependent variable. These include Federal, State, Local, Education and Drug Court Activity. However, when using a benchmark of .40, none of these is reasonably strong.

Multicollinearity exists when an independent variable is highly correlated with two or more independent variables (Hair, 1998). When high levels of correlation occur among independent variables, it becomes difficult to determine the impact of each variable upon the dependent variable (Babbie, 2001; Hair, 1998; Bachman & Paternoster, 1997). Based on the examination of the Variance Inflation Factor (VIF) and the correlation matrix, there are no multicollinearity problems.

Table 5.3

Results of Multivariate Regression Analysis For Variables Predicting the Success of Drug Courts

Variable	B	SE	Beta	T	Tolerance	VIF
Constant	25.455	3.096		8.221*	.	
Federal	-.082	.083	-.131	-.978	.459	2.181
State	.112	.054	.304	2.074*	.380	2.633
Local	.033	.035	.116	.959	.563	1.778
Current Position	.473	1.245	.055	.380	.392	2.551
Yrs Position	.035	.022	.150	1.583	.914	1.094
Age	.001	.001	.038	.374	.786	1.272
Gender	-.447	.858	-.051	-.521	.869	1.151
Race	.787	1.310	.056	.600	.934	1.070
Educ	-.702	.686	-.150	-1.023	.382	2.619
DCt Activity	.251	.324	.097	.773	.518	1.929

Note:  $R^2 = .216$  and  $F = 2.651$ ; \* $p < .05$

A multivariate regression analysis (Table 5.3) was completed to examine how well the independent variables predicted the perception about drug court success. The linear combination of federal, state, local and demographic variables indicated a statistically significant relationship to the perception of drug court success.

This model demonstrated that there was a positive, statistically significant relationship between state factors and the perception about drug court success. For this sample, a one unit increase in the perception of involvement by state actors caused a .112 increase in the perception of drug court success. The model explains 22% ( $R^2 = .216$ ) of the variance in the dependent variable. Further, for this sample, local and federal factors were not identified as significantly related to drug court success.

Local factors, current position, years in current position, age and percentage of time devoted to drug court activities had a positive impact on the perception of drug court success, but were not statistically significant. Positive impacts were also detected for administrators and whites, but once again these were not significant. Conversely, there is a negative relationship between federal actors and the perception of drug court success, as there is also for females and those respondents with graduate/professional degrees. Again, however, the contributions are insignificant statistically.

## **Model 2**

Model 2 was designed to examine the impact of several independent variables upon the perception of offender-related drug court success. As stated earlier, multivariate regression was utilized because ratio-level data was collected for the dependent variable.

Coding for the ten independent variables remains unchanged from Model 1. Table 5.4 provides the descriptive statistics for the variables associated with Model 2.

Table 5.4

Descriptive Statistics for Model 2 Variables

Variable	Mean	Std Deviation	Minimum	Maximum	N
Offender-Related DC Success	16.36	2.67	0	20	110
Federal	14.09	6.72	0	40	110
State	31.89	11.65	0	61	110
Local	53.96	14.54	0	88	110
Yrs in Position	5.27	3.92	1	24	110
Age	51.18	9.25	29	74	110
Education	2.12	.909	0	3	110
Drug Court Activity	1.67	1.633	0	4	110

Based on the means presented in Table 5.4, drug court judges and administrators perceive offender-related success of drug court programs to be extremely high with a mean of 16.36. On a scale with 20 as a maximum, this dependent variable is above average at 82 %. In addition, as previously discussed in Chapter 4, examination of the federal, state and local independent variables suggests that judges and administrators attribute the most importance or influence to local actors and agencies (61%) followed by state actors or agencies (52%) and federal actors and agencies (35%).

Table 5.5

## Correlation Matrix for Model 2 Variables

	DV	1	2	3	4	5	6	7	8	9	10
DV	1.000										
Federal		1.000									
State	.128 **		1.000								
Local	.238 *	.691 **		1.000							
Position	.197 -.010	.489 .010	.621 -.100		.047 1.000						
Yrs in Position	.058	.012	-.110		-.102 .361 **	1.000					
Age	.116		.130		-.119 .386 **	.433 **	1.000				
Gender	.016	.018	.020		.021 .564	.631 **	.700 **	1.000			
Race	.030	.063 -.108	-.033		.012 -.066	-.084	-.116	-.020	1.000		
Educ	-.188*	-.117	-.079		-.150 -.180	-.027	.029	.231	-.217*	1.000	
DCt Activity	.214 *	.129	.158		.116 -.066	-.004	-.050	-.176	.006	-.218*	1.000

\*p&lt;.05 level (2-tailed); \*\*p&lt;.01 level (2-tailed)

n=110

NOTE: DV – Offender-Related Success; X1 – Federal factors; X2 – State factors; X3 – Local factors; X4 – Current Position (0= Judge, 1=Administrator); X5 – Years in Current Position (in years); X6 – Age(in years); X7 – Gender (0=Male, 1=Female); X8 – Race (0 = African American, 1 = Caucasian); X9 – Education (measured by highest degree obtained, 0 = High School or less, 1 = Bachelor’s Degree or Some college, 2 = Graduate Degree or Some graduate school, 3 = J.D./LL.M.); X10 – Drug Court Activity (measured by percentage of time devoted to drug court Activities, 0 = 0-25%, 1 = 26-50%, 2 = 51-75%, 3 = 76-99%, 4 = 100%).

As reflected in Table 5.5, four independent variables are statistically significant with regard to the dependent variable. These include State, Local, Education and Drug Court Activity. However, when using a benchmark of .40, none of these is reasonably strong.

Multicollinearity was again assessed by reference to the Variance Inflation Factor (VIF). Based on the results in Tables 5.5 and 5.6 there again appears to be no problems with multicollinearity.

Table 5.6

Results of Multivariate Regression Analysis for Variables Predicting the Success of Offender-Related Measures

Variable	B	SE	Beta	T	Tolerance	VIF
Constant	14.348	1.673		8.577*		
Federal	-.032	.054	-.084	-.599	.459	2.180
State	.048	.035	.212	1.379	.377	2.654
Local	.015	.022	.083	.653	.558	1.791
Current Position	.074	.668	.014	.111	.560	1.786
Yrs Position	.012	.014	.082	.827	.914	1.094
Age	.001	.001	.089	.841	.793	1.261
Gender	.187	.557	.034	.335	.849	1.178
Race	.422	.866	.049	.487	.882	1.134
Educ	-.482	.357	-.140	-1.348	.831	1.203
DCt Activity	.247	.200	.156	1.236	.563	1.777

Note:  $R^2 = .143$  and  $F = 1.598$

\* $p < .05$



A multivariate regression analysis (Table 5.6) was completed to examine how well the independent variables (federal, state, local and demographics) predicted the perception of offender-related indicators of drug court success. The linear combination of the independent variables did not display a statistically significant relationship to the perception about offender-related indicators of drug court success. The entire model only explains 14.3 % ( $R^2 = .143$ ) of the variance in the dependent variable.

As expected, none of the independent variables in Model 2 achieved statistical significance. As such, the null hypothesis cannot be rejected. However, the results of Model 2 are similar to those found in Model 1 where state and local factors have a positive impact on the perception of offender-related indicators of drug court success and federal factors have a negative impact. Again, graduate/professional education was negatively related to the perception of offender-related indicators of drug court success. However, unlike Model 1, females becomes positive in this model.

### **Model 3**

Model 3 was designed to examine the impact of several independent variables upon the perception of service delivery by the criminal justice system. Multivariate regression was utilized because ratio-level data was collected for the dependent variable. Coding for the independent variables remains unchanged. Table 5.7 provides descriptive statistics for the variables associated with Model 3.

Table 5.7

## Descriptive Statistics for Model 3 Variables

Variable	Mean	Std Deviation	Minimum	Maximum	N
System-Related DC Success	13.18	2.36	0	16	110
Federal	14.09	6.72	0	40	110
State	31.89	11.65	0	61	110
Local	53.96	14.54	0	88	110
Yrs in Position	5.27	3.92	1	24	110
Age	51.18	9.25	29	74	110
Education	2.12	.909	0	3	110
Drug Court Activity	1.67	1.633	0	4	110

Based on the means presented in Table 5.7, drug court judges and administrators perceive system-related success of drug court programs to be extremely high with a mean of 13.18. On a scale with 16 as a maximum, this dependent variable is above average at 82 %. In addition, as previously discussed in Chapter 4, examination of the federal, state and local independent variables suggests that judges and administrators attribute the most importance or influence to local actors and agencies (61%) followed by state actors or agencies (52%) and federal actors and agencies (35%).

Table 5.8

## Correlation Matrix for Model 3 Variables

	DV	1	2	3	4	5	6	7	8	9	10
DV	1.000										
Federal	.195 *	1.000									
State	.307 **	.691 **	1.000								
Local	.217 *	.489 **	.621 **	1.000							
Position	.152	.010	-.100	-.047	1.000						
Yrs in Position	.075	.012	-.110	-.102	.361 **	1.000					
Age	-.070	.018	.130	.119	.386 **	.433 **	1.000				
Gender	-.065	.063	.020	.021	.564 **	.631 **	.700 **	1.000			
Race	-.040	-.108	-.033	-.012	-.066	-.084	-.116	-.020	1.000		
Educ	.272 **	-.275 **	-.175	-.124	-.715 **	-.070	.168	.273 **	.015	1.000	
DCt Activity	-.280 *	.129	.158	.116	-.066	-.004	-.050	-.176	.006	-.585 **	1.000

\*p&lt;.05 level (2-tailed); \*\*p&lt;.01 level (2-tailed)

n=110

NOTE: DV – Service-Related Success of Drug Court; X1 – Federal factors; X2 – State factors; X3 – Local factors; X4 – Current Position (0=Judge, 1=Administrator); X5 – Years in Current Position (in years); X6 – Age(in years); X7 – Gender (0=Male, 1=Female); X8 – Race (0 = African American, 1 = Caucasian); X9 – Education (measured by highest degree obtained, 0 = High School or less, 1 = Bachelor’s Degree or Some college, 2 = Graduate Degree or Some graduate school, 3 = J.D./LL.M.); X10 – Drug Court Activity (measured by percentage of time devoted to drug court Activities, 0 = 0-25%, 1 = 26-50%, 2 = 51-75%, 3 = 76-99%, 4 = 100%).

As reflected in Table 5.8, five independent variables are statistically significant with regard to the dependent variable. These include Federal, State, Local, Education and Drug Court Activity. However, when using a benchmark of .40, none of these is reasonably strong.

Based on the results in Tables 5.8 and 5.9 there again appears to be no multicollinearity problems.

Table 5.9

Results of Multivariate Regression Analysis for Variables Predicting the Success of System-Related Measures

Variable	B	SE	Beta	t	Tolerance	VIF
Constant	10.591	1.673		6.244*		
Federal	-.050	.046	-.144	- 1.092	.459	2.181
State	.068	.029	.334	2.302*	.380	2.633
Local	.017	.019	.109	.912	.563	1.778
Current Position	.889	.682	.186	1.302	.392	2.551
Yrs Position	.023	.012	.178	1.904	.914	1.094
Age	.000	.001	-.052	-.512	.786	1.272
Gender	-.580	.470	-.118	- 1.234	.869	1.151
Race	.145	.718	.019	.203	.934	1.070
Educ	-.150	.376	-.058	-.400	.382	2.619
DCt Activity	.056	.178	.039	.316	.518	1.929

Note:  $R^2 = .234$  and  $F = 2.930$

\* $p < .05$

A multivariate regression analysis (Table 5.9) was completed to examine how well the independent variables predicted the perception about service-related drug court success. The linear combination of federal, state and local (and various demographic variables) indicated a statistically significant relationship to the perception about system-

related drug court success. Thus, it is unlikely that the results of the model are attributable to chance alone. The model explains 23.4 % ( $R^2 = .234$ ) of the variance in the dependent variable.

This model demonstrated that there was a positive, statistically significant relationship between state factors and the perception of system-related drug court success. Thus, for this sample, a one unit increase in state factors caused a .068 increase in the perception of system-related drug court success. As with preceding models, neither local nor federal factors were identified as significantly related to drug court success. Again, federal factors were negatively related to the perception of system-related drug court success. In Model 3, no demographic variable was significantly related to system-related drug court success, although number of years in current position approached statistical significance (.060).

## CHAPTER VI

### DISCUSSION

A review of the available literature suggests that drug court programs are an innovative tool for use with drug-related offenders in the justice system. Impact and process evaluations reveal that, overall, drug court programs decrease recidivism, increase treatment retention and are a cost-effective alternative to incarceration. However, there has been very little research which has specifically examined those factors which have influenced the implementation of drug courts. The present study attempts to fill the existing gap in the literature and begin the discussion regarding the implementation of drug court programs. More specifically, this study examined implementation of drug court programs from a top-down and bottom-up perspective.

#### **Summary**

The present study provides an interesting picture of drug court judges and administrators. The majority of respondents were drug court administrators (56 %) followed by drug court judges (43%). Such response was anticipated given the demands upon the time of judges. However, while judges did not constitute the majority of the respondents, there is satisfactory representation of administrators and judges. The group also appears to be well-educated with 43% of the respondents indicating that they possess a professional degree such as a J.D. or LL.M. Forty-three percent of respondents

indicated that they possessed an education ranging from a bachelor's degree to a graduate degree. The sample is also characterized by varying levels of experience with drug court programs. Respondents indicated that they had served in their current position between one and twenty four years. Thus, the sample ultimately included a range of experience from those who were relatively new to the field to those with more than two decades of experience.

The study also yielded some interesting findings regarding the drug court programs included in the sample. Most programs (85%) in the present study were in operation between zero and ten years. In addition, most drug court programs in the present sample served one to three counties (80%) in their respective judicial districts. Drug court programs in the present sample were also serving judicial districts which were fairly well-populated with 71% of the respondents indicating that their program served a district with a population in excess of 75,000.

Jurisdiction of drug court programs was also addressed and was diverse as well. Courts that heard felony cases only represented the largest singular group within the sample. However, programs which heard misdemeanor, juvenile and dependency cases were also included in the sample. The majority of the respondents indicated that their drug court program served only adult clients (61%) while 18% of respondents indicated that their programs served only juvenile clients. Thus, respondents possessed a wide range of jurisdictional expertise. Moreover, the volume of cases processed through the drug court programs in the sample was impressive. Forty percent of respondents indicated that their programs had served between 101 and 500 clients since the inception of the program while another 35% of respondents indicated that their program had served

in excess of 500 clients since opening. Thus, demographically speaking, the present sample provided a diverse and experienced group of respondents from which to measure perceptions of implementation issues.

An area of initial inquiry probed the actions that the respondents had undertaken to implement the drug court program. In addition to identification of those actions, respondents were asked to rank those actions in terms of importance. The responses to this inquiry were diverse but are indicative of those actions which respondents perceive to be most beneficial to the success of their drug court program. Interesting and in contrast to later findings in the present study was the identification of training by federal agencies as the most beneficial action undertaken. Others indicated that application for federal grant funding was the most beneficial action. Respondents identified the second most important action taken as training by state agencies, training by federal agencies and consultation with other drug court judges. The most common response to the request to identify the third most beneficial action was attendance and observation of other drug court sessions. Overall, respondents seemed to view training and funding provided by federal and state agencies as important factors in the successful implementation of their drug court. The second trend which emerges is the value that is placed upon consultation with and observance of other drug court programs. Thus, respondents seem to indicate that the availability of funding, training and consultation with other programs are important actions during the implementation of a drug court program.

The indication that federal funding is an important action is in contrast to the responses to the more specific question regarding funding sources of drug court programs. Interestingly, most respondents indicated that federal, state or local grants



were not a funding source. Respondents also indicated that government funding, other than grants, was not a funding source for drug courts. Private donations were not commonly identified as a funding source either. The respondents were about equally split on the use of court fees as a funding source for drug court programs. This area of inquiry raises as many questions as it answers and does not provide a clear picture regarding the funding of drug court programs. However, it may be that drug court programs are funded primarily from a combination of existing budgets and court fees.

Clearly-defined and well-understood goals are an important element for the successful implementation of any program. According to the National Drug Court Institute (2004) drug court share common goals. These are as follows: to decrease criminal recidivism; to provide cost-effective intervention with drug offenders; to concentrate expertise about drug cases into a single courtroom; to increase retention in drug treatment through judicial supervision and sanction; and to provide drug-involved offenders with the opportunity for affordable treatment; to address other needs of drug-involved offenders through clinical assessment and effective case management; and lastly, to “free up” judicial, prosecutorial and defense resources for other types of cases. Thus, the present study sought to determine whether the goals identified by drug court judges and administrators in the sample were consistent with those identified by the National Drug Court Institute.

Respondents were specifically requested to identify the three most important goals of the drug court program. Interestingly, very little variance emerged among the three levels. Among the three most important goals, respondents consistently identified the following: ensuring treatment for drug-related offenders, reduction of recidivism,

reduction of crime, accountability for drug-related offenders and reduction of drug-related crime. While no hierarchy exists among those goals identified by the National Drug Court Institute, respondents in the present study consistently demonstrated an appreciation of the core goals of a drug court program.

Multiple regression analysis was utilized to further examine the relationships among the top-down and bottom-up factors and the perceived success of the drug court program. The use of factor analysis revealed that certain elements of the dependent variable held together as unitary constructs. Thus, these constructs were addressed separately.

In the first model (Model 1), the impact of federal, state and local factors as well as a variety of demographic variables upon the perception of drug court success was estimated. The model was statistically significant. Examination of the impact of individual independent variables yielded interesting results. State and local variables were positively associated with the perception of drug court success, however, federal variables were negatively associated with the same.

The only variable which had a statistically significant relationship with the perception of drug court success was state factors. No demographic variable achieved statistical significance, however, males and graduate and professional education were negatively related to the perception of drug court success. All other demographics (current position as administrator, years in current position, age, whites, and percentage of time devoted to drug court activities) were positively related to the perception of drug court success.

In the second model (Model 2), the impact of federal, state, local and demographic variables upon the perception of offender-related drug court success was estimated. The model did not achieve statistical significance. However, for the purposes of exploration, analysis continued. As with Model 1, state and local variables maintained positive relationships with the dependent variable, but state factors lost statistical significance. Similarly, federal factors remained negative and insignificant. With the exception of education, all other demographic variables were positively associated with the dependent variable. As expected, no independent variable was statistically significant.

In the third model (Model 3), the impact of federal, state, local and demographic variables upon the perception of service-related drug court success was estimated. As with the first model, this model achieved statistical significance. Again, state and local variables maintained positive relationships and state regained its significance. Federal is again negative and insignificant. Graduate and professional degrees and females are negatively associated with the dependent variable, while all other demographic variables are positive.

### **Implications and Conclusions**

The results of the analysis reveal several trends. First, among all models, state and local variables are positively related to the dependent variable. One explanation for these results may be the sheer proximity between drug court personnel and state and local actors. If a drug court is successful, drug court personnel may be more likely to attribute the success to those government actors with whom the drug court personnel interact on a more frequent basis. Given the consistently positive relationship between state and local

variables and the perception of drug court success, it appears that drug court personnel view state and local actors as those responsible for the success of their drug courts.

This finding, however, lends support to those who advocate for a bottom-up perspective when evaluating the implementation of public policy. Bottom-up approaches focus on the actions of street-level actors and the impact those individuals and their beliefs, goals and activities have on policy implementation. According to Matland (1995), "...bottom-uppers have placed more emphasis on describing what factors have caused difficulty [or facilitate] in reaching stated goals" (Matland, 1995, p. 149). Thus, the fact that local variables have a consistent and positive influence among all of the models lends some credence to a bottom-up approach. However, the state variables are also consistently positive and are also the only variable to achieve statistical significance (Model 1 and Model 3). For purposes of the present study, state variables were characterized as top-down. As such, the relationships which emerge from the present study appear to support a blended-approach which ignores neither top-down or bottom-up factors.

Second, in all models, the federal variable is negatively related to the dependent variable. Where federal actors and policies are concerned there is a negative impact on the perceived success of drug courts. This, too, may represent the perception of drug court personnel that the federal government is more remote and therefore not as influential on drug court success as state and local actors. It may be more of a challenge to attribute drug court success to federal actors. Interestingly, however, are the responses which indicated that participation in federal training and application for federal grant funding were important actions undertaken to successfully implement the drug court

program. However, perhaps the implication of these results lies in the fact that once the federal grant funding is received and the drug court program is implemented, successful implementation of the program is thereafter more closely associated with state and local actors. Additionally, while the consistent negative relationship among federal factors and the perception of drug court success in the present study does not necessarily impugn the top-down perspective, the results certainly warrant further exploration.

Third, of all independent variables, only the state independent variable has a statistically significant relationship with the dependent variable. Moreover, this statistically significant relationship only exists in two models. As discussed earlier, this relationship occurs in the full model and the third model which utilizes the system-related dependent variable. Although no data were collected, this result may be attributable to the important role of state judicial administration agencies also known as AOC (Administrative Office of Courts). In those states included in the study, the AOC provides technical and funding assistance with the initial implementation of drug courts and thereafter oversees the operation of drug court programs throughout the state. While AOCs are not involved in the daily administration of drug courts, interviews conducted in preparation for this research revealed that the AOCs tend to be viewed in a very positive light. In many states, the AOC is considered to be an advocate for the existence of drug court programs and is often the liaison between the drug court programs and the Legislature.

The present study revealed interesting information regarding the implementation of drug court programs. A host of factors appear to influence the implementation of drug court programs, including federal, state and local factors. Respondents consistently

identified state and local actors as being the most supportive and influential of the efforts to create and implement drug courts. Of those, the most common actors were public defenders and the district attorneys. If opposition to drug courts existed, the respondents indicated that local law enforcement or the general public were generally the sources of the opposition. In addition, there is clearly a more positive view of the influence of state and local actors when compared to their federal counterparts.

From a policy perspective, the results of the present study reveal that innovative programs for criminal offenders can thrive in conservative states. Four states in the sample are southern states. Utah is the only state outside the south which was included. However, it too, it considered to be conservative in terms of social policy and political values. Despite the conservative character of these states, drug court programs appear to be alive and well. Moreover, actors and agencies within these states appear supportive of innovative programming within the criminal justice system which is markedly different from the traditional approaches supported by conservatives.

### **Limitations and Recommendations for Future Research**

In order to further explore the issues which attend the implementation of drug court programs, additional research is necessary. While the present study is a beginning, much work remains. A review of the limitations of the present study reveals much of the work for future research. In the future, efforts should be made to expand the study to include a greater number of drug court programs throughout the country. Inclusion of additional programs will increase the sample size and provide greater geographic representation. This would also allow comparison among geographic regions.

Other methodological modifications could be made to enhance the response rate. For example, further refinement of the survey instrument should be contemplated to determine if the instrument may be shortened. In addition, future mailings should not occur during or immediately following holiday periods.

Future research should identify the exact manner in which the various actors impact the success of drug court programs. In addition to seven demographic variables, the present study utilized three government variables (Federal, State and Local) which represented the sum of responses in the following categories: support for drug court programs, influence on drug court programs, incentives for implementation of drug court programs, and perceived importance of drug courts by level of government. Obstacles to the implementation of drug courts was subtracted from the equation.

Thus, while the present study presents an overall view of the impact of federal, state and local influences, future research should attempt to more specifically identify the exact actions (or lack thereof) by various actors. The actions of various actors in the following categories should be analyzed and presented: support for drug court programs, influence on drug court programs, incentives for implementation of drug court programs, perceived importance of drug courts by level of government and obstacles to the implementation of drug courts.

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APPENDIX A  
SURVEY INSTRUMENT

**Instructions:** Please answer the following questions.

**PLEASE CIRCLE YOUR RESPONSE.**

1. How long has your drug court been operational?
  - a. 0-1 year
  - b. 2-3 years
  - c. 4-5 years
  - d. 6-10 years
  - e. More than 10 years
  
2. Approximately how many clients has your drug court program served since opening?
  - a. Less than 25
  - b. 25 to 50
  - c. 51 to 100
  - d. 101-200
  - e. 201-400
  - f. 401-500
  - g. More than 500
  
3. Approximately how many client intakes does your program perform per **month**?
  - a. Less than 10
  - b. 10 to 25
  - c. 26 to 50
  - d. 51 to 75
  - e. 76 to 100
  - f. More than 100
  
4. What does your client base consist of?
  - a. Adult cases only
  - b. Juvenile cases only
  - c. Adult and Juvenile cases
  
5. Of the following, which best characterizes the drug court model in use in your jurisdiction?
  - a. Diversion, pre-plea
  - b. Post-plea
  - c. Probation program
  - d. Other: \_\_\_\_\_
  
6. Generally speaking, what percentage of your time is devoted to drug court activities as opposed to other court responsibilities?
  - a. 0-25%
  - b. 26-50%
  - c. 51-75%
  - d. 76-99%
  - e. 100%

7. Please indicate the degree to which the implementation of drug court programming has resulted in the **improvement or deterioration** of the following conditions or services in your jurisdiction.

	Significant Deterioration	Some Deterioration	No Change	Some Improvement	Significant Improvement
Recidivism by offenders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time spent by offenders in treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Payment of fees/fines by offenders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sobriety of offenders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jail crowding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivery of probation services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivery of substance abuse treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inter-agency coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inter-agency cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confidence in the criminal justice system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Of those conditions or services listed in survey item # 6 please indicate which condition or service has **improved the most** due to the implementation of your drug court program. **Identify only one.** \_\_\_\_\_

9. Of those conditions or services listed in survey item # 6, please indicate which condition or service has **deteriorated the most** due to the implementation of your drug court program. **Identify only one.** \_\_\_\_\_

10. Please identify all sources of funding utilized in the operation of your drug court program. **Check all that apply.**

- \_\_\_ Grant funds (federal)
- \_\_\_ Grant funds (state)
- \_\_\_ Grant funds (local)
- \_\_\_ Court fees

- \_\_\_ Federal funds
- \_\_\_ State funds
- \_\_\_ Local funds
- \_\_\_ Private donations

11. Please characterize the level of importance of the following **goals** within your drug court program.

	Not important	Somewhat important	Important	Very Important
Reduction of jail/prison overcrowding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduction of recidivism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduction of crime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduction of drug-related crime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To reduce the costs associated with processing and incarceration of drug offenders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To enhance or facilitate inter-agency communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To enhance or facilitate inter-agency cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To provide accountability for drug offenders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To offer correctional alternatives for drug offenders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To insure that drug offenders receive treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To “free up” judicial resources for other cases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Of those goals listed in survey item # 11, please identify the top **three** goals of your drug court program.

Most important goal: \_\_\_\_\_  
 Second most important goal: \_\_\_\_\_  
 Third most important goal: \_\_\_\_\_

13. Please characterize **the level of support** for or **resistance to** the implementation of drug court programs in your jurisdiction by the following actors.

	Very supportive	Somewhat supportive	Somewhat Resistant	Very Resistant
Federal elected officials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U.S. Department of Justice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Federal corrections officials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Federal mental health officials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State elected officials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Attorney General	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State corrections officials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State mental health officials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appellate court judges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State judicial administration agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local elected officials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local judiciary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
District Attorney/Prosecutor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Very supportive	Somewhat supportive	Somewhat Resistant	Very Resistant
Public Defender/Defense Bar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local law enforcement officials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local corrections officials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local mental health agencies & staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug-related offenders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Of those actors listed in Question # 13, please identify the actor which provided the **most support** for the implementation of your drug court program. **Identify only one.**

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15. Of those actors listed in Question # 13, please identify the actor which exhibited the **most resistance** to the implementation of your drug court program. **Identify only one.**

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16. Please characterize the **degree of influence** by the following actors over the implementation of drug courts in your state.

	No influence	Some influence	Moderate Influence	Very influential
Federal elected officials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U.S. Department of Justice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Federal corrections officials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Federal mental health officials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State elected officials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Attorney General	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State corrections officials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State mental health officials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appellate court judges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State judicial administration agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local elected officials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local judiciary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
District Attorney/Prosecutor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Defender/Defense Bar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local law enforcement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local corrections officials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local mental health agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug-related offenders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Of those actors listed in Question # 16, please identify the actor which exercised the most influence over the implementation of your drug court program. **Identify only one.**

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18. Please indicate whether these incentives were present during the development and implementation of your drug court program. **Check all that apply.**

	Federal	State	Local	Not Available
Financial Assistance/Matching funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grant funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Drug Court Advisory Board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training for drug court staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technical assistance for drug court staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MIS/Data Collection & Evaluation Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Existence of drug court association	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Of those incentives listed in Question # 18, please identify the incentive which was **most important** to the development of your drug court program. **Identify only one.**

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20. Please indicate whether, in your experience, the following circumstances hindered the implementation of drug court programming in your jurisdiction. **Check all that apply.**

	Federal-level obstacle	State-level obstacle	Local-level obstacle	Not present
Vague laws	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vague policies and regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conflict with existing agency policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of political support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of support from agency directors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of funding sources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor allocation of available funding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of training for drug court staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of administrative support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of belief in drug court model	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inter-agency conflict	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of inter-agency cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of inter-agency communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of technical assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The belief that “nothing works” with drug offenders/addicts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. Of those obstacles listed in Question # 20, please identify the issue/circumstance which proved most difficult to the implementation of your drug court program. **Identify only one.**

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22. Please indicate whether the following circumstances hinder participation by offenders in your drug court program.

	Strongly Disagree	Disagree	Agree	Strongly Agree
Eligibility criteria too stringent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of referrals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of eligible participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Failure to identify potential participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eligible offenders decline to participate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eligible offenders view program as too stringent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of information on potential participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of adequate screening for potential participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of qualified staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of training for drug court team/staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of administrative support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of belief in drug court model	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inter-agency conflict	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of inter-agency coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. Of those items listed in # 22, please identify the top **three** issues which hinder participation by offenders in your drug court program.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

24. Please characterize the degree to which you believe drug courts are viewed as important by the following people or organizations.

	Not important	Somewhat important	Important	Very important
Federal elected officials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Federal corrections officials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Federal mental health officials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State elected officials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Attorney General	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State corrections officials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State mental health officials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appellate court judges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State judicial administration agency (AOC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local elected officials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local judiciary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
District Attorney/Prosecutor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Defender/Defense Bar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local law enforcement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local corrections officials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local mental health agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug-related offenders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. Please indicate which of the following actions you have taken in an effort to successfully implement a drug court program.

	Yes	No
Attended training sessions offered by federal agencies	<input type="checkbox"/>	<input type="checkbox"/>
Attended training sessions offered by state agencies	<input type="checkbox"/>	<input type="checkbox"/>
Applied for grant funding from federal agencies	<input type="checkbox"/>	<input type="checkbox"/>
Applied for grant funding from state agencies	<input type="checkbox"/>	<input type="checkbox"/>
Requested technical assistance from federal agencies	<input type="checkbox"/>	<input type="checkbox"/>
Requested technical assistance from state agencies	<input type="checkbox"/>	<input type="checkbox"/>
Requested assistance from statewide drug court association	<input type="checkbox"/>	<input type="checkbox"/>
Consulted other drug court judges	<input type="checkbox"/>	<input type="checkbox"/>
Consulted other drug court administrators	<input type="checkbox"/>	<input type="checkbox"/>
Attended/observed drug court sessions in other districts	<input type="checkbox"/>	<input type="checkbox"/>
Consulted State Attorney General	<input type="checkbox"/>	<input type="checkbox"/>
Consulted state legislators	<input type="checkbox"/>	<input type="checkbox"/>
Consulted local elected officials	<input type="checkbox"/>	<input type="checkbox"/>
Consulted District Attorney/Prosecutor	<input type="checkbox"/>	<input type="checkbox"/>
Consulted Public Defender	<input type="checkbox"/>	<input type="checkbox"/>
Consulted local law enforcement administrators	<input type="checkbox"/>	<input type="checkbox"/>
Consulted local probation/parole administrators	<input type="checkbox"/>	<input type="checkbox"/>
Consulted local probation/parole officers	<input type="checkbox"/>	<input type="checkbox"/>
Consulted local mental health agency administrators	<input type="checkbox"/>	<input type="checkbox"/>
Consulted local mental health agency staff/counselors	<input type="checkbox"/>	<input type="checkbox"/>
Requested budget increase	<input type="checkbox"/>	<input type="checkbox"/>
Secured additional judgeship to accommodate drug court	<input type="checkbox"/>	<input type="checkbox"/>
Retained the services of an evaluator	<input type="checkbox"/>	<input type="checkbox"/>
Restructured staff positions to accommodate drug court responsibilities	<input type="checkbox"/>	<input type="checkbox"/>

26. Of those activities listed in survey item # 25 please identify the **three** most beneficial to the development of your drug court program.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

27. How many counties are included in your judicial district?

- a. Single-county district
- b. Two-county district
- c. Three-county district
- d. Four or more counties in your district

28. What is the approximate population of the geographical area within your drug court **district**?

- a. Under 10,000
- b. 10,000 to 25,000
- c. 25,001 to 50,000
- d. 50,001 to 75,000
- e. Over 75,000

29. What type of jurisdiction does your drug court have?
- Felony cases only
  - Misdemeanor cases only
  - Felony and misdemeanor cases
  - Juvenile cases only
  - Other: \_\_\_\_\_
30. Please identify your current position.
- Drug court judge
  - Drug court administrator/coordinator
  - Other: \_\_\_\_\_
31. How long (in years) have you served in this position? \_\_\_\_\_
32. In what field did you work before you began working in your current position?
- Judiciary
  - Judicial assistant
  - Law clerk (holds J.D.)
  - Law enforcement
  - Community corrections (probation, parole, etc....)
  - Business
  - Other: \_\_\_\_\_
33. Which of the following best describes your highest level of education?
- Some high school
  - High school graduate
  - Some college or junior college graduate
  - Bachelor's Degree (B.S., B.A.)
  - Some graduate study
  - Graduate Degree (M.S., M.A or Ph.D.)
  - Professional Degree (J.D., LL.M.)
  - Multiple Degrees-Please identify all that you currently possess:  
\_\_\_\_\_
34. What is your gender? \_\_\_\_\_
35. What is your race (or ethnic group)?
- African American
  - Asian or Pacific Islander
  - White, non-Hispanic
  - Native American
  - Hispanic
  - Other: \_\_\_\_\_
36. Please state the year of your birth? (Example: 1961) \_\_\_\_\_

APPENDIX B  
MSU IRB APPROVAL



Mississippi State  
UNIVERSITY

November 21, 2006

Lisa S. Nored  
118 College Station Drive, # 5127  
University of Southern Mississippi  
Hattiesburg, MS 39406

RE: IRB Study #06-282: The Implementation of Public Policy: An Examination of Drug Court Programs

Dear Mr. Nored:

The above referenced project was reviewed and approved via administrative review on 11/21/2006 in accordance with 45 CFR 46.101(b)(2). Continuing review is not necessary for this project. However, any modification to the project must be reviewed and approved by the IRB prior to implementation. Any failure to adhere to the approved protocol could result in suspension or termination of your project. The IRB reserves the right, at anytime during the project period, to observe you and the additional researchers on this project.

Please refer to your IRB number (#06-282) when contacting our office regarding this application.

Thank you for your cooperation and good luck to you in conducting this research project. If you have questions or concerns, please contact me at [cwilliams@research.msstate.edu](mailto:cwilliams@research.msstate.edu) or 325-5220.

Sincerely,

Christine Williams  
IRB Administrator

cc: Doug Goodman

**Office for Regulatory Compliance**

P. O. Box 6223 • 8A Morgan Street • Mailstop 9563 • Mississippi State, MS 39762 • (662) 325-3294 • FAX (662) 325-8776

APPENDIX C  
USM IRB APPROVAL



The University of  
Southern Mississippi

Institutional Review Board

118 College Drive #5147  
Hattiesburg, MS 39406-0001  
Tel: 601.266.6820  
Fax: 601.266.5509  
www.usm.edu/irb

### HUMAN SUBJECTS PROTECTION REVIEW COMMITTEE NOTICE OF COMMITTEE ACTION

The project has been reviewed by The University of Southern Mississippi Human Subjects Protection Review Committee in accordance with Federal Drug Administration regulations (21 CFR 26, 111), Department of Health and Human Services (45 CFR Part 46), and university guidelines to ensure adherence to the following criteria:

- The risks to subjects are minimized.
- The risks to subjects are reasonable in relation to the anticipated benefits.
- The selection of subjects is equitable.
- Informed consent is adequate and appropriately documented.
- Where appropriate, the research plan makes adequate provisions for monitoring the data collected to ensure the safety of the subjects.
- Where appropriate, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of all data.
- Appropriate additional safeguards have been included to protect vulnerable subjects.
- Any unanticipated, serious, or continuing problems encountered regarding risks to subjects must be reported immediately, but not later than 10 days following the event. This should be reported to the IRB Office via the "Adverse Effect Report Form".
- If approved, the maximum period of approval is limited to twelve months.  
Projects that exceed this period must submit an application for renewal or continuation.

PROTOCOL NUMBER: **26102601**

PROJECT TITLE: **The Implementation of Public Policy: An Examination of Drug Court Programs in Selected States**

PROPOSED PROJECT DATES: **10/26/06 to 06/30/07**

PROJECT TYPE: **New Project**

PRINCIPAL INVESTIGATORS: **Lisa S. Nored**

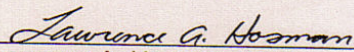
COLLEGE/DIVISION: **College of Science & Technology**

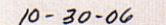
DEPARTMENT: **Administration of Justice**

FUNDING AGENCY: **N/A**

HSPRC COMMITTEE ACTION: **Exempt Approval**

PERIOD OF APPROVAL: **10/26/06 to 10/25/07**

  
\_\_\_\_\_  
Lawrence A. Hosman, Ph.D.  
HSPRC Chair

  
\_\_\_\_\_  
Date