

**Drug Court
Publications
Resource Guide**
Fourth Edition

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Drug Court Publications Resource Guide
Fourth Edition

Prepared by the National Drug Court Institute, the education, research, and scholarship affiliate of the National Association of Drug Court Professionals.

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NATIONAL DRUG COURT INSTITUTE

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Preface

The *Drug Court Publications Resource Guide, Fourth Edition* is a product of the National Drug Court Institute's (NDCI's) Research Dissemination Committee, and is intended to assist researchers and practitioners in identifying drug court-related information that will assist them in planning, implementing, enhancing, and evaluating their drug court programs. This revision updates the *First, Second, and Third Editions*, published in 1999, 2000, and 2001 respectively, and includes many new publications available to the drug court field.

The *Resource Guide, Fourth Edition* provides a listing of publications that are relevant to the drug court field and is organized into three major categories: Drug Courts; Research, Evaluation & Statistics; and Treatment & Substance Abuse. Within each category there are subcategories where materials are listed alphabetically by title. Each listing includes the title of the publication, the author, the publisher, the date, how to obtain the publication, and a brief description of the publication.

The *Resource Guide, Fourth Edition* was compiled from a variety of publications and databases. The listing of materials and organizations in the *Resource Guide, Fourth Edition* is not all-inclusive and does not constitute or imply endorsement by the National Drug Court Institute.

NDCI hopes that this document provides resources and tools to drug court researchers and practitioners alike as they work to advance the drug court field. All comments and suggestions are welcome. To suggest information or materials that might be included in future editions, please write to the National Drug Court Institute, Research & Scholarship Departments/*Resource Guide*, 4900 Seminary Road, Suite 320, Alexandria, VA 22311.

Availability of Publications

To obtain a copy of a publication listed in the *Resource Guide, Fourth Edition* please contact the corresponding organization, unless otherwise indicated. A list of the organizations and their specific contact information, including address, telephone, fax, E-mail, and Internet address is located in the Appendix. Many published materials may be obtained by accessing the corresponding organization's Internet address. Materials published or disseminated by the National Drug Court Institute (NDCI) or the National Association of Drug Court Professionals (NADCP) are noted with a diamond (♦). All new publications for the *Fourth Edition* are noted with a ✦.

Some publication listings include a reference number specific to the publication. The following is a key to the reference numbers:

NCJ and **FS** – Item reference numbers for documents available from the National Criminal Justice Reference Service (NCJRS); please see the Appendix, organizational listings, page 95.

ACCN – Item reference number for documents available for loan through the interlibrary loan process, from the library of the National Criminal Justice Reference Service (NCJRS); please see the Appendix, organizational listings, page 95.

NCADI – Item reference number for documents available from the National Clearinghouse for Alcohol and Drug Information (NCADI); please see the Appendix, organizational listings, page 95.

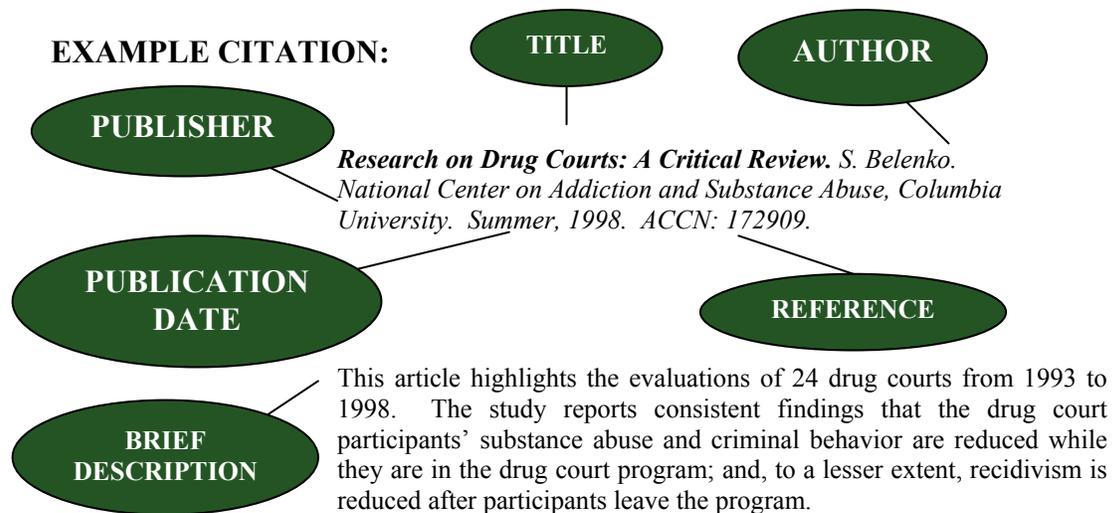


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DRUG COURTS

DRUG COURTS – GENERAL

◆ ***American Drug Courts: A Common Sense Approach to the Drug-Using Offender.*** J.S. Tauber. *National Association of Drug Court Professionals.* April 1999. NADCP.

This article describes how drug courts work, how they are different from most American courts, and the underlying principles that make them successful.

◆ ***Community Judging: A National Strategy for the Development of Coordinated Drug Court Systems.*** J.S. Tauber. *National Association of Drug Court Professionals.* May 1994. NADCP.

The development of drug courts is a trend toward criminal justice programs that respond to, and are involved directly with, their communities. Drug courts provide community judging, through a community wide approach to the drug offender, linking with the communities, through immediate, personal, and direct court services.

✦ ***Cracking the Habit: Drug Courts in Action.*** A. Ginzberg. *Drug Courts Program Office, Office of Justice Programs, U.S. Department of Justice.* 2000. NCJ 182678 (Video).

This videotape portrays the operation of drug courts, interspersed with comments on their effectiveness by judges, treatment providers, police officers, prosecutors, defense attorneys, and drug offenders, as well as then-U.S. Attorney General Janet Reno. Also portrayed is the operation and philosophy of the “wellness” court on an Indian reservation in Arizona. This court takes into account the cultural values and

rituals of healing in the Native American culture.

Cutting Crime: Drug Courts in Action. *Drug Strategies.* 1997.

An overview of the development, implementation, and evaluation of drug courts, based on interviews with judges, prosecutors, public defenders, court administrators, police officers, treatment providers, researchers, drug court participants, and Department of Justice personnel, is provided.

◆ ***Do Drug Courts Really Work?*** S. Satel. *City Journal.* Summer 1998.

Drug courts offer criminal addicts a choice: either enter and complete treatment or go to jail. This article presents the reasons why drug courts have sparked so much enthusiasm.

Drug Control and the Courts. J.A. Inciardi, D.C. McBride, J.E. Rivers. *Drugs, Health, and Social Policy Series, Volume 3.* Sage Publications. 1996. NCJ 161447.

At a time when drug use is declining for students and those living in stable residential situations, street criminals have dramatically increased their drug use. In this monograph, the authors examine the history, development, and current status of drug control programs based in the courts. Topics discussed include drugs-crime linkages, legal coercion and drug treatment, treatment alternatives to street crime, and drug courts and drug treatment.

Drug Court Activity Update: Summary Information. American University Drug Court Clearinghouse and Technical Assistance Project. Drug Courts Program Office, Office of Justice Programs, U.S. Department of Justice. February, December 2000.

This study presents a statistical compilation of adult drug court activity throughout the United States, including the number of planning and operational drug courts, retention and recidivism rates, as well as participant demographic information.

Drug Courts: Diversion That Works. M.L. Prendergast, T.H. Maugh, II. In: Judges' Journal, Volume 34, Number 3, p. 10-14, 46- 47. Summer 1995. ACCN: 157002.

This article describes three of the earliest drug courts, their operations, their effectiveness, and the cost-savings to the criminal justice system.

Drug Courts: An Innovative Approach to Drug-related Crime. R.S. Martinez. In: Judicial News, p. 5-7. November 1997. NCJ 169769, or ACCN: 169769.

In many jurisdictions, the single largest criminal category is drug offenses, with alcohol and other drug (AOD) use a contributing factor in the majority of all other crime categories. Both criminal justice processing and AOD treatment services are directed toward stopping illicit drug use and related criminal activity. A working partnership between the two in an attempt to enhance the effectiveness of each gave rise to "drug courts." This article discusses the origin of drug courts, their functions and environment, and eligibility requirements.

Drug Court: The Latest Move in the War on Drugs. R.D. Morrison. In: Law Enforcement Technology, Volume 24, Issue 11, p. 48-50. November 1997. ACCN: 173028.

Drug courts differ from the traditional approach to case processing by bringing drug treatment to offenders as soon as they enter the court system. This article describes the treatment-based drug court process.

Drug Courts: A Profile of Operational Programs. C.S. Cooper, S.R. Bartlett. Justice Programs Office, School of Public Affairs, American University. 1996.

This report contains information presented at the State Justice Institute's First National Symposium on the Implementation and Operation of Drug Courts, held in 1995.

The Drug Court Response: Issues and Implications for Justice Change. J.S. Goldkamp. Albany Law School. In: Albany Law Review, Volume 63. May 2000.

Since the establishment of the first drug court in 1989 and the rapid growth of drug courts over the last decade, critical questions about drug courts have shifted from whether or not they should be established to how best to implement and operate them within the framework of the larger court system. This article discusses the nature of the drug court innovation and some of its implications for change in the justice system.

Drug Courts: A Revolution in Criminal Justice. Drug Strategies. May 1999.

This publication summarizes the ten-year history of drug courts, charting the milestones of their development and achievements. In addition, there is a discussion of other specialized courts that are based on the drug court model, such as domestic violence and DUI courts.

Drug Courts and the Role of Graduated Sanctions. A. Harrell. *National Institute of Justice, Office of Justice Programs, U.S. Department of Justice. August 1998. NCJ 169597 (Video).*

This videotape presentation by Dr. Adele Harrell describes court-based drug treatment as an alternative to incarceration and the use of graduated sanctions in the District of Columbia for pretrial drug-involved felony offenders.

Drug Courts: Treatment and Support in a Unique Setting. J. Kaldy. In: *Alternatives to Incarceration, Volume 2, Number 1, p. 18-20. January-February 1996. ACCN: 162052.*

Drug courts were initiated as efforts to relieve court caseloads and improve case processing, but they have become an entry into recovery and a source of hope for thousands of individuals who previously would have been incarcerated.

Drug Diversion Courts: Are They Needed and Will They Succeed in Breaking the Cycle of Drug-Related Crime? J.R. Brown. In: *New England Journal on Criminal and Civil Confinement, Volume 23, Issue 1, p. 63-99. Winter 1997. ACCN: 168913.*

This article profiles and assesses the effectiveness of drug courts and highlights the importance of treatment in reducing drug dependency.

The Early Drug Courts: Case Studies in Judicial Innovation. W.C. Terry, III, Ed. *Drugs, Health, and Social Policy Series, Volume 7. Sage Publications. October 1998. NCJ 179569.*

The chapters in this book cover judicial innovation and dedicated drug courts, community demographics, structural organization of the court, court caseloads, description of the initial decision to

implement dedicated drug treatment courts, successes and failures of initial goals and objectives, and measures of long-term successes and failures.

◆ ***Five Policy Statements on National Criminal Justice Drug Control Issues.*** J.S. Tauber. *National Association of Drug Court Professionals. February 1993. NADCP.*

These five policy papers discuss issues in dealing with the drug-using offender, including: agency coordination, cost effective incarceration, court ordered drug rehabilitation, redefining the role of the court, and the importance of structural accountability.

Justice and Treatment Innovation: The Drug Court Movement; A Working Paper for the First National Drug Court Conference, December 1993. J.S. Goldkamp. *National Institute of Justice, Office of Justice Programs, U.S. Department of Justice. October 1994. NCJ 149260.*

In December 1993, a national meeting of judges, prosecutors, defense lawyers, bar association representatives, court administrators, substance abuse treatment providers, and representatives of other service agencies was held to discuss issues in the operation of drug treatment courts. This report identifies the key elements of drug treatment courts as they have been established in a variety of locations across the United States.

Lawyering for a New Age. Chief Judge Judith S. Kaye. *Fordham Law Review. October 1998.*

This commentary discusses some of the new ways in which the courts are responding to emerging realities in society. The drug treatment court model is a successful response to the drugs-to-crime-to-jail cycle that is not being broken by traditional courts.

Looking at a Decade of Drug Courts.
*American University Drug Court
Clearinghouse and Technical Assistance
Project. Drug Courts Program Office,
Office of Justice Programs, U.S. Department
of Justice. August 1999. NCJ 171140.*

This report addresses the background of the drug court “movement,” the major areas in which drug courts differ from traditional adjudication processes, and salient achievements to date.

◆ ***National Drug Court Institute Review (NDCIR).*** *National Drug Court Institute. NDCI.*

The *NDCIR* builds a bridge between the legal, scientific, and clinical communities, providing a common tool to all. The *NDCIR* focuses on scientific research, analysis, evaluation outcomes, and commentary from experts in the drug court and related fields. The volumes currently in print appear below.

◆ ***National Drug Court Institute Review (NDCIR), Volume I, Issue 1, Summer 1998.*** *National Drug Court Institute. NDCI.*

Articles appearing in this issue include: “Research on Drug Courts: A Critical Review,” by S.R. Belenko; “Observational Study of Courtroom Dynamics in Selected Drug Courts,” by S.L. Satel; “Summary and Analysis of the First Juvenile Drug Court Evaluations,” by M.A. Shaw and K. Robinson; and “The Future of Drug Courts: Comprehensive Drug Court Systems,” by J.S. Tauber.

◆ ***National Drug Court Institute Review (NDCIR), Volume II, Issue 1, Summer 1999.*** *National Drug Court Institute. NDCI.*

Articles appearing in this issue include: “Effective Use of Sanctions in Drug Courts: Lessons from Behavioral Research,” by D.B.

Marlowe and K.C. Kirby; “Predictors of Retention and Arrest in Drug Courts,” by R.H. Peters, A.L. Haas, and M.R. Murrin; “Perceptions of Drug Court: How Offenders View Ease of Program Completion, Strengths and Weaknesses, and the Impact on Their Lives,” by S. Turner, P. Greenwood, T. Fain, and E.P. Deschenes; “Commentary: Drug Courts and Jail-Based Treatment: A Unique Opportunity for Collaboration and Change,” by C.W. Huddleston; and “Research Update: Reports on Recent Drug Court Research,” by M.A. Shaw and K. Robinson.

◆ ***National Drug Court Institute Review (NDCIR), Volume II, Issue 2, Winter 1999.*** *National Drug Court Institute. NDCI.*

Articles appearing in this issue include: “Research on Drug Courts: A Critical Review 1999 Update,” by S.R. Belenko; “Assessing Cost Off-Sets in a Drug Court Setting,” by M.W. Finigan; “Unraveling ‘What Works’ for Offenders in Substance Abuse Treatment Services,” by F.S. Taxman; and “Research Update: Reports on Recent Drug Court Research,” by M.A. Shaw and K. Robinson.

◆ ***National Drug Court Institute Review (NDCIR), Volume III, Issue 1, Winter 2000.*** *National Drug Court Institute. NDCI.*

Articles appearing in this issue include: “Drug Treatment: The Case for Coercion,” by S.L. Satel; “Countywide Approaches to Drug Court Program Implementation: A Comparison of Los Angeles and Orange Counties, California,” by E.P. Deschenes, R. Mimura, R. Rodgers, B. Marksbury, M. Jenkins, and R. Newble; “Commentary: Family Drug Courts: Assisting Jurisdictions in Expediting Child Abuse & Neglect Cases and Reuniting Families,” by M. Merrigan; and “Research Update: Reports on Recent Drug Court Research,” by K. Robinson.

◆ **National Drug Court Institute Training Catalog.** *National Drug Court Institute. 2002. NDCI.*

This catalog provides a schedule and description of the training sessions NDCI will host during 2002. These trainings offer comprehensive skills-based training to drug court judges, coordinators, prosecutors, public defenders, community supervision staff, and treatment providers, as well as two to three day regional evaluation trainings.

Rebirth of Rehabilitation: Promise and Perils of Drug Courts. *R.S. Gebelein. National Institute of Justice, Office of Justice Programs, U.S. Department of Justice. 2000. NCJ 181412.*

The rise of the drug court movement is best understood in the context of the changing goals of sentencing policies that have alternatively focused on rehabilitation, punishment, deterrence, incapacitation, and restoration. The experience of Delaware in implementing drug courts is discussed. Key characteristics of drug courts are considered, as well as their benefits and limitations, client and treatment differences, and resource availability.

Special Drug Courts. *S. Belenko, T. Dumanovsky. Bureau of Justice Assistance, Office of Justice Programs, U.S. Department of Justice. November 1993. NCJ 144531.*

This report describes the development, operation, and results of special drug courts established in several jurisdictions in recent years to process felony drug cases and sometimes link defendants to community-based drug treatment programs in order to reduce drug abuse and drug-related crime.

State Justice Institute National Symposium on the Implementation and Operation of Drug Courts 1995: Report of Symposium Proceedings. *C.S. Cooper. Justice Programs Office, School of Public Affairs, American University. Bureau of Justice Assistance, Office of Justice Programs, U.S. Department of Justice. 1996.*

A December 1995 symposium sponsored by the State Justice Institute brought together multidisciplinary jurisdictional teams and individuals who had been involved with drug court programs to examine issues involved in the implementation of drug courts, develop consensus, and identify the tasks and issues that need to be addressed. This report chronicles the proceedings of the 1995 symposium held in Portland, OR, December 3 - 6, 1995.

Summary Assessment of the Drug Court Experience. *American University Drug Court Clearinghouse and Technical Assistance Project. Drug Courts Program Office, Office of Justice Programs, U.S. Department of Justice. 1997. NCJ 169767.*

These reports summarize the nature and activities of drug courts and explain the role of the Drug Court Clearinghouse and Technical Assistance Project sponsored by the U.S. Department of Justice.

◆ **Therapeutic Jurisprudence and the Drug Treatment Court Movement: Revolutionizing the Criminal Justice System's Response to Drug Abuse and Crime in America.** *P.F. Hora, W.G. Schma, J.T.A. Rosenthal. In: Notre Dame Law Review, Volume 74, Issue 2. January 1999. NCJ 177020.*

Drug treatment courts are analyzed with respect to the concept of therapeutic jurisprudence. The article begins with a review of the history and literature of therapeutic jurisprudence, and moves into an in-depth discussion of the principles, achievements, and problems confronting

drug treatment courts.

SELECTED ARTICLES ON SPECIFIC DRUG COURTS

◆ ***Contingency Contracting in Oakland: Implementing Structural Accountability in a Drug Court Program.*** J.S. Tauber. *National Association of Drug Court Professionals.* January 1995. NADCP.

It is crucial to develop permanent structures that will insure continued program coordination, stability, and effectiveness. Providing structural accountability through contingency contracting in drug courts is discussed, using the Oakland, CA drug court as an example and reference.

✦ ***Drug Court as a Sentencing Model.*** G. Kassebaum, D.K. Okamoto. In: *Journal of Contemporary Criminal Justice, Volume 17, Issue 2, p. 89-104.* May 2001. NCJ 189151.

The Honolulu Drug Court (HI) aims to reduce jail admissions and average length of stay, reduce recidivism, shorten the judicial system's response time for violations, and reduce criminal justice costs. This study describes the drug court program, analyzes cases reviewed for admittance during January through June 1996, and presents findings from interviews with drug treatment providers, judges, and administrators.

✦ ***Drug Courts: A Bridge Between Criminal Justice and Health Services.*** S.L. Wenzel, D. Longshore, S. Turner. In: *Journal of Criminal Justice, Volume 29, Issue 3, p. 241-253.* National Institute of Justice, Office of Justice Programs, U.S. Department of Justice. *National Institute on Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services.* May/June 2001. NCJ 188794.

Connections to health services are considered vital to drug courts but are not completely understood. This paper discusses the importance of building bridges between criminal justice and health services and presents a conceptual framework for organizing a comprehensive investigation of them, using data from a National Institute of Justice (NIJ) sponsored study of 14 drug court programs in the United States and Puerto Rico.

✦ ***Drug Courts: A Conceptual Framework.*** D. Longshore, S. Turner, S. Wenzel, A. Morral, A. Harrell, D. McBride, E. Deschenes, M. Iguchi. In *Journal of Drug Issues, Volume 31, Issue 1, p. 7-26.* National Institute of Justice, Office of Justice Programs, U.S. Department of Justice. Winter 2001. NCJ 188162.

Structural and process characteristics of drug courts may have a major influence on offender outcomes. This paper proposes a conceptual framework on five drug court dimensions: leverage, population severity, program intensity, predictability and rehabilitation emphasis. Quantitative and qualitative methods for identifying such effects are proposed as well.

◆ ***Drug Courts: A Judicial Manual.*** J.S. Tauber. *California Center for Judicial Education and Research. CJER Journal.* Summer 1994.

Viewed as a more effective approach to the drug abuse cases crowding the courts, drug courts have attracted interest from judges throughout the country. In this article, written from a judge's point of view and for judges, Judge Tauber shares his experience in setting up Oakland's FIRST Program (CA), explaining how drug courts work and the underlying principles that make them successful.

The Drug Court: A New Strategy for Drug Use Prevention. J.R. Schwartz, L.P. Schwartz. In: *Obstetrics and Gynecology Clinics of North America, Volume 25, Number 1, p. 255-268. March 1998. NCJ 179605.*

Something unusual is happening in courtrooms across the United States. Instead of sending defendants to jail, judges are handing out graduation certificates to persons once accused of committing crimes. This article describes the processes involved in drug court, and focuses on the Rochester Drug Treatment Court (NY).

Available by contacting John R. Schwartz, Rochester City Court, 108 Hall of Justice, Rochester, New York 14614, Phone: 716-428-2450.

Drugs, Courts and Neighborhoods. G. Berman, D. Andersen. *Center for Court Innovation. State Justice Institute. 1999.*

This booklet discusses community reintegration and the Brooklyn Treatment Court (NY). The authors chronicle the development of Project Connection, the challenges that the court faced in reaching out to community residents and family members of defendants in recovery, the strategies that were employed, and the lessons that the court learned from Project Connection. The authors conclude that while drug courts must heed the lessons of Project Connection, the time is right for drug courts to reach out to the community and expand their scope in that area.

Making a Difference in the War on Drugs: A Case Study of Judicial Reform and Leadership. P.B. Wice. In: *Criminal Law Bulletin, Volume 30, Number 1, p. 30-53. January-February 1994. ACCN: 146969.*

The drug court concept in New Jersey is discussed. The article concludes that the Middlesex County EDCM program remains a model for the rest of the country,

successfully combining judicial, prosecution, and defense services.

Miami's "Drug Court": A Different Approach. P. Finn, A.K. Newlyn. *National Institute of Justice, Office of Justice Programs, U.S. Department of Justice. June 1993. NCJ 142412.*

The Dade County Diversion and Treatment Program (FL) channels nearly all nonviolent drug users from the traditional path of streets-to-court-to-jail to an innovative court-operated rehabilitation program. Data on offender participation, successful completion, and recidivism indicate the program is reducing drug abuse.

✦ ***Minority and Non-Minority Perceptions of Drug Court Program Severity and Effectiveness.*** L.S. Cresswell, E.P. Deschenes. In: *Journal of Drug Issues, Volume 31, Issue 1, p. 259-292. Winter 2001. NCJ 188171.*

This article examines variation in participants' perceptions of the severity and effectiveness of the drug court program in Orange County (CA). The study also examines perceptions of the severity of the graduated sanctions that are an integral part of the program, and differences between minority and non-minority participants.

◆ ***Perceptions of Drug Court: How Offenders View Ease of Program Completion, Strengths and Weaknesses, and the Impact on Their Lives.*** S. Turner, P. Greenwood, T. Fain, E. Deschenes. *National Drug Court Institute. In: National Drug Court Institute Review, Volume II, Issue 1. Spring 1999. NDCI.*

In 1992, the Maricopa County Probation Department (AZ) began an experiment that included a post-sentence drug court for first-time felony probationers convicted of drug possession or use. In interviews conducted three years after initial placement in the

program, 29 Maricopa County drug court participants offered their perceptions of the difficulty of completing program requirements, the program's strengths and weaknesses, as well as its helpfulness in attaining their goals.

JUVENILE & FAMILY DRUG COURTS

Another Permanency Perspective. C.M. McGee. In: *Juvenile and Family Court Journal*, Volume 48, Issue 4, p. 65-67. November 1997. NCJ 170516, or ACCN: 170516.

The Nevada program was prompted by the success of the drug court for criminal cases. Important components of the family drug court include integrated case management, flexible funding resources and authority, collaboration with the criminal court and the community, services available as needed, a CASA program, aftercare and an external support system, family involvement in decision-making, involvement of appropriate personnel, and teamwork.

Applying Drug Court Concepts in the Juvenile and Family Court Environments: A Primer for Judges. C.M. McGee, J. Parnham, T.T. Murrigan, M. Smith. *American University Drug Court Clearinghouse and Technical Assistance Project. Drug Courts Program Office, Office of Justice Programs, U.S. Department of Justice.* June 1998.

This report orients judges to the principal issues relating to the development of juvenile and family drug courts. It also attempts to answer some frequently asked questions that judges often have about juvenile and family drug court programs.

Beyond the Bench: How Judges Can Help Reduce Juvenile DUI and Alcohol and Other Drug Violations. Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. 1996. NCJ 162357 (Video).

This videotape highlights the benefits of increased judicial leadership in addressing juveniles driving while impaired due to alcohol and other drugs. The video is intended to enhance the dialogue between judges and communities as they begin to explore a community-wide response to these problems.

Court Strategies Under ASFA To Help Substance-Using Families Recover. J. Larsen. *National Council of Juvenile and Family Court Judges. In: Juvenile and Family Court Journal*, Volume 51, Number 1, p. 1-9. Winter 2000.

This article discusses the challenges faced by juvenile and family drug court judges in working to provide treatment and other intervention services to families, while at the same time following ASFA guidelines. The article also outlines strategies used by some courts in meeting these challenges.

Drugs – The American Family in Crisis: A Judicial Response, 43 Recommendations. *National Council of Juvenile and Family Court Judges. In: Juvenile and Family Court Journal*, Volume 46, Number 1. Winter 1995. NCJ 154027.

Members of the National Council of Juvenile and Family Court Judges, having concluded that children and their families must be the primary focus of a national strategy, have offered 43 recommendations to reduce alcohol and other drug abuse. Among the report's recommendations, the need for court access to a complete range of services for effective screening, identification, assessment, evaluation, treatment, and rehabilitation of drug users is discussed. Juvenile and family courts have a

fundamental responsibility to protect the best interests of children, families, and communities; they can play a vital role in reducing the harmful effects of substance abuse.

◆ ***Family Drug Courts: An Alternative Approach to Processing Child Abuse & Neglect Cases.*** K.R. Snavelly. *Drug Court Practitioner Fact Sheet, Volume I, Number 1.* National Drug Court Institute. May 1999. NDCI.

This fact sheet examines the role that family drug treatment courts play in offering a comprehensive, systemic approach to treating substance-abusing parents and reuniting parents with their children.

◆ ***Family Drug Courts: Assisting Jurisdictions in Expediting Child Abuse & Neglect Cases and Reuniting Families.*** M. Merrigan. *National Drug Court Institute.* In: National Drug Court Institute Review, Volume III, Issue 1. Winter 2000. NDCI.

This article highlights the Jackson County Family Drug Court (MO), discussing the program's development, mission and goals, blended system of criminal and civil case processing, and target populations. The critical role of a dedicated family drug court team, working together under the judge's leadership is highlighted, as are early indications of the Jackson County Family Drug Court's success.

Family Drug Courts May Hold the Key for Abused and Neglected Children of Substance Abusers. S.G. Elstein. *American Bar Association.* In: *Child Law Practice, Volume 18, Number 1, p. 1-16.* March 1999. NCJ 180367.

Family drug courts have the potential to help break the cycle of drug dependency among families served by the child welfare system. Like traditional family courts, family drug courts have civil jurisdiction over

dependency, abuse, and neglect proceedings. This article also discusses how family drug courts evolved, how to start a family drug court, and tips for family drug courts.

◆ ***Family Drug Treatment Courts: Addressing Child Abuse and Neglect Cases Using the Drug Court Model [PUBLICATION FORTHCOMING].*** National Association of Drug Court Professionals. *National Drug Court Institute. Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.* Draft, May 2000. NADCP. NDCI.

This publication, based on a two day focus group that included four family drug treatment court teams, addresses the family drug treatment court model's collaborative approach to handling dependency cases. The primary issues for planning and implementing a family drug treatment court are discussed, as well as options for addressing these issues. Early results indicate that the courts are achieving what they set out to do: protect the safety and welfare of children by giving their parents the tools they need to become sober, responsible adults and parents.

Juvenile Drug Court Activity Update: Summary Information. American University Drug Court Clearinghouse and Technical Assistance Project. *Drug Courts Program Office, Office of Justice Programs, U.S. Department of Justice.* February 29, 2000.

This report presents a statistical compilation of juvenile drug court activity throughout the United States, and updates existing data. Specific areas covered include juvenile drug court activities underway throughout the states; program enrollment, retention, and demographic information; drug usage characteristics of juvenile drug court participants; participants' prior contact with the juvenile justice system and treatment

services; special needs of the participants; and drug court participation outcomes.

The Juvenile Drug Court Movement.

M. Roberts, J. Brophy, C.S. Cooper. Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. March 1997. FS 009759.

Many nonviolent, substance-abusing adult and juvenile offenders repeatedly cycle through the judicial system because of a lack of intervention measures that would provide the sanctions and services necessary to change their deviant behavior. To address this problem, some communities have established adult and juvenile drug courts.

✦ ***Juvenile Drug Court Programs.***

Juvenile Accountability Incentive Block Grants Program Bulletin (JAIBG). C.S. Cooper. Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. May 2001. NCJ 184744.

This bulletin provides local officials with the perspectives of juvenile justice practitioners and policymakers who have experience with juvenile drug court programs. The main indicators of the potential value of a juvenile drug court program in a particular community are: the extent to which juvenile delinquency is associated with drug and alcohol use in the community; the juvenile justice system's existing ability to address this use; and the degree of accountability that the juvenile justice system promotes for both juvenile offenders and service providers.

Juvenile Drug Courts. *In: Juvenile and Family Justice Today, Volume 5, Issue 4, p. 12-17. Winter 1997. NCJ 173269, or ACCN: 173269.*

Populations and caseloads of most juvenile courts in the United States have changed

dramatically over the past decade. The nature of delinquent acts and dependency matters being handled in these courts has become more complex, entailing more serious and violent criminal activities and escalating degrees of substance abuse.

Juvenile Drug Courts Showing Great

Promise. *S.G. Riddell. National Council of Juvenile and Family Court Judges. In: Juvenile and Family Justice Today. Winter 1999.*

This article discusses the success of the juvenile drug court in Phoenix, AZ. The program shows strong promise, and so far only a small percentage of the youth are unsuccessful in the program.

✦ ***Juvenile Drug Courts: Strategies in Practice [PUBLICATION***

FORTHCOMING]. *Drug Courts Program Office, Office of Justice Programs, U.S. Department of Justice. National Drug Court Institute. National Council of Juvenile and Family Court Judges. NDCI.*

This document provides an overview of the critical strategies of an effective juvenile drug court. Developed through a collaborative effort of the Drug Courts Program Office, Office of Justice Programs, U.S. Department of Justice, the National Drug Court Institute, and the National Council of Juvenile and Family Court Judges, this document also provides a discussion of the best practices being used in juvenile drug courts, based on lessons learned by a representative group of drug court practitioners.

Juvenile and Family Drug Court Activity:

Summary Information. *American University Drug Court Clearinghouse and Technical Assistance Project. Drug Courts Program Office, Office of Justice Programs, U.S. Department of Justice. June 1998.*

This report presents a statistical compilation

of juvenile and family drug court activity throughout the United States, including the number of courts, as well as information about participants.

Juvenile and Family Drug Courts: An Overview. American University Drug Court Clearinghouse and Technical Assistance Project. Drug Courts Program Office, Office of Justice Programs, U.S. Department of Justice. August 1999. NCJ 171139.

After reviewing the background of juvenile and family drug courts, this report describes their goals and structure, compares them with traditional court processing, and identifies critical issues unique to juvenile and family drug court programs.

Juvenile and Family Drug Courts: Profile of Program Characteristics and Implementation Issues. C.S. Cooper, S. Bartlett. American University Drug Court Clearinghouse and Technical Assistance Project. Drug Courts Program Office, Office of Justice Programs, U.S. Department of Justice. June 1998. NCJ 171142.

This report provides a synopsis of the “state of the art” juvenile and family drug court activity, based on responses to a survey of juvenile and family drug courts that were operating as of January 1998. This report updates 1996 findings.

No Safe Haven: Children of Substance-Abusing Parents. The National Center on Addiction and Substance Abuse at Columbia University. January 1999. NCJ 177116.

While a great majority of substantiated child abuse cases involve parents who are involved with alcohol or other drugs, most child welfare agencies continue with “business as usual,” failing to recognize that their approach must include treatment. Studies have shown that treatment has been effective. In response, some dependency courts have adapted the criminal drug court

model to family drug treatment court. This report underscores the need for substantial increases in funding for treatment and healthcare for substance-abusing parents and their children, while suggesting guiding principles to help those who devote their lives to the welfare of children.

The Promise and Challenge of Juvenile Drug Courts [REPORT FORTH-COMING]. National Council of Juvenile and Family Court Judges. Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice.

Research indicates that early intervention with substance-abusing youth is more effective than traditional case processing, both in terms of costs and outcomes. Juvenile drug courts are emerging as a promising new early intervention strategy that addresses adolescent substance abuse through the combination of treatment and accountability. This report addresses the promises and challenges encompassed by juvenile drug courts.

Responding to Alcohol and Other Drug Problems in Child Welfare: Weaving Together Practice and Policy. N.K. Young, S.L. Gardner, K. Dennis. Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. 1998. NCJ 171669.

Drawing on the experience of several models of child welfare practice, this guidebook sets forth a policy framework that can assist child welfare agencies in responding to welfare parents who are users and abusers of alcohol and other drugs, the effects of which impair their parenting skills and threaten the safety of their children.

✦ **Review of Specialized Family Drug Courts: Key Issues in Handling Child Abuse and Neglect Cases.** A. Harrell, A. Goodman. *The Urban Institute. National Institute of Justice, Office of Justice Programs, U.S. Department of Justice. February 1999. NCJ 179281.*

This report examines how family drug courts relate to general trends in child welfare reform, lessons from drug courts, and rising interest in therapeutic jurisprudence. The goals are to provide a context for understanding the objectives and challenges courts face in developing effective interventions for substance-abusing parents in family court, and to suggest areas for research and evaluation to assist the courts in this undertaking.

LEGAL ISSUES IN DRUG COURTS

ABA Model Code of Judicial Conduct, 1998 Edition. *Standing Committee on Ethics and Professional Responsibility and Judicial Code Subcommittee. American Bar Association. 1997.*

This code provides a review of appropriate ethical obligations of judges. The code itself is designed to provide a model code of judicial conduct for jurisdictions.

Confidentiality of Patient Records for Alcohol and Other Drug Treatment [Technical Assistance Publications (TAP) Series 13]. F. Lopez. *Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. 1994. NCADI # BKD156.*

This guide provides an overview of federal alcohol and other drug treatment confidentiality laws and regulations, as well

as options for resolving apparent conflicts between federal confidentiality requirements and state communicable disease reporting requirements. An appendix presents sample forms for patient consent and qualified service organization agreements.

Drug Court Resource Series: Practical Guide for Applying Federal Confidentiality Laws to Drug Court Operations. S.R. Holland. *American University Drug Court Clearinghouse and Technical Assistance Project. Drug Courts Program Office, Office of Justice Programs, U.S. Department of Justice. 1999. NCJ 176977.*

The close working collaboration of treatment providers and judicial system officials that has developed with the emergence of drug court programs has raised significant issues regarding the scope and limitations of the confidentiality protections afforded under federal and state laws to participants in drug treatment programs. Issues discussed in this report include individuals to whom these statutes and regulations apply; whether participants can waive these protections and, if so, for what purposes and under what circumstances; and limitations to these waivers in terms of how the information can be used and individuals to whom it can be communicated.

◆ **Ethical Considerations for Judges and Attorneys in Drug Court.** *National Drug Court Institute. May 2001. NDCI.*

Judges must strictly adhere to the *Model Code of Judicial Conduct*, and attorneys must strictly adhere to the *Model Rules of Professional Responsibility*. Does practicing in drug court challenge some of the ethical responsibilities of judges and attorneys? This publication explores these questions, and examines the application of the model codes to the drug court model.

◆ ***Federal Confidentiality Laws and How They Affect Drug Court Practitioners.***
National Drug Court Institute. April 1999. NDCI.

The focus of this monograph is on federal confidentiality laws, which apply to virtually all drug courts. The goal is to help drug courts implement procedures that will not only satisfy federal confidentiality requirements, but also effectuate the practitioner's need to share information.

Siting Drug and Alcohol Treatment Programs: Legal Challenges to the NIMBY Syndrome [Technical Assistance Publications (TAP) Series 14]. E.M.

Weber, R. Cowie. Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. 1995. NCJ 161599, or NCADI #BKD175X. Community opposition, commonly known as the NIMBY (not in my backyard) syndrome, often prevents or delays the siting of a drug treatment program; this manual examines the legal remedies available for challenging discriminatory decisions resulting from the NIMBY syndrome. This publication covers zoning ordinances, applicable constitutional and federal law, how to build a case, and general advice on finding allies in the community and averting local opposition.

The Tuberculosis Epidemic: Legal and Ethical Issues for Alcohol and Other Drug Abuse Treatment Providers [Treatment Improvement Protocol (TIP) Series 18].

Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. 1995. NCADI #BKD175.

This TIP describes the tuberculosis disease and modes of transmission, how substance abuse programs can play their part in preventing or treating TB patients, and how TB can be prevented in the workplace.

Related issues such as discrimination and confidentiality are also discussed.

✦ ***What Is a Traditional Judge Anyway? Problem Solving in the State Courts.*** G.

Berman, Ed. In: Judicature, Volume 84, Issue 2, p. 78-85. September-October 2000. NCJ 185481.

A group of judges, attorneys, policymakers, and scholars met in late 1999 to discuss the nature of problem solving courts, forces that led to their creation, how they depart from "business as usual" and their impact on the roles of judges and attorneys. This is an edited transcript of that panel discussion on problem solving courts.

DRUG COURT PLANNING & IMPLEMENTATION

About the Drug Courts Program Office.

Drug Courts Program Office, Office of Justice Programs, U.S. Department of Justice. June 2000. NCJ 185343, or FS 000265.

This fact sheet discusses the Drug Courts Program Office (DCPO), established in 1995 to implement and support the provisions of the Omnibus Crime Control and Safe Streets Act that authorized grants for the development and establishment of drug courts. Between 1995 and 2000, more than 275 adult, driving under the influence, family, juvenile, or tribal drug courts became operational with support from DCPO.

◆ ***Countywide Approaches to Drug Court Program Implementation: A Comparison of Los Angeles and Orange Counties, California.*** E.P. Deschenes, R. Mimura, R. Rodgers, B. Marksbury, M. Jenkins, and R. Newble. National Drug Court Institute. In: National Drug Court Institute Review, Volume III, Issue 1. Winter 2000. NDCI.

This article describes the design and implementation of countywide drug court systems in two Southern California locales. Both counties started with a pilot drug court program and have expanded the program to other jurisdictions throughout the county. During the implementation process both counties faced a myriad of obstacles. What sustained implementation in both counties was the establishment of countywide standards and practices along with a steering committee that monitors each of the drug court programs. The successes of each program, as well as new challenges presented by expansion, are discussed.

◆ ***Defining Drug Courts: The Key Components.*** National Association of Drug Court Professionals. Drug Courts Program Office, Office of Justice Programs, U.S. Department of Justice. January 1997. NCJ 165478. NADCP.

This report presents 10 key components describing the basic elements that characterize effective drug courts. It is intended to assist jurisdictions in the planning, implementation and enhancement of drug courts.

Drug Court Planning and Implementation: Selected Operational Materials. Justice Programs Office, School of Public Affairs, American University. Bureau of Justice Assistance, Office of Justice Programs, U.S. Department of Justice. 1995. NCJ 165499.

This manual provides an overview of a variety of issues that are relevant to the development and operation of drug court programs, and examples of how various

judicial systems have addressed them.

The Drug Court Technical Assistance Packet [PACKET FORTHCOMING]. Join Together, a project of the School of Public Health, Boston University.

This packet provides information pertaining to resources, publications, national organizations, community stories, and peer consultants involved with drug courts, and serves as a reference guide for all members of the drug court team as well as community leaders.

Drug Courts: A Manual for Planning and Implementation. J.H. Weitzman. American Bar Association. NCJ 166382, or ACCN: 166382.

This manual identifies issues to be considered in planning and implementing a drug court program, including: common elements of a drug court, the drug court team, defining goals, choosing a model, incorporating treatment, securing funding, program start up, monitoring and evaluation, working with the media, and getting help.

Drug Courts: An Overview of Operational Characteristics and Implementation Issues, Volume I. C.S. Cooper, S.R. Bartlett. Justice Programs Office, School of Public Affairs, American University. Bureau of Justice Assistance, Office of Justice Programs, U.S. Department of Justice. 1995.

This document provides a comparative profile of 20 drug court programs that have been operational for more than one year, and presents the first comprehensive description of drug court program activities in state and local courts.

Drug Courts: An Overview of Operational Characteristics and Implementation Issues, Volume II. C.S. Cooper, S.R. Bartlett. Justice Programs Office, School of Public Affairs, American University. Bureau of Justice Assistance, Office of Justice Programs, U.S. Department of Justice. 1996.

Twenty-five drug court programs were studied with respect to prosecution, defense, law enforcement, correctional, and treatment coordinator activities.

◆ ***Effective Use of Sanctions in Drug Courts: Lessons from Behavioral Research.*** D.B. Marlowe, K.C. Kirby. National Drug Court Institute. In: National Drug Court Institute Review, Volume II, Issue 1. Spring 1999. NDCI.

While many believe that the use of graduated sanctions is at least in part responsible for the success of drug courts, the body of research on this question is limited. However, some basic principles have emerged. The authors present these principles as well as recommendations to drug courts on the use of graduated sanctions.

Gaining Momentum: A Model Curriculum for Drug Courts. Office of the State Courts Administrator, Supreme Court of the State of Florida. September 1996.

This manual provides a comprehensive curriculum for treatment-based drug court teams to expand their knowledge, skills, and abilities. The curriculum was produced following an extensive needs assessment of Florida's drug court teams.

✦ ***Implementing the Key Components of Specialized Drug Treatment Courts: Practice and Policy Considerations.*** D.E. Olson, A.J. Lurigio, S. Albertson. In: Journal of Law and Policy, Volume 23, Issue 2, p. 171-196. April 2001. NCJ 189137.

This study compared three federally funded drug treatment courts in Cook County (IL), explored each court's ability to implement the key components of drug courts, examined the reasons the courts were able or unable to meet the standards, and discussed the broader implications of findings for specialized drug treatment court policies and practices.

Oklahoma Drug Court: A Guide for Planning and Implementation. J. Bronstad, B. Huntington. Department of Mental Health and Substance Abuse Services, State of Oklahoma. 1997. ACCN: 167194.

This planning guide outlines a step-by-step sequence of events and achievable goals related to treatment-based drug courts. Procedures to guide the planning and design of treatment-based drug court programs are discussed, including: getting started, designing the program, incorporating treatment, securing sources of funding, starting up the program, monitoring and evaluation, public relations, and managing information.

Florida's Treatment-Based Drug Courts: Gearing Up Against Substance Abuse. R.H. Peters, B.A. Pennington, J.D. Wells, L. Rosenthal, J. Meeks, A. Brown, R. Kambo, M. Singleton. Office of the State Courts Administrator, Supreme Court of the State of Florida. NCJ 150139.

Based on Florida's successful experience with drug courts, this manual is designed as a reference for jurisdictions that are considering a treatment-based drug court or have decided to institute a drug court, and would like suggestions about how to proceed.

◆ ***A Self-Assessment Guide: Drug Court Process.*** National Association of Drug Court Professionals. 1997. NADCP.

This self-assessment guide is designed to

assist individuals and teams in the decision-making process facing drug court planners and administrators. It is comprised of a number of checklists intended to help think through decisions about issues, processes, and procedures related to planning and designing a drug court program.

Treatment Oriented Drug Courts. CADCA Strategizer 17. Community Anti-Drug Coalitions of America (CADCA). NCJ 168068.

This is a technical assistance manual for community anti-drug coalitions. It states and explains the needed steps in order to implement successfully a treatment oriented drug court.

SPECIALIZED COURTS & COMMUNITY PROGRAMS

◆ ***Closing the Circle: Jail-Based Treatment and Reentry Drug Courts, A Unique Opportunity for Collaboration and Change.*** C.W. Huddleston. *National Drug Court Institute. In: National Drug Court Institute Review, Volume II, Issue 1. Spring 1999. NDCI.*

The success that drug courts have enjoyed to date rests on a foundation of collaboration among the legal, treatment, and law enforcement communities. Helping to build effective jail-based treatment programs can broaden and strengthen that foundation. In this article, NDCI Deputy Director West Huddleston explores the need for jail-based treatment from the drug court perspective, and offers a working model for a jail-based treatment program linked to a reentry court.

◆ ♦ ***Community Policing and Drug Courts/Community Courts Project: A Three Year Progress Report.*** *National Association of Drug Court Professionals. 2000. NCJ 183365. NADCP.*

This report provides an update for the 2 year progress report on innovative law enforcement/drug court linkages, involving the development of a comprehensive strategy to educate law enforcement and drug court practitioners about the mutual benefits and the logic of working together to support each other's mission and goals. Four years later, law enforcement has become an integral part of 25 percent of operational drug courts.

◆ ***Development and Implementation of Drug Court Systems [Monograph Series 2].*** *National Drug Court Institute. May 1999. NDCI.*

The process of the further development of comprehensive drug court systems is still on going. For as drug courts continue to prove themselves to be the most effective means to control both the criminality and drug usage of the drug involved criminal, the argument to develop drug court systems to serve all drug using offenders living in our community becomes even clearer.

Drug Courts and Jail-Based Treatment: Jail Setting Poses Unique Opportunity to Bridge Gap Between Courts and Treatment Services. C.W. Huddleston. *In: Corrections Today, Volume 60, Number 6, p. 98-101. October 1998. ACCN: 174611.*

Drug courts are recognized as a successful criminal justice innovation, yet, only a few jurisdictions have developed successful jail-based treatment programs modeled after the drug courts. Examples of effective programs in California and Wyoming are provided.

◆ ***DUI/Drug Courts: Defining a National Strategy [Monograph Series 1].*** National Drug Court Institute. March 1999. NDCI.

Some jurisdictions are applying the drug court model to DUI cases. In November 1998, practitioners from seven such jurisdictions formed a DUI/Drug Court Advisory Panel to explore the needs of DUI and drug offenders, and to assess the applicability of the drug court model to repeat DUI offenders.

Emerging Judicial Strategies for the Mentally Ill in the Criminal Caseload: Mental Health Courts in Ft. Lauderdale, Seattle, San Bernardino, and Anchorage. J.S. Goldkamp, C. Irons-Guynn. Crime and Justice Research Institute. Bureau of Justice Assistance, Office of Justice Programs, U.S. Department of Justice. April 2000. NCJ 182504.

This publication describes the emergence of the nation's first four mental health courts, their attributes, and methods. It identifies common themes among these four mental health courts, as well as the key ingredients and issues with this mental health court model.

◆ ***The Future of Drug Courts: Comprehensive Drug Court Systems.*** J.S. Tauber. National Drug Court Institute. In: National Drug Court Institute Review, Volume I, Issue 1. Summer 1998. NDCI.

In this commentary, Judge Tauber builds on findings of the February 1998 focus group held at American University, in arguing to expand drug courts into comprehensive drug court systems.

✦ ***Jail-Based Treatment and Reentry Drug Courts.*** C.W. Huddleston. In: American Jails, Volume 14, Issue 1, p. 9-16. March/April 2000. NCJ 182551.

This article explores the need for jail-based treatment from the drug court perspective, and offers a working model for a jail-based treatment program linked to a reentry court. By acting as a reentry court, drug courts can provide incentives for participants to complete jail-based treatment, a strong structure for defendants leaving jail, a continuum of treatment services, and a high level of probationer accountability.

✦ ◆ ***Law Enforcement Drug Court Partnership: Possibilities and Limitations.*** B. Bedrick. National Association of Drug Court Professionals. June 2000. NCJ 187305. NADCP.

This report focuses on drug court/law enforcement partnerships in California, detailing those partnerships through site visits to the Butte County Drug Court program in Northern California; the San Leandro-Hayward Drug Treatment Court in Alameda County on the eastern side of the San Francisco Bay; the Orange County Drug Court program south southeast of Los Angeles; and the Redlands Drug Court in San Bernardino, inland and south of Los Angeles.

◆ ***NADCP Mentor Drug Court Network: A Regional Approach to Technical Assistance.*** National Association of Drug Court Professionals. 2000. NADCP.

This brochure describes the NADCP Mentor Drug Court Network, provides specific site information, and presents the protocol for a site visit. Additionally, it references some of the major accomplishments of the Mentor Drug Court Network since its inception in 1996. Finally, this brochure describes in detail what each site has to offer to the drug court field.

✦ **Reentry Court New Castle County Delaware.** R.S. Gebelein. In: Partnerships for Building Safer Communities: Best Practices and Promising Approaches, Conference Papers of the National TASC 8th Conference on Drugs and Crime, p. 33-40. October 2001. *National TASC (Treatment Accountability for Safer Communities)*. NCJ 191657.

This conference paper presents an overview of the New Castle County Reentry Court (DE). The county's drug court became operational in 1994 under the TASC case management model. The drug court model was seen as aiding in the reentry process with its supervised probation after release, imposed sanction flexibility, and ability to modify imposed sentences, and from that model came the Reentry Court of New Castle County.

◆ **Reentry Drug Courts [Monograph Series 3].** *National Drug Court Institute*. December 1999. NDCI.

Reentry management, a new idea being explored at the U.S. Department of Justice, describes how courts can serve as a reintegration mechanism for offenders being released from local jails and state prisons. NDCI explores the implications of a drug court model serving such a role, providing effective supervision, case management and treatment services for drug offenders being released from local jails and state prisons.

✦ **Therapeutic Jurisprudence in Action: Specialized Courts for the Mentally Ill.** A.J. Lurigio, A. Watson, D.J. Luchins, P. Hanrahan. In: *Judicature, Volume 84, Issue 4*, p. 184-189. January-February 2001. NCJ 187750.

This article examines the use of specialized courts for the mentally ill as a bridge between the mental health and criminal justice systems. Mental health courts, modeled after drug courts, are for persons with serious mental illness who commit

nonviolent crimes. The article describes specialized mental health courts in Broward County, FL; King County, WA; Anchorage, AK; and Marion County, IN.

Therapeutic Jurisprudence and the Emergence of Problem-Solving Courts. D. Rottman, P. Casey. *National Institute of Justice, Office of Justice Programs, U.S. Department of Justice*. In: *National Institute of Justice Journal*, p. 12-19. July 1999. NCJ 178120.

This article discusses how courts are becoming more responsive to the needs of the community members they serve. The concept, therapeutic jurisprudence, engages the court in a collaborative process with local and state agencies to seek opportunities to promote therapeutic outcomes. Therapeutic jurisprudence attends to both individuals and case issues to achieve more effective dispositions without subordinating due process and other justice values.

Tribal Healing to Wellness Courts: A Preliminary Overview of Tribal Drug Courts. *Tribal Law & Policy Institute, Drug Courts Program Office, Office of Justice Programs, U.S. Department of Justice*. July 1999. NCJ 178907.

Currently there are 12 operational tribal drug courts, with at least 30 more in the planning stages. Tribal drug courts face unique challenges, such as tribal customs and traditions, the nature and high volume of alcohol abuse cases, and critical resource related and jurisdictional issues. An overview of policies and procedures relating to tribal court systems is also provided.

Tribal Drug Court Operational Materials. *American University Drug Court Clearinghouse and Technical Assistance Project, Drug Courts Program Office, Office of Justice Programs, U.S. Department of Justice*. March 1999.

This publication contains descriptions, manuals, and other operational materials from ten tribal drug courts and can be used as a guide for enhancing and implementing existing tribal drug courts and/or planning for new courts.

Understanding Community Policing.
Bureau of Justice Assistance, Office of Justice Programs, U.S. Department of Justice. August 1994. NCJ 148457.

This document describes the historical evolution of community policing and its potential for the future. It also explains the basis for the Office of Community Oriented Policing Services (COPS)/National Association of Drug Court Professionals (NADCP) project, linking drug courts and law enforcement organizations as they implement community policing.

✦ ♦ ***What's Working: A Broader Look at Law Enforcement/Court Collaborations.***
National Association of Drug Court Professionals. March 2, 2000. NCJ 185834. NADCP.

The report contains suggestions from law enforcement leaders on what constitutes a successful law enforcement-court linkage, including: increasing support in the law enforcement and judicial communities, marketing the drug court model for other jurisdictions, and applying the drug court model to other crimes or social problems.

**RESEARCH,
EVALUATION &
STATISTICS**

RESEARCH & EVALUATION – GENERAL

Achieving a 96.6% Follow-up Rate in a Longitudinal Study of Drug Abusers. L.L. Cottler, W. Compton, A. Ben-Adallah, M. Horne, D. Claverie. In: *Drug and Alcohol Dependence, Volume 41, p. 209-217. 1996.*

The authors discuss the importance of phone and systems tracking, creative teamwork, and persistence and procedures for tracking out-of-treatment drug users by analyzing the efforts needed to reach the study subjects. The study findings suggest that a comprehensive tracking strategy as well as persistence and creative teamwork are the most important determinants of the rate of success of a follow-up investigation.

Bureau of Justice Statistics Publications Catalog, 1997. Bureau of Justice Statistics, Office of Justice Programs, U.S. Department of Justice. 1997. NCJ 164385.

This catalog lists Bureau of Justice Statistics (BJS) overview reports, followed by reports covering: crimes and victims; drugs and crime; criminal offenders; law enforcement; prosecution; courts and sentencing; corrections; expenditure and employment; and criminal record systems.

Comparative Models of Treatment Delivery in Drug Courts. S. Belenko. *The Sentencing Project. March 1996.*

This review of comparative models of treatment delivery in drug courts focuses on the goals and characteristics of treatment-oriented drug courts, operational components of the drug court model, and findings from drug court evaluations.

A Comparison of Saliva Testing to Urinalysis in an Arrestee Population. G.S. Yacoubian, E.D. Wish, D.M. Pérez. In: *Journal of Psychoactive Drugs, Volume 33, Issue 3, p. 289-294. September 2001. NCJ 192565.*

Urine and saliva specimens were collected from 114 adult arrestees interviewed as part of Maryland's Substance Abuse Need for Treatment among Arrestees (SANTA) project. With urinalysis as the reference standard, analysis of the saliva results indicated sensitivity of 100% and specificity of 99% for cocaine and sensitivity of 88% and specificity of 100% for heroin. For marijuana, however, the saliva results indicated a sensitivity of only 5%.

Creating a New Criminal Justice System for the 21st Century: Findings and Results From State and Local Program Evaluations: Effective Programs Monograph No. 2. Justice Research and Statistics Association. Bureau of Justice Assistance, Office of Justice Programs, U.S. Department of Justice. 2000. NCJ 178936.

This report describes the evaluations of six model programs, in terms of their approaches and results, related to school-based probation, detention center incarceration, adult diversion and drug diversion programs, drug court programs, alternative incarceration, homicide and violent crime, and other issues. For each program there is a description of its components, performance measures and evaluation methods, and evaluation findings.

Disproportional Involvement in the Use of Crack and Powder Cocaine: Findings from the Arrestee Drug Abuse Monitoring (ADAM) Program [PUBLICATION FORTHCOMING]. G. Yacoubian, B.J. Urbach. In: *Alternate Routes.*

This study examines a sample of 1,438 adult New York arrestees surveyed through the Arrestee Drug Abuse Monitoring (ADAM)

Program in 1997. While a moderate relationship between race and cocaine use is discerned, logistic regression analyses identify a stronger association between gender and the use of crack cocaine.

✦ ***Do Drug Courts Work? Getting Inside the Drug Court Black Box.*** J.S. Goldkamp, M.D. White, J.B. Robinson. In: *Journal of Drug Issues, Volume 31, Issue 1, p. 27-72. Winter 2001. NCJ 188163.*

This article argues that evaluation of drug courts will benefit not only from an organizing typology that focuses research on the critical structural elements of the drug court model, but also from an understanding of how drug courts are viewed as delivering their impact. Data from the ongoing National Institute of Justice-supported evaluation of the Portland and Las Vegas drug courts were analyzed to determine whether or not they had an impact and, if so, what kind of impact.

Drug Court Monitoring, Evaluation, and Management Information Systems. B. Mahoney, J.A. Carver, C. Cooper, L. Polansky, S. Weinstein, J.D. Wells, T. Westfield. *Drug Courts Program Office, Office of Justice Programs, U.S. Department of Justice. May 1998. NCJ 171138.*

This report presents the thinking of drug court practitioners and experts regarding the importance of data collection and management information systems to the daily operation of drug courts, as well as to process and impact evaluations.

✦ ***Drug Court Process Evaluation: Methodology and Findings.*** T.K. Logan, K. Williams, C. Leukefeld, L. Minton. In: *International Journal of Offender Therapy and Comparative Criminology, Volume 44, Issue 3, p. 369-394. Administrative Office of the Courts, Commonwealth of Kentucky. June 2000. NCJ 182514.*

A process evaluation of a drug court program established in July 1996 in Kentucky gathered information from 69 individuals representing 10 different agency perspectives. Findings indicate that the program was highly regarded nationally and locally, has been successfully implemented, fits well into the community, has served many eligible persons in the community, and has successfully met its goals.

Drug Court Survey Report, 1997: Executive Summary. C.S. Cooper. *American University Drug Court Clearinghouse and Technical Assistance Project. Drug Courts Program Office, Office of Justice Programs, U.S. Department of Justice. October 1997. NCJ 168280.*

This executive summary provides a synopsis of the major findings of the four volumes of the 1997 Drug Court Survey Report, based on responses from 97 drug courts in operation as of January 1997.

Drug Court Survey Report, 1997, Volume I: Judicial Operations and Perspectives. C.S. Cooper, S.R. Bartlett, M.A. Shaw, K.K. Yang. *American University Drug Court Clearinghouse and Technical Assistance Project. Drug Courts Program Office, Office of Justice Programs, U.S. Department of Justice. September 1997. NCJ 168281.*

Volume one of a four-volume report of the 1997 Drug Court Survey contains general program information provided primarily by drug court judges and judicial staff from the 93 responding drug courts.

Drug Court Survey Report, 1997, Volume II: Justice Agency Perspectives; Prosecution, Defense, Law Enforcement and Corrections. C.S. Cooper, S.R. Bartlett, M.A. Shaw, K.K. Yang. *American University Drug Court Clearinghouse and Technical Assistance Project. Drug Courts Program Office, Office of Justice Programs, U.S. Department of Justice. September 1997. NCJ 168282.*

Volume two of a four-volume report on the findings of the 1997 Drug Court Survey provides information on the drug court activities and perspectives of prosecutors, public defenders, law enforcement officials, and correctional agency administrators involved with drug courts.

Drug Court Survey Report, 1997, Volume III: Treatment Provider Services and Perspectives. C.S. Cooper, S.R. Bartlett, M.A. Shaw, K.K. Yang. *American University Drug Court Clearinghouse and Technical Assistance Project. Drug Courts Program Office, Office of Justice Programs, U.S. Department of Justice. September 1997. NCJ 168283.*

Volume three of a four-volume report on the 1997 Drug Court Survey focuses on the treatment and rehabilitation services provided for drug court programs, and reflects the comments of treatment professionals providing services in 76 drug courts in 28 states and Puerto Rico.

Drug Court Survey Report, 1997, Volume IV: Participant Perspectives. C.S. Cooper, S.R. Bartlett, M.A. Shaw, K.K. Yang. *American University Drug Court Clearinghouse and Technical Assistance Project. Drug Courts Program Office, Office of Justice Programs, U.S. Department of Justice. September 1997. NCJ 168284.*

Volume four of a four-volume report on the 1997 Drug Court Survey contains comments from 255 participants in the final phases of 53 drug courts operating in 23 states, the

District of Columbia, and Puerto Rico.

Drug Courts: 1997 Participant Perspectives. C.S. Cooper, S.R. Bartlett, M.A. Shaw, K.K. Yang. *American University Drug Court Clearinghouse and Technical Assistance Project. Drug Courts Program Office, Office of Justice Programs, U.S. Department of Justice. September 1997.*

This report reflects the comments of 250 participants in the final phases of 50 drug courts that are operating in 22 states and the District of Columbia. Participants' comments regarding drug court components pertain to the duration of the drug court programs, drug-testing frequency, the role of acupuncture in participants' retention in the program, and participants' perceptions regarding the significance of potential changes in key components of drug court programs on retaining the participants in the programs.

Drug Courts: Information on a New Approach to Address Drug-Related Crime. U.S. General Accounting Office. 1995. NCJ 156162.

The U.S. General Accounting Office initiated a preliminary review of drug court programs, used in many state and local jurisdictions to address drug-related crimes. An assessment of six evaluations of five drug courts indicated that these courts have beneficial effects.

Drug Courts: Overview of Growth, Characteristics, and Results. U.S. General Accounting Office. 1997. NCJ 169764.

Drug courts are examined with respect to their use; funding; approaches, characteristics, and completion and retention rates; the extent to which program and participant data are maintained and used for management and evaluation; and evaluation results.

Drug Courts Proving Effective in Reducing Crime, Substance Abuse. *Join Together, a project of the School of Public Health, Boston University. Join Together Newsletter, Volume 1, Number 1. Fall 1998.*

This document discusses the development and achievements of the Rochester Drug Court (NY), as well as highlighting some major achievements found in the study of many drug courts. These include significant reduction of drug use by participants in the programs, higher retention rate as compared to other treatment programs, and cost savings over jail stays.

◆ ***Drug Courts: A Research Agenda.***
J.S. Tauber, K.R. Snaveley. National Drug Court Institute. April 1999. NDCI.

This publication is intended to help the drug court practitioner begin to understand the primary research priorities for the drug court field. It lays the foundation for the essential role of evaluation, and it offers a framework for the practitioner who wants to help shape the scope and breadth of program evaluation.

✦ ***Drug Courts and Treatment: Lessons To Be Learned From the "What Works" Literature.*** *S. Johnson, D.J. Hubbard, E.J. Latessa. In: Corrections Management Quarterly, Volume 4, Issue 4, p. 70-77. Fall 2000. NCJ 185325.*

Research indicates that the quality and delivery of drug treatment services are essential to their effectiveness. Given the lack of research specifically devoted to drug court treatment programs, this article identifies and discusses the research-based principles of effective intervention, and offers suggestions as to how they should be applied in the effort to reduce substance abuse and recidivism among drug court participants.

Effectiveness of Treatment-Based Drug Courts in Reducing Criminal Recidivism.
R.H. Peters, M.R. Murrin. In: Criminal Justice and Behavior, Volume 27, Number 1, p. 72-96. February 2000.

This article focuses on a study examining outcomes for two treatment-based drug court programs during a 30-month follow-up period. Outcomes for graduates were compared with those for non-graduates and comparison groups of offenders who did not receive drug court services. Drug court graduates for both programs were significantly less likely to be arrested and had fewer arrests during the follow-up period than non-graduates and control groups, and for graduates of both programs the rates of arrest during the follow-up period declined in direct relationship to the duration of drug court involvement.

✦ ***Emerging Roles and Responsibilities in the Reentry Partnership Initiative: New Ways of Doing Business [PUBLICATION FORTHCOMING].*** *F.S. Taxman, J.M. Byrne, D. Young. National Institute of Justice, Office of Justice Programs, U.S. Department of Justice.*

This paper is the second in a 5-part series on system efforts to address the problem of offenders returning to communities after periods of incarceration, and the result of a formative evaluation of the eight Reentry Partnership Initiative (RPI) sites, including: Baltimore, MD; Burlington, VT; Columbia, SC; Kansas City, MO; Lake City, FL; Las Vegas, NV; Lowell, MA; and Spokane, WA. This paper addresses the role of redefinition in this change strategy. Instead of simply focusing on the impact of individual agencies, the focus of RPI is on what the 'partnership' should be doing to improve public safety.

✦ ***Engaging the Community in Offender Reentry [PUBLICATION FORTHCOMING].*** F.S. Taxman, D. Young, J.M. Byrne. *National Institute of Justice, Office of Justice Programs, U.S. Department of Justice.*

This paper is the third in a 5-part series on system efforts to address the problem of offenders returning to communities after periods of incarceration, and the result of a formative evaluation of the eight Reentry Partnership Initiative (RPI) sites, including: Baltimore, MD; Burlington, VT; Columbia, SC; Kansas City, MO; Lake City, FL; Las Vegas, NV; Lowell, MA; and Spokane, WA. This paper addresses the efforts of the RPIs in establishing a collaborative role for communities, focusing on the three roles that the community serves: as sponsors, monitors, and facilitators.

Evaluation of Drug Treatment in Local Corrections. S. Tunis, J. Austin, M. Morris, P. Hardyman, M. Bolyard. *National Council on Crime and Delinquency. National Institute of Justice, Office of Justice Programs, U.S. Department of Justice. 1996. NCJ 159313.*

This report provides detailed and systematic descriptions of participants and program components for five drug treatment programs under the jurisdiction of local corrections departments; evaluation information addresses program completion rates and 12-month post-release outcomes (recidivism) for program participants compared to matched controls.

An Experiment to Enhance the Reporting of Drug Use by Arrestees. E.D. Wish, T. Gray, J. Sushinsky, G. Yacoubian, N. Fitzgerald. *In: Journal of Drug Issues, Volume 30, Number 1, p. 55-76. 2000.*

An experiment was undertaken to determine whether modifying data collection procedures could enhance self-reporting without adversely affecting study response

rates. Findings indicate that: none of the experimental conditions affected the interview and urine response rates; whether an arrestee received the standard or enhanced informed consent did not affect self-reported drug use; and while some comparisons indicated that taking urine samples first raised the rates of self-reporting, these differences were not found in more than one site.

Improving the Nation's Criminal Justice System: Findings and Results From State and Local Program Evaluations: Effective Programs Monograph No. 1. *Justice Research and Statistics Association. Bureau of Justice Assistance, Office of Justice Programs, U.S. Department of Justice. 1997. NCJ 166822.*

This report describes six model programs related to offender drug treatment, batterer treatment, gang prevention, and other issues. Each program is discussed with respect to its overall nature, its goals and objectives, its activities and components, the performance measures and evaluation methods used, and the evaluation findings and results.

A Longitudinal Analysis of Drug Use Reporting among Houston Arrestees. R.J. Johnson, E.R. Baumler, G.S. Yacoubian, R.J. Peters, M.W. Ross. *In: Journal of Drug Issues, Volume 31, Issue 3, pp. 757-766. National Institute of Justice, Office of Justice Programs, U.S. Department of Justice. Summer 2001. NCJ 191740.*

This study examines marijuana-, cocaine-, and heroin-positive Houston arrestees surveyed through the Arrestee Drug Abuse Monitoring (ADAM) Program between 1990 and 1997. The temporal variation of self-reported drug use is explored, using Kappa Statistics. Little variation is identified.

NIJ Publications Catalog, Seventh Edition: 1987-1998. National Institute of Justice, Office of Justice Programs, U.S. Department of Justice. December 1999. NCJ 179082.

This catalog lists publications and videotapes produced by the National Institute of Justice (NIJ) between January 1987 and December 1998 alphabetically by subject. Information provided for each publication includes the title, author(s), number of pages, identification number for ordering, and electronic availability. A set of keywords is also listed below each entry to give a better representation of the publication's subject matter.

The National Treatment Improvement Evaluation Study. Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. September 1997. NCADI #F027.

The National Treatment Improvement Evaluation Study (NTIES) is a Congressionally mandated five-year study of the impact of drug and alcohol treatment on thousands of clients in hundreds of treatment units. The full report provides a wealth of data useful in improving today's treatment programs and in designing new programs to advance treatment in the future.

New Partnerships for a Changing Environment: Why Drug and Alcohol Treatment Providers and Researchers Need to Collaborate. Institute of Medicine, National Academy of Sciences. 1999. NCADI #PHD810.

Developed specifically for substance abuse treatment providers, this booklet describes the crucial role that they can play in their interaction with researchers and caregivers at the community level. By working together, treatment providers and researchers can strengthen efforts to reduce the impact of drug abuse and addiction in our society and improve the quality of life of citizens.

◆ ***Observational Study of Courtroom Dynamics in Selected Drug Courts.*** S.L. Satel. National Drug Court Institute. In: National Drug Court Institute Review, Volume I, Issue 1. Summer 1998. NDCI.

In this article Dr. Sally Satel reviews the literature in the drug court field, interviews drug court judges and program participants, and observes 15 courtroom settings in an attempt to describe and analyze the role of the drug court judge.

✦ ***Offender's Views of Reentry: Implications for Processes, Programs, and Services [PUBLICATION FORTHCOMING].*** F.S. Taxman, D. Young, J.M. Byrne. National Institute of Justice, Office of Justice Programs, U.S. Department of Justice.

This paper is the fourth in a 5-part series on system efforts to address the problem of offenders returning to communities after periods of incarceration, and the result of a formative evaluation of the eight Reentry Partnership Initiative (RPI) sites, including: Baltimore, MD; Burlington, VT; Columbia, SC; Kansas City, MO; Lake City, FL; Las Vegas, NV; Lowell, MA; and Spokane, WA. This paper addresses the challenges faced by the offender in reintegration into the community.

Office of Justice Programs Resource Guide. Office of Justice Programs, U.S. Department of Justice. 1999. NCJ 178943.

This resource guide provides information about the Office of Justice Programs' (OJP) funding resources, available training and technical assistance programs, sources for publications, on-line resources, and sources of more detailed information about specific programs.

Outcome Study: Comparison of Short-term Versus Long-term Treatment in a Residential Community. V.C. Charuvastra, I.D. Dalali, M. Cassuci, W. Ling. In: *International Journal of the Addictions*, Volume 27, p. 15-23. 1992.

This article compares the results of a 1985 6-month follow-up study of all patients discharged from a residential treatment center (RTC), with those obtained in 1973 in a similar follow-up study. Length of stay at RTC had been reduced from 1 year in 1973 to 3 months in 1985. Six months after discharge, the longer length of stay in 1973 appears to be almost twice as effective as the 3-month program in 1985.

◆ **Predictors of Retention and Arrest in Drug Courts.** R.H. Peters, A.L. Haas, M.R. Murrin. *National Drug Court Institute*. In: *National Drug Court Institute Review*, Volume II, Issue I. Spring 1999. NDCI.

As the drug court movement has grown, so has the body of research on program outcomes and participant characteristics. Attempts to determine which participant characteristics and circumstances might influence drug court outcomes, however, have been limited. Completed in 1998, the Escambia County Adult Drug Court (FL) evaluation of “predictors of retention and arrest” is among the first to address this important area of research. This article presents the outcomes of the Escambia County evaluation.

✦ **From Prison Safety to Public Safety: Innovations in Offender Reentry [PUBLICATION FORTHCOMING].** F.S. Taxman, D. Young, J.M. Byrne, A. Holsinger, D. Anspach. *National Institute of Justice, Office of Justice Programs, U.S. Department of Justice*.

This paper is the first in a 5-part series on system efforts to address the problem of offenders returning to communities after periods of incarceration, and the result of a

formative evaluation of the eight Reentry Partnership Initiative (RPI) sites, including: Baltimore, MD; Burlington, VT; Columbia, SC; Kansas City, MO; Lake City, FL; Las Vegas, NV; Lowell, MA; and Spokane, WA. This paper introduces RPIs, offering a description of the initiative and detailing the process by which an offender is released into the community. Several problem areas with this process are discussed, including possible resolutions for successful community reintegration.

The Process Evaluation of Project Connection: Lessons on Linking Drug Courts and Communities. A. Harrell, S. Bryer. *Urban Institute*. December 1998.

Project Connection, located in the Brooklyn Treatment Court (NY), integrates community justice in a drug court setting, and seeks to create stronger connections and involve the community in the court system and treatment of non-violent, substance-abusing defendants. This report describes the activities of Project Connection and the ideas for how drug courts can support community reintegration following successful graduation from drug court.

Reassessing the Need for Urinalysis as a Validation Technique. G. Yacoubian. In: *Journal of Drug Issues*, Volume 30, Number 2, p. 323-334. 2000.

In this study, correlation estimates for cocaine and heroin use are derived from adult arrestees surveyed through the Arrestee Drug Abuse Monitoring (ADAM) Program between 1990 and 1997. While the strength of agreement between urinalysis and self-report data varies by both substance and jurisdiction, correlation estimates are consistent over time.

◆ **Research on Drug Courts: A Critical Review.** S.R. Belenko. *National Center on Addiction and Substance Abuse at Columbia University. In: National Drug Court Institute Review, Volume I, Issue 1. Summer 1998. NDCI.*

This article highlights the evaluations of 24 drug courts from 1993 to 1998. The study reports consistent findings that the drug court participants' substance abuse and criminal behavior are reduced while they are in the drug court program; and, to a lesser extent, recidivism is reduced after participants leave the program.

◆ **Research on Drug Courts: A Critical Review 1999 Update.** S.R. Belenko. *National Center on Addiction and Substance Abuse at Columbia University. In: National Drug Court Institute Review, Volume II, Issue 2. Winter 1999. NDCI.*

This article updates CASA's 1998 review, now including 59 evaluations of 48 different drug courts from across the country. "The evaluation results are consistent with the studies reviewed in 1998," indicating that drug courts, compared to other treatment programs, provide more comprehensive supervision and monitoring, increase the rates of retention in treatment, as well as reduce drug use and criminal behavior while participants are in the drug court program.

✦ ◆ **Research on Drug Courts: A Critical Review 2001 Update.** S.R. Belenko. *National Center on Addiction and Substance Abuse at Columbia University. June 2001. NCJ 190414.*

This article updates CASA's 1998 and 1999 reviews, adding 37 evaluations of drug courts—including 7 juvenile drug courts, one DUI court, and one family drug court—to the 59 evaluations reviewed previously. Program completion rates were generally consistent with previous findings, with an average of 47 percent of participants graduating. Drug use and criminal activity

were relatively reduced while participants were in the program.

Retrospective Evaluation of Two Pioneering Drug Courts: Phase I Findings from Clark County, Nevada, and Multnomah County, Oregon – An Interim Report of the National Evaluation of Drug Courts. J.S. Goldkamp, M.D. White, J.B. Robinson. *Crime and Justice Research Institute. April 2000.*

This interim report presents findings from Phase I of the evaluation of drug courts in Las Vegas, NV and Portland, OR. The evolution and operation of the two drug courts are described, including short-term follow-up measures of treatment and criminal justice outcomes.

✦ **Statewide Drug Court Needs Assessment: Identifying Target Counties, Assessing Readiness.** T.K. Logan, K. Williams, C. Leukefeld. *In: Journal of Offender Rehabilitation, Volume 33, Issue 3, p. 1-25. 2001. NCJ 193200.*

This assessment was conducted to determine the counties in Kentucky in which a drug court program was needed and feasible. The assessment was conducted in two phases: identifying target counties, and assessing the feasibility of, and community readiness for, a drug court program. The analysis concluded that the needs assessment represented a research-based procedure for conducting assessments to determine where to direct resources for establishing drug courts generally.

Staying in Touch: A Fieldwork Manual of Tracking Procedures for Locating Substance Abusers for Follow-up Studies. M.D. Anglin, B. Danila, T. Ryan, K. Mantius. *National Evaluation Data and Technical Assistance Center. 1996.*

This manual is designed to help substance abuse treatment program evaluators establish

and implement systems and procedures for tracking substance abuse clients to maximize their participation in longitudinal, or follow-up, evaluation studies.

✦ **Targeting For Reentry: Matching Needs and Services to Maximize Public Safety [PUBLICATION FORTHCOMING].** F.S. Taxman, J.M. Byrne, D. Young. *National Institute of Justice, Office of Justice Programs, U.S. Department of Justice.*

This paper is the last in a 5-part series on system efforts to address the problem of offenders returning to communities after periods of incarceration, and the result of a formative evaluation of the eight Reentry Partnership Initiative (RPI) sites, including: Baltimore, MD; Burlington, VT; Columbia, SC; Kansas City, MO; Lake City, FL; Las Vegas, NV; Lowell, MA; and Spokane, WA. This paper discusses the unique challenges presented by addressing the services and controls needed for various offender typologies, such as repeat, violent, sex, and drug offenders.

✦ **Testing and Developing Theory in Drug Court: A Four-Part Logic Model to Predict Program Completion.** S.R. Senjo, L.A. Leip. *In: Criminal Justice Policy Review, Volume 12, Issue 1, p. 66-87. March 2001. NCJ 188803.*

Therapeutic jurisprudence (TJ) focuses on “the socio-psychological ways in which laws and legal processes affect individuals involved in the legal system.” This empirical study uses a logic model to analyze and test therapeutic jurisprudence as the theory behind the drug court mission and its day-to-day operations. Findings indicate that the manner of interactions between the judge and offenders can increase the likelihood of offenders remaining abstinent and staying engaged in treatment.

Treatment Protocol Effectiveness Study. *Office of National Drug Control Policy, Executive Office of the President. March 1996.*

This publication reports on the state of the science of measurement of drug abuse treatment services outcomes, and seeks to guide future research efforts, after carefully considering relevant clinical and health services research experience.

Available only on-line at
<http://www.ncjrs.org/drgstret.htm>.

GUIDES TO DRUG COURT PROGRAM EVALUATION

Assessing the Effectiveness of Criminal Justice Programs. R.A. Kirchner, R.K. Przybylski, R.A. Cardella. *Bureau of Justice Assistance, Office of Justice Programs, U.S. Department of Justice. 1994. NCJ 148452.*

In an effort to help criminal justice policy makers and program managers assess the effectiveness of their programs, this handbook applies concepts, principles, and techniques from the evaluation literature to fit the uniqueness and characteristics of criminal justice programs.

Drug Court Self-assessment: Utilizing the Key Components. W.G. Meyer. *Second Judicial District, Court of Denver, Colorado. 1998.*

Using *Defining Drug Courts: The Key Components*, as a reference, this document provides a series of questions that make up a self-assessment tool to be used by each court. It is designed only as a tool of assessment, and not to be used as a scale of adequacy.

Evaluating Drug Court Programs: An Overview of Issues and Alternative Strategies. R.H. Peters. *American University Drug Court Clearinghouse and Technical Assistance Project. Drug Courts Program Office, Office of Justice Programs, U.S. Department of Justice. March 1996.*

As drug courts are implemented across the country, there is a corresponding need for descriptions and evaluations of program outcomes, particularly those related to substance abuse and criminal behavior among program participants. Topics covered include evaluation design and implementation strategies, development of an evaluation data system, and types of evaluation approaches.

Evaluation Strategies for Human Services Programs: A Guide for Policymakers and Providers. A. Harrell, M. Burt, H. Hatry, S. Rossman, J. Roth, W. Sabol. *The Urban Institute. 1996.*

This publication lays out, for the non-technician, the basic principles of program evaluation design. It signals common pitfalls, identifies constraints that need to be considered, and presents ideas for solving potential problems.

✦ ***Guide to Frugal Evaluation for Criminal Justice, Final Report.*** M.G. Maxfield. *School of Criminal Justice, Rutgers University. National Institute of Justice, Office of Justice Programs, U.S. Department of Justice. 2001. NCJ 187350.*

This guide represents a step toward unraveling evaluation for use by criminal justice professionals. The guide covers three objectives: de-mystifying evaluation methods, promoting and providing guidance to local officials on self-evaluation, and describing frugal evaluation methods—approaches to design, measurement, data collection, and interpretation that produce useful findings at relatively low cost.

How Good Is Your Drug Abuse Treatment Program? *National Institute on Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services. 1993. NCADI # BKD104. Reprinted 1995, NCJ 175870.*

This packet includes five pieces: *Finding Out Just Got Easier*; *Overview and Case Study*; *A Guide to Evaluation*; *Resource Manual*; and *Loose-leaf Worksheets and Agendas*.

How Are We Doing? A Guide to Local Program Evaluation. *National Crime Prevention Council. Bureau of Justice Assistance, Office of Justice Programs, U.S. Department of Justice. 1998. NCJ 176292.*

This guide seeks to help communities reap the benefits of evaluation in their crime prevention work by planning and executing evaluations that meet their needs. Areas covered include basic evaluation terms, the evaluation process and approaches, development of an evaluation work plan, communication of evaluation results, clear and concise data analysis and interpretation, and a listing of evaluation references and resources.

Performance Measures for the Criminal Justice System. J.J. Dilulio, Jr., G.P. Alpert, M.H. Moore, G.F. Cole, J. Petersilia, C.H. Logan, J.Q. Wilson. *Bureau of Justice Statistics, Office of Justice Programs, U.S. Department of Justice. 1993. NCJ 143505.*

This compendium of discussion papers represents the work of the BJS-Princeton University Study Group on Criminal Justice Performance Measures. The authors prepared papers discussing performance measures of: selected components of the criminal justice system, policing, community corrections, trial courts, prosecution, public defense, and prisons.

Program Evaluation Package. *National Institute on Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services. 1993. NTIS # PB 95-167268/BDL.*

This package serves as a practical resource for treatment program administrators and key staff. It includes an overview and case study manual, a guide to evaluation, a resource guide, and a pamphlet, and represents a comprehensive guide for undertaking an evaluation of a treatment-based program.

Available from the National Technical Information Service (NTIS),
Phone: 1-800-553-6847,
Fax: 703-605-6900, or
E-mail orders@ntis.fedworld.gov.

Research Methods for Criminal Justice & Criminology. *M.G. Maxfield, E. Babbie. 1995. ACCN: 153205.*

This textbook on criminal justice research methods attempts to illustrate principles of conducting research with examples.

A Self-Evaluation Manual and Management Information System for Drug Courts [MANUAL FORTHCOMING]. *J. Roehl, K. Guertin. Justice Research Center.*

Part I of this manual describes how to conduct a self-evaluation of a drug court and incorporates a description of the content and use of the management information system (MIS). Part II provides technical information on the contents, use, and modification of the MIS. In addition, the appendices provide instruments similar to the data entry screens of the MIS, and instruments for the evaluation itself.

COST ANALYSIS

◆ **Assessing Cost Off-Sets in a Drug Court Setting.** *M.W. Finigan. National Drug Court Institute. In: National Drug Court Institute Review, Volume II, Issue 2. Winter 1999. NDCI.*

This article examines the cost analysis of the Multnomah County STOP Drug Court Diversion Program (OR). The findings indicate that the STOP Program resulted in a savings to the tax payers of Multnomah County and that further expanding the program will result in an even greater savings to taxpayers. Conducting cost analysis is also discussed.

✦ **Assessing the Costs and Benefits Accruing to the Public from a Graduated Sanctions Program for Drug-Using Defendants.** *J. Roman, A. Harrell. In: Journal of Law and Policy, Volume 23, Issue 2, p. 237-268. April 2001. NCJ 189140.*

This paper presents a cost-benefit analysis of the returns to the public from reductions in recidivism associated with a graduated sanctioning program. The evaluation found that the program saved two dollars in averted crime-related costs for every dollar spent on the program. The paper presents the results of the evaluation and an explicit description of the methods used that may be applied to the evaluation of other programs.

California Study Finds \$1 Spent on Treatment Saves Taxpayers \$7. *N. Swan. In: NIDA Notes, Volume 10, Number 2. National Institute on Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services. March/April 1995.*

This article discusses *Evaluating Recovery Services: The California Drug and Alcohol Treatment Assessment*, a study of the cost-effectiveness of California's substance abuse treatment programs conducted from 1991 to 1992. The study found that the state spent \$209 million on treatment during the study period, which resulted in an estimated \$1.5 billion in taxpayer savings. Most of these savings were realized in reductions in crime and in the need for medical care.

The Comparative Costs and Benefits of Programs to Reduce Crime: A Review of National Research Findings With Implications for Washington State. S. Aos, P. Phipps, R. Barnoski, R. Lieb. *Washington State Institute for Public Policy (WSIPP)*. May 1999. *WSIPP's document # 99-05-1202*.

This study, prepared by WSIPP for the Legislature of the State of Washington, describes the "bottom-line" economics of various programs that try to reduce criminal behavior. The study focuses on a wide range of programs and identifies the types of programs that generally do, as well as those that generally do not, produce cost savings.

Conceptual Framework for the Economic Evaluation of Substance Abuse Interventions. G.A. Zarkin, M.T. French, D.W. Anderson, C.J. Bradley. In: *Evaluation and Program Planning, Volume 17*, p. 409-418. 1994.

Substance abuse treatment directors and policy makers often must allocate limited budgets among several substance abuse treatment programs. Decision makers can gain insight into these budgeting decisions by using economic evaluation techniques. An example is provided using the conceptual framework to perform an economic evaluation of alternative substance abuse intervention programs, demonstrating how this analysis can be used with a decision-tree model to provide the tools for informed decisions about resource allocation.

✦ *Do Drug Courts Save Jail and Prison Beds?* R. Fluellen, J. Trone. *Vera Institute of Justice*. 2000. *NCJ 182619*.

Recognizing the potential of drug courts to relieve overburdened criminal justice systems and correctional facilities, this paper examines the relationship between courts and custodial resources to help policymakers and drug court administrators become more aware of the dynamics that influence jail and prison bed savings. Strategies drug court planners and operators may employ to promote jail and prison bed savings are listed.

Economic Cost of Alcohol and Drug Abuse in the United States – 1992. *National Institute on Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services*. 1998. *NCADI #BKD265*.

This publication was developed as a result of a study to update information on the cost of alcohol and drug abuse in the United States. It provides current findings and interpretations of data in the areas of cost and cost analysis. Addressing cost and cost analysis is important to the discussion of all aspects of reducing drug and alcohol use, including health care services, financing, and service delivery.

Economic Costs, Cost-Effectiveness, Financing, and Community-Based Drug Treatment. W.S. Cartwright, J.M. Kaple. *National Institute on Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services*. 1991. *NCADI #M113*.

This research monograph discusses three themes that organize the issues surrounding the cost effectiveness of drug abuse treatment: the development and improvement of the methodology for estimating costs associated with drug abuse; the state of cost effectiveness research of alternative drug treatments; and a review of

alternative drug treatments financing from public and private perspectives.

Measuring and Improving Cost, Cost-Effectiveness, and Cost-Benefit for Substance Abuse Treatment Programs.

B.T. Yates. National Institute on Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services. 1999. NCADI # BKD 340.

This manual provides the first readable, non-technical presentation that shows how managers of substance abuse programs can conduct cost-effectiveness and cost-benefit analyses and document what program resources make possible what outcomes. The manual also explains how to calculate treatment procedure costs in terms of counseling time, space, equipment, supplies, and overhead; and how to improve relationships between costs and effectiveness and costs and benefits.

✦ ***Methodology for Measuring Costs and Benefits of Court-Based Drug Intervention Programs Using Findings From Experimental and Quasi-Experimental Evaluations, Final Report.*** *J. Roman, J. Woodard, A. Harrell, S. Riggs. The Urban Institute. Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. 1999. NCJ 181895.*

This report presents a more complete methodological approach to applying cost-benefit methods to drug court evaluations than has previously been used. A key part of the methodology presented is a strategy for collecting data to measure benefits in: reduced crime, improved health, labor market gains, and improved family life. Descriptions of the data elements needed to measure the benefits associated with a drug court in each benefits category are included.

**DRUG COURT PROGRAM
EVALUATIONS
BY JURISDICTION**

All program evaluations, not listed with a reference number, are available by contacting the National Drug Court Institute.

Allen County Drug Court Intervention Program: Evaluation Report (Indiana). *S. Bird, R. Powell. Center for Justice and Urban Leadership, Taylor University. July 28, 1999.*

This evaluation provides an analysis of the Allen County, Drug Court Intervention Program (DCIP), from its beginnings as a pilot program in 1997 to the challenges faced in the program's evolution. The evaluation also provides a discussion of the DCIP's adherence to the *Ten Key Components*, as well as of program costs.

✦ ***Analysis of Oklahoma Drug Courts.*** *D. Wright, B. Clymer, B. Huntington. Oklahoma Criminal Justice Resource Center. March 2000. NCJ 189689.*

Through a grant from the District Attorneys Council, the Oklahoma Criminal Justice Resource Center and the Department of Mental Health and Substance Abuse Services conducted an initial assessment and evaluation of Oklahoma Drug Courts. Seven adult drug courts representing six judicial districts were analyzed on: key components required of drug courts, selected demographic variables, and several variables related to Oklahoma drug court clients/participants. Many of the findings offered early indications of success.

Assessing the Impact of Dade County's Felony Drug Court (Florida). J.S. Goldkamp, D. Weiland. *National Institute of Justice, Office of Justice Programs, U.S. Department of Justice. December 1993. NCJ 145302.*

This research study examines the court-based drug abuse treatment program for felony drug offenders started in Dade County. During the study period, drug court defendants had lower rates of incarceration, were re-arrested less frequently, and had a longer time to re-arrest than the comparison group.

Baltimore City's Drug Treatment Court: Theory and Practice in an Emerging Field (Maryland). W.D. McColl. In: *Maryland Law Review, Volume 55, Number 2, p. 467-518. 1996. ACCN: 162988.*

The Baltimore Drug Treatment Court (DTC) began operation in March 1994 and celebrated the graduation of the first defendants completing treatment through the program in March 1995. The DTC's relationship to, and departure from, the adversarial system are discussed, along with consequences of systemic restructuring of the court system.

✦ ***Breaking the Cycle of Drugs and Crime: Findings from the Birmingham BTC Demonstration (Alabama)***
[PUBLICATION FORTHCOMING]. A. Harrell, O. Mitchell, A. Hirst, D. Marlow, J. Merrill. In: *Criminology and Public Policy.*

This paper presents results of an ongoing evaluation of a demonstration program, Breaking the Cycle (BTC), designed to test the feasibility and impact of: early screening to identify drug users and assign them to appropriate interventions; drug interventions; use of graduated sanctions; and expanded judicial monitoring. Results indicate significant reductions in criminal activity and drug use nine months after

program entry and reductions in arrests one year after program entry.

Brooklyn Treatment Court Three Year Report: June 6, 1996 – May 31, 1999 (New York). Judge Jo Anne Ferdinand, *Brooklyn Treatment Court, Supreme Court of the State of New York. 1999.*

This report reviews three years of the Brooklyn Treatment Court, analyzing the court's key components, the development of a systems approach, the treatment regimens in place, the new collaborations begun by the court, and the community relationships that have been established.

Broward County's Dedicated Drug Treatment Court: From Post-Adjudication to Diversion (Florida). W.C. Terry, III. *School of Policy and Management, Florida International University. 1998.*

This study provides an analysis of the operational processes used in Broward County's drug treatment court and an analysis of the implications for drug offenders in the program.

Buffalo Drug Treatment Court Process Evaluation: Interim Report, February 1999 (New York). C. Patchell, H.G. Pirowski, S. Keller. *The City Court of Buffalo, New York. February 1999.*

The Buffalo Drug Treatment Court began in January 1996, after more than a year of planning. This process evaluation covers the time period between implementation and 1998, and finds that of the 113 participants who have successfully completed the program, only 7, or 0.6%, have been rearrested.

Burning the Midnight Oil: An Examination of Cook County's Night Drug Court (Illinois). B.E. Smith, A.J. Lurigio, R.C. Davis, S. Goretsky Epstein, S.J. Popkin. In: Justice System Journal, Volume 17, Number 1, special issue, p. 41-52. 1994. ACCN: 152004.

In response to an upsurge in drug arrests and a local legal culture that tacitly accepted delay in processing drug cases, the Cook County Circuit Court established night courts to deal exclusively with drug-related cases. The data indicated that night courts dramatically reduced the processing time of drug cases.

Butler County Court of Common Pleas Court-Directed Addiction Treatment Program (CDAT) One-Year Evaluation: Final Report (Ohio). B. Fulton, E. Latessa. Division of Criminal Justice, University of Cincinnati. 1998.

This evaluation reviews the first year of operations for the Butler County Court of Common Pleas Court-Directed Addiction Treatment Program (CDAT). Among the evaluation's findings, 66.7% of participants (for whom reports are available) committed at least one technical probation violation, while only 13.7% have been arrested for new offenses. Additionally, of 1,381 drug tests performed on 54 participants, only 51 tests were positive.

Case Processing Evaluation of the Denver Drug Court (Colorado). D. Patrick, K. English. Office of Research and Statistics, Division of Criminal Justice, Colorado Department of Public Safety. 1999.

To examine the impact of the drug court on case processing in Denver, case file descriptions from 1993 (pre-drug court) were compared with similar data describing 1995 and 1996 drug cases in Denver and statewide. Data were collected from district court files by researchers from the Division of Criminal Justice.

Changing the System and Making It Work: The Process of Implementing Drug Courts in Los Angeles County (California). S. Torres, E.P. Deschenes. In: Justice System Journal, Volume 19, Number 3, p. 267-290. 1997. ACCN: 174544.

This study examines the implementation of four drug courts in Los Angeles County. Findings show that overall the four courts are complying with the standards and practices established for their operation.

Clallam County Juvenile Drug Court Evaluation (Washington). Clallam County Juvenile Drug Court. 1998.

This process evaluation provides results of on-site interviews of staff representatives involved in the operation of the Clallam County Juvenile Drug Court.

Clark County Drug Court: 42-Month Summary (Nevada). Choices Unlimited Las Vegas. 1996.

The Clark County Drug Court has provided services to over 1,500 drug offenders since 1992, with 382 having graduated. Besides providing demographic data, the findings indicate that only 6% of the graduates have been arrested for new charges.

✦ ***Classifying Driving-While-Intoxicated Offenders: The Experiences of a Citywide DWI Drug Court (New Mexico).*** L.T. Winfree, Jr., D.M. Giever. In: Journal of Criminal Justice, Volume 28, Issue 1, p. 13-21. National Institute of Justice, Office of Justice Programs, U.S. Department of Justice. January-February 2000. NCJ 181777.

The Las Cruces Drug Court was one of the nation's first specifically designed for alcoholic DWI offenders. The court classified offenders in three groups: nonalcoholic first-time and second-time DWI offenders, alcoholic first-time and

second-time DWI offenders, and chronic three-time (or more) DWI offenders. Survey data were used to determine how these three offender groups differed with respect to their personal characteristics, crime histories, and attitudes.

✦ ***Context and Change: The Evolution of Pioneering Drug Courts in Portland and Las Vegas (1991-1998).*** J.S. Goldkamp, M.D. White, J.B. Robinson. In: *Journal of Law and Policy, Volume 23, Issue 2, p. 141-170. April 2001. NCJ 189136.*

This article described findings from a longitudinal examination of two of the nation's first and longest operating drug courts in Portland, OR and Las Vegas, NV. The study examined the dynamic nature of the evolution of the model as adapted in each site, and considered the influence of important contextual factors, such as political, administrative, and policy changes in explaining the evolution of drug courts as dynamic innovations.

Cumberland County's Drug Court Program, An Evaluation Report of Project Exodus (Maine). D.F. Anspach, A.S. Ferguson. February 15, 1999.

This process evaluation included the collection of both qualitative and quantitative information. The qualitative portion of the assessment consists of interviews with staff, as well as observational data. Quantitative data indicate that the absence of relapse and recidivism are important predictors of successful completion of the program.

The Delaware Drug Court: A Baseline Evaluation. Delaware Statistical Analysis Center. Anova Associates. 1998.

This process evaluation of the Delaware Drug Court was based on analysis of court methods and interviews with the court staff. Some outcome results were also gathered,

and show that less than one-half of the offenders completing the program had contacts with police or appearances in court. Rearrest rates were much lower and less severe for persons completing the program, versus those not completing it.

The District of Columbia Drug Court 1997-1998: Process Documentation and Evaluation Report (Washington, DC). A. Harrell, S. Cavanagh. The Urban Institute. 1999.

This process evaluation of the drug court program, covering the time period from February 1997 through June 1998, examines how and why earlier court-based drug intervention strategies were modified and looks at client recruitment, use of court resources, and defendant accountability under the new procedures.

✦ ***Diverting Drug Offenders to Treatment Courts: The Portland Experience (Oregon).*** S.R. Belenko. In: *Early Drug Courts: Case Studies in Judicial Innovation, W.C. Terry, III, Ed., p. 108-138. 1999. NCJ 179572. See also, NCJ 179569.*

The Multnomah County Drug Court, formally known as the S.T.O.P. (Sanctions, Treatment, Opportunity, Progress) program, began operation on August 1, 1991 in an effort to cope with growing felony drug caseloads as well as concerns about high recidivism and relapse rates among drug-involved offenders. This paper describes the planning, implementation, and operation of the Multnomah County Drug Court and the characteristics and outcomes of its clients.

Drug Court: Impact on Family and Perception of Program by Graduates (Thibodaux, Louisiana). M. Simpson, J. Theriot. Nicholls State University. 1998.

For this evaluation, a questionnaire was administered to all of the 28 graduates of the program during the period of January 1997

through July 1998. The numerical results presented in this report are based on the responses of the graduates to the questionnaire.

Drug Court or Probation?: An Experimental Evaluation of Maricopa County's Drug Court (Arizona). E.P. Deschenes, S. Turner, P. Greenwood. RAND Corporation. 1995.

The Maricopa County First Time Drug Offender Program is a post-adjudication program for offenders sentenced to probation for a felony drug offense. The results showed that the drug court option seemed to increase the proportion of offenders who completed or stayed in the program; drug court participants were also less likely to be revoked and sentenced for probation violations.

✦ ***Drug Court Services for Female Offenders, 1996-1999: Evaluation of the Brooklyn Treatment Court (New York).*** A. Harrell, J. Roman, E. Sack. Center for Court Innovation, New York. June 2001.

The results of the Brooklyn Treatment Court (BTC) evaluation indicate that BTC provided substantial drug treatment and supervision for severely addicted women facing drug felony charges and that the program resulted in significant improvements in reducing the levels of drug use and re-offense among program participants.

Drug Offenders and the Courts: Case Studies of Three Courts, Summary Report. R.H. Milkman, B.D. Beaudin, N. Landson, K. Tarmann. National Institute of Justice, Office of Justice Program, U.S. Department of Justice. 1994. ACCN: 156852.

Case studies conducted in Alameda County, CA, Multnomah County, OR, and Broward County, FL revealed that these courts have several desirable characteristics that other

courts may want to adopt. These include prompt processing of eligible defendants, with entry into treatment taking place within 5 days of arrest or sooner, as well as the availability of a comprehensive drug treatment program that is part of the drug court organization and has facilities near the court.

Drug Night Courts: How Feasible Are They?; Assessing Cook County's Example (Illinois). B.E. Smith, R.C. Davis, S.R. Goretsky, A.J. Lurigio, S.J. Popkin. Bureau of Justice Assistance, Office of Justice Programs, U.S. Department of Justice. July 1993. NCJ 142725.

This study presents the results of an evaluation of Cook County's drug night court, which is designed to relieve overburdened court facilities without the cost of building new court buildings.

Drug Night Courts: The Cook County Experience (Illinois). B.E. Smith, R.C. Davis, A.T. Laszlo, S.R. Goretsky, A.J. Lurigio, S.J. Popkin. Bureau of Justice Assistance, Office of Justice Programs, U.S. Department of Justice. August 1994. NCJ 147185.

The Bureau of Justice Assistance sponsored a research inquiry into the establishment of extra-hours courts for special purposes, specifically focusing on the drug night court in Cook County.

Drug Treatment Court Program, Process Evaluation Report (Louisiana). Fairview Outpatient Treatment Center. 1998.

The intent of the program's process evaluation was to monitor the progress toward meeting its goals and objectives and determine what treatment modifications need to be made to enhance the chances of participants' success in overcoming their addiction.

✦ **Drunk Drivers, DWI “Drug Court” Treatment, and Recidivism: Who Fails?** J.F. Breckenridge, L.T. Winfree, Jr., J.R. Maupin, D.L. Clason. In: Justice Research and Policy, Volume 2, Issue 1, p. 87-105. National Institute of Justice, Office of Justice Programs, U.S. Department of Justice. Spring 2000. NCJ 183582.

This study evaluates an experimental Driving While Intoxicated (DWI) Drug Court treatment program. Those first- and some second-time DWI offenders assessed for symptoms of alcoholism and clinically determined as alcoholic were randomly assigned to either the treatment program or to a control group receiving normal municipal court processing. A third group consisted of a like number of randomly selected, nonalcoholic, first-time offenders. Among those determined to be alcoholic, the treatment group had significantly fewer reconvictions than the control group.

Effects of Legal Sanctions on Recidivism in Special Drug Courts (New York). S. Belenko, J.A. Fagan, T. Dumanovsky. In: Justice System Journal, Volume 17, Number 1, special issue, p. 53-81. 1994. NCJ 152005, or ACCN: 152005.

This study compared recidivism and reconviction rates for offenders sentenced in special narcotics (N part) courts and regular courtrooms in New York City. Recidivism rates for drug offenders and others were compared for a 2-year period for offenders in a 1989 arrest cohort. The evaluation revealed that more rapid case distribution with more lenient sentencing, which characterize specialized courts, do not seem to pose an enhanced danger to the public.

Eleventh Judicial District Drug Court Pilot (New Mexico). G.A. Harrison, C.A. Kunkel, G.T. Ireland. Eleventh Judicial District Drug Court. 1998.

This report details the operational characteristics of the Eleventh Judicial

District Drug Court, providing descriptions of both the clients and the staff providing services.

The Erie County Drug Court: Outcome Evaluation Findings [and Executive Summary] (Ohio). S.J. Listwan, D.K. Shaffer, E.J. Latessa. Center for Criminal Justice Research, University of Cincinnati. February 2001.

This study examines the Erie County Drug Court, in operation since April 1996. The study used a quasi-experimental matched comparison group design to estimate the impact of drug court on future criminal involvement. Findings indicate a statistically significant difference in rearrest rates during the follow-up period: 36% of participants were rearrested as opposed to 67% of those in the comparison group.

✦ **Evaluation of the Breaking the Cycle Demonstration in Birmingham, Alabama: Final Report.** A. Harrell, A. Hirst, O. Mitchell, D. Marlow, J. Merrill. National Institute of Justice, Office of Justice Programs, U.S. Department of Justice. June 2001. NCJ 189244.

This report examines the impact of the Breaking the Cycle (BTC) research and demonstration project begun in 1996 in Birmingham, AL. The report describes the services provided during the implementation phase, summarizes the findings of the process evaluation, reports findings about effects of BTC on offenders, and changes in case processing and outcomes that occurred with the introduction of BTC.

✦ **Evaluation of the Chester County (PA) Drug Court Program (Pennsylvania).** M.P. Brewster. In: Journal of Drug Issues, Volume 31, Issue 1, p. 177-206. Winter 2001. NCJ 188168.

This evaluation of the Chester County Drug Court Program compares 184 drug court

participants to 51 comparable offenders who were placed on probation between December 1996 and September 1997. Findings indicate a lower rate of positive results for drug tests taken by the drug court participants compared to the comparison group. Similarly, there was a lower rate of rearrest during the program among drug court participants.

An Evaluation of the Denver Drug Court: The Impact of a Treatment-Oriented Drug Offender System (Colorado). R. Granfield, C. Eby. *Department of Sociology, University of Denver.* 1997.

This study provides an overall look at the Denver Drug Court, its operational characteristics, and its impact on the criminal justice system in Colorado.

Evaluation of the First Year of Operation of the Jackson County Drug Court (Missouri). A.N. Peterson. *Ewing Marion Kaufman Foundation.* 1994.

This evaluation documents and analyzes the first year outcomes of the Jackson County Drug Court Diversion Program. The emphasis was placed on gathering and analyzing archival and observational data. The findings indicate that clients with high levels of participation tended to have fewer positive drug test results.

An Evaluation of the Freedom Ranch Inc. C.B.T.I. Drug Court Programs and the Impact of Moral Reconciliation Therapy (MRT) and Quality Control Systems (Oklahoma). W. Nichols, T. Nelson. *ND Enterprises.* 1997.

This report discusses the evaluation of the treatment program implemented in Stillwater, OK, by Freedom Ranch, Inc. The time frame covers September 1993 through March 1996. All treatment delivery systems are based upon the theoretical assumptions of MRT.

Evaluation of the Hawaii Drug Court: Final Report for the Judiciary. D. Okamoto, G. Kassebaum, M. Anderson. *Okamoto Consulting Group.* 1998.

This report discusses the evaluation of the process and outcomes of the Hawaii Drug Court. The evaluation studied the 187 participants admitted to the drug court during the period of January 1, 1996 through June 30, 1997. Only 5% of the graduates were subsequently re-arrested, and data further indicates a long term cost savings when compared to incarceration.

Evaluation of the Hennepin County Drug Court (Minnesota). R. Ericson, S. Welter, T.L. Johnson. *Minnesota Citizens Council on Crime & Justice.* May 1999.

This process and outcome evaluation of the Hennepin County Drug Court outlines those that are eligible for drug court, program structure and goals, the data used, and the overall findings and recommendations resulting from the evaluation. In terms of the court's process evaluation, the drug court program met three of four process goals. In terms of outcomes, however, while drug use was reduced among drug court participants, the participants were found to have a similar recidivism rate compared to the pre-drug court comparison group.

Evaluation of the Juvenile Drug Court Diversion Program (Delaware). *Statistical Analysis Center, State of Delaware.* 1998.

This study evaluates the diversion and treatment program for juveniles with no prior criminal records who are arrested for misdemeanor drug charges. Arrest records showed that the drug court participants had a much lower rate of recidivism than a comparison group.

✦ ***Evaluation of the Juvenile Drug Court Diversion Program (Delaware).*** E. Nestlerode, M.L. Miller, J.P. O'Connell. *Family Court, State of Delaware. Drug Courts Program Office, Office of Justice Programs, U.S. Department of Justice.* 1999. NCJ 182413.

This study evaluates the family court juvenile drug court program, which has grown into the first statewide juvenile drug court program in the nation. The evaluation indicates that the program has been successful in reducing recidivism, reducing in-program arrest rates, reducing post-program new offense rates of graduates, reducing arrest rates for all offense categories, and reducing arrest rates for felony-level drug offenses.

Evaluation of the King County Drug Diversion Court (Washington). Urban Policy Research, M.M. Bell, Inc., and Toucan Research. 1995.

This report provides an evaluation of the operational aspects of the program, as well as an examination of the characteristics of program participants.

Evaluation of Las Cruces Drug Court Program (New Mexico). New Mexico Department of Health. *Las Cruces, New Mexico Drug Court.* 1997.

This evaluation presents findings from an evaluation of the Las Cruces Drug Court program operation, and an analysis of the participants in the program.

Evaluation of Los Angeles County Drug Courts for the Countywide Criminal Justice Coordination Committee (California). E.P. Deschenes, I. Imam, T.L. Foster, D. Ward. *The Center for Applied Local Research.* May 8, 2000.

This evaluation includes a process evaluation of program implementation and

an evaluation of program impact and effectiveness in terms of treatment costs, program completion, and recidivism. Findings indicate that the proportion of individuals rearrested was lower and time to rearrest longer for the participants than for those on diversion and for offenders who went to trial. Additionally, cost analysis of the drug court programs indicates that they appear to be a reasonable alternative with higher rates of success than prison or residential drug treatment.

✦ ***Evaluation of the Madison County Assessment Treatment Alternative Court (Illinois).*** M.D. Godley, M.L. Dennis, R. Funk, M. Siekmann, R. Weisheit. *Bureau of Justice Assistance, Office of Justice Programs, U.S. Department of Justice.* 1998. NCJ 176908.

This report presents evaluation findings for the first 2 years of the Madison County Drug Court. It documents both the formative evaluation findings and the client outcomes and, where possible, findings are supplemented by qualitative data collected through interviews with clients and stakeholders.

An Evaluation of the Mendocino County Adult Drug Court: August 1996 – October 1999 (California). R.A. Hicks, G.J. Hicks, J.M. Bautista. *Scientific & Professional Consulting Services, San Jose, California.* November 1999.

This study employs interviews of drug court management and operations team members and interviews of adult drug court participants, the data from which are used together with arrest records and cost analyses in evaluating the Mendocino County Adult Drug Court. Among the evaluators' conclusions, participants are not likely to be rearrested, in large part due to their program participation.

An Evaluation of the Oakland Drug Court After Three Years (California). J.S. Tauber. *Oakland-Piedmont-Emeryville Municipal Court.* 1995.

This study assesses the First Diversion Rehabilitation model by examining performance records and arrest data. Findings include a reduction in the felony recidivism rate and in the number of days defendants are incarcerated. Findings also reveal that the program provides cost savings to the California criminal justice system.

Evaluation of Orange County Drug Courts for Orange County Superior Courts (California). E.P. Deschenes, I. Imam, T.L. Foster, L. Diaz, V. Moreno, L. Patascil, D. Ward, and C. Condon. *The Center for Applied Local Research. The Orange County Probation Department.* June 30, 1999.

This evaluation examines the Orange County Drug Courts through both process and outcome evaluations. The findings of the process evaluation indicate that the program is successful in meeting some, but not all, of its stated goals; these results are very encouraging. The findings of the outcome evaluation indicated that the drug court's participants had lower average risk scores in comparison to probationers, lower recidivism rates compared to probationers, and a longer time until rearrest.

Evaluation Report for the Drug Treatment Court Program, Twenty-third Judicial Circuit of Virginia. D.J. Shoemaker. *Department of Sociology, Virginia Polytechnic Institute and State University.* October 4, 1999.

This study evaluates the drug treatment court program in the Twenty-third Judicial Circuit of Virginia, serving Roanoke County and surrounding areas. Among the findings, 59.8% of participants graduate, graduates are three times less likely than non-graduates to have tested positive for drugs, and the

overall post-program conviction rate for graduates is 12%, compared to 55.9% for non-graduates.

Evaluation of Santa Barbara County Substance Abuse Treatment Courts (California). M. Cosden, S. Peerson, L. Crothers. *University of California, Santa Barbara.* September 15, 1999.

This evaluation examines the Santa Barbara County Substance Abuse Treatment Court (SATC), which has served over 400 clients since March 1996. Among the evaluation's findings, 73% of graduates had no new arrests and 78% of graduates spent less time in jail 12 months after leaving the program than they had 12 months before entering.

Evaluation of Santa Barbara County Substance Abuse Treatment Courts: Technical Report (California). M. Cosden, S. Peerson, L. Crothers. *University of California, Santa Barbara.* September 15, 1999.

This technical report is a companion report to the *Evaluation of Santa Barbara County Substance Abuse Treatment Courts*, and covers the same material while providing statistical analyses of the data presented, as well as other technical information.

Evaluation of the Spokane County Drug Court Program (Washington). D. Schram, L. Haught. *Urban Policy Research.* 1999.

This preliminary outcome evaluation examined program efforts during a 27 month period. The evaluation assessed operations of the program; characteristics, substance use, and criminal histories of the participants; participants' compliance with program requirements; the imposition of sanctions; and cost savings of the program. Among the evaluation's findings, only 12% of graduates and active participants were rearrested, compared to 36% of those who opted out of the program, and 55% of those

who were terminated from the program. Finally, the program saved more than \$1.00 for every \$1.00 spent for the program's operation.

Evaluation of Spokane County Drug Court (Washington). King County, Washington Drug Court. 1995.

This evaluation provides detailed information on the operation of the Spokane County Drug Court and the participants involved in the program.

An Evaluation of the 13th Judicial Circuit Drug Court (Florida). L. Smith. *Thirteenth Judicial Circuit Court of Florida, Drug Courts Program.* 1996.

This evaluation has used multiple methods to examine the program. Due to limitations, data was gathered only on people accepted into the drug court and no control group was used. Findings include few positive drug tests, where an average of 44 out of 47 urine tests per participant were negative. Further, only 19% of those released for one year or longer were re-arrested.

Evaluation of Treatment-Based Drug Courts in Florida's First Judicial Circuit. R.H. Peters, M.R. Murrin. *Louis de la Parte Florida Mental Health Institute, Department of Mental Health Law & Policy, University of South Florida.* 1998.

This study examined the outcomes for Escambia and Okaloosa counties, who graduated from their respective drug court programs between June 1994 and June 1996. Findings show that graduates were significantly less likely to be arrested during both the 12 month period of the program and the 30 month follow-up period.

✦ ***Experimenting With the Drug Court Model: Implementation and Change in Maricopa County, Arizona.*** E.P. Deschenes, R.D. Petersen. *Rand Corporation.* In: *Early Drug Courts: Case Studies in Judicial Innovation*, W.C. Terry, III, Ed., p. 139-165. 1999. NCJ 179573. See also, NCJ 179569.

The Maricopa County Drug Court is one of the few post-adjudication drug court programs and one of the first programs to be evaluated with a classic experimental design. This article discusses the design and implementation of the First-Time Drug Offender (FTDO) Program; describes the research design used to study program implementation and impact; presents the results of the 12-month evaluation; and discusses the major changes to the drug court program since its inception.

Family Drug Treatment Court Evaluation Feasibility Report. ROW Sciences, Inc. October 3, 2000.

Based on site visits to family drug treatment courts in Miami, Manhattan, and Kansas City, MO, this report assesses the feasibility of a Center for Substance Abuse Treatment (CSAT) national study of family drug treatment courts. This report finds that such a national evaluation would be feasible, and provides a general design for such an evaluation, including research questions, measures, analytic comparisons, and uses of the results.

Fayette Drug Court Program Process Evaluation (Kentucky). T.K. Logan, C. Leukefeld, K. Williams. *Center on Drug and Alcohol Research, University of Kentucky.* 1999.

This comprehensive process evaluation of the Fayette Drug Court included interviews with administrative personnel, judges, staff, and active clients, who reported a positive experience and program. Additionally, no program graduates have been re-arrested.

A Final Evaluation Report: A Cross-Sectional Analysis of the Alameda County Consolidated Drug Court (ACDC) Program (California). D.Y. Ja, D. Taube, M. Gee, L. Stewart, B. Dee, J. Yuen. Davis Y. Ja and Associates, Inc. January 2001.

This cross-sectional analysis of the Alameda County Consolidated Drug Court Program (ACDC) provides a snapshot of ACDC's system and operations. Recommendations include refining documentation and screening procedures, refining the current MIS systems, developing outcome evaluation indicators and implementing an outcome evaluation, and implementing a more comprehensive cost analysis of ACDC.

✦ ***Final Report: Findings from the Evaluation of the D.C. Superior Court Drug Intervention Program (Washington, DC).*** A. Harrell, S. Cavanagh, J. Roman. National Institute of Justice, Office of Justice Programs, U.S. Department of Justice. Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. May 1999. NCJ 181894.

The final report on the evaluation of the District of Columbia Superior Court Drug Intervention Program describes extant drug court literature and methodology used in the study. In addition to presenting the outcomes from both experimental dockets, the study reports findings from focus group interviews with program participants.

Final Report on the Polk County Adult Drug Court [and Executive Summary and Summary of Findings] (Iowa). P. Stageberg, B. Wilson, R.G. Moore. Statistical Analysis Center, Division of Criminal and Juvenile Justice Planning, Department of Human Rights, State of Iowa. January 2001.

This report examines the Polk County Drug Court from its inception in August 1996 to September 30, 1998, comparing participants

to a group of revoked probationers ("pilot group") and other offenders referred to drug court who didn't enter the program ("referred group"). The recidivism rate for graduates was 33.3%, while 61.5% for participants terminated from the program, 54.6% for the referred group, and 74.8% for the pilot group. Corrections system costs for participants were lower than the comparison groups as well.

Final Report: Process Evaluation of the Second Judicial District Juvenile Drug Court in Albuquerque, New Mexico. P. Guerin, R. Hyde, L. Carrier, N. Damon, L. Smith, B. Ulibarri. Center for Applied Research and Analysis, Institute for Social Research, University of New Mexico. November 2000.

This report details the process evaluation of the Second Judicial District Juvenile Drug Court in Albuquerque, which also included revisions of the juvenile drug court database as well. Findings indicate that most, if not all of the participants had both extensive criminal and substance abuse histories, which the evaluators indicate may explain in part the program's 46.4% graduation rate. Recommendations include improving documentation/records keeping in the program itself.

The Hamilton County Drug Court: Outcome Evaluation Findings: Final Report [and Executive Summary] (Ohio). S. Johnson, E.J. Latessa. Center for Criminal Justice Research, University of Cincinnati. July 2000.

This evaluation, the second for Hamilton County's drug court, uses a quasi-experimental matched control group design from January 1, 1997 to October 31, 1998. Areas covered in this evaluation include participant treatment needs, services received, in-program violations, and graduate recidivism rates. Specifically, only 31% of graduates were rearrested during the 18-month follow-up period.

Hennepin Drug Court Participant Survey: Data Report (Minnesota). *Research and Evaluation, State Court Administrator's Office, Supreme Court of the State of Minnesota. April 1999.*

This report discusses the results of a November 1998 survey of 293 drug court participants in the Hennepin County Drug Court. Respondents to the survey did not identify themselves, and were assured that all responses would remain anonymous. The report summarizes the descriptive data from the participant survey, presenting statistically significant findings as the basis of its conclusions.

✦ ***Increasing Our Understanding of the Recovery Process Through Drug Court Narratives, Executive Summary (New York).*** *E. Wolf, C. Colyer. National Institute of Justice, Office of Justice Programs, U.S. Department of Justice. December 30, 1999. NCJ 193417. See also, NCJ 193421.*

This is a summary of the full report that examined the relationship between client compliance with drug court requirements in the Syracuse Community Treatment Court and client problems, issues, and concerns with respect to treatment.

✦ ***Increasing Our Understanding of the Recovery Process Through Drug Court Narratives, Technical Report (New York).*** *E. Wolf, C. Colyer. National Institute of Justice, Office of Justice Programs, U.S. Department of Justice. December 30, 1999. NCJ 193421. See also, NCJ 193417.*

This report presents the methodology and findings of a research project in which data from observing sessions of the Syracuse Community Treatment Court and interviewing clients and treatment professionals were used to identify problems and typologies of recovery, as well as to generate testable hypotheses regarding

factors that influence recovery for offenders in the criminal justice system.

An Initial Evaluation and Analysis of the Ventura County Drug Court Program (California). *J.C. Oberg. 1996.*

This report presents an analysis of the operational characteristics of the Ventura County Drug Court, including demographic and background information of program participants.

✦ ***Intervening With Youthful Substance Abusers: A Preliminary Analysis of a Juvenile Drug Court (Florida).*** *B.K. Applegate, S. Santana. In: Justice System Journal, Volume 21, Issue 3, p. 281-300. 2000. NCJ 185260.*

This study focuses on the Orange County Juvenile Substance Abuse Treatment Court (JSATC). Findings indicate that client retention was comparable to that for adult drug courts, that the drug court was able to improve the participants' overall level of social and psychological functioning, and that recidivism was significantly reduced and delayed for program graduates compared to those who failed to complete the program.

Jefferson County Drug Court Program: Impact Evaluation, 1997 (Kentucky). *G.F. Vito, R.A. Tewksbury. Jefferson County Drug Court. 1998.*

This outcome evaluation follows a quasi-experimental design that tracks the performance of defendants who were involved in the drug court program and those who were screened for, but elected not to enter, the program. Findings reveal that drug court graduates out-performed their counterparts in terms of reconviction rates.

King County Drug Court Evaluation Final Report (Washington). M.M. Bell, Inc. King County, Washington Drug Court. 1998.

The King County Drug Court has been operating since August 1994, and this evaluation covers the first three years of operation. The evaluation looked at a random sample of those who were assessed only, at the population of failures, and at the population of graduates. Some findings include a reduction of new local felony charges for graduates compared to non-graduates and to those who opted out of the treatment program.

Lackawanna City Drug Court, Process Evaluation Report (New York). J.G. Fox. July 5, 2000.

This process evaluation of the Lackawanna City Drug Court, in operation since January 1996, reviews the program's goals and objectives, assesses the achievement of those goals and objectives, and recommends further improvements. Recommendations include hiring data entry staff, improving data collection and reporting, and implementing a more detailed treatment progress reporting system.

Maricopa County's Drug Court: An Innovative Program for First-Time Drug Offenders on Probation (Arizona). E.P. Deschenes, P.W. Greenwood. National Institute of Justice, Office of Justice Programs, U.S. Department of Justice. In: Justice System Journal, Volume 17, Number 1, Special Issue, p. 99-115. 1994. ACCN: 152007.

The Maricopa County First Time Drug Offender Program is a post-adjudication program for offenders sentenced to probation for felony drug offenses. The results showed that the drug court option increased the retention rates of those that completed or stayed in the program; drug court participants were also less likely to be revoked and sentenced for probation

violations.

Miami's Treatment Drug Court for Felony Defendants: Some Implications of Assessment Findings (Florida). J.S. Goldkamp. In: Prison Journal, Volume 74, Number 2, p. 110-166. June 1994. ACCN: 151178.

This article describes the Miami Drug Court model and reports findings of an empirical assessment to determine the court's impact on defendants starting in the fall of 1990 and continuing for a period of 18 months. The early program outcomes from the court are promising, particularly when compared to results from other treatment programs.

Monterey County Drug Court Evaluation Report #1 (California). J. Roehl. Justice Research Center. 1998.

This report describes the Monterey County Drug Court. Among its findings, the report notes that individuals who graduate from the drug court did substantially better than a comparison group of offenders arrested on similar charges. Preliminary data on the costs and benefits of drug court indicate that the program pays for itself over time.

✦ ***Multi-Jurisdictional Enhancement for Missouri Drug Courts.*** P. Sundet, A. Dannerbeck, K. Lloyd. School of Social Work, University of Missouri at Columbia. December 2001.

This report, studying 14 adult, juvenile, and family drug courts throughout Missouri, was designed to assess the achievement of program goals; develop a descriptive profile of drug courts, services, and participants; and identify elements critical to successful outcomes. Among the findings: 50.4% of adults and 51.1% of juveniles graduate; full-time, consistent employment is one of the best predictors of success; 8.7% of graduates were re-arrested in the year following graduation, compared to 32.4% of those

terminated; and at least 45 drug free babies were born to participants in these courts during the period studied. Recommendations for these courts are also presented.

✦ **National Evaluation of 14 Drug Courts.** S. Turner, D. Longshore, S. Wenzel, T. Fain, A. Morral, E. Deschenes, A. Harrell, J. Greene, M. Iguchi, D. McBride, F.S. Taxman. Rand Corporation. National Institute of Justice, Office of Justice Programs, U.S. Department of Justice. September 2001. NCJ 191200.

This report presents findings from a national evaluation of 14 drug court programs that received funding through the Drug Courts Program Office in 1995 and 1996. Results revealed that these programs were typical of drug court programs across the country. They met many of the crucial components of effective drug court programs. The analysis concluded that future evaluation and the development of an appropriate management information system were crucial.

New York City's Special Drug Courts: Recidivism Patterns and Processing Costs (New York). Bureau of Justice Assistance, Office of Justice Programs, U.S. Department of Justice. 1993. ACCN: 155429.

New York City drug courts were evaluated to determine their manner of operation, clarify the factors and decision processes that enable the quick resolution of cases, determine why cases are or are not disposed of in these courts, and determine long-term impacts on felony drug case processing. Findings suggested that special drug courts can offer a cost-effective way to adjudicate felony drug offenders.

Niagara Falls/Tonawanda Treatment Court Process Evaluation (New York). H.M. Weiss. Health Management Group, Ltd. January 2001.

This process evaluation of the City of Niagara Falls/City of Tonawanda Treatment Court finds that the court has substantively met its stated goals in moving from the planning to implementation stages. Issues addressed include court team member burnout, criminal justice system linkages, financial resources, and MIS. Recommendations include improving linkages with cooperating agencies and MIS/data collection.

Oakland Drug Court Assessment (California). National Center for State Courts. 1996.

This report provides an analysis of the Alameda County Drug Court operations, beginning in 1991, and provides comparisons from one year to the next. The high percentage of defendants who have had no arrests showed that the program has been a success.

The Ohio Drug Court Research Study: Status and Recommendations: Final Report. S. Johnson, L. Travis, E.J. Latessa, A. Holsinger. Center for Criminal Justice Research, University of Cincinnati. December 1999.

This report summarizes the findings underlying the development of an outcome evaluation model and data collection process. The report reveals that, in the case of Ohio drug courts, drug court programs should be in operation for at least one full year prior to follow-up for participants, matching rather than assignment must be used for comparison groups, and that evaluators must maintain focused contact with each drug court.

An Outcome Program Evaluation of the Multnomah County S.T.O.P. Drug Diversion Program (Oregon). M. Finigan. Northwest Professional Consortium. 1998.

This report analyzes the program

participants in the Multnomah County S.T.O.P. Drug Diversion Program versus a comparison group. Statistics showed that the program participants had fewer re-arrests and convictions than the comparison group.

A Performance Review of the Drug Court Treatment Program (Florida). Board of County Commissioners. 1995.

This report examines the process and procedures of the Broward County Drug Court Treatment Program by looking at program operational procedures and type of participants.

Phase II Douglas County Drug Court Evaluation: Final Report (Nebraska). T.J. Martin, C.C. Spohn, R.K. Piper, J. Robinson. Institute for Social and Economic Development. Department of Criminal Justice, University of Nebraska at Omaha. June 2, 1999.

This evaluation documents the findings from phase II of the Douglas County Drug Court evaluation. Specifically, the evaluation studied recidivism and included cost-benefit analysis. Both components of the evaluation compared outcomes for program participants with those of both offenders who were assigned to the County Attorney's pre-trial diversion program and offenders who underwent traditional adjudication. The evaluation reports that participants are significantly less likely to be arrested than are offenders in traditional adjudication, but are more likely to be rearrested than offenders in the diversion program. Further, the drug court program produces cost savings when compared with traditional adjudication, but is more costly than the diversion program.

Predicting Graduation From Broward County's Dedicated Drug Treatment Court (Florida). M. Schiff, W.C. Terry, III. In: Justice System Journal, Volume 19, Number 3, p. 291-310. 1997. ACCN: 174545.

This research examined outcomes among first-year participants in the dedicated drug treatment court in Broward County from July 1, 1991 through June 30, 1992. Participant data was used to predict the likelihood of successful program graduation. Demographic characteristics, such as race and education, as well as crack use, were the most useful characteristics for predicting program graduation.

Preliminary First Year Process Evaluation: Greater Cleveland Drug Court Program (Ohio). C.T. Lowenkamp, E.J. Latessa. Division of Criminal Justice, University of Cincinnati. April 26, 1999.

This process evaluation analyzes the Greater Cleveland Drug Court Program, as well as the program's operating goals: 1) diverting 200 felony cases and maintaining them in municipal court, and 2) reducing the number of days of case processing. The evaluation findings note that the court must devise new referral sources and methods for receiving referrals in order to meet its first goal, and that the court reduced the number of days of case processing from 177 to 55.

A Preliminary Process Evaluation of North Dakota's Juvenile Drug Court. K.M. Thompson. Department of Sociology, North Dakota State University. September 5, 2000.

This process evaluation covers the juvenile drug courts implemented in May 2000 in the East Central and in the Northeast Central Judicial Districts in North Dakota. While the two courts are operating in a consistent manner with planning recommendations, this report provides several recommendations to improve court operations.

Process Evaluation of the Administrative Office of the Courts Drug Court Programs: First Judicial District Court, Third Judicial District Court, and Bernalillo County Metropolitan Court (New Mexico). P. Guerin, R. Hyde, L. Carrier, K. Denman, R. Frerichs, J. Halsted, S. Kurhajetz, A. Merriweather, J. Mix, J. Neely. *Institute for Social Research, University of New Mexico.* 1998.

This process evaluation examined the established goals of the programs, examined the variables collected by drug court program staff, and provided information about the type of successful clients in the three programs.

Process Evaluation of the Drug Court Diversion & Treatment Program in Florida's Sixteenth Judicial Court (Florida). W.J. Woolf, Jr. *Sixteenth Judicial Circuit Court Administration.* 1998.

This is a process evaluation of the Monroe County Drug Court Program, with data collected from March 1997 through September 1997. The report provides detailed descriptions of demographics, the methodology used, and recommendations for the future.

Process Evaluation of the Fairfield County Juvenile Drug Court (Ohio). S.K. Thomas. 1999.

This process evaluation uses data collected through the use of interviews with the judge, treatment personnel, and court and probation staff. In addition, direct observation of drug court activities was performed, along with the review of court-collected data.

A Process Evaluation of the Jacksonville Drug Court of the Fourth Judicial Circuit of Florida. R.E. Grimm. *Jacksonville, Florida Drug Court.* Louis de la Parte Florida Mental Health Institute, University of South Florida. 1998.

This process evaluation was based on qualitative and quantitative data, including data collected through semi-structured interviews with judges, treatment personnel, court and probation staff, and with other community service providers to examine the perceived effectiveness of drug court components.

A Process Evaluation of Los Angeles County Drug Courts (California). E.P. Deschenes, S. Torres. *Department of Criminal Justice, California State University, Long Beach.* 1996.

This process evaluation presents a detailed look at the operational characteristics and program participants in the Los Angeles County Drug Courts.

Process Evaluation of the New Orleans Criminal District Court Drug Court (Louisiana). S. Ray. *Scott Ray & Associates, Inc.* 1999.

This process evaluation of the New Orleans Criminal District Court Drug Court reveals that drug court has achieved a high level of implementation and has demonstrated success.

Process Evaluation: SHORT Program 1993-1994 (Travis County, Texas). C. Roberts-Gray. *Resource Network.* 1994.

This evaluation presents findings from the process evaluation of the SHORT program, through analysis of the program operating procedures and discussion of the background and demographics of participants.

Process Evaluation: Syracuse Community Treatment Court Final Report: Continuation Grant (New York). E. Wolf, S. Adair. *Center for Community Alternatives, Syracuse, New York. November 2000.*

This study evaluates the Syracuse Community Treatment Court, implemented in December 1996, and addresses implementation goals, successful achievements, and recommendations for improving operations. Among those, increasing referrals, strengthening community support, improving MIS, and further evaluation are recommended.

Process Evaluation for the Town of Amherst Drug Court (New York). Health Management Group, Ltd. 1999.

The process evaluation for the Town of Amherst Drug Court involved several components, including discussions with judge, court personnel, treatment providers and drug court participants. Findings indicate that the drug court has properly implemented and achieved its stated goals.

A Process and Output Evaluation of the Volusia County Drug Court (Florida). K.D. Robinson, M.A. Shaw. *Correctional Counseling, Inc. August 1999.*

This process and outcome evaluation report discusses the 11 to 18 month Volusia County Drug Court Program. A high percentage of participants remain in the program, few relapse while in the program, and of the fourteen graduates, none have been rearrested. The evaluators recommended cost-benefit analysis of the program.

Project Exodus: Maine's First Treatment Drug Court: Final Report. D.F. Anspach, A.S. Ferguson. *Maine Center for Socio-Legal Research. December 18, 1999.*

This final report on Project Exodus, Maine's

first drug court, covers the twenty-month period during which Project Exodus was in existence (January 1998 – August 1999). The report covers a process evaluation, as well as discusses cost-benefit analysis that covers the costs and savings of the program itself. Among the report's key findings: 60% program graduation rate, 51% of all participants suffered no relapse or recidivism in the program, more than 90% of program graduates have not relapsed or recidivated as of the time of the report, and the program resulted in \$1.94 in incarceration savings for every \$1.00 spent.

✦ ***Reducing Drug Use and Crime Among Offenders: The Impact of Graduated Sanctions (Washington, DC).*** A. Harrell, J. Roman. *In: Journal of Drug Issues, Volume 31, Issue 1, p. 207-232. Winter 2001. NCJ 188169.*

The Superior Court Drug Intervention Program (SCDIP) was the first test of a now common innovation in criminal justice procedure – the application of a schedule of graduated sanctions to defendants enrolled in a specialized drug court docket. The five-year evaluation found reduced in-program drug use, reduced recidivism rates and a longer period to re-arrest. The paper also describes characteristics of the sanctioning program that appear highly correlated with positive outcomes.

Report to the Drug Court of Mobile County: Comparing Drug Court Graduates to Non-Drug Court Participants (Alabama). G.D. Johnson, et al. *Tuscaloosa County, Alabama Drug Court. 1997.*

This report presents statistical findings on the comparison of Tuscaloosa County Drug Court graduates versus a similarly matched group that did not participate in the drug court. Findings indicate that drug court graduates fared better in terms of recidivism.

✦ **Research in Brief: Evaluation of the D.C. Superior Court Drug Intervention Program (Washington, DC).** A. Harrell, S. Cavanagh, J. Roman. *National Institute of Justice, Office of Justice Programs, U.S. Department of Justice. April 2000. NCJ 178941. See also, NCJ 181894.*

This paper highlights the key findings from the evaluation of the District of Columbia Superior Court Drug Intervention Program.

The Riverside County Drug Court: Final Research Report for the Riverside County Probation Department, Riverside County, California. D.K. Sechrest, D. Shichor, K. Artist, G. Briceno. *Criminal Justice Department, California State University, San Bernardino. 1998.*

This evaluation followed 102 cases for up to 20 months from program admission, and was designed to determine success rates (recidivism) at various stages of program completion, and relate those to various background and performance attributes of the participants. Findings reveal that the recidivism rate for program participants was lower than for the comparison group.

Rochester Drug Treatment Court Enhancement Project: Final Evaluation Report (New York). A.Y. Cohen, B.M. Kibel, D. Branch. *Pacific Institute for Research & Evaluation. September 30, 2000.*

This final report traces the Rochester Drug Treatment Court's (RDTC) progress in accomplishing its short-term objectives. Findings indicate that RDTC has substantially made progress on all of its enhancement goals, and has an annual rate of recidivism of 4.4% among graduates. Recommendations include further refinement of the MIS system and exploring a possible role with program graduates through long-term monitoring and assistance with relapse prevention.

Santa Barbara County Substance Abuse Treatment Courts: Year 2000 Evaluation (California). M. Cosden, S. Peerson, M. Orliss. *University of California, Santa Barbara. August 23, 2000.*

The Santa Barbara County Substance Abuse Treatment Courts (SATC) have served over 500 clients since 1997. This report focuses on the first 171 graduates, 119 of which have been out at least 12 months. Among the findings, clients had fewer arrests, convictions and 40% fewer jail days in the program than in the year prior to program entry; 48% of clients graduate; and 84% of graduates had no new arrests, while a majority of graduates were either employed or in school one year after graduation.

Santa Clara County Drug Treatment Court Two Year Progress Report and Outcome Comparisons (California). *Santa Clara County, California Drug Treatment Court. 1998.*

This progress report follows three earlier reports with similar format, for comparison of the data over time. In addition to profile and demographic data, this report presents outcome data that compares Drug Treatment Court (DTC) participants to defendants who did not participate, defendants who are under formal probation supervision, and first-time drug offenders. Findings indicate that DTC participants had the lowest percentage of participants who tested positive for the presence of drugs when judged against the comparison groups, and DTC participants had the lowest percentage of defendants subsequently arrested.

Santa Clara County Juvenile Drug Treatment Court Evaluation (California). P. Ellis. *Community Crime Prevention Associates. 1998.*

This evaluation discusses the inputs and resources of the juvenile drug court and the roles of each staff member. It describes the process used by the court to implement its

intervention strategy, and describes the demographics and backgrounds of the participants. Outcome findings show positive results on program completion.

A Short-Term Outcome Evaluation of the Baltimore City Drug Treatment Court Program (Maryland). D.C. Gottfredson, K. Coblenz, M.A. Harmon. *Department of Criminology and Criminal Justice, University of Maryland, College Park. 1996.*

This study compared 145 offenders assigned to Baltimore City Drug Treatment Court, during its first year of operation, to a group of 529 offenders assigned to traditional probation and parole services. This short-term evaluation produced positive outcomes.

SODAT-Delaware Inc. Drug Court Diversion Program. E.A. Reed. *SODAT-Delaware Inc. 1995.*

This evaluation of the Superior Court Drug Diversion Track covers the time period from April 1994 to April 1995. Findings include the fact that only 4% of participants have been re-arrested during treatment. They have successfully diverted and treated 219 drug offenders in the community.

Statistical Report, 2000 (Michigan). *Ninth Judicial Circuit Court, Kalamazoo County, Michigan, Office of Drug Treatment Court Programs. January 2001.*

This report provides statistics on both the women's drug court and the men's drug court in the Ninth Judicial Circuit Court, Kalamazoo County, updating the 1999 report. Results contained in this update are comparable to those noted in 1999. Of the 160 women and 81 men who have completed their respective programs, 100% of both women and men were employed or attending school upon program completion.

Status Report: An Analysis of Second Judicial District Court Drug Court Client Data (New Mexico). K. Denman, P. Guerin. *The Center for Applied Research and Analysis, The Institute for Social Research, University of New Mexico. 1998.*

This study takes a detailed look at the demographics and backgrounds of the participants in the drug court of the Second Judicial District of New Mexico.

Suffolk County Drug Treatment Court: Two Year Progress Report (October 1, 1996 – October 1, 1998) (New York). F.L. Brisbane, C. Vidal, R. Marmo, S. Cohen. *School of Social Welfare, State University of New York at Stony Brook. November 16, 1998.*

This progress report presents information on the first two years of operation of the Suffolk County Drug Treatment Court, including an overview of program implementation policies and a description of demographic characteristics, criminal history, and drug use patterns at program intake for all participants accepted into the program. Participants' recidivism rates were low, with the most common rearrests occurring for motor vehicle violations and drug charges.

Suffolk County Drug Treatment Court: Four Year Progress Report, October 1, 1996 – October 1, 2000 (New York). F.L. Brisbane, C. Vidal, R. Marmo, S. Cohen. *School of Social Welfare, State University of New York at Stony Brook. March 2001.*

This progress report presents information on the four years of operation of the Suffolk County Drug Treatment Court, updating information presented in 1998. Findings indicate a retention rate of 62%; 69% of graduates who were out of the program at least one year had no new arrests, while 50% of those failing to complete the program had at least one new arrest since termination and 25% had two or more new arrests.

◆ **Summary and Analysis of the First Juvenile Drug Court Evaluations: The Santa Clara County Drug Treatment Court and the Delaware Juvenile Drug Court Diversion Program.** M. Shaw, K. Robinson. National Drug Court Institute. In: National Drug Court Institute Review, Volume I, Issue 1. Summer 1998. NDCI.

This report presents the first two evaluations ever published on juvenile drug courts. These evaluations conclude that juvenile drug courts are having a positive impact in Santa Clara County, CA, and Wilmington, DE. It is noted, however, that both of these evaluations examined fairly new juvenile courts and small numbers of juveniles over short time periods.

Summit County Juvenile Court Drug Court Evaluation Report: July 1, 1999 – June 30, 2000 (Ohio). J.L. Dickie. The Institute for Health and Social Policy, University of Akron. 2000.

This evaluation of the first year of the Summit County Juvenile Drug Court includes a sample size of 90 participants, with 56 in drug court and 34 in the comparison/control group. The findings in this first evaluation suggest a reduction in positive drug tests for juvenile drug court participants, who also had half the arrest rate for other offenses than that of the control group.

The Travis County Drug Diversion Court: A Preliminary Outcome Evaluation (Texas). W.R. Kelly. 1996.

After providing the demographic information on the participants, this report presents some outcome results. Findings indicate that program participants had fewer rearrests and more time until rearrest than the comparison group.

Utah Byrne Partnership Evaluation Project: Recidivism Data Synopsis for the Utah Juvenile Drug Court. B.V. Parsons, E.I. Byrnes. Graduate School of Social Work, University of Utah Social Research Institute. 1998.

This report summarizes the first of a three-year evaluation project. This evaluation analyzes the 74 Juvenile Drug Court (JDC) participants who had been out of the program for at least one year as of May 1, 1998. Findings reveal that JDC youths, in contrast with the comparison group, had a significantly greater reduction in overall criminal charges the year after participation versus the year prior to participation.

Year 1 Evaluation of the Santa Barbara County Substance Abuse Treatment Courts: Report Summary (California). M. Cosden, S. Peerson, L. Crothers. University of California, Santa Barbara. 1997.

This report presents information on the program's operation, as well as demographic and background information on program participants, in the first year of the Santa Barbara Substance Abuse Treatment Courts.

MANAGEMENT INFORMATION SYSTEMS

Drug Court Management Information System Report [REPORT FORTHCOMING]. Center on Drug and Alcohol Research, University of Kentucky.

Drug courts are information-driven, and decision making in drug court programs requires information about many aspects of participants' life histories, criminal behaviors, and current behaviors while in the drug court program. This report studies the development of a statewide Management Information System (MIS) for the

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Commonwealth of Kentucky. The study discusses the critical information that was collected to provide the most relevant information regarding MIS in Kentucky, as well as describes the recommended MIS plan for the Commonwealth, based on the information collected.

Drug Court Monitoring, Evaluation, and Management Information Systems. B. Mahoney, J.A. Carver, C. Cooper, L. Polansky, S. Weinstein, J.D. Wells, T. Westfield. *Drug Courts Program Office, Office of Justice Programs, U.S. Department of Justice. May 1998. NCJ 171138.*

This report presents the thinking of drug court practitioners and experts regarding the importance of data collection and management information systems to the daily operation of drug courts, as well as to the process and impact evaluations.

Management Information Systems and Drug Courts: The District of Columbia Approach. J.A. Carver, K.R. Boyer, R. Hickey. *District of Columbia Pretrial Services Agency. ACCN: 161602.*

This report describes the management information system developed by the District of Columbia, to integrate all information needed by judges in drug cases, and used during the implementation of the jurisdiction's 5-year federally funded drug court demonstration project.

Alcohol and Crime: An Analysis of National Data on the Prevalence of Alcohol Involvement in Crime. L.A. Greefeld. *Bureau of Justice Statistics, Office of Justice Programs, U.S. Department of Justice. April 1998.*

This report provides an overview of national information on the role of alcohol in violent victimization and its use among those convicted of crimes. Victim perceptions of alcohol use by offenders at the time of the offense are provided, as well as the extent to which alcohol is involved in different categories of crime.

Arrestee Drug Abuse Monitoring Program (ADAM) 1998 Annual Report on Adult and Juvenile Arrestees. *National Institute of Justice, Office of Justice Programs, U.S. Department of Justice. April 1999. NCJ 175656.*

This annual report presents the results of both drug urinalysis and self-report information from adult male and female arrestees and juvenile male arrestees in 23 major metropolitan sites of the Arrestee Drug Abuse Monitoring Program (ADAM).

Comparing Drug Use Rates of Detained Arrestees in the United States and England. B. Taylor, T. Bennett. *National Institute of Justice, Office of Justice Programs, U.S. Department of Justice. 1999. NCJ 175052.*

This report compared findings from drug use surveys of arrestees detained in 5 locations in England with those from similar surveys of arrestees conducted in 5 matched locations in the United States, and revealed some notable correlations between drug use and various demographic and related

characteristics. The report is a product of the recent establishment of the International Arrestee Drug Abuse Monitoring Program (I-ADAM), administered by the National Institute of Justice.

Crime in the United States [Uniform Crime Reports (UCR)]. Federal Bureau of Investigation, U.S. Department of Justice. Published annually.

The Uniform Crime Report (UCR) program is a nationwide, cooperative statistical compilation of over 17,000 city, county, and state law enforcement agencies voluntarily reporting crimes and arrests. This document is a summary of those reports.

Drug Crime: The Impact on State Courts. B.J. Ostrom, N. Kauder. National Center for State Courts. In: Caseload Highlights, Volume 5, Number 1. March 1999.

This analysis shows how budget and policy changes in one area of the justice system clearly affect other components of the system. Data include felony drug filings, drug arrests, drug use trends, public opinion, the federal drug control budget, drug convictions and dispositions in state courts, sentencing and time served, and comparative information for other felonies.

Drug Data Summary. G. Schmidt. Drug Policy Information Clearinghouse, Office of National Drug Control Policy, Executive Office of the President. April 1999. NCJ 172873.

This fact sheet presents current drug-related law enforcement, court, and corrections statistics, as well as information on drug use, drug production, and spending on drug control. Statistical information addresses defendants and offenders in state and federal courts and correctional facilities, as well as drug control spending at the local, state, and federal levels.

✦ ***Drug Offense Cases in Juvenile Courts, 1989-1998.*** A.L. Stahl. Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. September 2001. NCJ 190337, or FS 200136.

This document provides statistics on drug offense cases in juvenile courts from 1989 to 1998 in the United States. In 1999, an estimated 1,557,100 arrests were made in which the most serious offense was a drug abuse violation. Persons younger than 18 years old accounted for 13 percent of these arrests. The number of juvenile court cases involving drug offenses more than doubled between 1993 and 1998.

Drug-Related Crime. M. Spiess, D. Fallow. Drug Policy Information Clearinghouse, Office of National Drug Control Policy, Executive Office of the President. March 2000. NCJ 181056.

Drug-related offenses and drug-using lifestyles are major contributors to the U.S. crime problem. This fact sheet updates 1997 information (NCJ 163928), indicating that drug users remain more likely than nonusers to commit crimes and that arrestees are frequently under the influence at the time they committed the charged offense. However, methodological difficulties in assessing the degree to which drug use influences crime remain.

Drug Treatment in the Criminal Justice System. Drugs & Crime Clearinghouse, Office of National Drug Control Policy, Executive Office of the President. August 1998.

This fact sheet summarizes correctional system statistics, research, and drug treatment information, as well as information regarding ongoing projects that address drug abuse treatment in the criminal justice system.

Drug Use Trends. *Office of National Drug Control Policy, Executive Office of the President. 1998. NCJ 167246.*

This fact sheet summarizes current statistics on drug use; drug production; spending on drug control; and drug-related law enforcement, court, and corrections topics.

Drug Use Trends. *E.S. Broekhuysen. Drug Policy Information Clearinghouse, Office of National Drug Control Policy, Executive Office of the President. June 1999. NCJ 175050.*

Using survey data from various federal agencies, this fact sheet summarizes drug use trends in the United States from 1979 to 1997, covering the following populations: the general household population, students, active military personnel, and criminal offenders.

Drugs and Crime Facts. *T.L. Dorsey, M.W. Zawitz. Bureau of Justice Statistics, Office of Justice Programs, U.S. Department of Justice. 1999. NCJ 165148.*

This report summarizes United States statistics about drug-related crimes, drug law enforcement, courts, and corrections, updating information published in 1994 (NCJ 154043). Topics covered include drug use and crime; drug arrests, drug seizures, and other drug law enforcement operations; drug treatment under correctional supervision; the drug control budget; juvenile drug use; drug use by the general population; and public opinion about drugs. Sources for the data include the Bureau of Justice Statistics (BJS), the National Crime Victimization Survey, the Law Enforcement Management and Administrative Statistics, the Federal Justice Statistics Program, the Sourcebook of Criminal Justice Statistics, and correctional programs.

High Intensity Drug Trafficking Area Program, 2001 Annual Report. *Office of National Drug Control Policy, Executive Office of the President. January 2001. NCJ 185400.*

The High Intensity Drug Trafficking Area (HIDTA) Program, founded a decade ago, fosters cooperation among local, state, and federal law enforcement agencies in drug control efforts. This report includes brief summaries of Fiscal Year 2000 activities at 26 individual HIDTA sites. The HIDTA strategy promotes research sharing, connectivity, and deconfliction of operations, focusing on criminal targets that cause the most damage.

Juveniles and Drugs: Facts and Figures. *Drugs & Crime Clearinghouse, Office of National Drug Control Policy, Executive Office of the President. December 1996.*

This information packet includes excerpts from selected federal government publications that contain information on juveniles and substance abuse. These data include drug arrests, drug use patterns, adjudication and incarceration for drug offenses, and drug treatment.

Juvenile Justice: Drugs, Delinquency & Other Data. *Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. Volume II, Number 1. Spring/Summer 1994. NCJ 148407.*

This journal features articles such as “Drugs, Delinquency, and Other Data;” “Disproportionate Minority Representation: First Steps to a Solution;” and “Courting Disaster: Permanency Planning for Children.”

Keeping Score. *Drug Strategies. Published Annually.*

Each year, *Keeping Score* examines how

federal anti-drug initiatives affect four areas that are at the heart of public concern about drugs: illicit drug use, drug-related crime, drugs in the workplace, and the impact of drugs on health and health care costs.

◆ **National Institute of Justice (NIJ): Arrestee Drug Abuse Monitoring Program.** *Drug Court Practitioner Fact Sheet, Volume I, Number 3. National Drug Court Institute. October 1999. NDCI.*

This fact sheet reviews NIJ's Arrestee Drug Abuse Monitoring Program (ADAM), a research project designed to establish a data platform from which communities would be able to examine their substance abuse population, design and implement policies and programs appropriate to that population, and focus programs and interventions on the specific needs of the community.

The National Drug Control Strategy. *Office of National Drug Control Policy, Executive Office of the President. Published Annually.*

The 2002 National Drug Control Strategy updates the effort to reduce the abuse, availability, and consequences of illegal drugs throughout the country. The *Strategy* discusses a number of goals, including 2 year goals of reducing current illegal drug use by 10%, and 5 year goals of reducing current illegal drug use by 25%.

National Drug Control Strategy: 2001 Annual Report. *Office of National Drug Control Policy, Executive Office of the President. 2001. NCJ 185396.*

This report provides information on progress over the past year in implementing the *National Drug Control Strategy*. The report details trends in drug use and availability; assesses the costs of drug abuse to society; and outlines accomplishments of federal prevention, treatment, law enforcement, interdiction, and international programs.

National Drug Control Strategy, 1999 Performance Measures of Effectiveness: Implementation and Findings. *Office of National Drug Control Policy, Executive Office of the President. 1999. NCJ 174462.*

The Performance Measures of Effectiveness (PME) System assesses the efficacy of goals and objectives contained in *the National Drug Control Strategy*. The PME system is unique in that it applies a systems approach to measure the impact of the *Strategy's* goals and objectives in three critical areas: reducing drug use, availability, and consequences. This report covers accountability in drug policies, progress toward achieving performance targets, PME system accomplishments in 1998, performance partnerships and contracting, and the road ahead.

National Drug Control Strategy: Performance Measures of Effectiveness: 2000 Report. *Office of National Drug Control Policy, Executive Office of the President. 2000. NCJ 180143.*

This report presents a systematic assessment of the effectiveness of the *National Drug Control Strategy*, based on 97 performance targets established by the Performance Measures of Effectiveness (PME) System. Future activities to achieve the *Strategy's* goals include continuing organization of communities of stakeholders, seeking of resources to fill existing data gaps in the PME system, and efforts to link budgets to results.

Summary of Findings from the 1999 National Household Survey on Drug Abuse. *Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. August 2000. NCJ 185040.*

This report, from the 1999 National Household Survey on Drug Abuse, an annual survey conducted by SAMHSA, provides estimates of the prevalence of use

for a variety of illicit drugs, alcohol, and tobacco, based on a nationally representative sample of the civilian non-institutionalized population age 12 years and older.

Pulse Check: Trends in Drug Abuse.

Office of National Drug Control Policy, Executive Office of the President. Published twice yearly.

Twice yearly, the Office of National Drug Control Policy (ONDCP) issues *Pulse Check: Trends in Drug Abuse*. The report is based on information gathered through conversations with ethnographers, epidemiologists, law enforcement officials, and treatment providers working throughout the United States. These experts describe patterns in illicit drug use and illicit drug markets they have seen emerging in their local communities over the past 6 months.

Pulse Check: Trends in Drug Abuse, Mid-Year 2000. Johnson, Bassin, and Shaw, Inc. *Office of National Drug Control Policy, Executive Office of the President. March 2001. NCJ 186747.*

Data obtained from a variety of sources throughout the United States indicate an emerging club drug scene continues to grow. This volume of *Pulse Check* details the drugs currently found on the club scene, including heroin, crack, powder cocaine, marijuana, methamphetamine, ecstasy, ketamine, GHB, flunitrazepam, and prescription drugs. Profiles of the club scene, users, dealers, and clubs are provided.

Sourcebook of Criminal Justice Statistics.

Bureau of Justice Statistics, Office of Justice Programs, U.S. Department of Justice. Published Annually.

This annual publication contains statistical data from more than 100 sources in 6 sections: characteristics of the criminal justice system, public attitudes toward crime and criminal justice topics, the nature and distributions of known offenses, characteristics and distributions of persons arrested, judicial processing of defendants, and persons under correctional supervision.

Substance Abuse and Treatment of State and Federal Prisoners, 1997. C.J.

Mumola. Bureau of Justice Statistics, Office of Justice Programs, U.S. Department of Justice. December 1998. NCJ 172871.

This study presents data from the 1997 Survey of Inmates in Adult State and Federal Correctional Facilities concerning prisoners' use of alcohol and illegal drugs, as well as any substance abuse treatment that they received. Numeric tables present data on prior alcohol and drug abuse by type of drug, type of offense, severity of prior substance abuse, and other offender characteristics.

**TREATMENT &
SUBSTANCE ABUSE**

TREATMENT – GENERAL

Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice [Technical Assistance Publications (TAP) Series 21]. Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. 1998. NCADI # BKD246X.

Addiction counselors form relationships with their clients and help them move from addiction to recovery. This TAP focuses on the work of counselors who deal with psychoactive substance use, abuse, and dependence among their clients. Chapters discuss clinical evaluation, treatment planning, referral, and counseling.

✦ ***Civil Commitment: One of Many Coerced Treatment Models.*** F.S. Taxman, N. Messina. In: Clinical and Policy Responses to Drug Offenders, C.G. Leukefeld, F. Tims, D. Farabee, Eds. Center on Drug and Alcohol Research, University of Kentucky. 2001.

Civil commitment is one of the oldest forms of coerced treatment for compulsive substance abusers. This chapter reframes the discussion of civil commitment from an oddity to a component of a continuum of mandated treatment; reviews the historical description of the civil commitment process; outlines the issues related to the effectiveness of coerced treatment for different target populations; and reviews the literature, which demonstrates that coerced treatment has proven more effective than voluntary treatment for the vast majority of these various populations.

A Cognitive-Behavioral Approach: Treating Cocaine Addiction. National Institute on Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services. 1998. NCADI # BKD254.

First in the “Therapy Manuals for Drug Addiction” series, this manual describes cognitive-behavioral coping skills treatment (CBT), which is a short-term, focused approach to helping cocaine-dependent individuals become abstinent from cocaine and other substances. Chapters include coping with craving, integrating CBT and medication, shoring up motivation and commitment, and reducing HIV risk.

Combining Substance Abuse Treatment with Intermediate Sanctions for Adults in the Criminal Justice System [Treatment Improvement Protocol (TIP) Series 12]. R.B. Aukerman, P. McGarry. Public Health Service, Office of Substance Abuse Prevention, U.S. Department of Health and Human Services. 1994. NCJ 152989.

This volume presents information about the management and treatment of offenders with alcohol and other drug problems through the use of intermediate sanctions that include alcohol or other drug treatment components. Specific recommendations for use by individuals and agencies in the alcohol and other drug treatment and criminal justice systems to develop programs and coordinate services are included.

A Community Reinforcement Plus Vouchers Approach: Treating Cocaine Addiction. National Institute on Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services. 1998. NCADI # BKD255.

Second in the “Therapy Manuals for Drug Addiction” series, this treatment model integrates a Community Reinforcement Approach (CRA) with an incentive program that uses vouchers. Patients can earn points exchangeable for retail items by remaining

in treatment and maintaining cocaine abstinence. Chapters include drug avoidance skills, early counseling sessions, lifestyle change components, and relationship counseling.

Comprehensive Case Management for Substance Abuse Treatment [Treatment Improvement Protocol (TIP) Series 27]. Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. 1998. NCADI # BKD251.

A history of case management, including models of case management with substance abusers, is provided in this TIP. The TIP also covers case management for clients with special needs, funding case management in managed care environments, and the application of case management to substance abuse treatment.

Confidentiality of Patient Records for Alcohol and Other Drug Treatment [Technical Assistance Publications (TAP) Series 13]. F. Lopez. Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. 1994. NCADI # BKD156.

This guide provides an overview of federal alcohol and other drug treatment confidentiality laws and regulations, as well as options for resolving apparent conflicts between federal confidentiality requirements and state communicable disease reporting requirements. An appendix presents sample forms for patient consent and qualified service organization agreements.

The Costs and Consequences of Addiction and the Benefits of Prevention and Treatment: Findings and Conclusions About Addiction Prevention and Treatment in America. New York State Office of Alcoholism and Substance Abuse Services. January 1998.

This report presents a review of the most significant findings and conclusions from the literature on alcoholism, substance abuse, and addiction. The report also relates these critical issues to prevention and treatment in New York State. The review presents these issues by topical area, and is intended to be an up-to-date reference for both practitioners and public policy analysts.

Counselor's Manual for Relapse Prevention With Chemically Dependent Criminal Offenders [Technical Assistance Publications (TAP) Series 19]. Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. 1996. NCADI # PHD723.

This TAP focuses on chemical dependency and the criminal offender, and is designed for the paraprofessional counselor. Basic counseling information is explained in simple terms. It is also designed to help the counselor work with people who are using the *Appendix-Relapse Prevention Workbook for Chemically Dependent Criminal Offenders*. It is based on information that has had better than average results in treating chemically dependent criminal offenders.

Demand Treatment! Join Together, a project of the School of Public Health, Boston University. October 2000.

Demand Treatment! is a major new nationwide project organized by Join Together, to increase the number of people who get alcohol and drug brief interventions and quality treatment in American communities. This on-line document

describes the program and how your community can become involved and benefit from it.

Available on-line:

<http://www.jointogether.org/sa/files/pdf/demandtreatment.pdf>

Detoxification From Alcohol and Other Drugs [Treatment Improvement Protocol (TIP) Series 19]. Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. 1995. NCADI # BKD172.

This TIP covers detoxification settings and patient matching, clinical detoxification protocols, improving quality and measuring outcomes, and costs and current payment mechanisms for detoxification services. Special populations such as women, elderly persons, patients who are HIV positive, and incarcerated persons are also discussed.

Diagnostic Source Book on Drug Abuse Research and Treatment. National Institute on Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services. 1996. NCADI # BKD102.

The *Diagnostic Source Book* describes current diagnostic tools for the assessment of drug abusers. The source book also includes information on instruments to study medical aspects, psychopathology, social functioning, and the use of alcohol and drugs and family functioning.

✦ ***Drug Court and Contingency Management.*** W.M. Burdon, J.M. Roll, M.L. Prendergast, R.A. Rawson. In: *Journal of Drug Issues, Volume 31, Issue 1, p. 73-90.* National Institute on Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services. Winter 2001. NCJ 188164.

This paper argues that an integration of the drug court model with current contingency management techniques that focus on positive reinforcement will further improve the effectiveness of this approach in alleviating the problems encountered by the criminal justice system in dealing with substance-abusing offenders.

✦ ***Drug Courts: A Bridge Between Criminal Justice and Health Services.*** S.L. Wenzel, D. Longshore, S. Turner. In: *Journal of Criminal Justice, Volume 29, Issue 3, p. 241-253.* National Institute of Justice, Office of Justice Programs, U.S. Department of Justice. National Institute on Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services. May/June 2001. NCJ 188794.

This paper discusses the importance of building bridges between criminal justice and health services and presents a conceptual framework for organizing a comprehensive investigation of them, using data from a National Institute of Justice (NIJ) sponsored study of 14 drug court programs in the United States and Puerto Rico.

✦ ***Drug Courts and Treatment: Lessons To Be Learned From the "What Works" Literature.*** S. Johnson, D.J. Hubbard, E.J. Latessa. In: *Corrections Management Quarterly, Volume 4, Issue 4, p. 70-77.* Fall 2000. NCJ 185325.

Research indicates that the quality and delivery of drug treatment services are essential to their effectiveness. Given the lack of research specifically devoted to drug court treatment programs, this article identifies and discusses the research-based principles of effective intervention, and offers suggestions as to how they should be applied in the effort to reduce substance abuse and recidivism among drug court participants.

◆ **Drug Treatment: The Case for Coercion.** S.L. Satal. *National Drug Court Institute.* In: National Drug Court Institute Review, Volume III, Issue 1. Winter 2000. NDCI.

This article outlines the successes drug courts have realized in having drug involved offenders not only enter, but also remain in treatment for substantial periods of time. Coerced treatment, specifically that found in drug courts, is far more effective in reducing criminality and drug abuse precisely because participants are retained for substantially longer periods than in voluntary treatment. Drug courts are discussed as a successful coerced treatment modality.

Drug Treatment and Health Care Services in Drug Court Settings [PUBLICATION FORTHCOMING]. C. Conly, K. Mion, A. Seeherman. *Abt Associates, Inc. National Institute of Justice, Office of Justice Programs, U.S. Department of Justice. Center for Disease Control, U.S. Department of Health and Human Services.*

The purpose of this exploratory study is to understand how drug courts are linked to the Public Health Service. Over 15 drug courts were contacted and information about the health services that they provide to clients (including referrals) was collected. The report also contains an in-depth study of the Brooklyn Treatment Court.

Estimating the Need for Substance Abuse Treatment in Maryland. P. Reuter, M. Hsu, K. Petronis, E. Wish. *Center for Substance Abuse Research, University of Maryland, College Park. January 1998.*

This study generates projections of the number of Maryland residents in need of substance abuse treatment, using data collected from household and arrestee populations.

Executive Summary: Treatment Services in Adult Drug Courts, Report on the 1999 National Drug Court Treatment Survey, National TASC. *Drug Courts Program Office, Office of Justice Programs, U.S. Department of Justice. June 2000. NCJ 182293.*

This report details the results of a survey developed and distributed by National TASC, in cooperation with DCPO and the Center for Substance Abuse Treatment (CSAT), in October 1999. The survey was designed to describe substance abuse and other treatment services being used by adult drug courts and to identify significant issues faced by adult drug courts in obtaining and delivering high-quality and comprehensive treatment services.

Gender Differences in Drug Addiction and Treatment: Implications for Social Work Intervention with Substance-Abusing Women. L. Nelson-Zlupko, E. Kauffman, M. Morrison Dore. In: *Social Work, Volume 40, Number 1. January 1995.*

This article draws on current addiction research to describe the unique characteristics and treatment needs of women, and how they differ from that of men. The authors examine traditional treatment programs that had been designed to treat men, and offer an alternative treatment model designed to address the treatment needs of women.

It Works How and Why: The Twelve Steps and the Twelve Traditions of Narcotics Anonymous. *Narcotics Anonymous World Services, Inc. 1993.*

This volume addresses the Twelve Steps and Twelve Traditions of Narcotics Anonymous (NA). The volume provides a discussion designed to assist the reader in determining his/her own interpretation, as a member of NA, of the principles covered in the book.

Narcotics Anonymous, Fifth Edition.
Narcotics Anonymous World Services, Inc.
1988.

This book chronicles the shared experience of the fellowship of Narcotics Anonymous (NA). It describes the program and plan used by members of NA to experience daily recovery; the concepts and principles of which have been adapted from Alcoholics Anonymous (AA). Additionally, the book chronicles personal stories of NA members.

The Narcotics Anonymous Step Working Guides. *Narcotics Anonymous World Services, Inc.* 1998.

This work book includes both narrative and questions, allowing the Narcotics Anonymous (NA) member to work through the Twelve Steps, and may be used by members at any stage of recovery. The workbook is a companion piece to *It Works How and Why: The Twelve Steps and the Twelve Traditions of Narcotics Anonymous*.

National Directory of Drug Abuse and Alcoholism Treatment and Prevention Programs, 1997. *Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.* 1998. NCADI # BKD283R.

This directory lists federal, state, local, and private providers of alcoholism and drug abuse treatment and prevention services. Only providers recognized specifically by state substance abuse agencies are listed.

New Partnerships for a Changing Environment: Why Drug and Alcohol Treatment Providers and Researchers Need to Collaborate. *Institute of Medicine, National Academy of Sciences.* 1999. NCADI # PHD810.

Developed specifically for substance abuse treatment providers, this booklet describes the crucial role that providers can play in

their interaction with researchers and caregivers at the community level. By working together, treatment providers and researchers can strengthen efforts to reduce the impact of drug abuse and addiction in society and improve the quality of life.

Planning for Alcohol and Other Drug Abuse Treatment for Adults in the Criminal Justice System [Treatment Improvement Protocol (TIP) Series 17]. *Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.* 1995. NCADI # BKD165.

This volume discusses the effectiveness of substance abuse treatment in the criminal justice system; the offenders and their related issues, such as HIV/AIDS, mental disorders, sexual abuse, and violence; and the substance abuse treatment system overall. The volume also describes how coordination, collaboration, and training can take place and how confidentiality should be handled.

The Prevalence and Correlates of Treatment for Drug Problems. *Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.* 1997. NCADI # BKD224.

This report analyzes the prevalence and correlates of drug treatment in a sample of individuals representing the household population of the United States age 12 and older, as surveyed in the 1992 and 1993 National Household Surveys on Drug Abuse (NHSDA). Information from the NHSDA was used to compare the demographic characteristics of populations receiving drug treatment before and during 1992-1993. NHSDA data covered the prevalence, drug use history, motivations, financing, settings, and outcomes of treatment.

Principles of Drug Addiction Treatment: A Research-Based Guide. National Institute on Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services. Spring 1999. NIH # 99-4180.

This report summarizes basic overarching principles that characterize effective treatment; provides answers to frequently raised questions, as supported by the available scientific literature; describes the basic types of treatment; and presents examples of scientifically based and tested treatment components.

Project Match Series. National Institute on Alcohol Abuse and Alcoholism, National Institutes of Health, U.S. Department of Health and Human Services.

The manuals in this series are presented to the alcohol research community as standardized, well-documented intervention tools for alcoholism treatment research; selected volumes appear below.

Volume 1, Twelve Step Facilitation Therapy Manual. 1995. NIH # 94-3722.

Volume 1 describes twelve step facilitation therapy, in which the overall goal is to facilitate patients' active participation in the fellowship of Alcoholics Anonymous. The therapy regards such active involvement as the primary factor responsible for sustained sobriety, and therefore as the desired outcome of participation in this program.

Volume 2, Motivational Enhancement Therapy Manual. 1994. NIH # 94-3723.

Volume 2 describes motivational enhancement therapy (MET), a systematic intervention approach for evoking change in problem drinkers. MET is based on principles of motivational psychology and is designed to produce rapid internally motivated change. This treatment strategy

does not attempt to guide and train the client, step by step, through recovery, but instead employs motivational strategies to mobilize the client's own change resources.

Volume 3, Cognitive-Behavioral Coping Skills Therapy Manual. 1995. NIH # 94-3724.

Volume 3 describes cognitive-behavioral coping skills therapy, which is based on the principles of social learning theory, and views drinking behavior as functionally related to major problems in the patient's life. Emphasis is placed on overcoming skill deficits and increasing the patient's ability to cope with high-risk situations that commonly precipitate relapse.

Volume 6, Improving Compliance with Alcoholism Treatment. 1997. NIH # 97-4143.

This manual provides a compendium of strategies for enhancing client compliance with psychosocial treatments, as well as therapist compliance with treatment protocols, in treatment and research programs involving alcohol-using populations. Many factors affect compliance, and the authors address a wide range of patient needs.

Relapse Prevention and the Substance-Abusing Criminal Offender [Technical Assistance Publications (TAP) Series 8]. T.G. Gorski, J.M. Kelley, L. Havens, R.H. Peters. Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, U.S. Department of Justice. 1993. NCJ 151603.

This report explains the components of relapse prevention as a part of the drug abuse treatment process. Also, this report suggests many relapse prevention approaches and ideas for creating community linkages among different segments of the system.

Responding to Drug Use and Violence: A Directory and Resource Guide of Public- and Private-Sector Drug Control Grants. CSR Incorporated. Office of National Drug Control Policy, Executive Office of the President. 1998. NCJ 171148.

This guide details available resources for research and technology transfer in all areas, as well as describes the grant-making process and depicts how funds flow from the federal government to recipients. Additionally, the guide provides information on funding from numerous federal departments, the Corporation for National Service, and the Office of National Drug Control Policy. Finally, the guide describes major private foundations that provide financial support to anti-drug programs, as well as procedures for obtaining more information on approaching these foundations for funding.

Substance Abuse Among Older Adults [Treatment Improvement Protocol (TIP) Series 26]. Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. 1998.

This TIP brings together the literature on substance abuse and gerontology to recommend best practices for identifying, screening, assessing, and treating alcohol and prescription drug abuse among people ages 60 and older.

Substance Abuse in Brief: Effective Treatment Saves Money. Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. 1999. NCADI #MS639.

This first issue of the newsletter is dedicated to reporting the advances, benefits, and successes of substance abuse treatment. The document focuses on the various ways that

substance abuse treatment can save money.

Substance Abuse Need for Treatment among Arrestees (SANTA) in Maryland. T.A. Gray, E.D. Wish. Center for Substance Abuse Research, University of Maryland, College Park. May 1998.

The primary objectives of this SANTA study were to measure the extent of alcohol and drug use among the adult arrestee population in Baltimore City and to produce estimates, using standardized clinical criteria, of the need for drug and alcohol treatment services among this population. These estimates, in conjunction with those from other studies and data sources, were used to create statewide estimates of treatment needs in Maryland.

Substance Abuse Treatment and Domestic Violence [Treatment Improvement Protocol (TIP) Series 25]. Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. 1997. NCADI #BKD239.

Designed for treatment providers, this TIP presents an introduction to the field of domestic violence. It offers providers useful information on the role of substance abuse in domestic violence—both among the men who batter and the women who are battered. Useful techniques for detecting and eliciting such information are supplied, along with ways to modify treatment to ensure victims' safety and to stop the cycle of violence in both parties' lives. Legal issues are discussed and a blueprint for a more integrated system of care that would enhance treatment for both problems is provided.

Substance Abuse Treatment Planning Guide and Checklist for Treatment-Based Drug Courts. Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. 1997. NCADI # BKD214.

The guide provides an outline for a team of planners to begin working together to confront barriers and solve problems when planning for or refining a treatment-based drug court. Included are a planning checklist and a chart, making the guide a practical, quick-reference coordinating tool, which also provides summaries of client-oriented treatment for offenders, elements of case management, program evaluation criteria, and more.

Substance Abuse Treatment for Women Offenders: Guide to Promising Practices [Technical Assistance Publications (TAP) Series 23]. Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. 1999. NCADI # BKD310.

This report offers guidelines and ideas for designing promising programs to help addicted women in the criminal justice system. The guide is specifically for state and community-level policymakers who plan and fund substance abuse and corrections programs.

Treatment Accountability for Safer Communities. Bureau of Justice Assistance, Office of Justice Programs, U.S. Department of Justice. November 1995. FS 000044.

Created in 1972 with federal funding authorized under the Drug Abuse and Treatment Act, Treatment Accountability for Safer Communities (TASC) is a program model designed to break the addiction-crime cycle of non-violent, drug-involved offenders by linking the legal sanctions of the criminal justice system with the

therapeutic interventions of drug treatment programs.

Treatment for Addiction: Advancing the Common Good. Treatment and Recovery Policy Panel, *Join Together*, a project of the School of Public Health, Boston University. January 1998.

This report presents recommendations for use in reducing barriers to treatment, making treatment more accessible, and joining health care to services necessary to sustain recovery, including: classifying treatment as a health benefit equal to treatment for other diseases, employing a broad-based national education campaign, expanding research on treatment and addiction, and establishing a coordinated community-wide strategy to reduce alcohol and other drug abuse.

Treatment Drug Courts: Integrating Substance Abuse Treatment With Legal Case Processing [Treatment Improvement Protocol (TIP) Series 23]. Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. 1996. NCJ 179825.

The primary objective of this TIP is to help policy makers and practitioners plan, implement, monitor, and evaluate programs that integrate substance abuse treatment with the pretrial processing of criminal cases. Seven key issues are addressed, including: the key elements of treatment drug courts; program planning; designing, implementing, and evaluating the program; program costs and financing; and legal and ethical issues.

Treatment Improvement Exchange (TIE) Communiqué. Forging Links to Treat the Substance-Abusing Offender. Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. 1993. NCADI # PHD615.

This special issue deals with creating linkages between the criminal justice system and community-based treatment. Topics include: the relation of classification to treatment planning; intermediate sanctions; how to build integrated state systems, link corrections with community resources, and develop relapse prevention approaches; and the needs of women offenders.

Treatment Improvement Exchange (TIE) Communiqué. Managed Care: Meeting the Challenge to Substance Abuse Treatment. Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. 1995. NCADI # PHD692.

Managed care, with its built-in requirements for accountability, offers promise as an incentive for improving substance abuse treatment systems. This special issue covers the managed care debate and proposes ideas about how substance abuse treatment will fare under health care reform. Topics include: “Costs of Untreated Substance Abuse to Society,” an annotated bibliography of managed care materials, and “The Changing Roles of State Alcohol and Drug Agencies in State Health Care Reform.”

Treatment Improvement Exchange (TIE) Communiqué. Monitoring Treatment Outcomes and Managed Care: Promise and Challenge for the AOD Field. Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. 1998. NCADI # PHD767.

This special issue highlights and conveys the particular issues and challenges involved in monitoring and evaluating treatment outcomes for substance abusing clients. This issue gives information about various types of instruments and evaluating factors that will benefit a program’s needs.

Treatment Improvement Exchange (TIE) Communiqué. Substance Abuse Treatment and Welfare Reform. Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. 1998. NCADI # PHD768.

This report identifies the issues inherent in the new federal welfare law which transforms the U.S. Department of Health and Human Services (DHHS) cash welfare programs into a capped block grant to states. It helps clarify the implications for publicly funded substance abuse treatment services. The report also serves as a catalyst to stimulate the development of new ideas, prompt the exchange of information, and promote the sharing of experience.

◆ ***Unraveling “What Works” for Offenders in Substance Abuse Treatment Services.*** F.S. Taxman. National Drug Court Institute. In: National Drug Court Institute Review, Volume II, Issue 2. Winter 1999. NDCI.

This article reviews some of the common misinterpretations and identifies the growing consensus among scholars and practitioners about effective components of treatment interventions for offender populations. The goal is to assist drug courts in employing better treatment practices by unraveling the “black box” of treatment services. It also provides a context for drug courts to assess the treatment interventions and “system-features” used to ensure better offender outcomes in drug court interventions.

White Paper: Effectiveness of Substance Abuse Treatment. Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. 1995. NCADI # BKD188.

The primary goal of this document is to communicate a better understanding of addiction; the multiple benefits of effective, comprehensive treatment services; and the urgent need for more attention to demand

reduction efforts, particularly treatment. The document is a resource for legislators, administrators, their staffs, members of the substance abuse field, and other policymakers.

ADOLESCENT TREATMENT

Adolescent Treatment Approaches. National Institute on Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services. 1991. NCADI # VHS40 (Video).

This videotape emphasizes the importance of pinpointing and addressing individual problem areas, such as sexual abuse, peer pressure, and family involvement in treatment.

American Probation and Parole Association's Drug Testing Guidelines and Practices for Juvenile Probation and Parole Agencies. American Probation and Parole Association. April 1992. NCJ 136450.

These drug testing guidelines were developed expressly for juvenile probation and parole drug testing programs, based partly on the policies and procedures provided by more than 125 state and local probation and parole agencies from 46 states that conduct drug testing.

Approaches in the Treatment of Adolescents with Emotional and Substance Abuse Problems [Technical Assistance Publications (TAP) Series 1]. Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. 1993. NCADI # PHD580.

This TAP, (first in the series) addresses the needs of adolescents with substance abuse problems, and makes practical recommendations on the implementation of effective treatment methods.

Capacity Building for Juvenile Substance Abuse Treatment. Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. 1997. NCJ 167251.

This publication examines innovative methods of early substance abuse identification and intervention at the time when substance-abusing youth enter the juvenile justice system. Capacity building is one such strategy that involves committed interagency collaboration in the development and implementation of services within the unique context and support environment of the community.

Combining Alcohol and Other Drug Abuse Treatment with Diversion for Juveniles in the Justice System [Treatment Improvement Protocol (TIP) Series 21]. Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. 1995. NCADI # BKD169.

This TIP covers the goals of substance abuse treatment-focused diversion program goals, diversion program collaborating, and juvenile diversion to substance abuse treatment planning.

Drug Identification and Testing in the Juvenile Justice System. Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. 1998. NCJ 167889.

This volume reviews the OJJDP-funded projects conducted by the American Correctional Association/Institute for Behavior and Health, Inc., and the American

Probation and Parole Association. These projects investigated innovative and appropriate methods to identify and intervene with substance-abusing youth.

Family Disruption and Delinquency. T.P. Thornberry, C.A. Smith, C. Rivera, D. Huizinga, M. Stouthamer-Loeber. *National Science Foundation. Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. National Institute on Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services. National Institute of Mental Health, National Institutes of Health, U.S. Department of Health and Human Services. 1999. NCJ 178285.*

Participants in three American cities were interviewed at regular intervals for a decade. There was a consistent relationship between the number of family transitions and the level of delinquency and drug use. More information is needed on children who thrive despite changes in family circumstances. Research on the aftermath of conflict and divorce suggests a number of protective factors, including academic and social competence and structured school environments that can promote resilience in children who experience family transitions.

Identifying and Intervening with Drug-Involved Youth: Participant Manual. A.H. Crowe, P.J. Schaefer. *American Probation and Parole Association. June 1992.*

The curriculum provided for juvenile justice professionals in this manual examines young persons and their development, needs, and problems, and looks at the environmental and social context in which children live.

Juvenile Justice Treatment Planning

Chart. *Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. March 1994. NCADI # PHD598.*

The chart illustrates the major decision points in the juvenile justice system where coordinated strategies for alcohol and drug abuse treatment interventions may be applied.

Juvenile Offenders and Drug Treatment: Promising Approaches. *Department of Correctional Training Resource Center, Eastern Kentucky University. Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. 1997. NCJ 168617 (Video).*

This videotape of a satellite teleconference focuses on three programs that involve treatment for juvenile drug abusers and offenders: the Juvenile Drug Court in Pensacola, FL; the Integrated Treatment Network in Denver, CO; and the Bridge Program in Columbia, SC.

Mental Health Disorders and Substance Abuse Problems Among Juveniles. S. Bilchik. *Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. July 1998. FS 9882.*

Research has demonstrated that juvenile delinquents tend to have both mental health disorders and substance abuse problems, and a high percentage of them also have conduct disorders. Both research and experience demonstrate that the services available in the juvenile justice system to alleviate these problems are entirely inadequate. This fact sheet discusses four key steps that government and private organizations can take to help remedy this situation.

Preventing Drug Use Among Children and Adolescents. National Institute on Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services. 1997. NCADI # PHD734.

This publication provides important research-based concepts and information to further efforts to develop and carry out effective drug abuse prevention programs.

Screening and Assessing Adolescents for Substance Use Disorders [Treatment Improvement Protocol (TIP) Series 31]. Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. 1999. NCADI # BKD306.

Substance use can disrupt a young person's ability to meet developmental tasks and impair identity development, a central theme of adolescence. This TIP presents information on identifying, screening, and assessing substance use in adolescents. The TIP focuses on the most current procedures and instruments for detecting substance abuse, conducting comprehensive assessments, and beginning treatment planning.

Substance Abuse Need for Treatment among Arrestees (SANTA) in Maryland: Youth in the Juvenile Justice System. T.A. Gray, E.D. Wish. Center for Substance Abuse Research, University of Maryland, College Park. September 1998.

The primary objectives of this SANTA study were to measure the extent of alcohol and drug use among youth in the juvenile justice population in Maryland and to produce estimates, using standardized clinical criteria, of the need for drug and alcohol treatment services in this population.

Treatment of Adolescents with Substance Use Disorders [Treatment Improvement Protocol (TIP) Series 32]. Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. 1999. NCADI # BKD307.

This TIP presents information on substance use disorder treatment for adolescent clients. Adolescents differ from adults physiologically and emotionally, and require treatment adapted to their needs. In order to treat this population effectively, treatment providers must address the issues that play significant roles in an adolescent's life, such as cognitive, emotional, physical, social, and moral development, and family and peer environment.

Working with Substance Abusing Youths: Knowledge and Skills for Juvenile Probation and Parole Professionals. American Probation and Parole Association. May 1999.

This book provides practical and applicable information and resources for juvenile justice professionals to use in working with youth who abuse alcohol and other drugs. It provides an overview of the problem of substance abuse, explores conceptual issues and consequences of this behavior, and provides specific intervention strategies.

CO-OCCURRING DISORDERS

Assessment and Treatment of Patients with Coexisting Mental Illness and Alcohol and Other Drug Abuse [Treatment Improvement Protocol (TIP) Series 9].
Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. 1995.
NCADI # BKD134.

This volume provides treatment recommendations that are practical and useful for enhancing services to individuals dually diagnosed with mental health and substance abuse problems.

Community Treatment and Supervision Strategies for Offenders with Co-occurring Disorders: What Works? R.H. Peters, H.A. Hills. In: *Strategic Solutions: The ICCA Examines Substance Abuse*, p. 81-136. 2000.

This article addresses treatment and supervision strategies for offenders with co-occurring disorders: the growing population of substance abusers who are under criminal justice supervision and have a range of psychosocial problems that often contribute to their involvement in the justice system. One of the major challenges in designing screening and assessment approaches, treatment interventions, and supervision strategies for offenders with co-occurring disorders is the diversity of the population in terms of both the mental disorders and the drugs of abuse represented. The article discusses these challenges and the models that have been developed to meet them.

Co-occurrence of Delinquency and Other Problem Behaviors. D. Huizinga, R. Loeber, T.P. Thornberry, L. Cothorn. *National Institute on Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services. National Institute of Mental Health, National Institutes of Health, U.S. Department of Health and Human Services. National Science Foundation. Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. November 2000. NCJ 182211.*

This bulletin examines the co-occurrence or overlap of serious delinquency with drug use, problems in school, and mental health problems. Findings to date indicate that preventing delinquency requires accurate identification of both the risk factors and the protective factors involved. Although fewer than half of persistent offenders were persistent drug users, the problem that co-occurred most frequently with persistent serious delinquency was persistent drug use.

Coordination of Alcohol, Drug Abuse, and Mental Health (ADM) Services. [Technical Assistance Publications (TAP) Series 4].
Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. 1993.
NCADI # PHD583.

Fourth in the TAP series, this volume describes the major models and mechanisms available and makes recommendations regarding the process of developing coordination among ADM services.

Dual Diagnosis. *National Institute on Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services. 1993. NCADI # VHS58 (Video).*

This videotape focuses on the problem of mental illness in drug-abusing and drug-addicted populations, and examines various approaches useful for treating dual-

diagnosed clients.

The Efficacy of Therapeutic Community Treatment for Substance Abusers with Co-occurring Antisocial Personality Disorders (APD). N. Messina, E. Wish, S. Nemes. Center for Substance Abuse Research, University of Maryland, College Park. December 1997.

Presented at the American Society of Criminology's (ASC) Annual Conference in San Diego, CA, on November 22, 1997, this study compared the treatment outcomes of 338 substance abusers with and without ADP. Study participants were randomly assigned to two therapeutic community treatment facilities that differed primarily in the length of inpatient treatment.

Mental Health Disorders and Substance Abuse Problems Among Juveniles. S. Bilchik. Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. July 1998. FS 9882.

Research has demonstrated that juvenile delinquents tend to have both mental health disorders and substance abuse problems, and a high percentage of them also have conduct disorders. Both research and experience demonstrate that the services available in the juvenile justice system to alleviate these problems are entirely inadequate. This fact sheet discusses four key steps that government and private organizations can take to help remedy this situation.

Prevalence of DSM-IV Substance Abuse and Dependence Disorders Among Prison Inmates. R.H. Peters, P.E. Greenbaum, J.F. Edens, C.R. Carter, M.A. Ortiz. In: American Journal of Drug and Alcohol Abuse, Volume 24, Number 4. 1998.

This study examined the 30-day and lifetime prevalence of DSM-IV alcohol and drug disorders among state prison inmates.

Lifetime substance abuse or dependence disorders were detected among 74% of inmates, while for the 30 days prior to incarceration, over half of the sample were diagnosed as having substance abuse or dependence disorder problems. The high rates of substance use disorders are consistent with previous findings from other studies conducted in correctional settings, and reflect the need to expand treatment capacity in prisons.

Treatment of Drug-Dependent Individuals With Comorbid Mental Disorders (RM 172). National Institute on Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services. 1997. NCADI # M172.

This publication promotes effective treatment by reporting state-of-the-art treatment research on individuals with comorbid mental and addictive disorders, as well as research on HIV-related issues among people with comorbid conditions.

CORRECTIONAL SETTINGS & THERAPEUTIC COMMUNITIES

✦ ***Assessing Therapeutic Integrity in Modified-Therapeutic Communities for Drug-Involved Offenders [PUBLICATION FORTHCOMING].*** F.S. Taxman, J. Bouffard. In: Prison Journal.

Many recent evaluations have suggested that Therapeutic Community programs (TCs), particularly those programs followed by aftercare treatment, can be effective in reducing drug use and recidivism. The current study developed and implemented a structured observation and interview methodology to more adequately measure therapeutic integrity and thus fill several gaps identified in previous literature.

But They All Come Back: Rethinking Prisoner Reentry. J. Travis. *National Institute of Justice, Office of Justice Programs, U.S. Department of Justice.* May 2000. NCJ 181413.

Under current popular efforts to abolish parole, it has lost its effectiveness as a reentry manager. At the same time, important innovations are occurring that suggest different opportunities and risks for managing reentry in new ways. In the new reentry model proposed, the role of reentry management is assigned to the sentencing judge. At the time of sentencing, the judge would also convene the stakeholders who would be responsible for the offender's reentry. This judge-centered model borrows from the drug-court format.

Continuity of Offender Treatment for Substance Use Disorders from Institution to Community [Treatment Improvement Protocol (TIP) Series 30]. Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. 1998. NCADI # BKD308.

This TIP provides those working in the criminal justice system and in community-based treatment programs with guidelines for ensuring continuity of care for the offender client. The TIP explains how these and other members of a transition team can share records, develop sanctions, and coordinate relapse prevention so that treatment gains made "inside" are not lost. Ancillary services such as housing and employment are discussed, as are treatment guidelines specific to populations such as offenders with mental illness, long-term medical conditions, and sex offenders.

Drug Use, Testing, and Treatment in Local Jails. D.J. Wilson. *Bureau of Justice Statistics, Office of Justice Programs, U.S. Department of Justice.* May 2000. NCJ 179999.

Data in this report include the number of jurisdictions conducting drug tests on jail inmates and staff, the criteria for testing, the percent of positive tests for jail inmates, policies and actions taken in response to positive tests, and the type of treatment programs available. The report summarizes the characteristics of drug-involved jail inmates, including drug use history, criminal history, and participation in treatment.

Effectiveness of Treatment for Drug Abusers Under Criminal Justice Supervision. D.S. Lipton. *National Institute of Justice, Office of Justice Programs, U.S. Department of Justice.* November 1995. NCJ 157642.

This report interweaves a number of themes related to the relationship between drugs and crime, the current overcrowded situation in correctional facilities, and state-of-the-art treatment approaches used with substance-abusing offenders who are in custody.

Evaluation of Drug Treatment in Local Corrections. S. Tunis, J. Austin, M. Morris, P. Hardyman, M. Bolyard. *National Council on Crime and Delinquency. National Institute of Justice, Office of Justice Programs, U.S. Department of Justice.* 1996. NCJ 159313.

This report provides detailed and systematic descriptions of participants and program components for five drug treatment programs under the jurisdiction of local corrections departments. Evaluation information addresses program completion rates and 12-month post-release outcomes (recidivism) for program participants compared to matched controls.

✦ ***Measuring and Calibrating Theoretical Integration in Drug Treatment Programs*** [PUBLICATION FORTHCOMING]. F.S. Taxman, S. Simpson, N. Piquero. In: *Journal of Criminal Justice*.

This paper reports the results of a survey of 149 correctional and treatment staff working in substance abuse treatment programs. The results indicate that practitioners, like researchers, affirm the importance of programs that are theoretically sound. However, within the correctional and treatment facilities, the various programs proved inconsistent in their theoretical assumptions.

Outcome Study: Comparison of Short-term Versus Long-term Treatment in a Residential Community. V.C. Charuvastra, I.D. Dalali, M. Cassuci, W. Ling. In: *International Journal of the Addictions*, Volume 27. 1992.

This article compares the results of a 1985 6-month follow-up study of all patients discharged from a residential treatment center (RTC), with those obtained in 1973 in a similar follow-up study. Length of stay at RTC had been reduced from 1 year in 1973 to 3 months in 1985. Six months after discharge, the longer length of stay in 1973 appears to be almost twice as effective as the 3-month program in 1985.

Predictors of Treatment Outcomes in Men and Women Admitted to a Therapeutic Community. N. Messina, E. Wish, S. Nemes. *Center for Substance Abuse Research, University of Maryland, College Park. December 1998.*

This study compared factors that predict treatment outcomes in men and women randomly assigned to two therapeutic communities that differed primarily in length of inpatient and outpatient treatment.

Relationship Between Time Spent in Treatment and Client Outcomes from Therapeutic Communities. W.S. Condelli, R.L. Hubbard. In: *Journal of Substance Abuse Treatment*, Volume 11. January-February 1994.

Research found that therapeutic communities and other types of residential programs are effective in reducing drug use, unemployment, and criminal behavior, and that length of time spent in treatment is an important predictor of client outcomes from programs. The results indicate that there is a stronger relationship between time spent in treatment and client outcomes from therapeutic communities than was suggested in earlier analysis of TOPS data.

Relationship Between Treatment Length and Outcome in a Therapeutic Community. J.L. Bleiberg, P. Devlin, J. Croan, R. Briscoe. In: *International Journal of the Addictions*, Volume 49. 1994.

This article examines the association between treatment length and treatment outcome among drug users treated in a therapeutic community. Twenty-two subjects who received treatment for 6 months' and 22 who received treatment for 1 month were compared. The 6-month group had more subjects with successful outcomes. These results support previous studies associating longer treatment programs with better outcomes.

Substance Abuse Treatment in U.S. Prisons. R.H. Peters, M.L. Steinberg. In *Drugs and Prisons*, D. Shewan and J. Davies, Eds. London: Harwood Academic Publishers. 2000.

This article chronicles the factors that have contributed to the rapid rise in the U.S. prison population, including the relationship between drugs and crime, the prevalence of substance abuse disorders, and legislative changes affecting parole and early release. The article addresses the history of substance

abuse treatment in prisons, details specific new substance abuse treatment programs designed to tackle the problem, and discusses the effectiveness of those programs.

Therapeutic Communities in Correctional Settings: the Prison Based TC Standards Development Project: Final Report of Phase II. *The Criminal Justice Committee of Therapeutic Communities of America. Office of National Drug Control Policy, Executive Office of the President. December 1999. NCJ 179365.*

This report discusses the findings of Phase II of the Therapeutic Community (TC) Standards Development Project, and provides a draft of the *Revised Prison TC Standards*. The goal of the project is to develop minimum standards for operating modified TC programs in prison settings, capitalizing on the success of early TC prison models in reducing both recidivism and relapse.

✦ ***Women in Jail: Is Substance Abuse Treatment Enough?*** *S.A. Alemagno. In: American Journal of Public Health, Volume 91, Number 5, p. 798-800. May 2001.*

This study examined the self-reported needs of women in jail who indicated a need for drug abuse services. The study found that drug abusing women were more likely to report a need for housing, mental health counseling, education, job training, medical care, family support, and parenting assistance upon release. The study concludes that providing drug abuse treatment referrals to women in jail may not break the continual cycle of drug use and incarceration if other needs cannot be addressed.

DRUG TESTING, SCREENING & ASSESSMENT

American Probation and Parole Association's Drug Testing Guidelines and Practices for Adult Probation and Parole Agencies. *American Probation and Parole Association. July 1991. NCJ 129199.*

These guidelines reflect current information on how to use urinalysis in drug testing for offender management in a community-corrections setting.

American Probation and Parole Association's Drug Testing Guidelines and Practices for Juvenile Probation and Parole Agencies. *American Probation and Parole Association. April 1992. NCJ 136450.*

These drug testing guidelines were developed expressly for juvenile probation and parole drug testing programs, based partly on the policies and procedures provided by more than 125 state and local probation and parole agencies from 46 states that conduct drug testing.

Assessing Alcohol, Drug, and Mental Disorders in Juvenile Detainees. *L.A. Teplin. Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. January 2001. NCJ 186367, or FS 200102.*

This fact sheet reviews preliminary data that suggest, nationwide, more than 670,00 youth processed in the juvenile justice system meet diagnostic criteria for one or more alcohol, drug, and mental (ADM) disorders, requiring treatment. Without effective treatment, many youth will continue to engage in behaviors that endanger themselves and their communities, and go on to become part of the adult criminal justice system.

A Comparison of Saliva Testing to Urinalysis in an Arrestee Population. G.S. Yacoubian, E.D. Wish, D.M. Pérez. In: *Journal of Psychoactive Drugs, Volume 33, Issue 3, p. 289-294. September 2001. NCJ 192565.*

Urine and saliva specimens were collected from 114 adult arrestees interviewed as part of Maryland's Substance Abuse Need for Treatment among Arrestees (SANTA) project. With urinalysis as the reference standard, analysis of the saliva results indicated sensitivity of 100% and specificity of 99% for cocaine and sensitivity of 88% and specificity of 100% for heroin. For marijuana, however, the saliva results indicated a sensitivity of only 5%.

Developing a Policy for Controlled Substance Testing of Juveniles. A.H. Crowe, L. Sydney. *American Probation and Parole Association. Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. May 2000. NCJ 178896.*

Substance testing can identify youth who need treatment and other interventions; deter the use of alcohol and other drugs; screen for substances that may lead to health and safety problems; and assist agency staff in making appropriate case plans and supervising and monitoring compliance with court orders or program rules. This bulletin identifies the major indicators of the need for substance testing and documents the extent of substance use by juveniles, as well as the consequences of substance abuse.

Drug Courts & On-Site Drug Testing. D. Evans, Esq. *Roche Diagnostics. August 1996.*

Drug courts are described as an effective method of reducing crime and costs in the criminal justice system. On-site drug testing is an effective case management tool for drug court team members, and is a technology that protects public safety and

helps to restore offenders to a drug-free and crime-free life.

Drug Identification and Testing in the Juvenile Justice System. *Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. 1998. NCJ 167889.*

This volume reviews OJJDP-funded projects conducted by the American Correctional Association for Behavior and Health, Inc., and the American Probation and Parole Association. These projects investigated innovative and appropriate methods to identify and intervene with substance-abusing youth.

✦ ***Drug Testing in Criminal Justice Settings.*** A.V. Harrell, M. Kleiman. In: *Clinical and Policy Responses to Drug Offenders, C. Leukefeld and F. Tims, Eds. Springer Publishing Company. 2001.*

Judges, prosecutors, police, and corrections officers are willing to use the authority of the justice system to encourage abstinence (or at least reduced drug use frequency) and treatment for offenders. Drug testing, alone or in combination with treatment, offers several advantages over other options for increasing offender accountability and managing offender behavior.

Drug Testing in a Drug Court Environment: Common Issues to Address. *American University Drug Court Clearinghouse and Technical Assistance Project. Drug Courts Program Office, Office of Justice Programs, U.S. Department of Justice. May 2000. NCJ 181103.*

This publication provides an overview to lay persons regarding critical issues in developing and maintaining drug testing capabilities for drug court programs. Drug testing methodologies, technologies, and procedures, as well as critical components of drug court testing programs, are discussed.

This publication is intended to assist drug court officials in working with forensic experts in the design and operation of the drug testing component for their drug court programs.

Guidelines for Drug Courts on Screening and Assessment. R.H. Peters, E. Peyton. Drug Courts Program Office, Office of Justice Programs, U.S. Department of Justice. May 1998. NCJ 171143.

This document contains guidelines to help drug courts develop effective policies, procedures, and techniques for screening and assessing treatment needs of drug court participants.

Hair Analysis as a Drug Detector. T. Mieczkowski. National Institute of Justice, Office of Justice Programs, U.S. Department of Justice. October 1995. NCJ 156434.

An NIJ-sponsored study of the viability and effectiveness of testing hair samples for drug use among probationers is discussed. This study was conducted with the assistance of correctional officers from divisions of the Florida Department of Corrections Probation Field Services.

The Impact of Systemwide Drug Testing in Multnomah County, Oregon. National Institute of Justice, Office of Justice Programs, U.S. Department of Justice. 1994. NCJ 171617.

To learn more about the effects of drug testing programs on criminal activity and compliance with court orders, and to understand how such programs could effectively operate, the National Institute of Justice sponsored a process and impact evaluation of an 18-month demonstration Drug Testing and Evaluation (DTE) program in Multnomah County, OR.

Pretrial Urine Testing: Implications for Drug Courts From a Decade's Positive Experience. J.A. Carver. In: On Balance, p. 2-3. Spring 1996. ACCN: 167033.

The District of Columbia's drug court system has been operating successfully for several years; its experience suggests that the approach of regular drug testing, immediate sanctions, strong case management, and the personal involvement of the judge is effective in the short run.

Screening and Assessing Adolescents for Substance Use Disorders [Treatment Improvement Protocol (TIP) Series 31]. Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. 1999. NCADI #BKD306.

Substance use can disrupt a young person's ability to meet developmental tasks and impair identity development, a central theme of adolescence. This TIP presents information on identifying, screening, and assessing substance use in adolescents. The TIP focuses on the most current procedures and instruments for detecting substance abuse among adolescents, conducting comprehensive assessments, and beginning treatment planning.

Screening and Assessment for Alcohol and Other Drug Abuse Among Adults in the Criminal Justice System [Treatment Improvement Protocol (TIP) Series 7]. J.A. Inciardi. Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. 1994. NCJ 155297.

Intended for use by criminal justice and drug treatment personnel, this document presents practical screening, assessment, and treatment planning procedures that can help improve care and treatment outcomes for criminal offenders with alcohol or drug

abuse problems.

Ten Steps for Implementing a Program of Controlled Substance Testing of Juveniles. A.H. Crowe, L. Sydney. *American Probation and Parole Association. Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. May 2000. NCJ 178897.*

Intended as a companion to *Developing a Policy for Controlled Substance Testing of Juveniles* (NCJ 178896), this bulletin presents a detailed discussion of a ten step process for developing and implementing a substance-testing program for juveniles. Although the steps are presented independently, in practice they are likely to overlap, with final determinations about policies and procedures in one area contingent on decisions made at other points during the process.

PHARMACOLOGICAL THERAPY

◆ **Buprenorphine in the Treatment of Opioid Addiction.** A.G. Barthwell. *Drug Court Practitioner Fact Sheet, Volume I, Number 2. National Drug Court Institute. June 1999. NDCI.*

This fact sheet assesses buprenorphine and buprenorphine-based products, newly developed maintenance drugs that offer an effective new tool for the treatment of opiate addiction. Buprenorphine-based products, particularly when combined with naloxone, suppress heroin withdrawal and heroin craving, lower the risk of HIV/AIDS, and reduce the chance for overdose.

LAAM: Another Option for Maintenance Treatment of Opiate Addiction. *National Institute on Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services. 1995. NCADI # VHS73 (Video).*

This videotape shows how levo-alpha-acetyl-methadol (LAAM) can be used to meet the opiate treatment needs of individual clients from the provider and patient perspectives. The discussion compares and contrasts LAAM with methadone.

LAAM in the Treatment of Opiate Addiction [Treatment Improvement Protocol (TIP) Series 22]. *Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. 1995. NCADI # BKD170.*

Levo-alpha-acetyl-methadol (LAAM) is an opioid agonist medication approved for use by the Food and Drug Administration in 1993. This TIP describes the medication itself, its modes of action, possible side effects, and interactions with other medications. Separate chapters describe treatment planning, program administration, and regulatory and ethical issues.

Matching Treatment to Patient Needs in Opioid Substitution Therapy [Treatment Improvement Protocol (TIP) Series 20]. *Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. 1995. NCADI # BKD168.*

Persons with addictions to opioids often need a broad range of services in addition to opioid substitution therapy. Research has shown that providing these services as part of the therapy program greatly increases retention in treatment and improves outcomes. This TIP offers guidelines to providers who deliver quality treatment to

opiate-addicted persons.

Methadone Maintenance vs. 180-Day Psychosocially Enriched Detoxification for Treatment of Opioid Dependence: A Randomized Controlled Trial. K.L. Sees, K.L. Delucchi, C. Masson, A. Rosen, H.W. Clark, H. Robillard, P. Banys, S.M. Hall. In: *Journal of the American Medical Association, Volume 283, Number 10. March 8, 2000.*

Despite evidence that methadone maintenance treatment (MMT) is effective for opioid dependence, it remains a controversial therapy. This randomized controlled trial compared outcomes of patients treated with MMT vs. those of patients treated with psychosocially enriched 180-day methadone-assisted detoxification. Among the study's findings, MMT resulted in greater treatment retention and lower heroin use rates than did detoxification. The authors conclude that MMT is useful in reducing heroin use and HIV risk factors.

Naltrexone and Alcoholism Treatment [Treatment Improvement Protocol (TIP) Series 28]. Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. 1998. NCADI # BKD268.

Naltrexone therapy, in combination with psychosocial programs, can improve alcoholism treatment outcomes. In many patients, naltrexone reduces the urge to drink, giving the patient the opportunity to learn to stay sober without it. This TIP will help clinicians and treatment providers use naltrexone safely and effectively to enhance patient care and improve outcomes.

SUBSTANCE ABUSE

Assessing Drug Abuse Within and Across Communities. National Institute on Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services. 1998. NCADI # BKD256.

This volume helps communities understand their local drug abuse problems and develop drug abuse epidemiologic surveillance systems to assess local drug patterns and trends. The volume is based on the work of NIDA's Community Epidemiology Work Group (CEWG).

Behind Bars: Substance Abuse and America's Prison Population. National Center on Addiction and Substance Abuse at Columbia University. January 1998.

This report assesses the relationship between drug and alcohol abuse, addiction, and America's prison population. The report also discusses the implications of that relationship for public safety, state and federal criminal justice, public health and social services policies, taxpayer dollars, and the nation's economy.

Combating Underage Drinking: A Compendium of Resources. Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. 1998. NCJ 168963.

This publication provides an overview of the problem of underage drinking, including the extent of the problem, national statistics, examples of other approaches, and information on OJJDP's role and initiatives. A resource section includes information for federal, state, and local agencies and national and private organizations, a listing of state substance abuse agencies and Governors'

highway safety representatives, and an annotated bibliography.

Drug Abuse and the Brain. National Institute on Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services. 1993. NCADI # VHS57 (Video).

This videotape is intended primarily for drug abuse counselors, and it provides a detailed look at the biological basis of drug addiction. This video shows how the brain's reward system operates and how drug abuse can cause fundamental changes in how the brain works.

Drug Addiction: The Struggle. U.S. Information Agency. In: Global Issues, Volume 2, Number 3. June 1997.

This electronic journal presents articles, reports, and commentary on substance abuse by people involved in leading the substance abuse prevention and treatment fields.

Available only on-line:
<http://www.usia.gov/journals/itgic/0697/ijge/ijge0697.htm>.

Drugs & Crime Data: Methamphetamine: Facts and Figures. C. Byrne. Drugs & Crime Clearinghouse, Office of National Drug Control Policy, Executive Office of the President. January 1997.

This information packet includes excerpts from selected federal government publications that contain information on methamphetamine. These data include prevalence of methamphetamine use, production estimates, laboratory seizures, and trafficking and distribution patterns.

Drugs in the Heartland: Methamphetamine Use in Rural Nebraska. D.C. Herz. National Institute of Justice, Office of Justice Programs, U.S. Department of Justice. April 2000. NCJ 180986.

The use of methamphetamine, which migrated from the West Coast to the Midwest, is also being detected in rural areas of Nebraska. To determine whether methamphetamine was also penetrating rural Nebraska, the Arrestee Drug Abuse Monitoring (ADAM) program measured use patterns in four rural counties, and the findings were compared with patterns in Omaha. The rural counties largely resembled the city in the use of methamphetamine and the characteristics of users; however, criminality was greater in the rural areas. Arrestees in the rural areas were just as likely as those in the city to manufacture methamphetamine, but were more likely to be involved in selling it.

Fixing a Failing System: National Policy Recommendations: How the Criminal Justice System Should Work with Communities to Reduce Substance Abuse. Criminal Justice Public Policy Panel, Join Together, a project of the School of Public Health, Boston University. February 1996.

This report presents analysis and recommendations from a panel of criminal justice experts regarding ways police, prosecutors, courts, and corrections agencies can work more effectively with communities to stop alcohol and drug abuse.

Gamma Hydroxybutyrate (GHB). L. Feldman. Office of National Drug Control Policy, Executive Office of the President. 1998. NCJ 172867.

This fact sheet discusses the drug gamma hydroxybutyrate (GHB) in terms of its use and effects, marketing and sales, statistics on overdose episodes reported by hospital emergency rooms, legal status, and legal scheduling. GHB is a strong and fast-acting

central nervous system depressant, first synthesized in the 1960s. GHB was once sold in health food stores as a performance-enhancing additive. GHB is currently created mainly in clandestine laboratories with no guarantee of quality of purity, making its effects less predictable and increasingly difficult to diagnose.

Heroin: Abuse and Addiction [Research Report Series]. National Institute on Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services. 1997. NCADI # PHD742.

This volume provides science-based information on the prevalence of heroin abuse, methods of use, short- and long-term effects of heroin abuse, and medical complications of chronic abuse. It describes effective treatment for heroin addiction and lists resources for more information.

How Do We Know We Are Making a Difference? A Community Substance Abuse Indicators Handbook. Join Together. 1997.

This manual is intended as a guide to assist community coalitions and other groups addressing drug abuse to develop indicators that describe the scope and nature of local drug abuse problems, and to use indicator data as one strategy to combat drug abuse.

Inhalant Abuse: Its Dangers are Nothing to Sniff at [Research Report Series]. National Institute on Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services. 1994. NCADI # PHD675.

Based upon recent research on the use and prevalence of inhalants, this research report presents information on the types of inhalants, the consequences of use, who is using inhalants, and where to get help.

Inhalants. L. Feldman. Office of National Drug Control Policy, Executive Office of the President. 1998. NCJ 173411.

This fact sheet discusses inhalants with respect to their use, routes of administration, effects, and legislation. The term inhalants refers to more than 1,000 different household and commercial products that can be intentionally abused by sniffing or hugging for an intoxicating effect. The effects of inhalant use resemble alcohol inebriation. Inhalant abuse is linked with school problems such as failing grades, memory loss, learning problems, chronic absences, and general apathy. Inhalant users also tend to be disruptive, deviant, or delinquent as a result of the early onset of use, the user's lack of physical and emotional maturation, and the physical consequences that occur from extended use.

The Interrelationship Between the Use of Alcohol and Other Drugs: Summary Overview for Drug Court Practitioners. American University Drug Court Clearinghouse and Technical Assistance Project. Drug Courts Program Office, Office of Justice Programs, U.S. Department of Justice. 1999. NCJ 178940.

This publication addresses the underlying physiological, sociological, and psychological foundations for prohibiting persons addicted to controlled substances from using alcohol. As part of the *Issues Paper Series*, this summary provides drug court practitioners with background and overview information on the interactions of alcohol with other drugs and the effects of alcohol on the system of individuals who have been using controlled substances, even if they are currently abstinent.

MDMA (Ecstasy). G. Schmidt. Office of National Drug Control Policy, Executive Office of the President. July 2000. NCJ 181141.

This paper summarizes information on the

effects, prevalence estimates, trafficking, and production of the designer drug MDMA (methylenedioxymethamphetamine), or “ecstasy,” as well as legislation and law enforcement efforts to control the drug. MDMA is predominantly a “club drug,” with psychedelic effects including confusion, depression, anxiety, sleeplessness, drug craving, and paranoia. Adverse physical effects include muscle tension, involuntary teeth clenching, nausea, blurred vision, feeling faint, tremors, rapid eye movement, and sweating or chills.

Meth Matters: Report on Methamphetamine Users in Five Western Cities. S. Pennell, J. Ellett, C. Rienick, J. Grimes. *Criminal Justice Research Unit, San Diego (CA) Association of Governments. National Institute of Justice, Office of Justice Programs, U.S. Department of Justice. 1999. NCJ 176331.*

Data from methamphetamine users interviewed in the Arrestee Drug Abuse Monitoring (ADAM) program between October 1996 and September 1997 were used to document methamphetamine use and its consequences among arrestees in Los Angeles, San Diego, and San Jose, CA; Phoenix, AZ; and Portland, OR. A majority of methamphetamine users were white, one-third of adult users were female, and the average age of users was 30. Findings suggested that the production and use patterns of methamphetamine differ from those of other illegal drugs, having policy implications for prevention, intervention, and control strategies.

Methamphetamine. G. Schmidt. *Drug Policy Information Clearinghouse, Office of National Drug Control Policy, Executive Office of the President. May 1999. NCJ 175677.*

Methamphetamine, a powerful stimulant affecting the central nervous system, produces increases in energy and alertness and a decrease in appetite. An intense rush is

felt almost instantaneously when it is smoked or injected. These effects result from the release of high levels of dopamine into the section of the brain that controls the feeling of pleasure. Side effects include convulsions, dangerously high body temperature, stroke, cardiac arrhythmia, stomach cramps, and shaking.

Methamphetamine Abuse and Addiction [Research Report Series]. *National Institute on Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services. 1998. NCADI # PHD756.* This publication includes a description of this potent psychostimulant, the drug’s effects, the scope of methamphetamine abuse in the United States, how the drug is used, how the drug differs from other stimulants such as cocaine, medical complications of methamphetamine abuse, and effective treatments.

✦ ***Methamphetamine Abuse: Issues for Special Populations.*** T.E. Freese, J. Obert, A. Dickow, J. Cohen, R.H. Lord. In: *Journal of Psychoactive Drugs, Volume 32, Issue 2, p. 177-182. Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. April-June 2000. NCJ 185379.*

The incidence of methamphetamine abuse has recently risen to epidemic levels in some regions and among particular sub-groups of the population. This article discusses the Center for Substance Abuse Treatment’s multi-site Methamphetamine Treatment Program (MTP), established to compare the Matrix model treatment program to existing treatments at seven community-based clinics in California, Hawaii, and Montana.

No Place to Hide: Substance Abuse in Mid-Size Cities and Rural America. *The National Center on Addiction and Substance Abuse at Columbia University. January 2000.*

This white paper concludes that there is no place to hide from the problem of substance abuse and addiction. The document's findings note that the rate of drug, alcohol, and nicotine use among young teens in rural America is now higher than in the nation's large urban centers, and the rates of adult drug, alcohol, and nicotine use are about the same in rural towns and mid-size cities as in large urban centers.

Overview of Club Drugs. *Drug Enforcement Administration, U.S. Department of Justice. 2000. NCJ 182890, or DEA 20005.*

This report describes the nature, effects, sources, and use of illicit drugs called "club drugs," including MDMA (ecstasy), Ketamine, GHB, GBL, Rohypnol, LSD, PCP, methamphetamine, and, to a lesser extent, cocaine and psilocybin mushrooms. These drugs are most commonly encountered at nightclubs and raves. Dangers associated with this emerging drug market include significant variance in drug quality, as well as a lack of knowledge of what drug was ingested, complicating the task of emergency response personnel.

Psychopharmacology: Basics for Counselors. *G.L. Little. Advanced Training Associates. 1997.*

This text for addictions counselors, counselors in training, and those who require a basic understanding of how drugs work in the brain, explains the basics in an easy-to-read and easy-to-understand style. Topic areas covered include: the basic history of all major drug categories, drug abuse and addiction levels, behavioral effects and side effects, tolerance and dependence, mechanism of action, pharmacological interventions, and genetic predispositions.

Available by contacting Advanced Training Associates, P.O. Box 9025, Memphis, TN 38190.

Rohypnol. *J. Schmidlein. Office of National Drug Control Policy, Executive Office of the President. 1998. NCJ 161843.*

This fact sheet provides information on the nature, effects, legal status, availability, and use of the benzodiazepine drug Rohypnol. Rohypnol is the trade name for flunitrazepam. The drug is legally manufactured outside the United States and is available by prescription in the short-term treatment of severe sleep disorders. It is the most widely prescribed sedative in Europe.

Street Terms: Drugs and the Drug Trade. *Office of National Drug Control Policy, Executive Office of the President. 1998. NCJ 157020.*

This document presents more than 2,300 street terms that refer to specific drug types or drug activity; the list is intended to aid law enforcement personnel, public health professionals, and other criminal justice professionals who work with the drug issue. The list is organized three ways: alphabetically, by drug type, and by topic. All terms are cross-referenced where possible. All known meanings and spellings are included.

Substance Use in Popular Movies & Music. *D.F. Roberts, L. Henriksen, P.G. Christianson. Office of National Drug Control Policy, Executive office of the President. Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. April 1999. NCJ 176359.*

This study examines the frequency and nature of tobacco use, alcohol use, and illicit drug use as depicted in the 200 most popular movie rentals and 1,000 of the most popular songs from 1996 and 1997 to determine the accuracy of public perceptions about the extensive drug use in media popular among youth.

What America's Users Spend on Illegal Drugs, 1988-1995. W. Rhodes, S. Landenbahn, R. Kling, P. Scheiman. Abt Associates, Inc. Office of National Drug Control Policy, Executive Office of the President. 1997. NCJ 167890.

Two methodologies were used to estimate the amount and retail sales value of cocaine, heroin, marijuana, and other illegal drugs consumed by U.S. residents from 1988 through 1995. The consumption approach estimated the number of drug users, how much they spent on drugs, and the amount of drugs they consumed. The supply approach estimated the volume of drugs available for consumption. Results indicated that people in the United States spent \$57 billion on these drugs in 1995, including \$38 billion on cocaine, \$10 billion on heroin, \$7 billion on marijuana, and \$3 billion on other illegal drugs and legal drugs used illicitly.

SUBSTANCE ABUSE PREVENTION

Community Readiness for Drug Abuse Prevention: Issues, Tips and Tools. Abt Associates, Inc. National Institute on Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services. 1997. NCJ 176131.

This manual defines community readiness and provides a rationale for assessing a community's readiness prior to the planning or implementation of substance abuse prevention activities. It then identifies seven factors for assessing a community's readiness, and offers strategies for increasing readiness factors found to be deficient.

Drug Abuse Prevention and Community Readiness: Training Facilitator's Manual. Abt Associates, Inc. National Institute on Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services. 1997. NCJ 176132, or NIH # 97-4112.

This manual describes a 9-hour modular training curriculum and provides prevention practitioners and community members the skills necessary to assess and increase the community's readiness to launch a prevention effort. The curriculum includes talking points for lectures, instructions for conducting discussions and exercises, and overheads and handouts.

Drug Abuse Prevention for At-Risk Groups. National Institute on Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services. May 1997. NCADI # BKD201.

This resource manual discusses the history and key features of selective prevention programs. For example, the publication describes the Strengthening Families Program – a family-focused program aimed at children ages 6 to 10 whose parents are substance abusers.

Drug Abuse Prevention for At-Risk Individuals. National Institute on Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services. May 1997. NCADI # BKD202.

This resource manual discusses the history and key features of various prevention programs, such as Reconnecting Youth – a school-based program targeting 9th- through 12th-grade students who are at risk for substance abuse, school failure, social problems, delinquency, antisocial behaviors, or psychological problems.

Drug Abuse Prevention for the General Population. *Abt Associates, Inc. National Institute on Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services. 1997. NCJ 169287.*

This resource manual discusses the history and central features of universal drug prevention programs and describes in detail the Project STAR Program, a community-wide prevention program designed to teach adolescents the skills necessary to counteract the psychosocial influences that increase the likelihood of drug abuse.

Drug Abuse Prevention: What Works. *Abt Associates, Inc. National Institute on Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services. 1997. NCJ 176130, or NIH # 97-4110.*

This handbook attempts to define drug abuse prevention in ways that are useful for developing prevention initiatives, gives an overview of concepts and models in drug abuse prevention, and provides empirically based information to demonstrate that drug abuse prevention works. It also provides working examples of effective prevention programs for practitioners who may be considering one or more of the prevention models described.

Keeping Youth Drug-Free: A Guide for Parents, Grandparents, Elders, Mentors, and Other Caregivers. *Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. 1996. NCJ 162250.*

This booklet presents guidelines for use by parents, grandparents, foster parents, youth leaders, coaches, and others in helping prevent youth use of alcohol, tobacco, or illicit drugs. The text is directed primarily to the parents or guardians of youths ages 9-13, but the material and exercises can also be used for different age groups. The booklet is divided into five sections, based on the five reasons that young people give for using

marijuana, alcohol, and tobacco. These are to feel grown up, to fit in, to relax and feel better, to take risks, and to satisfy curiosity.

National Youth Anti-Drug Media Campaign Communication Strategy

Statement. *P. Novelli. Office of National Drug Control Policy, Executive Office of the President. 1998. NCJ 171694.*

This document outlines the strategic basis for the National Youth Anti-Drug Media Campaign, a multi-faceted primary prevention media campaign. Although the communication strategy will evolve over time as a result of campaign monitoring and evaluation, this document provides the framework and starting point based on ONDCP's extensive campaign planning process. The key principles of the strategy are a universal approach, a focus on primary prevention, a reduction in demand, a targeting of illicit drugs of first use, a response to local conditions, and the promotion of effective parenting strategies.

Prevention Primer: An Encyclopedia of Alcohol, Tobacco, and Other Drug

Prevention Terms. *Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. 1994. NCADI #PHD627.*

The frequently used/discussed concepts of prevention are presented alphabetically with a concise description for each topic. Readers/users of this *Primer* find it useful in numerous ways—as a “clip” file for preparing flyers or drop-in pieces for newsletters, as a handy reference when writing proposals, to introduce key “influentials” to the concepts of prevention, or to help build relationships with favorite media contacts.

Promising Practices and Strategies to Reduce Alcohol and Substance Abuse Among American Indians and Alaska Natives. A.P. Melton, M. Chino, P.A. May, and J.P. Gossage. *Office of Justice Programs, U.S. Department of Justice.* 2000. NCJ 183930.

The programs described in this publication represent policy initiatives designed to reduce alcohol abuse by Native Americans and Alaska Natives and to increase community safety. They are of three types: efforts to control the availability of alcohol within a tribal jurisdiction; educational and treatment efforts; and efforts to reduce social and environmental factors that increase the risk of harm to the individual and the community. The programs specifically focus on drug courts, alcohol legislation and taxation, safe communities, youth services, and treatment and recovery.

Promising Strategies to Reduce Substance Abuse. *Drug Strategies. Office of Justice Programs, U.S. Department of Justice.* September 2000. NCJ 183152.

This assessment of the most effective strategies used nationwide to reduce illicit drug and alcohol abuse and related crimes is intended to serve as a guide to communities. Programs were selected to represent urban, suburban, and rural communities, and for each the report provides core information and examples vital to community replication, in four categories: program description, challenges, costs, and program results.

Relapse Prevention and the Substance-Abusing Criminal Offender [Technical Assistance Publications (TAP) Series 8]. T.G. Gorski, J.M. Kelley, L. Havens, R.H. Peters. *Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, U.S. Department of Justice.* 1993. NCJ 151603.

This report explains the components of relapse prevention as a part of the drug abuse treatment process. Also, this report suggests many relapse prevention approaches and ideas for creating community linkages among different segments of the system.

APPENDIX

ORGANIZATIONAL LISTINGS

Abt Associates, Inc.

55 Wheeler Street
Cambridge MA 02138-1168
Tel: 617-492-7100
E-mail: webmaster@abtassoc.com
<http://www.abtassoc.com/>

Abt Associates, Inc. has achieved an international reputation for using research-based approaches to help solve social and business problems and guide government policy decisions. To governmental clients, it provides program evaluation, policy analysis, technical assistance, and program operation services.

Alcoholics Anonymous World Services (AA)

475 Riverside Drive, 11th Floor
New York, NY 10115
Tel: 212-870-3400
Fax: 212-870-3003
<http://www.aa.org>

Mailing Address:

P.O. Box 459
Grand Central Station
New York, NY 10163

Alcoholics Anonymous (AA) is a worldwide fellowship of sober alcoholics. Started in 1935, the AA movement is the world's oldest and largest of its type, with over 2 million members and 100,000 groups worldwide. The only requirement for AA membership is a desire to stop drinking. The AA recovery program is based on Twelve Steps. There are no dues or fees; AA is supported by voluntary contributions of its members and groups, neither seeking nor accepting outside funding. Members observe personal anonymity at the public level.

American Bar Association (ABA) Criminal Justice Section

740 15th Street, NW
Washington, DC 20005-1009
Tel: 202-662-1500
Fax: 202-662-1501
E-mail: crimjustice@abanet.org
<http://www.abanet.org/>

The ABA's Criminal Justice Section now has more than 9,000 members, including prosecutors, private defense lawyers, law professors, public defenders, appellate and trial judges, law students, correctional and law enforcement personnel, and other criminal justice professionals. With its unique interdisciplinary membership, the Section takes primary responsibility for the ABA's work on solutions to issues involving crime, criminal law, and the administration of criminal and juvenile justice.

To order ABA publications, please contact either the Criminal Justice Section, or: Publications, Planning and Marketing American Bar Association 750 North Lake Shore Drive Chicago, IL 60611.

American Correctional Association (ACA)

4380 Forbes Boulevard
Lanham, MD 20706-4322
Tel: 301- 918-1800 or 1-800-222-5646
<http://www.corrections.com/aca>

ACA is the oldest association developed specifically for practitioners in the correctional profession. It provides training through workshops and technical assistance, and also provides information to the correctional field through journals and other publications.

**American Indian and Alaska Native
(AI/AN) Affairs Desk**

810 7th Street, NW
Room 5400
Washington, DC 20531
Tel: 202-307-0703
www.ojp.usdoj.gov/americanative

AI/AN Affairs Desk has been established in the Office of Justice Programs (OJP) in the U.S. Department of Justice (DOJ) to enhance access to information by federally recognized American Indian and Alaska Native tribes regarding funding opportunities, training and technical assistance, and other relevant information.

**American Methadone Treatment
Association, Inc. (AMTA)**

217 Broadway, Suite 304
New York, NY 10007
Tel: 212-566-5555
Fax: 212-349-2944
E-mail: methworks@talley.com
<http://www.americanmethadone.org>

AMTA was created to better coordinate the efforts of methadone treatment providers throughout the United States. It also promotes the growth and development of methadone treatment services.

**American Probation and Parole
Association (APPA)**

2760 Research Park Drive
P.O. Box 11910
Lexington, KY 40578-1910
Tel: 859-244-8203
Fax: 859-244-8001
E-mail: appa@csg.org
<http://www.appa-net.org>

APPA is an international association composed of individuals from the United States and Canada actively involved with probation, parole and community-based corrections, in both adult and juvenile sectors. It provides training workshops, symposiums and training institutes; and

produces a variety of research documents as resources for its membership.

**American Society of Addiction
Medicine, Inc. (ASAM)**

Upper Arcade, Suite 101
4601 North Park Avenue
Chevy Chase, MD 20815
Tel: 301-656-3920
Fax: 301-656-3815
E-mail: Email@asam.org
<http://www.asam.org>

ASAM's mission is to increase access to and improve the quality of addiction treatment; to educate physicians, medical and osteopathic students, and the public; to promote research and prevention; and to establish addiction medicine as a specialty recognized by the American Board of Medical Specialties.

Bureau of Governmental Research (BGR)

Center for Applied Policy Studies
University of Maryland, College Park
4511 Knox Road, Suite 301
College Park, MD 20742
Tel: 301-403-4403
Fax: 301-403-4404
E-mail: bgr@bgr.umd.edu
<http://www.bgr.umd.edu>

BGR has a proven track record of identifying "best practices" from the scientific literature and then working hand-in-hand with agencies to implement and evaluate these practices. BGR has pioneered an action-research model that assists in the design, development, implementation, and measurement of benchmarks and outcomes. BGR integrates its approach with a focus on the utilization of training, technical assistance, and technology to guide programs in achieving their desired goals.

Bureau of Justice Assistance (BJA)

Office of Justice Programs (OJP)
U.S. Department of Justice (USDOJ)
810 7th Street, NW, 4th Floor
Washington, DC 20531
Tel: 202-616-6500
Fax: 202-305-1367
E-mail: AskBJA@ojp.usdoj.gov
<http://www.ojp.usdoj.gov/BJA/>

BJA provides funding, evaluation, training, technical assistance, and information support to state and community criminal justice programs, thus effectively forming partnerships with state and local jurisdictions.

Bureau of Justice Statistics (BJS)

Office of Justice Programs
U.S. Department of Justice
810 7th Street, NW
Washington, DC 20531
Tel: 202-307-0765
E-mail: askbjs@ojp.usdoj.gov
<http://www.ojp.usdoj.gov/bjs>

BJS collects, analyzes, publishes, and disseminates information on crime, criminal offenders, victims of crime, and the operation of justice systems at all levels of government. These data are critical to federal, state, and local policymakers in combating crime and ensuring that justice is both efficient and evenhanded.

Center for Substance Abuse Prevention (CSAP)

Substance Abuse and Mental Health Services Administration (SAMHSA)
U.S. Department of Health and Human Services (DHHS)
5600 Fishers Lane, Rockwall II
Rockville, Maryland 20857
Tel: 301-443-0001
Fax: 301-443-1563
<http://www.samhsa.gov/csap/>

CSAP's mission is to decrease substance use and abuse by bringing effective prevention to every community. CSAP is the sole

federal organization with responsibility for improving accessibility and quality of substance abuse prevention services. The Center provides national leadership in the development of policies, programs, and services to prevent the onset of illegal drug use, underage alcohol and tobacco use, and to reduce the negative consequences of using substances.

Center for Substance Abuse Research University of Maryland, College Park

4321 Hartwick Road, Suite 501
College Park, MD 20740
Tel: 301-403-8329
Fax: 301-403-8342
E-mail: CESAR@cesar.umd.edu
<http://www.cesar.umd.edu>

CESAR is a research center within the College of Behavioral and Social Sciences, University of Maryland College Park. Its primary mission is to collect, analyze, and disseminate information on the nature and extent of substance abuse and related problems, in Maryland and nationally.

Center for Substance Abuse Treatment (CSAT)

Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services
5515 Security Lane
Rockville, MD 20852
Tel: 301-443-5700
<http://www.samhsa.gov/csat>

CSAT works cooperatively across the private and public treatment spectrum to identify, develop, and support policies, approaches, and programs that enhance and expand treatment services for individuals who abuse alcohol and other drugs and that address individuals' addiction-related problems.

**Child Welfare League of America, Inc.
(CWLA) Press**

440 First Street, NW, 3rd Floor
Washington, DC 20001-2085
Tel: 202-638-2952
Fax: 202-638-4004
E-mail: books@cwla.org
<http://www.cwla.org>

CWLA is an association of more than 1,000 public and not-for-profit agencies devoted to improving life for more than 2.5 million at-risk children and youths and their families. CWLA is the largest publisher of child welfare materials in the world, is involved extensively in consulting with both governmental and voluntary child welfare organizations on improving services to at-risk children and families, and convenes numerous conferences, seminars and training sessions throughout the year.

Community Anti-Drug Coalitions of America (CADCA)

901 North Pitt Street, Suite 300
Alexandria, VA 22314
Tel: 703-706-0560 or 1-800-54-CADCA
Fax: 703-706-0565
E-mail: info@cadca.org
<http://www.cadca.org>

CADCA's mission is to build and strengthen the capacity of community coalitions to empower them to prevent and reduce substance abuse. The organization supports its members with technical assistance and training, public policy, media strategies and marketing programs, and conferences and special events.

Community Policing Consortium

1726 M Street, NW, Suite 801
Washington, DC 20036
Tel: (800) 833-3085
Fax: (202) 833-9295
E-mail: cpc@communitypolicing.org
<http://www.communitypolicing.org/>

The Community Policing Consortium is a partnership of five of the leading police

organizations in the United States: International Association of Chiefs of Police (IACP), National Organization of Black Law Enforcement Executives (NOBLE), National Sheriffs' Association (NSA), Police Executive Research Forum (PERF), and the Police Foundation. These five organizations play a principal role in the development of community policing research, training and technical assistance, and each is firmly committed to the advancement of this policing philosophy.

Drug Court Clearinghouse & Technical Assistance Project (DCCTAP)

American University
Justice Programs Office
4400 Massachusetts Avenue, NW
Brandywine Building, Suite 660
Washington, DC 20016-8159
Tel: 202-885-2875
Fax: 202-885-2885
E-mail: justice@american.edu
<http://www.american.edu/justice>

Sponsored by DCPO and operated by American University, DCCTAP compiles operational and evaluative information on adult, juvenile, and family drug court programs throughout the United States.

Drug Courts Program Office (DCPO)

Office of Justice Programs
U.S. Department of Justice
810 7th Street, NW
Washington, DC 20531
Tel: 202-616-5001
Fax: 202-307-2019
<http://www.ojp.usdoj.gov/dcpo>

DCPO administers the drug court grant program, which provides assistance to jurisdictions to plan, implement or enhance drug courts, and provides financial and technical assistance, training, related programmatic guidance, and leadership.

Drug Strategies

1150 Connecticut Avenue, NW
Suite 800
Washington, DC 20036
Tel: 202-289-9070
Fax: 202-414-6199
E-mail: dspolicy@aol.com
<http://www.drugstrategies.org>

Drug Strategies is a non-profit research institute that promotes more effective approaches to the nation's drug problems and supports private and public initiatives that reduce the demand for drugs through prevention, treatment, and law enforcement.

Federal Bureau of Investigation (FBI)

U.S. Department of Justice
J. Edgar Hoover Building
935 Pennsylvania Avenue, NW
Washington, DC 20535-0001
Tel: 202-324-3000
202-324-5015 [publications orders]
<http://www.fbi.gov>

The FBI is the principal investigative arm of the U.S. Department of Justice, and at present has investigative jurisdiction over violations of more than 200 categories of federal crimes. The FBI has assigned top priority to the five areas that affect society the most: counterterrorism, drugs/organized crime, foreign counterintelligence, violent crimes, and white-collar crimes. Finally, the FBI is authorized to provide other law enforcement agencies with cooperative services, such as fingerprint identification, laboratory examinations, and police training; to publish annual Uniform Crime Reports; and to administer the National Crime Information Center.

International Association of Chiefs of Police (IACP)

515 North Washington Street
Alexandria, VA 22314
Tel: 703-836-6767 or 1-800-THE-IACP
Fax: 703-836-4543
Email: information@theiacp.org
<http://www.theiacp.org/>

IACP is the world's oldest and largest nonprofit membership organization of police executives, with over 16,000 members in over 100 different countries. IACP's leadership consists of the operating chief executives of international, federal, state and local agencies of all sizes.

Join Together

441 Stuart Street, 7th Floor
Boston, MA 02116
Tel: 617-437-1500
Fax: 617-437-9394
E-mail: info@jointogether.org
<http://www.jointogether.org>

Join Together is a national resource for communities fighting substance abuse and gun violence. It is a project of the School of Public Health at Boston University and is funded by grants from The Robert Wood Johnson and the Joyce Foundations.

Justice Management Institute (JMI)

1900 Grant Street, Suite 815
Denver, CO 80203
Tel: 303-831-7564
Fax: 303-831-4564
E-mail: jmidenver@aol.com
<http://www.jmijustice.org/>

JMI provides services to courts and other justice system agencies throughout the United States and abroad. Its mission is to improve the overall administration of justice by helping courts and other justice system institutions and agencies by providing technical assistance, education and training, research, and information dissemination.

Justice Research Center (JRC)
591 Lighthouse Avenue, Suite 24
Pacific Grove, CA 93950
Tel: 831-655-1513
Fax: 831-655-2983
E-mail: janroehl@redshift.com

JRC is a private organization that performs research on a variety of criminal justice topics, including drug courts.

Justice Research and Statistics Association (JRSA)
777 North Capitol Street, NE, Suite 801
Washington, DC 20002
Tel: 202-842-9330
Fax: 202-842-9329
E-mail: cjinfo@jrja.org
<http://www.jrja.org>

JRSA is a national nonprofit organization of state Statistical Analysis Center (SAC) directors, researchers, and practitioners throughout government, academia, and criminal justice organizations.

Narcotics Anonymous World Services, Inc. (NA)
P.O. Box 9999
Van Nuys, CA 91409
Tel: 818-773-9999
Fax: 818-700-0700
<http://www.na.org>

Narcotics Anonymous (NA) is an international, community-based association of recovering drug addicts. Started in 1947, the NA movement is one of the world's oldest and largest of its type, with nearly twenty thousand weekly meetings in seventy countries. Membership is open to any drug addict, regardless of the particular drug or combination of drugs used. There are no social, religious, economic, racial, ethnic, national, gender, or class-status membership restrictions. The core of the NA recovery program is a series of personal activities, known as the Twelve Steps, adapted from Alcoholics Anonymous.

National Acupuncture Detoxification Association
P.O. Box 1927
Vancouver, WA 98668-1927
Tel. 360-260-8620 or 1-888-276-9978
E-mail: nadaclear@aol.com
<http://www.acudetox.com/>

NADA promotes application of its developed medical protocols through public education about acupuncture as a recovery tool, training and certification of professionals in use of the technique, consultation with local organizations in setting up treatment sites, distribution of NADA-approved literature, audiotapes and videotapes.

National Association of Alcoholism and Drug Abuse Counselors (NAADAC)
901 N. Washington St. Suite 600
Alexandria, VA 22314
Tel: 703-741-7686 or 800-548-0497
Fax: 703-741-7698 or 800-377-1136
E-mail: naadac@naadac.org
<http://www.naadac.org>

NAADAC is the only professional membership organization that serves counselors who specialize in addiction treatment. With nearly 14,000 members and 47 state affiliates representing more than 80,000 addiction counselors. NAADAC is the nation's largest network of alcoholism and drug abuse treatment professionals. NAADAC is committed to increasing general awareness of alcoholism and drug abuse and enhancing care of individuals through treatment, education, and prevention programs.

National Association of Drug Court Professionals (NADCP)
4900 Seminary Road, Suite 320
Alexandria, VA 22311
Tel: 703-575-9400 or 1 (877) 507-3229
Fax: 703-575-9402
E-mail: NADCP1@aol.com
<http://www.nadcp.org/>

NADCP is the principal organization of professionals involved in the development, implementation, and operation of treatment-oriented drug courts. Its members include over 3,000 judges, prosecutors, defense attorneys, treatment providers and rehabilitation experts, law enforcement and corrections personnel, educators, researchers, and community leaders. NADCP seeks to reduce substance abuse, crime and recidivism by promoting and advocating for the establishment and funding of drug courts and providing for collection and dissemination of information, technical assistance, and mutual support to association members.

National Association of State Alcohol and Drug Abuse Directors (NASADAD)

808 17th Street NW, Suite 410
Washington, DC 20006
Tel: 202-293-0090
Fax: 202-293-1250
E-mail: dcoffice@nasadad.org
<http://www.nasadad.org>

NASADAD is a private, not-for-profit educational, scientific, and informational organization. NASADAD's basic purpose is to foster and support the development of effective alcohol and other drug abuse prevention and treatment programs throughout every state.

National Center on Addiction and Substance Abuse (CASA)

Columbia University
633 Third Avenue, Floor 19
New York, NY 10017-6706
Tel: 212-841-5200
Fax: 212-956-8020
<http://www.casacolumbia.org>

CASA's mission is to inform Americans of the economic and social costs of substance abuse and its impact on their lives, assess what works in prevention, treatment, and law enforcement, encourage every individual and institution to take responsibility to combat substance abuse and addiction,

provide those on the front lines with the tools they need to succeed, remove the stigma of abuse, and replace shame and despair with hope.

National Center for Juvenile Justice (NCJJ)

710 Fifth Avenue, Suite 3000
Pittsburgh, PA 15219-3000
Tel: 412-227-6950
Fax: 412-227-6955
E-mail: ncjj@ncjj.org
<http://www.ncjj.org>

NCJJ is dedicated to improving the quality of justice for children and families by conducting research and providing objective, factual information that is utilized to increase the juvenile and family justice systems' effectiveness.

National Center for State Courts (NCSC)

300 Newport Avenue
Williamsburg, VA 23185
Tel: 757-253-2000 or (800) 877-1233
Fax: 757-20-0449
Email: webmaster@ncsc.dni.us
<http://www.ncsc.dni.us>

NCSC is an independent, nonprofit organization dedicated to the improvement of justice. The Center accomplishes its mission by providing leadership and service to the state courts through direct technical assistance and consulting services; research and technology; information exchange; education and training; government relations and association services; and international exchange cooperation.

National Clearinghouse for Alcohol and Drug Information (NCADI)

11426 Rockville Pike, Suite 200
Rockville, MD 20852
Tel: 301-468-2600 or 1-800-729-6686
Fax: 301-468-6433
Email: info@health.org
<http://www.health.org>

NCADI is the information service of the Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. NCADI is the world's largest resource for current information and materials concerning substance abuse.

National Clearinghouse on Child Abuse and Neglect Information (NCCAN)

330 C Street, SW
Washington, DC 20447
Tel: 1-800-394-3366 or 703-385-7565
Fax: 703-385-3206
E-mail: nccanch@calib.com
<http://www.calib.com/nccanch>

NCCAN is a national resource for professionals seeking information on the prevention, identification, and treatment of child abuse and neglect, and related child welfare issues.

National Council on Alcoholism and Drug Dependence, Inc. (NCADD)

20 Exchange Place, Suite 2902
New York, NY 10005
Tel: 212-269-7797
Fax: 212-269-7510
Email: national@ncadd.org
<http://www.ncadd.org>

NCADD is a voluntary health organization that provides education, information, help and hope in the fight against the chronic, often fatal disease of alcoholism and other drug addictions.

National Council of Juvenile and Family Court Judges (NCJFCJ)

University of Nevada, Reno
1041 North Virginia Street, 3rd Floor
Reno, NV 89507
Tel: 775-784-6012
Fax: 775-784-6628
Email: admin@ncjfcj.unr.edu
<http://ncjfcj.unr.edu>

NCJFCJ has established two primary divisions, the National College of Juvenile and Family Law (the education arm of the Council), and the National Center for Juvenile Justice, a juvenile crime and delinquency research facility. Staff work closely with members to provide them with a full range of membership benefits including continuing judicial education, technical assistance, a variety of publications, the latest research and trends in juvenile and family issues, and a voice in Washington, DC.

National Criminal Justice Association

720 7th Street, NW, Third Floor
Washington, D.C. 20001-3716
Tel: 202-628-8550
Fax: 202-628-0080
Email: info@ncja.org
<http://www.ncja.org/>

NCJA is the Washington, DC based special interest group representing states on crime control and public safety matters. NCJA's work focuses primarily on helping develop and implement national policy in the criminal justice field and on helping states address criminal justice-related problems.

National Criminal Justice Reference Service (NCJRS)

2277 Research Boulevard
P.O. Box 6000
Rockville, MD 20849-6000
Tel: 1-800-851-3420 or 301-519-5500
Fax: 301-519-5212
E-mail: askncjrs@ncjrs.org
<http://www.ncjrs.org>

Contains specialized information centers to provide publications and other information services to the constituencies of each of the five agencies of the Office of Justice Programs, U.S. Department of Justice, and the Office of National Drug Control Policy.

National District Attorneys Association (NDAA)

99 Canal Center Plaza
Alexandria, VA 22314
Tel: 703-549-9222
Fax: 703-836-3195
<http://www.ndaa.org/>

NDAA is the largest national professional organization specifically serving the needs of prosecutors in the United States. NDAA represents the interests of the prosecutors from major metropolitan areas as well as rural communities.

National Drug Court Institute (NDCI)

4900 Seminary Road, Suite 320
Alexandria, VA 22311
Tel: 703-575-9400 or 1 (877) 507-3229
Fax: 703-575-9402
<http://www.ndci.org/>

NDCI provides comprehensive training to drug court practitioners, supports investigative projects aimed at the development of more effective drug court policies and procedures, and disseminates important drug court specific information and publications.

National Evaluation Data Services (NEDS)

10530 Rosehaven Street, Suite 400
Fairfax, VA 22030
Tel: 1-800-7-NEDTAC
Fax: 703-385-3206
Email: neds@calib.com
<http://neds.calib.com/index.cfm>

The goals of NEDS are to strengthen the availability of scientifically based databases,

provide analytical tools and methods, and conduct analyses to provide answers to policy, operations, and evaluation questions in the substance abuse treatment field. NEDS provides the CSAT with data management support for program and evaluation activities.

National Indian Justice Center (NIJC)

5250 Aero Drive
Santa Rosa, CA 95403
Tel: 707-579-5507
Fax: 707-579-9019
Email: nijc@aol.com
<http://nijc.indian.com/>

NIJC is an Indian owned and operated non-profit corporation that was created in 1983 through the collective efforts of the National American Indian Court Judges Association, the American Indian Lawyer Training Program, and the Bureau of Indian Affairs in order to establish an independent national resource for tribal courts. Its goals are to design and deliver legal education, research, and technical assistance programs, which seek to improve tribal court systems and the administration of justice in Indian country.

National Institute on Alcohol Abuse and Alcoholism (NIAAA)

National Institutes of Health (NIH)
U.S. Department of Health and Human Services
Willco Building, Suite 400-MSC7003
6000 Executive Boulevard
Bethesda, MD 20892
Tel: 301-443-3851
Email: niaaaweb-r@exchange.nih.gov
<http://www.niaaa.nih.gov>

NIAAA supports and conducts biomedical and behavioral research on the causes, consequences, treatment, and prevention of alcoholism and alcohol-related problems. NIAAA also provides leadership in the national effort to reduce the severe and often fatal consequences of these problems.

National Institute on Drug Abuse (NIDA)

National Institutes of Health (NIH)
U.S. Department of Health and Human
Services
6001 Executive Boulevard, Room 5213
Bethesda, MD 20892-9561
Tel: 301-443-1124
Email: Information@lists.nida.nih.gov
<http://www.nida.nih.gov>

NIDA's mission is to lead the nation in bringing the power of science to bear on drug abuse and addiction. This charge has two critical components: the first is the strategic support and conduct of research across a broad range of disciplines. The second is to ensure the rapid and effective dissemination and use of the results of that research to significantly improve drug abuse and addiction prevention, treatment, and policy.

National Institute of Justice (NIJ)

Office of Justice Programs
U.S. Department of Justice
810 7th Street, NW
Washington, DC 20531
Tel: 202-307-2942
Fax: 202-307-6394
<http://www.ojp.usdoj.gov/nij>

NIJ is the research and development agency of the U.S. Department of Justice and is the only federal agency solely dedicated to researching crime control and justice issues. NIJ provides objective, independent, non-partisan, evidence-based knowledge and tools to meet the challenges of crime and justice, particularly at the State and local levels.

The National Judicial College (NJC)

Judicial College, Building 358
University of Nevada, Reno
Reno, NV 89557
Tel: 800-JUDGE (800-255-8343) or
775-784-6747
Fax: 775-784-4234
<http://www.judges.org/>

The National Judicial College is the country's leading national judicial education and training institution. The National Judicial College's chief objective is to improve justice through national programs of education and training directed toward judicial proficiency, competency, skills and productivity. Each of the College's courses is intensely evaluated; the materials, approach, and teaching methods are all updated continuously to include the most relevant issues in order to assure the highest quality judicial education.

National Legal Aid & Defender Association (NLADA)

1625 K Street, NW, Suite 800
Washington, DC 20006-1604
Tel: 202-452-0620
Fax: 202-872-1031
E-mail: info@nlada.org
<http://www.nlada.org>

NLADA is the oldest and largest national, non-profit membership organization devoting all of its resources to advocating equal access to justice for all Americans. It works to improve the American system of justice by seeking adequate funding and promoting high standards for the delivery of legal assistance to the poor.

National Organization of Black Law Enforcement Executives (NOBLE)

4609 Pinecrest Office Park Drive, Suite F
Alexandria, VA 22312-1442
Tel: 703-658-1529
Fax: 703-658-9479
E-mail: noble@noblenatl.org
<http://www.noblenatl.org/>

Located around the country with 38 local chapters, NOBLE members represent state, local and federal law enforcement agencies and millions of people in urban communities domestically and abroad. By drawing upon the expertise of its membership and professional staff, NOBLE has established a reputation for providing outstanding

research and consultation on criminal justice issues.

National Sheriffs' Association (NSA)

1450 Duke Street
Alexandria, VA 22314-3490
Tel: 703-836-7827
Fax: 703-683-6541
Email: nsamail@sheriffs.org
<http://www.sheriffs.org/>

NSA offers training, information, and other services to sheriffs, deputies, and others throughout the nation. NSA has worked to forge cooperative relationships with local, state and federal criminal justice agencies, as well as with many citizens. NSA has made it possible for criminal justice professionals across the nation to network and share information about numerous programs and projects.

National TASC

300 I Street, NE, Suite 207
Washington, DC 20002
Tel: 202-544-8343
Fax: 202-544-8344
Email: nattasc@aol.com
<http://www.nationaltasc.org/>

TASC is a program model that links legal sanctions with therapeutic interventions of drug treatment programs. TASC programs include identification of drug-involved offenders, treatment referral and placement, monitoring, case management, testing, status reports, and court appearances.

National Treatment Consortium, Inc. (NTC)

501 Randolph Drive
Lititz, PA 17543-9049
Tel: 717-581-1901
Fax: 717-581-1902
<http://www.naatp.org/ntc/Default.ntc.htm>

NTC is an organization designed to address the challenging issues and initiatives of the payment, purchase and delivery of treatment

for addictions and mental illness. Its mission is to create and perpetuate on-going dialogue between payers, purchasers, providers, patients, and the public, in an effort to enhance the nation's treatment capacity and improve the accessibility to quality care.

Native American Alliance Foundation (NAAF)

Oklahoma Camp:

Janna Walker
Executive Director
H. Chico Gallegos
Staff Counsel and Chief Financial Officer
23221 Flint Ridge Drive
Kansas, OK 74347
Tel: 918-597-2900
Fax: 918-597-2901

Alexandria Camp:

Kim Canter
Training Coordinator
P.O. Box 9874
Alexandria, VA 22304
Tel: 703-370-0965
Fax: 703-370-0968

<http://www.native-alliance.org>

The Native American Alliance Foundation (NAAF) is a not-for-profit corporation that's mission, in part, is to promote and advocate for the establishment, development and enhancement of tribal justice systems and tribal programs that serve as important expressions of sovereign, self-governing nations. NAAF provides education, training, technical assistance, and mutual aid to tribal governments, tribal justice systems, other private and governmental entities, and communities that serve Native Americans, Alaska Natives and other indigenous people. NAAF's founders and founding Board of Directors are Native people who have demonstrated a lifelong, personal and professional commitment to the spiritual, emotional, mental, and physical development of Native Americans, Alaska Natives, and other indigenous people.

New York State Office of Alcoholism and Substance Abuse Services (OASAS)

1450 Western Avenue
Albany, NY 12203-3526
Tel: 518-473-3460
E-mail: info@oasas.state.ny.us
<http://www.oasas.state.ny.us/home.htm>

The New York State alcohol and substance abuse service delivery system consists of a variety of programs to meet the needs of all New Yorkers. Within this continuum of care OASAS offers a wide range of programs, and develops standards and regulations to ensure that quality care is provided to addicted persons and their families. The OASAS addiction service system comprises over 1,200 licensed treatment providers and 400 prevention providers.

Office of Community Oriented Policing Services (COPS)

U.S. Department of Justice
1100 Vermont Avenue, NW
Washington, DC 20530
Tel: 202-514-2058
Fax: 202-616-8594
Email: ask.DOJRC@usdoj.gov
<http://www.usdoj.gov/cops>

COPS administers discretionary grants for the hiring and redeployment of officers to participate in community policing and for innovative community policing programs, and offers training and technical assistance to assist grantees with the implementation of community policing in their communities.

Office of Justice Programs (OJP)

U.S. Department of Justice
810 7th Street, NW
Washington, DC 20531
Tel: 202-307-0790
E-mail: askocpa@ojp.usdoj.gov
<http://www.ojp.usdoj.gov/>

OJP and its program bureaus and offices are responsible for collecting statistical data and conducting analyses; identifying emerging criminal justice issues; developing

and testing promising approaches to address these issues; evaluating program results, and disseminating these findings and other information to state and local governments.

Office Juvenile Justice and Delinquency Prevention (OJJDP)

Office of Justice Programs
U.S. Department of Justice
810 7th Street, NW
Washington, D.C. 20531
Tel: 202-307-5911
Fax: 202-307-2093
E-mail: askjij@ojp.usdoj.gov
<http://ojjdp.ncjrs.org>

OJJDP is charged with leading the fight against juvenile violence and victimization, and promoting practical solutions to the problems challenging the nation's juveniles by providing research, evaluation, grant funding, and technical assistance to the juvenile justice field.

Office of National Drug Control Policy (ONDCP)

Executive Office of the President
The White House
1600 Pennsylvania Avenue, NW
Washington, DC 20502-0002
Tel: 202-395-6700
<http://www.whitehousedrugpolicy.org>
E-mail: ondcp@ncjrs.org

ONDCP establishes policies, priorities, and objectives for the nation's drug control program, the goals of which are to reduce illicit drug use, manufacturing, and trafficking; drug-related crime and violence; and drug-related health consequences.

Office of Tribal Justice (OTJ)

Room 5634, Main Justice Building
950 Pennsylvania Avenue, NW
Washington, DC 20530
Tel: 202-514-8812
Fax: 202-514-9078
<http://www.usdoj.gov/otj/otj.html>

The Office of Tribal Justice (OTJ) was established to provide a single point of contact within the Justice Department for meeting the broad and complex federal responsibilities to Indian tribes. The Office facilitates coordination between departmental components working on Indian issues, and provides a permanent channel of communication for Indian tribal governments with the Department of Justice. OTJ represents the department in its dealing with Indian tribes, federal agencies, Congress, state and local governments, professional associations, and public interest groups.

Office for Victims of Crime (OVC)

Office of Justice Programs
U.S. Department of Justice
810 7th Street, NW
Washington, DC 20531
Tel: 202-307-5983
Fax: 202-514-6383 (large documents) or
202-305-2440 (small documents)
<http://www.ojp.usdoj.gov/ovc>

OVC provides substantial funding to state victim assistance and compensation programs and supports trainings designed to educate criminal justice and allied professionals regarding the rights and needs of crime victims.

Partnership for a Drug-Free America

State Alliance Program
405 Lexington Avenue, 16th Floor
New York, NY 10174
Tel: 212-922-1560
Fax: 212-922-1570
<http://www.drugfreeamerica.org>

The Partnership for a Drug-Free America is a private, non-profit, non-partisan coalition of professionals from the communications industry. Best known for its national, anti-drug advertising campaign, its mission is to reduce demand for illicit drugs in America through media communication.

Police Executive Research Forum (PERF)

1120 Connecticut Avenue, NW, Suite 930
Washington, DC 20036
Tel: 202-466-7820
Fax: 202-466-7826
Email: perf@policeforum.org
<http://www.policeforum.org/>

PERF is a national membership organization of progressive police executives from the largest city, county and state law enforcement agencies. PERF is dedicated to improving policing and advancing professionalism through research and involvement in public policy debate.

RAND

1700 Main Street
P.O. Box 2138
Santa Monica, CA 90407-2138
Tel: 310-393-0411
Fax: 310-393-4818
correspondence@rand.org
<http://www.rand.org>

RAND is a nonprofit institution that helps improve policy and decision making through research and analysis of developments in many areas, including national defense, education and training, health care, criminal and civil justice, labor and population, science and technology, community development, international relations, and regional studies.

Roche Diagnostics

9115 Hague Road
P.O. Box 50457
Indianapolis, IN 46250-0457
Tel: 804-360-0484
<http://www.roche.com>

The Roche Group is one of the world's leading research-based healthcare groups active in the discovery, development and manufacture of pharmaceuticals and diagnostic systems. The activities of the Group in the areas of pharmaceuticals, diagnostics, vitamins, and fine chemicals focus on the prevention, diagnosis,

monitoring and treatment of diseases and on the promotion of general well being.

Sage Publications, Inc.

2455 Teller Road
Thousand Oaks, CA 91320
Tel: 805-499-0721
Fax: 805-499-0871
E-mail: order@sagepub.com
<http://www.sagepub.com>

Sage Publications, Inc. is a leading international publisher of books, journals, and electronic media. Founded over 30 years ago as a privately owned publishing company, Sage works to make the best and most current scholarship accessible to a broad academic audience. Although originally focusing exclusively within the social sciences, Sage now publishes across a variety of disciplines and professions.

SEARCH, Inc.

7311 Greenhaven Drive, Suite 145
Sacramento, CA 95831
Tel: 916-392-2550
Fax: 916-392-8440
Email: cheryl.moore@search.org
<http://www.search.org>

SEARCH, the National Consortium for Justice Information and Statistics, is an organization dedicated to improving the criminal justice system through better information management and the effective application of information and identification technology.

The Sentencing Project

514 - 10th Street, NW
Suite 1000
Washington, DC 20004
Tel: 202-628-0871
Fax: 202-628-1091
E-mail: staff@sentencingproject.org
<http://www.sentencingproject.org>

The Sentencing Project is an independent source of criminal justice policy analysis,

data and program information for the public and policy-makers. It focuses on the development of alternative sentencing programs and in the reform of criminal justice policy.

State Justice Institute (SJI)

1650 King Street, Suite 600
Alexandria, VA 22314
Tel: 703-684-6100
Fax: 703-684-7618
<http://www.statejustice.org>

SJI awards grants to improve the quality of justice in state courts, facilitate better coordination between state and federal courts, and foster innovative, efficient solutions to common problems faced by all courts.

Therapeutic Communities of America

1601 Connecticut Ave., NW, Suite 803
Washington, DC 20009
Tel: 202-296-3503
Fax: 202-518-5475
E-mail: tcenet@erols.org
<http://www.tcenet.org/>

TCA is an association of substance abuse treatment organizations working together to advocate for and promote the understanding of the self help therapeutic community (TC) methodology for the treatment of drug and alcohol abuse.

U.S. General Accounting Office (GAO)

The Office of Public Affairs
441 G Street, NW
Washington, DC 20548
Tel: 202-512-4800
Email: webmaster@gao.gov
<http://www.gao.gov>

The GAO is the investigative arm of Congress. GAO's mission is to help the Congress oversee federal programs and operations to assure accountability to the American people. GAO's evaluators, auditors, lawyers, economists, public policy

analysts, information technology specialists, and other multi-disciplinary professionals seek to enhance the economy, efficiency, effectiveness, and credibility of the federal government. GAO accomplishes its mission through a variety of activities including financial audits, program reviews, investigations, legal support, and policy/program analyses.

The Urban Institute

2100 M Street, NW
Washington, DC 20037
Tel: 202-833-7200
Fax: 202-659-8985
Email: pubs@ui.urban.org
<http://www.urban.org>

The Urban Institute investigates social and economic problems confronting the nation and analyzes efforts to solve these problems. The Institute seeks to increase Americans' awareness of important public choices and improve the formulation and implementation of government decisions.

Washington State Institute for Public Policy (WSIPP)

110 East Fifth Avenue, Suite 214
P.O. Box 40999
Olympia, WA 98504-0999
Tel: 360.586.2677
Fax: 360.586.2793
E-mail: institute@wsipp.wa.gov
<http://www.wa.gov/wsipp>

Created by the Washington Legislature in 1983, WSIPP's mission is to carry out practical, non-partisan research—at legislative direction—on issues of importance to Washington State. WSIPP staff work closely with legislators, legislative and state agency staff, and experts in the field to ensure that studies answer relevant policy questions. Current research areas include education, criminal justice, welfare, children and adult services, health, utilities, and general government.

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