Drug Court Publications Resource Guide
Fourth Edition

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Drug courts perform their duties without manifestation, by word or conduct, of bias or prejudice, including, but not limited to, bias or prejudice based upon race, gender, national origin, disability, age, sexual orientation, language or socioeconomic status.
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NDCI would also like to thank the following people for their hard work and input into this very important publication: Mr. Stephen Antkowiak, Ms. Margaret Beaudry, Dr. Steven Belenko, Ms. Jennifer Columbel, Ms. Caroline Cooper, Ms. Ann Crowe, Ms. Janie Dargan, Mr. Ross Deck, Dr. Peter Delany, Ms. Lynda Erinoff, Dr. Thomas Feucht, Judge Karen Freeman-Wilson (Ret.), Dr. Adele Harrell, Mr. West Huddleston, Mr. George Kosnik, Ms. Roberta Leis, Dr. Barry Mahoney, Ms. Laurie Mankin, Ms. Julie Marshall, Ms. Janice Munsterman, Mr. John Noble, Ms. Carolyn Peake, Mr. Joseph Peters, Ms. Aliza Rand, Ms. Marilyn Roberts, Mr. John Roman, Ms. Deborah Sheetz, Ms. Ann Skove, Dr. Jack Stein, Dr. Faye Taxman, Dr. Eric Wish, and Ms. Christina Yancey.

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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.

**EXAMPLE CITATION:**


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.
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DRUG COURTS

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


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.


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.


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.


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.


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.

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.


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


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 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.


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.


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.


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.

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 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.


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


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.


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.


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.


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,

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.

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.

NDCI.


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.

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.

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.

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
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.


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.


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.
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).


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.


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.


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.


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.


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.


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.


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.


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.


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.


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
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.


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.


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 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.


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.


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.**

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.**

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.


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.


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.


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.


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.


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.


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.


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.


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.


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.
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**


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.


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 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.


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.


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.


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


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.

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.


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.


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.


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


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.


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.


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.


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.


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.


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.


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.


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.


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.


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 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.
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.


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.


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.


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.


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

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 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.


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.


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.


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.

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.*

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.

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.


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.


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.


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%.


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.


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.


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.


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.


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.


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.


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.
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.

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.

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.

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.

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 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.

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.


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.


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.


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.


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.

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.


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.


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.

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.


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.


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.


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.


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.

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.


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.


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.


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.


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.
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.

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.

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.

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.

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.

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.


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.


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.


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.


**Guides to Drug Court Program Evaluation**


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.


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.

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.


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.


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.


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.


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.


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.

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.


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


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.


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 taxpayers of Multnomah County and that further expanding the program will result in an even greater savings to taxpayers. Conducting cost analysis is also discussed.


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.

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.


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.


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.


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.


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.


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.**

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.


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.


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.


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.

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.


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.


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.


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.


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.
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.


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.


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.


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.


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


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.


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.


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.


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.


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.


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.


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.


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.


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.


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.


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.


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.


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.


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.
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.

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.

This report details the operational characteristics of the Eleventh Judicial District Drug Court, providing descriptions of both the clients and the staff providing services.

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.

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.

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.


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


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.


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.


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.


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.


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.

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.


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


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.

Evaluation of the 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.


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.


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.
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.

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.

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.

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.

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.


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.


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.

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.


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.


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.


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.


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.

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.


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.


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.


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.


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.
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.

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.

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.

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.

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.

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.**

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 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.

**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.


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.


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.


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.


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.
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.

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.

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.

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.

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

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.

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.

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.


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.


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.


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.


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.


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


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.


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.


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.


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. Cobletz, 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.


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.


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.


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.


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.
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.

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.

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.

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
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.


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.


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.


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.


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).


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.


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.


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.


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 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.


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.

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


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.


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.


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.


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.


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.


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 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%.


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.


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.


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.


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.


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.


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
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 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.


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.


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.


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.


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.


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.


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.


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:

**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.


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.


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.


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.


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.

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.


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.


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


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.


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.


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.

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.


This workbook 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.


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.


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.


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.


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.

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.


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 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 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 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.


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.


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).


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.


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).


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.

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.


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.


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.


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.


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.

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.


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.”


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.


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.


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.


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 Approaches.**
*National Institute on Drug Abuse, National
Institutes of Health, U.S. Department of
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
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
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

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
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

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.


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.


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.


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.


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.


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.

This publication provides important research-based concepts and information to further efforts to develop and carry out effective drug abuse prevention programs.


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.


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.


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.


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.
This volume provides treatment recommendations that are practical and useful for enhancing services to individuals dually diagnosed with mental health and substance abuse problems.


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.


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.


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.


This videotape focuses on the problem of mental illness in drug-abusing and drug-addicted populations, and examines various approaches useful for treating dual-
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 APD. Study participants were randomly assigned to two therapeutic community treatment facilities that differed primarily in the length of inpatient treatment.

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.

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.

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.

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.
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.

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.

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.

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.

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.


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.


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.


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.


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.


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.


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.


These guidelines reflect current information on how to use urinalysis in drug testing for offender management in a community-corrections setting.


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.


This fact sheet reviews preliminary data that suggest, nationwide, more than 670,000 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.

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%.


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 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.


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.


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.


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.


This document contains guidelines to help drug courts develop effective policies, procedures, and techniques for screening and assessing treatment needs of drug court participants.


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.


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.


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.


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.


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.


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.


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.


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.


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

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**PHARMACOLOGICAL THERAPY**


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.
National Drug Court Institute

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 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


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).


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.


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.


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.


This electronic journal presents articles, reports, and commentary on substance abuse by people involved in leading the substance abuse prevention and treatment fields.


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.


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.


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 or purity, making its effects less predictable and increasingly difficult to diagnose.


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.


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.


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.


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.


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, 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.


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.


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.


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.


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.


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.
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.

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.

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.

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.

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.


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.


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.


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.


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.
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.

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.

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.
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.
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.

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.

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

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.
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.

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.

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.

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.

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 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)
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)
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
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)
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@jrsa.org
http://www.jrsa.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.
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.
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.

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.

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.

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.

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.

NCJRS is a bureau of the U.S. Department of Justice, Office of Justice Programs, Office of Justice Information Services. NCJRS provides information about crime and justice issues to individuals and organizations in the criminal justice system, governmental and nongovernmental organizations, and the general public.

NCJRS distributes publications on a wide range of topics, including alcohol and other drug use and abuse, crime prevention and control, criminal justice, corrections, forensic science, juvenile delinquency, mental health, and terrorism.
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.
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.

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) 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.

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.

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 service.
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.
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: askjj@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: 202-305-2440 (small documents) or 202-514-6383 (large 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 it’s 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.

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Thousand Oaks, CA 91320
Tel: 805-499-0721
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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: tcanet@erols.org
http://www.tcanet.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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