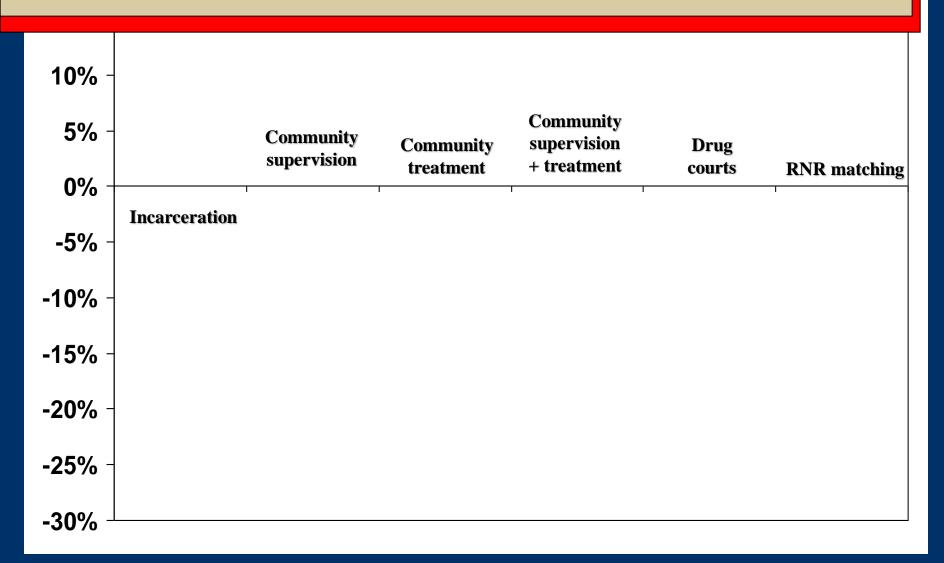
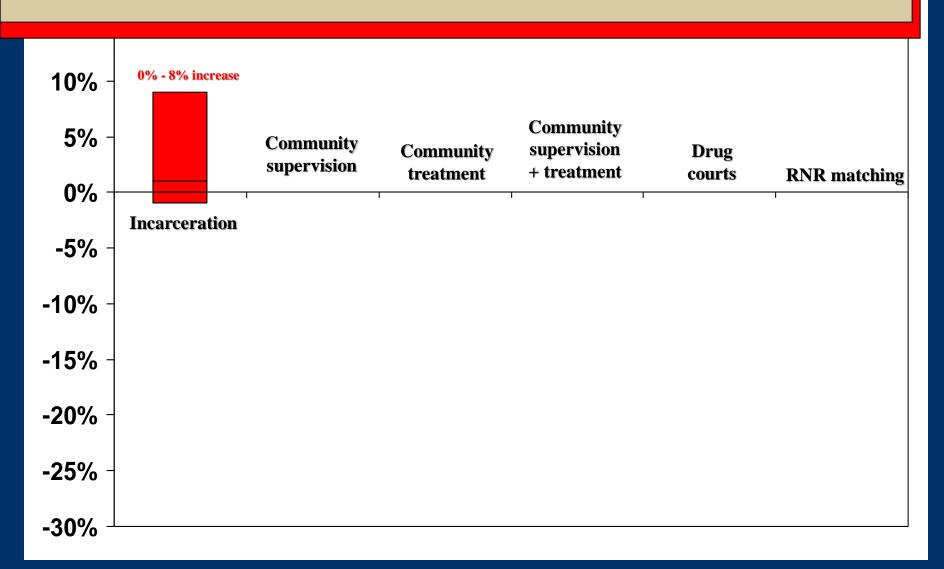
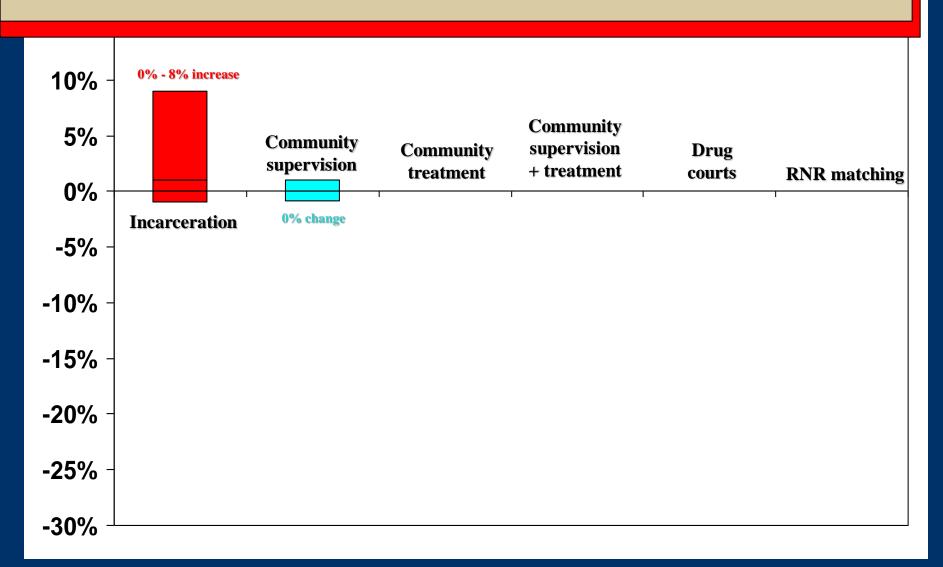
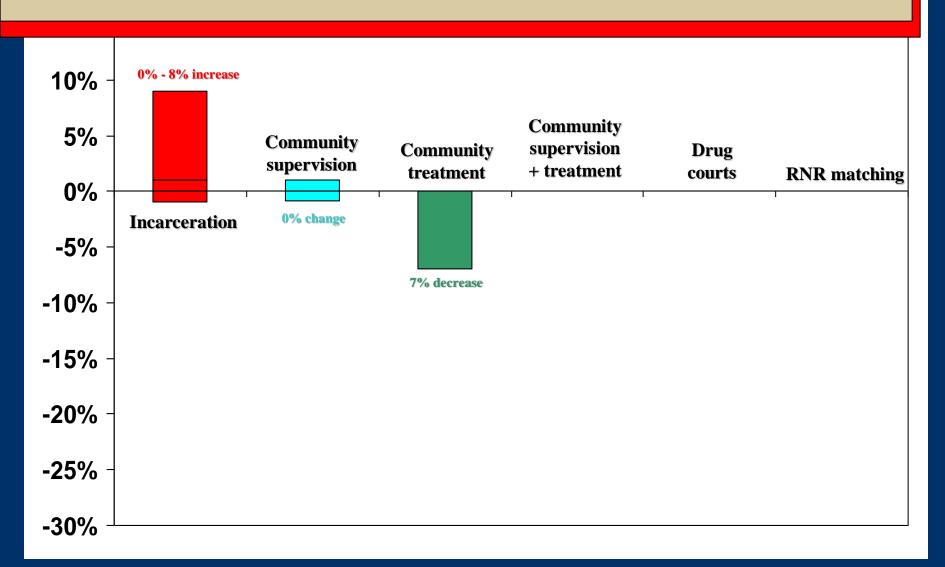
TAKING STOCK OF TREATMENT COURTS AFTER 30 YEARS

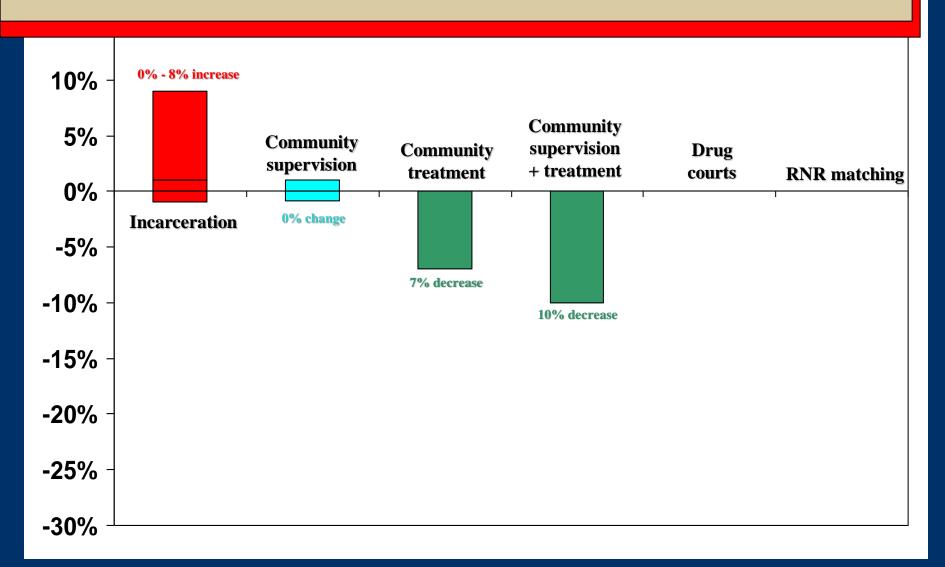
The Good, the Bad, the Misunderstood Douglas B. Marlowe, J.D., Ph.D.

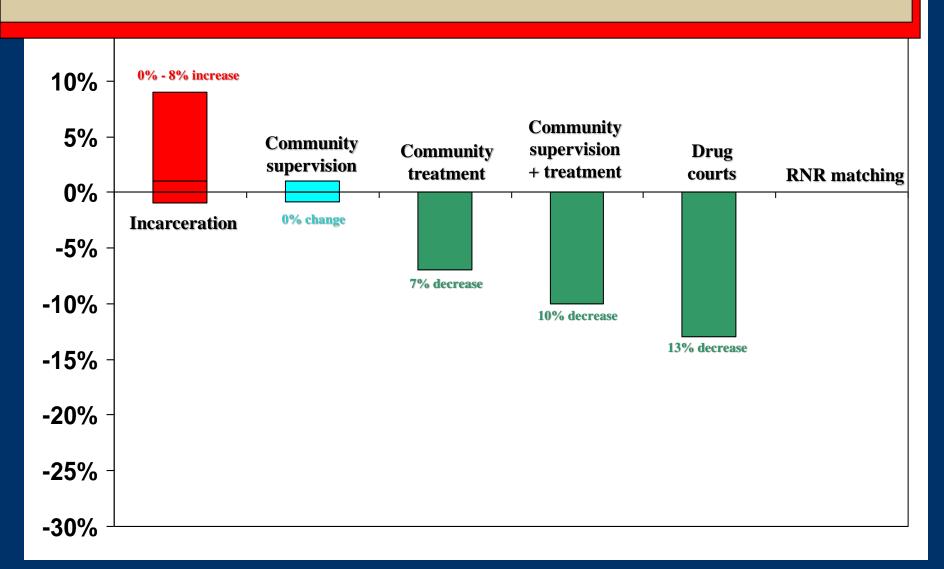


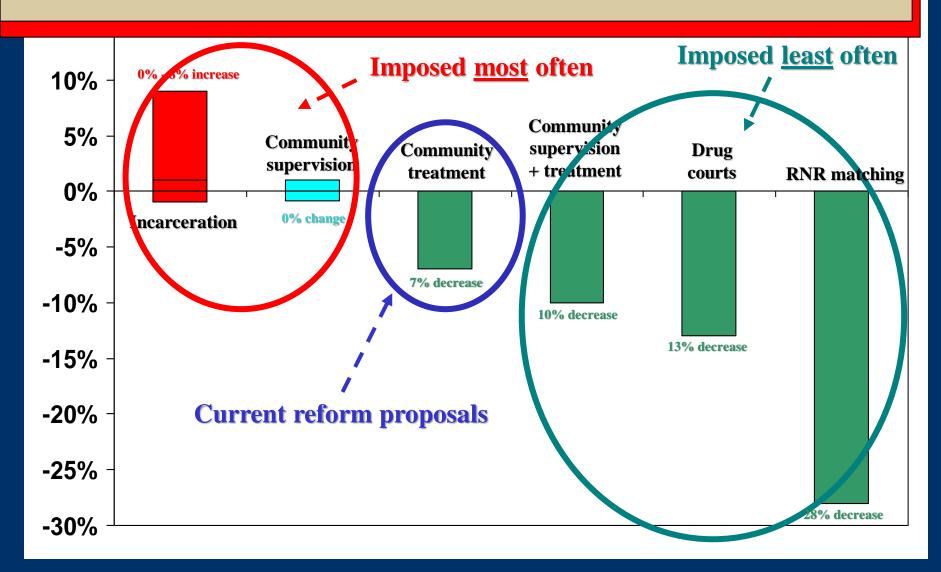












Adult Drug Courts

Study	Methodology	No. Drug Courts	Crime Reduction
Lipsey (2019)	Meta-analysis	53	12%
Mitchell et al. (2012)	Meta-analysis	92	13%
Carey et al. (2012)	Multisite study	69	32%
Rossman et al. (2011)	Multisite study	23	13%
U.S. Govt. Accountability Office (2011)	Systematic review	32	6% - 26%
Shaffer (2006)	Meta-analysis	76	9%
Wilson et al. (2006)	Meta-analysis	55	14%
Latimer et al. (2006)	Meta-analysis	66	9%
Aos et al. (2006)	Meta-analysis	57	8%
Lowenkamp et al. (2005)	Meta-analysis	22	8%

Duration of Effects

Study	Methodology	No. Drug Courts	Duration
Mitchell et al. (2012)	Meta-analysis	8	≥3 years
Finigan et al. (2007)	Program evaluation	1	≥ 14 years
Kearley & Gottfredson (2019)	Randomized trial	2	≥ 15 years
Weatherburn et al. (2020)	Program evaluation	1	≥ 5 years (violent offending only)

Average cost/benefit ratio: \$2 to \$4 for every \$1 invested

(Bhati et al. 2008; Downey & Roman, 2010; Drake, 2012; Drake et al., 2009; Lee et al., 2012;

Mayfield et al., 2013; Rossman et al., 2011)

Other Treatment Courts

- DUI Courts (moderate effect)
 - 12 percentage-point recidivism reduction
 (Mitchell et al., 2012)
- Family Drug Courts (moderate effect)
 - 75% greater odds of reunification without increasing foster care reentry or new maltreatment report (Zhang et al., 2019)
- Mental Health Courts (high variance)
 - 20% to 43% reduced odds of recidivism (Arnold, 2019; Canada et al., 2019; Lowder et al., 2018)
- Juvenile Drug Courts (insignificant to small effect)
 - 0 to 8 percentage-point reduction in recidivism (Latessa et al., 2013;
 Madell et al., 2012; Mitchell et al., 2012; Shaffer, 2006; Wilson et al., 2006)

Model Validation

■ 50% to 100% better outcomes:

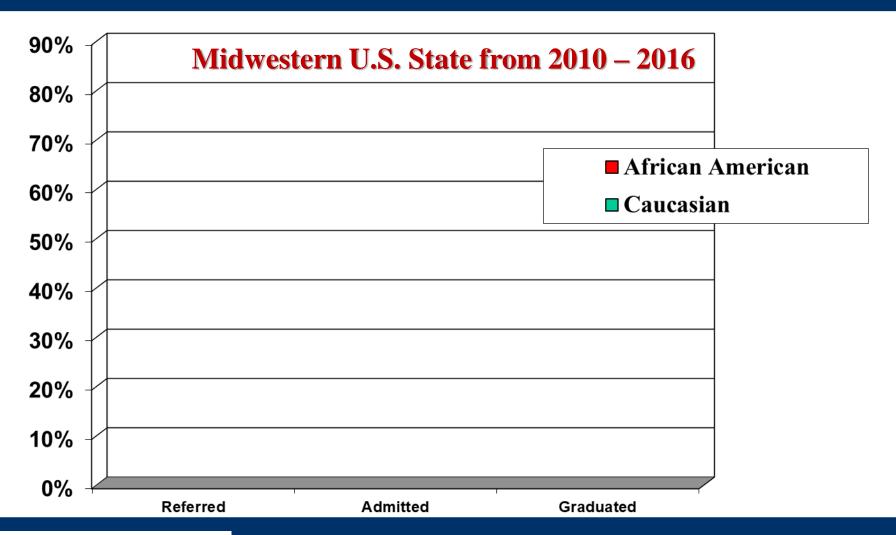
- High risk and high need participants (replicated for DUI, juvenile, and family drug courts)
 - Alternate tracks for low risk and/or low need participants
- Court hearings at least every 2 weeks
- 3 to 7-minute court interactions with procedural fairness
- Multidisciplinary team staffings
- Random drug & alcohol testing twice per week
- 14 to 18-month curriculum

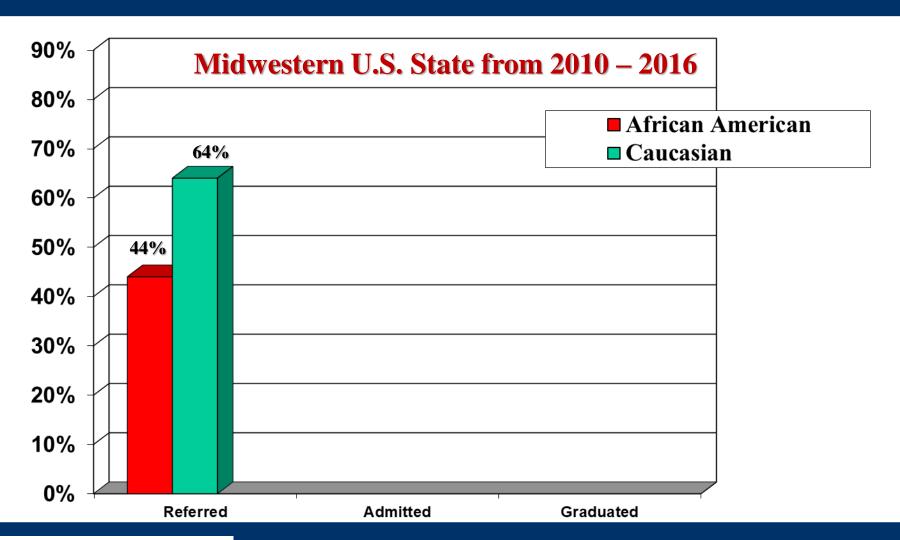
Model Validation (cont.)

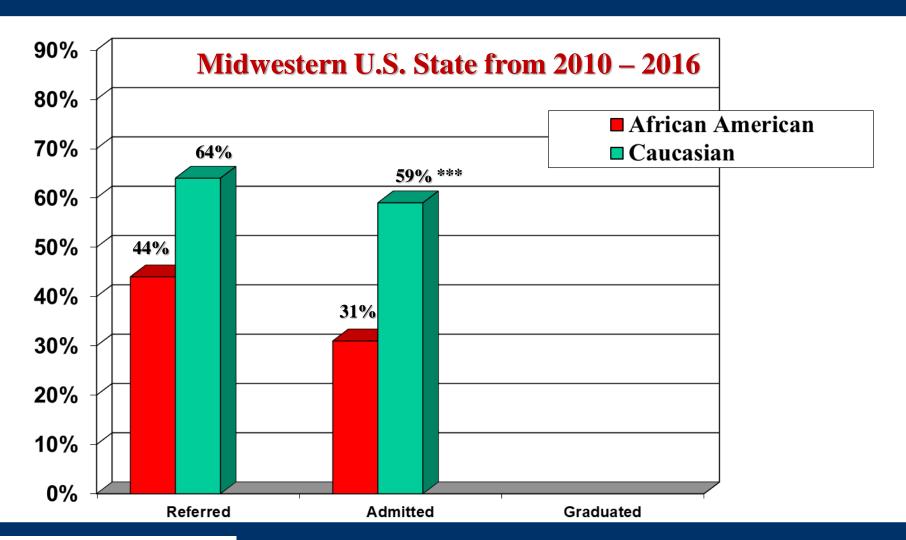
- 50% to 100% better outcomes:
 - Copious low-magnitude rewards (4:1 ratio to sanctions)
 - Treatment adjustments or low-magnitude sanctions for "distal" infractions (e.g., relapse prior to stabilization)
 - Higher magnitude sanctions for willful or "proximal" infractions (e.g., missed sessions, tampered drug tests)
 - Jail sanctions no more than 1 to 5 days
 - Legal leverage (avoided felony sentence)
 - Ongoing performance monitoring and CQI

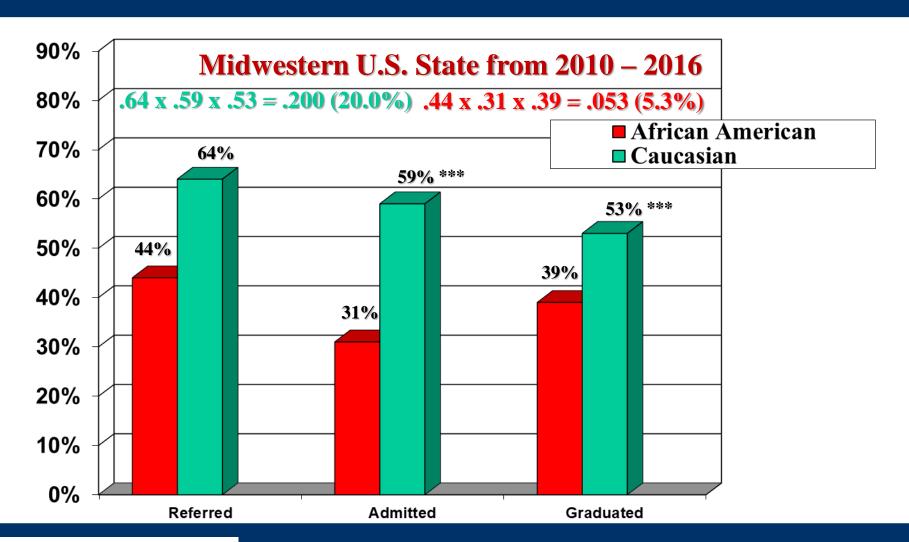
Now, the Bad News . . .

- 1. Racial and ethnic disparities
- 2. Errors in targeting criteria
- 3. Prohibitions against MOUD
- 4. Overuse or misuse of jail sanctions

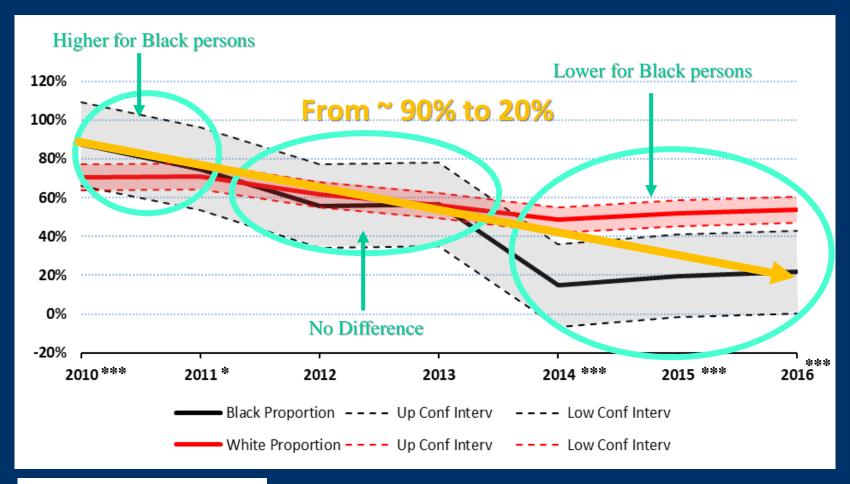






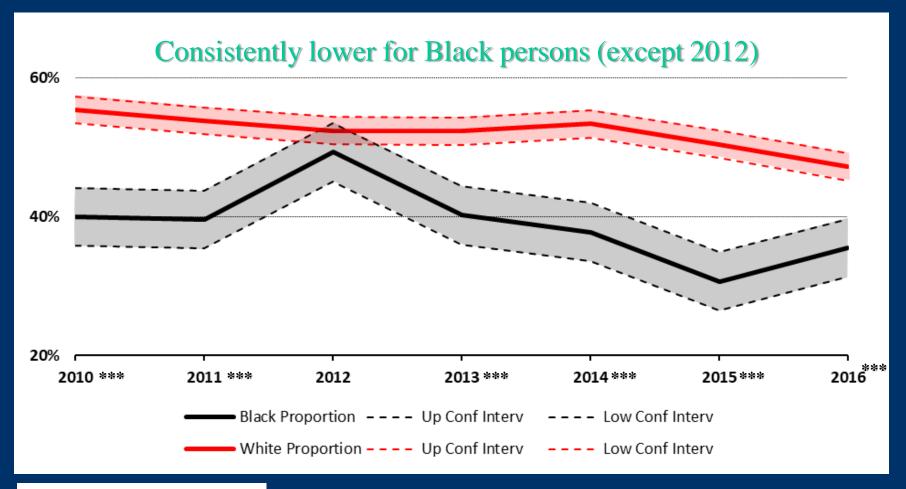


Admission Rates in Midwestern State Over 7 Years



p < .05, p < .01, p < .001.

Graduation Rates in Midwestern State Over 7 Years



*p < .05. **p < .01. ***p < .001.

Pipeline Attrition

Cascading Impacts:

- Pretrial detention
- Defense counsel philosophy and knowledge
 Can be influenced
- Plea offer from prosecution
- Eligibility criteria
- Poor "social marketing"
- Suitability determinations
- Cultural incongruence

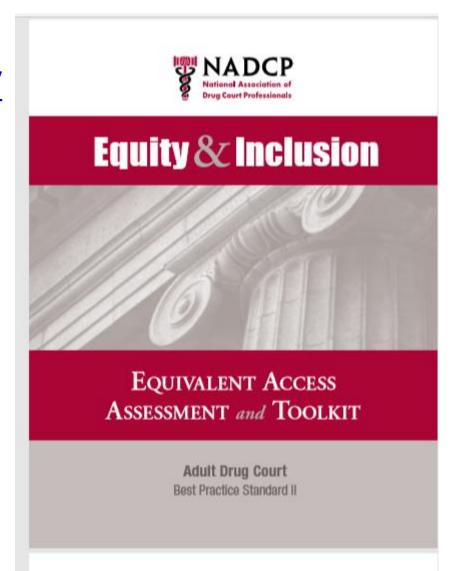
Directly within control of the drug court

but not controlled

by the drug court

Equity and Inclusion Toolkit

 https://www.ndci.org/wpcontent/uploads/2019/02/ Equity-and-Inclusion-Toolkit.pdf



MOUD is the Standard of Care

- U.S. Dept. of Health & Human Services (1997)
- National Institute on Drug Abuse (2014, 2018)
- U.S. Surgeon General (2018)
- Substance Abuse & Mental Health Services Administration (2005, 2018)
- National Academy of Sciences, Engineering & Medicine (2019)
- World Health Organization (2004)
- Centers for Disease Control & Prevention (2002)
- American Medical Association (2017)
- American Psychiatric Association (2017)
- American Society of Addiction Medicine (2015)
- American Academy of Addiction Psychiatry
- American College of Obstetricians & Gynecologists (2016)
- National Association of Drug Court Professionals (2013, 2015)



MOUD in Drug Courts

- Blanket prohibitions and arbitrary policy restrictions are uncommon (< 10%)
- But ... only about 1/4 of participants with OUDs receiving buprenorphine or naltrexone
- Participant refusal and non-availability in jail are primary barriers, followed by insufficient medical providers and funding
- Turned the public health community against us ("science denial")
- Compared unfavorably to harm reduction and deflection programs

MOUD Tool Kit

- A. Partner Agencies Agreement
- B. Medical Practitioner Agreement
- C. Participant Agreement
- D. Participant Brochure
- E. Recruitment Letter for Medical Practitioners
- F. Letter to Jail Officials



NADCP MOUD toolkit Final.pdf (ndci.org)

Jail Sanctions

- Treat sick behavior, punish bad behavior, & reward good behavior -- and don't confuse them!
- Sanctions imposed for substance use prior to clinical stabilization
- Jail sanctions measured in weeks, not days
- Jail used as detox, treatment, or housing
- Jail off the table for proximal infractions
- Participants must waive defense advocacy
- No due process hearing for jail or revocation
- Drug courts reduce incarceration rates but not necessarily use of jail or prison beds

Lessons Learned

- One size does <u>not</u> fit all (risk and need)
- Treatment <u>and</u> accountability for high risk and high need persons
- Public health contributes to public safety and vice versa
- Harm reduction vs. criminalization is a false dichotomy
- Proximal vs. distal infractions & achievements
- Due process is therapeutic ("therapeutic jurisprudence")
- Follow the science and data
- Are drug courts a criminal justice program or a model for criminal justice reform?