

**Durham Drug Treatment Court (DDTC) Evaluation:
A Literature Review and Analysis of Drug Treatment Courts***

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*Please note that the Durham Drug Treatment Court has recently undergone a name change and is now referred to as the **Durham Drug Treatment and Mental Health Court**.

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Abstract

This research report evaluates the Durham Drug Treatment Court in Durham Region, Ontario as an alternative to traditional criminal justice measures in addressing drug-addicted offenders. An extensive literature review and description of the components of Drug Treatment Courts (DTCs) are included. Quantitative descriptive data analysis was conducted, as well as basic demographics, types of drugs used, and rates of success are provided. A presentation of cost-benefit analyses is included and provides the reader with a numerical understanding of the effectiveness of the Durham DTC. It was concluded that the Durham DTC is a viable alternative to traditional criminal justice measures in addressing drug-addicted offenders in both the fiscal and social respects. This document concludes with a summary of the ‘Best Practices for DTCs’ gathered from an analysis of other DTC evaluations and this evaluation of the Durham DTC

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SECTION I EXECUTIVE SUMMARY

Durham Drug Treatment Court Evaluation: A Literature Review and Analysis of Drug Treatment Courts

Drug Treatment Courts (DTCs) are a relatively recent innovation, initiated as a response to the increasing occurrence of drug-related crimes. Beginning as a pilot project in Dade County, Miami, Florida in 1989, the first Drug Treatment Court (DTC) became a model for future specialty courts (Fielding, Imam, Long, Ogawa & Tye, 2002). With the presence of almost 2,000 DTCs in operation across the United States, six federally funded courts in Canada, and numerous others throughout the world, the DTC concept has quickly reached popularity as an alternative to traditional punitive-style criminal justice measures (Cooper, 2003; Department of Justice Canada, 2005, 2008a; 2008b; Heck, 2006; National Drug Court Institute, 2006; West-Huddleston, III, Freeman-Wilson, Marlowe & Roussell, 2005).

Drug Treatment Courts, or simply Drug Courts, combine both criminal justice and drug addiction treatment components in order to provide a holistic experience for the offender; one that emphasizes rehabilitative measures. Creatively rooted in the two contrasting theoretical approaches of deterrence theory and harm reduction, the DTC is a practical application of therapeutic jurisprudence in which the law is used in a positive and therapeutic manner (La Prairie et al, 2002). Deterrence theory is the theoretical foundation on which the traditional criminal justice system rests. It is based upon three main tenets; certainty, severity and celerity (Keith-Matthews & Agnew, 2008). In order for deterrence to be effective, these three main components must be met.

Certainty requires that a punishment must both occur and be expected to occur. *Severity* refers to a measure of the punishment. In other words, a punishment must be appropriate to the crime and must be severe enough to have an impact. *Celerity* requires that a punishment be invoked as soon after the crime occurs as possible so that a linkage may be created for the offender between the criminal act and the punishment. DTCs utilize deterrence theory in some aspects of their operation in order to punish offenders for non-compliance with the program and to deter them from repeating their negative behavior. However, DTCs uniquely combine these elements of deterrence theory with aspects of harm reduction in a novel and effective way.

Harm reduction is a more health-oriented approach to drug-addicted offenders than deterrence theory. The primary focus of this theoretical model is to minimize the harm to the offender and members of society – that is a consequence of the offender’s drug abuse (Cusick, 2006; Department of Justice, 2008a; Stimson, 2007). This theoretical model recognizes that drug abuse is a chronic illness and must be treated as such. Consequently, immediate abstinence is neither required nor expected (National Drug Court Institute, 2006). The successful combination of these two theoretical models (one that focuses upon deterrence and punishment and one that focuses upon addressing health issues using the health system) creates an effective method of addressing and treating drug-addicted offenders via DTCs.

Numerous studies have been conducted to determine the effectiveness of DTCs with a general consensus that this novel alternative is quite successful in rehabilitating drug-addicted offenders (Bouffard & Richardson, 2007; Carey et al, 2006; Fielding et al, 2002; Fluellen & Trone, 2000; Harrell et al, 2000; Heck, 2006; Johnson-Listwan et al, 2003; Lind et al, 2002; Sanford & Arrigo, 2005). Studies have found that DTCs are effective in reducing recidivism

among drug-addicted offenders and even bear a positive impact upon clients who do not graduate from the DTC program (Bouffard & Richardson, 2007; Carey et al, 2006; Fluellen & Trone, 2000; Harrell et al, 2000; Heck, 2006; Johnson-Listwan et al, 2003; Lind et al, 2002; Sanford & Arrigo, 2005; West-Huddleston, III, 2005). The challenge now exists in both determining how to most effectively implement these programs and to maximize the benefit of DTCs for all drug-addicted offenders.

This research report outlines the characteristics and components of DTCs and also provides cost-benefit analysis of these specialized courts. This cost-benefit analysis utilized both Canadian and American fiscal analyses of DTCs and concluded that DTCs are a wise investment both in the financial and social sense. Decreased recidivism and victimization rates and the corresponding financial savings associated with each have saved criminal justice systems millions of dollars (Wells & Munsterman, 2005). Additionally, research has noted fiscal returns can be as high as almost three dollars for every one dollar invested in DTCs (Harrell, 2003). This research also found that the collaborative approach among different partners is necessary for a successful DTC and is also an effective use of resources.

Data analyses were performed on the Durham Region DTC, which was established in Ontario in November 2006, and is currently without full federal funding. The results of the analysis must be interpreted with extreme caution. Since the sample used for this data analysis was comprised of a total of 28 clients of the Durham DTC, the results of this data analysis cannot be generalized to a larger population group. Yet, despite not being able to generalize these results, many of these results are reflective of results observed in past research literature.

Overall, successful clients who pass the 30-day probation period in the Durham DTC appear to be more likely to have certain characteristics. Those who successfully make it into the program and through probation tend to be single, older, females, with higher levels of education, an admitted poly-substance abuser, and are considered higher risk because they are more heavily addicted to drugs. Successful clients are more likely to use tobacco products than unsuccessful clients perhaps emphasizing a stronger addictive personality. Successful clients were also, only slightly, more likely to have children. The ability to control ones anger, whether the client is employed, or the presence of Hepatitis C, do not appear to influence success rates. Because of the very small size of the sample, these results should be taken with extreme caution, noting that even small changes can severely affect these numbers. The reader is discouraged from generalizing these results.

Finally, a Best Practices and Recommendations for Further Study section conclude this report. These sections highlight issues and topics that individuals involved with DTCs should be aware of and provides suggestions for improvements of the DTC Model. Some of the Best Practices noted in this report include using the same urine screen process for all clients to ensure reliability of obtaining the results in a regular manner; using verbal commendations whenever appropriate to encourage client success; issuing sanctions as immediately as possible and preventing the delay of punishment; and invoking an exit strategy or exit program to smooth the transition from a client in the DTC to a graduate of a DTC – in order to reduce anxiety and relapse associated with completing the program. The *Recommendations for Further Study* section includes conducting further research to determine how to make DTCs more flexible so they may meet the diverse needs of their clients; how frequently urine screens should be carried out; investigating the length of follow-up periods in order to attain the best level of client success; and how the DTC can accommodate the needs of women.

SECTION II Literature Review

Durham Drug Treatment Court Evaluation: A Literature Review

Introduction

The success of the first DTC spiraled into the development of over 1,600 other DTCs across the United States of America by the end of 2004 (Heck, 2006; National Drug Court Institute, 2006; West-Huddleston, III, Freeman-Wilson, Marlowe & Roussell, 2005). Moreover, the unanticipated success of this novel alternative to traditional criminal justice measures subsequently spread across the globe with countries such as Canada, Australia, Norway, Puerto Rico, Jamaica, Bermuda, England, Ireland, and Scotland implementing these courts as a more effective means of addressing substance-abusing offenders (Cooper, 2003; Department of Justice Canada, 2005, 2008a, 2008b).

The first DTC began in Dade County, Miami, Florida in 1989 (Department of Justice Canada, 2002; Fielding, Imam, Long, Ogawa & Tye, 2002; Goldkamp, Robinson, & White, 2002; National Drug Court Institute, 2006; Wolfe, Guydish, Woods & Tajima, 2004). During the 1980's, illicit drug use substantially increased in the United States, causing enormous strain on the resources of the criminal justice system (Wolfe et al, 2004). The inefficiency and ineffectiveness of the criminal justice measures in place at that time were evident by the backlog of drug cases in the system (La Prairie, Gliksman, Erickson, Wall & Newton-Taylor, 2002; Wolfe et al, 2004). Consequently, the need for a more effective method of addressing substance abusing offenders was recognized (Egbert, Church II & Byrnes, 2006; La Prairie et al, 2002; Wolfe et al, 2004). In response to this increase in drug using offenders, the Dade County DTC was created as a pilot project to test whether or not DTCs would be an effective alternative to traditional criminal justice measures in dealing with substance abusing offenders (Department of Justice Canada, 2002).

The underlying rationale of the DTC is based upon the premise that substance-abusing offenders commit crime in order to support their addiction to illicit substances (Department of Justice Canada, 2002, 2005, 2008b; Freeman, 2003; Government of Saskatchewan, 2006; Giacomazzi & Bell, 2007; Harrell, 2003; Harrell, Cavanagh & Roman, 2000; La Prairie et al, 2002; National Drug Court Institute, 2006). Therefore, if these individuals are able to successfully control and eventually eliminate their addictions, then their motivation to commit crime will be removed (Department of Justice Canada, 2002, 2005, 2008b; Giacomazzi & Bell, 2007; Government of Saskatchewan, 2006; Harrell, 2003; Harrell, Cavanagh & Roman, 2000; La Prairie et al, 2002; National Drug Court Institute, 2006;). Consequently, a primary goal of DTCs is to decrease or eliminate an offender's addiction and drug use in order to stop the related criminal behaviour (Bouffard & Smith, 2005; Department of Justice Canada, 2008a; Freeman, 2003; Harrell, 2003; Latimer, Morton-Bourgon & Chrétien, 2006; Listwan, Sundt, Holsinger & Latessa, 2003; National Drug Court Institute, 2006; Sanford & Arrigo, 2005). To accomplish this, DTCs address both the necessary punitive and treatment components required for the rehabilitation of substance abusing criminal offenders (Department of Justice Canada, 2002; Giacomazzi & Bell, 2007; Gonzales, Schofield & Schmitt, 2006; La Prairie et al, 2002; National Drug Court Institute, 2006).

What is in this report?

This report will address the national phenomenon of the DTC in detail (Heck, 2006; National Drug Court Institute, 2006). A literature review will be presented outlining the main findings and common results of numerous studies including the arguments both for and against the support of DTCs. Beginning with a definitional outline of the purposes of the DTC, the key players and components of the DTC will be addressed, along with the process, criteria for eligible offenders, and a description of the measures used to ensure compliance from participants.

In addition to the literature review, a comparison of the DTC model to the Canadian criminal courts and the effectiveness of the DTC model will be noted. Following this, a presentation of cost-benefit analyses will be provided in order to demonstrate the fiscal and social benefits to the participating parties obtained through the use of the DTC program in place of standard punitive-style criminal justice practices.

In the next section of the report, a data analysis describing the newly implemented Durham DTC in Canada will be presented, along with a historical perspective on the City of Oshawa and how this industrial metropolis is distinct from other Canadian DTC locations.

A concluding section will provide a summary of the common challenges and recommendations for DTCs, along with recommendations for further study. This will culminate in a 'Best Practices' document for DTCs and will provide researchers and policy analysts alike with direction for future research and ideas for further improvement of DTCs.

What is a Drug Treatment Court (DTC)?

A Drug Treatment Court is a docket, or specialized agenda, within a criminal court that only addresses substance abusing offenders (Gottfredson & Exum, 2002; National Criminal Justice Reference Service, 2008). The DTC, or Drug Court as it is referred to in the United States, approaches drug abuse in a problem-solving fashion (Freeman, 2003; La Prairie et al, 2002). Its fundamental purpose is to decrease or eliminate the substance abuse that motivates drug-addicted offenders to commit crime (Department of Justice Canada, 2008a; Freeman, 2003; Sanford & Arrigo, 2005). DTCs combine a number of different services and personnel into one comprehensive team that works together to provide treatment and rehabilitation for substance abusing offenders (Freeman, 2003; Giacomazzi & Bell, 2007; Gonzales et al, 2006; Heck, 2006; Johnson-Listwan, Koetzle-Shaffer & Latessa, 2002; National Drug Court Institute, 2006; Wells & Munsterman, 2005; Wolfe et al, 2004).

However, DTCs do not solely focus upon the treatment of the substance abusing offender. Rather, since they are an amalgamation of both the criminal justice system and the public health treatment sector, they also address the punishment of the offender (Giacomazzi & Bell, 2007; La Prairie et al, 2002; National Drug Court Institute, 2006). Consequently, in one comprehensive system, DTCs unite both the substance abuse treatment and health related services with the punitive measures of the criminal justice system to provide a more holistic approach to substance abuse and crime (Department of Justice Canada, 2008a; Giacomazzi & Bell, 2007; Krebs, Lindquist, Koetse & Lattimore, 2007; La Prairie et al, 2002).

Theoretical Foundation of the Drug Treatment Court (DTC)

The DTC is built upon the tenets of the harm reduction model and deterrence theory (La Prairie et al, 2002). The harm reduction model is a health oriented approach to substance abuse

and other detrimental behaviour which focuses upon reducing the harm this behaviour poses to both the actor and society (Cusick, 2006; Department of Justice, 2008a; Stimson, 2007). Originating during the 1980's, this theoretical model has now found popularity worldwide as an approach to substance abuse and other harmful behaviour such as prostitution (Stimson, 2007). Rather than focusing upon punishment for drug use or expecting complete abstinence from drug use, proponents of harm reduction encourage the implementation of programs and measures that seek to minimize the detrimental consequences of harmful behaviour.

Comparatively, deterrence theory is punitive-focused. The focus of deterrence theory is upon protecting society through deterrence of crime (Keith-Matthews & Agnew, 2008). It is not concerned with ensuring the rehabilitation of an offender or offering therapeutic options. Deterrence theory is rooted firmly in the premise that 'if you do the crime, you do the time'. It is simply concerned with punishing offenders for criminal actions and using punishment, such as incarceration, as a deterrent to future criminal behaviour (Keith-Matthews & Agnew, 2008).

Deterrence theory is comprised of three main components: *certainty*, *severity* and *celerity*. For deterrence theory to be effective, a punishment must meet each of these three criteria. **Certainty** implies that the punishment must both occur and that it must be anticipated to occur by the offender (Desapriya, Shimizu, Pike, Subzwari, & Scime, 2007). If an offender does not expect that a punishment will be enforced, there is no deterrent to commit an offense. For example, if an individual steals clothing from a store but is not punished or stopped by security, that individual will not experience any negative ramifications and will likely repeat this behaviour. Consequently, punishment as a deterrent will be ineffective because the punishment was not predictable, as it was not enforced.

Severity entails that the punishment must be adequate for the crime (Desapriya et al, 2007). A relatively short sentence for committing a violent offence is unlikely to have the same deterrent impact that a life sentence would hold for a murderous offender. Therefore, it is imperative that the punishment is appropriate for the crime in order for it to be an effective deterrent. In other words, the punishment must not be considered too short or too severe for it to have maximal impact.

Celerity refers to the amount of time that passes between the offending behavior and the resulting sanction. Deterrence theory necessitates that the punishment must be invoked as soon as possible after the crime occurs in order for it to have the greatest deterrent effect (Desapriya et al, 2007). If the punishment is deferred, or delayed, it is unlikely to have the same impact it would have if it had been invoked immediately after the criminal behavior was carried out. For example, if a child steals candy but is not punished until two weeks later, the link between the punishment and the offence is weakened due to the elapsed time. The punishment, once experienced two weeks after the event, will lose its impact and the important association between incorrect behaviour and punishment will not be firmly established. These three criteria are the key components of deterrence theory and when they are met, they enable principles of deterrence to be maximally effective.

The DTC is a result of the successful merge of these two theoretical models (Senjo & Leip, 2001). When the elements of deterrence theory are combined with the elements of harm reduction, in an appropriate balance of punitive and harm reduction principles, the theoretical foundation for the DTC is formed. Some researchers have proposed that DTCs are a practical application of therapeutic jurisprudence - a term for what appears to be a combination of deterrence theory and harm reduction (Senjo & Leip, 2001). Therapeutic jurisprudence is a psycho-legal approach to law which aims to minimize the anti-therapeutic ramifications of the

law while maximizing its therapeutic effects (Birgden, 2004). Consequently, this approach focuses upon the therapeutic aspects inherent within the law and utilizes them to assist offenders (La Prairie et al, 2002).

Using the example of drug addiction, therapeutic jurisprudence utilizes the law in such a way that offenders charged with drug related offences are provided with addiction treatment (therapeutic aspect of health). Additionally, if the offender is eligible, the offender may be able to enter diversion programs to avoid prison sentences, (anti-therapeutic aspect of the law), and for some, even a criminal record of the offence. In this manner the detrimental effects of the law (possible imprisonment and exposure to incarcerated offenders, detachment from society and a criminal record or indication of the offence on one's criminal record) are minimized or eradicated.

As previously mentioned, the goal of the DTC is to remove the underlying motivation to commit crime: an offender's drug addiction. Since research has shown that drug addiction is responsive to treatment, the integration of a treatment program into court punishment is a logical avenue to pursue to attain this goal (Johnson-Listwan, Sundt, Holsinger & Latessa, 2003). This combination has proven to be effective and has successfully assisted drug-dependent offenders reduce and even eliminate their drug use (Bouffard & Richardson, 2007; Carey et al, 2006; Fielding et al, 2002; Fluellen & Trone, 2000; Harrell et al, 2000; Heck, 2006; Johnson-Listwan et al, 2003; Lind et al, 2002; Sanford & Arrigo, 2005). The combination of both the criminal justice and health sectors provides a network of support and services to the participants in the DTC and allows for the allocation and utilization of resources in the most effective and efficient manner.

Who is involved in a Drug Treatment Court (DTC)?

A DTC is comprised of a comprehensive team of the key personnel and treatment services necessary to assist drug-addicted offenders (Freeman, 2003; Giacomazzi & Bell, 2007; Heck, 2006; Johnson-Listwan et al, 2002; La Prairie et al, 2002; National Drug Court Institute, 2006; Wells & Munsterman, 2005; Wolfe et al, 2004). Although some reports on DTCs identify some slight differences regarding the individuals considered part of the DTC, most of those individuals recognized as key players remain the same across studies (Giacomazzi & Bell, 2007; Johnson-Listwan et al, 2002; La Prairie et al, 2002; Sanford & Arrigo, 2005; Wolfe et al, 2004). These include the offender, Crown counsel, defense counsel, treatment/case management workers, court staff, police officers, probation officers (if necessary) and the Judge (Giacomazzi & Bell, 2007; Johnson-Listwan et al, 2002; La Prairie et al, 2002; Sanford & Arrigo, 2005; Wolfe et al, 2004). Additionally, in the United States specifically, other individuals who may be included in the program are coordinators, compliance officers and assistant District Attorneys (Giacomazzi & Bell, 2007).

By incorporating individuals from the public health and criminal justice sectors of society, DTCs operate in a more collaborative and synergistic fashion than most other treatment and criminal justice programs that work in isolation (Fielding, Tye, Ogawa, Imam & Long, 2002; Giacomazzi & Bell, 2007; Longshore, Turner, Wenzel, Morral, Harrell, McBride, Deschenes & Iguchi, 2001; National Drug Court Institute, 2006). Consequently, many argue that this combined effort of the multiple aspects of the DTC is more effective, as the resources of multiple spheres of the community are united and managed more efficiently (Fielding et al, 2002; Heck, 2006; Krebs et al, 2007).

Eligibility for Drug Treatment Court (DTC) Programs

Eligibility is based upon a number of factors including drug of choice and an offender's criminal history, and varies from one DTC to the next. However, some aspects of offender eligibility remain constant across Courts. These include criteria which reflect the idea that most DTCs are for drug-addicted offenders who do not pose a threat to society but would benefit from treatment-based punishment (Gottfredson & Exum, 2002). Therefore, most DTCs require that a drug-addicted offender must not have committed a violent offense (i.e. domestic violence), one of a sexual nature (i.e. sexual assault, etc.), a residential break and enter, a drinking and driving offence or one involving children (Durham Drug Treatment, n.d.). Instead the offender must have committed a non-violent and non-sexual *Criminal Code* offence where children were not involved, and one that was related to his/her addiction (Giacomazzi & Bell, 2007).

It is interesting to note that not only must the offence be considered non-violent but also that the offender must have a non-violent criminal record before an offender is admitted to a DTC (Giacomazzi & Bell, 2007; Johnson-Listwan et al, 2003). As noted by Latimer et al (2006), 93.9 percent of DTCs assessed in his research only accepted offenders who were charged with non-violent offences. Also, those DTCs that were assessed only accepted substance abusers who were either first-time offenders or repeat non-violent offenders. Since most DTCs only accept non-violent offenders, this stipulation ensures that the public interest of community safety is met. Additionally, most DTCs require an offender to plead guilty to their offence before being considered for the DTC (Giacomazzi & Bell, 2007). Therefore, a standard eligible offender for DTC is usually a non-violent drug-addicted offender who pleads guilty to a non-violent, *Criminal Code*, drug-related, offence.

However, some DTCs impose additional eligibility criteria with respect to the type of drug to which an offender must be addicted. Despite Latimer et al's (2006) findings that very few DTCs restricted access to the program based upon the type of drug used, numerous courts, especially in Canada, impose restrictions based upon the type of substance abused. For example, the Durham DTC in Durham Region, Ontario, only accepts adults who are addicted to ecstasy/crystal methamphetamine, crack, cocaine, or opiates (Durham DTC, n.d.). Consequently, an addiction to only marijuana will not enable an offender to be eligible for this Court (A. Perrie-Radoslovich, personal communication, August 11, 2008). Similarly, the Vancouver DTC only accepts offenders who are addicted to heroin or cocaine (Drug Treatment Court, 2004). Also, the Toronto Drug Treatment Court only accepts clients who have clinically assessed addictions to heroin or opiates and who are involved in drug-related criminal behaviour (Public Safety Canada, 2008). While there are indeed many adults with an addiction to other drugs such as marijuana who could benefit from participation in the DTC, they are unfortunately excluded from this program due to various reasons, most commonly attributed to a lack of court resources.

Other eligibility criteria exist in both the United States and Canada including restrictions regarding minimum age (for adult DTC), criminal history, gang membership, citizenship status, level of severity of drug problem, and type of charge (Durham DTC, n.d.; Giacomazzi & Bell, 2007). Therefore, as indicated above the number and scope of the eligibility criteria one must meet in order to enter a DTC, is dependent upon the specific eligibility requirement of that particular DTC.

Entry process for clients of Drug Treatment Courts (DTCs)

The DTC program is offered to offenders who meet the eligibility criteria and who desire to join the program as an alternative to traditional punitive procedures. As exemplified by the previous section, DTCs are not an available option for merely any offender. Rather, the offender must meet the specific eligibility criteria and subsequently be referred to the program via the offender's defense counsel or the Crown's office (Durham DTC, n.d.; La Prairie et al, 2002). Consequently, DTCs target a very specific type of offender.

Once an offender has been referred to the program by one of these bodies, the offender must be screened and approved for the program (Giacomazzi & Bell, 2007). After this is complete, treatment and participation in the DTC begins immediately so that it may be the most effective for the new participant (Fielding et al, 2002).

How does the Drug Treatment Court (DTC) work?

As noted above, DTCs combine both treatment and criminal justice measures into one system (Department of Justice Canada, 2001). Therefore, offenders who enter these programs will receive various types of addiction treatment services specific to their needs. Special to the DTC is that the treatment services provided to the offender are monitored by the court. Therefore, the DTC team is aware of any missed case management meetings, other treatment services or incomplete sanctions (punishment tasks) mandated by the court.

Researchers have suggested that using court-mandated treatment is a more effective means of providing treatment since the offenders are aware that if they do not abide by the terms of their admission into the program, (i.e., partaking fully in treatment, attending all court appearances and counseling meetings, etc.) then sanctions will be imposed upon them and they may be expelled from the program (Fielding et al, 2002; Government of Saskatchewan, 2006; La Prairie et al, 2002). Thus, a level of responsibility must be exemplified by the offender via participation in and attendance at all meetings in order to avoid sanctions and successfully progress through the program.

Most DTCs in North America and around the world require these offenders to undergo frequent, random urinalysis, regular court appearances and scheduled treatment and counseling meetings with their case management workers (Fielding et al, 2002; Government of Saskatchewan, 2006; La Prairie et al, 2002). This requires the collaborative approach of the different members of the DTC. As such, the DTC relies heavily upon the support from the surrounding community and its participating partners in order to operate effectively (Boles, Young, Moore & DiPirro-Beard, 2007; Department of Justice Canada, 2001; Fielding et al, 2002; Heck, 2006; West-Huddleston, III, 2005). Consequently, it is imperative that the community is supportive of the DTC and works to enable it to succeed. Without this support from the community, DTC programs would arguably not be as successful as they are now. These elements of the DTCs are discussed below in more detail.

Pre – Court Meeting

One key component of the DTC is the pre-court meeting. The pre-court meeting is a meeting held before each court date that is attended by all of the key players – i.e. Judge, Crown counsel, case management and treatment workers representative, probation officers (if required), etc. (Gliksman et al, 2004; La Prairie et al, 2002). At this meeting, information on each of the client's actions in the program since the last court appearance and pre-court meeting is shared with the group (Gliksman et al, 2004). This allows for all of the members of the team to have

current updates on the status of each client and provides the team with the pertinent information necessary for any issuances of sanctions or rewards. As indicated by La Prairie et al (2002), the pre-court meeting is imperative to maintaining the cohesiveness and effectiveness of the DTC.

Entering a Plea

Depending upon which type of DTC an offender is entering, the offender may be required to plead guilty to the charges against him/her. In a pre-plea/deferred prosecution DTC, the offender is not required to plead guilty to the alleged charges before being granted admission into the program (Fielding et al, 2002; Longshore et al, 2001). Consequently, if the offender does not successfully complete the DTC program, he/she is still able to enter a not-guilty plea in traditional criminal court.

Questions have been raised as to the efficacy of the pre-plea/deferred prosecution DTC program as no guilty plea is entered prior to admission into the program. Concerns regarding their effectiveness have been raised because it is argued that without a plea, the DTC program workers have no leverage with which to encourage program completion (Longshore et al, 2001). That is, the entering of a guilty plea provides the criminal justice system with a charge to sentence that offender with under traditional measures if the offender does not successfully complete the program. Likewise, the DTC participants may possess less of an incentive to successfully complete the program if they have not already entered a plea of guilty that they cannot retract. Consequently, pre-plea DTC programs may in practice act more as a “get out of jail free card” with no direct consequences for failure, as there is no plea they must respond to, than as an effective methodology for treatment and alternative to punitive measures.

Comparatively, a post-plea/deferred judgment DTC requires the offender to enter a plea of guilty before being granted admission into the program (Longshore et al, 2001). Longshore et al (2001) argue that this form of DTC is more effective than a pre-plea DTC since the offender has already entered a plea of guilt. Consequently, if the offender does not successfully complete the DTC program then their case is sent directly to sentencing based upon that plea (Longshore et al, 2001).

A slight variation of the post-plea/deferred judgment DTC is the post-adjudication DTC. This DTC becomes involved with offenders only after they have been tried and convicted of the charges against them (Gottfredson & Exum, 2002). When individuals agree to partake in this program they are offered deferred or suspended sentences upon successful completion of the program (Gottfredson & Exum, 2002). This may be the best option with respect to ensuring the offender’s right to be considered innocent until proven guilty since a fair trial has already occurred; thus, providing the offender with the opportunity to plead guilty or not-guilty. However, with respect to reducing the procedural costs of holding a trial, it may serve to decrease the positive financial savings that DTCs have claimed to achieve.

Frequent, Random Urinalysis

Each DTC varies slightly in the number, frequency and type of drug screenings it requires its participants to perform. Researchers have noted an individual may be required to provide frequent urine screens for the first few weeks and even months after admission into the program with this frequency gradually reduced over time (La Prairie et al, 2002). However, this reduction in drug screenings is usually based upon the clean results of the offender’s past screens. If an offender produces a “dirty” drug screen, (one that indicates that the offender has used drugs), without informing the court of a use of drugs, he/she is likely to be required to

perform drug screens more frequently until the results indicate that the offender has abstained from use, or the results are congruent with the offender's statement regarding drug use (Gottfredson & Exum, 2002).

This exemplifies two important facets of the DTC model. The first is that the DTC is based upon the recognition that drug abuse is a chronic illness and consequently, relapse is likely to occur (Johnson-Listwan et al, 2003; La Prairie et al, 2002). Therefore, most DTCs do not expect nor require abstinence throughout the duration of the program. Rather, notifications of a decrease in substance abuse are recognized as markers of success and are commended by the DTC team (Gliksman, Newton-Taylor, Patra & Rehm, 2004; Heck 2006).

Figure 1
Reinforcement model for reporting of drug use by DTC client.

	Positive Urine Screen	Sanction Given
Offender reports	YES	NO
Offender reports	NO	YES

Similarly, while the DTC does not expect complete abstinence, it does expect full honesty from the offenders in the program. Figure 1 illustrates this relationship between encouraging honesty within the DTC about drug use, and the use of sanctions. If an offender has used drugs, it is the offender's responsibility to inform the team that they have used. Subsequently, if an offender has indicated that they have used drugs and their urine screen indicates positive presence of drugs, no punishment or sanction is imposed as the offender has been honest about their use. Instead, in some courts the Judge will thank the offender for his/her honesty and encourage them to reduce and eventually eliminate their use of drugs. However, if an offender claims not to have used drugs and the urinalysis indicates otherwise, then a sanction is likely to be imposed. By relying upon an offender's honesty and punishing them if it is proven that they have lied, the DTC is instilling a sense of responsibility into the drug addicted offenders and demonstrating to them that there are consequences for their dishonesty.

There is a populist counter argument which posits that the lack of punishment for a confessed drug use is problematic. Under this model, any use of drugs should be punished as it is a criminal action under the law. The theoretical foundation, however, of the DTC is that of therapeutic jurisprudence. Consequently, the DTC model is structured such that the members of the team do not expect immediate abstinence. Instead, they recognize drug abuse as a serious illness that requires effective treatment and counseling to overcome. Therefore, the team works to build healthy and trusting relationships with each client rooted in honesty so that clients feel safe enough to discuss their addictions and other issues freely with the DTC team. By building healthy and trusting relationships the treatment may prove to be more effective and have a greater positive impact upon the participants in the DTCs.

If the DTC punished participants each time they reported a use of drugs, participants may be discouraged from being honest with the Court. This would be detrimental to the lines and quality of communication in both the Court and at treatment groups and counseling. Unless the team is aware of the participant's behaviour, including the frequency of a participant's drug use and any underlying reasons for their use, they cannot help them overcome their addiction in the most effective manner. Consequently, the best option in DTCs is to encourage honesty from the participants and refrain from punishing them for drug use if it is freely reported to the Court.

Court Appearances

Just as the number of drug screenings required varies by DTC and client, so too does the number of scheduled court appearances. As previously noted, the initial number of required court appearances is likely to be more frequent in the beginning than later on in the program granted that the offender is compliant (La Prairie et al, 2002). La Prairie et al (2002) have stated that court appearances may at first be as frequent as twice a week but may taper off to approximately once every six weeks. The tapering pattern is reliant upon the success of the offender and is subject to the various requirements of each individual DTC.

Many participants of the Toronto DTC recognize the regular court appearances as one of the major aspects that make DTCs successful (Gliksman et al, 2004). This is understandable as the requirement of mandatory court appearances offers structure in clients' lives and enforces regular check-ups on each of the clients to keep them on track. Through this regimented schedule, the clients of the DTC are exposed to a consistent routine which may act as a stabilizing force.

Case Management and Counseling

One of the main aspects of treatment provided via the DTC is case management and counseling. Effective case management has been noted to be a major component in the success of DTCs (Department of Justice Canada, 2001). Each client is assigned to a case worker and in many programs, attends individual counseling and case management meetings with this worker. This provides the client with one-on-one treatment and an opportunity to confidentially discuss any issues the participant may have.

Since the DTC is a multi-partner endeavour, the treatment providers in the DTC program not only give counseling and other treatment services but are also those with whom the Judge consults for updated information on each client. Thus, the same individuals are involved in each stage of the process in the DTC allowing the participants to have a stable and reliable team to work with. The presence of a consistent team membership also allows for consistency of treatment and sharing of information. Rather than having to spend time debriefing any new team member each time the team meets, these individuals are already familiar with how the program works and the responsibilities of each member, thus, increasing the effectiveness and efficiency of the Court.

Sanctions and Rewards

As previously noted, DTCs utilize appropriate punishment, also known as sanction, to encourage offenders to choose the correct form of behaviour. The type of sanction given to an offender will vary based upon the DTC and is tailored to the severity of the clients offending behavior. Many times, the DTC team will decide upon sanctions that not only seek to act as a punishment for the offender but also benefit either the offender or the greater community. For example, rather than having an offender incarcerated, the Judge may sanction the client to eight hours of community service. Alternatively, the Judge may require them to do a book report in order to have them exercise their reading and writing skills. Other examples of such creative sanctions include increased attendance at court, essay writing and making bracelets to sell for charity (La Prairie et al, 2002).

These sanctions not only impose the requirement of a task, a form of punishment, but they also benefit the offender and/or the community by either exercising academic skills or providing community service. This shift away from merely punitive measures of punishment

toward focusing on providing a benefit (regardless of whether this is a direct or indirect relationship) to the offender and/or the community exemplifies the DTC's commitment to therapeutic jurisprudence.

The use of tailored sanctions has been highly effective in DTC. Researchers have noted that offenders perceive sanctions as fair (Harrell, Cavanagh & Roman, 2000; Wolfe et al, 2004). It has been offered that this perceived fairness is the result of agreements made, including the use of sanctions, with the court prior to admission to the program. Also, Longshore et al (2001) have noted that sanctions are most effective if they are immediate after the act of non-compliance and able to be predicted by offenders. Since the use of sanctions is rooted in deterrence theory, the importance of having sanctions issued as soon after the unacceptable behaviour as possible (celerity) is important (Clark, 1988). It was also noted by Wolfe et al (2004) that sanctions must be applied consistently (certainty) in order to maintain their effectiveness. If this standard is not met, the perceived threat and impact of sanction may be less effective as a deterrent.

Sanctions are issued for various reasons across different DTCs; however, the most common reason a sanction is imposed is that of non-compliance with the DTC (D'Angelo & Wolf, 2002; Giacomazzi & Bell, 2007; La Prairie et al, 2002). As noted by Boles et al (2007), measures of non-compliance include unexcused, missed or refused urine tests; not attending scheduled treatment and counseling meetings; missing scheduled court dates; use of alcohol when required to abstain; failure to comply with other requirements of the Drug Court Treatment program; a positive urine screen indicating use of illicit substances (in some Courts); and failure to cooperate with the DTC staff. These measures of non-compliance will vary for each DTC with some programs having a more extensive listing of measures of non-compliance than others.

In a similar fashion, DTCs provide rewards as both a method to recognize an offender's efforts and to reinforce conforming behaviour among offenders and compliance with the DTC. Just as the issuance of sanctions varies by DTC and offender, so too does the presentation of incentives. Often incentives or rewards are provided to those participants who have worked diligently to complete all tasks required of them and have complied with the DTC. Incentives range from a verbal congratulation from the Judge and the DTC staff, to vouchers for free dental care, to gift certificates to local restaurants and salons (West-Huddleston, III, 2005). However, it was noted by many participants that of all the incentives given, the most effective was verbal commendations by the Judge and the DTC team (Boles et al, 2007; Gliksman et al, 2004).

Moreover, as Gonzales et al (2006) note, a key to the success of individuals within this vulnerable population is for someone to show positive interest in them and in the efforts they are making to help themselves. Consequently, any acknowledgement of an offender's positive efforts in the program is beneficial to the success of the offender in the DTC and should be provided by all of the members of the DTC team. Other incentives include having the members of the court applaud the participant, swifter advancements through the phases of treatment of the program, formal certificates recognizing the achievement of the participant and less frequent court appearances (D'Angelo & Wolf, 2002). The provision of rewards, albeit seemingly insignificant to an outsider, is extremely important to both the success of the offenders in the program and to assuring them of their progress (Giacomazzi & Bell, 2007).

Successful and Unsuccessful Clients Drug Treatment Courts (DTCs)

While each DTC varies slightly in their requirements for successful graduation from the program, a number of elements have remained consistent across studies (Butzin, Saum & Scarpitti, 2002). The harm reduction philosophy dictates that complete abstinence is neither

required nor expected throughout the program (National Drug Court Institute, 2006). However, in order to graduate, participants must remain abstinent from substance abuse for a prescribed period in addition to other criteria (Butzin et al, 2002). This period of abstinence has been noted to vary across DTCs with a duration ranging from 90 days to the entire program length of approximately 12 months (Fielding et al, 2002; Wolfe et al, 2004). If this period of abstinence is not successfully completed, then the client usually will not graduate from the DTC. Other requirements for graduation include demonstrating to the DTC team a significant lifestyle change, positive developments in the arenas of employment, education, stable housing, social influences, and regular attendance at all court and treatment meetings (Butzin et al, 2002; La Prairie et al, 2002).

One of the benefits from successfully completing the program, and arguably a strong incentive to participate in the program, is the impact that graduation from the DTC will have upon one's criminal record. Although the level of impact varies across DTCs and jurisdictions, most present the option that completion of the program will result in either a reduced sentence or the withdrawal of the charge resulting in no indication of that charge on an offender's criminal record (Butzin et al, 2002; Durham Drug Treatment Court, n.d.; Gonzales et al, 2006; La Prairie et al, 2002).

Whether or not one receives a reduced sentence or a withdrawal of charges is dependent upon several factors including the severity of the charges levied against, and the existence of a previous criminal record held by the offender. For example, the Durham DTC places clients on one of two tracks for substance using offenders. Track one consists of offenders who have committed an offense that would normally result in a non-custodial sentence and possess a minor or no criminal record). If they successfully complete the program, they will be eligible to have their pleas struck and their charges withdrawn (Durham DTC, n.d.). For those individuals who are first-time offenders, successful completion of the DTC program will ensure that they do not receive an indication of the corresponding charge and therefore no evidence of a criminal record. Comparatively, Track two consists of offenders who have committed an offence that would normally result in a custodial sentence. If they successfully complete the DTC program, they will receive a reduced, non-custodial, sentence (Durham Drug Treatment Court, n.d.).

Not all participants in DTCs successfully graduate. Since the Durham DTC requires offenders to plead guilty to their offence(s), the offender that does not successfully complete the Drug Treatment Court will be sentenced as per this guilty plea in traditional criminal court (Butzin et al, 2002; La Prairie et al, 2002). The benefits and ramifications of one's success or failure in a DTC are relatively consistent across other Courts with only slight variations.

The Drug Treatment Court (DTC) as a Diversion Program

The DTC is considered a diversion program as eligible offenders are "diverted" into programs which provides an alternative to traditional punitive style sentencing procedures and provides eligible offenders with the opportunity to serve their sentence without being incarcerated (Gottfredson & Exum, 2002). These are desirable programs for both the offender and the community, as an individual does not have to go to prison to serve a sentence. The client is more likely to benefit from rehabilitation, and less likely to interact with individuals capable of more sophisticated criminal behavior while serving a more traditional sentence. DTCs have been noted to include better community supervision during the rehabilitation process than regular probation and treat drug cases more seriously (Giacomazzi & Bell, 2007; Gottfredson & Exum, 2002). It is argued that offenders who enter DTCs are more likely to be held to a higher standard

of accountability than if they were prosecuted by traditional criminal justice measures (Gottfredson & Exum, 2002).

Costs Associated with the Drug Treatment Court (DTC)

It has been noted that diversion programs such as DTCs cost the public less per offender and even offer substantial savings (Byrne, Schauffler, Lightman, Finigan & Carey, 2004; Carey, Finigan, Crumpton & Waller, 2006; Lind, Weatherburn, Chen, Shanahan Lancsar, Haas, et al, 2002)¹. If less people are incarcerated due to the usage of DTCs, the strain of overcrowding within the prison system may be lessened to some degree (Fielding et al, 2002). Similarly, if more drug cases are processed via alternative measures such as the DTCs, it is suggested that the efficiency of the more traditional criminal court system may have the potential to increase.

Less crowded jails not only provide fiscal benefits via monetary savings but also social benefits in the form of more effective punishment and a more reliable criminal justice system (Fluellen & Trone, 2000). This argument stems from the premise that if jails are overcrowded, offenders may be released earlier than originally sentenced in order to create more space for incoming offenders (Fluellen & Trone, 2000). If incarcerated offenders are continuously released early in order to make room for incoming offenders, then the credibility of the criminal justice system and the deterrent effect of prisons in general will be comprised. The deterrent effects of incarceration will be weakened as offenders may begin to take their sentences less seriously and anticipate an early release based solely upon a lack of resources. Consequently, incarceration as a ramification of criminal behaviour may no longer act as a sufficient deterrent to criminal behaviour and the criminal justice system could be less effective in its goal of protecting the public.

As a diversion program, DTCs are able to direct certain offenders away from the punitive criminal justice measures that are traditionally imposed, provide them with an opportunity to reduce their sentence or erase the charge from their criminal record, and provide them with substance abuse treatment while avoiding a jail term. The diversion of some drug-involved offenders away from custodial sentences will make more space available in prisons for other offenders and may prevent the criminal justice system from releasing offenders early due to a lack of space. Therefore, the reduced or eliminated sentence, the decrease in the cost to the public of criminal justice measures for offenders, the decreased likelihood of recidivism due to effective rehabilitation and the decrease in the crowding of jails and prisons makes the diversionary DTC an attractive alternative to traditional criminal justice measures for both offenders and communities into which they will live (Harrell et al, 2000).

Nine points of comparison between the Drug Treatment Court (DTC) and the traditional criminal court

There are nine main points of comparison between the DTC and the traditional criminal court regarding substance abusing offenders. Overall, the DTC emphasizes a more therapeutic approach to drug addicted offenders, relying on consistent and reliable communication between team members, where the judge presents an atmosphere of shared governance. More traditional courts rely more heavily on the deterrent effect of punishment, where communication between the judge and the offender is heavily restricted and the judge is the sole decision-maker deciding an offender's fate. These differences are elaborated on, in more detail, below.

¹ For more information on this, please refer to the *Cost-Benefit Analysis of Drug Treatment Courts* section of this report.

1 Punishment as therapeutic vs. Punishment as punitive

The transition to the DTC from traditional criminal justice measures represents a paradigm shift in the criminal justice system's standard response in addressing substance abusing offenders (Giacomazzi & Bell, 2007). In many jurisdictions, the traditional punitive style of criminal justice systems is no longer the dominant choice for dealing with substance abusing offenders. Instead the more therapeutic and arguably more effective DTC model is utilized. The key paradigm shift noted by Giacomazzi and Bell (2007) is the difference in the usage of punishment between these two models. Giacomazzi and Bell (2007) note that DTCs utilize punishment as a graduated sanction and that additional punishment may not be required if the client is compliant with the program. Clients have control over any punishment they may receive in the program via their own behaviour. This differs from the traditional punitive style criminal justice measures, which provides fewer leniencies often adhering to strict sentencing guidelines.

Additionally, while traditional criminal justice measures use punishment, most notably incarceration, as a form of deterrence, the DTC model uses sanctions as both a deterrent and a component of treatment. The DTC does this by choosing appropriate sanctions that assist in the offender's rehabilitation and reintegration into society. For example, instead of being sentenced to a period of incarceration for non-compliance with the DTC, the offender may be required to fulfill community service hours by volunteering at a local shelter.² Consequently, the imposition of punishment not only requires the completion of a task by the offender, but also benefits the offender and the local community. Therefore, while DTCs use sanctioning as a form of deterrence like its traditional counterpart, it also uses sanctions to benefit the community and as a part of the client's treatment. If an offender does not successfully complete the program, he/she will be subjected to prosecution by the traditional criminal justice system. This is important to take note of as it indicates that the DTC program is not a total release from more formal sentencing, but rather holds the offender accountable for his/her actions while providing an avenue for effective treatment and a decreased sentence.

2 Diminished or removed sentence vs. Full sentence

It is important to note that punishment and sentencing in the traditional criminal justice system is given as the result of breaking the law. If one performs a criminal act, then he or she is subject to the punishment given by the Judge. However, since the DTC is diversionary, punishment for a criminal offence in this program is not automatically eliminated upon entry, but rather is available to be decreased via compliance with the DTC. However, if the offender is not compliant with the program then punishment in the form of sanctions will be issued, as both a deterrent and a treatment component for non-compliance. If offenders successfully complete the DTC program, then their sentences are either reduced or eliminated completely. Therefore, if one does not successfully complete the DTC, he/she must still be sentenced via the traditional criminal court and fulfill whatever sentence is deemed appropriate. Traditional criminal courts do not provide an opportunity for a reduction of minimum sentencing except in other diversion programs such as the DTC.³

² For more information on creative punishments used in the Drug Treatment Court program please refer to the section "*Sanctions and Rewards*" of this report.

³ For more information on this please refer to "*The Drug Treatment Court as a Diversion Program*".

It is noteworthy that clients of the DTC programs often interact with the Criminal Justice System for a longer period of time, on average, than those moving through more traditional court systems. The average (mean) length in custody for a drug trafficking offence is approximately 230 days in Ontario under the traditional criminal court system (Statistics Canada, 2008). Additionally, the average (mean) length in custody for a drug possession offence is approximately 37 days in Ontario under the traditional criminal court system (Statistics Canada, 2008). Comparatively, DTC programs usually require anywhere from nine to eighteen months to complete with most offenders requiring at least twelve months to successfully complete the program (Fielding et al, 2002; Gliksman et al, 2004). Consequently, the length of the DTC program may deter offenders from choosing the DTC program as an alternative to incarceration.

3 Non-adversarial system vs. Adversarial system

Traditional criminal courts are based upon an *adversarial* system. An adversarial system promotes competition between two rivals or adversaries. In this type of court system, winning the competition is the foundation of jurisprudence. In Canada, the two competing teams include a person(s) to defend the accused against allegation (the “defense”) and another to prosecute the accused on behalf of the Queen (the “Crown”). Conversely, the DTC is a non-adversarial system (Listwan et al, 2003; National Criminal Justice, 2008). This means that there is no competition between the defence and the Crown counsel to win the favour of the Judge. Instead there is a general level of co-operation among not only between the Crown and defense counsel, but all those involved in the DTC. This collegial atmosphere aids in creating a team approach to the offender’s case and allows for a more therapeutic presentation of the criminal justice system and treatment.⁴

4 Pre-court meeting vs. No pre-court meeting

Traditional criminal court does not have a pre-court meeting before every client’s court appearance. Pre-court meetings are usually reserved for pre-trial purposes and include representatives from the Crown and the defence, the offender and the Judge. In comparison, DTCs have a pre-court meeting before every client’s court appearance. These pre-court meetings include all the key players (usually the federal and provincial Crown counsel, Judge, case managers/treatment providers, probation officers –if necessary, police officer liaison and mental health workers). During these meetings the key players discuss the recent developments in each client’s case and determine what will be done in court that day. The inclusion of the entire DTC ensures that a more complete picture of the offender’s case is provided; a contrast to the pre-court meeting in traditional criminal courts. Consequently, the DTC pre-trial meetings are an effective and essential component of DTC as it provides these key players with an opportunity before court to work together as a team and collaboratively discuss the best options for the offender.⁵

5 Mandatory guilty plea vs. Freedom of plea

In Canada, the traditional criminal court system is rooted on the protection of presumed innocence of the offender, as protected by the Charter. Similar provisions protect clients entering the court system in the United States and are assured by the American Constitution. In

⁴ For more information on this please refer to the section “Who Is Involved in a Drug Treatment Court?”.

⁵ For more information on this please refer to “Pre-Court Meeting”.

other words, the client is presumed innocent until proven guilty. This means that every accused has the right to plead guilty or not guilty and will be presumed innocent until evidence is presented in court to show otherwise. Conversely, as the DTC serves to divert clients away from more traditional methods of punishment used by the State, one of the requirements of admission (except in pre-plea or deferred prosecution DTCs) is that the eligible applicant must plead guilty to the charges before the court.⁶ As noted above, the entering of a plea prior to admission into the program appears to provide the DTC team with more leverage and encourages the offender to successfully complete the program (Longshore et al, 2001).⁷ Provision of a guilty plea encourages a client in the DTC to complete the program because if they do not successfully complete the program, they must return to the traditional criminal court for sentencing under their guilty plea.

It is important not to confuse the idea that an offender is required to plead guilty in order to obtain admission into the DTC with the idea that an offender is *forced* to plead guilty. The DTC is not a mandatory sentencing provision but instead is an optional alternative to incarceration or other sentencing. Consequently, the decision to enter the DTC and to enter a plea of guilty is entirely that of the offender.

6 Diminished sole decision making vs. Absolute decision making of the Judge

In the traditional criminal court system, the Judge has an absolute authority over the decisions of the court where the client chooses a trial by judge, as opposed to jury. In this model, the Judge listens to the arguments of the Crown and defense counsel in the courtroom and may choose to disregard them completely, choose either one of the arguments, or a combination of both. Consequently, the Judge is the sole arbiter determines the verdict of the case at hand.

Comparatively, the key players in the DTC work collaboratively at an equal level while the Judge leads the group (National Drug Court Institute, 2006). Similar to the traditional criminal justice system, the Judge has the final say in all matters, but in the pre-court meeting the DTC team are expected to provide suggestions, information, debate options, and collaborate to seek out the best option for the offender concerned. Each of the team members is present to provide input and the Judge relies upon the team to provide the necessary information in order to collectively establish the best decision. The Judge acts as the facilitator of the group (National Drug Court Institute, 2006). Once an agreement has been met regarding the best course of action and is agreed to by the Judge, the decision is implemented in court with the team's agreement. Consequently, The DTC judge shares his/her authority with the group in order to make the best decision possible for the client concerned.

Following from the premise that the Judge still has the authority in the Court but acts in a more collaborative and problem solving fashion is the issuance of sanctions. Only the Judge is officially able to issue a sanction to a non-compliant client at court (La Prairie et al, 2002). However, the Judge is reliant upon the team in deciding whether or not to give out any sanctions and if so, what kind and how many to issue. This reflects the notion in the DTC that while the Judge theoretically holds the power, in practice he/she works as a part of a team that chooses the best option for the client. Consequently, in the DTC, the role of the Judge differs from the traditional role. In DTC the Judge takes a much more active role both in court and in the pre-court meeting with respect to addressing the client and any issues he/she may have. The Judge must ensure that the client is treated fairly and held accountable for his/her actions in the

⁶ For more information on this please refer to “*The Drug Treatment Court as a Diversion Program*”.

⁷ For more information on this please refer to “*The Different Types of Drug Treatment Courts*”.

program (Butzin et al, 2002). Additionally, the Judge has the authority to terminate a client from the DTC; however the Judge's decision to terminate or keep a client is heavily rooted in the recommendations and opinions of the other key players on the DTC team (Butzin et al, 2002).

7 Provision of treatment vs. No provision of treatment

The traditional criminal court does not provide addiction treatment that a drug-dependent offender requires and instead provides only the punitive solution for drug related crime. Consequently, offenders are left on their own to first identify that they need treatment and secondly to seek out such treatment. For example, a study performed by the Delaware Sentencing Accountability Commission determined that more than 70 percent of 4,000 prison inmates needed treatment for their substance abuse (Butzin et al, 2002). This same study reported that the national estimates indicated that 60 to 85 percent of incarcerated individuals are in need of treatment for an illegal substance addiction.

Comparatively, DTCs combine treatment with punitive measures in order to create a more holistic approach to drug abusing offenders. In contrast to traditional punitive focused criminal justice measures, the DTC focuses upon not only the necessary punitive sanctions but also various treatment options (Egbert, Church, II, & Byrnes, 2006). Subsequently, the DTC is structured in such a way in order to address the underlying issue of substance abuse which contributes to, and may provide the impetus for, the current criminal behavior (Fielding et al, 2002). By having the treatment component enmeshed with the punitive aspect of drug related crime, offenders are constantly provided with more assistance than they would be in traditional criminal court since they have already been identified as in need of treatment, and such treatment has been pre-arranged as part of the program (National Criminal Justice, 2008).⁸

8 Mandated treatment and court monitoring vs. No mandated treatment and court monitoring

It is not a common practice for traditional criminal courts to mandate treatment or regular court monitoring via urine screens for drug-addicted offenders. However, mandated treatment and court monitoring is one of the foundational aspects of the DTC. Unlike traditional criminal court, the DTC includes mandated treatment as part of the program and then follows up each week to ensure that the participant has attended all treatment measures. As noted previously, this court-mandated and court-enforced treatment has been recognized as extremely important to the success of the offenders and the program. The Court requires a level of responsibility and accountability on the part of the offender and the necessity of this may aid in establishing this essential life skill in the offender. Consequently, once one has established responsibility and accountability he/she is better prepared to successfully complete the DTC Program (Fielding et al, 2002). This is an important point of comparison as it has been put forth that through consistent drug testing and treatment monitoring, DTCs are more focused upon finding ways to encourage and reward the responsible behaviour of the offenders than the traditional criminal courts (Fielding et al, 2002). Through this focus, the therapeutic jurisprudence aspect of DTCs is exemplified.

9 Judge as an Arbiter and Client Support vs. Judge as only an Arbiter

While the differences in the authority of the Judge in his/her decision making authority as a distinction between DTCs and traditional criminal court has already been outlined, the

⁸ For more information on this please refer to "How does the Drug Treatment Court work?".

importance of the connection between the Judge and the offender and the impact that this relationship has upon the success of the offender has not yet been explained. In traditional criminal court, the role of the Judge is simply that of an Arbiter. He/she is responsible for maintaining order in the courtroom and deciding the verdict of the case. Comparatively, the role of the Judge in DTCs is much more than an authority figure or team decision maker. Instead, the Judge must also establish a rapport with each offender in the courtroom and provide encouragement to the offenders to motivate them to continue with their efforts in the program (National Criminal Justice, 2008). Research has shown that the relationship between the offender and the Judge is perhaps one of the most important connections an offender will make with any of the DTC staff and is the relationship which is most likely to dictate the success of the offender in the program (Belenko & Logan, 2003; La Prairie et al, 2002; Listwan et al, 2003).

This theory considers the impact that a supportive relationship with someone of authority would have upon an offender. Offenders may not experience much meaningful support in their lives with respect to eradicating their addiction. Consequently, when offenders are provided with an honest form of support and encouragement from an individual who is sincerely concerned about their well-being, this relationship may not only serve to be the guiding and motivational force an offender requires for beneficial change in his/her life, but also as the strength one needs to successfully complete the DTC program (Belenko & Logan, 2003). Therefore, it is imperative that each DTC Judge is not only aware of the impact that each will have upon the offenders in his/her courtroom, but also to purposefully ensure that this relationship is strong and trusting. In this manner, each Judge is able to utilize his/her influence to have the greatest possible positive benefit upon each offender in a DTC. In sum then, the differences between these two systems are as follows:

Table 1
Summary of comparisons between drug treatment courts and more traditional court systems.

<i>Practice</i>	<i>Drug Treatment Court</i>	<i>Traditional Court System</i>
Punishment	Therapeutic with punishments delivered as sanctions	Punitive with punishments delivered as foster elements of deterrence
Sentencing	Diminished or removed sentence if successfully complete the program	Service of full sentence, although it is possible to serve this outside prison depending on level of good behavior during incarceration. Client receives or adds to a criminal record.
System type	Less adversarial, more rehabilitative	Adversarial
Process	Decisions made in Pre court meeting with team	No pre court meeting with team
Plea	DTC requires mandatory guilty plea before it can	TCS allows client to plea either guilty or not guilty

	allow client into diversion program	
Decision making	Judge acts as facilitator for team. Decisions are made by the group with the judge accepting agreements within the team	Judge acts as sole arbiter
Treatment	Provisions made for treatment as part of the court process	Provisions for treatment are not available as part of the court process. Treatment may be available by other agencies depending on availability.
Monitoring	Treatment is mandated and monitored.	Treatment is not mandated.
Role of judge	Judge is more compassionate, offering client support, suppressing the role of arbiter	Judge is unbiased, administering the process of the criminal justice system.

Effectiveness and Success Rates of the Drug Treatment Court (DTC)

Overall, DTC evaluations across the United States and Canada have shown DTCs to be effective in reducing recidivism and improving the lives of participating offenders (Bouffard & Richardson, 2007; Carey et al, 2006; Fielding et al, 2002; Fluellen & Trone, 2000; Harrell et al, 2000; Heck, 2006; Johnson-Listwan et al, 2003; Lind et al, 2002; Sanford & Arrigo, 2005). Many studies examined the effectiveness of DTCs by using a control group and comparing the length of time it took for the members of each group to recidivate (Fielding et al, 2002). In the study by Fielding et al (2002), it is interesting to note that the rate of success varied by risk strata. Those who were considered at a “high” or “medium” risk level had a significantly lower re-arrest rate. Additionally, this same study noted that those offenders who participated in DTCs were less likely to be re-arrested on a drug related charge than their respective control group.

These findings were not isolated to this study. In fact, numerous other studies found similar results (Bouffard & Richardson, 2007; Carey et al, 2006; Fluellen & Trone, 2000; Harrell et al, 2000; Heck, 2006; Johnson-Listwan et al, 2003; Lind et al, 2002; Sanford & Arrigo, 2005; West-Huddleston, III, 2005). For example, an evaluation performed in Salt Lake County, Utah, found that 64 percent of the control group, who were matched for similar drug use and offending patterns but did not partake in a DTC, were re-arrested. Comparatively, only 15.4 percent of the successful graduates of the DTC were re-arrested (West-Huddleston, III, 2005). Interestingly, those who partook in the DTC but did not graduate were still re-arrested less than the control group with 39.3 percent of recidivating participants. This observation supports the argument that even though a participant may not successfully graduate, the DTC program still assists the participant in reducing his/her drug use and related criminal behaviour – a success nonetheless (Carey et al, 2006).

Not only have research evaluations on DTCs found that recidivism rates were lower among DTC participants compared to the respective control group, but also that some

participants did not recidivate at all (West-Huddleston, III, 2005). A study of the DTC in Orange County, California, found that 80 percent of successful DTC graduates had no further drug-related arrests. Slightly less (74%) of successful DTC graduates had no further arrests at all (West-Huddleston, III, 2005).

The success of DTCs is not restricted to North America. In New South Wales, Australia, the implementation of DTCs has been met with success (Lind et al, 2002). An evaluation performed by Lind et al (2002) noted that DTCs could be effective in reducing drug-related crime and noted a decrease in drug use and crime by participants of DTCs. Additionally, this same report noted that DTCs were more effective than probation in reducing drug use and drug related criminal behaviour. Consequently, the DTC phenomenon is not merely a successful Western concept but one that has spread across the globe and has experienced success in other countries.

Yet, despite the numerous statements of success, some studies have indicated that there were no significant differences between the comparison and participant groups regarding recidivism (Johnson-Listwan et al, 2003). For example, Dumanovsky found in 1994 that there were no significant differences in the arrest rates for comparison and drug court group participants in New York City (Johnson-Listwan et al, 2003). Moreover, Granfield, Eby & Brewster (1998) outlined that a study in Denver, Colorado also found no significant differences in the arrest rates of similar offenders.

However, this difference in recidivism rates may not be the consequence of an ineffective program but instead may be attributable to various factors; some of which include the processes of the DTC team, the set-up of the DTC, the intensity and appropriateness of the treatment, the provision of rewards and sanctions as applicable and the characteristics of the offender himself/herself (Brocato & Wagner, 2008; Johnson-Listwan et al, 2002; Webster, Rosen, Krietemeyer, Mateyoke-Scriver, Staton-Tindall & Leukefeld, 2006). As researchers have noted, the characteristics of the individual offender, most notably the offender's attitude, desire to be in the program, motivation to complete the program, intensity of drug addiction and the presence of socially stabilizing influences in the offender's life, has a profound impact upon the success of the offender in the program and any subsequent recidivism (Brocato & Wagner, 2008; Butzin et al, 2002; Freeman, 2003; Harrell, 2003; Johnson-Listwan et al, 2002; Webster et al, 2006).

Additionally, if the individual assistance or specific treatment needs of the participant are not provided, the offender's success in the program is likely to be negatively affected. Therefore, as stated by Johnson-Listwan et al (2003), in order to maximize the effectiveness of the DTC, it is imperative that the DTC team and the DTC itself are flexible in the approach they take with each client, most notably those in minority groups. In this manner, the DTC will be adaptable enough to address the needs of each individual offender; thus, providing them with the best and most effective treatment available.

Similarly, it is recognized that different studies analyzed DTCs that accepted offenders with drug addictions and criminal records at various severity levels (Harrell et al, 2000). It is important to realize that since the level of addiction may vary across offenders, so too will the success rates. Success rates are likely to vary by offender as those who have a more extensive history of addiction may be less likely to be as successful in the program as those with a shorter history of addiction or addiction to a less-addictive drug (Roman, Townsend, Singh-Bhati, 2003). This is not to say that the DTC is ineffective for offenders addicted to 'harder' drugs like crack/cocaine since studies have shown this is indeed not true (West-Huddleston, III, 2005).

Instead, this point is being used to illustrate the argument that the history of an offender's addiction and the type of drug he/she is addicted to may bear an impact upon the level of success that the offender will experience in the DTC (Lind et al, 2002; West-Huddleston, III, 2005). Consequently, individuals, policy analysts and government officials in particular must be cautious when interpreting statistical results on the rate of success of DTCs as there are a multitude of explanations, as outlined above, for why one DTC may experience more success than another (Listwan et al, 2002).

SECTION III

The Durham Drug Treatment Court, Durham Region, Ontario.

Introduction

Like other DTCs, the Durham DTC is an amalgamation of the theoretical approaches of harm reduction and deterrence theory. Consequently, it focuses upon emphasizing the therapeutic aspects of the law, combining mental health and addiction services with punitive measures, and reducing the harm to the actor and society in an effort to eliminate the offender's drug addiction and subsequent criminal behaviour. Therefore, the health and criminal justice sectors work in a synergistic fashion to unite services, effectively utilize resources, and assist offenders in the most holistic manner possible.

Who is involved in the Durham Drug Treatment Court?

The main actors in the Durham DTC are very similar to those in other DTCs (Durham Drug Treatment Court, n.d.). The key players include:

- Judge
- Crown Prosecutor
- Duty Counsel
- Representative of Probation Services
- Court Staff
- Treatment Staff (Mental Health Workers, Case Management Workers, etc.)
- Police

As is standard in other DTCs, these key players work in a collaborative manner and form the core team of the DTC (Durham Drug Treatment Court, n.d.).

Client eligibility

The Durham DTC accepts offenders who have been charged with non-violent offences that are either directly or indirectly related to their substance abuse (Durham Drug Treatment Court, n.d.). These individuals are offered admission into the Durham DTC if they enter a guilty plea and meet the other eligibility requirements. These other eligibility requirements include that the offence must not be of a sexual or violent nature, involve children or domestic violence, be a residential break and enter, or involve drinking and driving (Durham Drug Treatment Court, n.d.). Also, applicants who have committed a very minor assault are reviewed on a case-by-case basis regarding program admission (Durham Drug Treatment Court, n.d.). Applicants who have committed any of the following offences are accepted: simple possession, possession for the purpose of trafficking and trafficking in cocaine, crack cocaine, opiates, heroin, crystal methamphetamine or ecstasy (Durham Drug Treatment Court, n.d.).

What is the process of the Durham Drug Treatment Court?

The process involved in gaining admittance into the Durham DTC as a participant is very similar to that outlined above.

Steps in the Process of the Durham Drug Treatment Court

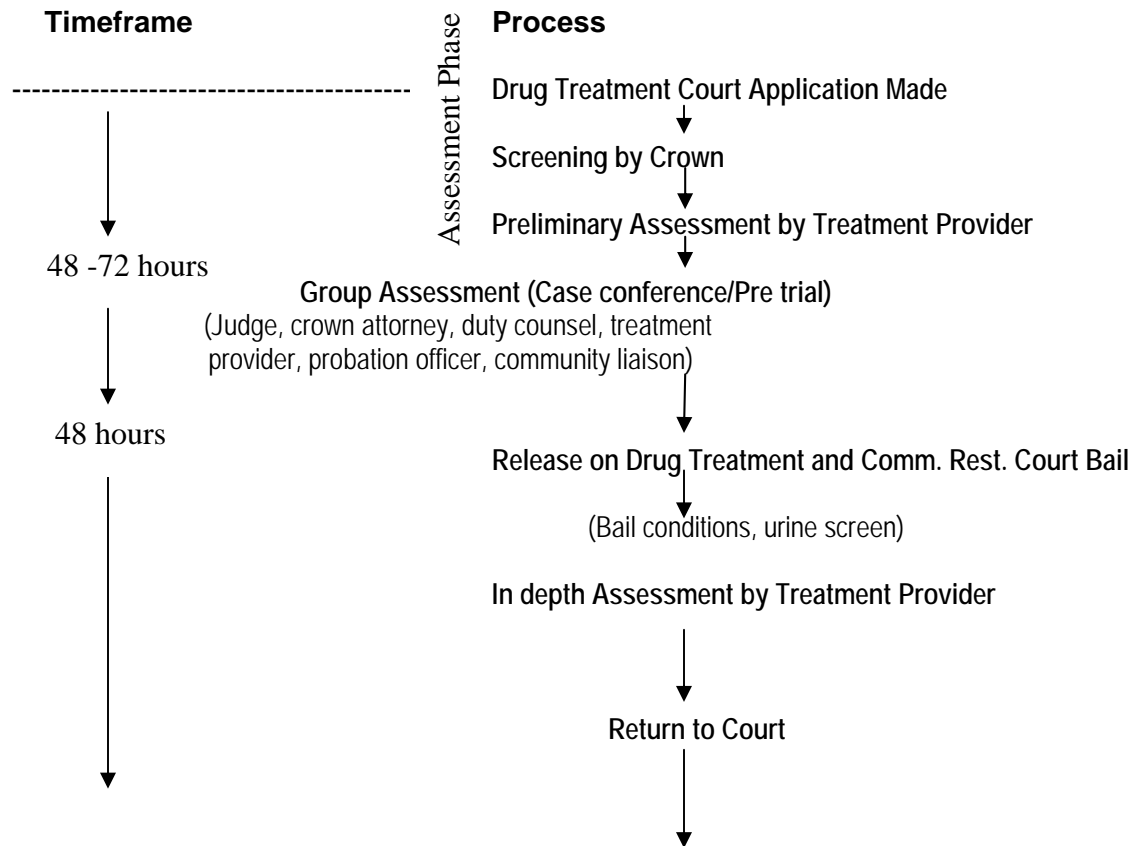
1. Make an application: The first step in the process is for a DTC application to be made by the duty counsel or defense counsel representing the applicant to the Crown Attorney's office after a charge has been laid.

2. Application Approval: If this application is approved by the Crown and the applicant meets all eligibility requirements noted above, the applicant must undergo pre-screening by a mental health worker.
3. Pre-Screen by a mental health worker: During this process an assessment of the applicant's substance abuse and other relevant issues are determined.
4. Pre-Court Meeting – The applicant is discussed in the Pre-Court meeting by the DTC Team and the applicant's eligibility is assessed. If the applicant is deemed eligible he/she has the opportunity to plead guilty to their charges in their next court appearance.
5. Appearance in Court: The applicant gains formal entry into the DTC program at the next sitting of the Court by the Judge if the applicant is interested in participating and the Judge assesses that the applicant is motivated and committed to the program. It is important to note that the Judge possesses the final choice as to whether or not to admit or refuse an applicant admission into the program.
6. Bail Conditions Set: After the applicant has been admitted into the program (now considered the 'client') any and all bail conditions and charges are set by the Judge of the DTC.
7. Assessment by the addiction counselor: This assessment by an addiction counselor is conducted to fully determine the extent of the client's drug and other relevant issues.
8. Treatment Begins: To maximize the effectiveness of the DTC program, as soon as the applicant is admitted to the program, treatment and court monitoring begin. Please note: treatment through group sessions may begin prior to the applicant assessment by the addictions counselor depending upon the day the applicant is admitted into the program and the availability of the addictions counselor.
9. Thirty Day Probationary Period: The initial thirty days after an applicant is accepted into the Durham DTC program is considered a probationary period. This provides the client with the opportunity to see how the program works. If, at the end of the thirty days or any time before then, the client would prefer not to participate in the DTC and would rather be sentenced by criminal court and serve his/her time in jail than continuing with the program, they have the choice of doing so. Alternatively, if the DTC team decides that this client is not appropriate for the program they may decline the client from further participation in the program. If either of these situations occurs, then the client's guilty plea is struck and the case is processed through the traditional criminal justice system.

In order to illustrate this specific process a diagram created by the Durham DTC Team is below. Please note: this diagram was taken from the Durham DTC's *Durham Drug Treatment and Community Restoration Court* brochure.

Figure 2
DURHAM DRUG TREATMENT AND COMMUNITY RESTORATION COURT
PROGRAM OVERVIEW

Diagram 1. Program Delivery Model



Phase One: 1 Year (approx) for Adults Youth duration determined by therapeutic requirements. Maximum of 1 year.
Treatment, weekly court, screens, sanctions, incentives



Treatment Phase

Eligible people who enter Program

Target Group	YOUTH	ADULTS
Primary Treatment Focus	Dysfunctional behaviour: Drug Addiction	Drug Addiction: Cocaine Opiates, including prescription narcotics Heroin
Mental Health	Universal Mental Health Assessment Concurrent Mental Health Treatment and Support for people with concurrent disorders	
Community Support	Concurrent work with community support agencies to address issues of housing, literacy, education, other physical health problems, employment, and native healing. As required.	

Why does Durham Region need a Drug Treatment Court?

Durham Region is a culturally and historically unique area distinct from the rest of Canada. With a geographical location that positions it as a bedroom community for commuters to the City of Toronto and as a hometown for those who work in the Region of Durham, the area is home to a diversity of individuals. Consequently, the variation in ethnicity, skill level, education, culture and lifestyles of the inhabitants of Durham Region is vast. Additionally, Durham Region is comprised of both urban and rural areas with both cities and farmland present in the area. Therefore, not only are the people of Durham Region diverse, but so too is the landscape and consequently, the local economy.

Of economic importance to Durham Region and Oshawa in particular is the automotive manufacturing sector. Canada became grounded in the automotive manufacturing sector when Robert McLaughlin set up his McLaughlin Carriage Company in Oshawa in 1879 and maintained its location despite economic incentives to move elsewhere (McLaughlin Carriage, n.d.). With its merge with Chevrolet and General Motors and its gradual expansion into General Motors of Canada, the automotive manufacturing sector became pertinent to the economic success of the City of Oshawa and arguably, was the foundation for economic stability of other sectors in Durham Region (McLaughlin Motor, n.d.). In fact, the industry with the highest number of employees in Durham Region during 2001 was the manufacturing industry with almost 17% of the working population (Planning Department, 2006). However, with Durham Region and its inhabitants facing the impending (2008-2009) shut-down of the General Motors' truck plant, concerns for the stability of the local economy and those in the manufacturing industry in particular are high. The economic stability of thousands of inhabitants appears to be in jeopardy as over 2,600 General Motors employees face imminent job loss in the coming year (GM to halt production, 2008).

Yet, despite this economic change, Durham Region is a growing and developing area that is expanding to meet the ever increasing demands of urban sprawl. Consequently, this area is in a state of flux. Oshawa in particular is a transitional area that is currently experiencing the challenges of an increasingly laid-off workforce comprised mainly of trades people and unskilled labourers. With this excess of manufacturing workers and the lack of professionals in the area, the labor market is unfortunately unbalanced (Planning Department, 2006). Consequently, Durham Region is forced to address these economic challenges.

Additionally, while Durham Region is a relatively small place with a population of approximately 561,258 people, the area is still plagued by many of the same sociological and drug-related criminal issues of bigger population areas like Toronto, but on a different scale (Region of Durham, n.d.). The prevalence of drug usage in Durham Region, especially Oshawa, has become an increasing problem over time. Numerous efforts to clean up Oshawa's downtown core and the drugs in it have been initiated, including mayoral campaigns and economic endeavours (Vyhnak, 2008). The establishment of the new General Motors Centre, the University of Ontario, Institute of Technology, the restoration of the 1919 Regent Theatre, and the proposed plans to build a multi-million dollar hotel and conference centre are but a few examples of the efforts to improve Oshawa (Vyhnak, 2008).

Unfortunately, these efforts have done little to curb the intensity of the drug problem in Oshawa and Durham Region as a whole. The prevalence of drugs in Durham Region has become the focus of numerous newspaper articles and has spent increasing time in the forefront of the media (Charges laid, 2008; Drugs and cash; 2008; Durham Region, 2008; Lamberti, 2008; Mascoll, 1992; Men facing, n.d.; Ringing alarm, 2008; Siblings busted, 2008; Vyhnak, 2008). Most recently, a Toronto Sun author wrote an article entitled "Cracked out in Oshawa" and went into detail on the persistent crack problem plaguing the City of Oshawa (Lamberti, 2008). However, it is not merely crack that is a common drug in Durham Region. Cocaine, methamphetamine, OxyContin, marijuana, and other drugs all present themselves as problem substances that are common to the area (Drugs and cash; 2008).

Durham Region is comprised of both urban and rural settings. Methamphetamine is a common drug among rural areas as it is easily created from household chemicals. Methamphetamine production facilities or "meth labs" can be set up in one's home (West-Huddleston, III, 2005). Conversely, cocaine tends to be more popular in urban areas (Bouffard & Smith, 2005). Yet, Durham Region has a problem with both cocaine and methamphetamine in addition to drugs such as marijuana and Oxycontin. This creates a challenge for social analysts and policy makers regarding how to best address the situation. Where some strategies may work well for areas where the sole problem is crack cocaine or methamphetamine, Durham Region must find a solution that is conducive for offenders with addictions to one and/or the other, who live in both rural and urban environments.

The DTC is one such strategy that can be invoked to assist drug-addicted offenders who have addictions to various types of drugs. DTCs have been shown to be successful in assisting offenders with addictions to numerous drugs including those currently plaguing Durham Region (Bouffard & Richardson, 2007; Bouffard & Smith, 2005; Carey et al, 2006; Fielding et al, 2002; Fluellen & Trone, 2000; Harrell et al, 2000; Heck, 2006; Johnson-Listwan et al, 2003; Lind et al, 2002; Sanford & Arrigo, 2005; West-Huddleston, III, 2005). The Durham DTC is currently operational in Oshawa and has been since 2006; however, due to a lack of federal funding it is only able to support seven clients at any given time.

SECTION IV

Cost-benefit analysis of Drug Treatment Courts

A variety of research studies have performed cost-benefit and cost-effectiveness analyses on DTCs (Byrne et al, 2004; Carey et al, 2006; Lind et al, 2002). While most of these analyses were performed on DTCs in the United States of America (perhaps due to the abundance of DTCs in the country), they provide researchers and policy makers in other countries with a general idea of the cost-benefit gains of DTCs. The results of these analyses have been consistent: DTCs are an effective allocation of resources; the benefits outweigh the costs; and many times DTCs provide fiscal returns in the form of savings (Byrne et al, 2004; Harrell et al, 2000; La Prairie et al, 2002; Lind et al, 2002). For example, the analysis performed by Byrne et al (2004) noted that for every \$1.00 invested into DTCs, \$1.30 was returned. Additionally, Harrell et al's (2000) evaluation concluded similar findings. In this analysis, for every \$1.00 invested into DTCs, \$2.00 was returned. In a later study by Harrell (2003), it was noted that for every \$1.00 invested there was a \$2.83 savings due to reduced crime. Similarly, Wells and Munsterman (2005) note that the Multnomah County Drug Court in Oregon experienced cost savings of approximately \$5,000 per client resulting in \$1.5 million per year. Harrell et al (2000) also noted that when other cost savings are considered, such as victimization costs, reduction in theft, medical and public assistance costs, savings can be as high as ten million dollars per year. Although these are largely American research findings, studies conducted in New South Wales, Australia, also support similar findings (Lind et al, 2002).

More direct cost comparison of traditional and drug court systems providing a Canadian context are found in a Toronto DTC Evaluation (Gliksman et al, 2004). This evaluation estimated that the average cost per client in the Toronto DTC was \$38,915.00 (Gliksman et al, 2004). Comparatively, the average cost of an offender in the comparison group, one who was addressed via traditional criminal court, was \$25,525.00 (Gliksman et al, 2004). This is a reasonable estimate considering that DTC clients attend court as much as twice per week and are also engaged in drug addiction treatment counseling and group sessions (Gliksman et al, 2004). At first glance at these Canadian statistics, one may wonder why anyone would choose to support a DTC if the cost per offender is less via traditional criminal court practices and incarceration. However, one must remember not to simply look at the costs per person to determine which criminal justice measure is more desirable. It is imperative that when considering whether or not to fund a DTC that policy makers consider the hidden costs and benefits associated with both measures.

For example, one must consider the additional costs, both in the fiscal and social respect to the criminal justice system and the victims, which are associated with recidivism. Studies have shown that drug-addicted offenders are significantly less likely to re-offend following their time in a DTC when compared with other drug-addicted offenders who were addressed by the traditional criminal court and incarceration (Bouffard & Richardson, 2007; Carey et al, 2006; Fluellen & Trone, 2000; Harrell et al, 2000; Heck, 2006; Johnson-Listwan et al, 2003; Lind et al, 2002; Sanford & Arrigo, 2005; West-Huddleston, III, 2005).

While the precise reasons why DTCs are successful in reducing recidivism continue to be debated among scholars, one of the most logical reasons is that DTCs address the underlying motivation to commit crime (Giacomazzi & Bell, 2007). Since a goal of DTCs is to eliminate a client's drug addiction – the underlying motivation to commit crime – the likelihood of recidivism after participation in the program is reduced (Giacomazzi & Bell, 2007). DTCs are

not simply a short term solution to drug-addicted offenders and drug-related crime. Rather DTCs also meet the long term goals of prevention of future criminal behaviour and reduction of harm to the client and society through effective rehabilitation. The money spent on each client of a DTC is not just money spent on punishment and a short term response. It is also an investment in a by providing a criminal justice response that has been proven to reduce recidivism, and decrease or eliminate drug use in the offender. In essence, rehabilitation efforts in DTC may be more effective than traditional criminal court efforts.

Traditional criminal justice responses such as incarceration are a short term response in effectively addressing the underlying motivation to commit crime. Rather than providing treatment and rehabilitation for drug-addicted offenders, the traditional criminal court system focuses upon deterring future criminal behaviour via incarceration. Consequently, there is very little in this deterrence theory based model to address the underlying motivation for criminal behavior in this offender class: drug addiction. Therefore, while this deterrence theory model may be effective for some offenders it is ineffective for drug-addicted offenders. For that reason, DTCs, rooted in the harm reduction model, are a more successful approach to dealing with this offender class (Egbert, Church, II, & Byrnes, 2006). Thus, for one to calculate a cost-benefit comparison of traditional criminal court (incarceration) measures and DTCs, it is essential that one considers the preventative nature of DTCs, the therapeutic benefits associated with them, and their success in reducing recidivism. Drug Treatment Courts are a desirable alternative, both socially and fiscally, to traditional criminal court measures.

For example, if a drug-addicted offender was assessed by the traditional criminal justice measures of criminal court and subsequent incarceration, according to Gliksman (2004) the average cost to process and extract this individual is approximately \$25,525.00. Yet, if the drug addiction is not effectively treated, the likelihood of the offender recidivating increases. Consequently, this average cost is compounded each time the offender recidivates. If the offender becomes a “lifer” (one who never really leaves the criminal justice system and uses proceeds of crime to supplement income on a regular basis), the costs associated with incarcerating and prosecuting this individual would be enormous.

Comparatively, if a drug-addicted offender is processed through a DTC and the client’s addiction issues are effectively resolved, he/she is less likely to return to a life of crime. It costs \$38,915.00 to support a client in a DTC (Gliksman et al, 2004). Although this is 1.5 times the cost of administering the client through a more traditional criminal justice system, DTC is still considered a wise investment in light of higher recidivism rates of non-DTC clients with similar addictions. A second arrest would double the cost of administering to the same client within the more traditional system.

The argument that drug-addicted offenders who choose to engage in a DTC program experience significantly lower recidivism rates is supported by numerous studies (Fielding et al, 2002; Fluellen & Trone, 2000; Freeman, 2003; Gonzales et al, 2006; Gottfredson & Exum, 2002; Johnson-Listwan et al, 2003; Krebs et al, 2007; Latimer et al, 2006; Public Safety Canada, 2008; Sanford & Arrigo, 2005). Gonzales et al (2006) noted that males were more likely than females to be re-arrested. However, each of the above studies all noted a decrease in recidivism rates for participants of DTCs compared to a group of individuals addressed by traditional criminal court measures (Fielding et al, 2002; Fluellen & Trone, 2000; Freeman, 2003; Gonzales et al, 2006; Gottfredson & Exum, 2002; Johnson-Listwan et al, 2003; Krebs et al, 2007; Latimer et al, 2006; Public Safety Canada, 2008; Sanford & Arrigo, 2005).

Sanford and Arrigo (2005) noted that there was a reduction in recidivism rates for DTC participants of approximately 16 percent. Similarly, Latimer et al (2006) noted that there was a reduction in recidivism rates of 14 percent due to DTCs. Interestingly, Freeman (2003) noted that an evaluation in Australia determined that even a short period of participation of at least four months in a DTC had positive effects upon the client, regardless of whether the client was coerced into participation. Consequently, the success of DTCs is evident and each of the above studies confirmed the argument that DTCs provide a decrease in recidivism rates for participants.

If one takes these recidivism rates along with the cost to process offenders through the two different systems and calculates the costs using a sample of 100 individuals for each, the savings associated with DTCs are evident. For example, using the finding that individuals who choose to enter the DTC recidivate on average of only 20 percent, while the comparison group members recidivate on an average of 51 percent, the cost of recidivism alone for these offenders (assuming a 100 person sample of each) is \$778,300.00 for the 20 recidivating DTC participants and \$1,301,775.00 for the 51 recidivating traditionally adjudicated offenders (Fielding et al, 2002 as cited in Sanford & Arrigo, 2005; Gliksman et al, 2004).⁹ Using the Gliksman study to estimate costs over a one year period, choosing a DTC over more traditional methods for drug addicted clients can result in a potential savings of \$523,475.00. While this is a hypothetical example, it serves to demonstrate that recidivism costs must be considered before an individual determines which criminal justice measure may be preferable. The effective rehabilitation and harm reduction to the offender and the community, to some degree, offset the initial expense of the process.

⁹ To calculate this figure one must assume a 100 person sample for each category (Drug Treatment Court participants and traditional criminal court participants). For Drug Treatment Court participants: $100 \times 20\% = 20$ clients; $20 \text{ clients} \times \$38,915.00$ (cost per client in the Toronto Drug Treatment Court) = \$778,300.00. For the traditional criminal court participants (comparison group): $100 \times 51\% = 51$ offenders; $51 \text{ offenders} \times \$25,525.00 = \$1,301,775.00$.

SECTION V

Data analysis for the Durham Drug Treatment Court

Methodology

The sample for this data analysis was comprised of the 28 clients of the Durham DTC. This sample was then divided into two sub-samples; one of 20 (those clients who successfully passed the 30-day probationary period) and one of eight (those who were not successful). No additional clients were added to the sample once the project began on May 5, 2008 regardless of whether or not they joined the Durham DTC during the duration of the project. The sample was collected over a three week period at Pinewood Treatment Centre, in Oshawa Ontario, using data collected on intake forms at the time of processing the client after formal acceptance into the program. The intake forms were copied and separated out from the client file to protect their medical information and anonymity. Where data was not available on the forms, personal interviews were conducted with two councilors who were part of the DTC team. Councilors reviewed the files and would answer questions about the client with respect to the data collected on the intake form. At no point did the researchers view private and confidential files of the clients participating in the program. In this study, the measure of success was indicated by completion of the 30-day probationary period and being formally accepted into the program.

Since the sizes of the samples are very small, one cannot make inferences from the results. As such, extreme caution must be used when interpreting the results. Only very simple statistical analysis techniques were used. Consequently, descriptive analysis was performed on the variables for each sample using the measures of central tendency (mean, median and mode). The results of these statistical tests and an analysis of some of the variables are provided below. It is hoped that as the sample grows we will be able to deepen the analysis.

Demographic characteristics

Table 2 illustrates that the majority of clients who passed the 30-day probationary period were female (males, n=9; females n=11). Comparatively, five of eight (62.5%) of the unsuccessful group were males and only three (32.5%) were females. Therefore, as is similar to the sample of 20, males are less likely than females to pass the 30-day probationary period. The average age for all the clients in the Durham DTC was 34 years of age. In this small sample, older individuals tend to experience more success than younger clients which supports results in earlier studies (Butzin, Saum & Scarpitti, 2002; Senjo & Leip, 2001). For example, in the sample of those who passed the 30-day probationary period, (a measure of success), 12 of the 20 clients were over 34 years of age. While this sample is not large enough to provide any statistically generalizable results, it does provide direction for future research. The link between the age of a client and his/her level of success in DTCs is a possible avenue for exploration. The majority of clients who passed the 30-day probationary period were unemployed and 15 of these 20 clients reported Social Assistance as their income source. Similarly, for the sample of eight clients who did not pass the 30-day probationary period, six were unemployed and three clients reported that they had no source of income.

Ninety-five percent (19/20) of successful clients who passed the 30-day probationary period reported that they were single compared to 62.5% (n=5) of the unsuccessful clients. The majority of the clients in the Durham DTC had children. Three quarters (15/20) clients reported that they had children compared to five (62.5%) of the unsuccessful group. Of those clients who passed the 30-day probationary period, 14 had completed high school, with five noting that they

had some post-secondary education. Comparatively, of those who did not pass the 30-day probationary period, none indicated that they had more education than high school with only three indicating that they had an education level of high school. This suggests that education has an insulating effect and may be a contributing factor in success through the program. Research has shown that those who have stakes in conformity (i.e., are employed, are educated, have a family, etc.) tend to be more successful in DTCs (Butzin, Saum & Scarpitti, 2002). Some findings of this study seem to support these findings.

Variable	Attribute	Successful (n=20)		Unsuccessful (n=8)	
		No.	%	No.	%
Gender	Male	9	45	5	62.5
	Female	11	55	3	37.5
Age	Less than 34	8	40	4	57.1
	34 or older	12	60	3	42.9
Education Level	Less than high school	1	5	3	50.0
	High school	14	70	3	50.0
	More than high school	5	25	0	0
Employment Status	Employed	1	5	1	14.3
	Unemployed	19	95	6	85.7
Income Source	Employment	1	5	0	0
	Social Assistance	15	75	0	0
	None	3	15	3	75
	Other	1	5	1	25
Relationship Status	Single	19	95	5	71.4
	Married	0	0	0	0
	Common Law	1	5	0	0
	Other	0	0	2	28.6
Client has Children	Yes	15	75	5	62.5
Number of Children Client has	0	5	25	2	28.6
	1-3	14	70	4	57.1
	4 or more	1	5	1	14.3

¹⁰ Please note if for each variable either the number of respondents or the valid percent does not add up to 20 or 100% respectively this is due to multiple responses. Also, some data was missing for the sample of eight clients because their intake forms were not complete. Therefore, these results should be interpreted with extreme caution.

Table 3 illustrates that only five of the 20 clients who passed the 30-day probationary period reported having difficulty controlling their anger. Comparatively only two of the eight clients who did not pass the 30-day probationary period reported having difficulty controlling their anger. While these results are not generalizable for all clients of DTCs, they do indicate that the majority of the clients of the Durham DTC do not have difficulty controlling their anger. Further, there seems to be little difference between these two samples suggesting that the ability for clients to control their anger is not a predictor of success. It is, however, better for all those who are involved in the treatment process if the client can achieve this.

Table 3					
Comparison Chart of Variables at Intake Between those who have passed the 30 day Probationary Period and those who have not: Anger ¹¹					
Variable	Attribute	Successful (n=20)		Unsuccessful (n=8)	
		No.	%	No.	%
Client has difficulty controlling his/her anger	Yes	5	25	2	25
¹¹ Please note if for each variable either the number of respondents or the valid percent does not add up to 20 or 100% respectively this is due to multiple responses. Also, some data was missing for the sample of eight clients because their intake forms were not complete. Therefore, these results should be interpreted with extreme caution.					

Table 4					
Comparison Chart of Variables at Intake Between those who have passed the 30 day Probationary Period (PP) and those who have not: Health ¹²					
Variable	Attribute	Successful (n=20)		Unsuccessful (n=8)	
		No.	%	No.	%
Client has Hepatitis C	Yes	3	15	2	25
¹² Please note if for each variable either the number of respondents or the valid percent does not add up to 20 or 100% respectively this is due to multiple responses. Also, some data was missing for the sample of eight clients because their intake forms were not complete. Therefore, these results should be interpreted with extreme caution.					

Table 4 illustrates that Hepatitis C was not an issue for the majority of the clients of the Durham DTC. Only three clients of the sample of 20 that passed the 30-day probationary period noted that they had Hepatitis C at intake. Similarly, two of the eight clients who did not pass the 30-day probationary period reported having Hepatitis C at intake. Given the hidden nature of the symptoms of this disease these results are informative but would require further investigation.

Issues of drug use

Variable	Presence of Attribute	Successful (n=20)		Unsuccessful (n=8)	
		No.	%	No	%
Client uses methadone	Yes	6	30	0	0
Current associates are substance abusers	Yes	9	45	2	25
Client has used alcohol in last 12 months	Yes	12	60	4	50
Client has used illicit cannabis in last 12 mos.	Yes	13	65	5	62.5
Client has used crack or cocaine in last 12 mos.	Yes	19	95	5	62.5
Client has used illicit psychoactive drugs in the 12 mos.	Yes	2	10	2	25
Client has used illicit opioids in 12 mos.	Yes	9	45	2	25
Client has used tobacco in last 12 months	Yes	18	90	4	50
Client is taking prescription medication	Yes	14	70	2	25
Client uses tobacco	Yes	18	90	4	50

¹³ Please note if for each variable either the number of respondents or the valid percent does not add up to 20 or 100% respectively this is due to multiple responses. Also, some data was missing for the sample of eight clients because their intake forms were not complete. Therefore, these results should be interpreted with extreme caution.

Table 5 illustrates that only six of the total 28 clients of the Durham DTC reported using methadone at intake. All six of these clients were in the sample of 20 who passed the 30-day probationary period. Just under half (45%) of clients who passed the 30-day probationary period noted that their current associates were substance abusers. Comparatively, 25 percent (2/8) of the sample of eight clients who did not pass the 30-day probationary period noted that their current associates were substance abusers. Three in five (60%) of who passed the 30-day probationary period indicated that they had used alcohol in the last 12 months compared to half (4/8) who did not. Thirteen of the 20 clients were successful in passing the 30-day probationary period indicated that they had used illicit cannabis (cannibus obtained without a prescription) in the last 12 months. Similarly, five of eight clients who did not pass indicated that they had used illicit cannabis in the last 12 months. Almost all (95%) clients who passed the 30-day probationary period indicated that they had used crack or cocaine in the last 12 months compared to five of eight clients who did not pass.

Just under half (45%) of clients who passed the 30-day probationary period reported using illicit opioids in the last 12 months compared to one quarter (2/8) of clients who were not successful. Almost all (90%) who were successful indicated that they had used tobacco in the last 12 months compared to only half (4/8) of clients were not able to pass the probationary period. Seventy percent (n=14) of successful clients indicated that they were using prescription medication at the time of intake while only 25 percent (2/8) of unsuccessful clients reported the

same behavior. This would appear to support the Fielding et al's (2002) findings that higher risk (more highly addicted) clients were more successful in this program.

Variable	Attribute	Successful (n=20)		Unsuccessful (n=8)	
		No.	%	No.	%
Drug identified as a problem substance by clients	Alcohol	5	25	3	37.5
	Crack/Cocaine	18	90	7	87.5
	Marijuana	8	40	2	25
	Tobacco	10	50	0	0
	Other	8	40	5	62.5
Number of Drugs Client Identified as Problem Substances	1 drug only	5	25	3	37.5
	2 drugs only	6	30	2	25
	3-5 drugs	9	45	1	12.5
	6 or more drugs	0	0	1	12.5

¹⁴ Please note if for each variable either the number of respondents or the valid percent does not add up to 20 or 100% respectively this is due to multiple responses. Also, some data was missing for the sample of eight clients because their intake forms were not complete. Therefore, these results should be interpreted with extreme caution.

Information relayed in Table 6 demonstrates that the most common problem substance for both samples was crack/cocaine as identified by 18 of the 20 clients who passed the 30-day probationary period and seven of the eight clients who did not pass the 30-day probationary period. Additionally, marijuana was noted as a problem substance by eight of the 20 clients who passed the 30-day probationary period and two of the eight clients who were not successful. Interestingly, tobacco was noted as a problem substance by 10 of the 20 clients who passed the 30-day probationary period and none of the clients who did not pass the 30-day probationary period. Alcohol was also noted to be a problem substance by 5 of the 20 successful clients compared to three of the eight clients who did not pass the 30-day probationary period.

Half (10/20) of clients who were successful identified three or more drugs as problem substances. Comparatively, only two (25%) of the unsuccessful sample identified three or more drugs as problem substances. These clients represent the most extreme forms of addiction seen in the Durham DTC. Six of 20 successful clients identified two drugs as problem substances compared to three of the eight clients who did not pass the 30-day probationary period.

Table 7 shows that the majority of the clients in the Durham DTC are poly-substance users. That is, 25 of 28 clients used more than one substance. All of the successful clients (n=20) indicated that they were poly-substance users. The proportions were lower in the unsuccessful groups (5/8). Consequently, the Durham DTC is presented with clients that use more than one drug and as such the court is challenged to meet the diverse needs of these clients. These results also suggest that the Durham DTC appears to have higher success rates with admitted poly substance abusers.

Variable	Presence of Attribute	Successful (n=20)		Unsuccessful (n=8)	
		No.	%	No.	%
Client is a poly-substance user ¹⁶	Yes	20	100	5	62.5
Client uses depressants and stimulants ¹⁷	Yes	9	45	3	37.5
Client uses depressants and marijuana	Yes	4	20	2	25
Client uses stimulants and marijuana	Yes	7	35	2	25
¹⁵ Please note if for each variable either the number of respondents or the valid percent does not add up to 20 or 100% respectively this is due to multiple responses. Also, some data was missing for the sample of eight clients because their intake forms were not complete. Therefore, these results should be interpreted with extreme caution.					
¹⁶ Note: A poly substance user is one who uses more than one illegal substance					
¹⁷ Depressants: alcohol, Oxycodone and Oxycontin, prescription opioids, benzodiazepines and barbiturates Stimulants: crack/cocaine, ecstasy, and crystal methamphetamine					

Nine of the 20 clients who were successful were noted to use both depressants and stimulants compared to five of eight clients who were not. The combination of depressants and marijuana occurred in relatively low proportions in both groups (successful, 20%; unsuccessful 25%). Seven of the 20 clients who passed the 30-day probationary period were identified as users of both stimulants and marijuana compared to two of the eight clients who did not pass the 30-day probationary period.

Recall that this data represents self-reported drug-related activity. The accuracy of this data is only as reliable as the answers obtained from each client during the intake process. The intake process is a very stressful point in time for clients; the ability of these clients to remember exact details may be diminished and since they are new to the program they have not yet had an opportunity to develop a rapport or trust with the entry service provider. Additionally, some clients enter the Durham DTC after being incarcerated for a period of time and subsequently, their statements regarding their drug use in a specified period of time may not be indicative of their actual use. Consequently, the responses provided and subsequent data may not provide a completely accurate depiction of the clients of the Durham DTC.

Graduates

While the Durham DTC has only been in operation since November 2006 it has already had four successful clients graduate from the program as of the date of this writing. While to some four graduates may not seem like very many in a 22 month period, one must consider the length of the DTC program along with the intensity and difficulty of the program before passing judgment on the effectiveness of the program.

DTCs can range in duration from nine to eighteen months long with most clients taking at least 12 months to graduate (Fielding et al, 2002; Gliksman et al, 2004). Additionally, as previously mentioned DTCs require intensive treatment via individual case management and group counseling sessions along with frequent urinalysis and court appearances. Consequently, DTCs and the Durham DTC program is neither simple nor for everyone. The program is an

intense rehabilitation opportunity for many offenders – but not for all. Therefore, the 30-day probationary period is crucial for a client or the DTC team to determine whether or not the program is suitable for the client. The sample of eight clients who did not pass this 30-day probationary period represents a group of individuals who were not able to meet the requirements of the Durham DTC during the probationary period. Comparatively the remaining 16 clients (sample of 20 clients minus the four graduates) represent a group of individuals who were not able to successfully complete the Durham DTC program.

These individuals who did not graduate indicate that the Durham DTC program is a challenging program. However, the four graduates of this program demonstrate that this program does work and is successful. These four graduates represent four rehabilitated individuals who have completed the program and who have addressed their drug addiction. The fact that this newly implemented DTC has produced four graduates in only a period of 22 months is a testament to its potential for future success. Since this court can only support seven clients at any given time due to its current lack of funding, it would be beneficial to federally fund the Durham DTC so that it may increase its client base and assist other drug-addicted offenders.

Summary

Overall, successful graduates who pass the 30-day probation period in the Durham DTC appear to be more likely to have certain characteristics. Those who successfully make it into the program and through probation tend to be single, older, females, with higher levels of education, admitted poly-substance abusers, and are considered higher risk because they are more heavily addicted to drugs. Successful clients are more likely to use tobacco products than unsuccessful clients perhaps emphasizing a stronger addictive personality. Successful clients were also only slightly more likely to have children. The ability to control ones anger, whether the client is employed, or the presence of Hepatitis C do not appear to influence success rates. Because of the very small size of the sample, these results should be taken with extreme caution, noting that even small changes can severely affect these numbers. The reader is discouraged from generalizing these results.

While these results cannot be generalized they are interesting and warrant further study once the population base of the Durham DTC increases. The completion of the 30-day probationary period is considered as a measure of success. Past research has found that women face more challenges and are less likely to be successful in DTCs for various reasons such as provision of childcare and other traditional female responsibilities (Bureau of Justice, n.d.; D'Angelo & Wolf, 2002; Webster et al, 2006). Yet, for this sample, females appear to be more likely to pass the 30-day probationary period than males. This supports the findings of Roman, Townsend and Singh Bhati (2003) who argue that females do better in DTCs than males. Therefore, it would be interesting to determine through further research whether or not the Durham DTC female clients experience other measures of success than the males in the program via lower recidivism rates or higher graduation rates and if there is a relationship between the gender of a client and his/her level of success in a DTC. However, the smallness of this sample prevents researchers from generalizing these results and the similarity of the results to past research may be merely coincidence. Further research is required in order to discern whether or not females are more successful in DTCs than males.

SECTION VI

Discussion, Best Practices, and Recommendations for Future Research

Discussion

Some may argue that individuals in Durham Region who are eligible for diversion through a DTC should use the resources of the Toronto DTC. However, this is not a feasible option for a number of reasons. Firstly, the unique geographic, cultural and economic structure of the transitional Region of Durham is home to a number of very diverse individuals who are likely to respond best to a court that is suited to their needs. Researchers have noted that DTCs should be culturally specific for the clients it serves in order to assist them effectively (Bouffard & Smith, 2005). Consequently, if potential clients of a DTC were forced to travel to Toronto (a much different area with a different demographic and cultural composition) the likelihood of success may be radically different than if potential clients were able to access the services of a DTC in Durham Region.

Secondly, researchers have noted numerous times that geographical proximity to the DTC is an important factor in the success of DTC clients (Bouffard & Smith, 2005; Freeman, 2007; Wolfe et al, 2004). As previously mentioned, at present the closest DTC to Durham Region is the Toronto DTC located in the heart of downtown Toronto. Yet, this is at a minimum a two- hour commute via public transit each way depending upon where one begins the journey (GO Transit, n.d.). Consequently, commuting time can be as high as 4-6 hours depending upon connections and the likelihood of clients making this trip each week and subsequent graduation is low.

Thirdly, the cost of this transportation is approximately \$15.00 return trip and when required to complete the trip at least once or twice a week, the economic cost alone may be too great for these clients to bear (GO Transit, n.d.). Cost may be an issue for many of the clients as is time off of work if they hold employment. Consequently, the distance, length, and cost of the trip to and from the DTC are likely large enough obstacles to deter an individual from participating in the DTC. It is noteworthy that this cost and time expenditure estimate does not include the costs associated with traveling to and from support groups and case management meetings.

It is presumed that any obstacles that may prevent clients from engaging in a DTC program are likely to decrease odds of completion. While some obstacles may be fair or standard, such as a cost for transportation to and from the DTC, they quickly become unreasonable and insurmountable when compounded with other obstacles such as a 4-6 hour commute and taking time off of work or school. Therefore, having inhabitants of Durham Region travel into Toronto in order to partake in treatment sessions and the DTC would likely be ineffective given the research regarding proximity of DTCs and its relationship to client success (Bouffard & Smith, 2005; Freeman, 2007; Wolfe et al, 2004). Instead, what is necessary is a separate, federally funded DTC in Durham Region that can effectively and successfully address the drug problem in the area.

With economic efforts in place to improve the quality and safety of Oshawa, it is both logical and necessary that the social and criminal justice sectors make efforts as well. A federally funded DTC in Durham Region would not only serve to alleviate the burden of drug-related cases on the other criminal courts in the area, but also assist in improving the safety and image of Oshawa and Durham Region by reducing the number of drug-addicted inhabitants. A federally funded DTC would be able to provide the necessary treatment services to prevent drug-

addicted offenders from re-offending; thus, increasing the safety of the area through potentially decreased crime rates. Additionally, the rehabilitation of these individuals would be beneficial to the community for a variety of reasons.

Federal funding for the Durham DTC is an effective allocation of resources and is an investment into a known successful criminal justice measure. As previously noted, the benefits gained by DTCs far outweigh the costs of establishing and operating the Court. The reduction of recidivism associated with DTCs is proof alone that DTCs work: they work by reducing recidivism; they work by reducing the number of drug-addicted individuals; and they work to make communities safer by rehabilitating drug-addicted offenders. Evidence suggests that supporting the Durham DTC is a fiscally and socially responsible action and one that is likely to be met with great success.

Best Practices

Reviewing the literature, evidence suggests that there are a series of best practices for operating or planning DTCs. These are listed below.

- ◆ Verbal Commendations should be used when appropriate as a reward to clients who are compliant with the DTC as they were noted as the most effective reward given by the DTC team (Gliksman, Newton-Taylor, Patra & Rehm, 2004).
- ◆ Those individuals who were compliant with the DTC for at least two weeks should be permitted to leave Court early (after their appearance) and those who were not compliant should stay for the entire DTC session (La Prairie, Gliksman, Erickson, Wall & Newton-Taylor, 2002).
- ◆ Harsher and less desirable alternatives to the DTC should be created in order to increase program participation and retention rates (Lind et al, 2002).
- ◆ Sanctions should be immediate, predictable, consistent and relevant to the action committed in accordance with the principles of deterrence theory in order to capitalize on their effectiveness (Longshore, Turner, Wenzel, Morral, Harrell, McBride, Deschenes, et al, 2001; Gliksman, Newton-Taylor, Patra & Rehm, 2004).
- ◆ The same Judge should be used for each DTC session in order to ensure consistency and equality in the courtroom (Gonzales, Schofield, & Schmitt, 2006; Wolfe, Guydish, Woods & Tajima, 2004). However, it may be beneficial to have a guest Judge host the DTC once every two to three months in order to ensure that fair and just treatment and punishment are being administered to offenders by the Court.
- ◆ A specific process should be organized for urine screens including one laboratory that all clients must access in order to have their urine screened. If only one laboratory is used and the same process is standard for all clients, this will reduce any confusion as to why urine screens are missing or are incomplete. Included in this should be a policy for addressing questionable urine screen results that may be in the margin of error (Giacomazzi & Bell, 2007).
- ◆ The DTC Judge should always present some positive words of encouragement to the client as this has been noted to be an extremely important element for the client's success in the program (Senjo & Leip, 2001). However, the Judge should also provide clients with an expectation of sobriety for the next court appearance to give clients a small task that they are capable of completing. In this way, abstinence on a small scale is encouraged immediately. Additionally, if this task is completed, the client will gain

confidence in himself/herself and may be more likely to be abstinent for longer periods of time.

- ◆ A gradual exit strategy or additional support system should be utilized for soon to be graduates of the DTC to prevent self-sabotage and control feelings of anxiety especially at the key graduation points of 9, 12 and 15 months in the program (Giacomazzi & Bell, 2007; Gliksman, Newton-Taylor, Patra & Rehm, 2004). This strategy could include ways to utilize the graduates as mentors to other clients or be as simple as additional groups or meetings where the client can reflect upon the skills they have acquired and the goals they have achieved through this program. This could provide the graduating client with the additional support and confidence one requires to prevent self-sabotage and subsequent relapse.

Key components

Various studies have comprised lists of the key components of DTCs. While different studies have examined different DTCs, each with slightly varying characteristics and ideals, there were many common elements reported. Ashcroft, Daniels and Herraiz noted the list below and provide one of the most concise, yet comprehensive lists of the components of DTCs (2004).

Table 8
The 10 Key Components of a Drug Court¹⁸

- 1) Drug courts integrate alcohol and other drug treatment services with justice system case processing.
- 2) Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.
- 3) Eligible participants are identified early and promptly placed in the drug court program.
- 4) Drug courts provide access to a continuum of alcohol, drug and other related treatment and rehabilitation services.
- 5) Abstinence is monitored by frequent alcohol and other drug testing.
- 6) A coordinated strategy governs drug court responses to participants' compliance.
- 7) Ongoing judicial interaction with each drug court participant is essential.
- 8) Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.
- 9) Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.
- 10) Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court effectiveness.

¹⁸ The list above is from *Defining Drug Courts – The Key Components* and provides an excellent summary of the main aspects of DTCs (Ashcroft, Daniels & Herraiz, 2004; West-Huddleston, III, 2005).

Recommendations for Further Study

Since the establishment of the first DTC in 1989, there has been a growing collection of research literature on this topic. Through this abundant collection of reviews and analyses, a general consensus is offered that while DTCs are not a solution for all drug-addicted offenders, they are an effective solution for many (Harrell, 2003). Consequently, there is now a need for further study in this area to determine the types of individuals and offenders for which this program is effective (i.e., first time offenders, repeat offenders, non-violent offenders, etc.) and if possible, how this program may be altered to address those offenders who are not currently benefiting from the DTC (Bouffard & Richardson, 2007; Carey et al, 2006; Johnson-Listwan et al, 2002; Latimer et al, 2006).

More specifically, research has noted that DTCs appear to be more challenging for women (Bureau of Justice, n.d.; D'Angelo & Wolf, 2002; Webster et al, 2006). Consequently, further research should be performed in this area to determine the specific characteristics, traditional roles and/or responsibilities facing women that present as challenges in completing the DTC program. Through this research, the DTC can more effectively address the needs of their female clients.

Similarly, research should be conducted to determine appropriate flexibility in the DTC model. Flexibility in the DTC has been used to adapt the current program to meet the needs of DTC clients (Bouffard & Richardson, 2007; Sanford & Arrigo, 2005). Research has noted that DTCs need to be flexible in practice to accommodate the specific needs of different clients (Bouffard & Richardson, 2007; Johnson-Listwan et al, 2002; Sanford & Arrigo, 2005). Therefore, research to determine how much flexibility can be implemented in the program without losing consistency and structure in the DTC would be beneficial in providing more information on effective DTCs.

Moreover, further research should focus upon determining the number of urine screens per week and the length of required abstinence before graduation in order to determine the measures that will be most effective in reducing recidivism and drug use for the greatest number of clients (Carey et al, 2006; Nissen & Kraft, 2007). Subsequently, research on the amount of flexibility allowable in DTCs could be combined with this topic to create the most effective model of the DTC.

Studies have also noted the importance of follow-up periods in supporting a client's transition from one's role as a client in the DTC to a graduate of the DTC (Giacomazzi & Bell, 2007). Various studies have incorporated different follow-up period lengths ranging from 1 to 3 years (Krebs et al, 2007; Sanford & Arrigo, 2005). However, further research needs to provide information on the length of the follow-up period that is the most effective in curbing recidivism and preventing drug-related relapse (Krebs et al, 2007; Sanford & Arrigo, 2005).

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