



Durham Drug Treatment and Mental Health Court Research Project



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Community Research... Why does it take so long??

Choose a Topic: Durham Drug Treatment and Mental Health Court

- Focus Project or Area of Interest within a Theory
- Research current literature on topic
- Find missing or unanswered questions?
- "Client's Participation Predictive of Emergency Department and Criminal Recidivism"
- "Health care cost savings found as a result of drug court participation"

Design a Study: Decide who? what? when? Where? of research process

- Drug court steering committee on board with research design/project
- Preliminary review completed regarding cost-savings of drug courts
- Consultation with community
- Get students on board
- Consult Research Ethics Board about Project
- Write research proposal for Research Ethics Board
- Draft Letters of Support
- The more people involved the more time it takes!!
- Receive final approval from all Ethic Board's

Collect the Data: Creation of data set produced in order to capture statistics of drug court client population

- Create original draft of known demographics of client population
- Collaborate with partner organizations in production of variable list
- Find out what data you can or can not collect!
- Sensitive data is harder to gain access to and for good reasons
- Find ways to ensure data is unidentifiable and collected using the least intrusive measures
- Protecting peoples right to privacy is paramount for every community organization

Analyze the Data: Interpret findings Draw conclusions

- Once data has finally been collected the fun part begins! Analyzing the data
- Graduate student will complete thesis and graduate!
- Final goal is to produce a publishable thesis
- Prove to the academic community that your research adds value to existing information regarding drug court practices in Canada
- Possibly even gain future funding based on needs of drug court operating costs

FACT DTC's have been called the most significant criminal justice initiative of the 20th century (Brown, 2010).

Abstract

It has been well established that Drug Treatment Court's (DTC) work by using a therapeutic jurisprudence approach which addresses the root causes of criminal offending. Despite the success of DTC's, Canada still only operates with six federally funded courts. The Durham Drug Treatment and Mental Health Court (DDTMHC) in Durham Region, Ontario, is currently operating a court that is unfunded. The purpose of this project is to conduct a literature review capturing information on the cost effectiveness of drug courts. Past cost analyses completed on DTC's both in Canada and the U.S. tend to focus their attention on savings of prison costs and re-entry into the justice system. Our current research is guided by the additional assumption that drug treatment courts save money by also reducing health care services utilization from the DDTMHC client population. Numerous studies reported savings from healthcare service utilization with economic benefits ranging from approximately two dollars to twenty seven dollars for every one dollar invested. Results prove that DTC's account for at least a twelve per cent reduction in recidivism and are a cost effective alternative to traditional court practices.

Findings

- In Canada 70% of the federal offender population has an identifiable substance use problem (Brady & Wong, 2007).
- In addition, those with a serious problem report that about 90% of their criminal activity is related to substance use in some way (Brady & Wong, 2007)
- A recent national survey found that between 1994 and 2004, the proportion of Canadians who reported having used an illicit drug in their lifetime rose from 28% to 45% (Brady & Wong, 2007)
- The Canadian Centre on Substance Abuse states that substance abuse represents a significant drain on Canada's economy in terms of both its direct and indirect impact (CCSA, 2002).
- Behind the dollar figure of the social costs of substance abuse is a dramatic toll measured in tens of thousands of deaths, hundreds of thousands of years of productive life lost, and millions of days spent in hospital (CCSA, 2002)
- The biggest single direct cost associated with substance abuse is health care (CCSA, 2002).
- Societal costs of drug abuse include: cost of stolen goods; police hours; court-related services; health-related service use (e.g. emergency departments); and social services costs (such as child protective services and income support) (CADTCP, 2012).
- Research-based evidence shows that prisons are breeding grounds for the transmission of HIV and hepatitis C; therefor diverting people from prison to treatment is likely to improve public health needs (Allard, 2009).
- Without treatment, roughly 85% of drug-using offenders relapse to drug use within 6–12months after release from incarceration (DeMatteo, Filone & LaDuke, 2011).
- DTC programs are designed to reduce both the direct (and indirect) personal and societal costs of their client's addictions (CADTCP, 2012).
- In Ottawa, DTC involvement resulted in an annual estimated 15 reduction of \$3 million spent on drugs, with criminal activity required to support that drug use (such as goods stolen and/or drugs trafficked) estimated at another \$9 million, for a total estimated savings of approximately \$12 million (CADTCP, 2012).

Next Steps

Social Science and Humanities student and faculty will continue research work on the DDTMHC as final approval on the project has been granted by UOIT's Research Ethic Committee. Data will be collected in order to answer the following question:

"Does client partition of the Durham Drug Treatment and Mental Health Court predict emergency department service utilization and reduce recidivism?"

Evaluation and Reports Completed of Drug Treatment Courts Currently Operating in Canada

DRUG COURTS	FUNDED	EVALUATION /REPORT	MEASUREMENT/METHODOLOGY	PHASES/GROUPS	DATA SOURCES
Toronto	Yes	Evaluation/published	Multivariate Analysis April 1999- Oct. 2003 N=365	Graduated Expelled-engaged Expelled non-engaged	Recorded Participant Court Monitoring Data Treatment Therapist Weekly Progress Report Data ICJON databases (Integrated Courts Offences Network) CJPC databases (Canadian Police Information Centre) Qualitative Interviews (N=19)
Winnipeg	Yes	Evaluation/ Not published	Multiple methods/convictions June 2011-Feb. 2012 N=177 Primary Risk Assessment (PRA) Institutional Security Assessment (ISA) PRA and ISA assesses risk needs info	Graduated Discharged	Official records data collected by WDTCC staff COMS data base (Correctional Information Management System) CAIAN (Criminal Courts Automated Information Network) Observation, informal interviews, in-depth interviews
Vancouver	Yes	Evaluation/ Published	Longitudinal cohort design Propensity Score Matching (PSM) Dec. 2001-March 2008 N=180	2 year prior (intervention group) 2 year prior (comparison group) 2 year follow-up: graduated, withdrawn, discharged	IMRI (B. C. Inter-Ministry Research Initiative) which provides non-identifying administrative data, contributed by: Public Safety and Solicitor General (PSSG); Health Services (MOHS); Social Development (MSD)
Calgary	Yes	Evaluation/ Not published	Multiple Methods/ logic model From inception (2007)-March 2012 Social Return on Investment (SROI) Methodology	Applicants: Accepted/Rejected Retention: Stage 1 (treatment/rehabilitation) Stage 2 (Community integration) Discharged and graduated	Court records accessed through crown counsel Qualitative graduate interviews (N=9) **According to researchers, denied access to data resulted in being unable to provide an up to date criminal recidivism analysis.
Ottawa	Yes	No Evaluation/ Report Department of Justice Canada	TISCO Methodology (measures cost and quality of process, and quality of the outcome). June 2011-Aug. 2012 N=35	Graduated and Discharged clients at: Baseline Mid-point Final	Qualitative interviews-series of semi-structured interviews
Regina	Yes	Unable to gain access to evaluations completed so far			
Edmonton	Yes	Unable to gain access to evaluations completed so far			
Durham	No	Research in Progress	Multiple methods 2014-2015 N=60 (approx.)	Graduated and Discharged clients at: 3 yr prior, 2 yr prior, 1 yr prior, 6mths prior and 1 yr prior 1mth post, 6 mth post, 1 yr post, 2 yr post 3 yr post	Non-identifying emergency department utilization data Non-identifying criminal record data Qualitative observational records of pre-court meetings and court proceedings

The Cost Savings of Drug Treatment Courts

Criminal justice costs avoided per drug court participant	\$375
Crime victim costs avoided per drug court participant	\$3020
Total crime-related costs avoided per drug court participant	\$6779
Costs of the drug court (total added cost per participant)	\$3891
Net gain (loss) per drug court participant	\$2888
Benefit-to-cost ratio	\$1.74:\$1

Cost: Benefits/Costs Avoided Reported By Drug Court Programs: BIA Drug Court Technical Assistance and Clearinghouse Project, 2a program of the Bureau of Justice Assistance, Office of Justice Programs, U.S. Department of Justice. Updated: April 23, 2014

Bottom Line...

Drug Treatment Courts are Cost Effective!!

FACT According to the Canadian Centre on Substance Abuse, in 2002 substance abuse resulted in \$8.8 billion direct health care costs!

What makes drug treatment courts successful?



Described as "the use of social science to study the extent to which legal rule or practice promotes the psychological and physical well-being of the people it affects" (Mackinam & Higgins, 2008).

Does not "punish relapse" but recognizes and actively addresses relapse when it occurs in the addiction treatment and recovery process (CADTCP, 2012).

As opposed to more traditional forms of justice, therapeutic jurisprudence improves health and reintegration of the offender along with public safety by addressing root causes of crime (Brown, 2010)

Key Components

- Alcohol and drug treatment and rehabilitation services are present for participants
- A non-adversarial approach and an ongoing judicial interaction with participants
- Frequent alcohol and drug interaction with participants
- Rewarding or sanction according to participants compliance
- Monitoring and evaluation of program goals during multiple court hearings.

"Drug treatment court policy in Canada follows the principles for court directed treatment outlined by the United Nations Office on Drugs and Crime which stipulates an integrated non-adversarial approach that offers a broad continuum of treatment and rehabilitation services, ongoing interaction between the DTC teams with local and specialized service providers" (UNODC, 2008; Somers, Currie, Moniruzzman, Eiboff & Patterson, 2012)

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