

The Brain Injury Definition of Addiction: Why and How the Drug Court Model of Treatment Works

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Introduction

The Drug Court model started in the Miami, Florida, USA in 1989 as an attempt to divert the addicted offender from incarceration into a coerced treatment program.¹ Although the program proved successful, the idea of coerced treatment did not find widespread acceptance for many years. Two factors inhibited the acceptance of the Drug Court model. First, acceptance was hindered by an ideological mindset that perceived the offender as having a moral defect.² The moral defect perception demanded severe punishment to force the offender to repent. The severe punishment also served as a deterrent for other drug-addicted criminals. Ultimately, the consequence of the moral defect model of addiction led to over crowded jails and tremendous local and national criminal justice expenditures and, the severe punishments have done nothing to ameliorate the problems caused by drug abuse in society.³ Second, treatment providers resisted the use of coerced treatment, believing that the addict needed to want to recover before treatment could be successful. In other words, the addict had to volunteer before treatment could be effective. The idea of voluntary treatment meant, the addict had to reach rock bottom and the negative experience would provide the prime motivating impetus for recovery. The voluntary treatment perception is widespread among treatment providers'.⁴

Beginning in early 1990's brain research began to show evidence that neuron-transmitters and receptors did not function properly in the brains of addicted individuals'.⁵ Later, in 1993 research showed that the same neuron-transmitters and receptors recovered and functioned normally in recovered individuals'.⁶ These two pieces of evidence together began to illicit greater support for the Drug Court model of treatment. Drug Court evaluations implied that the primary reason for the success displayed by drug courts was related to the brain recovery model

¹ McCoy, C. 2003. The Politics of Problem-Solving: An Overview of the Origins and Development of Therapeutic Courts. *American Criminal Law Review*, Vol. 40.

² Mitchell, Chester Nelson. 1990. *The Drug Solution: Regulating Drugs According to Principles of Efficiency, Justice, and Democracy*. Ottawa: Carleton University Press.

³ Florida Department of Law Enforcement. 2004 (February). Computerized Criminal History Data.

⁴ Kress, K.J., 2006. Must the Criteria for Initiating Coerced Treatment or Commitment be the Same as the Criteria for Ending Coerced Treatment or Commitment? University of Iowa - College of Law, *Behavioral Science & the Law*, Vol. 24.

⁵ McBean, D.E., Sharkey, J., Ritchie I.M., & Kelly, P.A.T., 1990. Evidence for a possible role for serotonergic systems in the control of cerebral blood flow. *Brain Research* 537, 307-310.

⁶ Scanzello C.R., Hatzidimitriou G., Martello A.L., Katz J.L., & Ricaurte G.A. 1993. Serotonergic recovery after methamphetamine injury: observations in rats. *Journal of Pharmacology and Experimental Therapeutics*; 264(3): 1484-91.

suggested by ongoing brain research and applied by existing Drug Courts throughout the country.⁷

In 2000, research by Chang, et.al, showed that specific periods could be identified for when the brain began to function normally. Most addicted brains began to function normally after nine month of abstinence from the addictive drug.⁸ Addiction started to become viewed as a brain injury that a person could recover from through forced or coerced treatment. Indeed, meta-analysis of prior treatment modalities showed that the single factor most related to addiction recovery is the length of time the addict is in the specific recovery program.⁹ In other words, the specific mode of treatment was less important than the length of stay in treatment. Therefore, the success of the Drug Court model was due to the application of judicial requirement to stay in some treatment program for at least a twelve-month period.

The Drug Court Model

Drug courts serve both pre-plea and post-plea participants. The court has focused exclusively on the addicted or drug dependent offender. Because drug court research shows that the programs are most effective in dealing with serious addiction or dependency problems, a conscious effort is made to select those offenders whose drug related problems are the most severe. The specific criteria are:

- No prior convictions for violent crimes and no prior convictions involving a weapon. The Drug Court Team will evaluate questionable convictions of record to determine if further consideration of an application for admission is feasible.
- Participants must be residents of the local community.
- Participants must be charged with and/or convicted of a felony or enhanced misdemeanor involving the possession, use, sale of a controlled substance or drug motivated crime.
- The participant must be drug addicted or drug dependent. Each referred candidate is interviewed by a Drug Court Coordinator and a Chemical Dependency Assessor during the screening process. The Drug Court Team then evaluates the results of the assessment and makes a recommendation to the Drug Court Judge, who then makes the decision to admit or deny the candidates request to participate in the program.
- Finally, the drug court candidate must volunteer to comply with the Drug Court rules and further agree to abide by any future modifications to said rules while in the program.

⁷ Marlowe, D.B., DeMatteo, D.S., & Festinger, D.S. (2003, October). A sober assessment of drug courts. *Federal Sentencing Reporter*, (16)1, 113-128.

⁸ Chang, L., Grob, C.S., Ernst, T. Itti, L., Mishkin, F.S., Jose-Melchor, R., & Poland, R.E. 2000. Effects of ecstasy on cerebral blood flow: a co-registered SPECT and MRI study; *Psychiatry Research: Neuroimaging Section* 98, 15-28.

⁹ Simpson, D.D., and Curry, S.J. (Eds.) 1997. Special Issue: Drug abuse treatment outcome study. *Psychology of addictive behaviors*, 11.

The Court Process

A Drug Court Coordinator and a Drug Court Chemical Dependency Assessor screen all defendants who are referred to the program. Referrals can be made by the prosecutor's office, defense attorney, probation/parole, a Judge, or a family member. Participants' that meet the eligibility criteria are informed about the program and referred to the Drug Court Team for selection recommendations. Selected participants are brought to a Drug Court session to watch the proceedings and are then brought before the Judge. The Judge explains the rules, procedures, and program expectations to the defendant. The Judge asks the candidate whether they are willing to participate fully in the drug court program. If the participant agrees, the program begins immediately.

Drug court rules require that participants appear in court, attend meetings with caseworkers and all ordered treatment sessions, submit to drug and alcohol testing, make no threats against staff or participants, and do not possess or use any drugs. The list of drugs includes any over-the-counter medication that has not been approved by the Drug Court Team, any controlled substance, and alcohol. Fees and fines must be paid by the participant as part of the behavioral requirements for program advancement. Violations of the rules results in sanctions from the court applied with increasing severity (called graduated sanctions). Common violations include; positive drug/alcohol tests, failure to attend treatment sessions, use of over-the-counter medications, and arrests for a new drug offense. Sanctions include increased level of treatment, placement in another treatment program, jail time, electronic monitoring, curfews, and ultimately termination from the program. Participants are encouraged to comply with the program by being offered incentives. Common incentives include reduced fees, movie rental coupons, liters of soft drinks, candy bars, bus passes, and ultimately avoiding lengthy jail or prison time. Graduation occurs after the participant completes all three phases of the program and remains clean and sober for the duration of the program. While it is possible for a participant to complete the program in 12 months the average time in the program is over 18 months.

The Treatment Process

Participants are assessed by a Chemical Dependency Assessor and the Drug Court Coordinator. The assessments include Level of Severity Index (LSI) and the Mayo Clinic Self Assessment for treatment placement. If deemed necessary a psychosocial assessment is conducted using the Minnesota Multiphase Personality Inventory (MMPI) and the Beck Depression Inventory. At the end of the assessment, strengths are identified and recommendations are made for the level and type(s) of treatment. The findings for each participant are discussed with the Drug Court Team and suggestions or modifications are made by team members.

Drug Court participants are a three-phase treatment regime. Phase I begins with participants being placed into treatment as soon as possible (usually within six weeks) and they remain in treatment for the duration of the program. The type and intensity of treatment varies from one phase of the program to the next, and between participants.

Participants in Phase I complete an alcohol and drug use assessment, attend treatment as ordered, and have their urine tested at least three times per week on a random basis. Participants meet with the Drug Court Coordinator at least once per week, appear before the Drug Court Judge every week, attend 25 support group meetings a week, establish a plan for employment, demonstrate an ability to manage a budget or obtain assistance for budget management, have one home visit per week by the coordinator, probation officer, or the police, complete the required community service, and maintain 60 consecutive days of abstinence from alcohol and other drugs. Participants who meet the minimum criteria are then eligible to apply for advancement to Phase II.

Phase II has the following minimum criteria for advancement to Phase III: Participants must attend support group meetings at least two times per week (totaling at least 50), make contact with a sponsor for support, develop a plan for paying the cost of drug court participation, demonstrate an ability to maintain a budget, appear before the Drug Court Judge every other week, meet with the Drug Court Coordinator at least twice each month, participate in a treatment program, establish life skill or job training education, have employment or complete community work service, avoid premises where alcohol is sold, complete 120 days of sobriety, and then apply for advancement to Phase III.

The minimum criteria for successful completion of Phase III are: Participants must attend support group meeting at least twice a week (totaling 90), make contact with their sponsor at least twice a month, make regular payments of their drug court fees, demonstrate an ability to maintain a budget, make monthly appearances before the Drug Court Judge, be present for at least one home visit per month, continue participation in treatment, develop a continuing care program that is approved by the Drug Court Team, be gainfully employed or complete community service, avoid premises where alcohol is sold, complete 180 days of total sobriety, and successfully complete the application for graduation from Drug Court.

Example Program: La Crosse Wisconsin, USA

La Crosse is a medium size western Wisconsin city located on the Mississippi River. The population of La Crosse County is approximately 75,000 and predominately white in racial composition (93%). The medium income is \$35,000 and 15% of the population is below the poverty line.

The report demonstrates the significant value of operating the La Crosse County Drug Court, compared to the cost of incarceration. The costs should be considered in light of the tremendous benefits the program provides the people and community of La Crosse. The outcome report shows that the program contributes to the continuous treatment of individual addicts, lower recidivism, improved family relations, improved community welfare, reduced jail costs, healthy babies, and many other benefits.

The Drug Court provides a unique balance between being tough on crime and smart on crime. The Drug Court is very tough because it requires participants to be personally responsible for their behavior and to accept responsibility for their family, friends, and the community. In

short, drug court requires participants to change every aspect of their lives to become productive, valuable members of society. The Drug Court is smart because it uses the coercive power of the court to motivate participants to live drug free lives, which reduces not just drug crimes, but many other types of crime as well. The program is smart because it saves money while increasing public safety, rather than simply punishing offenders and creating a larger tax burden.

The report focuses on seven pragmatic measurements that reflect the effectiveness and efficacy of the La Crosse County Drug Court. Data presented will show the retention, recidivism, jail savings, family reunification, participant recovery, drug relapse rates, jail savings, community contributions, and some intangible considerations. Started as a pilot program in 2001, with an all-volunteer staff and no federal or state funding, the Drug Court accepted 10 participants. The La Crosse County Drug Court received federal funding in 2004 and gradually expanded the number of participants accepted into the program. Data will reflect both 2004 and 2005, but in some cases, information will be presented separately because of improvements that have been made in the management information system. In those cases, data will be presented separately because of incompatibility of data collection formats. Comparisons will be made to show the relative importance of the data so that appropriate connections can be made between 2004 and 2005.

The report also shows the evidence in comparison to a control group of individual drug offenders who did not participate in Drug Court. The control group is represented by 31 individuals selected from the total population of non-participants. A sample of 50 individuals were selected and then a matched group of 31 was chosen on the basis of age, sex, and drug offense characteristics to more closely mirror the participants in the Drug Court program.

Participant Demographics

The program included 49 active participants. The specific number of participants varies from year to year and within a year because some participants are terminated from the program and others graduate.

TABLE 1 shows the specific demographic characteristics of the participant and control groups used in the outcome report.

TABLE 1
La Crosse County Drug Court
Demographic Characteristics
Participant v. Control Groups

| | Participants | Control |
|-------------|---|---|
| Sex | 21 male (58%) 15 female | 21 male (64%) 12 female |
| Race | 31 Wh. Am (86) 4 Af. Am (11%) 1 Na. Am (3%) | 21 Wh. Am (64%) 10 Af. Am (30%) 1 His. Am (3%) 1 As. Am (3%) |
| Average Age | 32.6 years | 32.1 years |

Table 1 indicates that the control group is very similar to the participant group in both age and sex distribution. The control group has slightly more African Americans than the participant group, but the two groups are not statistically different. The two groups are very well matched and provided an excellent basis for outcome comparisons.

The Drug Court program does not just accept people with an arrest specifically related to drug abuse. Rather an offender is eligible for the program if a drug assessment indicates the offender is addicted to drugs. Therefore, some participants are arrested for an offense that does not appear to be drug related, but the assessment of drug addiction indicates the person would be a good candidate for the Drug Court program. The reality is that many crimes other than drug offenses are committed by drug addicts and those crimes can be reduced if the perpetrator is forced to recover from their drug addiction.

CHART 1 shows the arrest history of the participants in the drug court program.

CHART 1
La Crosse County Drug Court
Participant Arrest History

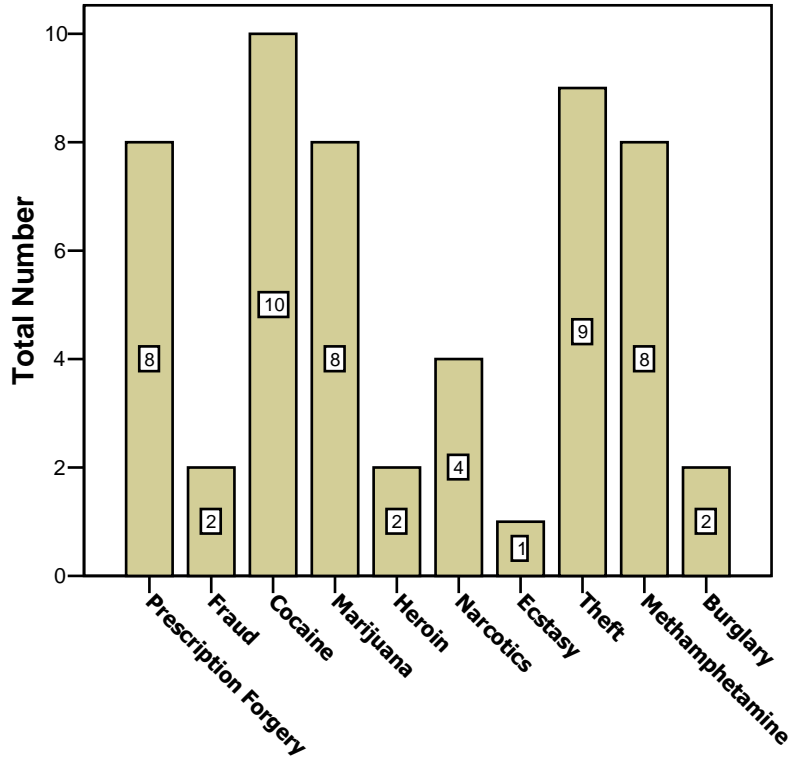


Chart 1 illustrates that 19% (10) of the participants were arrested on cocaine charges. Property Theft is the next most prevalent category with 17% (9), followed closely by Prescription Forgery, Marijuana, and Methamphetamine with each category contributing 15% (8) of the referrals to the program. The chart is an illustration of how the Drug Court program is reaching more than just the population of drug offending criminals.

Program Retention

TABLE 2 shows the total number of participants in comparison to the number of participants that have completed the program and the number that have been terminated from the program. Five criteria are used by the Drug Court Team to make a termination decision. The participant can be terminated from the program if they: 1. Commit a violent crime, 2. Fail to attend the scheduled drug court hearings, 3. Abandon the program, 4. Are found to be involved with drug dealing, 5. Fail to comply with the program requirements.

TABLE 2
La Crosse County Drug Court
Participants, Graduates, and Termination

| Participants | Graduates | Terminations |
|--------------|-----------|--------------|
| 62 | 17 (21%) | 9 (14.5%) |

By taking the number of people terminated from the program and dividing by the total number of participants for 2004 and 2005 (62), the overall retention rate can be calculated. TABLE 2 indicates that the La Crosse County Drug Court has a retention rate of 85% (participants – terminations/total participants x 100). The national average for all drug courts is 67–71%.

The retention rate is important because the single most important component of successful treatment programs (motivating continued abstinence) is the length of time the individual stays in the treatment program. The longer the individual stays in treatment the higher the chances of recovery (permanent abstinence) are for the person. If a person does not stay in treatment, the program cannot be successful. A retention rate of nearly 86% shows that participants are staying in the program and receiving the treatment needed for successful recovery from drug addiction.

Data from the beginning of the program (unfunded pilot program in 2001) indicates that the average amount of time in Drug Court for all participants is 15 months. The average time in the program for those participants who are terminated is 16 months. The average amount of time in the program for those who graduate is 18 ½ months. Obviously, the average is skewed to some degree by those who have only been in the program a short time (low is 4 month) and those that have spent a longer time in the program (high is 48 months).

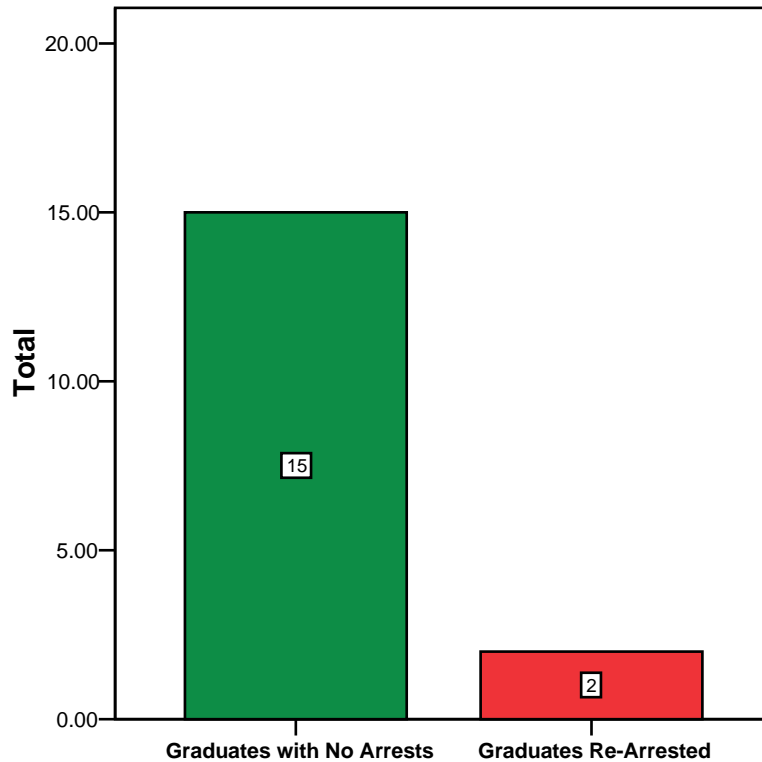
The mean age of graduates was 33 years. There were five females and 12 males who have graduated from Drug Court since the pilot program began in 2001. Sixteen of the graduates are white and one of the graduates is African American. The La Crosse County Drug Court: Process Evaluation pointed to the need for improvement in cultural competency for the drug court team. Team members have been trained to improve how the team relates to minority populations and the graduation numbers support the need for continued training.

Participant Recidivism

CHART 2 shows the recidivism rate for the La Crosse County Drug Court. The term recidivism does not have one universally accepted definition; therefore, it is difficult and sometimes impossible to compare recidivism rates for different programs. Comparisons are difficult when the definitions used are not the same and impossible when the definitions are not presented to the reader who is interested in assessing a program's success.

The drug court staff discussed the various possible definitions that are typically used to illustrate recidivism in criminal justice programs. The following definition was selected before any data was collected on the recidivism of participants: Recidivism refers to a graduate of the program who is arrested for committing any type of crime. The definition does not distinguish between a drug offense and a non-drug offense, nor does the definition distinguish between severe or minor offenses. Furthermore, the definition is the only definition accepted nationally by all drug court programs.

CHART 2
La Crosse County Drug Court
Recidivism Rate of Graduates 2004-2005



Starting with the pilot program in 2001, seventeen people have graduated from the La Crosse County Drug Court. Since the time of graduation, two of those participants have re-offended. The result is a 12% recidivism rate for the program, which is well below the nationally reported average for Drug Courts of 25-30%. The recidivism rate for drug offenders' who are

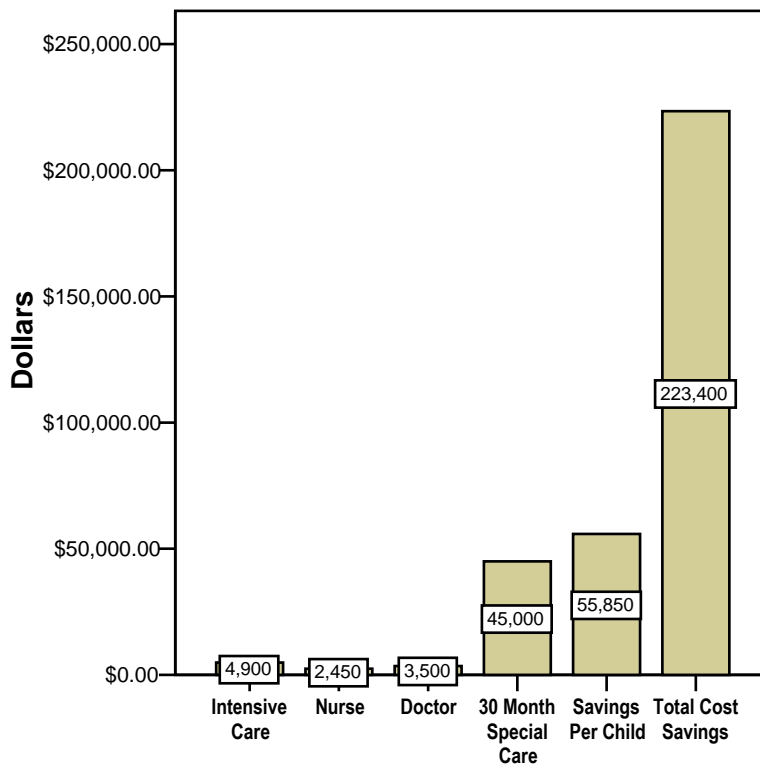
incarcerated for the full term of their individual sentence, instead of participating in a drug court is between 65% and 75%, nationally¹⁰.

Family Value Benefit

Family value benefit is a calculation is derived from two data sources: the number of drug free babies born to participants and the number of family re-unifications (e.g. resumption of child support payments or reconnecting with estranged family members).

CHART 3 shows the number and value of drug free babies born to drug court participants. The number of babies born may be small but the value of those births is of great significance. Each drug-exposed infant born in La Crosse County exacts a burden in terms of professional effort and monetary resources that are compounded with each passing year of the child’s life. Drug exposed infants need immediate care and intensive supervision that is expensive. Furthermore, the long-term consequences of a drug exposed infant continue to draw valuable resources from medical, health, education, and community support that can reach the millions for each child. The cost presented in CHART 3 includes the cost of one week of intensive care with specially trained nurse and physician treatment. Also included is special foster care placement through the La Crosse County Human Service Department, where foster placement is provided for the first 30 months of life.

CHART 3
La Crosse County Drug Court
Drug Free Baby Saving in 2004 and 2005

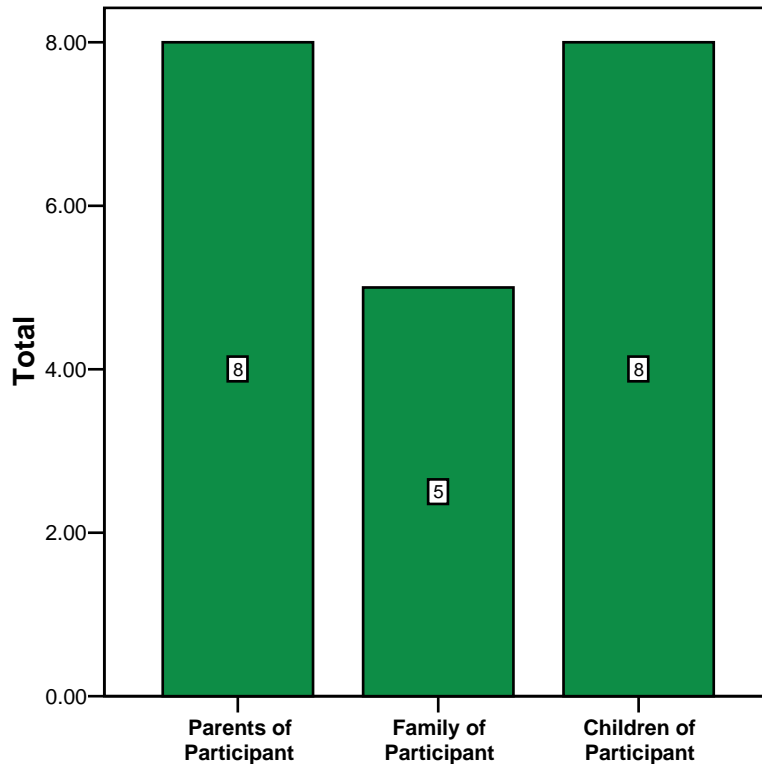


¹⁰ Sourcebook of Criminal Justice Statistics 2003, 515.

Four babies have been born “drug free” since the beginning of the La Crosse County Drug Court. The result of having four babies born drug free are substantial. In one way, the lives of these four infants will be more physically healthy and their ability to learn and become productive members of society is greatly improved. In a concrete way, La Crosse County has realized a tremendous savings just by having a Drug Court present and operating. The drug free babies born in the Drug Court program have saved approximately \$223,400 dollars of county expense. Furthermore, the lifetime medical cost of a drug exposed baby is \$1.4 million. The cost of special education, foster care, and health treatment keeps compounding with each year.¹¹

CHART 4 illustrates the family reunifications that have occurred; one of the most laudable accomplishments of a Drug Court program. The La Crosse County Drug Court has facilitated 21 family reunifications during the 2004-2005 operating years. Positive family support increases the socially responsible behavior of the participant and is one of the primary goals of the drug court program.

CHART 4
La Crosse County Drug Court
Drug Court Participant Family Reunification



Participant Recovery

Participant recovery is a measure of the relative number of days that drug court participants have spent in treatment, and the cost of that treatment to La Crosse County. The term treatment has many different acceptable definitions. For most people treatment means receiving clinical in-patient services. However, in the drug court philosophy treatment refers to a variety of modalities

¹¹ General Accounting Office, 1990. Drug-Exposed Infants: A Generation at Risk, Washington, DC: U.S. General Accounting Office (GAO/HRD-90-138).

ranging from low intensity discussion with a participant's sponsor to intensive in-patient treatment clinics. In the current report, the term treatment refers to in-patient and outpatient clinical services provided by La Crosse County. As stated earlier, the variable most closely related to treatment success is the number of days an addict spends in his/her treatment program; the longer the time spent in treatment, the greater the potential for recovery. The clear lesson from treatment research is that any program or punishment that hopes to be successful at preventing future crimes committed by addicts must ensure long-term treatment plan for the addict. Without long term treatment there is a very high probability the individual addict will return to drug use, abuse, and criminal behavior.

CHART 5 shows that the La Crosse County Drug Court provides the right balance between being tough on crime and being smart on crime.

CHART 5
La Crosse County Drug Court
Participant and Non-Participant
Average Days of Treatment

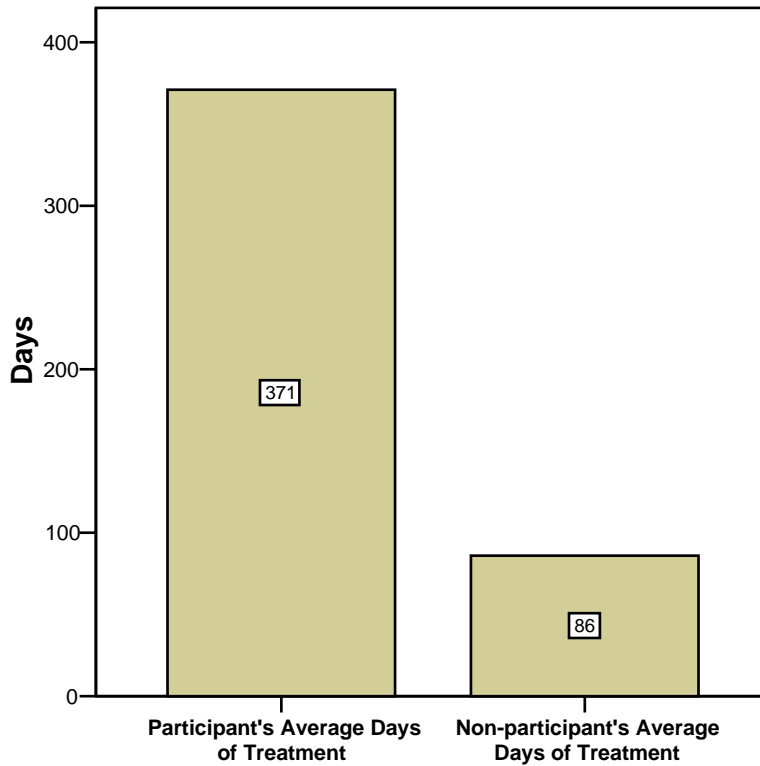
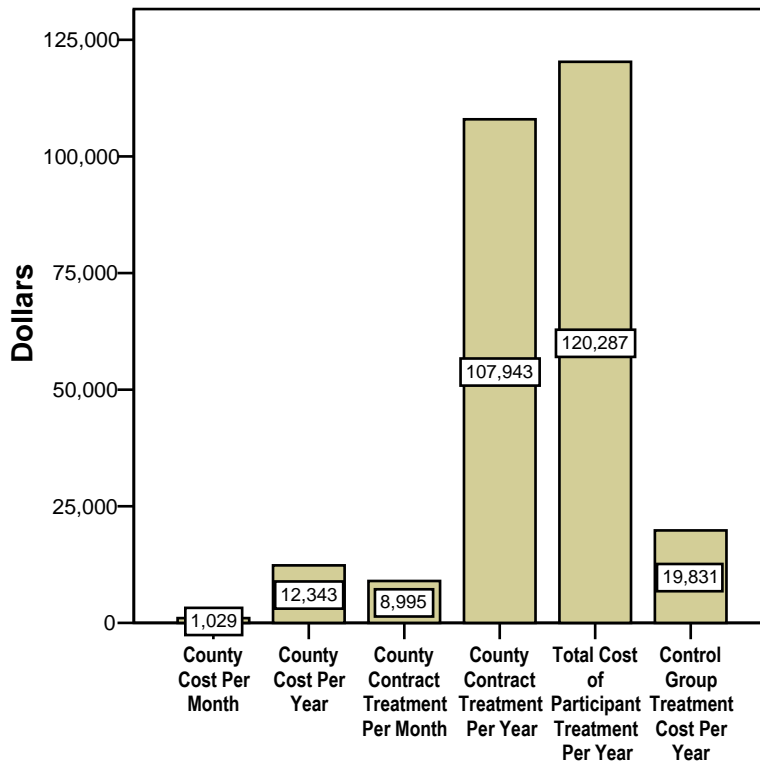


CHART 6 shows the cost of participant and control group treatment for La Crosse County. The costs are based on the average hours per week of treatment for the participants' in the drug court program. The County's billing charge of \$28 per hour was used to calculate the value of services provided by Human Service Department AODA (Alcohol and Other Drug Abuse) counselors. In addition to the cost of County AODA staff, many drug court participants received contract treatment services from area providers. The cost of the private treatment is also included in the table.

CHART 6
La Crosse County Drug Court
Cost of Participant and Control Group Treatment

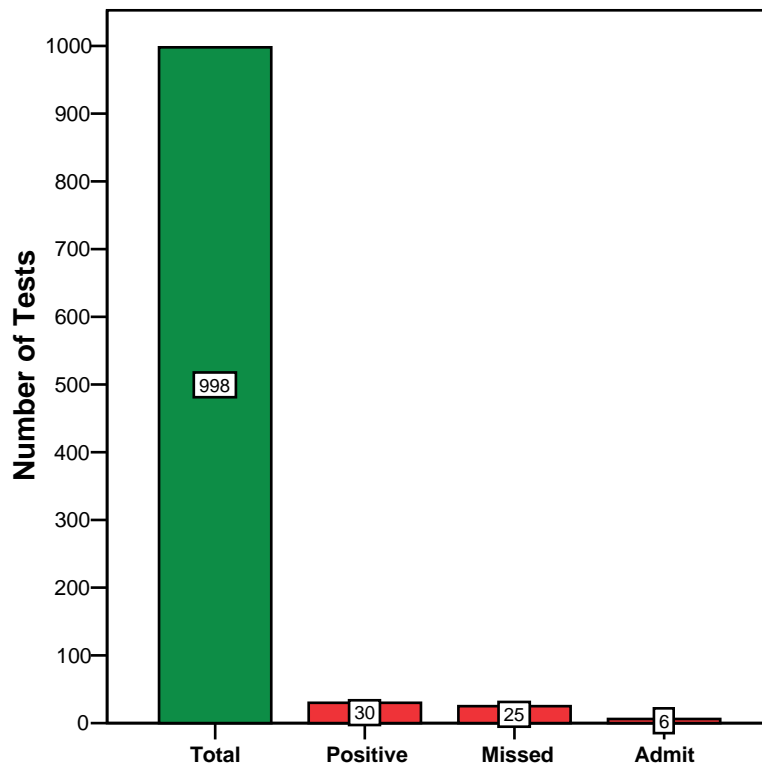


In 2005, the Drug Court program had 49 people receive treatment service. The cost of treatment based on a per participant basis equals approximately \$2455 a year. Compare that treatment cost to the cost of incarceration (even at the county level) of \$20,075 a year and the result is a savings of \$17,620 a year for each individual who can be rehabilitated through rather than jail. In comparison, the control group of 31 people received only an average of 86 days of treatment at a cost of \$19,831. The average cost of treatment for the control group was \$640. Hidden in the comparison is the increased cost of incarceration for the control group (see Chart 9).

Relapse

CHART 7 shows the drug relapse rate of participants during 2004. Drug relapse behavior can take place on a continuum from a minor use experience, referred to as a “lapse,” to a full return to the prior drug abuse regime, referred to as a “full relapse.” The drug court philosophy treats both lapse and relapse as opportunities for advancement in treatment, self-awareness, and recovery. Lapse and relapse are valuable tools to the drug court team and are used as indicators of treatment progress. However, a participant’s lapse or relapse can also be an indication of the programs effectiveness at teaching addicts how to use the recovery abilities the team has been teaching the addict. Whether the lapse/relapse is an indication of recovery or failure depends on how the addict responds to the episode; denial and lying are indicators of failure. Admission and asking for help are considered indicators of success.

CHART 7
La Crosse County Drug Court
2004 Drug Relapse Rate



The above chart shows that during 2004 there were 998 separate drug tests administered to the participants. Results of the tests indicated 30 urine analyses showed positive signs for drug use. Furthermore, another 25 individuals missed the scheduled drug test. The La Crosse County Drug Court considers a missed test as an admission of a positive finding for drug use. Six individuals admitted, prior to the test, they had in fact used drugs during the previous day or two (participants are drug tested 2-3 times per week on a random basis).

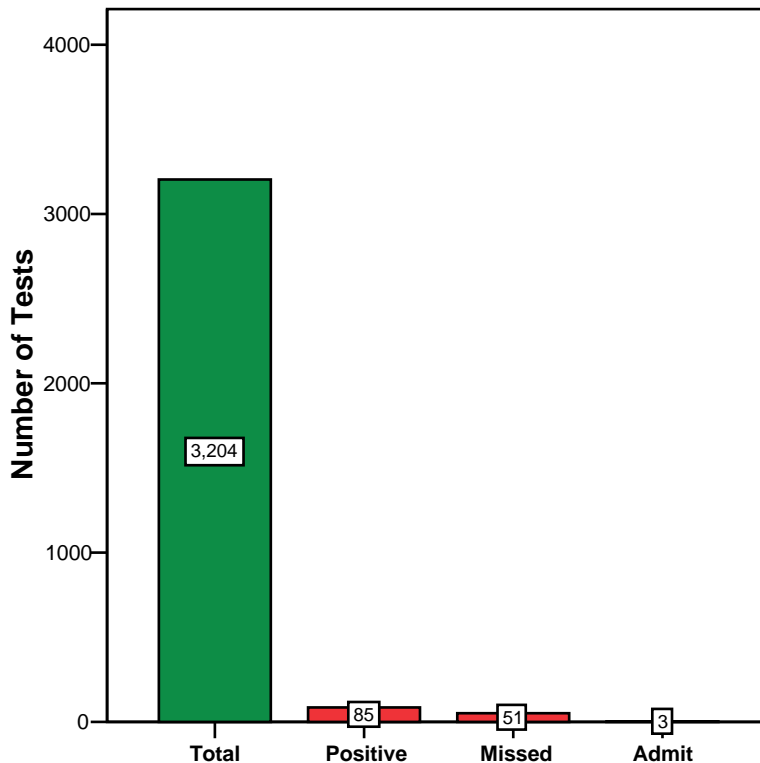
The drug court team treats each positive test result in a different manner. For example, a positive test without admission is treated as an indication that the current treatment regime is not effective enough for the specific individual and treatment requirements are subsequently adjusted. Admission of use may be considered an indication that treatment is progressing

because honesty and forthrightness are two important qualities drug addicts need most for successful recovery. The ability to lie to oneself and others is a behavioral strategy that goes hand-in-hand with drug addiction. Being truthful is one of the behavioral obstacles that the drug court program works hard to help participants overcome.

The 998 tests represent weekly totals because records in 2004 were kept on a weekly basis, because of a lack of computer software. Each individual was tested between 2 and 3 times per week, but only the result of each week could be recorded, so in reality there were many more separate tests administered. Each participant was either positive or negative for the week. The relapse rate for 2004 was 6%. A six percent relapse is well below the average for most drug courts throughout the country and significantly below the relapse rate for drug treatment programs in general. However, the 2004 Process Evaluation for the La Crosse County Drug Court pointed to some important changes that should be made in the drug test protocol, including the record keeping mentioned above. The effectiveness of drug testing relies on the participants understanding the drug tests cannot be fooled or beaten, and when the test is positive, their individual treatment will be modified.

CHART 8 shows the participant relapse rate for the 2005.

CHART 8
La Crosse County Drug Court
2005 Participant Relapse Rate



The above chart indicates the relapse rate for 2005 was 4.3%. There were 3,204 urine tests administered during the year, and 96% of those tests were negative for drug use. Combining the positive, missed and admitted categories on the above chart, indicates the relapse rate of 4%. The program reduced the number of relapse episodes by two percent from the 2004 year total.

The increased number of tests is a reflection of the improved recording methods instituted at the end of 2004 and an increased number of participants. Changes were made in the drug testing protocol and a new testing device (V-Twin Spectrum Analysis) was put into place.

In addition to urine analysis tests to identify the variety of drugs a participant may use, participants also are required to perform portable breathalyzer tests (PBTs) to verify that they have not used alcohol in the past 24 hours. No records of PBT tests were available for 2004 because the program lacked the software capable of recording the data. In 2005, the drug court administered 4,332 PBT tests to participants. Thirty-five were positive and 54 tests were missed, resulting in a relapse rate of 2%.

Jail Savings

CHART 9 shows the average number of jail days served by the La Crosse County Drug Court participants in 2005 compared to the average days spent in jail by the comparison group. The comparison group of 31 similar offenders, each individual spent an average of 392 days in jail, compared to only 51 days spent by participants. CHART 9 illustrates the impact the drug court program has had on jail bed use. Drug court participants spent an average of 341 less days in jail than those not in the program.

CHART 9
La Crosse County Drug Court
Comparison and Participant Group
Average Jails Days

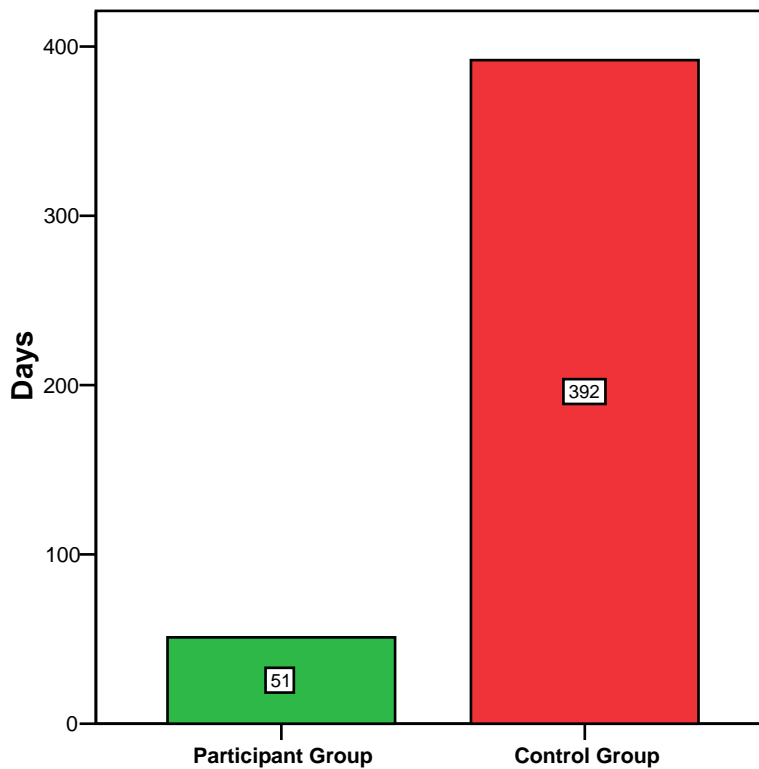


CHART 9 shows the number of jail days served by participants during their time in the drug court program. Much of the time a participant spends in jail is the result of the period

between being accepted into the Drug Court and becoming active in the program. Generally, a participant has either some mandatory jail time pending, or the Drug Court Team uses some jail time to clear the participant's head to better prepare them for active involvement in the program. Additionally, one sanction used in the program to motivate participants toward positive behavior is the threat of jail time. Generally, the drug court team tries to use the jail sanction sparingly for two important reasons: 1. Jail is not an effective deterrent for some participants (e.g. those who have already spent significant time in jail), 2. One important program goal is to save on jail costs to taxpayers. Using the figure of \$55/day for jail bed use, the non-participant costs the county \$21,560, compared to only \$2,805 dollars for a drug court participant. CHART 9 indicates that the drug court program saved an average of \$18,755 per participant. In other words, one drug court participant saves enough money in a year to pay for the cost of treatment for the entire control group for a year (see Chart 6).

To calculate the total jail cost savings a committee consisting of a judge, a prosecutor and a defense attorney reviewed each drug court participant's case file. The three member committee discussed the specific crime the person was arrested for and the criminal history of the person to arrive at a consensus on the length of jail time the person would have received in court. The number of months or years estimated for each participant from the committee was consistently less than the estimates received from the participants during exit interviews from the program. Therefore, the committee estimates are on the low end of the continuum of possible sentences the participants could have received.

CHART 10 shows the total jail cost for Drug Court participants if there had **not** been a Drug Court (21,890 days) in comparison to the total jail cost for participants' sanctioned while participating in the program (1890 days). The total jail cost savings is \$1.1 million dollars (20,000 days based on a cost estimate of \$55 per day in jail).

CHART 10
La Crosse County Drug Court
Jail Costs and Jail Savings

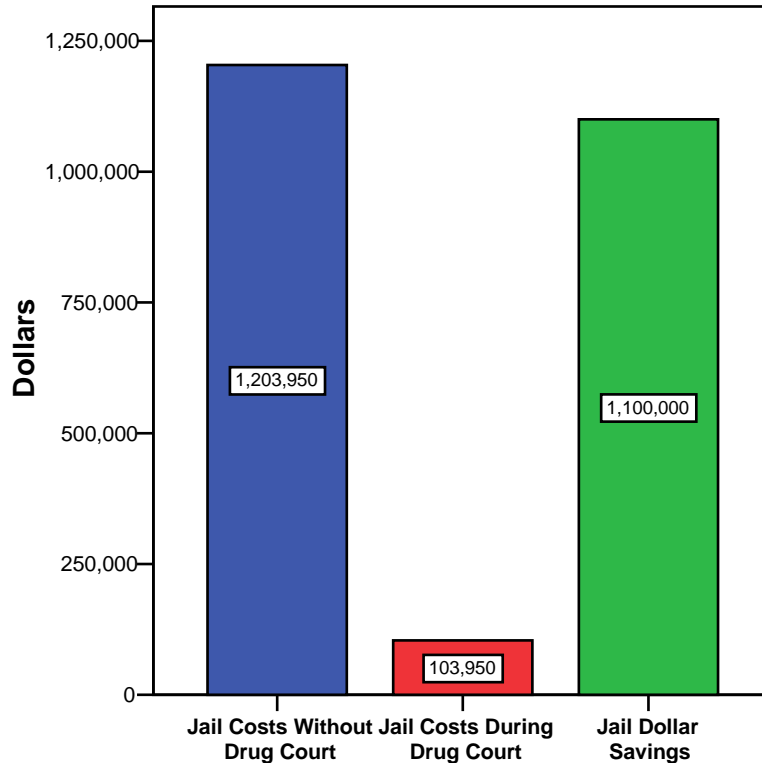
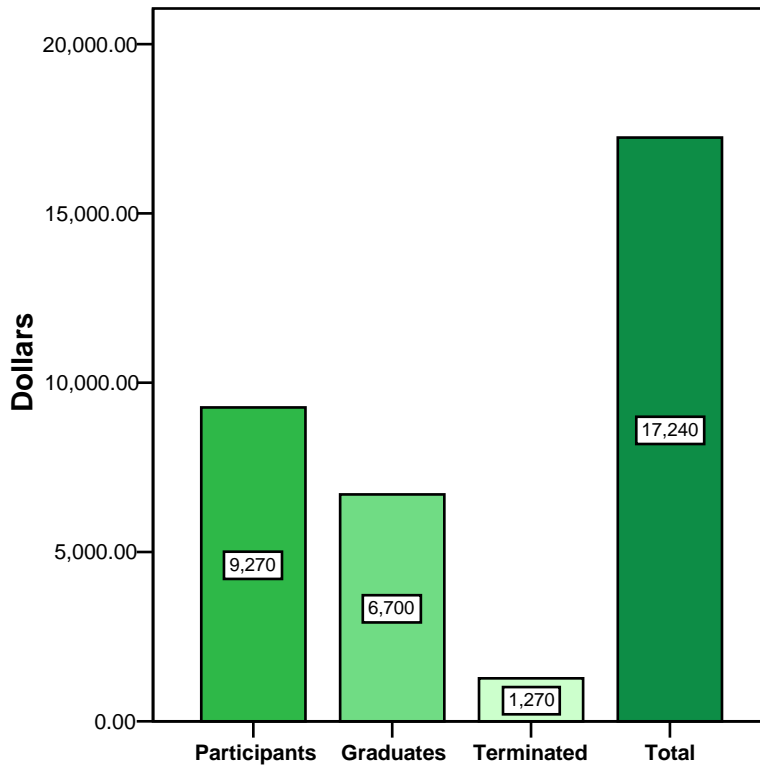


CHART 10 does not distinguish between the specific cost of incarceration to the county or state. The sentence given to each participant was used as the base number of jail days for calculating the cost of incarceration. Some of the participants would have remained in La Crosse and others would have been transferred to State facilities. Therefore, the real cost of incarceration would be greater if the actual costs of a state prisons were used to calculate the above table.

Community Contributions

CHART 11 shows the community service contributions the La Crosse area has benefited from because of the Drug Court program. Contributions to the community can be calculated in a variety of ways. In the outcome report the contribution presented in, CHART 11 shows the number and dollar value of community services hours performed by drug court participants as a sanction for poor behavioral performance, and CHART 12 shows the amount of tax dollars participants have paid while working at jobs during their participation in drug court.

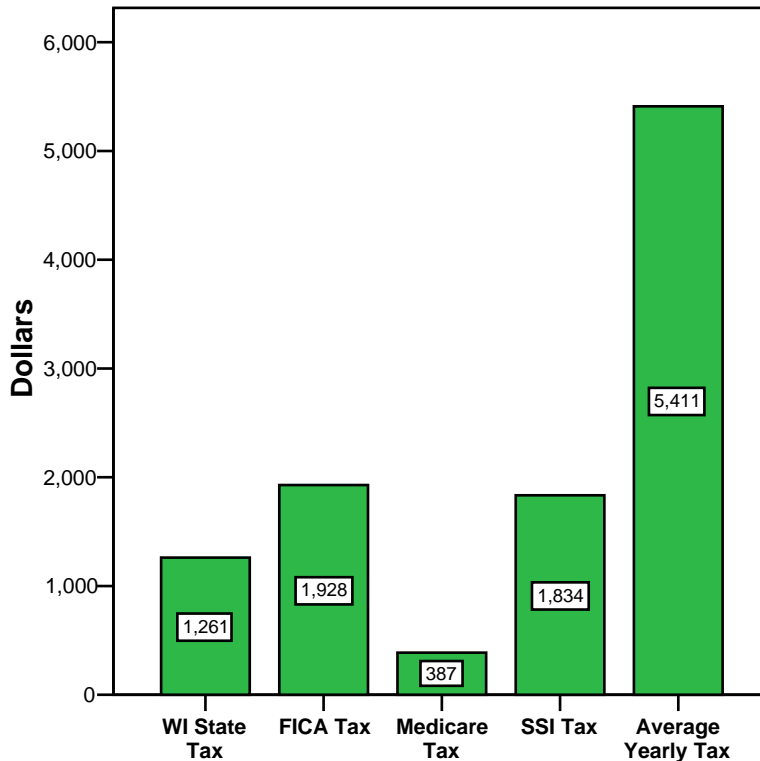
CHART 11
La Crosse County Drug Court
Community Service Contributions
Per Year 2004-2005



The above chart illustrates that the current participants in the drug court program have contributed \$9,270 dollars worth of community service to the La Crosse each year. The graduates contributed \$6,700 dollars. Even those participants who were terminated from the program contributed \$1,270 while they were in the program. The total dollar value received by the La Crosse community each year from the drug court program is \$17,240 dollars. The dollar values is based on the per hour value attributed to community service of \$10/hour.

CHART 12 illustrates the tax benefit contributed by the participants who were employed while participating in the Drug Court program. Employment (for those who are able to work) is a requirement for graduation from the program. However, no drug court participant is required to work during Phase 1 of the program, when recovery from addiction is the principle focus of the program. During Phase 2, those that are physically capable are encouraged to seek and maintain employment wherever possible. Eventually, when the participant reaches Phase 3 of the program, those who are physically able are required to find permanent employment prior to graduation.

CHART 12
 La Crosse County Drug Court
 Yearly Tax Contributions per Participant



The above chart shows the average amount of tax paid by a participant of the La Crosse County Drug Court. The average wage paid for program participants is \$8.66/hour and the average participant works over 40 hours each week. The result is an average weekly salary of \$531. The tax dollars paid by participants' benefit the community by lowering the overall tax burden to the public. Any contribution should be viewed as a positive impact simply because paying taxes is a drastic improvement over being a tax burden to the public.

TABLE 3 presents a summary of all the cost and benefit factors contained in the outcome report. The table delineates the individual cost and benefit factors that are summarized in CHART 13.

TABLE 3
La Crosse County Drug Court
Total Cost and Benefit

Costs:

County

| | | |
|---------------------------------|---|-----------------------|
| Drug Testing specialists | = | \$5,460/year |
| Drug Testing Equipment | = | \$10,400/year |
| Program Coordinator | = | \$39,000/year |
| Justice Sanction Administration | = | \$7,540/year |
| Alcohol and Drug Assessment | = | \$20,800/year |
| Jail Costs | = | \$103,950/year |
| <u>Treatment Cost</u> | = | <u>\$120,287/year</u> |
| Total County Cost | = | \$307,437/year |

State (based on part time salary of each individual)

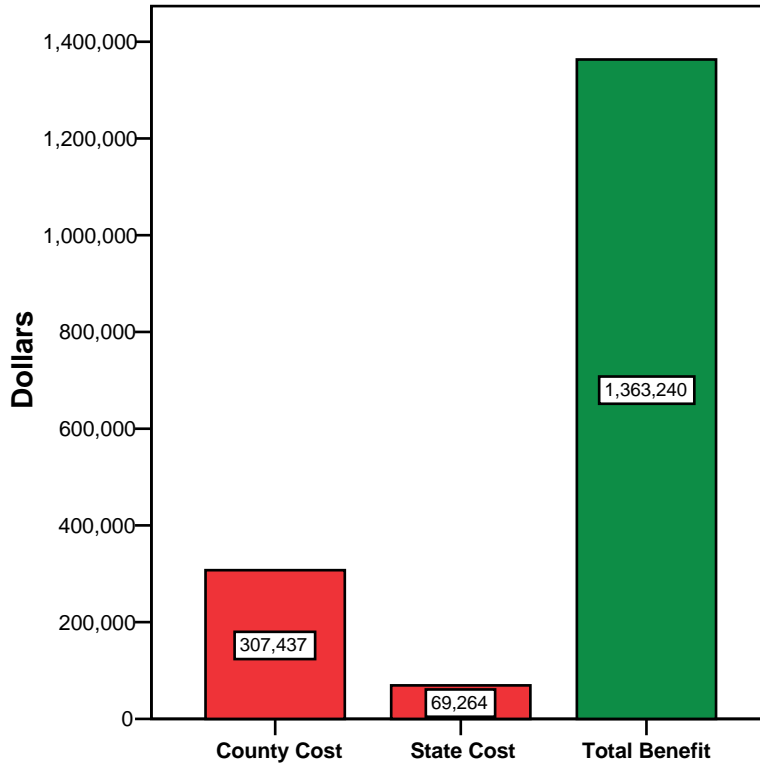
| | | |
|---------------------------|---|----------------------|
| Judge | | |
| Probation Agent | | |
| Prosecutor | | |
| Public Defender | | |
| <u>Judicial Assistant</u> | | |
| Total State Cost | = | \$69,264/year |

Benefits:

| | | |
|-----------------------------|---|------------------------------|
| Tax Payments | = | \$5,411/year/per participant |
| Community Service | = | \$17,240 |
| Drug Free Babies | = | \$223,400 (\$56,000/child) |
| <u>Jail Avoidance</u> | = | <u>\$1,100,000/year</u> |
| Total Dollar Benefit | = | \$1,363,240/year |

CHART 13 shows the total cost/benefit of the La Crosse Drug Court program. The result is a minimum benefit for 2005 of \$1,055,803 dollars per year.

CHART 13
La Crosse County Drug Court
Total Cost/Benefit



Intangibles

In addition to the specific costs and benefits of the La Crosse County Drug Court program there are many other benefits that cannot be calculated in dollars and cents. While these benefits are real and concrete there is no method for estimating the dollar value that should be attributed to each of these incalculable benefits to the community. Each of the factors should be considered important benefits even if a dollar value assessment is beyond calculation.

The following represents a few of the intangible considerations that have tremendous power and impact on the well-being of the community. The sampling presented here is a mere fraction of the positive experiences produced through Drug Court participation.

1. Father in tears thanking the Judge and team for “giving me back my son.”
2. Mother holding her new born in court and both mother and baby are in good health.
3. A graduate thanking the court for “saving my life. I would have been dead by now if not for Drug Court.”
4. “I would like to thank drug court for giving me the chance to prove to society that I can be a good citizen again.”
5. A father who came from California to see his daughter in drug court proclaimed, “I can’t believe it’s her, she hasn’t look this good since she was a teenager!”

Conclusions

Aside from the economic and personal benefits that result from the Drug Court Model. The Model offers the community, the justice system, and the individuals a vision of addiction that shifts focus from the disease/genetic milieu to a brain injury perspective. The shift in focus makes clear that the injury can occur to anyone and not just with drugs, although that is certainly the focal point of attention. For example, much has been written about “gambling addiction” and the brain injury perspective can account for that addiction by mapping the release of norepinephrine and the toxicity that results for repetitive use of the neurotransmitters and receptors associated with high-risk behavior. In fact, any addiction can be perceived using the brain injury model and the treatment in each case involves stopping the repetitive behavior that produces the neurotoxicity involved.

Addiction then is similar to a broken arm in that both are severe injuries that require the individual to stop performing the behavior that caused the injury. Before the Drug Court Model came on the scene, the common belief was that the addict had to “want” to be clean first and until that moment, nothing could really be done. As analogy, the physician could tell the patient with the broken arm; “Just hold your arm still for six weeks and it will mend.” The prescription would in fact work for a few, but most would use the arm and create further injury, so the physician will not take that chance. The physician “coerces” the treatment and puts the arm in a cast, effectively immobilizing the arm for the required length of time. The Drug Court Model is a cast for the addict’s brain, effectively immobilizing the patient from performing the behavior that produced the brain injury. Beginning at about the eighth month, the brain begins to heal and the addict starts to realize the many important things that have been sacrificed in pursuit of the pleasure once generated by the drug. At that point, most addicts voluntarily choose not to participate in the behavior (drug use) that produced the injury and they gain motivation for staying clean.

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