Drug Court in Camden: Toward a Research Proposal

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Summer, 2000

This research was made possible by a fellowship from the Walter Rand Institute (October 1999-May 2000). I am grateful for the assistance of Aaron Filippini who worked on the bibliography for this project.
One Monday in October, I walked down Fifth Street to the Hall of Justice, took the elevator to the fourth floor, and entered courtroom number 446, “drug court.” The room was filled; the atmosphere, festive. Talking and laughing, people milled around at the front of the court or they sat expectantly on the benches behind the barrier dividing audience from courtroom regulars. Among the regulars, I spied my “informant,” an attorney from the public defender’s office who explained, “This is graduation! This is what I wanted you to see.” As she went off, I slipped into the last unoccupied seat to watch graduation unfold.

Graduating clients sat in the jury box. The Honorable Stephen Thompson, who had abandoned the bench to preside over events from the well, called the first graduate to stand beside him. Keeping one eye on the judge, the graduate turned and addressed the courtroom audience. The talk was about addiction, “bottoming out,” and the opportunity for recovery provided by the court. Family members, standing with the graduate, thanked the judge and the court for saving a son, daughter, husband or wife. The client’s counselor or probation officer offered encouragement. Acknowledging the client’s difficult struggle, Judge Thompson spoke with pride about the role that drug court can play in rebuilding lives. He repeated the ceremony for each of a dozen clients. Congratulations and good wishes ended the ceremony. As people left the courtroom, the regulars—minus the judge—regrouped to chat about difficult clients.

Four months later, I attended a second graduation. A few things were different. I was familiar with the core elements of drug courts (Belenko, 1998, 6-7; National Association of Drug Court Professionals, 1997). An arrest is understood as a crisis that moves offenders to enter treatment. The sooner this happens the better; hence the emphasis on rapid identification and referral, according to the National Association of Drug Court Professionals (1998). Once admitted, a client’s progress is monitored by a judge and the drug court team (Mahoney, Carver, and Cooper, 1998). Accountability is maintained by a system of sanctions (community service, curfew, or jail) and rewards (the opportunity to move to a less restrictive stage of the program) (Harrel, 1998). Regular drug testing is mandatory (Rogers and Peyton, 1998).

At the second graduation, I also had a better grasp of what the ceremony means for significant audiences (Humphries 1999b). For the client, it marks a release from the supervision of drug court. The supervision is intense, but a client also receives a great deal of
attention. It's difficult to visualize, but every week, 25 professionals meet around a table in a jury room behind the court to discuss one by one the progress of clients. For the drug court team, graduation tests the client's commitment to drug-free life style and law-abiding behavior. For policy makers, each graduation represents a step containing the criminal justice costs. Graduation tests all the assumptions underlying drug court.

Getting in and Learning the Ropes

My interest in drug court grew out prior research on maternal drug use. Crack Mothers had focused on the moral panic over women who had used crack during pregnancy, but it had concentrated on the efforts of selected prosecutors to arrest such women (Humphries, 1999a). National Association of District Attorney's found reason to complain. Such ill-advised efforts drove women away from hospitals and clinics and the criminal cases were either dropped or overturned on appeal. The American Prosecutors' Research Institute (the research arm of the district attorney's organization) supported deferred prosecution, arguing that the threat of prosecution could be used with better effect to leverage drug-involved arrestees into treatment. In contrast to the few, but highly publicized cases against drug-using mothers, deferred prosecution would bring more women into treatment. But issues of coerced treatment made deferred prosecution problematic. In the meantime, drug courts built on deferred prosecution programs began appearing, offering treatment as a sentencing option to eligible defendants answered my questions about coerced treatment. The consolidation of probation and treatment under judicial authority promised better outcomes. As an extension of my work on maternal drug use, I wanted to look at women's experience in drug court. But before I could investigate, I had to know something about drug court. I arranged to sit in on the drug court in Camden.

Over the last year, I've met and talked to scores of people associated with drug court. Each time I introduced myself as a "faculty member from Rutgers, who is learning the ropes." On this basis, Judge Stephen Thompson welcomed me into drug court, its proceedings and case management conferences. Initially, my presence aroused people's fears about what I might say about drug court or an individual's job performance. But as time passed, I eased into the role of "accepted outsider." The drug court team did their work without taking notice of my presence, but two events altered my role.
Judge Thompson asked whether I had any students who might study the graduates who had participated in the pilot program for drug court. I responded in the affirmative, especially since the pool included women, and began the approval process. My request for access to probation records is pending approval by the Administrative Offices of the Court as is my request for IRB approval for research involving human subjects. Even so, the drug court team is aware that I may lead a group of students in the interviewing drug court graduates and in evaluating the pilot program.

Judge Thompson also asked me to help a drug court client prepare for a qualifying examination, which has altered my status further. I have a volunteer’s responsibilities for reporting on a client’s progress. I check in with the client’s probation officer and report to the judge during case conferences. In open court, the judge questions the client about the arrangement. This experience has deepened my appreciation for the difficulty of the work, the fragility of a recovering addict’s circumstances, and the professionalism of the drug court team, all of which are helpful in formulating research.

As observer, potential evaluator, and sometimes volunteer, I have come to see the value of drug court, which raises questions about my objectivity as a researcher. Local evaluations of the sort I propose typically provide data for decisions about drug court funding (Office of Justice Programs, 1998). Systematic procedures of evaluation research are protection enough against potential researcher bias. My support for drug court is not going to effect the selection of comparison groups or bias interpretation of outcome measures. If Camden drug court has a better showing that other interventions, the task is to explain the favorable outcome. On the other hand, less favorable results are still useful in pinpointing deficiencies or improving outcomes.

The purpose of this paper is to lay the foundation for drug court research in Camden. It reviews the origin and expansion of drug courts in the United States, describes Adult Drug Court in Camden County, and formulates the research project with respect to program evaluation.
The Origin and Expansion of Drug Courts

The war on drugs, judicial innovation, and federal funding help explain the rise and rapid proliferation of drug courts in the United States. By the late 1980s, the war on drugs had failed to deliver on the promise of public safety. Instead, its policies (zero tolerance, arresting drug users, and mandatory minimum sentencing) had created a crushing caseload for courts, especially in urban areas, and had precipitated a crisis in prison overcrowding (Belenko 1998, Terry 1999b, Goldkamp 1999a). The judiciary experimented with diversion, case management, and expedited case processing (Goldkamp, 1999b; Healy, 1999; National Institute of Health November, 1995). Such efforts churned the caseload more rapidly without also reducing its size or its impact on incarceration, according to leading experts on drug courts (Belenko 1998; Goldkamp 1993). In Miami, the case load pressures must have been particularly intense because here Judge Herbert Klein is the one credited with having come up with the drug court concept: “a court-centered program, emphasizing drug treatment, responsibility, and accountability” (Goldkamp 1999b, 22).

Founded in 1989, the Miami Drug Court combined criminal justice goals with drug treatment methods to respond more effectively to drug-involved offenders (see Goldkamp, 1999b). It diverted offenders from the normal channels of criminal cases processing and placed them on probation, the central condition of which was successful completion of drug treatment: detoxification, counseling, addiction education and relapse training (Goldkamp, 1999b). It defined new roles for key personnel (Goldkamp, 1999b, see generally National Association of Drug Court Professionals, 1998; Hora, Schma, and Rosenthal, 1999). It required the judge to exercise leadership: the judge was expected to engage the defendant in exchanges about his or her progress in treatment, offer encouragement and when appropriate hold the defendant accountable by imposing sanctions. It required the defense attorney to protect client interests through the process of sanctioning and the prosecutor to see treatment as a method of protecting the public interest. Treatment providers, on the other hand, had to see the therapeutic of value of sanctions; probation officers, to see that sanctions did not always support the recovery.

Other jurisdictions adapted the Miami drug court model to fit to local circumstances (Terry, 1999b). The early drug courts were created without benefit federal assistance, so local
solutions to limited resources produced different kinds of drug courts (Goldkamp, 1999b,40). In Alameda County, California, drug court diverted misdemeanor defendants into treatment (Bedrick and Schoinick, 1999). In Broward County, Florida, drug court placed convicted first time-felony defendants on probation and into treatment (Terry 1999). In Maricopa County, Arizona, drug court deferred jail sentences to leverage felons convicted of possession offenses into treatment (Dechene and Petersen, 1999). Geographic areas defined the drug court in Midtown Manhattan (Goldkamp 1999a). In Kalamazoo, Michigan, drug court targeted women offenders only (Kalamazoo County March 2000).

Once Bill Clinton replaced George Bush as President in 1992, the war on drugs lapsed into what David Musto has called "benign neglect" (1999). And drug courts came into their own under the leadership of Janet Reno, who had been Attorney General for Florida and District Attorney in Dade County and who had supported Florida's drug courts. As United States Attorney General, she has presided over federal efforts to promote drug courts. The 1993 Model Criminal Justice Treatment Act made treatment an optional component in criminal sentencing (1998 Leadership, 2000). The Violent Crime Control and Law Enforcement Act of 1994 (P. L. 103-322) authorized the Attorney General to provide grants to establish drug courts (Office of Justice Programs, 1995). Within the Office of Justice Programs, the Drug Court Clearinghouse and Technical Assistance Programs created the tools for planning, implementing and enhancing drug courts. Defining Drug Courts, a document that lists and describes the ten key components is aimed a planners (National Association of Drug Court Professionals, 1998). Guidelines for screening and assessment of drug court clients and for program evaluation helped practitioners and evaluators standardize drug courts (Peters and Peyton, 1998; National Drug Court Institute, n. d.a; n. d.b). Periodic summaries of drug court activity are maintained on a web site at American University (see Office of Justice Programs, 1998b, 2000). A system of mentor courts opened their doors to groups interested in developing drug courts in their own jurisdictions (National Association of Drug Court Professionals, n.d.). Several times a year, the National Association of Drug Court Professionals sponsors training conferences (n.d.a; n.d.b; 1999). The Office of Justice Programs funds local drug court teams to attend (see 1998 Leadership Class 2000 the Camden experience with federal support).

The war on drugs, judicial innovation, and federal promotions account for the tremendous growth in drug courts over the last decade. In January 2000, the Drug Court
Clearinghouse and Technical Assistance Project reported a total of 716 drug courts: 200 or so had been in operation for over two years, almost 200 had been recently implemented, and a few shy of 300 were being planned (Office of Justice Programs, 2000). Some of these drug courts work with a diversion framework; others are post-adjudication courts (Terry, 1999).

Diversion programs defer prosecution, place offenders on probation, and dismiss the charges once an offender has completed the terms of probation. Applied to drug courts, diversion means that the court removes drug-involved offenders from channels of case processing that would normally lead to prosecution and places them in treatment as a condition of probation. If an offender succeeds in treatment, the originating charges are dismissed. Diversion programs apparently have a strong appeal in Florida, where dismissals prevent the deportation of non-citizens as convicted felons.7

In post-adjudication programs, intervention takes place at the sentencing hearing after guilt has been established. At the sentencing, convicted felons receive two sentences: one is probation and drug court; the other is jail or prison. Post-adjudication drug courts put off incarceration, pending successful completion of the drug treatment program. Should a drug court client violate probation, he or she may be incarcerated. Post-adjudication drug courts do not dismiss charges, although some courts permit clients to petition the court to have their records expunged. Expunged records may, however, still be available to law enforcement.

Generally speaking, advocates have justified drug courts by promised reductions in crime and drug use, lighter caseloads, and lower criminal justice costs (McCaffrey, 1999). John Goldkamp, who evaluated Miami's drug court, suggested that drug courts might make caseload matters worse rather than better (1999b, 27-28). Because addicts have a high probability of violating probation, he reasoned, the strict conditions of drug court would increase violations and with them the caseloads, and the number of people in prisons. His evaluation of Miami's drug court, however, showed the opposite to be true. Drug court defendants tended to reoffend less frequently than comparison groups, and reoffenders delayed reoffending for considerable periods of time (Goldkamp, 1999b, 37). All of this is understood to translate into reduced caseloads, less imprisonment, and lower costs.

Other evaluations followed, promoting the Government Accounting Office to glean generalizations, although some of the studies included in its review had not been completed.
(GAO, 1997). Steve Belenko's later review of 30 evaluation studies identified some common ground (1999, 20-25). Drug court engaged and retained felony offenders in treatment. It targeted older offenders with prior offenses and significant addiction history. And the court provided more comprehensive supervision than other forms of community supervision. As for the impact on the client, Belenko found that drug court reduced drug use while the client participates in the program, although the post-release situation is more complex and difficult to interpret (1999, 28-30). Similarly, arrest rates for clients participating in the program were lower than for comparison groups; this pattern held in the post-release situation as well (Belenko, 1999, 30). Belenko notes that the methods used to assess costs, e.g., days in jail, fell short of the sophisticated cost analysis that might get at hidden costs or savings attributed unexpended resources.

**Camden County Adult Drug Court**

As in other states, mounting caseloads and overcrowded prisons led to the creation of drug court in New Jersey (1998 Leadership Class 2000). Like other states, New Jersey had the problem of how to fund expensive treatment components. A legislative measure known as the Drug Court Initiative (DCI) permitted the Department of Corrections to shift funds around to pay for drug court treatment, financing what is called the "DCI Court." Additionally, the Office of Justice Programs, a federal agency, funded treatment for Camden's other track, "OJP Court," although in July (2000) the legislature included this track in its budget for the upcoming year. Consequently, Adult Drug Court in Camden processes two kinds of cases, those funded through the Drug Court Initiative and those originally funded through the Office of Justice Programs, although both operate under the same legal framework.

**DCI Court:** The New Jersey Controlled Dangerous Substance Act (2C: 35-14) describes the circumstances under which a non-violent, drug-involved offender may receive treatment instead of mandatory incarceration for violation of the drug laws. Normally defendants convicted of drug distribution in a school zone (with 1000 feet of a school), for employing juveniles in distributing drugs, or for prior drug distribution is not eligible for drug court. As the statute is currently written the prosecutor may recommend a second-degree defendant or school zone distribution defendant to drug court provided he or she spends at least six months
of the five years probation in residential treatment. If the defendants fails to complete drug
treatment or fails to comply with the conditions of probation, the court is required to terminate
probation and remand the person to prison. In Camden Drug Court, these "1000 foot cases" or
"school zone cases" are the ones that flow through the DCI track.  

OJP Court: The OJP track accommodates two kinds of cases. One kind consists of non-violent,
drug dependent defendants who have not committed a first-degree offense and who do not pose
a danger to the community. Any drug-driven second or third degree offense would qualify
provided the defense petitions the court and the prosecutor approves.

Other OJP cases arise from probation violations. When non-violent, drug-involved
defendants would have succeeded on probation except for their addictions, the prosecutor may
approve them for drug court. Because the pilot for Camden Drug Court targeted failed
probationers, the OJP track is sometimes called VOP Court. Once accepted into drug court,
VOP and direct sentence defendants are placed on probation for up to five years, but because
these are typically less serious than school zone cases, the court releases them upon successful
completion of drug court program. The Office of Justice Programs funds the treatment
component, primarily in outpatient facilities, although beds in residential facilities are available
for indigent clients.

When Judge Thompson asked that I interview drug court clients, it was the OJP track of
drug court he had in mind and specifically the failed probationers about whom he wanted
information. His request has prompted me to think through the process of evaluation, which is
outlined below.

Formulating the Project

The question the evaluation is designed to answer is whether drug court works. In the
question, "drug court" refers to OJP Drug Court in Camden, which commenced operations in
1996 with 50 non-violent offenders all of whom had failed probation due to substance abuse.
Other clients have since been added to the pool, so currently 95 clients have now graduated.
The question of whether drug court "works" is typically framed in terms of reduced drug use
and crime and cost containment through fewer cases and less pressure on prisons. Cost
containment issues are beyond the scope of this project. I will, nonetheless, continue to use the
term "works" to refer to recidivism (for crime and drug use), but I will also include in its meaning the life adjustments a drug court client makes. So the research question becomes: Has successful completion of drug court helped these graduates adjust to civilian life as healthy human beings who maintain a drug-free, law-abiding life style and who also work and fulfill family responsibilities, including parenting?

The question can be answered by using a two-group, pretest-posttest design with subjects selected according to their eligibility for drug court (Bernard, 2000). The potential threats to validity are discussed in the context of design features: the selection of comparison groups, the nature of the drug court intervention, and the pre-test post-test instrument. Because the potential loss of subjects poses significant problems for this study, I have discussed this problem separately. A review of the data analysis procedures and interpretive issues completes the discussion.

**Comparison Groups:** The Office of Justice Planning cautions drug court researchers to select appropriate comparison groups (Office of Justice Program, 1998). An important concern is the addiction status of subjects. If only one group is addicted, results may reflect the high probability of addicts' failure, not the impact of drug court. The addiction status of comparison groups can be controlled by selecting persons deemed eligible for drug court (Boyle, 2000). To be eligible for Adult Drug Court in Camden, applicants must meet the clinical standard for addiction. Some eligible applicants participate in drug court; others do not. Eligible applicants who participated in OJP drug court make up the experimental group. Eligible applicants who rejected drug court comprise the control group.

Again eligibility requirements can be exploited so that the comparison groups are similar with respect to prior criminal record (Office of Justice Programs, 1998). To be eligible for Adult Drug Court in Camden, applicants must meet a legal standard: applicants' convictions must be for non-violent felony offenses. It is unlikely that that prior record can be controlled beyond non-violent felonies, given the difficulties of finding matches for specific crimes, like burglary, and the confounding effects of plea bargaining.

Additional factors that have to be controlled are age, gender, and race/ethnicity. Of these demographic factors, age differences in comparison groups have complicated the interpretation of findings in one study (Terry, 1999b). In contrast to older groups, younger
persons have higher offending rates. Similar distortions occur with respect to gender, men offender at higher rates than women, although dramatic increases in female incarceration rate over the last decade suggest that drug use minimizes this difference (Belknap, 1996; Maher, 1997). Distortions related to race or ethnicity are more difficult to assess due to drug preferences and criminal justice biases (Mann and Zatz, 1998).

**Intervention:** Drug court and its program of drug treatment define the "intervention" that the project seeks to evaluate. Camden County Probation records can be used to specify the intervention: counseling sessions, 12-step meetings, sanctions, contacts with probation, the payment of fees, fines, and penalties, and so forth can all be quantified for each client in the experimental group. The same records can be reviewed for the control group. Even so, the intervention poses several threats to the validity of the study.

First, maintaining a constant, effective treatment protocol is difficult (Bernard 2000). Changes in eligibility, drug testing procedures, counseling techniques, the frequency of sessions, personnel, and support services have all made it difficult to draw firm conclusions about the impact of treatment (Peters and Peyton, 1998). Among the challenges to drug court research, Goldkamp writes that these internal threats to validity as the most significant (1999c). A remedy is to describe the changes, acknowledging that they cannot be ruled out as explanations for group differences in outcomes (Boyle, 2000). In the months I have observed drug court, the statute has been changed, a financial crisis limited treatment for OJP clients, DCI clients were removed from one treatment provider, and Adult Drug Court in its entirety has been assigned to a different judge, courtroom, and team (Humphries, 1999-2000). Drug court is a moving target, not the staid condition normally associated with experimental interventions.

Second, it may also be difficult to prevent control group from being exposed to the features of the intervention (Bernard, 2000). Offenders who fail on probation, who are eligible for drug court may be placed on regular probation and receive drug treatment or job training. Even those returned to jail or prison may join rehabilitation programs. Subjects in the experimental group may opt for regular probation or regular probationers may apply to drug court. The ability to select subjects so as to avoid diffusion of the experimental effects is one advantage of a retrospective study.
Pretest-Posttest: The Addiction Severity Index (ASI) is a widely used public domain instrument used for screening, assessment, and drug treatment planning (Office of Justice Programs, 1998c). It is reliable and valid for use with a variety of substance using populations (Office of Justice Programs, 1998c). The ASI is used by the TASC clinicians to establish offender eligibility in Camden drug court. Since ASI data already exist for each eligible offender, the ASI will be re-administered in the context of this study. Clinical screenings began in 1996 when OJP drug court was first established. Candidates later admitted into drug court would have been screened in 1997 or 1998. The posttest would take place within the next year.

The ASI examines functional areas, which are commonly affected by an individual's drug abuse. The areas include health status, employment status, family and social relationships, and legal status. It begins with an assessment of drug use and criminality, the two areas that drug court evaluators rely on to establish the program effectiveness. Of the two, drug use poses the most problems. During initial screening, a candidate's drug status is verified by urine testing. In the posttest situation, urine testing is not an option. A check of official records would reveal drug arrests, but barring legal intervention, questions aimed at drug-related experiences are the only alternative. Relevant ASI questions focus on post-release treatment experiences, drug use among significant others, periods of abstinence, methods for maintaining abstinence, and relapse, especially antecedents, warning signs, and high-risk situations associated with relapse. A supplementary interview schedule is to verify these areas. The pilot for this study tests the instrument, the capacity of the interview schedule to establish inconsistencies that raise concerns about the veracity of subjects statements, and the utility of checking official records.

Health status is an indicator of recovery. Chronic drug use creates or exacerbates health problems, so the healthier the group, the more likely it has recovered from the effects of drug or alcohol abuse. Of particular interest are injuries, trauma, chronic disease, or physical disabilities. Hospitalizations and emergency room visits will be noted. Because of offenders with mental health problems are not eligible for drug court, the emphasis is on physical health. Drug court team members, however, have asked for posttest results for subjects' depression, the absence of depression being a marker for a favorable prognosis.
The degree to which subjects have reestablished family ties reflects positive adjustment to conventional life. A social network that supports a drug-free lifestyle is important in maintaining sobriety. But recovery also depends on employment, the kind that enables subjects to fulfill family responsibilities, especially for minor children. Post-release employment history is important as are self-reports about parenting and the well-being of children. The stability of the home and significant relationships can be examined. Abuse and neglect with respect to children and violence with respect to domestic partners, co-workers, fellow students have to be taken into consideration in evaluating post-release adjustment.

**Potential Loss of Subjects**

The loss of subjects creates serious problems for studies that rely on a pre-test, post-test design. The loss alters the composition of groups and affects results in unknown ways. Loss can occur during treatment, but drug courts have relatively high retention rates. The Office of Justice Programs reports that nationally 70% of the participants accepted into drug court remain in the program (Office of Justice Programs, January 2000). That 95 clients in Office of Justice Programs court have graduated suggests that retention is not a problem for this study, although it will be necessary to establish the retention rate for this group. Another problem arises with the passage of time. Subjects may also become more difficult to find. As many as five years may stand between the pre- and posttest in this study. While subjects still on probation may be easier to locate, their adjustments provide a weaker test of the effects of drug court. Subjects who have been released from probation present a more rigorous test, but they may be too difficult to locate. Subject fees, which will be used in this study, make the posttest more attractive, but one must first locate the subjects.

Consequently I am testing two approaches to locating subjects. In the first, probation will select 5 graduates who have been released from probation, contact them on behalf of the study, and ask if they would like to participate. If the graduate agrees, he or she would be given the name of the interviewer, a contact location and time, and the information that participants will receive $25.00 for the interview. The second approach differs only in this: Probation contacts 5 graduates who are still on probation. Results will be used in designing more
effective recruitment procedures. One possibility is to restrict the subjects to graduates who are close to the end, but still on probation and then interview them following release.

If all 95 OJP drug court clients and an equal number of non drug court clients can be located, and if all agree to the interview, then the matched sample strategy discussed above is appropriate. However, the likelihood of finding all or even most of the 95 OJP drug court clients and a comparison group may be quite low. Even so, I should be able to find some. The minimum number for each group is 30, 30 being the number of subjects needed to analyze group differences on a single variable (Meyer, 2000). The selection of 30 out of 95 subjects makes sample bias a significant issue. Randomizing the selection of subjects from each pool guards against sample bias, but its utility depends on how many times one has to return to the pool to reach the minimum number of subjects.

Data Analysis and Interpretation

To provide assurances that matched comparison groups are appropriately similar, group differences on the demographic variables will be tested for statistical significance. If cases are randomly selected from each group, systematic differences can be assumed to cancel one another out.

Group differences on post-test variables will be tested for statistical significance. Outcomes may be formulated as group means, for example, the average number of emergency room visits might be calculated for each group and then group difference tested for statistical significant (t-test). Other outcome variables may be expressed as percentages, for example, the percentage of persons in each group who are current with child support payments. Percentage differences would then be tested for statistical significance (Chi-squared).

The level of data analysis will be determined by sample size. If the sample consists of the minimum 30 subjects in each group, data analysis is limited to group differences on single variables where only the strongest effects would be detected (Meyer, 2000). Anything beyond univariate analysis would depend on incremental increases (60, 90) in the size of the sample.

The quasi-experimental design used here is said to sacrifices control for reality. In the case of drug court, reality surfaces as problems, some of which can be better resolved than
others. Most extraneous variables can be controlled, and even though I can list changes affecting OJP court, I cannot prevent them or rule them out as explanations. Court records can be used to prevent diffusion of effects, but procedures designed to minimize the impact of case mortality may not be as effective as anticipated. This may be one of the limitations of the study.

Whatever the results, interpretation has to be grounded in a thorough understanding of drug court. First, it would be wrong to ignore the drug court team's ambivalence about recovery and compliance. The underlying theory leads one to expect that over time subjects who comply also undergo a deeper transformation. Enduring recovery, however, seems more elusive. One hopes that compliance turns into recovery once clients "get it." But even if they "get it" in treatment, "keeping it" is a different issue, which brings me to the second lesson of drug court.

The difference between recovery, relapse, and the drift toward a drug addict's life style may depend on small reversals: a problem at work, an argument, a friend's addiction. While people with stable middle-class lives might easily weather these problems, such problems may accumulate, overwhelming people whose lives still teeter on the edge of instability. In these circumstances, the tools that prevent relapse may not be enough.

One of things that drug court drums into clients is the importance of building and maintaining a social network that supports sobriety. A "clean and sober" life style must infuse the network; the friends, families, and intimates who comprise the network must actively enforce it. Continued participation in the network is a good indicator of recovery even though other aspects of a drug court client's adjustment may fall short.
1 October 1999.

2 Graduation is the showcase for the court. See for example, Marcus (March 12, 2000): "When I first became a drug court judge in 1994, I immediately sensed that drug court graduation ceremonies would become a key part of the Los Angeles Drug Court Program. It was obvious that drug court graduations could be used to capture the public's interest and garner favorable media publicity. Moreover, I knew that everyone would like an event that tells a story about a person transforming his or her life from one of drug addiction and desperation to a life of being drug-free and hope for the future. The emotional appeal of a drug court graduation is difficult to describe or to put into words. All of the drug court graduations I have presided over and attended have always touched my heart. Friends and relatives in the audience seem to simultaneously cry and cheer for the drug court graduates who have successfully completed a year of intensive drug treatment. In short, the drug court graduation is the 'Super Bowl,' 'NBA finals,' and 'World Series' all rolled into one."

3 From a client's point of view, there is some ambiguity about graduation and release from probation. Drug court clients are sentenced to 5 years probation. Clients sentenced under penal code section 2C:35-14 must complete the full five years, so that their graduation marks a passage from the intense supervision of drug court to regular probation. Clients who sentenced directly to drug court or who entered as a probation failure are not necessarily held to the full five years probation. Once these latter clients have graduated and otherwise fulfilled all requirements imposed by the court, the judge has the option of early termination of probation, returning such clients to civilian status.

4 The results of intense supervision are used in open court. The judge, for example, knows when a client is not using counseling constructively. The counselor would have told him during the weekly case management review. In open court, the judge may refer to client's lack of motivation, using encouragement or anger to reactivate a commitment to recovery.

The judge knows when a client has relapsed. The TASC officer would have forwarded drug test results, and positive results would have been discussed in conference. While recognizing that relapse is a part of recovery, the judge holds the client accountable in the
courtroom. If the client takes responsibility by divulging his or her drug use prior to drug testing, the judge reinforces the “tools” that prevent relapse and may require a day of community service. If the client blames the relapse on others, the judge sends the client to county jail for a week.

The judge may even know what a client’s neighbors are saying about him. The probation officer would have told the judge about suspected drug use in the client’s neighborhood, because site and home visits are a part of supervision. In court, the judge confronts the client with negative rumors, demands an explanation, and may impose sanctions or may ask that the drug court team find alternative housing for the client. The judge may even know what a client’s neighbors are saying about him. The probation officer would have told the judge about suspected drug use in the client’s neighborhood, because site and home visits are a part of supervision. In court, the judge confronts the client with negative rumors, demands an explanation, and may impose sanctions or may ask that the drug court team find alternative housing for the client.

5 The Hawthorne Effect comes to mind here. As efficiency experts learned, attention paid to people who often go unnoticed may be more important in motivating people than environmental stimuli.

6 The Research Council, Administration of the Courts reviewed my request for access to court records in June 2000, addition information was requested, and the augmented materials were reviewed in August. It is my understanding that the Research Council has forward the request to the Chief Administration Judge, Judge Williams, with a recommendation for approval (Personal Communication with Marilyn Slivka, August 2000). The Institutional Review Board for Rutgers University reviewed my request for research with probation clients at its June meeting. Brenda Ruotolo, IRB administrator, asked that I revised the consent form which I did and resubmit the request for review at the September meeting (correspondence, June-August, 2000).

7 The Broward drug court, which began as a post adjudication court, reverted to a diversionary court that dismissed the charges in order to avoid the deportation of clients. See Terry (1999) for a discussion of the role of dismissals in shifting to a diversion model.
Drug Court Clearinghouse and Technical Assistance Project provides a more recent but essentially similar profile of drug court participants (Office of Justice Programs February 2000). Drug court programs show a retention rate of 70 percent. Only 10 percent of the participants enrolled in drug court have tested positive for drug use. These rates persist despite a difficult clientele. Participants are male, older (over half are between 26 and 45 years old) and single, although vast majority (73 percent) are parents of minor children. Their records include prior felony convictions and imprisonment. Despite spending from $50 to $100 a day on drugs, participants have not received drug treatment prior to enrollment in drug court.

The discussion of the origins of Camden Drug Court is based on the final draft of the report, entitled "Drug Courts in New Jersey: Past, Present, and Future" by the 1998 Leadership Class of New Jersey (May, 2000). The 1998 Leadership Class consists of leaders from around the state who took on Drug Court as a project. Many of the class, including Leah Morris, Office of the Public Defender, Camden County, played a role in creating drug court in the state of New Jersey.

The judge, for example, knows when a client is not using counseling constructively. The counselor would have told him during the weekly case management review. In open court, the judge may refer to client's lack of motivation, using encouragement or anger to reactivate a commitment to recovery.

According to a 1998 Leadership Class of New Jersey Report, the drug court in Camden began without benefit of state or federal funding (1998 Leadership Class of New Jersey, 2000). This is true, however, in a limited sense only. Camden and Newark counties received OJP funds via the legislature in 1996 to plan the state's first drug courts. As part of the planning process, the Camden team attended an OJP planning conference and visited a mentor drug court in Buffalo. It did not, however, wait for its OJP implementation grant before beginning operations. (Camden and Newark were funded to implement drug courts in 1997. In 1999, the Office of Justice Planning extended the implementation grants in both counties.) With start-up money from the Robert Wood Johnson Foundation, Camden piloted the state's first drug court (April 1996), targeting 50 offenders all of who had failed probation due to drug addiction. A consortium of treatment providers delivered a full array of drug rehabilitation services on the promise of payment, although OJP funds arrived to sustain the court in 1997 and 1999.