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PENNSYLVANIA DRUG COURT EFFECTIVENESS: THE MONTGOMERY COUNTY
EXPERIENCE


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# ABSTRACT

The Drug Court Program in Montgomery County, Pennsylvania was established in April of 2006.  To date, more than 380 offenders have been admitted to the program.  A total of 34 surveys were distributed before a drug court session in Montgomery County, with 31 of those surveys being returned afterwards.  Using the information collected via the survey, this evaluation of the Montgomery County Drug Court Program compares program effectiveness for various groups of current program clients in order to identify the ways in which the program works well in addition to the ways in which the program does not work so well.  The client groups were delineated using various differentiae, such as frequency of drug use, drug of choice, and sex.  More specifically, this study compares the program effectiveness for clients who used drugs more frequently to that of clients who used drugs less frequently; the program effectiveness for clients who prefer "harder" drugs to that of clients who prefer "softer" drugs; and the program effectiveness for female clients to that of their male counterparts.  The results of this study indicate that Montgomery County's Drug Court Program is more effective for clients who used drugs less frequently and for clients who prefer "softer" drugs.  No significant differences in program effectiveness were found between male and female clients.

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**Chapter 1**

**INTRODUCTION**

Although drug courts have been operating in the United States now for over two decades (Mitchell, Wilson, Eggers, & Mackenzie, 2012, p. 60), and for at least one decade on a mass scale (Spohn, Piper, Martin, & Frenzel, 2001, p. 152), it is evident that there is still a great deal that criminal justice scholars have been unable to uncover about drug court programs. Now, drug courts are a prominent feature of the problem-solving landscape within the greater United States justice system. In Pennsylvania alone, there are currently 35 drug courts in operation. The objective of this study is to determine whether or not Montgomery County's Drug Court Program (herein referred to as the Drug Court Program) is effective. Initial studies on drug courts in Pennsylvania have yielded positive results, however, these results are not easily generalizable and perhaps, outdated (Brewster, 2001, p. 178). This research will be able to inform legislators and criminal justice professionals in Pennsylvania, and ultimately engender more efficient resource use and more effective drug court programs.

The research questions this study sought to answer with regard to the Drug Court Program are as follows: (1) are clients who used drugs more frequently less likely to succeed in the Drug Court Program than those who used drugs less frequently?; (2) are clients who prefer "harder" drugs less likely to succeed in the Drug Court Program than clients who prefer "softer" drugs?; and (3) are female clients more likely to succeed in the Drug Court Program than male clients?

This research was conducted using the rehabilitative model. Because drug courts

themselves reflect the rehabilitative perspective—which asserts that offenders can be better rehabilitated, or returned to normal, by way of non-adversarial programs outside of the conventional criminal justice process—this research, too, will be sensitive to this perspective (Brewster, 2001, p. 178). The legal roots of the rehabilitative model can be traced to therapeutic jurisprudence (Hora, Schma, & Rosenthal, 1999, p. 440). The term *therapeutic jurisprudence* was coined by David Wexler in 1987 (Hora et al., 1999, p. 442). Therapeutic jurisprudence applies social science to laws and criminal justice practices in order to measure their efficaciousness in promoting the well-being of those to which they apply (Hora et al., 1999, p. 443). The hypotheses tested in this study are as follows[1]:

*Hypthesis 1: The drug Court Program will be less effective for clients who used drugs more frequently than for those who used drugs less frequently*

*Hypothesis 2: The Drug Court Program will be less effective for clients who prefer "harder" drugs than for those who prefer "softer" drugs*

*Hypothesis 3: The Drug Court Program will be less effective for male clients than for female clients.*

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[1] This study was conducted with the approval of the Pennsylvania State University's Office of Research Protection, and is listed under the following study number: STUDY00004622.

**A Brief Overview of Drug Courts**

Drug courts are a byproduct of President Ronald Reagan's "War on Drugs" (Gross, 2010, p. 165). Because of the stringent drug laws codified in the 1980's, courts in the United States faced an inundation of drug cases (Gross, 2010, p. 165). In 1989, the Chief Judge of Florida's 11th Judicial Circuit realized that the drug adjudication process was in need of reform for two main reasons: (1) court dockets were congested to the point of debilitation and (2) sentencing drug-addicted offenders to probation merely perpetuated the cycles of addiction and crime in which these types of offenders simultaneously found themselves (Hora et al., 1999, p. 454-455). The aforementioned realizations would manifest themselves during the summer of that fateful year through an administrative order that established the first drug court treatment program in the United States (Hora et al., 1999, p. 454-455).

Eventually, two types of drug courts came into existence. The first type of drug court is known as an Expedited Drug Case Management Court, which was designed to streamline the adjudication of drug cases (Hora et al., 1999, p. 452). These courts funnel low-level offenders through diversionary processes that lead often lead to deferred prosecution or suspended sentences, and ultimately, expungement of criminal charges (Lurigio, 2000, p. 507). It is important to note that this type of drug court exercises very little supervision over clients (Lurigio, 2000, p. 507).

This study will focus on the second type of drug court—the Drug Court Treatment Program, which was designed to not only streamline the adjudication process of drug cases but

also to subject non-violent, drug-addicted offenders to a rigorous program that marries

supervision to treatment (Hora et al., 1999, p. 452). These specialized courts often emphasize an

individualized justice, combining "expedited case processing, intensive monitoring, drug testing,

outpatient treatment, and support services" in order to create a treatment regimen that will

effectively rehabilitate clients on a case-by-case basis (Lurigio, 2000, p. 507).

### The Effectiveness Debate

The effectiveness of drug courts has been contested since the first drug court in the

United States was established in Dade County, Florida in nearly 30 years ago (Belenko, 2001, p.

5). One group of researchers and commentators has reported that drug court treatment programs

effectively help participants reduce drug use and other criminal behavior, and therefore, should

serve as a model for other courts tasked with adjudicating drug-involved offenders (see e.g.,

Gottfredson, Najaka, & Kearley, 2003). Another group of researchers and commentators has

reported that drug court programs ineffectively help participants, reducing neither drug use nor

other criminal behavior, and therefore, are a waste of money, energy, and time (see e.g.,

Hoffman, 2002).

### Evidence in Support of Drug Court Effectiveness

A plethora of drug court studies, both old and new, from across the nation have yielded

positive results. Many researchers have observed the negative relationship between drug court

programs and recidivism rates.  Employing meta-analytic methods, Mitchell and his colleagues observed a 12% reduction in recidivism for drug court participants when compared to comparable offenders enrolled in no such program (Mitchell et al., 2012, p. 60).  Mitchell and his colleagues note that even evaluations of drug court programs they regard as most rigorous found that drug courts reduced recidivism (2012, p. 60).  Another meta-analytic study, this one conducted by Wilson and his colleagues, also found that drug court programs had a negative effect on recidivism (Wilson, Mitchell, & MacKenzie, 2006, 459).  Similarly, Spohn and her colleagues (2001) found that rates of recidivism amongst those who were adjudicated via traditional means (i.e. criminal court with no treatment dimension) were significantly higher than the recidivism rates of their counterparts who were adjudicated via a drug court program (Spohn et al., 2001, p. 162).

Meyer and Ritter (2002) also found drug courts to be effective.  Their approach was unique in that the authors are legal practitioners, rather than academics (Meyer is a jurist who founded Denver's Drug Court Program, while Ritter served as a district attorney).  The authors cited three main reasons drug courts work but of particular importance is their first reason: drug courts ensure that offenders remain in treatment (Meyer and Ritter, 2002, p. 182).  Zhang and his colleagues (2003) as well as Condelli and Hubbard (1994) would agree with this assertion, seeing as both of these studies found treatment program retention to be essential to the success of participants enrolled in drug treatment programs.  Lurigio also cites long-term engagement as a principal of effective treatment (2000, p. 515).

**Evidence Against Drug Court Effectiveness**

While many studies have found drug courts to be effective at reducing recividvism amongst participants, a number of studies have found either that drug courts do not. One of the most outspoken detractors of drug court programs is Judge Morris B. Hoffman. Hoffman claims that drug courts are not only ineffective in reducing recidivism and relapse amongst participants, they also dangerous and spendthrift (2002, p. 172). Hoffman cites net-widening, a shift from treatment that takes place prior to adjudication to treatment that takes place after adjudication, exploding prison sentences, increased therapeutization of the judiciary, and uneconomical governmental allocation as some of the "unacceptable consequences" of drug courts (2002, p. 177). However, the most compelling aspect of Hoffman's argument is perhaps the challenge he poses to studies that have found drug courts to be effective on methodological grounds (2002, p. 172). According to Hoffman, many studies that have reported favorable findings on drug court effectiveness failed to account for all drug court participants; instead, these studies have chosen to focus on clients who have gradated drug court programs, excluding those who have been dismissed or otherwise removed from programs prior to completion (2002, p. 172).

Much like Hoffman, Joel Gross admonishes drug court programs and their proponents but from a slightly different angle. Gross addresses the net-widening that has come about as a result of drug courts but claims that this net-widening adversely affects minority and indigent populations disproportionately (2010, p. 161). According to Gross, a selection bias often precludes drug-addicted minority and indigent applicants from admission to drug court programs because these types of applicants are deemed to have a lower chance of successfully completing the program (2010, p. 174). Additionally, while the proponents of drug courts would cite program rigor as one of the positive aspects of drug court programs, to Gross, these demanding

requirements are unfair in that they are particularly difficult for minority and indigent participants to meet (2010, p. 176).  This is due to the financial burden attached inherently to the meeting of these requirements.

## Other Findings

Other studies have resulted in mixed, ambiguous, or inconclusive findings.  For example, Belenko notes that while drug courts seem to be effective in reducing both recidivism and relapse rates amongst clients, the long-term effects of such programs is less certain (2001, p. 1). This may be due, at least in part, to the fact that Belenko conducted his evaluation of drug court programs a mere 12 years after the first drug court program was implemented; he could not have possibly been able to measure the long-term effects of drug court programs without a long-term passage of time, which serves as a prerequisite for the longitudinal measurement of a given effect.

Marlowe and his colleagues found Marlowe and his colleagues contend that drug courts are good as an "experimental" remedy to the co-occurring maladies (drug addiction and crime) with which drug court clients are afflicted but were less optimistic about the future of drug courts than were other drug court evaluators (Marlowe, D. B., DeMatteo, D. S., & Festinger, 2003, p. 130).  In a more recent article, Marlowe restated his cautious affirmation of the promise of drug courts when he observed that minorities succeed in drug court programs at a rate significantly lower than non-Hispanic Whites (2013, p. 43).

**Drug Court Effectiveness Across Drug Use Frequencies**

According to Goldkamp, White, and Robinson, drug use frequency could be used to at

least partially explain participant behavior (2001, p. 38).  Butzin, Saum, and Scarpitti stated that

clients who had used drugs more frequently seem to be less likely to complete the program

(2002, p. 1623).  In her evaluation of Chester County's Drug Court Program, however, Brewster

observed no statistically significant differences in ability to remain in the program between those

who used drugs more frequently and those who used drugs less frequently (Brewster, 2001, p.

197).

**Drug Court Effectiveness Across Drugs of Choice**

Goldkamp, White, and Robinson indicated that drug of choice could be used to at least

partially explain participant behavior (2001, p. 38).  According to Butzin, Saum, and Scarpitti,

the "intensity… of substance used" can affect a program participant's ability to succeed in a drug

court program (2002, p. 1623).  Brewster, however, observed no differences between drug court

clients who preferred cocaine and those who preferred marijuana (Brewster, 2001, p. 197).

**Drug Court Effectiveness Across Sex**

Gray and Saum found that women were more likely to complete the drug court program

but this does not necessarily indicate whether or not women were more likely to recidivate than

men (2005, p. 63). Brewster, on the other hand, found no differences between male and female drug court participants in terms of their ability to remain in the program (Brewster, 2001, p. 192).

## Montgomery County Drug Court Background

Montgomery County is a suburban county located in eastern Pennsylvania, approximately 20 miles northwest of Philadelphia. Montgomery County's population of 819,264 is overwhelmingly (81%) white (Census). The median household income in Montgomery County is $79,926, which is about $26,000 more than the median household income in Pennsylvania as a whole (Census).

The Drug Court Program was established in April 2006 by the County of Montgomery with the following mission:

> "to enhance the safety of the community by providing intensive substance abuse treatment, education, and related services to offenders while under criminal justice supervision. Our method provides comprehensive treatment of the offender and factors that drive their addiction, empowering the offender to overcome barriers which interfere with their ability to make behavioral and life change possible."

Clients participating in the Drug Court Program need not pay for their participation in the program thanks to funding from "private insurance, Single County Authority funding, Medical Assistance, and Drug Treatment Court" allocations (Montgomery County, n.d.); participants need only pay their court and registration fees.

Admission to the Drug Court Program is restricted to Montgomery County residents who have drug, alcohol, or drug and alcohol dependency issues, and who have been convicted of a qualifying offense (Montgomery County, n.d.). The Drug Court Program generally admits non-violent level 3 and level 4 offenders, which are determined by Pennsylvania's sentencing guidelines. On rare occasions, the Drug Court Program admits level 2 offenders but the Drug Court Program is usually reserved for more serious offenders (Montgomery County, n.d.). Both level 1 offenders (the least serious offenders) and level 5 offenders (the most serious offenders) are precluded by statute from enrolling in the Drug Court Program (Pennsylvania Code, n.d.). Additionally, clients diagnosed with a serious mental illness may be referred to a specialty court better suited to handle their cases (Montgomery County, n.d.). Because Montgomery County has no treatment court for offenders convicted of Driving Under the Influence who suffer from alcohol dependency, the responsibility of adjudicating these offenders has been absorbed by the Drug Court Program.

Generally, offenders admitted to the Drug Court Program are those who have committed felonies that are tied to their drug abuse, making them eligible for a drug treatment program. For level 2 and level 3 offenders with drug dependency issues, Pennsylvania's Sentencing Guidelines recommend treatment (Pennsylvania Code, n.d.). As for level 4 offenders, "county intermediate punishment" is recommended (Pennsylvania Code, n.d.). While the treatment dimension of the Drug Court Program should not be overlooked, the Drug Court Program is classified as a county intermediate punishment. Those sentenced to a form of Restrictive Intermediate Punishment, which is a program that provides "for strict supervision of the offender," are eligible for admission to the Drug Court Program under certain circumstances but face additional program requirements (Pennsylvania Code, n.d.).

The Drug Court Program is made possible through the collective work of a team consisting of six components: the judge, the district attorney, the public defender, the coordinator, the probation officers, and the treatment service providers (Montgomery County, n.d.). Each member of the team plays a vital role in the operation of the Drug Court Program. Currently, the Drug Court Program has 150 clients under active supervision.

Clients usually spend a minimum of between 15 and 21 months under the supervision of the Drug Court Program. Clients admitted to the Drug Court Program as regular drug court participants are required to spend at least 15 months under program supervision. Clients sentenced to the program as a result of a Restrictive Intermediate Punishment sentence are required to spend at least 21 months under program supervision. Clients of the Drug Court Program work through five phases during their time under program supervision. During the initial phase of treatment, clients usually meet with their probation officers once a week and appear in front of the drug court judge at the same rate. Additionally, clients are called for random drug screenings either two or three times a week, required to report to group meetings either two or three times a week, and required to report to regular therapy sessions during the initial treatment phase. After participants complete Phase 1, they are usually required to appear in front of the drug court judge once a month but due to the individualized nature of the program, participants are placed on a continuous spectrum according to their performance.

During their time enrolled in the Drug Court Program, clients are expected to adhere to a strict set of rules. For relapses, clients can expect to spend 24 hours in jail if he or she admits to using drugs prior to the return of positive results on a given drug test. Clients who choose not to admit to relapsing can expect to spend between 48 and 72 hours in jail for a positive drug test

result.  This jail sentence is not meant to be punitive—it is meant to disrupt the cycle of addiction by incapacitating clients, ensuring they can not continue to relapse.

Clients are also expected to work, do community service, or attend school while enrolled in the Drug Court Program.  Clients are also prohibited from ingesting certain foods and other products, including poppy seeds, some cold remedies, and dishes cooked with alcohol such as wine.  Although the program requirements are stringent, 61% of clients successfully complete and graduate from the Drug Court Program.

## Chapter 2

## DATA AND METHODS

As Brewster noted in her evaluation of Chester County's Drug Court Program, it would not have been feasible to use an experimental design to evaluate the Drug Court Program in Montgomery County due to considerations of practicality (2001, p. 181). Instead, a survey questionnaire was distributed to current Drug Court Program participants. The survey was composed of 16 open- and closed-ended questions designed to elicit demographic information from Drug Court Program participants at a recent drug court session.

## Sample

The purpose of this study is to determine for whom Pennsylvania's drug courts are effective; to that end, data were collected at the Drug Court Program in Montgomery County, Pennsylvania. This research can be generalized to a larger population of Pennsylvania drug court participants because the Drug Court Program "[targets] criminal offenders who have drug addiction and dependency problems" in much the same way that other Pennsylvania drug courts target these types of offenders ("Adult Drug Courts," 2011). This means that the types of people who participate in the Drug Court Program from which I collected data are likely to be similar to people who participate in other drug court programs in Pennsylvania.

## Justification of Sample

There are many studies on drug courts in general but few that focus on drug courts specifically in Pennsylvania, and none have focused on Montgomery County's Drug Court Program. This study will serve to fill a crucial gap in the literature. Due to the individualized nature of drug court programs, which serve vastly different populations in vastly different geopolitical locales, one drug court is unlikely to be like any other. For instance, it is difficult to argue that drug court programs in Nebraska, such as the one evaluated by Spohn and her colleagues (2001), are similar in much of any way (excepting perhaps any ideological underpinnings the two programs may share) to the Montgomery County Drug Court Program. Because it follows that any evaluation of the previously mentioned drug court program in Nebraska is unlikely to apply readily to the Montgomery County Drug Court Program, this study was tailored accordingly.

## Sample Characteristics

*Age of Respondent* is a term used to refer to the age of the offender (respondent) at the time the survey was administered. Respondents were asked to indicate their age in years, and were not given answer choices. As Table 1 indicates, the youngest respondent in the sample was 19

years-old, while the oldest was 45 years-old.  The mean age was 32, which was imputed in order

to complete the dataset.

**Table 1: Age of Respondent in Years with Mean Imputation**

|  | N | Minimum | Maximum | Mean | Std. Deviation |
|---|---|---|---|---|---|
| AGE (in Years) | 31 | 19 | 45 | 32.03 | 5.857 |
| Valid N (listwise) | 31 |  |  |  |  |

***Race of Respondent*** is a term used to refer to the racial identity of the respondent.  Respondents

were asked to choose any and all races with which they identify.  The categories from which

respondents could choose were as follows: (1) Black or African American, (2) White Non-

Hispanic, (3) White Hispanic, (4) Hispanic or Latino/a, (5) Asian, (6) and American

Indian/Alaska Native.  As Table 2 indicates, the vast majority (71%) of respondents identified as

White Non-Hispanics.  A minority (9.7%) of respondents identified as White Hispanic.  Small

minorities of the sample identified as Black or African American (6.5%), Hispanic or Latino/a

(6.5%), and Asian (6.5%), respectively.

Due to the fact that the question of the interaction between race and drug court

effectiveness features prominently in the literature on drug courts, this study would have sought

to address it had a more racially diverse sample been drawn.  Because Montgomery County's

Drug Court Program has enrolled a client group largely of non-Hispanic Whites (which serves as

a roughly representative sampling of Montgomery County's overall racial composition), seeking

answers to this question with this sample would have been impolitic.

**Table 2: Race of Respondent**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Black or African American | 2 | 6.5 | 6.5 | 6.5 |
| | White Non-Hispanic | 22 | 71.0 | 71.0 | 77.4 |
| | White Hispanic | 3 | 9.7 | 9.7 | 87.1 |
| | Hispanic or Latino/a | 2 | 6.5 | 6.5 | 93.5 |
| | Asian | 2 | 6.5 | 6.5 | 100.0 |
| | Total | 31 | 100.0 | 100.0 | |

*Sex of Defendant* is a term used to refer to the sex with which the respondent best identifies.

Respondents were asked to choose one of two options: (1) Female and (2) Male. As Table 3

indicates, the majority (65.5%) of respondents identified as male, while a significant minority

(35.5%) identified as female.

**Table 3: Sex of Respondent**

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Female | 11 | 35.5 | 35.5 | 35.5 |
| | Male | 20 | 64.5 | 64.5 | 100.0 |
| | Total | 31 | 100.0 | 100.0 | |

*Drug-Related Arrests* is a term used to refer to the number of times the respondent had been arrested for any drug-related offenses (including alcohol-related offenses) up until the time the survey was administered. The respondents were asked to choose from five different categories. The categories from which respondents could choose were as follows: (1) 1 time, (2) 2-4 times, (3) 4-6 times, (4) 8-10 times, and (5) More than 10 times. According to Table 4, the plurality (38.7%) of respondents indicated that they had been arrested between four and six times for drug-related offenses. A significant minority (32.3%) of respondents indicated that they had been arrested between two and four times for drug-related offenses. Another significant minority (12.9%) of respondents indicated that they had been arrested only once for a drug-related offense. A minority (9.7%) and a small minority (6.5%) indicated that they had been arrested between eight and ten times, and more than ten times, respectively.

### Table 4: Number of Drug-Related Arrests

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | 1 time | 4 | 12.9 | 12.9 | 12.9 |
| | 2-4 times | 10 | 32.3 | 32.3 | 45.2 |
| | 4-6 times | 12 | 38.7 | 38.7 | 83.9 |
| | 8-10 times | 3 | 9.7 | 9.7 | 93.5 |
| | More than 10 times | 2 | 6.5 | 6.5 | 100.0 |
| | Total | 31 | 100.0 | 100.0 | |

*Drug Use Frequency* is a term used to refer to the frequency with which the respondent was using drugs during the period of time they were using drugs most recently. The respondents

were asked to choose from five different categories.  The categories from which respondents

could choose were as follows: (1) Twice or more daily, (2) Once daily, (3) About two to four

times a week, (4) Two or three times a month, and (5) Less frequently than once a month.  As

Table 5 indicates, the overwhelming majority (77.4%) of respondents indicated that they used

drugs twice or more daily.  A minority (9.7%) of respondents indicated that they used drugs

about two to four times a week.  A tiny minority (3.2%) of respondents indicated that they used

drugs once daily, two or three times a month, and less frequently than once a month,

respectively.

**Table 5: Drug Use Frequency**

|  |  | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Twice or more daily | 24 | 77.4 | 80.0 | 80.0 |
|  | Once daily | 1 | 3.2 | 3.3 | 83.3 |
|  | About two to four times a week | 3 | 9.7 | 10.0 | 93.3 |
|  | Two or three times a month | 1 | 3.2 | 3.3 | 96.7 |
|  | Less frequently than once a month | 1 | 3.2 | 3.3 | 100.0 |
|  | Total | 30 | 96.8 | 100.0 |  |
| Missing | System | 1 | 3.2 |  |  |
| Total |  | 31 | 100.0 |  |  |

***Offender Rearrest History*** is a term used to refer to the arrest status (for drug- or alcohol-related

offenses) of the respondent during the time between enrollment in the Drug Court Program and

completion of the survey questionnaire informing this study.  Respondents were asked to choose

one of two options: (1) Yes and (2) No.  A positive response (1) indicated that a respondent had,

indeed, been arrested since entering the Drug Court Program, while a negative response (2)

indicated that a respondent had not been arrested since entering the Drug Court Program.  As

Table 6 indicates, the vast majority (87.1%) of respondents indicated that they had not been

arrested since enrolling in the Drug Court Program, while a small minority (6.5%) of respondents

indicated that they had been arrested since enrolling in the Drug Court Program.  A small

minority (3.2%) of respondents indicated that this question did not apply to them.

### Table 6: Offender Rearrest History

| | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Yes | 2 | 6.5 | 6.7 | 6.7 |
| | No | 27 | 87.1 | 90.0 | 96.7 |
| | Not applicable | 1 | 3.2 | 3.3 | 100.0 |
| | Total | 30 | 96.8 | 100.0 | |
| Missing | System | 1 | 3.2 | | |
| Total | | 31 | 100.0 | | |

*Offender Recidivism History* is a term used to refer to the offense status (drug or alcohol use) of

the respondent during the time between enrollment in the Drug Court Program and completion of

the survey questionnaire informing this study.  Respondents were asked to choose one of two

options: (1) Yes and (2) No.  A positive response (1) indicated that a respondent had, indeed,

offended (by using drugs or alcohol) since entering the Drug Court Program, while a negative

response (2) indicated that a respondent had not offended since entering the Drug Court

Program. As Table 7 indicates, the majority (61.3%) of respondents indicated that they had not

offended since enrolling in the Drug Court Program, while a minority (35.5%) of respondents

indicated that they had offended since enrolling in the Drug Court Program. A small minority

(3.2%) of respondents indicated that this question did not apply to them.

**Table 7: Offender Rearrest History**

|        |                | Frequency | Percent | Valid Percent | Cumulative Percent |
|--------|----------------|-----------|---------|---------------|--------------------|
| Valid  | Yes            | 11        | 35.5    | 35.5          | 35.5               |
|        | No             | 19        | 61.3    | 61.3          | 96.8               |
|        | Not applicable | 1         | 3.2     | 3.2           | 100.0              |
|        | Total          | 31        | 100.0   | 100.0         |                    |

***Drug of Choice*** is a term used to refer to the drug the respondent prefers to use to get high or

drunk. Respondents were asked to indicate which drug they prefer to use in order to get high or

drunk. Using these responses, two categories were created: (1) Soft Drug and (2) Hard Drug.

Responses including alcohol or marijuana that included references to no "harder" drugs were

coded as soft drugs, or 1 (Kandel, 1975, p. 912). Responses including methamphetamines, cocaine, and opioids were coded as hard drugs, or 2, even if they also included references to "softer" drugs (Kandel, 1975, p. 912). According to Table 8, the majority (64.5%) of respondents were coded as preferring hard drugs, while a minority (32.3%) was coded as preferring soft drugs.

**Table 8: Drug of Choice (Hard or Soft)**

|  |  | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|
| Valid | Soft Drug (i.e. alcohol or marijuana) | 10 | 32.3 | 33.3 | 33.3 |
|  | Hard Drug (i.e. methamphetamines, cocaine, or opioids) | 20 | 64.5 | 66.7 | 100.0 |
|  | Total | 30 | 96.8 | 100.0 |  |
| Missing | System | 1 | 3.2 |  |  |
| Total |  | 31 | 100.0 |  |  |

# Measuring Effectiveness

As Brewster noted, evaluating drug court programs for effectiveness is no easy task (2001, p. 184).  For the purposes of this study, effectiveness was determined by respondent self-reported recidivism.  If a respondent indicated that he or she had not recidivated (used drugs or alcohol in order to get high or drunk since enrolling in the Drug Court Program), that respondent was considered successful.  If a respondent indicated that he or she had recidivated, that responded was considered unsuccessful.  This study compared the relative effectiveness of the Drug Court Program across three respondent characteristics: drug use frequencies, drugs of choice, and sex.

# Chapter 3

## ANALYSIS

In this section, the data discussed previously are analyzed in order to determine the effects (if any) that drug use frequency, drug of choice, and sex have on drug court effectiveness, as determined by self-reported recidivism.

### Drug Use Frequency-Recidivism Relationship

According to Table 9, nearly half (45.8%) of respondents who indicated that they used drugs twice or more daily also indicated that they had recidivated since entering the Drug Court Program. No respondents who indicated that they used drugs less frequently than twice per day indicated that they had recidivated since entering the Drug Court Program. However, as Table 10 indicates, the relationship between drug use frequency and recidivism is spurious. The chi-square test yielded a p-value of .758, which is far from any acceptable level of significance.

**Table 9: Drug Use Frequency-Recidivism Crosstabulation**

| | | | Recidivism | | | |
| | | | Yes | No | Not applicable | Total |
|---|---|---|---|---|---|---|
| Drug Use Frequency | Twice or more daily | Count | 11 | 12 | 1 | 24 |
| | | % within Drug Use Frequency | 45.8% | 50.0% | 4.2% | 100.0% |
| | | % within Recidivism | 100.0% | 66.7% | 100.0% | 80.0% |
| | Once daily | Count | 0 | 1 | 0 | 1 |
| | | % within Drug Use Frequency | 0.0% | 100.0% | 0.0% | 100.0% |
| | | % within Recispudivism | 0.0% | 5.6% | 0.0% | 3.3% |
| | About two to four times a week | Count | 0 | 3 | 0 | 3 |
| | | % within Drug Use Frequency | 0.0% | 100.0% | 0.0% | 100.0% |
| | | % within Recidivism | 0.0% | 16.7% | 0.0% | 10.0% |
| | Two or three times a month | Count | 0 | 1 | 0 | 1 |
| | | % within Drug Use Frequency | 0.0% | 100.0% | 0.0% | 100.0% |
| | | % within Recidivism | 0.0% | 5.6% | 0.0% | 3.3% |
| | Less frequently than once a month | Count | 0 | 1 | 0 | 1 |
| | | % within Drug Use Frequency | 0.0% | 100.0% | 0.0% | 100.0% |
| | | % within Recidivism | 0.0% | 5.6% | 0.0% | 3.3% |
| Total | | Count | 11 | 18 | 1 | 30 |
| | | % within Drug Use Frequency | 36.7% | 60.0% | 3.3% | 100.0% |
| | | % within Recidivism | 100.0% | 100.0% | 100.0% | 100.0% |

**Table 10: Chi-Square Tests for Drug Use Frequency-Recidivism Crosstabulation**

| | Value | df | Asymp. Sig. (2-sided) |
|---|---|---|---|
| Pearson Chi-Square | 5.000[a] | 8 | .758 |
| Likelihood Ratio | 7.110 | 8 | .525 |
| Linear-by-Linear Association | 1.209 | 1 | .272 |
| N of Valid Cases | 30 | | |

a. 13 cells (86.7%) have expected count less than 5. The minimum expected count is .03.

**Drug of Choice-Recidivism Relationship**

According to Table 11, the vast majority (90%) of respondents who indicated that their

drug of choice is a "soft drug" also indicated that they had not recidivated since entering the

Drug Court Program.  At the same time, nearly half (45%) respondents who indicated that their

drug of choice is a "hard drug" also indicated that they had recidivated since entering the Drug

Court Program.  While, ostensibly, there exists a relationship between drug of choice and

recidivism, this relationship is spurious.  As Table 12 indicates, the chi-square test for this

crosstabulation has produced a p-value that is approaching significance but is not significant to

the 95% confidence level.

**Table 11: Drug of Choice-Recidivism Crosstabulation**

| | | | Recidivism | | | |
|---|---|---|---|---|---|---|
| | | | Yes | No | Not applicable | Total |
| Drug of Choice Hard or Soft | Soft Drug (i.e. alcohol or marijuana) | Count | 1 | 9 | 0 | 10 |
| | | % within Drug of Choice Hard or Soft | 10.0% | 90.0% | 0.0% | 100.0% |
| | | % within Recidivism | 10.0% | 47.4% | 0.0% | 33.3% |
| | Hard Drug (i.e. methamphetamines, cocaine, or opioids) | Count | 9 | 10 | 1 | 20 |
| | | % within Drug of Choice Hard or Soft | 45.0% | 50.0% | 5.0% | 100.0% |
| | | % within Recidivism | 90.0% | 52.6% | 100.0% | 66.7% |
| Total | | Count | 10 | 19 | 1 | 30 |
| | | % within Drug of Choice Hard or Soft | 33.3% | 63.3% | 3.3% | 100.0% |
| | | % within Recidivism | 100.0% | 100.0% | 100.0% | 100.0% |

**Table 12: Chi-Square Tests for Drug of Choice-Recidivism Crosstabulation**

|  | Value | df | Asymp. Sig. (2-sided) |
|---|---|---|---|
| Pearson Chi-Square | 4.634[a] | 2 | .099 |
| Likelihood Ratio | 5.402 | 2 | .067 |
| Linear-by-Linear Association | 1.018 | 1 | .313 |
| N of Valid Cases | 30 |  |  |

a. 3 cells (50.0%) have expected count less than 5. The minimum expected count is .33.

## Sex-Recidivism Relationship

According to Table 13, a significant minority (36.4%) of respondents who identified as female indicated that they had recidivated since enrolling in the Drug Court Treatment Program, while a significant minority (35%) of respondents who identified as male indicated that they had recidivated since entering the Drug Court Program.  Upon initial review, there appeared to be no significant relationship between sex and recidivism, with the chi-square test working to confirm this assertion.

**Table 13: Sex-Recidivism Crosstabulation**

| | | | Recidivism | | | |
| --- | --- | --- | --- | --- | --- | --- |
| | | | Yes | No | Not applicable | Total |
| Sex | Female | Count | 4 | 7 | 0 | 11 |
| | | % within Sex | 36.4% | 63.6% | 0.0% | 100.0% |
| | | % within Recidivism | 36.4% | 36.8% | 0.0% | 35.5% |
| | Male | Count | 7 | 12 | 1 | 20 |
| | | % within Sex | 35.0% | 60.0% | 5.0% | 100.0% |
| | | % within Recidivism | 63.6% | 63.2% | 100.0% | 64.5% |
| Total | | Count | 11 | 19 | 1 | 31 |
| | | % within Sex | 35.5% | 61.3% | 3.2% | 100.0% |
| | | % within Recidivism | 100.0% | 100.0% | 100.0% | 100.0% |

**Table 14: Chi-Square Tests for Sex-Recidivism Crosstabulation**

| | Value | df | Asymp. Sig. (2-sided) |
| --- | --- | --- | --- |
| Pearson Chi-Square | .569[a] | 2 | .752 |
| Likelihood Ratio | .895 | 2 | .639 |
| Linear-by-Linear Association | .222 | 1 | .638 |
| N of Valid Cases | 31 | | |

## Mean Comparison

A mean comparison was conducted in order to further assess whether or not relationships exist between recidivism and drug use frequency, drug of choice, and sex, respectively. According to Table 16, the relationship between sex and recidivism is not significant; however, both the relationship between drug use frequency and recidivism and the relationship between drug of choice and recidivism is significant at the 95% confidence interval. This means that while there exists no statistically significant relationship between sex and recidivism, there does exist a statistically significant relationship between drug use frequency and recidivism, and drug of choice and recidivism.

## Table 15: Group Statistics

| | Recidivism | N | Mean | Std. Deviation | Std. Error Mean |
|---|---|---|---|---|---|
| Sex | Yes | 11 | 1.64 | .505 | .152 |
| | No | 19 | 1.63 | .496 | .114 |
| Drug Use Frequency | Yes | 11 | 1.00 | .000 | .000 |
| | No | 18 | 1.83 | 1.425 | .336 |
| Drug of Choice Hard or Soft | Yes | 10 | 1.9000 | .31623 | .10000 |
| | No | 19 | 1.5263 | .51299 | .11769 |

## Table 16: Independent Samples Test

| | | Levene's Test for Equality of Variances | | t-test for Equality of Means | | | | | 95% Confidence Interval of the Difference | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | F | Sig. | t | df | Sig. (2-tailed) | Mean Difference | Std. Error Difference | Lower | Upper |
| Sex | Equal variances assumed | .003 | .960 | .025 | 28 | .980 | .005 | .189 | -.382 | .392 |
| | Equal variances not assumed | | | .025 | 20.704 | .980 | .005 | .190 | -.391 | .400 |
| Drug Use Frequency | Equal variances assumed | 18.536 | .000 | -1.926 | 27 | .065 | -.833 | .433 | -1.721 | .054 |
| | Equal variances not assumed | | | -2.482 | 17.000 | .024 | -.833 | .336 | -1.542 | -.125 |
| Drug of Choice Hard or Soft | Equal variances assumed | 30.482 | .000 | 2.093 | 27 | .046 | .37368 | .17851 | .00742 | .73995 |
| | Equal variances not assumed | | | 2.420 | 26.131 | .023 | .37368 | .15444 | .05631 | .69105 |

**Chapter 4**

**CONCLUSION**

The findings described herein indicate that the Drug Court Program in Montgomery County is more or less equally effective for participants between sexes; however, it would appear that there exists a relationship between drug use frequency and program effectiveness, as well as between drug of choice and program effectiveness. Those who use drugs more often are more likely to report recidivating while enrolled in the Drug Court Program. Similarly, those who prefer to use hard drugs were more likely to report recidivating than are those who prefer to use soft drugs.

**Limitations**

This study was limited in a number of ways. The preeminent limitation was the small size of the sample. With only 31 responses, it is possible that the sample does not accurately represent the population (all participants currently enrolled in the Drug Court Program). Due to the small sample size, the generalizability of this study was restricted.

The small sample size also proved problematic when it interacted with a significant amount of missing data. Thirteen respondents failed to complete the question regarding age. In order to redress this issue, the mean age (32 years of age) was imputed for missing values. Because nearly half of respondents did not provide any information on age, it would not be surprising if the mean imputed did not accurately represent those respondents.

Missing data is one of many issues associated with self-report data. This project was limited by its reliance on data reported by the people it sought to study; in other words, the subjects being studied actually observed themselves. Although survey questionnaires were completed anonymously and confidentially, respondents may not have always answered truthfully, and, in some cases, it may make perfect sense for respondents to do just that (take, for instance, the hypothetical case of a respondent who relapsed but was not caught).

Another limitation of this study was the fact that time in program (which would have been determined from the approximate enrollment date provided in response to Question 7 on the Survey Questionnaire) was not taken into account when analyzing recidivism within the sample. It is not unreasonable to posit that those who are newer to the program might be more likely than those who have been in the program for a longer period of time to recidivate. This study overlooked a temporal dimension of effectiveness that is potentially critical.

Yet another limitation of this study is a potential selection bias. Although it appears that Montgomery County's Drug Court Program has no problem accepting applicants with severe drug dependency issues, the Drug Court Program may be naturally inclined to choose applicants who are most likely to succeed in the program. This selection bias, should it exist, would inflate the Drug Court Program's graduation rate and skew the results of this study on a number of levels.

One of the reasons so many limitations exist is that it is quite difficult to gain access to drug court records. Legal red tape stifles most attempts at access, with Health Insurance Portability and Accountability Act serving as the main impediment to access.

**Future Research**

This study may have posed more questions than it answered, so there is no shortage of future research opportunities. A larger sample would be able to answer some of the research questions put forth by this study with a higher degree of certainty. Evaluating the Drug Court Program for effectiveness by comparing those participating in the Drug Court Program to comparable offenders being adjudicated via traditional means is one prospective study that would be sure to shed more light on the nature of drug court effectiveness in the case of Montgomery County's Drug Court Program.

**Policy Recommendations**

It may be prudent for policy-makers to pay close attention to the findings in Table 16; in particular, they should make note of the relationships between drug use frequency and recidivism and that of drug of choice and recidivism. Table 16 suggests that there is a statistically significant relationship between drug use frequency and recidivism. Table16 also suggests that there is a statistically significant relationship between drug of choice and recidivism. Keeping these findings in mind, resources should be allocated accordingly. Those who use drugs more often and who prefer to use harder drugs (who are at a higher risk of offending) should be the recipients of more services than those who prefer to use softer drugs.

**Appendix A**

**Survey Questionnaire**

**1. How old are you?**

**2. How would you describe your race/ethnicity? (Please circle all that apply)**

- Black or African American
- White Non-Hispanic
- White Hispanic
- Hispanic or Latino/a
- Asian
- American Indian/Alaska Native
- Don't know
- Not applicable

**3. What is your sex?**

- Female
- Male
- Other
- Don't know
- Not applicable

**4. Are you currently employed?**

- No, I am not employed and I am not seeking employment
- No, I am not employed and I am seeking employment
- Yes, I am employed part-time (I work fewer than 40 hours a week)
- Yes, I am employed full-time (I work 40 hours or more a week)
- Don't know
- Not applicable

**5. What is your current job title or the title of the job you held most recently?**

**6. How much money do you earn per year? (Your best estimate will do)**

**7. When did you enroll in the drug court treatment program? (Please answer using the following**

**format: MM/YYYY)**

/

**8. How often do you meet with drug court officials on average?**

- o Twice or more daily
- o Once daily
- o About two or four times a week
- o About once a week
- o Two or three times a month
- o Once a month
- o Less frequently than once a month
- o Don't know
- o Not applicable

**9. How often are you tested for drugs or alcohol?**

- o Twice or more daily
- o Once daily
- o About two or four times a week
- o About once a week
- o Two or three times a month
- o Once a month
- o Less frequently than once a month
- o Don't know
- o Not applicable

**11. Which drug do you prefer to use to get high or drunk?**

**12. When did you first start using drugs to get high or drunk?**

**13. How many times have you been arrested for drug-related offenses, including alcohol-related**

**offenses?**

- o Never
- o 1 time
- o 2-4 times
- o 4-6 times
- o 8-10 times
- o More than 10 times
- o Don't know
- o Not applicable

**14. During the time period when you were using drugs most recently to get high or drunk, how**

**often were you using drugs?**

- o Twice or more daily
- o Once daily
- o About two or four times a week
- o About once a week

- o Two or three times a month
- o Once a month
- o Less frequently than once a month
- o Don't know
- o Not applicable

**15. Have you used drugs (including alcohol) to get high or drunk at any point in time since enrolling**

**in the drug court treatment program?**

- o Yes
- o No
- o Don't know
- o Not applicable

**16. Have you been arrested for any drug- or alcohol-related offenses since enrolling in the drug**

**court treatment program?**

- o Yes
- o No
- o Don't know
- o Not applicable

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**The Pennsylvania State University,** University Park, PA
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*Research Assistant, Department of Sociology and Criminology*    **February 2014 — Present**

- Conduct research by collecting data and performing various tasks relating to the Association of Religion Data Archives.

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