



Bureau of Justice Assistance
BULLETIN

Drug Courts: An Effective Strategy for Communities Facing Methamphetamine

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Overview

In recent years, methamphetamine, a highly addictive, easy-to-manufacture stimulant, has become one of the most destructive and widespread illegal drugs in the United States. The drug induces violent and erratic behavior in addicts, endangers children living in the vicinity of its manufacture, and jeopardizes the safety of communities in which it is present. Dealing with this epidemic has been extremely difficult for law enforcement agencies: methamphetamine is often produced in vans and trailers that can be moved across jurisdictional lines, and only a small percentage of addicts have responded to traditional methods of treatment and punishment. To fight this scourge, many states and counties are sharing law enforcement resources through multijurisdictional task forces, which make manpower and expertise available to underserved areas. But the primary tool for fighting methamphetamine addiction and trafficking is the drug court, which combines intensive drug rehabilitation services for addicts with legal requirements to complete treatment. Drug courts offer longer treatment periods, an emphasis on addressing co-occurring mental health disorders, and intensive community supervision and monitoring. They are also helping children who are exposed to methamphetamine use by providing them with health care, educational, and child protective services. Positive outcome data and anecdotal evidence have created broad support for drug courts in communities, law enforcement agencies, and academia.

Domingo S. Herraiz, Director

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The methamphetamine crisis that began more than 20 years ago in the western and southwestern regions of the country has now spread to the central and southeastern areas of the United States (Drug Enforcement Administration, 2004). Use of the drug has increased to epidemic proportions throughout the nation and poses a significant public health threat (Rawson, Anglin, and Ling, 2002).

Methamphetamine is a toxic, illegal, and highly addictive central nervous system stimulant that can be injected, snorted, smoked, or swallowed. The drug can be produced using a variety of household chemicals and inexpensive over-the-counter ingredients and is often made in clandestine laboratories such as car trunks, hotel rooms, backyard garages, and kitchen cabinets.

The effects of methamphetamine on the user are destructive. Addicts suffer from post-use responses that range from violence, paranoia, and agitation to cognitive impairments such as memory loss, confusion, insomnia, depression, and boredom. Most alarming are the neurological damage and psychotic symptoms that persist for months or years after use has ceased. Therefore, to ensure methamphetamine-addicted offenders are abstinent and progressing in their recovery, a long-term view of treatment and accountability is required.

The rise of methamphetamine is often compared with the crack cocaine epidemic of the 1980s and 1990s. Unlike crack cocaine, however, which affected primarily urban areas, methamphetamine has infiltrated unprepared rural regions of the country. Many, if not most, of these rural communities did not experience the crack epidemic and therefore did not develop resources to address the personal and social devastation caused by stimulant addiction. As a result, law enforcement, corrections, social services, drug treatment agencies, and courts in rural areas are overwhelmed with the management of the risks and needs of methamphetamine users and manufacturers.

Urban communities know all too well the strain these users and manufacturers create on health care and dental services, mental health and drug treatment providers, child welfare, environmental protection, and even real estate markets. In addition to these effects, methamphetamine poses serious safety challenges to police and probation officers in rural areas, who often encounter toxic chemicals and violent behavior.

In many communities, the central response to this crisis is the drug court, which is unprecedented in its ability to effectively intervene with the methamphetamine-abusing population and unequalled by any other criminal justice response. This document provides state and local policymakers with the information needed to build safer communities, reduce recidivism, reunite families, and promote abstinence from methamphetamine.

Drug Courts: A Long-Term Response to a National Crisis

We are 30 years deep in the methamphetamine epidemic in Butte County, California, and drug courts are the only thing that has worked with this population.

—Helen Harberts, Special Assistant District Attorney and lifetime member of the California Narcotic Officers' Association

For more than a decade, a number of drug courts have been extremely effective in stemming the tide of addiction in some of the most methamphetamine-affected areas of the nation. Federally funded drug courts in California, Oregon, Hawaii, Nevada, Oklahoma, and Kentucky have been using the drug court model—that is, pairing the coercive power of the justice system with effective treatment strategies—to successfully intervene and manage the methamphetamine-addicted offender. Drug courts

tackling the methamphetamine epidemic have demonstrated that the following are among the most effective strategies for helping methamphetamine addicts:

- ◆ Intensive community supervision and monitoring.
- ◆ Ongoing accountability with increased court hearings.
- ◆ Longer treatment periods.
- ◆ Treatment for co-occurring mental health disorders.
- ◆ Implementation of evidence-based treatment.

Drug courts provide the added accountability and service coordination that methamphetamine addicts desperately need to recover. Using these tested methods, drug courts are building safer communities, reducing recidivism, reuniting families, and promoting abstinence.

Effective Methods Employed by Drug Courts

Added Accountability

To effectively address the methamphetamine user's potential for volatile behavior and deep cognitive impairments, drug courts apply increased accountability, supervision, monitoring, and structure.

Drug courts integrate public health and public safety to optimize outcomes for offenders. Substance abuse treatment assumes a central role rather than being peripheral to punitive ends. Responsibility for ensuring that participants attend treatment and avoid drug use and criminal activity is not, however, delegated to treatment personnel. Rather, the court and law enforcement maintain substantial supervisory control

over offenders and are thus able to respond rapidly and consistently to infractions in the program (Marlowe, 2003). This added accountability from the court, probation, and law enforcement is central to effectively managing and treating a methamphetamine-involved offender.

Role of the Court

Drug courts bring to bear added accountability to the methamphetamine user. First, participants must frequently appear in court before highly trained judges. In many cases, the participant attends drug court weekly for at least the first 90 days of the program. During hearings, the judge explores the participant's compliance with treatment, random drug testing, and other court requirements. The immediacy of sanctions for noncompliance and the repetitive reinforcement of target behaviors and requirements are especially important because of the cognitive impairments that occur in this population. In addition, drug courts have been able to expedite the bench warrant process; therefore, when participants fail to appear in court, law enforcement officers rapidly bring the offender before the judge for the appropriate sanction, continued treatment, and ongoing community supervision.

As a seasoned judge, I have found that frequent and immediate responses are the most effective way to deal with the methamphetamine addict.

In addition, it is essential through treatment and court intervention to get to the underlying cause of the addiction and deal with the physiological and psychological reasons for the addiction. Drug courts are the most effective way to deal with these problems.

—The Honorable Dennis Fuchs, Salt Lake City, Utah

Finally, many drug court professionals throughout the nation have joined local or state methamphetamine action committees and task forces. In Oregon, a retired drug court judge chairs that state's methamphetamine task force. On a local level and as a central function of a community, the courts are often called on to educate the greater community about drug and crime trends. In that role, drug court prosecutors and police personnel volunteer to speak to community groups, churches, and business leaders about the dangers of methamphetamine and the precursor chemicals used to manufacture the drug. In Oklahoma City, Oklahoma, a drug court police liaison officer speaks to such groups to help citizens spot and report individuals purchasing large quantities of precursor materials at local retailers. In Washington, the drug court coordinator sits on a community methamphetamine task force and, together with other leaders, speaks throughout the community using a scripted media presentation about methamphetamine. These strategies are just more examples of how drug courts coordinate community resources to combat methamphetamine on the state and local levels.

Role of Probation and Law Enforcement

Participants are closely monitored by law enforcement and probation officers through creative and effective community supervision. Because methamphetamine addicts affect public safety and increase risk in the field for supervising officers, they are among the highest risk offenders and require intensive supervision.

Methamphetamine users are volatile, unpredictable, and often violent. More so than users of other drugs, they can misinterpret body language and become violent in response to a perceived threat. They demonstrate paranoia and may seem fine, only to become agitated at a moment's notice. Clandestine methamphetamine labs also present real risks to officers. Breathing fumes from an active lab can be

life threatening, and the risk of a chemical explosion is high. Coupled with the methamphetamine addict's belligerent and unpredictable behavior, clandestine labs place officers at great risk.

For these reasons, drug courts are proactive in their supervision of methamphetamine-involved participants. As the courts' eyes and ears, law enforcement and probation officers are highly trained to work with this population and employ community supervision and community policing strategies to ensure safety and effectiveness. Proactive supervision requires probation and police officers to work in tandem and randomly and regularly visit the participant's home. While there, officers administer a drug test and canvas the property for signs of drug use and laboratory agents. When a participant is found in violation, he or she is immediately detained and brought before the drug court judge at the earliest opportunity. When a participant is "caught doing right," the officer gives the participant positive reinforcement before leaving.

In 15 years of law enforcement responding to situations that encompassed everything from methamphetamine labs to the methamphetamine addict, drug courts are the most effective criminal justice strategy I've seen to treat the offender, reduce criminal activity, and build safer communities.

—Sergeant Vanessa Price,
Oklahoma City Police Department

Whether it is the judge, probation supervisor, or law enforcement officer, the drug court's coercive power is the key to providing what research characterizes as "closer, more comprehensive supervision and monitoring during the program than other forms of community supervision." (Belenko, 1998, 2001).

Service Coordination

To effectively address the chronic, acute, and long-term effects of methamphetamine abuse, drug courts implement comprehensive, long-term, and evidence-based stimulant-specific treatment protocols.

Effects of Methamphetamine on the Addict

The effects of methamphetamine addiction are both acute and chronic. When used in high doses, the drug can cause irritability, aggressive behavior, excitement, auditory hallucinations, and paranoia (delusions and psychosis). Mood swings are common; the addict's demeanor can rapidly change from friendly to hostile. Because of the long-lasting effects of the drug, withdrawal may be severe and protracted. Several hours after the last use, the addict experiences a drastic drop in mood and energy and may sleep for days. On waking, the addict may experience severe depression that can last for several weeks or longer. Cravings are pronounced, and the addict is at increased risk of attempting suicide (Center for Substance Abuse Treatment, 1999).

The chronic effects of methamphetamine addiction have been well documented. Prolonged use drastically disrupts brain function in fundamental and long-lasting ways (Swan, 2003). Chronic use of methamphetamine significantly reduces brain dopamine and serotonin levels with ramifications that can last from 1 to 4 years. Some neurological impairments may be permanent. These impairments in brain functioning may underlie the cognitive and emotional deficits seen in many methamphetamine addicts (Center for Substance Abuse Treatment, 1999). Thus, the treatment needs of the methamphetamine addict are sizeable and distinct.

Keeping the Client Engaged in Treatment

To benefit from treatment, the client must attend treatment sessions as prescribed. Drug courts are uniquely suited to promote a positive treatment response in methamphetamine users because ongoing attendance and participation in treatment are assured. Research shows that the length of time spent in treatment is a reliable predictor of a client's post-treatment performance. The longer a client stays in treatment, the better he or she does (Simpson and Sells, 1982; Hubbard et al., 1989; Simpson and Curry, 1997). Twelve months or more of drug abuse treatment may be the optimum length of time to ensure lasting reductions in methamphetamine use. Because drug courts have ongoing contact with the client to reinforce treatment attendance and participation, a high percentage of participants complete long-term treatment. In fact, more than two-thirds of participants who begin treatment complete it. This represents a sixfold increase in treatment retention over most previous efforts (Marlowe, DeMatteo, and Festinger, 2003).

Providing Effective Treatment Protocols

Because of the acute and chronic effects of methamphetamine, drug courts provide services for methamphetamine addicts that are more intensive and longer in duration than those received by offenders struggling with other drugs. In addition, case management and case planning are intensive. Treatment plans are based on a sound assessment, individualized to meet the client's specific needs, and designed to be easily understood by the client. Treatment services are structured and supportive. The court addresses co-occurring mental health and other comorbid conditions and implements community reinforcement models coupled with cognitive-behavioral treatment modalities and continuing care.

First, drug courts provide an objective and comprehensive assessment to address all bio-psycho-social domains, including drug use severity; level-of-care placement; drug involvement; medical status; psychiatric status; employment and financial status, family and social status, and triggers and cognitions; and self-efficacy and motivation to change. Bio-psycho-social assessments are critical to characterizing a client's needs, strengths, and resources along each dimension. Armed with the assessment information, the clinician then develops a clinically competent treatment plan for each individual.

The information gathered by clinicians and other professionals during the assessment process also helps drug court case managers, defense attorneys, and law enforcement and community supervision officers in establishing a baseline and monitoring for changes in the client's behavior and living environment.

Once the treatment plan is completed, drug court clinicians ensure that the client understands the treatment process, the rules and expectations of each program phase, and expectations about his or her participation. Most drug courts that work with a methamphetamine-involved population provide clients with clear, written agreements or contracts that are reviewed with the client at the onset of the program and again after a month of abstinence. This regimen is especially vital for methamphetamine users because of typical cognitive impairments that may be present at the onset of services.

Drug court providers adjust treatment services to address the specific conditions and needs of the methamphetamine user. Early in the program, the clinician helps the participant establish behaviors that will have short-term benefit and long-term utility. Specifically, for the brain to begin to recover from methamphetamine use, the clinician structures sleep, exercise, and eating goals for the client. In addition, the court sets short-term treatment attendance and

abstinence goals and rewards the participant when he or she achieves them. The court also establishes support structures such as self-help groups and sponsors, provides drug avoidance strategies, and educates the client about the impact of methamphetamine on the brain and behavior. Together, the court and participant plan ways to identify and manage his or her triggers and cues to relapse. Family participation is enlisted, and early slips are addressed.

Addressing Co-Occurring Mental Disorders

As the client progresses, so does the treatment protocol. Mental health disorders such as major depression, dysthymia, bipolar disorder, antisocial personality disorder, panic disorder, post-traumatic stress disorder, and schizophrenia may coexist with a methamphetamine or other substance use disorder. Generally, such co-occurring mental disorders are addressed within one month of abstinence and simultaneously with treatment for methamphetamine and other drugs. Mental health specialists are brought to bear, and medication is prescribed when appropriate. Antidepressants are often used in concert with psychotherapy to reduce depressive symptoms and produce short-term reductions in methamphetamine use and craving.

Community Reinforcement

Another treatment strategy used by drug courts during the treatment of methamphetamine users is community reinforcement. The approach uses individualized treatment to promote lifestyle changes in three key areas: marital therapy, employment and vocational counseling and assistance, and the development of new social networks and recreational practices (Meyers and Smith, 1995).

Contingency Management

Drug courts have repeatedly demonstrated the importance of positive reinforcement (i.e., rewards that are contingent on positive behavior) as an effective behavioral change strategy. Short-term incentives are immensely important as rewards to methamphetamine users for treatment compliance and abstinence. Rewards need not be tangible to be effective. Praise, for example, when delivered both immediately and continuously, for achieving target behavior is effective (Deci, Koestner, and Ryan, 1999). To that end, drug court judges use public praise, clapping, and handshakes in court to reward compliance. More tangible rewards are also used. Some drug courts provide vouchers that can be redeemed for retail items such as food and transportation or children's books to promote good parenting skills. Such vouchers are contingent on negative urine drug screens or compliance with treatment sessions. Other drug courts provide stars, cookies, or free dental care. The last is particularly helpful because methamphetamine seriously affects gums and teeth.

Drug court treatment programs are subject to higher standards of performance accountability by the judicial system. Due to the collaborative nature of the drug court model and the development of an extended team approach, the accountability most often associated with the client is extended to the team as a whole. This results in a superior level of treatment planning and service integration, which is a critical component of successful outcomes with methamphetamine addicts.

—Joe Carloni, MSM, Specialty Court Programs, Pensacola, Florida

Other Treatment Approaches

Finally, drug courts use a full range of other treatment strategies to ensure the best odds for a positive outcome. Cognitive behavioral treatment strategies and carefully prepared treatment manuals such as the Matrix model,¹ which is specifically designed to be used with stimulant addicts, are among the additional approaches used by drug court providers. Relapse prevention modalities that systematically teach clients to cope with their cravings and develop refusal and assertiveness skills, coping and problem-solving skills, and strategies to prevent relapse (Marlatt and Gordon, 1985) are also a piece of the treatment puzzle. Relaxation strategies such as acupuncture are also used. Finally, to ensure clients are prepared for long-term recovery, drug courts provide spiritually oriented programs, continuing care/aftercare, and alumni groups.

Addressing Child Protective Cases in Drug Court

An increasing number of households have children present where methamphetamine is used or manufactured. As a consequence, an increasing number of children are considered “drug endangered” because their exposure to methamphetamine puts them at risk of long-term physical and mental damage. In addition, children who are not exposed to a lab but are being raised by methamphetamine-using parents often suffer abuse and neglect. Methamphetamine users, while high, do not sleep for days. Once they stop use and crash, they may sleep for days at a time. During this time, their children are uncared for and unsupervised—often unfed, unbathed, and poorly clothed. Because of the paranoia and violent tendencies that accompany parents’ methamphetamine use, children in the home are often irrationally and brutally punished. At a critical time in their development, these children suffer gross abuse and neglect.

In addition, methamphetamine-involved parents frequently exploit gaps in communication between the courts, treatment, child welfare, law enforcement, and other service agencies to better insulate themselves from intervention. Their erratic behavior and elusive lifestyle often make them difficult to find by authorities and has kept systems from being able to provide help.

Family drug courts—also known as family dependency treatment courts—have emerged in response to both the large number of children who are abused or neglected by methamphetamine-using parents and the court’s responsibility to enforce intervention in noncriminal, family cases. Family drug courts consider children’s safety and permanency in addition to the parents’ addiction through a collaborative, multidisciplinary team approach.

By jointly staffing child protective cases, the discrete disciplines on the family drug court team develop a full understanding of a family’s history and dynamics and work together toward the best interest of the child, parent, and extended family. Treatment providers are better informed from the beginning and can make a more accurate and realistic assessment of the parents’ needs, taking into consideration community and family resources, strengths, and weaknesses. In a number of communities, the family drug court specializes in the treatment of methamphetamine-addicted women and provides specialized services for co-occurring disorders, trauma-oriented interventions, and parenting skills. The court recognizes the initial limitations of parents and the time they need to regain cognitive functioning before they are ready for an initial visitation with their children and full implementation of their service plans. Parental accountability at all levels is enforced by the court’s intensive supervision. Caseworkers who visit the

home on a regular basis are trained to recognize the paraphernalia and characteristics of methamphetamine use. As in adult drug courts, participants in family drug courts are required to take random and frequent drug tests and appear weekly before a judge.

In many cases, addicted parents achieve sobriety and are able to provide a safe and fit home for their children. As a result, parents and children are reunited in a timely manner that promotes family healing and stability.

Whether children reside in a home where methamphetamine is cooked or in a home where their caretakers use this deadly drug, children are exposed to toxins and face numerous medical problems, developmental delays, and brain damage. The coordination between law enforcement, child welfare, and medical providers addresses the immediate safety needs for the child, but the long-term safety and permanency needs require ongoing and extensive collaboration. Family dependency treatment courts provide the necessary array of services that support the child’s connection to family and provide the parental treatment needs while working toward safe and timely permanence.

—Rebecca Kessel, Social Work Program Director,
Buncombe County, North Carolina

Research in Action

Below are exemplary drug court practices that effectively address the methamphetamine user.

Butte County, California, Drug Court Program

The Butte County Drug Court is an adult criminal drug court that began operation in June 1995 with support and funding from the U.S. Department of Justice. Methamphetamine has been the drug of choice in Butte County for nearly 30 years. In 2003, 7,072 criminal cases were filed in Butte County that resulted in approximately 1,800 felony probation cases. Of those felony cases, more than 60 percent are methamphetamine involved. Currently, 87 percent of the drug court clients are methamphetamine users. The Butte County Drug Court Program includes frequent and random drug testing, assertive community supervision, and intensive case management. Communication with treatment and the court team is virtually seamless and is conducted in an immediate fashion, or in real time. Response to client behavior is always therapeutic, evidence based, and applied in a manner consistent with the research on behavior modification techniques. This level of accountability is an excellent strategy for addressing methamphetamine addicts. The court and treatment services are structured to maximize motivation and meet the challenges unique to methamphetamine addicts in early recovery. Approximately 500 participants have graduated from the Butte County Drug Court over the past 9 years, with an aggregate reconviction rate for any misdemeanor or felony of 14.9 percent.

Orange County, California, Superior Court Drug Court Program

The Orange County Superior Court Drug Court Program began in March 1995 with support and funding from the U.S. Department of Justice in response to a major methamphetamine-involved criminal justice population. Of approximately 11,500 new probation cases each year, 60 percent test positive for methamphetamine. Composed of 5 drug courts that operate throughout Orange County, the program serves 500 participants each year, of which 73 percent are methamphetamine involved. Additionally, of the new drug court admissions each year, 62 percent are unemployed and 38 percent do not have a high school diploma or GED.

The Orange County Drug Court approach is to place the participants on formal probation and require them to complete a minimum 18-month treatment program. Substance abuse treatment is provided by the Orange County Health Care Agency. The assigned probation officer and health care therapist form a treatment team and collaboratively provide case management services. The supervision of the participant requires regular reporting to the probation officer, announced and unannounced visits to the participant's home, random searches, and frequent drug testing. Probation also plays a role in keeping the participant engaged in the treatment program. The sheriff's department helps supervise and monitor participants in the southern region of the county.

To successfully complete the program, graduates must test drug free for at least 180 consecutive days, achieve and maintain a stable living arrangement, and achieve gainful, consistent employment or be significantly involved in a vocational or academic program. More than 1,000 offenders have successfully graduated in the past 9 years of operation. The drug court has a 72 percent retention rate; 80 percent of the graduates have no rearrest for a drug-related crime and 74 percent have no rearrests at all.

Salt Lake County, Utah, Felony Drug Court Program

The Salt Lake County Felony Drug Court was first planned in 1995 and implemented in 1996 with support and funding from the U.S. Department of Justice. With additional funding from the Substance Abuse and Mental Health Services Administration and local resources, the court serves up to 1,000 active participants at any given time, with the majority of the cases being methamphetamine-related offenses. In fact, 81 percent of drug court participants report methamphetamine as their primary or secondary drug of choice. The drug court seeks to reduce methamphetamine-related crime in Salt Lake County, where approximately 25 percent of the 12,395 cases filed in 2004 were methamphetamine involved.

The Salt Lake County Drug Court serves both men and women and offers a full spectrum of evidence-based treatment and mental health services. Supervision and service coordination are provided by specialized case managers. Treatment requirements are intensive, averaging 3 days per week per client. Participants are afforded other services throughout the program such as anger management and educational and vocational services. Participants are drug tested an average of 3 times per week and are afforded aftercare and alumni support and assistance upon graduation. In a recent outcome study, only 15.4 percent of graduates were arrested on new drug charges, compared with 64 percent of eligible defendants who did not attend drug court. In addition, 39.3 percent of participants who did not graduate were arrested on new drug-related charges.

Thurston County, Washington, Family Treatment Court

The Thurston County Family Treatment Court Program began operation in March 2000 with the dual aim of treating addicted parents and protecting their children from child abuse and neglect. The program has since received funding from the U.S. Department of Justice and the Washington Governor's Methamphetamine Initiative to address methamphetamine-using participants. Methamphetamine remains the primary drug driving child welfare cases throughout Thurston County. In 2004, 168 cases were filed by the Department of Child and Family Services; of those, 70 percent were methamphetamine involved.

The Thurston County Family Treatment Court is specifically designed to reunite families in which methamphetamine abuse resulted in children being placed in foster care. The program provides a strength-based, supportive, yet highly accountable environment to the families served. This is accomplished by weekly court appearances with the family treatment court team, which includes the case manager, treatment provider, mental health therapist, Citizens Against Substance Abuse child representative, defense attorney, assistant attorney general, and a volunteer parenting mentor.

Through frequent drug testing and other accountability measures coupled with community support group meetings, methamphetamine-specific substance abuse and mental health treatment services, and regular court status hearings, participants are ensured the help they need to successfully address their methamphetamine addiction and other co-occurring problems. If a participant is noncompliant, the court immediately responds with treatment

services, case management intensification, adjustment to the frequency and level of monitoring during child visitations, suspension from the program, or, as a last resort, termination.

To successfully complete the program, participants must complete all treatment requirements, abstain from drugs and alcohol, attain stable housing, consistently illustrate that they can provide a safe, drug-free environment for their child, and be enrolled in vocational or educational programming. From March 2000 to October 2003, the Thurston County Family Treatment Court served 54 adults and 82 children. Of the 82 children, 75 percent have been placed with the birth family or are pending return from foster care to the birth family. Of children who could not be returned to the birth family, 14 percent have been adopted by relatives or foster parents. All of the pregnant women participants have graduated and delivered a total of 13 drug-free babies.

Recommendations

Policy Recommendations for Drug Courts Planning To Target a Methamphetamine-Using Population

To ensure public safety, behavioral accountability, better treatment outcomes, and the overall success of their operations, drug courts that are planning to expand their target population to include methamphetamine users should consider the following recommendations:

1. Drug courts should expand community supervision strategies to include random and unannounced home visits and drug testing. They should also involve probation and law enforcement officers who are highly trained in detecting methamphetamine laboratories and use.
2. Drug courts should increase contact with a methamphetamine-using population by increasing drug court status hearings for the first 90 days of the program. They should implement contingency management strategies coupled with vouchers and other positive reinforcements for short-term achievements and provide the necessary repetitive reinforcements of target behaviors and requirements.
3. Drug courts should ensure that treatment services are longer, evidence based, and relevant to their methamphetamine-using population. They should offer stimulant abuse-specific strategies and use cognitive-behavioral treatment modalities; afford total service coordination and comprehensive case management coupled with simultaneous treatment for co-occurring mental health disorders; provide physical health, comprehensive relapse prevention, community reinforcement, and continuing care and aftercare services before discharge; and maintain monthly telephone contact and provide ongoing alumni with support meetings after discharge.

Recommendations for Policymakers

1. Communities facing an increase in methamphetamine use should mobilize quickly and develop a plan that encompasses the law enforcement, legal, judicial, health care, environmental, and retail communities. The establishment of state and local task forces will ensure cross-education and a coordinated strategy for stemming the spread of methamphetamine. Adult and family drug courts should be a key component of any community's response to methamphetamine.

2. Those who use and manufacture methamphetamine put themselves, their neighbors, their family, and especially their children in grave danger. Strategies should be put in place that address the risk at each level and provide education and services to all who may be in danger. This includes educating neighbors, local businesspeople, and other community members on how to detect the signs of methamphetamine manufacturing; what to do with that information; how to detect the signs of methamphetamine abuse; and where to find treatment.

Conclusion

Methamphetamine production and use continue to rise and move eastward across the United States, wreaking havoc on communities. Research shows that sustained abstinence from drugs is associated with a 40 to 75 percent reduction in crime (Harrell and Roman, 2001). Although drug courts are not the only solution, they are the most effective tool available to restore communities, reduce recidivism, reunite families, and promote abstinence from methamphetamine. Drug courts are successful at sustaining abstinence with methamphetamine-involved offenders because of their added accountability, service coordination, and the precise milieu for evidence-based treatment to be practiced. Drug courts provide the means for a number of systems to work together within a community to ensure public safety, effectively treat methamphetamine addicts, and restore hope to families ravaged by this destructive drug.

Note

1. The Matrix model combines techniques and materials from the cognitive-behavioral therapy literature; it includes information about stimulants' effects, family education, 12-step program participation, and positive reinforcement for behavior change and treatment compliance. The 16-week intensive treatment protocol is available in a detailed treatment manual.

In an eight-site UCLA study of methamphetamine treatment, seven sites were voluntary participants and one site was a drug court. At each site, 75 patients received treatment as usual and 75 patients received treatment with the Matrix model. In the seven voluntary sites, people treated with Matrix did better than those who received treatment as usual (Rawson et al., 2004).

In the overall sample and the majority of sites, Matrix participants attended more clinical sessions, stayed in treatment longer, had more methamphetamine-free urine samples while in treatment, and had longer periods of abstinence from methamphetamine use than those who were in the treatment-as-usual group.

However, the study showed that the drug court effects overwhelmed even the Matrix treatment effect. There was little question that the patients treated in the drug court program did better in treatment than non-drug-court patients.

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The 10 Key Components of a Drug Court*

Drug courts combine intensive judicial supervision, mandatory drug testing, escalating sanctions, and treatment to help substance-abusing offenders break the cycle of addiction—and the crime that often accompanies it. Drug court judges work with prosecutors, defense attorneys, probation officers, and drug treatment specialists to determine appropriate treatment for offenders, monitor their progress, and ensure the delivery of other services, like education or job skills training, to help offenders remain crime- and drug-free. Below are the 10 key components that describe the basic elements of a drug court.

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

* Excerpted from *Defining Drug Courts: The Key Components*, published by the Bureau of Justice Assistance and developed in cooperation with the National Association of Drug Court Professionals. For the full text of this document and more information on drug courts, visit www.ojp.usdoj.gov/BJA/grant/drugcourts.html.

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At a Glance

- ◆ The manufacture and use of methamphetamine, a highly addictive stimulant, is spreading from the west coast and southwestern states into the Midwest and along the east coast.
- ◆ Illegal production of methamphetamine is extremely dangerous both to manufacturers and to people in the vicinity of laboratories. The risk of chemical explosions is high, and breathing fumes from the “cooking” process can be fatal.
- ◆ Children are especially vulnerable to gross abuse and neglect from addicted parents and exposure to the toxins that methamphetamine manufacture produces.
- ◆ Drug courts provide effective, long-term help to addicts and families struggling with methamphetamine through—
 - ◆ Increased accountability, supervision, monitoring, and structure.
 - ◆ Comprehensive, long-term, and evidence-based stimulant-specific treatment protocols.
- ◆ Numerous drug courts that focus on methamphetamine abusers have experienced positive outcomes:
 - ◆ The Orange County, California, Drug Court has graduated more than 1,000 addicts to date; of those, 80 percent have no rearrest for a drug-related crime and 74 percent have no rearrests at all.
 - ◆ The Salt Lake County, Utah, Felony Drug Court reports that only 15.4 percent of graduates were arrested on new drug charges, compared with 64 percent of eligible defendants who did not attend drug court.
 - ◆ The Thurston County, Washington, Family Treatment Court is specifically designed to treat addicted parents and protect their children from child abuse and neglect. Of the 82 children served from March 2000 to October 2003, 75 percent have been placed with the birth family or are pending return to the birth family.
- ◆ Sustained abstinence from methamphetamine and other drugs is associated with a 40- to 75-percent reduction in crime.

