Drug courts exist in more than 20 countries around the world. There is clear international evidence that drug courts reduce crime. However, evidence is mixed about whether their benefits outweigh their costs.

OVERVIEW

- ‘Drug courts’ is a term used to describe courts that integrate treatment for alcohol and other drugs (AOD) dependency with judicial processes. In drug courts, specialist teams work together to decide on the best treatment plan for each offender. Judges oversee offenders’ engagement with treatment programmes and rehabilitation support services.

- In New Zealand, two AOD Treatment Courts are piloted from November 2012. Almost 300 offenders participated in these courts by mid-April 2016. Approximately a quarter of participants successfully finished the treatment programme while around one-third continue treatment.

- The implementation and operation of New Zealand pilot drug courts were evaluated in 2014 and 2015. An outcome evaluation and cost-effectiveness analysis are planned for 2016/17.

- In addition, a small AOD Treatment Youth Court is functioning in Christchurch from 2002. Twenty nine young offenders participated in this court in 2015.

- International research shows that drug courts are effective at reducing reoffending, if they are well planned and implemented. However, they are not necessarily cost-effective.

- In general, drug courts are more effective in reducing reoffending for adult participants, and if they exclude individuals with a history of non-compliance, violent offenders, or drug dealers.

- The optimal length for a drug court programme is between eight and 18 months.

- One meta-analysis found that drug courts were more effective when serving methamphetamine users, compared to participants with other forms of AOD abuse/dependency.

- There is also evidence that drug courts focused on drink-drivers reduce reoffending, but this evidence is not as strong as for drug courts generally.

**EVIDENCE BRIEF SUMMARY**

<table>
<thead>
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<th>Evidence rating:</th>
<th>Promising</th>
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<tbody>
<tr>
<td>Unit cost:</td>
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<td>Effect size (number needed to treat):</td>
<td>On average, for every 8-14 participants who complete a drug court programme, one less will reoffend</td>
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<td>Current spend:</td>
<td>Unknown at date of publication; cost-effectiveness analysis planned for 2016/17</td>
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<td>Unmet demand:</td>
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</table>
DO DRUG COURTS REDUCE CRIME?

Key components of drug courts

Most drug courts, including the New Zealand Alcohol and Other Drug Treatment Court (AODTC) pilot, are constructed around ten key components articulated by the National Association of Drug Court Professionals (NADCP). These components are:

- Drug courts integrate AOD treatment and justice system processes
- Prosecution and defence counsel use a non-adversarial approach to promote public safety while protecting participants’ due process rights
- Eligible offenders are identified early and placed in the drug court programme
- Drug courts provide access to a continuum of AOD and other related treatment and rehabilitation services
- Abstinence is monitored by frequent AOD testing
- Drug courts have a coordinated strategy that governs their responses to participants’ compliance with the court’s requirements
- There is ongoing judicial interaction with each drug court participant
- Monitoring and evaluation measure the achievement of programme goals and effectiveness
- Continuing interdisciplinary education promotes effective drug court planning, implementation and operations
- Partnerships among drug courts, public agencies and community-based organisations generate local support and enhance drug court programme effectiveness.

International evidence

Most drug courts operate in the United States. This means that most meta-analyses are based entirely, or predominantly, on studies of United States drug courts. There is little research from Commonwealth jurisdictions with similar legal systems and processes to New Zealand.

Nine meta-analyses have concluded that drug courts are effective in reducing reoffending.

International evidence has shown that most of the offending that drug courts prevent is low-level and less likely to result in a custodial sentence upon conviction.

A review of 154 drug court studies found five had produced harmful effects. These effects were attributed to failures in implementation.

New Zealand evidence

See Current investments in New Zealand section on p.6.

Other considerations

Balancing collaboration with participants’ due process rights

In the New Zealand pilot AOD Treatment Courts, the specialist drug court team works together to decide on the treatment plan for each court participant. This collaborative and collegial approach means that police prosecutors are privy to information from lawyers and treatment providers that they would not ordinarily have. These prosecutors acknowledged the need to think through the ethical implications of being privy to privileged information. This is important as therapeutic jurisprudence is not intended to undermine participants’ due process rights.

More information on the New Zealand pilot AOD Treatment Courts see on p.6.

Treatment model

Most drug courts, especially those based on the NADCP’s ten key components, are built around treatment that requires complete abstinence from drugs and alcohol. Some offenders might
fail to complete a drug court programme because abstinence is not the most suitable approach to AOD dependency treatment for them.

**Indigenous participants**

The inclusion of Māori cultural practices is one of the distinctive features of the New Zealand pilot AOD Treatment Courts. Litmus Ltd found that Māori were less likely than Europeans to graduate from the Court, but were unable to identify the reasons for this difference.

None of the examined meta-analyses mentioned specific outcomes for indigenous participants.

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**WHAT MAKES DRUG COURTS EFFECTIVE IN REDUCING REOFFENDING?**

Drug courts are based on therapeutic jurisprudence and behaviour modification.

Therapeutic jurisprudence uses legal processes to maximise therapeutic benefits while maintaining legal safeguards such as due process. In drug courts, therapeutic jurisprudence is based on the premise that helping participants to address their AOD addiction is likely to lead to reductions in reoffending, particularly in reoffending that is driven by AOD dependency. The effective application of therapeutic jurisprudence relies on drug courts holding participants accountable for their behaviour within this rehabilitative model.

Drug courts incorporate behaviour modification through the use of graduated incentives and sanctions to change participants’ behaviour.

Some experts question whether the same results could be achieved by using existing options such as supervision or intensive supervision with increased treatment service funding. This reflects that some treatment providers achieve similar positive outcomes without going through the AOD Treatment Court. For example, the proportion of community-based offenders who started and completed rehabilitation programmes in New Zealand over 3 years to 30 June 2015 was between 59%-63% which in many cases is comparable or even exceeds the proportion of those successfully graduated from the AOD Treatment Courts’ programmes.

However, other experts argue that the AOD Treatment Courts include some unique components such as frequent and mandatory sobriety testing, high percentage of the AOD Treatment Court participants who are employed or attend training programmes by the time of graduation, extensive local support of the AOD Treatment Courts participants due to a partnership between courts and multiple public agencies and community-based organisations.

Based on the above, supporters of an AOD Treatment Courts’ model insist that this model is the best fit for the high risk/high needs offenders.

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**WHAT OTHER EFFECTS DO DRUG COURTS HAVE?**

Research on the effectiveness of drug courts has focused on reoffending, so there is little information about any other benefits from drug courts.

One exception is a meta-analysis on the impact of adult drug courts on the use of incarceration. The results were mixed. They found that drug courts reduce the incidence of incarceration for individual drug court participants. However, they also found no evidence that drug courts reduce the overall burden on correctional facilities because participants who fail the programme tend to receive lengthy sentences.
WHEN ARE DRUG COURTS MOST EFFECTIVE?

Drug courts differ in relation to:

- whether the drug court programme starts pre- or post-sentence; this affects potential outcomes for participants upon programme completion/exit
- the nature and use of sanctions and rewards during the drug court programme
- the extent of ancillary social services provided (e.g. educational/vocational training, housing assistance, other health treatment).

Meta-analyses have highlighted the following characteristics of drug courts as being key drivers of their effectiveness.

**Programme length:** the literature indicates that the optimal programme is longer than eight months but shorter than 1.5 years\(^\text{xii}\). The therapeutic and deterrent effects of drug courts appear to drop off after this point.

**Incentive:** drug courts are more effective at reducing recidivism when participants can benefit from successful programme completion through having reduced or waived charges, or a reduced sentence\(^\text{xiii}\).

**Age:** while drug courts have been shown to be effective for both adults and young offenders, two meta-analyses indicate that they are more effective for adult than juvenile participants\(^\text{xiv}\).

**Violent crime:** larger reductions in recidivism were found in adult drug courts that only accept non-violent offenders\(^\text{xv}\).

**Drug dealers:** drug courts that exclude drug dealers, or individuals with a history of non-compliance, were found to be more successful than those that accept these types of offenders\(^\text{xvi}\).

**Participant characteristics – risk level:** given that over half of all serious violent crime in New Zealand is committed under the influence of alcohol and 65% of sentenced offenders have AOD abuse or dependency issues\(^\text{xvii}\), it is important to target participants for whom drug court programmes can be most effective.

On pp.3-4 above we mentioned some reasons in favour of higher AOD Treatment Courts’ effectiveness for high risk/high needs offenders.

The meta-analyses are split on whether drug courts are more effective for participants with a low or high risk of reoffending. One suggests that reductions in offending are greater when participants are high risk\(^\text{xviii}\). Others indicate that drug courts are more effective for low risk participants\(^\text{xix}\).

Drug court eligibility requirements affect the risk level of participants. One meta-analysis found that drug courts which required participants to find/maintain jobs were less effective than programmes that did not have this requirement. This could be because programmes that required participants to gain employment were less likely to take in those who already had a job, who may in turn be lower risk participants\(^\text{x}x\).

Additional research about the risk level of participants is necessary and important for building an investment strategy. Findings that suggest drug courts are more effective for high risk participants might imply that more cost-effective means of treatment should be utilised for low risk participants. In contrast, results showing greater effectiveness for low risk participants could mean that drug courts are limited in their ability to address factors related to high risk offenders’ likelihood to reoffend.

**Type of drug use:** one meta-analysis found that drug courts which serve methamphetamine users are more effective at reducing reoffending than those serving other types of drug users\(^\text{x}xi\). The relationship between type of drug and rate
of reoffending was not explored in this meta-

analysis.

Another meta-analysis found evidence that drug
courts focused on drink-drivers reduce
reoffending, but this evidence is not as strong as
for drug courts generally. More randomised
controlled trials are needed to demonstrate their
effectiveness definitively.xxii

**Staff characteristics:** one meta-analysis
indicated that more effective drug courts have
teams who meet weekly and attend conferences
regularly. In contrast, formal training on the drug
court model and AOD certification for all
treatment staff were associated with reduced
effect sizes. This does not mean that training
and AOD certification are unimportant. Instead,
it might indicate that the quality of these
activities needs to improvexxii.

**Treatment type:** drug courts with treatment
programmes that follow principles of Risk, Need
and Responsivity (RNR) were more effective at
reducing recidivism. These principles propose
that an offender’s risk level, criminal risk factors
and personal characteristics should determine
the level and type of treatment they receivexxiv.

The literature is divided on whether drug courts
that use a single treatment provider are more
effective at reducing reoffending than drug
courts with multiple providers. One meta-
analysis suggested that single provider
programmes have slightly larger effects because
of their consistent approach to treatment, and
they are more likely to provide cognitive-
behavioural interventions that are effective in
treating offendersxxv. Another meta-analysis
found that drug courts are moderately more
effective when they use multiple treatment
providers, as they are better able to provide
treatment options tailored to participants’
needsxxvi.

One evaluation found that requiring participants
to attend Alcoholics/Narcotics Anonymous
meetings was associated with reduced
programme effectivenessxxvii. No clear reason
was provided for this.

**Programme graduation:** one meta-analysis
found larger reductions in reoffending in adult
drug courts that had high graduation ratesxxviii.

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**ARE DRUG COURTS COST-EFFECTIVE?**

Drug courts are not a cheap investment and
evidence is mixed about whether their benefits
(measured as the monetary benefits of
outcomes such as reduced reoffending)
outweigh their costs.

A cost-benefit analysisxxix of 23 drug courts and
six comparison courts in the United States found
that, overall, for every US$1 invested about
US$1.50 was returned in savings. This
difference was found to be not statistically
significant once factors, such as victim costs,
were accounted for. The results of this study
also showed that if the few serious crimes were
removed from the analysis then the benefits of
the drug courts barely exceeded the cost.

A separate study of 57 drug court evaluations
found that the average adult drug court
programme returned US$4,767 in benefits per
participantxxx. While the benefits of drug court
participation were comparable to those of other
programmes for adult offenders, marginal costs
tended to be higher for drug courts.

The results from the two studies above suggest
that drug courts need to divert enough high risk
offenders from prison to significantly reduce
custodial correctional costs if they are to be
more cost-effective than other community-based
AOD treatment programmes.

An economic analysisxxxi found that the benefits
to cost ratio for drug courts was US$2.32 for
every US$1 in costs. They calculated that drug
courts’ benefits would exceed their costs 65% of
the time, while 35% of the time drug courts would not pay off.

The same analysis found that the benefits to cost ratio for intensive drug treatment in prison was US$10.45 for every US$1 in costs with a 100% chance that benefits would exceed costs, and the comparable figures for intensive drug treatment in the community were US$1.38 and 52%.

**CURRENT INVESTMENT IN NEW ZEALAND**

**The Christchurch Youth Drug Court**

The Christchurch Youth Drug Court (CYDC) was established in 2002. The evaluation of the CYDC found that over a 12-month follow-up period, 21 out of 30 participants (70% of the treatment group) reoffended. These participants were as likely to reoffend as a Youth Court sample with similar attributes to the participants (65%) and a national Youth Court sample (68%). The small sample size means that it would have been difficult to statistically detect any effect on reoffending due to participation in the programme.

**The AOD Treatment Courts pilot**

The AODTC pilot in Auckland and Waitakere District Courts began operating in November 2012. By mid-April 2016, almost 300 offenders participated in these courts. Approximately a quarter of participants successfully finished the treatment programme while around one-third continue treatment.

To be accepted into the AODTC, an offender needs to have pleaded guilty, face up to three years in prison and have a severe addiction or dependency problem.

The AODTC provides these offenders judicial oversight of their engagement with treatment programmes and rehabilitation support services before they are sentenced.

Evaluations of the implementation and delivery of the AODTC found that: (a) it was implemented and is operating as intended in the original design, and (b) there is a broad level of support for the AODTC among participants, staff and stakeholders.

In 2011, Cabinet agreed to a $10 million investment package for AOD assessments and interventions to enable better access to treatment.

This investment package included $1.93 million per year for at least five years to support the pilot AODTC for adult offenders in Auckland. Additional funding has been provided. There was an expectation that agencies involved in the pilot would absorb additional operational costs.

**AOD treatment in designated units**

New Zealand provides AOD treatment within specially designated units at nine prisons. These programmes incorporate some principles of the therapeutic community model of treatment. Two formats (a 3- and 6-month programme) are matched with the severity of the offenders’ AOD needs and their sentence length. The total investment in these programmes is $5.8m per year, or $5,155 per offender per programme, which is likely to be cheaper than related drug court programmes. For more information about Correctional AOD Treatment, see the evidence brief on this topic.
EVIDENCE RATING AND RECOMMENDATIONS

Each Evidence Brief provides an evidence rating between Harmful and Strong.

<table>
<thead>
<tr>
<th>Evidence Rating</th>
<th>Description</th>
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<tbody>
<tr>
<td>Harmful</td>
<td>Robust evidence that intervention increases crime</td>
</tr>
<tr>
<td>Poor</td>
<td>Robust evidence that intervention tends to have no effect</td>
</tr>
<tr>
<td>Inconclusive</td>
<td>Conflicting evidence that intervention can reduce crime</td>
</tr>
<tr>
<td>Fair</td>
<td>Some evidence that intervention can reduce crime</td>
</tr>
<tr>
<td>Promising</td>
<td>Robust international or local evidence that intervention tends to reduce crime</td>
</tr>
<tr>
<td>Strong</td>
<td>Robust international and local evidence that intervention tends to reduce crime</td>
</tr>
</tbody>
</table>

According to the standard criteria for all Evidence Briefs, the appropriate evidence rating for Drug Courts is Promising.

According to our standard interpretation, this means that:

- there is robust international or local evidence that interventions tend to reduce crime
- interventions may well reduce crime if implemented well; and
- further evaluation is desirable to confirm interventions are reducing crime and to support the fine-tuning of the intervention design.

The evidence shows that well planned and implemented drug courts, with targeted eligibility criteria, are effective at reducing reoffending.

In assessing cost-effectiveness of drug courts, their cost should be weighed against savings in terms of reduced AOD abuse/dependency, improvements to general wellbeing, reduced reoffending and reduced reimprisonment.

An outcome evaluation and cost-effectiveness analysis of the New Zealand pilot AODTC are under way. Positive findings from these studies could raise the investment rating to Strong.

First edition completed: January 2014
Second edition completed: May 2016

Primary authors: Gayathiri Ganeshan, Andrew Marshall, Michael Slyuzberg, Sarah Talboys.

FIND OUT MORE

Go to the website
www.justice.govt.nz/justice-sector/what-works-to-reduce-crime/

Email
whatworks@justice.govt.nz

1 Available at www.justice.govt.nz/justice-sector/what-works-to-reduce-crime/
Recommended reading


Citations

i Litmus Ltd, 2014; Litmus Ltd, 2015
ii US department of Justice, 2004
iii Aos et al, 2006; Downey & Roman, 2010; Shaffer, 2006; Shaffer, 2011; Latimer et al, 2006; Lowencamp et al, 2005; Mitchell et al, 2012a; Wilson et al, 2006; Mackenzie, 2006
iv Downey & Roman, 2010
v Welsh & Rocque, 2014
vi Litmus Ltd, 2014
vii Noland, 2010
viii Litmus Ltd, 2015
ix Shaffer, 2011
x Department of Corrections, 2015
xi Sevigny et al, 2013
xii Shaffer, 2006; Latimer et al, 2006
xiii Wilson et al, 2006; Shaffer, 2006
xiv Latimer et al, 2006; Mitchell et al, 2012a
xv Mitchell et al, 2012b; Shaffer 2011
xvi Shaffer, 2011
xvii Justice Sector, 2013
xviii Lowenkamp et al, 2005
xix Mitchell et al, 2012a; Shaffer, 2011
xx Shaffer, 2006
xxi Shaffer, 2006
xxii Mitchell et al, 2012a
xxiii Shaffer, 2011
xxiv Gutierrez & Bourgon, 2009
xxv Wilson et al, 2006
xxvi Shaffer, 2011
xxvii Shaffer, 2006
xxviii Mitchell et al, 2012b
xxix Roman, 2013
xxx Aos et al, 2006
xxxi Washington State Institute for Public Policy, 2015
xxxii Searle & Spier, 2006
xxxiii Litmus Ltd, 2014
xxxiv Litmus Ltd, 2014; Litmus Ltd, 2015
REFERENCES


## SUMMARY OF EFFECT SIZES FROM META-ANALYSES

<table>
<thead>
<tr>
<th>Drug court type</th>
<th>Meta-analysis</th>
<th>Reported average effect size on crime</th>
<th>Number of estimates meta-analysis based on</th>
<th>Percentage point reduction in offending (to prevent one person from reoffending)</th>
<th>Number needed to treat (to prevent one person from reoffending)</th>
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<tr>
<td>Adult</td>
<td>Mitchell et al 2012</td>
<td>OR = 1.66*</td>
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* Statistically significant at a 95% threshold

OR=Odds ratio

ln(OR)=log odds ratio

r=Pearson correlation coefficient

Φ=phi coefficient (variant of correlation coefficient)