

Introduction

My name is Mary Ann Gunn, and I am Circuit Court Judge for the Fourth Judicial District, Fourth Division for Washington and Madison Counties in Arkansas. Since 1999, I have also served as the volunteer drug court judge in both counties.

Abuse

After taking office in January of 1999, I was approached by a group of individuals concerned with the rapid increase in the manufacture and use of methamphetamine in our region. At that time there was no treatment option for defendants entering the criminal justice system primarily as the result of drug addiction. I had little sympathy for drug addicts and subscribed to the belief that if an individual committed a drug-related crime, they should spend time in jail. In spite of my reluctance, the group convinced me to temporarily volunteer as Washington County Drug Treatment Court judge. I concluded something had to be done.

Approximately 85% of all crimes committed in Washington and Madison counties are drug-related. Arkansas' jails and prisons are full. Many of the inmates are addicts convicted of non-violent crimes. They generally work through the system without addressing the problem that brought them into the criminal justice system. This leads to repeat offenses.

The convening group of concerned individuals consisted of Mr. Larry Counts, Executive Director of Decision Point, Inc., a local drug treatment facility; Judge William Storey of the Fourth Judicial District Circuit Court Criminal Division; Mr. Denny Hyslip of the Washington County Public Defender's Office; Mr. John Threet of the Washington County Prosecutor's Office; Ms. Mary Ann Hudson of the Washington County Public Defender's Office, and other members of the community, including representatives from the University of Arkansas in Fayetteville.

The group set out to address the fact that methamphetamine abuse had become rampant in the area. It was not being successfully addressed through incarceration alone. The swinging-door of punishment, release, and re-conviction was ineffective in stemming the growing tide of methamphetamine abuse.

Soon after agreeing to serve as the temporary judge for the new drug court, I concluded that the methamphetamine abuse in Washington County was not going to decline without individualized treatment for the addicts who were willing to change.

It is now five years since I temporarily volunteered to serve as the drug court judge. I stand firm in the belief that the most effective means of dealing with drug addiction is treatment. The message of prevention is a key

factor in shaping the future of the addiction-related, non-violent crime in Arkansas.

Treatment

The drug court's approach to treatment demands a drastic lifestyle change. To enter the program, a candidate must be charged with a non-violent, drug-related felony. Most candidates have an extensive drug history. (See Exhibit A). Drug traffickers are not allowed entry. The Prosecuting Attorney makes the final decision regarding which defendants will be allowed into the program. A candidate undergoes a psychological assessment including subjective and objective testing. The individual must express their commitment to lifestyle changes. Then and only then is a final decision made to admit the candidate into the treatment program.

Our program is pre-adjudication and diversionary in nature. The criminal charges brought against a participant remain in place during the treatment phase and are dismissed only upon successful completion. We consider it a privilege to participate in drug court. The requirements for completion of the treatment program are challenging. Any failure to meet a requirement is subject to immediate sanction from the Court.

The requirements for successful completion of the 3-phase, 9-month Washington and Madison County Drug Treatment Court program are as follows:

- Phase I – Intensive Phase – 3 months
 - 48 2-hour group therapy sessions
 - 12 1-hour individual counseling sessions
 - Anger management classes if recommended
 - 36 random urine drug tests
 - Random weekend urine drug tests
 - 9 hours minimum in court
 - 24 outside 12-step (AA or NA) meetings
 - 4 Moral Reconciliation assignments and 8 hours in class
 - Completion of GED TABE/Pre-test (if applicable)
 - Full-time employment or full-time student status
 - Minimum 80% timely achievement of treatment plan goals
 - Must have Court approval to graduate to Phase II
- Phase II – Adaptation Phase – 3 months
 - 36 2-hour group therapy sessions
 - 12 1-hour individual/family counseling sessions

- Mental or medical evaluation if applicable
- 24 random urine drug tests
- Random weekend urine drug tests
- 9 hours minimum in court
- 36 outside 12-step (AA or NA) meetings
- 4 Moral Reconciliation assignments and 8 hours in class
- Completion of GED Pre-test (if applicable)
- Full-time employment or full-time student status
- Minimum 80% timely achievement of treatment plan goals
- Candidate must have Court approval to graduate to Phase III
- Phase III – Assimilation Phase – 3 months
 - 24 2-hour group therapy sessions
 - 12 1-hour individual/family counseling sessions
 - 12 random urine drug tests
 - Random weekend urine drug tests
 - 48 outside 12-step (AA or NA) meetings
 - 4 Moral Reconciliation assignments and 8 hours in class
 - General Equivalency Diploma (if applicable)

- Full-time employment or full-time student status
 - Minimum 80% timely achievement of treatment plan goals
- Payment of all restitution if applicable
- 100% current on all fees
- Completion of 10 hours of community service
- Reinstatement of a valid driver's license if applicable
- Client is allowed to graduate only upon Court review

Each participant's progress is carefully monitored on a daily basis. Drug court is held every Monday, and on three Fridays of each month. Each failure to adhere to specified treatment plan goals is immediately addressed. Sanctions are given for non-compliance. Examples of sanctions are: residential treatment, jail time, highway clean up, added outside 12-step meetings, community service, increased random drug testing, and increased counseling sessions. In rare circumstances, participants have been placed in long-term care facilities such as Life Academy, a faith-based treatment center in Naples, Florida. Failure to comply with the requirements of the program is grounds for termination.

For the last three years, the Washington and Madison County Drug Treatment Court has been fully funded by the Arkansas Department of Health, the Department of Human Services' Alcohol and Drug Abuse Prevention Program, and the Department of Community Corrections. Our program has the capacity to treat 108 individuals. Currently, there are 121 candidates active in the program. Twenty-eight defendants are awaiting transfer to drug court. We cannot define our need at this time because the number of people in the program has grown so fast.

There have been 228 graduates from the program. Our retention rate is 86% and the recidivism rate is 8%. These results are proof that the drug court program works. Physical evidence of this exists as well; the "before" photographs (the arrest photo) and "after" photographs (the graduation photo) of drug court participants represent the literal physical and emotional change many graduates undergo after they have received treatment. (See Exhibit B).

The individuals involved in the treatment program receive benefits through education, counseling, and stable employment. The costs of the drug court program to the State are dramatically lower with treatment than if each participant was incarcerated. The costs of the drug court program is

\$2.97 per participant per day. If that same individual were incarcerated in Arkansas, the cost to the State would be about \$44.11 per day.

Prevention

The things I learn from drug addicts and their families frequently astonish me. Almost every participant reports that he or she started using some variety of drugs at a very young age. Drug usage typically begins between 5 (five) and 15 (fifteen) years of age. Generally those who have reported using methamphetamine tell me that they first used this drug later in life, usually between 18 and 20 years of age. The participants report their drug associates include friends, family and co-workers, or all three. In order to prevent the use of any drug, and especially methamphetamine, it is important to reach our children early. Prevention is attainable through education.

In 2002, I was invited to speak about our drug court program at Huntsville High School. We presented information about how the drug court system works. I asked the students how many of them had consumed alcohol or had been with a friend when that friend consumed alcohol. Of 603 students, 599 of them raised their hands in the affirmative. When I asked how many of the students had smoked marijuana or was with someone using the drug, the result was the same – 599 of the students raised their

hands. At least one-third of the students admitted they had used or been exposed to methamphetamine. When I asked the students what could be done to stop this situation, one student responded simply, “Look deep into our eyes.” In an effort to prevent drug usage, we must pay attention to the group of people at the greatest risk of trying drugs for the first time – middle school and high school students.

The response to the session at Huntsville High School convinced me that it might be of benefit to allow middle school and high school students to experience drug court firsthand. It was not feasible to bring each area student to the courtroom, so we took the courtroom to them. Since 2002, we have convened drug court at 13 local schools on 21 different occasions (see Exhibit C). These educational sessions are now considered a vital part of the prevention message our drug court wishes to convey.

Recently at a local high school, a young man approached me and told me that his best friend had asked him to use methamphetamine. He asked me what I thought he should do. I told him that he had to realize that his best friend had a serious drug problem. I advised him to stand up to peer pressure and make good decisions. He realized his best friend was most likely a drug addict and physically reacted with revulsion. This opportunity would not have presented itself if drug court had not come to the young

man's high school. Our office has received over 2,000 letters from students with problems similar to this young man. Many students are faced with drugs on a daily basis, and have relayed that seeing what happens to drug addicts in "real life" has convinced them to never use. (See Exhibit D).

Holding drug court in the local schools has created an awareness of the program and its function where none existed before. For the first time, students learn drug use is not "cool," but that it actually has horrible consequences. In each school we have held court, the students have given the same response to the questions I asked at the first school, Hunstville High School. I am continually amazed with their candor and shocked to find that 99% of students are either using drugs or know someone that is using drugs. We are just beginning to see the educational benefit of making drugs "uncool." We need to continue to change the way young people perceive drug use. Families are hearing about drug courts from their children, allowing dialogue about drugs that might not occur otherwise. The potential audience is literally thousands of individuals. As beneficial as treatment programs can be for addicts, I believe that first-hand education can have even greater effects on the demand for drug use.

Conclusion

The methamphetamine problem Arkansas has been facing for so long can be addressed in two ways. The State can build more prisons to house drug addicts at a cost of millions, or we can offer non-violent drug addicts the option of treatment. No program can be successful in completely eradicating the drug problem in our State. Drug courts are, however, an effective way to turn addicted, non-violent criminals into productive and taxpaying citizens, who actually earn their own money to pay for housing, utilities, and food.

We need to treat our addicts. Perhaps, more importantly, we need to dry up demand. The median age we have seen methamphetamine use begin is 19 years old. We have a window of time to turn the tide before our young people become addicted to methamphetamine and end up in adult courts and penitentiaries. We do it through education, and the cost is minimal.

Thank you for the opportunity to appear before this committee. I consider it both an honor and a privilege.