

Testimony Of The National Association Of Drug Court Professionals/  
National Drug Court Institute<sup>1</sup>  
Alexandria, Virginia

Presented by Judge Karen Freeman-Wilson (ret.)<sup>2</sup>

to the

Oversight Hearing: “Measuring the Effectiveness of Drug Addiction Treatment”

United States House of Representatives  
Committee on Government Reform  
Subcommittee on Criminal Justice, Drug Policy and Human Resources

Honorable Mark Souder, Chairman

Mr. Chairman and members of the Committee on Government Reform, Subcommittee on Criminal Justice, Drug Policy and Human Resources, I would like to thank you on behalf of the National Association of Drug Court Professionals for the opportunity to address this august body as you explore ways to measure the effective of drug addiction treatment. I request that my full written testimony be included in the record.

Dr. Tom McLellan has already talked (will be talking) about the importance of measuring client outcomes *during the course of treatment*, when it is still possible to alter the treatment plan for the client’s benefit. I will not duplicate his discussion, except to underscore my agreement that traditional approaches of measuring pre-to-post changes in client functioning have unfairly obscured the true effects of drug treatment services because they assess outcomes after treatment has been withdrawn from what is a chronic and relapsing condition.

Although it is the position of our organization that these and other observations heard here today are applicable to treatment in all contexts, I will frame my remarks in the context of our findings in the drug court arena. Drug courts are specialized dockets in the judicial system that

combine treatment, case management, intensive supervision and support services with judicial case processing. There are a number of factors that distinguish drug courts from traditional courts, but the factors most relevant to this discussion is the requirement that each offender engage in treatment and support services as needed. The success or failure of participants in drug courts across the country and their ability to achieve long-term recovery depends heavily on their access to quality, effective treatment.

The first drug court in the United States was established in 1989. Today, there are over 1700 (1187 operational and 626 planning) in existence or in the planning stages. Because this is a relatively new concept, drug court practitioners and proponents are consistently reviewing ways to measure the success or failure of these programs; inherent in this review process is the need to measure the effectiveness of treatment. There are a number of indicators that can be reviewed to determine whether treatment is effective in the drug court context. The first is the rate at which offender's report to treatment pursuant to a court order and the length of each stay and rate of completion once they arrive. Next is the offenders' abstinence from the use of alcohol and other drugs. Each drug court is required to monitor abstinence through regular, random, and observed drug testing. This means that most participants are tested at least two-three times a week. Those who consistently test negatively are believed to be receiving effective treatment.

Another measure of the effectiveness of treatment in the drug court context is the ability of the offender to comply with other aspects of the drug court program. Is the person actively engaged in community service? Are they actively involved in a job search, vocational training or school? Are they attending self-help meetings? Are they appearing as ordered for court review hearings and meetings with probation officers and other court staff? Are they paying their fines

and fees? Is the participant attending, complying and progressing in ancillary services, referred to community service providers, to address issues other than substance abuse such as taking their prescribed medications and otherwise addressing identified co-occurring mental health issues? Are they attending parenting classes, anger management, life skills classes and other adjuncts to substance abuse treatment? Because each drug court participant is required to engage in treatment immediately, their compliance with the other aspects of the program that follow their entry into treatment also provide insight into whether the treatment is effective.

Another factor that may assist in the determination of whether treatment is effective is the status of the offender's personal relationships during the drug court program. Is there a spouse, significant other, parent or child who regularly accompanies the offender to court, probation and counseling sessions? Has the participant reconciled with family members after a period of estrangement? Is the person developing new, healthy relationships? What percent of clients report an increase in regular, positive contact with one or more family members and/or friends, including a sober peer group on an ongoing basis? How successful is the participant in improving their living conditions, as indicated by living most of the time in their own apartment or house; with their families; in someone else's apartment, room or house; or in sober housing?

The measures discussed above address our evaluation of treatment while an offender is actively involved in the court process. It should be noted that additional measures must be made after the person is released from treatment and even after their graduation from the court program. Some of these measures may be the ability to obtain and retain employment. Related to this determination and a way to quantify it is the amount of taxes that a person pays after treatment. Another related measure is the completion of educational or vocational programs and elevation in job status after treatment.

One of the most important factors to the success or failure of drug courts and treatment is the individual's decrease in criminal involvement/activity. This can be gleaned by looking at a person's arrest(s) and/or conviction(s) after treatment and after graduation from the drug court program at different intervals such as one, two and five years after program completion. There are other indicators after completion of treatment programs and graduation from court that can indicate the success or failure of treatment. It is helpful to look at the person's pro-social participation in the community. How do they give back? Are they involved in civic, social or other organizations that benefit their communities? Are they generally engaged with a positive peer group? Are they actively participating in recovery maintenance meetings such as AA, NA, CA long after the court requirements are met?

While all of the factors discussed above are important, some are easier to measure than others. It is relatively simple to maintain and compile statistics associated with drug testing. It is also easy to review whether a person reports for treatment, engages in treatment and finishes as an indicator of engagement. Separate, but closely related to this measure is the length of duration in treatment.

Although it might be a little more arduous, it is certainly possible to define recidivism and review court records to determine whether those who have successfully completed treatment in the drug court program have recidivated. It is also possible to review tax records to determine whether individuals have entered or returned to the workforce as taxpaying citizens.

It is much more challenging to quantify some of the other measures. How do you gauge the quality of relationships? Do you look at how many trips a family member makes to court? Do you compare who the person lives with before and after treatment?

In conclusion, there are a number of considerations that must be made in an effort to standardize measurements to achieve more effective treatment research. First it is important to take any measurement at three key points in time, before, during and after treatment whenever possible. There is an inherent challenge involved in measuring indicators prior to treatment because there will be a need to rely heavily on self-reporting. Second, it is important not to review any of the indicia discussed above in a vacuum. One can not measure efficacy of programs solely by reviewing recidivism or the results of drug tests. Many other quality of life factors must be taken together. It is also important to remember that in our quest for uniformity, we must take care in our comparisons—i.e. it is important to establish one measure for in-patient programs and another measure for outpatient programs. Third, much of the extant research on the efficacy of drug abuse treatment has relied upon large-scale, descriptive and correlational studies, such as the Drug Abuse Treatment Outcome Study (DATOS). These studies have been important in establishing such findings as the fact that longer tenure in treatment is associated with better outcomes. It is time now for a “next generation” of research using experimentally controlled designs that permit inferences of causality that are not permissible, scientifically speaking, from correlations. This is the same conclusion that was recently reached by the National Research Council of the National Academy of Sciences in its 2001 Report, *Informing America’s Policy on Illegal Drugs*. I would request therefore, that this Committee call for the funding of scientifically rigorous experimental studies that directly answer questions of immediate practical and policy relevance for the drug abuse and criminal justice fields. Forth, It goes without saying that it is not possible to reach defensible conclusions from unreliable or invalid measures. If outcomes are measured poorly, or if they are subject to various biases such as clients’ under-reporting, then the results merely add noise or confusion to the literature.

Moreover, if certain measures are used in some studies, and different measures are used in other studies, it will obviously not be possible to compare outcomes across studies, across jurisdictions, across modalities or programs, or across different target populations.

## RECOMMENDATIONS

In light of the above observations, I would recommend therefore, that this Committee call for the development and adoption of a core, validated dataset to be captured in all federally-funded evaluation and research studies related to drug abuse treatment. I would also recommend that this Committee put its weight behind the adoption and enforcement of best-practice standards for drug treatment programs, with suitable performance-benchmarks that programs must meet in order to establish that they are providing evidence-based interventions with appropriate and documented treatment-integrity. National organizations such as NADCP are ideally situated to review the research literature to establish performance benchmarks, and to promulgate suitable standards for their respective disciplines.

## Conclusion

After decades of failed efforts to reduce drug use and recidivism among offenders, recent initiatives such as drug courts are showing promise for improving outcomes in this intransigent population. Unfortunately, research methods have not kept pace with professional developments. Newer experimental methodologies are needed to reliably measure client outcomes, isolate the critical components of drug treatment services, identify specific types of clients who are best suited to specific types of services, and measure performance indicators before, after and during treatment that predict longer-term outcomes. These findings must then be incorporated into best practices and best policies for not only drug courts, but all community-based treatment programs. Thank you for your consideration.

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<sup>1</sup> The National Association of Drug Court Professionals is a national voice, promoting drug court effectiveness and advocating for the creation of more drug courts and other problem-solving courts in the United States and abroad. Established in 1994, NADCP is the premier professionals for judges, prosecutors, defense counsel, probation officers, treatment providers, law enforcement officers and other professionals who regularly practice in drug courts. In 1997, the Office of National Drug Control Policy, Executive Office of the President, assisted in the establishment of the National Drug Court Institute (NDCI) as the training and education division of NADCP. NDCI promotes the drug court movement through education, research and scholarship.

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