Drug Courts: A Primer for the Family Physician

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Background: **Drug courts are a judicial response to drug-related crimes. They combine the coercive powers of the judiciary with drug treatment. This article is intended to familiarize physicians with the reasons why drug courts exist, what they are, and how physicians can assist their patients who are clients of a drug court.**

Methods: **Methods for this article are based upon personal experience and a search of the literature using the key words "drug rehabilitation," "drug abuse," and "criminal justice system."**

Results: **Using a three-phase approach, drug courts emphasize urine drug testing, rapid punishment for specific infractions, and therapeutic interventions. Drug courts have greatly reduced criminal and drug-using recidivism.**

Conclusion: **Drug courts are effective in resolving the criminal and drug-using behaviors in drug-only, nonviolent offenders. Family physicians can become involved in the drug court process by providing treatment for patients with both drug addiction and mental health diagnoses. In addition, as patients withdraw from drugs, it is important to treat withdrawal symptoms to prevent recidivism and encourage participation in the program. (J Am Board Fam Pract 2002;15:298–303.)**

Drug courts are a judicial response to the increasing numbers of drug-related crimes in the criminal justice system. They combine the coercive powers of the judiciary with drug treatment to resolve the criminal action by helping defendants withdraw from drugs and keep them drug-free.

This article is an introduction for family physicians caring for drug court clients in their practices. Physicians might be called on to assist in the treatment of addiction, medically assist patients in withdrawal, provide treatment for patients with the dual diagnoses of mental illness and addiction, and treat diseases associated with drug-use, such as tuberculosis, hepatitis, and human immunodeficiency virus (HIV) infection.

Drug courts are limited to nonviolent defendants arrested for drug-only offenses, such as possession and transportation of drugs, intoxication, and possession of paraphernalia. Typically excluded are offenses involving drug sales, violence, or a victim other than the person using the drugs. Drug courts originated in Dade County, Fla, as a response to rampant drug use, drug-related crime, and jail overcrowding.[1]

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Methods

Methods for this article are based upon personal experience and a search of the literature using the key words "drug rehabilitation," "drug abuse," and "criminal justice system." One author (GFR) is a judge in the superior court of Tulare County, Calif, with considerable experience in the local drug court. The other author (JEL) has been in clinical practice and has had patients who were defendants in the drug court.

The Drug Court Process

Although drug courts have distinct differences, the following process, derived from the Tulare County Adult Drug Court in California, is typical. Figure 1 displays the steps leading from arrest to drug court.

Arrest

When arrested for a drug-related crime, detainees are either released on their own recognizance or incarcerated in the county jail, depending on the crime and circumstances of arrest. The arresting officer transmits a report to the prosecuting attorney's office, where a complaint is prepared and filed with the court.

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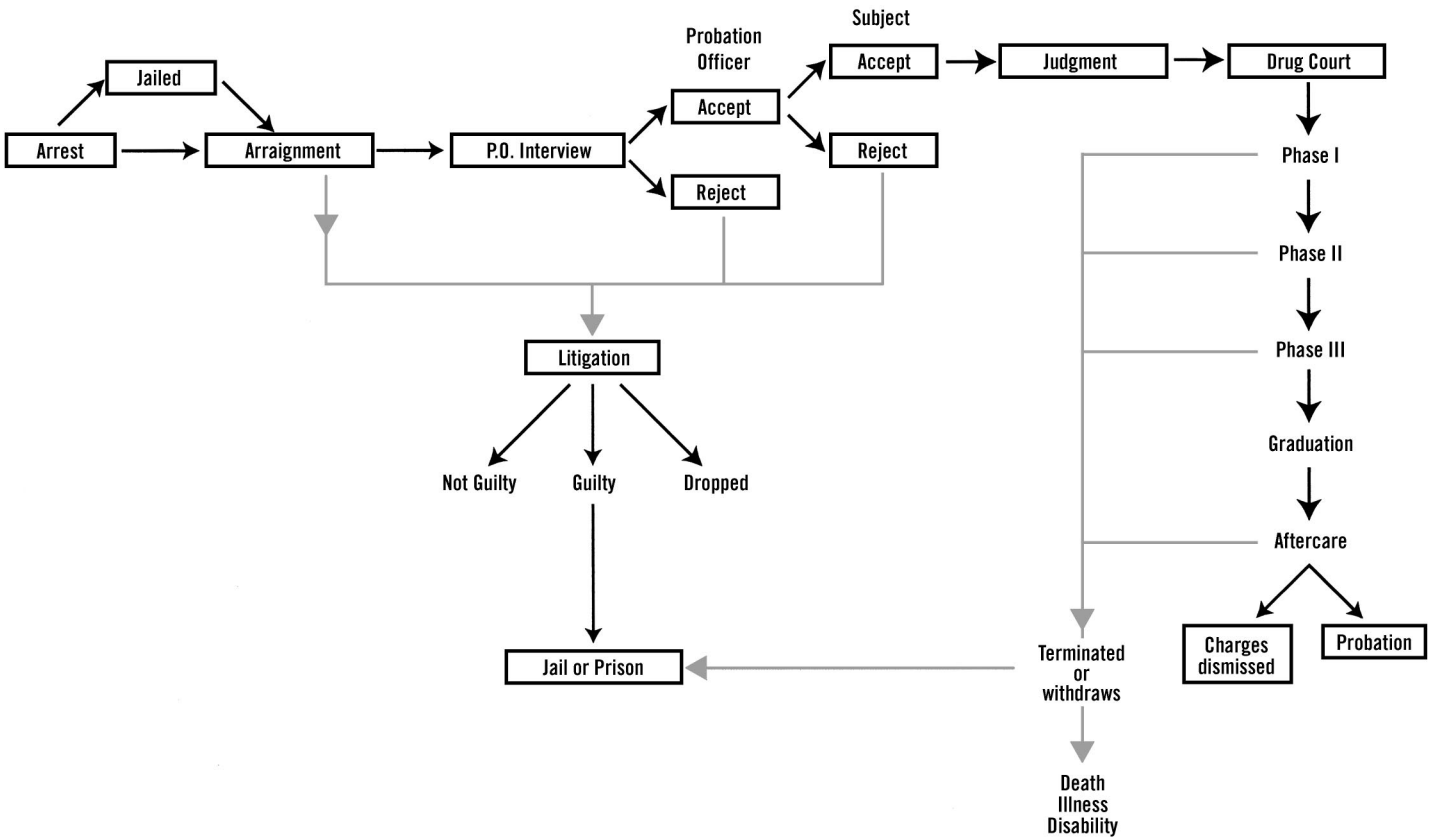

Figure 1. Outline of the drug court process.
P.O. – probation officer.

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Table 1. Organization of Drug Court Through the Phases.

Phase	Minimum Length	Court Dates	Individual Therapy	Recovery Group	Education Class	NA/AA	Drug Test
I	2 mo	Weekly	Weekly	Weekly	Weekly	5/wk	2/wk
II	4 mo	Every other week	Every other week	Weekly	Weekly	5/wk	Weekly
III	6 mo	Monthly	Every other week	Weekly	Monthly	3–4/wk	Weekly
Graduation: diploma given at ceremony							
Aftercare	6 mo	Every 3rd month		2/mo		2/wk	2/mo

Note: Clients needing residential treatment are placed in slightly different program until they enter an accelerated outpatient program, which starts after the three phases.
NA—Narcotics Anonymous, AA—Alcoholics Anonymous.

Arraignment

At arraignment the defendants are formally charged, and a defense counsel is arranged. Either at the arraignment or in subsequent hearings, the defendants' eligibility for drug court is determined. If the defendants do not enter drug court, one of three things can happen: (1) the case is dropped for lack of evidence, (2) the defendants plead guilty and are incarcerated, or (3) the defendants plead not guilty and the case goes to trial.

Probation Interview

The defendants seeking admission to drug court are interviewed by a probation officer, who makes a recommendation for eligibility based on legal factors, the defendants' answers to questions, the defendants' criminal justice computer report (rap sheet) and a gut reaction to the defendants' demeanor and criminal history. The bulk of the interviews are spent in explaining costs and how hard the defendant will have to work in the program.

The defendants have the option of rejecting drug court and returning to a criminal court for adjudication if they think the costs in time, money, and emotional turmoil are too great. The defendants might also be in denial, they might want to continue using drugs, or they might be innocent.

Judgment

Once the defendants accept drug court, they appear before the drug court judge and plead guilty to the crime. The defendants are then placed on probation, and once the agreement is signed, they become clients of drug court.

Drug Court

Clients are expected to comply with a rigorous program organized into three phases during which they are monitored by drug tests, probation officers, and treatment providers (Table 1). Defendants are required to attend self-help meetings, such as Narcotics Anonymous (NA) and Alcoholics Anonymous (AA). Drug rehabilitation counselors provide individual therapy, group therapy, educational sessions, and job training. The clients are expected to graduate from high school or the equivalent. Pregnant clients are enrolled in special detoxification and residential programs.

Treatment providers are professionals with credentials and experience in drug and alcohol treatment. They run the group sessions, individual therapy sessions, and educational classes. Clients sign a waiver of confidentiality authorizing providers to give information about the clients to the court and to work with the court and probation officers, providing insight into the clients' particular problems.

Drug court is typically held in the same courtroom on the same day of every week. The judge is a jurist who is especially motivated and can bond with the clients. Knowledge in drug and alcohol abuse problems, rehabilitation, and drug testing is essential. The probation officers and treatment providers are also in attendance. Clients are called to the front of the courtroom and talk with the judge, who reviews the treatment providers' reports. The probation officer checks the clients' attendance cards for AA or NA meetings. Specific recommendations or congratulations are given to the clients, and appointments are made for the next hearing. Alternatively, clients can be jailed for infractions.

The process might take only a few minutes, and some clients immediately return to work or school. More often, clients sit through the hearings of many other clients before they are called before the judge. The group process creates a synergism. Les-

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sons are learned when clients see others lie to the judge and receive jail time or hear others tell how their so-called friends gave them drugs, leading to a relapse. Friends might be placed in handcuffs and led away to jail or prison. Positive reinforcement includes seeing clients awarded T-shirts and coffee cups for advancement.

The unsung by-product of drug courts is that clients and graduates live in the drug-using community and spread antidrug sentiments and actions into that culture. They often invite drug-using family members and friends to drug court to see the consequences of continued use and sobriety. Many work in a self-help group to keep other participants clean and sober.

During the progression through the phases of drug court, clients are subject to specific sanctions by the court for failure to follow the rules set down in the probation agreement and for lying or dishonesty. Missing one drug court session will result in a bench warrant. When the clients are returned to custody, they could be returned to drug court or sent to jail or prison, depending on the circumstances of the arrest, time lapsed, initial crimes, and subsequent offenses, if any.

The key to success in drug court lies in the clients' bonding with the judge and the probation officers. Relapse is a foreseeable part of rehabilitation, especially during the first phase. A positive drug test or missing a drug test, drug court appearance, treatment session, or meeting will result in sanctions (including possible time in jail) but not in dismissal from the program so long as the participants are honest, committed to recovery, and making progress. Involuntary termination usually occurs only when participants are perceived as unwilling or unable to achieve and maintain total abstinence or when they commit another crime against person or property.

Drug Tests

Reliable urine drug testing is the key to accountability. Clients are required to take two random tests a week during the first phase. The tests are usually done at a central collection point designated by the court. The tests monitor levels of alcohol, cocaine, opiates, phencyclidine (PCP), lysergic acid diethylamide (LSD), methamphetamines, and benzodiazepines, and they can be adjusted to detect a current street drug to add specificity.

Graduation

Many drug court clients have never completed anything important in their lives and think of themselves as losers. The graduation ceremony at the end of the third phase is typically held in an auditorium, often with more solemnity than a college graduation. The judge presides with bailiffs in attendance. Local politicians and representatives of the legal, medical, and law enforcement communities attend. Popular personalities might be invited to speak. For example, in Tulare County, Calif, David Crosby, a member of the rock band Crosby, Stills, Nash, and Young and a recovering alcoholic and addict himself, has spoken at two graduations. Each graduate is handed a diploma by the probation officers and congratulated by the dignitaries.

Graduation gives the clients a sense of accomplishment and instills the concept that they can complete a difficult task. The ceremony puts them on public notice that continued drug-using behavior would not only be a failure on their part but a source of grave disappointment to the judge and the members of the audience. This social expectation can be a stronger deterrent to drug use than the threat of incarceration.

After Graduation

The aftercare program consists of less-frequent appearances before the court, continued attendance at AA or NA meetings, and attendance at alumni association meetings. Aftercare for clients reinforces habits created during the formal program and develops a new culture devoid of habits and friends that contributed to addiction. If after 6 months the clients have paid all fines and expenses, attendance has been perfect, and there has been no new crime or positive drug test, the charges can be dismissed.

If at any time during the aftercare program clients are arrested on drug charges, they are sentenced to jail. On release, they may be re-evaluated for drug court. If they decline drug court or commit another offense, they are incarcerated.

Outcomes

Drug testing and treatment while in jail is common. Seventy-one percent of jails test inmates for drugs, and 72% have treatment programs. Criminal recidivism for drug-related crimes, however, is approx-

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imately 25% within 1 year. Drug-use relapse is estimated at 82% within 1 year.[2]

Although within prisons 75% of state and 80% of federal prisoners are alcohol- or drug-involved offenders, only 25% of state and 50% of federal prisoners receive alcohol treatment after admission. Nearly 50% of all drug offenders sentenced to prison for drug-related crimes were arrested for a felony offense within 3 years of release, and one half of these arrests were for drug-only crimes. Of all those on probation (not just for drug crimes), one third were arrested for a drug offense within 3 years.[3–5]

As of May 2001, there were 688 drug courts, including adult, juvenile, and family drug courts, and 31 tribal drug courts in operation. Program completion rates nationwide for drug courts average 47%. Criminal and drug-use recidivism rates are difficult to measure because programs are not standardized, but rates from 5% to 22% have been reported. The expense of a community-based drug court program is approximately 25% of the cost of incarceration in a jail or prison, including jail time for sanctions.[6]

Considerations for the Family Physician

The family physician should remember that, unlike other drug and alcohol recovery programs, drug court is a criminal process. The consequence of clients' failure to follow the rules is incarceration, possibly for many years. Medical interventions must be coordinated with the clients' programs and supportive of withdrawal, sobriety, and continuance of the program. There are four main areas in which family physicians can help: treating mental illness, supporting drug withdrawal with medication, attending to medical and dental needs, and avoiding piling on.

Mental Illness

Between 25% and 47% of all drug users have a diagnosed mental illness, including schizophrenia, bipolar disorder, depression, and anxiety.[7] One advantage of drug court is the coordination and integration of legal and medical resources. To enhance the benefit of psychiatric treatment, especially during the first phase, clients receive mental health services as close as possible to the drug court location and as soon as clients are released from jail. Treatment is coordinated with the drug court counselors and probation officers. Family physicians can assist with education regarding the relation between mental health problems and substance abuse. In some situations, family physicians might be responsible for prescribing psychoactive medications.

Medication Support of Withdrawal

Participants who are toxic and who have been addicted to high amounts of drugs for a long time might need supportive medication during withdrawal. Particularly important are antidepressants and antianxiety medications to tide patients over withdrawal from methamphetamines and cocaine.[8,9]

Medical and Dental Needs

Medical problems, including hepatitis, HIV infection, tuberculosis, and pancreatitis, require early diagnosis and aggressive treatment. Particularly for those addicted to methamphetamine, cocaine, and opiates, dental abscess and pain can become severe as clients detoxify. If this pain is not adequately treated, the patient will probably return to drug-using behavior.[10,11]

Piling On

Clients of drug court typically have additional legal, mental health, and medical needs in jurisdictions or clinics apart from the drug court treatment program. It is common for clients to have matters before family or juvenile court requiring counseling or courses in stress reduction and child care. Mental health programs might require group and individual therapy in addition to classes as part of treatment. Legal jurisdictions require multiple court appearances for traffic or other infractions. Clients might be referred to more than one medical clinic for treatment. These additional demands pile requirements and responsibilities on the clients who are already coping with withdrawal from addiction. Good programs coordinate the family court, mental health treatment, judicial processes, and child protective services with drug court. The family physician needs to coordinate treatment with clients' existing programs and not pile on a redundant treatment.[12]

Conclusions

After a decade, drug courts clearly represent a new and effective paradigm in drug treatment for criminal offenders. The success of drug court derives

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from being community based, structured, and multidisciplinary and having clear-cut consequences for failure. The power of the judiciary can cut through petty agency rivalries to achieve the defined goals of sobriety and decreased criminal recidivism.

For the family physician the challenges of treatment are especially important because medical care must be integrated into the three-phase process. Treatment of mental illness, withdrawal, and medical illness can be critical to the retention of clients and the eventual success of the program. This new paradigm of criminal justice and treatment is dependent on cooperation among diverse professions, timely treatment, and an understanding that relapse is part of recovery.

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