



Organization of
American States

***Establishing Drug Treatment Courts: Strategies,
Experiences and Preliminary Outcomes***

**VOLUME ONE:
OVERVIEW AND SURVEY RESULTS**

Justice Programs Office, School of Public Affairs, American University

Caroline S. Cooper
Brent Franklin
Tiffany Mease

Prepared for the
Drugs Summit: European, Latin American and Caribbean Mayors and Cities
April 21 -23, 2010
Lugo, Spain



Institute for International Research on Criminal Policy
Universiteit Gent



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This publication was drafted by the Inter-American Drug Abuse Control Commission (CICAD), Secretariat for Multidimensional Security of the Organization of American States (OAS); the Justice Programs Office, School of Public Affairs, American University; the Institute for International Research on Criminal Policy (IRCP), Universiteit Gent; the Ministerio Público of Chile (General Prosecutor's Office); and the International Association of Drug Treatment Courts (IADTC). It was developed in the framework of the *EU-LAC Drug Treatment City Partnerships*, an initiative coordinated by CICAD/SMS/OAS and funded by the European Commission. The content of this publication does not necessarily reflect the position of the EU or the OAS.

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In Memory of

Michael B. Sullivan
(1943 – 2009)

**Whose Initial Insights and Effort Provided a Foundation for this
Document**

PREFACE

Drug courts, the experience and the hopes

This is a moment when all over the world the question of drug production, consumption, addiction and trafficking is being discussed, as the traditional way of dealing with it, emphasizing law enforcement, has not helped to solve it. The discussion is taking place also in the Americas.

In Latin America, the former presidents of the three largest countries in terms of population, Brazil, Mexico and Colombia, proposed in 2007 a program called “Drugs and Democracy”, the objective of which is to stress the public health aspect of the problem, decriminalize/depenalize consumption of softer drugs and give the issue a global perspective linked to questions of socioeconomic development and democratic legitimacy in governance, at the same time as the fight against drug trafficking should continue, as a central activity against transnational organized crime.

In the United States, where policies have a global outreach for economic (market size), financial, political and cultural reasons (its condition as the superpower and the reach of its cultural production, mostly audiovisual), priorities are also changing. The idea of a war led by a “drug czar” is being abandoned for a more balanced approach. It is curious politically and linguistically that a word expressing the past ruler of the enemy country in the 1970’s should have been chosen, when historically czars were not necessarily very good military leaders; but the idea was precisely to suggest that this public servant (as a Roman Caesar, or the German Kaiser) would have sweeping global power in this war.

Secretary of State Clinton has stressed several times the idea of shared responsibility and the new drug “czar” for the Obama administration, Gil Kerlikowske, in his speech to the 53rd meeting of the UN Commission on Narcotic Drugs in March 2010, presented his assessment: “The results from long-standing initiatives, such as drug courts, and newer alternatives to incarceration, including “smart” programs which incorporate swift, certain, but modest sanctions, have been extremely encouraging. We must now expand such initiatives so all those for whom diversion from prison is appropriate, can participate. These innovative programs break the cycle of drug use, arrest, release and re-arrest and are much more cost-effective than long-term incarceration.”

In the Americas as a whole, the member states of the OAS, under the coordination of Brazil, have been discussing a new hemispheric drug strategy to replace the one officially adopted at the end of the last century. One of the leading aspects of this review, proposed a year ago by OAS Secretary General Insulza, would be to take into account all recent scientific evidence.

After decades of an approach that favored repression as its main component and that prevailed in many countries, it has become clear that it is an oversimplification. Even if it did not totally disregard the public health aspects of drug dependence, it emphasized the criminal aspect of drug use, resulting in the incarceration of hundreds of thousands of non-violent people all over the world; and, worse, with no indication whatsoever of any improvement in chemically- and psychologically dependent people, and no evidence that the roots of the phenomenon were being

addressed. In addition, in those countries in which the prison system has been partially privatized, there is a strong economic motive behind sending people to jail.

Drug courts, or drug treatment courts, the first practice of which started in Florida over 20 years ago, represent thus an alternative to incarceration with advantages in critical aspects.

First, they establish the commitment of addicts to work on getting rid of their dependence; second, the approach avoids incarceration of drug users and could, depending on the legislation, be applied to petty, non-violence drug dealers, which would avoid their making contacts inside the prison system that often increase the tendency of first offenders to become more deeply involved in illegal activities, as they meet hardened criminals who no longer harbor any hope of being recovered as law-abiding citizens; third, it avoids or reduces the stigma of danger and unreliability often associated with incarcerated people, thus helping reinsertion and recovery; fourth--and this is also becoming more and more critical--it helps reduce the spiraling rise in costs that countries bear to imprison a large portion of their population, sometimes hopeless and helpless poor youngsters, whose possibilities of a decent life decline even more as they are sent to prison.

Drug courts are so far a practice that has set deeper roots in English-speaking parts of the world, but that is gaining much broader support as it extends to several other countries. This publication covers the experience in twelve countries.

Although the experience is fairly recent, it seems clear that the results achieved are strong enough to recommend that it should be adopted more or less universally.

Statistics vary from country to country, but certain features are common: many prison systems are bordering on bankruptcy; a vast majority of those in jail come from groups that are economically and socially vulnerable; a large portion of all those incarcerated are in prison for non-violent drug-related crimes.

In the first third of the 20th century the United States adopted a prohibition policy for alcohol, with a 1919 constitutional amendment which was repealed by another one in 1933. Overall consumption of alcohol went down, as most citizens were not willing to commit a crime to drink, but it did not eliminate alcoholism and led to increased smuggling and corruption in law enforcement and other state agents. That is why the efforts to reduce demand have become so important, and have already been recognized in the expression "shared responsibility", aiming at reducing both demand and supply. It is not only unfair, but also inefficient to put the blame--and the corresponding responsibility-- mostly on the countries that are/were commonly seen as producers, particularly of cocaine, since chemical drugs are produced in a very wide range of countries.

As the assessment of the efficiency and usefulness of drug courts advances--and I am sure the current trend will assert itself more and more--perhaps a suggestion to be considered would be to apply this approach to the hundreds of thousands of prisoners sent to jail as drug users or as non-violent petty drug dealers. If carefully applied, such a move would reduce the financial and other

burdens of incarceration to society as a whole and might give people now in prisons some hope of leading a normal and productive life.

Drug courts should be one of the elements of a global and multidimensional strategy to fight drug addiction and non-violent drug crime. Such an approach takes into account social, economic and cultural factors which affect the lives of the most vulnerable groups. If the scope of drug courts were enlarged, or other “alternative” courts established, more people could be reintegrated in society without imprisonment, rendering services to the community and receiving support to overcome their links with the world of illegal drugs or petty, non-violent crime. It can also be an inspiration at this moment when the OAS member countries are revising their hemispheric drug strategy.

It is also true that drug policy should also take into account legal drugs, such as alcohol. As a factor in domestic violence and in deaths in car accidents--another form of violent death--the consumption of alcohol should be put under stronger control.

We hope that the exchange and links established among cities in Europe, on the one hand, and Latin America and the Caribbean, on the other, will survive, and that the cooperation will find other sponsors.

The progress made since the first conversations about this project in 2006 has been huge. We live in a world where sometimes we have the illusion of having access to unlimited knowledge, but the truth is that without the joint work of like-minded institutions and peoples and governments, this knowledge gets lost and little in practice can be achieved.

In the Secretariat for Multidimensional Security of the OAS, we believe in the approach that underlies drug treatment courts: more inclusive, more humane, more efficient and even cheaper in the long run. Let us support this initiative with all our strength as professionals and as human beings.

Finally, I want to acknowledge my gratitude to the team of SE/CICAD, including Abraham Stein for the first talks about EU-LAC cooperation in 2006, as well as Luis Coimbra, of the Department of Public Security of the Secretariat for Multidimensional Security, for the data provided and the enlightening discussions.

And for the moving hospitality of the people and authorities of Lugo, which makes us want to come back many times.

Alexandre Addor-Neto

Secretary for Multidimensional Security

Organization of American States

FOREWORD

Drug dependence is a chronic relapsing disorder that must be addressed and treated as a public health matter, on a par with the treatment of other chronic diseases.² It is a cluster of behavioral, cognitive and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state.³

Heavy drug use is found more frequently among offenders than among the general population, as shown by a number of studies in the Western Hemisphere and Europe.⁴ Using Goldstein's conceptual model,⁵ acquisitive crime to support a compulsive drug habit represents a fair proportion of crimes committed by offenders with substance abuse problems. Offenses committed under the influence of drugs or alcohol, according to self-reports in some countries, represent an even higher percentage of crimes by drug-dependent offenders.⁶

Because drug abuse is compulsive, it does not stop at the prison door. In a 2009 survey of prisoners conducted by the Scottish Prison Service, 22% of prisoners reported that they had used drugs in prison in the month prior to the survey.⁷

Treatment alternatives to incarceration for drug-dependent offenders involve diverting substance-abusing offenders from prison and jail into treatment and rehabilitation under judicial supervision. By increasing direct supervision of offenders, coordinating public resources, and expediting case processing, treatment alternatives to incarceration can help break the cycle of criminal behavior, alcohol and drug use, and imprisonment.

The details of these alternative mechanisms vary from jurisdiction to jurisdiction, but most involve suspension of the sentence provided the offender agrees voluntarily⁸ to participate in a drug treatment program. The judge in the case supervises the offender's progress in treatment, with the assistance of the prosecutor, social workers (case officers), treatment providers and probation officers. The judge has the power to end the treatment program if the offender violates its terms and conditions, in which case, the sentence will be handed down and the offender will be incarcerated.

Drug treatment under judicial supervision is well established in countries like Canada, Australia, the United Kingdom and the United States, under the name of "drug courts" or "drug treatment courts". While the name may vary from place to place, and the conditions of participation may differ, the

² CICAD/SMS/OAS Group of Experts on Demand Reduction, Basic principles of the treatment and rehabilitation of drug-abusing and drug-dependent persons in the hemisphere, Mexico City, November 2009,

³ World Health Organization

⁴ National Drug Council of Chile (CONACE), and National Service for Children and Minors (SENAME), Chile, 2006.

⁵ Goldstein, P.,(1985) The drug/violence nexus: A tripartite conceptual framework, *Journal of Drug Issues*, 14, 493-506.

⁶ Correctional Service Canada, October 2009 (data from 2002-2007); Costa Rican Institute on Drugs, 2003; CELIN, Bolivia, 2006.

⁷ Accessed on March 26, 2010 at <http://www.sps.gov.uk/MultimediaGallery/e7698343-107e-48c9-90ce-80db7698b5b3.pdf>

⁸ With the exception of juveniles, where it is mandatory in most cases.

essential ingredients are as described above. For the purposes of this publication, we shall use the term “drug treatment courts”.

At a number of recent seminars organized by the Inter-American Drug Abuse Control Commission (CICAD), Secretariat for Multidimensional Security of the Organization of American States⁹, judges, prosecutors and health care personnel from Latin America, the Caribbean and Europe examined the feasibility of establishing treatment alternatives to incarceration for drug-dependent offenders, one form of which are drug courts.

Some of the CICAD countries expressed great interest in setting up such programs, although civil law countries pointed to some difficulties they might face in working such alternatives into their penal codes and procedures. Countries where drug courts are already up and running spoke of how they had overcome obstacles and public skepticism, and stressed the need for good evaluations and research on the outcomes of drug treatment court programs in order to demonstrate their effectiveness.

Through its program of City Partnerships on the improvement of Drug Treatment, CICAD has helped the courts of Suriname and the State of Nuevo León, Mexico, to set up new drug treatment courts, and continues to support the work of drug courts in Chile, Jamaica and other interested countries and cities. Belgium, where a new drug treatment court pilot has been created, has taken a collaborative approach, involving city officials and universities in the process. CICAD’s exchange of good practices in recent years allowed countries where drug treatment courts are in place to share different approaches to drug court challenges.

Key to the success of drug courts in the U.S. has been the ability to demonstrate to lawmakers and the public at large that drug court participants have lower rates of recidivism and lower rates of relapse into drug use than drug dependent offenders who are incarcerated. We therefore recommend that all drug treatment courts have a robust information system, to assure public acceptance of alternatives to incarceration for drug-dependent offenders and to secure future funding.

It is our hope that the present publication will contribute to better understanding of drug treatment courts in operation around the world, and show that this approach can reduce prison overcrowding, calm the general public’s concerns about crime, and slow down the revolving door of recidivists for whom prison has done little but exacerbate their problems.

James F. Mack
Executive Secretary
Inter-American Drug Abuse Control
Commission (CICAD)
Secretariat for Multidimensional Security
Organization of American States (OAS)

⁹ EU-LAC Drug Treatment City Partnerships, an initiative coordinated by CICAD/OAS and funded by the European Commission.
www.eulacdrugs.org

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INTRODUCTION

This publication has been prepared by the Secretariat for Multidimensional Security of the Organization of American States (OAS) through the Executive Secretariat of the Inter-American Drug Abuse Control Commission (SE/CICAD); the Justice Programs Office, School of Public Affairs, American University; the Institute for International Research on Criminal Policy (IRCP), Universiteit Gent; the Ministerio Público of Chile (General Prosecutor's Office); and the International Association of Drug Treatment Courts (IADTC). It has been developed as a project of the *EU-LAC Drug Treatment City Partnerships*¹⁰, an initiative coordinated by CICAD/SMS/OAS and funded by the European Commission, and represents the first in a series of reports that will be prepared to document the operations, services and impact of drug treatment courts in the various countries in which they have been implemented.

The present publication has been prepared for distribution and discussion at the *Drugs Summit: European, Latin American and Caribbean Mayors and Cities*, on April 21 -23, 2010 in Lugo, Spain¹¹, under the Spanish Presidency of the European Union of 2010. The report summarizes the initial experiences of Drug Treatment Courts (DTCs) in 12 of the approximately 20 countries that have established DTCs to date and draws on the responses to a survey sent by CICAD in January 2010 to the DTC judges and others involved in these programs. The report consists of two volumes: Volume One provides an overview of issues relevant to the development and implementation of Drug Treatment Courts and a summary of the responses to the CICAD survey submitted. Volume Two provides supporting documentation, including copies of legislation that has been enacted, relevant

program descriptive and evaluative information, and the Survey Instrument. A list of the individuals who contributed responses to the survey, along with the names and contact information for the approximately 50 DTC judges who have been presiding over these programs, is provided on Charts One and Two in Volume One.

The purpose of this report is to describe the strategies that have been developed to establish Drug Treatment Courts in countries that have implemented them, the services they are providing, the target populations they are serving, and the impact they have had to date, along with “lessons learned” that may be useful to others embarking on a DTC initiative.

For those who have been involved with implementing DTCs, these programs have entailed a significant departure from the traditional approach for dealing with drug dependence and drug-related criminality by recognizing that incarceration in and of itself has little effect on stopping drug dependency and associated criminal behavior and that these problems are more effectively and more inexpensively accomplished through diversion programs where, in lieu of incarceration as the sole means for dealing with drug involved criminal behavior, certain drug-dependent offenders can be directed to DTC programs. Rather than handling these cases through a traditional criminal justice approach that focuses primarily on their criminal behavior, the DTC also directs attention to the underlying substance addiction that is causing it through a range of services tailored to the needs of the individual offender.

As we have come to learn, the value of DTC programs is that they address in a coordinated way, supervised by the court, not only the drug-dependent individual's criminality, but also the drug-dependent individual's underlying substance addiction that may be contributing to

¹⁰ EU-LAC Drug Treatment City Partnerships
www.eulacdrugs.org

¹¹ Lugo City Summit. April 2010.
www.lugosummit.org

his/her criminal behavior. This blend of treatment and other support services provided within the context of the criminal justice process, with the criminal justice sanction held in abeyance pending the individual's completion of the prescribed treatment program, has proved to be an effective strategy to promote the individual's rehabilitation and reintegration into the community.

Among the special services most DTCs provide to their participants -- in addition to focused drug treatment services -- that are not generally provided to offenders in a non-DTC setting include assistance in obtaining: clean and sober living arrangements; medical care; mental health services; vocational training; job readiness and placement services, and a wide array of family services. All these services are provided in a coordinated manner, overseen by the drug court program, so as to promote significant reductions in recidivism and the individual's recovery from drug dependence, as well as improve his/her capacity for self-sufficiency as a productive member of the community. Evidence of the effectiveness of DTCs in achieving these objectives has been widely documented in a number of countries, most extensively throughout the United States of America.¹²

Despite evidence that drug courts are effective in addressing the drug dependency of criminal offenders -- and, in fact, more effective than the traditional criminal process -- the fact is that in many countries, DTCs have been a "hard sell" for their advocates. Those who have dealt with the problems of addiction know all too well that social and other services provided to and for drug-dependent persons involved in the justice system, when applied in isolation, without the comprehensive assessment, interagency oversight and coordination of the DTC, accomplish far less than DTCs in undoing addiction and stopping the continuing criminal

behavior associated with it. These other alternatives also potentially place a number of drug dependent individuals in settings where they are subject to becoming more efficient criminals and reduce the chances of meaningfully addressing their addiction and promoting their recovery and rehabilitation.

With this backdrop, the present publication is designed to begin to fill a critical information gap by providing a preliminary base of information regarding the experience of developing DTCs in various countries that have embarked on these initiatives and the impact and benefits which these programs have had. Although much still needs to be done, the information compiled from the 12 countries responding to the SE/CICAD survey presents a cogent argument about why DTCs are a good idea, and gives a snapshot of what they cost in terms of human and other resources, what savings they can create for their respective societies in economic as well as human terms, and what benefits can accrue, particularly in terms of public safety and community well-being. The goal is to divert drug-dependent offenders to DTCs, that is, to a judicially supervised treatment program, rather than simply incarcerating them with little, if any, treatment and support services.

The publication has been developed with a strategic focus for use by the international community -- and EU-LAC participants in particular -- to provide guidance for the further development of DTCs and to build on the lessons learned from programs in countries that have already established them. A major strength of this report is that it draws upon the perspectives and insights of the leading judges and others most influential and instrumental in the DTC field in countries where Drug Treatment Courts have been initiated. Their comments, based on their operational experience, and the information they have submitted provide practical guidance for counterparts in other countries who are interested in developing DTCs and need documentation to persuade relevant decision-makers in the criminal justice, public health, social service, law enforcement, and related

¹² See *Volume Two* of this report for summaries and citations to outcome evaluation reports conducted of Drug Treatment Courts in Australia, Ireland and the U.S.

sectors of local government in their home counties to support them.

The organization of Volume One of the report mirrors the questions on the CICAD survey instrument, with an introductory section (Part One) providing a synopsis of the survey responses in key topic areas, followed by a compilation in Part Two of the survey responses to each question from each of the responding countries, including information on the costs and resources that have been necessary to set up and operate DTCs in the responding countries and the impact noted. Available statistical information from existing DTCs, including a comparison of recidivism rates among those who participate in DTC programs versus persons who would otherwise be incarcerated, has also been included.

Additional supporting documents provided by respondents are included in Volume Two which serves as the Appendix for the report. These documents include summaries of several comprehensive evaluation reports (Ireland and Australia, in particular as well as over 90 evaluation reports for U.S. drug courts) which, because of their size were not reproduced in toto but, rather, summarized, with reference given to the websites on which the full reports can be found. The data and other information compiled in this report should provide an initial response to any skepticism about the utility and value of DTCs that is sometimes presented as a challenge to their establishment.

Periodic updating of the publication will be undertaken on a regular basis.

Following publication of this “strategy” document, a subsequent publication will be prepared dealing more specifically with DTC “best practices” which will include a compilation, with commentary, on the various justice system and treatment program policies, protocols, operational materials, screening and assessment instruments, and other tools employed by the various DTCs.

The Lugo City Summit will bring together the participants from the countries referenced in the publication as well as others who are interested

in exploring the potential utility and feasibility of DTCs and the issues addressed in this report. The present publication is intended to provoke discussion on a range of policy, legal and practical issues involved in establishing DTCs and will be made available in both printed and electronic form to facilitate its dissemination and follow-up and communication among those both involved with and interested in DTC approaches and strategies.

**Inter-American Drug Abuse Control
Commission (CICAD, Secretariat for
Multidimensional Security, Organization of
American States**

Anna McG. Chisman, Head, Demand
Reduction

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We are also indebted to our three partner institutions which worked collaboratively to develop the survey instrument and compile the survey responses:

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- Caroline S. Cooper, Research Professor, and Associate Director of the Justice Programs Office;
- Graduate research assistants Brent Franklin and Tiffany Mease, who conducted background research, compiled the survey results and contributed substantially to the drafting of this publication; and Jeffrey Morris, Student Research Assistant, who assisted with the data compilation effort; and
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The Institute for International Research on Criminal Policy (IRCP) of Ghent University is one of the partners involved in the current project. The IRCP is represented, for the purpose of this project, by Prof. Dr. Brice De Ruyver, Ms. Charlotte Colman and Mr. Laurens van Puyenbroeck. The Institute has since many years built up an extensive expertise in the field of drug policy and drug-related criminality and is one of the leading international research groups in this respect. The Institute has consented in contributing to this project because of its firm belief in the inherent value of the DTC concept and because of the clear necessity of further elaborating and improving the establishment of DTCs on a wide scale. The fact that a DTC has been

established in 2008 at the level of the Court of First Instance of Ghent, naturally adds to the commitment the IRCP feels towards this innovating and challenging concept.

The data included in the current publication show that DTCs are capable of making a difference in the way they drug-related offenders are approached and dealt with. The publication 'Strategies, Experiences and Preliminary Outcomes' offers a clear overview of the way in which DTCs are being implemented in a number of countries at present. Nevertheless, the publication – as its title indicates – only aims to provide a preliminary analysis based on a *prima facie* evaluation of the data provided by the countries that responded to the survey. Moreover, a quick scan of the data already reveals some striking findings that require further attention and a more detailed analysis. The differences between the participating countries in the percentage of people who have successfully completed the DTC program and the fact that some countries have had to adopt a more non-adversarial approach in order to implement the DTC in its criminal justice system, are two interesting examples thereof.

The first publication will be followed by a second one, building on the summary information compiled during the course of preparing the current one. The overarching goal of this second publication will be to draft a series of *Best Practices and Recommendations* based on a more in-depth and scientifically based approach. This second report will therefore not only inform on the concept of DTCs, but will also address the questions of how to improve their efficiency, how to validate their effectiveness and how best to incorporate them in the criminal justice system of the various countries that have already established such a scheme or are planning to do so in the near future. Since, the current project, in essence, aims to improve the quality and efficiency of dealing with drug dependency and related criminal behaviour, the IRCP has gladly committed itself to actively contributing to this second publication.

PART ONE: OVERVIEW

A: DRUG USE AND DRUG-RELATED CRIME

1. International Strategies to Address the Problem

Policies and strategies for dealing with the issues of drug use, abuse, and control have existed at a global level for over 100 years. Although some advances have been made, particularly in reducing the supply of certain drugs, demand remains high and addiction and drug-related crime are still at levels that elicit concern. Although demand for illegal substances is often highest in developed countries, supply chains feed addictions all across the world.

In response to the global nature of the problem, three international conventions on drugs have been signed and ratified by the overwhelming majority of United Nations member states.¹³ Within the framework of these conventions, each country has established its own legislation on drug-related crime, with a certain amount of variation. In particular, national laws on the penalization of drug use vary considerably. While some countries require criminal penalties for drug use and possession of small quantities of an illicit drug for personal use, others regard drug use and possession as conduct to be sanctioned, if at all, by an administrative measure, such as a fine. This variation in laws on drug use make cross-country comparisons of data on “drug-related crime” very difficult, if not meaningless. As stated in the preface to the Eighth United Nations Survey on Crime

Trends and the Operations of Criminal Justice Systems (2001-2002):

“The statistics cannot take into account the differences that exist between the legal definitions of offences in various countries, of the different methods of tallying, etc. Consequently, the figures used in these statistics must be interpreted with great caution. In particular, to use the figures as a basis for comparison between different countries is highly problematic¹⁴...”

Several international agencies, including the United Nations (UN) and the Organization of American States (OAS), have set up specialized divisions to investigate and attempt to reduce the supply of and the demand for narcotic drugs and psychotropic substances. North American and European countries often provide statistics that indicate a fairly high prevalence of drug use. In those Latin American and Caribbean countries for which data are available, prevalence rates tend to be lower than rates in North America and Western Europe, but are still on the increase. Juvenile drug use is also a problem in many areas. A report published by the OAS on student (aged approximately 13-17 years) drug use in twelve Caribbean countries, including Jamaica and Suriname which are among the countries with Drug Treatment Courts included in this report, presented disturbing findings. For most countries in the OAS study, between 15% and 45% of all students in this age group had used an illicit drug at some point in their lives and between 10% and 25% had used them within the past year¹⁵.

2. Incarceration and Alternatives: Drug Treatment Courts (DTCs)

¹³ Single Convention on Narcotic Drugs (1961) as amended by its Protocol of 1972; the Convention on Psychotropic Substances (1971), and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988). Together, these three Conventions constitute the international illicit drug control regime.

¹⁴ Ibid.

¹⁵ *Student Drug Use in 12 Caribbean Countries: A Critical Analysis for Policy Makers*. Published by the Organization of American States: Inter-American Drug Abuse Control Commission—Inter-American Observatory on Drugs. April 2008.

Incarceration is increasingly viewed as a less than ideal way of dealing with nonviolent drug offenders. Prisons in many countries are overcrowded, especially in the United States, due, in part, to the incarceration of non-violent drug-related offenders. There is also increasing concern about the potential incarceration has for “hardening” nonviolent drug offenders by exposing them to seasoned and possibly violent criminals. From both a public safety and a public health perspective, the need to identify alternative ways for addressing the problems of drugs and crime is becoming critical. The approach and potential of the “Drug Treatment Court” (DTC) model for more effectively addressing these issues has therefore increasingly attracted the interest of those involved in the justice and public health systems in a number of countries as information becomes available regarding the recidivism reductions and other benefits being documented in the communities in which these programs have been implemented.

DTCs have eschewed the traditional prosecution/conviction/sentencing model that has been associated with prison overcrowding and chronic recidivism and embraced an alternative that entails using the leverage of the criminal justice system and its potential sanctions to provide a judicially supervised program of substance abuse treatment and other services. Although the specific elements of the DTC model vary according to its application to the individual justice systems that have adopted it, it essentially entails:

- Early identification of individuals involved with the justice system as a result of their drug abuse;
- Suspension of the justice system proceedings in which the individual is involved pending the individual’s participation in the DTC program;
- Provision of intensive outpatient treatment services to the individual, overseen by the court, and additional services the individual may require based on comprehensive screening and assessment. (Often these entail mental health, housing, literacy, vocational and other services that

wouldn’t ordinarily be identified and/or provided in the traditional justice system process);

- Frequent and usually random drug testing (e.g., up to three – four times per week initially);
- Frequent review hearings before the judge (often weekly at first) at which the judge reviews with the individual his/her progress/compliance with the DTC requirements, acknowledges progress made and determines how best to address difficulties encountered, either through changes in the treatment plan or other means;
- Immediate responses to noncompliance, such as not appearing for treatment sessions, drug tests, or court hearings, which can range from a required writing assignment to community service to several days in jail¹⁶; continued nonresponsiveness to the DTC program or commission of a new offense that disqualifies the individual from participation results in program termination and the resumption of the traditional justice system process;
- Gradual reductions in supervision as the individual increases his/her periods of sobriety and is able to benefit from the treatment and other services provided, recognizing, however, that the chronic relapsing nature of drug addiction may likely require renewed court intervention periodically, with adjustments to treatment and other services; and
- Graduation from the DTC after 12 – 15 months of continued progression in treatment and a significant period of sobriety.

The first Drug Treatment Court (DTC), or “drug court”, was established in 1989 in the United States as an experiment by the Dade County (Florida) Circuit Court to call upon the

¹⁶ Responses to noncompliance are designed to also be constructive and therapeutic rather than purely punitive and to re-engage the individual in the DTC program if at all possible.

authority of a sitting judge to devise – and proactively oversee – an intensive, community-based treatment, rehabilitation, and supervision program for felony drug offenders in an effort to halt rapidly increasing recidivism rates while defendants were awaiting trial.

The program targeted felony drug users and provided an intensive, community-based and multi-dimensional alternative to incarceration. The presiding judge would oversee the treatment and rehabilitation of participants through frequent (usually weekly at first) hearings at which he reviewed with the participant the results of his/her participation that week, including the results of random drug tests, participation at treatment sessions, and compliance with other court orders, such as obtaining a GED.¹⁷

As word of the Miami “drug court” spread, judges from courts both in the U.S. and other countries visited the program, sitting in on drug court hearings and watching scores of addicts regularly appear before the judge, during which time their progress – or lack thereof – in treatment was discussed, services adjusted as necessary, and short term sanctions, if appropriate, imposed on those who failed to comply with program requirements. Compliance with program requirements to cease using drugs was typically monitored through random drug testing, and, as noted above, violators would face sanctions for not testing.

The drug court model developed in Miami was adapted by many of these visiting judges to the court processes in their respective courts. In many cases, successful “graduation” from a drug court came to require -- in addition to the participant’s recovery -- the necessity for the participant to meet minimum standards of education, financial responsibility, and preparedness for independent and productive living in the community. Many drug courts also mandated graduating participants to have

a sponsor in the community and/or complete a community service component.

The presence of these specialized courts expanded rapidly throughout the next two decades, moving beyond American borders in the late 1990s. The DTC “experiment” initiated in Miami has now become accepted practice in over a third of U.S. courts and by court systems in other countries as well. Drug courts now exist, in some form, in Canada, Australia, New Zealand, the United Kingdom, and in several European, Caribbean, and Latin American countries.

DTCs draw not only upon the supervision services of the criminal justice system but also on public health, housing, vocational and other services provided by healthcare and social service agencies, as well as community organizations and NGOs. While DTCs address the individual’s immediate offense, the longer term goals are to promote the individual’s recovery and reintegration into the community as a contributing citizen, thereby putting an end to the chronic recidivism that has characterized the behavior of drug addicts.

The appeal of the DTC model lies in many sectors: more effective supervision of offenders in the community; greater accountability for drug using individuals for complying with conditions of release and/or probation; greater coordination and accountability of the justice system, public health and other community services provided, including reduced duplication of services and costs to the taxpayer; and more efficiency of the court system through removal of a class of cases that places significant resource demands for processing, both initially and with probation violations and new offenses that otherwise would undoubtedly occur.

Dramatic as these benefits may be, however, they do not in themselves explain the tremendous personal impact that drug courts have on all who have been involved with them – even the casual observer of a drug court session. What has made the DTC movement so powerful and infectious is the human

¹⁷ Graduated Equivalent Degree for High School.

element that is involved and the constructive interaction between the individual substance abuser and the “system” that takes place in a multi-disciplinary process geared to using the authority of the legal process to bring about therapeutic benefits for both the individual and the community.

Who are the DTC participants and what has been their experience with the DTC? In the US, we have found that:

- DTC participants in adult drug courts reflect all segments of the community, ranging in age from 18 to 75 years, and from individuals who left school at grade 5 to persons with considerable post college graduate education¹⁸;
- Approximately two thirds of DTC participants are parents of minor children, and are often in danger of losing custody or have already lost custody them;
- In the US, approximately 10% have been veterans;
- Men participate at more than twice the rate of women although the percentage of female participants is rising; women, however, do not do as well in the DTCs as men unless special gender specific services and program components are provided for them;
- Most DTC participants have been using drugs for many, many years and many are poly drug users;
- Most DTC participants have never been exposed to treatment although a large majority have already served jail or prison time for drug-related offenses;
- Individuals are remaining in DTC programs at double the rate for traditional treatment programs; and
- Recidivism rates for individuals who have completed DTC programs are significantly lower than those for individuals who go

¹⁸ Approximately 450 juvenile drug courts have also been established in approximately 40 states in the U.S. , serving youth generally between the ages of 13 – 18.

through the traditional justice system process.¹⁹

Unlike traditional treatment programs, becoming “clean and sober” is only the first step toward graduating from a DTC program. Almost all drug courts in the US require participants (after they have become clean and sober) to obtain a high school diploma or GED certificate, maintain employment, be current in all financial obligations, and have a sponsor in the community. Many programs also require participants to perform community service hours – to “give back” to the community that is supporting them through the drug court program. One drug court requires prospective graduates to prepare a two year “life plan” following drug court graduation for discussion with a community board to assure the court that the participant has developed the “tools” to lead a drug-free and crime-free life.

With the intense interest in finding alternatives to incarceration and ways these alternatives can be applied to nonviolent drug abusers, information about the experience of DTCs in the various countries in which they have been implemented is critical. As with statistics on drug-related crime, no standardized measures and/or data bases yet exist to compare drug court practices and services from one country to another. This report was developed as a first step in filling this gap.

3. Survey Conducted by CICAD on Drug Treatment Court (DTC) Experiences

The survey developed by CICAD was designed to address the most frequent questions that appear to be posed by policy makers when presented with proposals to consider the implementation of DTCs:

§ What do DTCs do?

§ Why implement them?

¹⁹ See Volume Two. “Recidivism and Other Findings Reported in Selected Evaluation Reports of Adult Drug Court Programs: 2000 – Present.” BJA Drug Court Clearinghouse. American University.

- § How are DTCs different from the traditional approach for dealing with drug addicts who are committing crime?
- § Who would be the target population?
- § What services would be provided?
- § What steps need to be taken to implement them? What changes in the legal process, if any, are required?
- § What is the cost of implementing these programs?
- § What impact and benefits have they achieved?
- § Perhaps most importantly: *Are they worth the effort?*

The survey was sent to drug court officials in approximately twenty countries. Responses were received [to this point] from the following countries:

- Belgium (Ghent);
- Bermuda (Hamilton);
- Brazil (representing São Paulo, Pernambuco, Rio de Janeiro, and Rio Grande do Sul States);
- Canada (received from courts in both Calgary, Alberta and Toronto, Ontario);
- Chile (representing Colina Depulveda, Ojeda, Pavez, Pinochet, San Bennardo, and Santiago);
- England (Liverpool);
- Ireland (Dublin);
- Jamaica (Kingston and Montego Bay);
- Mexico (Mexico City);
- Norway (representing Bergen and Oslo);
- Suriname (Paramaribo); and the
- United States (composite summary for 2,000+ drug courts operating in all states and territories).

Part Two of this Volume provides the full survey responses from each of the 12 responding countries (14 survey responses, including two from Brazil and two from Canada) to each of the survey questions.

Note: Respondents provided their survey responses in English, either as their initial response or through a translation; their responses have been reproduced, generally verbatim, although clarification was provided

when considered necessary. Generally these clarifications are in brackets or the original answer has been paraphrased.

The following provides a general summary of the information provided in the survey responses by major topic area.

B. SURVEY FINDINGS

1. General

Ø *Number of Individuals Who Have Participated in DTCs and Number of Judges Involved*

Not including the United States, the reporting DTCs, all of which have been established since 2001, have enrolled over 3,800 participants, of whom over 500 have successfully completed their respective program. Most of the respondents indicated that these figures were lower than those anticipated when the DTCs were opened, primarily as a result of shortages of funding necessary to adequately develop the programs. Although no firm statistics are available for the U.S., it is estimated that well over 500,000 have enrolled in DTCs and well over 100,000 have graduated.

Approximately 50 judges are involved in the DTCs responding to the CICAD survey in addition to the estimated 3,000+ judges who have been involved in DTCs in the U.S.

Ø *Measures of “Success”*

The responses indicate that the DTCs are perceived to be successful in all of the countries reporting. The most immediate measure of success noted has been recidivism reductions: In Dublin, for example, recidivism reportedly declined by over 75%; recidivism in the U.S. has also declined, although not to the same extent. Other measures of “success” noted included: the capacity to provide a greater array of services to drug addicts which included, in addition to drug treatment, housing, public health, vocational assistance, etc. The enhanced

credibility of the justice system in terms of taking meaningful action to address a widespread community and public health problem was also noted.

Ø *Costs*

Where statistics have become available, they show that drug courts are significantly less expensive than incarceration which, when combined with the decline in recidivism, indicates a much greater degree of cost-effectiveness.

Ø *Benefits to the Community*

Respondents were universally positive about the benefits that drug courts provide to the communities in which they operate. With the resulting reductions in crime and recidivism, communities where drug treatment courts have been implemented reportedly appear to have become safer places; respondents also saw gains in both the physical and mental health of participants; and, as noted above, there appears to be the perception that community members are expressing greater trust in the criminal justice system.

Ø *Unanticipated Challenges*

Respondents noted that various unanticipated challenges had emerged which, in some instances, affected the degree to which the DTC could be implemented as envisioned. Where expectations of drug court programs were not met, however, few complaints centered around the effectiveness or “fit” of the DTC model. In some jurisdictions, for example, a lack of funding for the relatively new program hampered the efforts of the courts to increase capacity or to be as effective as they might like. In one case, staff turnover and an initial misjudgment of the needs of potential participants were cited as problems. However, none of these developments indicated any fundamental concern over the continued operation of drug treatment courts.

2. Who Participates? When and

How Are Potential Participants Identified?

The DTCs responding to the CICAD survey generally target nonviolent individuals who are addicted to drugs and who are committing offenses either while under the influence of drugs or to procure funds to obtain drugs. In the U.S., DTCs also target persons found in possession of drugs which, in the U.S., is a crime. Violent criminals are generally excluded from program eligibility, as are those offenders involved with organized crime or the drug trade. Several DTC programs noted that they expect potential participants to demonstrate a willingness to participate in the program and make a good-faith effort to improve their situation.

The nature of participants’ substance abuse can vary widely from court to court. The drug courts in Calgary and Dublin deal mostly with offenders who are addicted to methamphetamine, cocaine/crack, heroin, etc. Courts in Jamaica and the United States, as well as in Liverpool, cater to nearly everyone with a significant addiction problem, including alcoholics and marijuana users. The U.S. drug courts also serve individuals addicted to prescription drugs.

Generally, potential participants in the DTCs included in this report are identified at an early stage in the criminal process, usually twelve or fewer days following the initial arrest. One notable exception is the drug court in Dublin, in which eligibility is not determined until after conviction, which can take six months to two years. When DTCs started in the U.S., identification of potential participants generally occurred within a week or two of arrest and “immediacy” was an essential element of the drug court model and incorporated in the “Key Components”.²⁰

²⁰ *Defining Drug Courts: The Key Components*. Bureau of Justice Assistance, 1997. U.S. Department of Justice. www.ojp.usdoj.gov/BJA/grant/DrugCourts/DefiningDC.pdf

However, during the course of the intervening years, the time between arrest and program entry has significantly lengthened – a development which needs prompt attention.

The identification of participants potentially eligible for the responding DTCs is typically made by, or at the advice of, the defense attorney, although law enforcement and public health officials can influence or recommend participation. In the U.S., recommendation by the prosecutor is often a prerequisite.

3. Services Offered

Since drug abuse and dependence is the reason for involvement in the DTC, services offered necessarily focus on related treatment needs. Treating drug dependence means not only attempting to overcome addictions that may have persisted for many years, but also addressing the underlying causes of the addiction, such as prior physical and/or sexual abuse, or mental health disorders. In many cases, drug abuse may have been ongoing in the offenders' lives for decades before contact with the DTC program, presenting both a need for intensive treatment as well as an opportunity for significant positive change.

Treatment services come from a wide array of service providers, including treatment centers, hospitals, NGOs, nonprofit organizations, and public health departments. For example, Chile reports working with a specialized nonprofit institution dealing with adolescents, and focusing on social risk, gender, and culture in one of its pilot programs.

Most programs also reported referrals to other service providers for additional services. In addition to medical services, these most frequently include education and training, employment, and housing. Although drug abuse is at the heart of the problem for offenders involved in the DTC, most programs have come to realize that treating the addiction alone will be ineffective if not also accompanied by services necessary to improve the lives of the individuals involved and prevent their relapse and recidivism.

A number of respondents also reported the desire to expand the range of services currently available to include counseling, child care, and expanded treatment as well as those that would create opportunities for positive alternatives to crime – particularly vocational training and career oriented job opportunities. In the U.S., the need for aftercare services has been critical for most programs. The development of DTC alumni groups is an increasingly frequent phenomenon which, in small part, reflects an attempt to address this need.

4. Legal Issues

While some countries have enacted special drug court legislation and/or regulations (Australia, Bermuda, Norway, for example), others began operating DTCs within the existing legal framework applicable to the traditional adjudication and disposition process for criminal offenses. There is some thought that special legislation provides added legitimacy for these programs, even though it is often not necessary for their functioning.

4. Building Interagency Support

The interdisciplinary nature of DTCs requires ongoing support from the judiciary, other criminal justice officials, attorneys, public health officials, community leaders, and others whose buy-in as well as active assistance is needed. In this regard, a number of the responding DTCs highlighted the importance of regular meetings with local officials, both within the justice system and the community at large, as well as initiating a range of educational opportunities for the public to gain both support for the DTC and understanding of what it was attempting to accomplish. Explaining the logic and evidence in favor of DTCs and what happens to addicts who are left to the traditional process can inform those who are unfamiliar with the model and demonstrate that positive outcomes and effective programs can speak for themselves. Positive evaluations can also convince hesitant or skeptical stakeholders about the merits of

the DTC program. Once there is interagency agreement to participate, involvement in the DTC itself may reinforce faith in its potential, as the effects of this alternative model are witnessed firsthand.

Providing public information and training sessions have been another educational component noted by responding DTCs, particularly regarding the nature of addiction and the value of treatment that can help develop understanding and confidence in the program. Community outreach programs to educate the public have been another important strategy for gaining wider support and encouraging community participation.

6. Preliminary Indicators of Effectiveness

Ø *Evaluative Criteria*

Scientific evaluations appear to be the ultimate tool for gauging program effectiveness, but because so many DTC programs are in their early years, most formal efforts to evaluate them are likewise in their beginning stages. However, numerous outcome evaluations in the United States have shown reduced recidivism and cost savings.²¹ Forthcoming evaluations in other jurisdictions are expected to reveal similar outcomes, given that the programs are based on the same logic model. A number of respondents reported that, although recidivism reduction is the primary goal used to evaluate program effectiveness, other goals are important as well. Curbing or eliminating substance abuse is an obvious example, as this problem is the reason for the establishment of the DTCs. Social functioning indicators, such as obtaining stable housing, employment, and education, and family stabilization have also been important indicators of success.

Ø *Preliminary Findings*

²¹ See Volume Two of this report for a summary of outcome evaluations for U.S. DTCs conducted during the past several years.

All respondents with available data reported reduced recidivism rates among participants in the DTC compared to offenders processed in the traditional criminal justice system. As referenced earlier, Ireland reported figures from two small random assignment studies that showed 75% and 85% reductions in recidivism. Some respondents had comparison figures for the costs for handling offenders in the DTC, compared with the costs in the traditional adjudication process, and reported much lower costs for DTC participants compared to those in the traditional system. Evaluation reports for U.S. DTCs have estimated cost savings ranging from \$3,000 to \$20,000 per drug court participant, based, primarily, on avoided costs of incarceration.

Another notable benefit of DTC participation (besides cost savings) has been the effect of DTC programs on the community. Reductions in recidivism and substance abuse can remove stresses on community services like police and hospital services. Respondents also noted the creation of safer communities resulting from reduced crime. Some also noted that DTC participants gain a chance to be productive members of their communities and, as a result of their increased self-esteem and improved physical health, are better able to find jobs, reconnect with family and friends, and take greater responsibility for their own lives.

7. Challenges

Ø *Obtaining/Maintaining Adequate Funding*

The major challenges faced by drug courts (and new programs in general) often relate to funding and budget concerns. This issue was reflected in most of the survey responses, with several respondents reporting that the difficulty in obtaining or maintaining funding necessarily affected the nature and extent of services they were able to provide. Initial funding has been needed to create pilot programs or otherwise establish DTCs, and consistent financial support has been necessary to keep them going.

*Ø Attracting Adequately Qualified Personnel/
Dealing with Staff Turnover*

Adequate, qualified personnel are essential to supporting drug court operations. Of critical importance is that the judges and other justice system officials who are participating in the program have a solid foundation regarding substance addiction and recovery – topics not generally covered in legal or other training they bring to their positions. Problems with inadequate personnel levels and turnover among those involved with the DTCs were reported by a number of the responding DTCs. Training and retaining knowledgeable personnel is an immediate issue most DTCs need to deal with for a number of reasons, none the least of which is to avoid the costs associated with staff turnover and its potential impact on drug court operations. Where turnover has occurred, special effort has been needed to ensure that the new staff understand the drug court program, how it differs from the traditional criminal case and treatment processes, and the role of the interdisciplinary DTC “team” members in promoting the successful recovery of the participants.

*Ø Having Adequate Resources and
Coordinating Them Efficiently and
Effectively*

There appears to be a general feeling that not enough resources are available. Several respondents specifically expressed the desire – and need – for expanded treatment services, including counseling and aftercare. How to successfully coordinate services from multiple sectors is also a concern. Partnering with other agencies and community organizations to deliver services has frequently brought a host of problems, especially concerning communication and coordination among agencies that have not traditionally worked together in the coordinated manner required by the DTC. Coupled with the strain of inadequate resources (in both funding and personnel), there also appears to be a concern over how to best utilize those resources and services that are available, including who the most appropriate target population(s) should

be in light of this situation. A review is currently underway in Ireland, for example, regarding the lack of resources available to each agency involved in the DTC.

*Ø Gaining Philosophical and Material
Support from the Necessary Stakeholders*

Another major obstacle to establishing and sustaining DTCs has been the challenges of gaining both the philosophical and material support from various stakeholders. Some may be resistant to the drug treatment model, considering the approach too lenient or doubting the legitimacy of substance abuse treatment – often because they lack information and/or understanding regarding the nature of addiction and the potential benefits of well developed and supervised treatment. (Gaining support from these stakeholders can also influence the ability to acquire and maintain adequate funding.) As the DTC model becomes more widely accepted and evaluations continue to reveal positive outcomes, broad support will likely be more easily attained. Ongoing education of stakeholders on the merits and effectiveness of DTCs is crucial.

8. Next Steps

*Ø Making the Development and
Maintenance of a DTC Part of the Local
Government Agenda*

A number of respondents to the EU-LAC CICAD survey noted that their municipality or appropriate local government had not yet become involved with their DTC, either in its planning and implementation or operations. This situation is clearly an item that needs to be addressed promptly in light of the multi-agency services, collaboration and coordination that is needed to effectively deal with addiction. Mayors, for example, are in a key policy setting position to voice support for DTCs and to coordinate the necessary agencies and services essential to bolster DTC efforts to provide the range of treatment, public health, education, housing, family, vocational and other services essential to

promoting their effectiveness.. In many cities or localities, the various agencies needed to support DTCs and the critical public health and community problem they are addressing through provision of needed services -- addiction treatment, mental health,; medical, family,; housing, employment, and/or educational services, for example,—are often administered by the local government, or in close partnership with it. The insertion of DTCs into the local government agenda can therefore help streamline service delivery as well as give all relevant partners a clear stake in the continued success of the program. In recognition of the important role cities can play in promoting and sustaining DTCs, the Lugo Conference for which this report has been prepared culminated with the “Lugo Declaration” reproduced at the end of this report section.

Ø *Collection and Distribution of Empirical Evidence to document the Impact of DTC Activities*

Most, if not all, officials involved in DTC programs recognize that drug dependence is a health and social issue. In many instances, however, policy makers view drug use as purely a criminal justice issue. When use and abuse are not treated properly, with attention to the public health issues they truly represent, the link between drugs and crime is allowed to continue uninterrupted.

The development of empirical evidence-based indicators of the link between dependence and crime, as well as any and all indicators of what DTCs do and their impact will be extremely important to the development and maintenance of adequate community support. Effective data collection and reporting that answer the questions posed by policy makers, program officials, and the general community are also important agenda items for the future. The creation and proper use of data collection efforts is a critical and immediate step DTC programs need to undertake.

Ø *Developing Appropriate Programs for Youth and Young Adults*

An unanticipated issue discovered by several countries as they implemented their respective DTCs has been the need for special services and, in effect, separate drug courts for juveniles. Toronto reported separating youth into other programs because they failed to become integrated into the adult DTC, while Jamaica is in the early stages of exploring the need for a juvenile DTC. A number of DTCs have expressed frustration with the prevalence of drug use and drug-related crime among young people, their lack of responsiveness to the traditional adult DTC model, and the range of what appears to be almost intractable issues that need to be dealt with in any meaningful program to reach them – the inappropriate influences of peers, gangs, unhealthy living/family situations, etc., not to mention their minute-to-minute orientation and sense of invulnerability.

This issue also emerged in the early years of drug court experience in the U.S., with a number of juvenile drug courts being developed alongside special family treatment courts for neglect and abuse cases involving drug involved parents. A related issue that has raised particular attention in the U.S. and is just beginning to be addressed relates to the need to develop specialized programs and services for *young adults* – e.g., individuals who are legally adult (e.g., 18 or over) but developmentally adolescents and for whom adult DTC services appear to be inappropriate. Those programs that appear to have success with adolescent drug users appear to be include a focus on developing the strengths, skills and self esteem of the participant and pay particular attention to the following:

- (1) Developing strategies to motivate the juvenile/adolescent to change, recognizing that juvenile/adolescent substance abusers often lack the "hitting the bottom" motivation that long-term adult substance abusers have -- and often use -- in their recovery process;
- (2) Understanding and anticipating the impact of the complex developmental processes juveniles are undergoing and which are particularly significant for

adolescents -- a few months, let alone a year, can be of great significance to the physical, mental, emotional, and psychological developmental status of a juvenile or adolescent;

- (3) Addressing problems in the juvenile's family and environment that may bear on his or her substance abuse, with particular attention to the juvenile's living situation and peer relationships;

These may include a complexity of family needs -- emotional, economic, medical, psychological, interpersonal, etc. -- that often encircle the specific behavior that has generated the court's instant involvement. Although adult drug courts can require participants to obtain "stable living" situations, most juveniles have little control over their living environments and have great difficulty in altering peer relationships; and

- (4) Developing an appropriate system of sanctions for noncompliance.

While the adult drug court can utilize jail as a sanction, detention of a juvenile drug court participant is not often feasible and often not desirable. Other sanctions involving increased treatment, drug testing, curfews, community service, writing assignments and other strategies will be necessary and, in most cases, more appropriate.

LUGO DECLARATION

DECLARATION OF LUGO ON THE PREVENTION AND TREATMENT OF DRUG USE AND DEPENDENCE

April 23, 2010, Lugo, Spain

DECLARATION OF LUGO ON THE PREVENTION AND TREATMENT OF DRUG USE AND DEPENDENCE

We, European, Latin American and Caribbean city mayors, national policy-makers and experts, meeting in Lugo, Spain in the context of the "EU-LAC City Partnerships in Drug Treatment", recognize that drug demand reduction policies and programs should be comprehensive and long-term, and should be geared to promoting healthy lifestyles, preventing drug use and abuse, providing treatment and rehabilitation for drug-dependent persons, and offering recovery support services in the community.

We have focused our efforts for the last three years on improving drug abuse prevention and treatment policies and programs in our cities.

We have shared out municipal plans for preventing drug and alcohol use, particularly among young people, with community support.

We have also seen the importance of providing in the cities treatment and rehabilitation for drug-dependent individuals.

We have learned, through the assessments we have conducted of the status of drug treatment in our cities, that our drug treatment services and our human resources training can be improved through the exchange of good practices and information among experts from both sides of the Atlantic.

We are most grateful to the European Union for its support and financing of the EU-LAC Drug Treatment City Partnerships over the last three years.

We are also most grateful to the Inter-American Drug Abuse Control Commission (CICAD), Secretariat for Multidimensional Security of the Organization of American States for its leadership in organizing and carrying out this initiative.

We have concluded that drug policies must be based on scientific evidence. This evidence shows us that drug dependence is a chronic relapsing disease that needs professional health care, and the support of local social and welfare services made available by cities.

It is necessary to remove the stigma and social exclusion that are still associated with drug users and drug-dependent people and that impede their recovery and full participation as productive members of the community.

We recognize that since the reasons for drug dependence are complex, therapy and recovery must necessarily also be complex and many-layered.

We are convinced that helping people recover from their illness of drug dependence means drawing on many government and community resources, particularly health care, social welfare, housing, employment and education. Resources invested in recovery services translate into benefits for society as a whole by reducing the costs associated with dependence.

We agree that drug policy works best when it is part of overall social policies, with drug treatment and rehabilitation working hand in hand with social services. An integrated health response to addiction requires a full partnership of government and civil society, in the common mission of improving the lives of every individual and their families.

We are also convinced that cooperation, communication and clear roles for different agencies are key to success in treating drug dependence, whether locally or in the central government.

We welcome the full cooperation of civil society organizations and the private sector in

providing and supporting drug abuse prevention and treatment services for our citizens.

We express our support for international initiatives that build cooperation and exchanges of good practices among the local agencies and individuals, since it is they who work most closely with the people of our cities. We therefore propose to our national Governments that they ensure that their drug policies, particularly in demand reduction, include the promotion and continuation of initiatives such as the EU-LAC City Partnership in Drug Treatment that has brought us together in Lugo.

On behalf of the more than forty cities that have committed to this multilateral City Partnerships initiative in recent years, we express our thanks to the City of Lugo and to its citizens for their work in bringing together the peoples of Europe, Latin America and the Caribbean.

We are committed to translating our transatlantic exchanges of experiences into concrete plans and actions for the future.

We therefore declare that we are formally establishing the EU-LAC City Partnership in Drug Demand Reduction, that will be signed in Coimbra, Portugal in September 2010, geared to promoting public policies, plans and actions to prevent drug and alcohol use and to provide treatment and recovery support services for drug-dependent persons. This EU-LAC Partnership is committed to exchanges of evidence-based experiences in demand reduction, and to the protection of human rights.

Done in Lugo, Spain, April 23, 2010

PART TWO: SURVEY RESPONSES

Responses from the Drug Treatment Courts in the following twelve countries which responded to the CICAD survey as of the date this report went to print are provided in the following section of this report:

- Belgium (Ghent)
- Bermuda (Hamilton)
- Brazil (Rio de Janeiro and Sao Paulo)
- Canada: (Calgary, Alberta and Toronto, Ontario)
- Chile (multiple programs)
- England (Liverpool)
- Ireland (Dublin)
- Jamaica (Kingston and Montego Bay)
- Mexico (Mexico City)
- Norway (Bergen and Oslo)
- Suriname (Paramaribo)
- United States (multiple programs)

Responses are generally reproduced verbatim, although in some instances in which the responses had been translated into English, minor editing has been done with the intent of clarifying the response. We apologize for any errors we may have made in this process.

The sections are organized by topic area, preceded by a brief overview for each topic area providing a summary of the responses submitted. Volume Two of this report provides additional supporting documentation submitted by survey respondents (e.g., legislation, program descriptions, evaluation reports, etc.).

While the information presented in this report focuses primarily upon information provided by survey respondents in the twelve countries responding to the survey, we have included in Volume Two additional information for Drug Treatment Courts in Australia and New Zealand. Although Australian and New Zealand officials were not able to provide a response to the CICAD survey in time for publication, they have instituted a well developed program of Drug Treatment Courts and other therapeutic jurisprudence initiatives. The documentation available for these programs provides a valuable insight into both the structure and impact of these programs. Authorizing legislation as well as program descriptive and evaluative information is provided for the programs in: New South Wales, Queensland, South Australia, Victoria and Western Australia.

Establishing Drug Treatment Courts: Strategies, Experiences and Preliminary Outcomes

Chart 1: Individuals Who Provided Information for the DTC Survey

COUNTRY/CITY	CONTACT(S) NAME	TITLE	AGENCY	ADDRESS	PHONE #	FAX #	EMAIL
BELGIUM/ Ghent	Jorn Dangreau; Annemie Serlippens	Judge Prosecutor	Court of Ghent	Opgeestenaan 401 9000 Ghent	0032.9.234.40.11	0032.9.234.43.02	jorn.dangreau@gmail.com annemie.serlippens@just.fgov.be
BERMUDA/ Hamilton	Gina Hurst- Maybury	Director	Department of Court Services	61 Victoria Street Hamilton, Bermuda	441-294-3045	441-292-3881	ghurst@gov.bm
BRAZIL - Rio de Janeiro	Marcos Kac	Chief Prosecutor of Therapeutic Justice of Rio de Janeiro	Prosecutor's Office of Rio de Janeiro	Av. Marechal Câmara, N° 370/3° AND-Rio de Janeiro— RJ—CEP: 20020-080	55-21-25503794	55-21-25503794	mkac@oi.com.br kac@mp.rj.go v.br
— - Sao Paulo	Mario Sergio Sobrinho	Public Prosecutor	Ministerio Publico Sao Paulo	Rua Ana Benvinda de Andrade, 150, Alto de Santana, S. Paulo, CEP 02403-030	55-11-2281-1800	55-11-2281-1801	picrimisantana@mp.sp.gov.br
CANADA - Calgary, Alberta	Linda Edney	Executive Director	Calgary Drug Treatment Court	604, 620-7 th Ave. SW Calgary, Alberta, T2P 0Y8	403/476-4700	403/476-4701	lindaedney@calgarydrugtreatment court.org
— - Toronto	Paul Bentley	Justice	Ontario Court of Justice	20 Queen St. West Toronto, Canada M5H2M4	416/327-5907 416-573-8540	-	paul.bentley@ocj-cjo.ca
CHILE (multiple)	Lorena Rebolledo Latorre	Lawyer, Unit Specialized in Illicit Traffic of Drugs and Narcotics	General Prosecutor's Office of Chile	General Mackenna N 1369 4to. Piso. Santiago de Chile	56-2-69.09.142	56-2-69.09.150	lrebolledo@minpublico.cl
	Manuel Guerra Fuenzalida	Director, Unit Specialized in Illicit Traffic of Drugs and Narcotics	General Prosecutor's Office of Chile	General Mackenna N 1369 4to. Piso. Santiago de Chile	56-2-69.09.138	56-2-69.09.150	mguerra@minpublico.cl

COUNTRY/CITY	CONTACT(S) NAME	TITLE	AGENCY	ADDRESS	PHONE #	FAX #	EMAIL
ENGLAND/ Liverpool	David Fletcher	His Honour Judge	North Liverpool Community Justice Center	Boundary Street Liverpool, L52QD United Kingdom	00441512983600	-	david.fletcher@hmcourts-service.gsi.gov.uk
IRELAND/ Dublin	¹ Hazel Bell, ² Linda O'Driscoll, ³ Fiona Carolan	¹ Acting Drugs Court Co-ordinator, ² Drug Treatment Court Nurse, ³ Education Coordinator	¹ Courts Services, ² HSE, ³ Drug Treatment Court	¹ Richmond Courts Complex North Brunswick St, Dublin 7; ³ PALC, 1 Parnell Square, Dublin 1	(01) 888-6647; 087-917-0482	(01) 888-6655	hazelmbell@courts.ie linda.odriscoll@hse.ie lindaodriscoll@msn.com
JAMAICA/ Montego Bay and Kingston	Ms. Winsome Henry	Resident Magistrate	Ministry of Justice	St. James Resident Magistrates Court PO Box 321 Montego Bay, St. James, Jamaica	876-952-3323	876-952-3325	winsomehenry-06@hotmail.com
MEXICO/ Mexico City (additional programs in the State of Nuevo León to be implemented shortly)	¹ Luz Maria Garcia Rivas; ² Dr. Jesus Salazar Villegas ³ Demetrio Cadena Montoya	¹ Executive Director for Demand Reduction; ² State of Nuevo León, Director of Mental Health and Addictions ³ Judge	¹ CENAPI, Office of the Attorney General; ² Health Secretariat ³ Addictions Treatment Court	¹ Calle Xochitl s/n Colonia El Reloj Mexico D.F.CP.04640; ² Matamoros 520 Ote. Monterrey, N.L. Mexico ³ Lazaro Cardenas Guadalupe Nuevo Leon, Mexico	¹ 5255-51 69 65 85; ² 5281-8343 4325 ³ 5281-2020623	¹ 5255-5169-6669	¹ luzgarcia@pgr.gob.mx ² jesus.salazarv@gmail.com
NORWAY/ Bergen and Oslo	Mrs. Ingunn Seim						ingunn.seim@kriminalomsorgen.no
SURINAME/ Paramaribo	Mr. Albert Ramnewash	Judge/chairman of the Working Group Drug Treatment Court Ministry of Justice Police	Working Group Drug Treatment Court	Henck Arronstraat 1 Paramaribo, Suriname	00-597-477338/ 473530	00-597-477338	yvonroeplal@gmail.com
UNITED STATES (multiple)	Caroline Cooper	Director	BJA Drug Court Clearinghouse/Technical Assistance Project	Justice Programs Office School of Public Affairs 4400 Massachusetts Avenue N.W., Brandywine Suite 100 Washington, DC 20016-8159	202/885-2875	202/885-2885	Justice@american.edu ccooper@american.edu

Establishing Drug Treatment Courts: Strategies, Experiences and Preliminary Outcomes

Chart 2: Current DTC Judges in the Responding Countries

COUNTRY/ CITY	NAME OF JUDGE(S)	COURT	ADDRESS	TELEPHONE #	FAX #	EMAIL
BELGIUM/ Ghent	Jorn Dangreau	DBK Ghent	Opgeestenaan 401, 9000 Ghent	0032.9.234.46.50	-	Jorn.dangreau@gmail.com
BERMUDA/ Hamilton	Wor. Juan Wolffe	Magistrates' Courts	Parliament Street, Hamilton	-	-	jwolffe@gov.bm
BRAZIL - Rio de Janeiro - Sao Paulo	--- (1) Sandra Santarém Cardinali ¹ (2) Ivo de Almeida (São Paulo State) ² (3) Flavio Fontes ³ (Rio Grande do Sul State) ⁴ (Other information) ²²	--- (1) Il Juizado Especial Criminal ¹ Promotoria de Justiça Criminal de Santana ² (2) Court 2a Vara Criminal de Santana (3) (Pernambuco State—Recife) ³ (Rio Grande do Sul State—Porto Alegre) ⁴	--- (1) *see footnote Cardinali ²³ (São Paulo) ²⁴ (2) Avenida Engenheiro Caetano Alvares, 594, Lima, Sao Paulo, CEP 02546-000 _3 _4 _3 _4	--- (1) (0xx21) 3133- 2000 ¹ 55 – 11 – 2281.1800 ² (2) 55-11-3851- 2525 _3 _4	--- (1) (0xx21) 3133-2000 ¹ _2 (2) --- _3 _4	_1 (1) pjcrimsantana@mp.rs.gov.br (2) inesbbarbosa@tj.sp.gov.br (3) flavioafl@uol.com.br _4

²² For other information on Brazilian drug courts, see “Therapeutic Justice Program—Brazil: Partial data in 4 States” in Volume Two of this report, “Program Descriptive Information”. Information courtesy of Carmen Co-Freitas.

²³ Av. Erasmo Braga, 115-Centro/CEP: 20020-903

²⁴ Rua Benvinda de Andrade, 150 Bairro Santana ZC: 02403-030 São Paulo – SP

COUNTRY/ CITY	NAME OF JUDGE(S)	COURT	ADDRESS	TELEPHONE #	FAX #	EMAIL
CANADA/ Calgary, Alberta	James Ogle	Provincial Court of Alberta	Calgary Court Center 601 5 th St. SW Calgary, AB, T2P 5P7	403-297-3156	403-297-5287	James.ogle@albertacourts.ca
	Paul Bentley	Ontario Court of Justice	60 Queen St. West Toronto, Canada	4163275840	-	Paul.bentley@ocj-cjo.ca
CHILE (multiple)	Ricardo Leyton Pavez ¹ Carlos Muñoz Sepúlveda ² Silvia Quintana Ojeda ³ Loreto León Pinochet ⁴ Alberto Amiot Rodríguez ⁵ Rodrigo García León Paulo Orozco López	Iquique Criminal Court ¹ Antofagasta Criminal Court ² Valparaíso (I Criminal Court) ³ Viña del Mar (I Criminal Court) ⁴ 2Santiago Criminal Court ⁵ 2 Santiago Criminal Court 2 Santiago Criminal Court	*see footnote Pavez ²⁵ Sepúlveda ²⁶ Ojeda ²⁷ Pinochet ²⁸ Santiago and Colina Courts ²⁹	(56-57) 581000 ¹ (56-55) 652224 ² (56-32) 2320900 ³ (56-32) 2327800 ⁴ 2 CC Santiago: (56-2) 5872100 3 CC Santiago:		igiquique@pjud.cl chmunoz@pjud.cl squintana@pjud.cl lleon@pjud.cl aamiot@pjud.cl ragarcial@pjud.cl porozco@pjud.cl

²⁵ Patricio Lynch 60. Iquique

²⁶ San Martín 2836. Antofagasta

²⁷ Victoria 3022. Valparaíso

²⁸ Álvarez 1330. Viña del Mar

²⁹ Santiago and Colina Court Addresses:

2 CC Santiago: Av. Pedro Montt N 1606. Santiago. Edificio E, 8 piso.

3 CC Santiago: Huérfanos 1219, 1er. Piso.

5 CC Santiago: Huérfanos 1219, 6to. Piso.

6 CC Santiago: Huérfanos 1219, 5to. Piso.

7 CC Santiago: Av. Pedro Montt N 1606. Santiago. Edificio E, 4 piso.

Colina Criminal Court: Carretera General San Martín N 521, Colina.

4 CC Santiago: Av. Pedro Montt N 1606. Santiago Edificio E, 7 piso.

8 CC Santiago: Av. Pedro Montt N 1606. Santiago Edificio E, 7 piso.

13 CC Santiago: Huérfanos 1219, 2do. Piso

14 CC Santiago: Huérfanos 1219, 3er. Piso.

10 CC Santiago: Av. Pedro Montt N. 1606 Santiago. Edificio E, 3 piso.

11 CC Santiago: Av. Pedro Montt N. 1606 Santiago. Edificio E, 5 piso.

12 CC Santiago: Av. Pedro Montt N. 1606 Santiago. Edificio E, 10 piso.

15 CC Santiago: Av. Pedro Montt N. 1606 Santiago. Edificio E, 9 piso.

COUNTRY/ CITY	NAME OF JUDGE(S)	COURT	ADDRESS	TELEPHONE #	FAX #	EMAIL
CHILE (cont.)	Paola Robinovich Moscovich	3 Santiago Criminal Court	San Bernardo Courts ³⁰ 1 st Santiago Criminal Courts ³¹	(56-2) 5872200		probinovich@pjud.cl
	Pedro Advis Moncada	3 Santiago Criminal Court		5 Santiago:		padvis@pjud.cl
	María Fernanda Sierra Cáceres	3 Santiago Criminal Court		(56-2) 5872400		msierra@pjud.cl
	Paulina Gallardo García	5 Santiago Criminal Court		6 CC Santiago:		pgallardo@pjud.cl
	Judith Guzmán Martínez	5 Santiago Criminal Court		(56-2) 5872500		jguzman@pjud.cl
	Carlos Gutiérrez Moya	5 Santiago Criminal Court		7 CC Santiago:		cgutierrez@pjud.cl
	Isabel Pastran Castro	6 Santiago Criminal Court		(56-2) 5872550		ipastran@pjud.cl
	Tatiana Escobar Meza	7 Santiago Criminal Court		Colina CC:		tescobar@pjud.cl
	Carla Capello Valle	7 Santiago Criminal Court		(56-2) 5874100		ccapello@pjud.cl
	Ema Novoa Mateos	Colina Criminal Court		4 CC Santiago:		enovoa@pjud.cl
	María Carolina Herrera Cortés-Monroy	4 Santiago Criminal Court		(56-2) 5872300		mherrerac@pjud.cl
	Carolina Andrea Araya Hernández	4 Santiago Criminal Court		8 CC Santiago:		caaraya@pjud.cl
	Ely Cecilia Rothfeld Santelices	8 Santiago Criminal Court		(56-2) 5872600		
	Alicia Gemma Rosende Silva	8 Santiago Criminal Court		13 CC Santiago:		erothfeld@pjud.cl
	Verónica Alejandra Sepúlveda Briones	13 Santiago Criminal Court		(56-2) 5873000		arosende@pjud.cl
	Valeria Magdalena Vega Sepúlveda	13 Santiago Criminal Court		14 CC Santiago:		vsepulveda@pjud.cl
	Andrea Cecilia Acevedo Muñoz	14 Santiago Criminal Court		(56-2) 5873100		
	Carla Paz Troncoso Bustamante	14 Santiago Criminal Court		10 CC Santiago:		vvega@pjud.cl
	Aholibama Morales Cáceres	14 Santiago Criminal Court		(56-2) 5873800		
	Macarena del Carmen	14 Santiago Criminal Court		11 CC Santiago:		aacevedo@pjud.cl
				(56-2) 5872900		
				12 CC Santiago:		ctroncoso@pjud.cl
				(56-2) 5872950		
				15 CC Santiago:		amorales@pjud.cl
				(56-2) 5873200		mdtroncoso@pjud.cl
				Puente Alto CC:		

Puente Alto CC: Av. Concha y Toro 1723. Puente Alto. (No exclusive Judge for the program has been appointed yet. The hearings are directed by the on-duty Judge, according to the model.

³⁰ San Bernardo Courts Addresses:

Urmeneta 330. San Bernardo.

³¹ Av. Pedro Montt N 1606. Santiago. Edificio E, 6 piso.

COUNTRY/ CITY	NAME OF JUDGE(S)	COURT	ADDRESS	TELEPHONE #	FAX #	EMAIL
	Troncoso López Maritza Vásquez Díaz Maria Eugenia Masihy Cattán Jorge Eduardo Sáez Martín María Angélica Rosen López Daniela Guerrero González ⁶ Arturo Klenner Gutiérrez ⁶ Pilar Aravena Gómez ⁷ Isabel Zúniga Alvayay ⁷	10 Santiago Criminal Court 11 Santiago Criminal Court 12 Santiago Criminal Court 15 Santiago Criminal Court San Bernardo Criminal Courts ⁶ San Bernardo Criminal Courts ⁶ 1 st Santiago Criminal Court ⁷ 1 st Santiago Criminal Court ⁷		(56-2) 5874300 San Bernardo CC: (56-2) 5874400 1 st Santiago CC: (56-2) 5872000		mrvasquez@pjud.cl mmasihy@pjud.cl jsaez@pjud.cl mrosen@pjud.cl dvguerrero@pjud.cl aklenner@pjud.cl paravena@pjud.cl izuniga@pjud.cl
ENGLAND/ Liverpool	David Fletcher	North Liverpool Community Justice Centre	Boundary Street Liverpool, L5 2QD United Kingdom	00441512983600		David.fletcher@hmcourts-service.gsi.gov.uk
IRELAND/ Dublin	Bridget Reilly	District Court Judge Court 54 (DTC)	Richmond Courts Complex North Brunswick St. Dublin 7	-	-	-
JAMAICA/ Montego Bay Kingston	Vivienne Harris Stephane Jackson-Haisley Winsome Henry	St. James' Magistrates' Court Resident Magistrates' Court	PO Box 321 St. James Half Way Tree Kingston 10	876-952-3323 876-922-8300	876-952-3325 876-940-5401	vivienejh@hotmail.com sajhaisley@yahoo.com winsomehenry-06@hotmail.com
MEXICO/ Mexico City (five additional programs in the state of Nuevo Leon to be implemented shortly)	Demetrio Cadena Montoya	Addictions Treatment Court	Lazaro Cardenas Guadalupe Nuevo Leon, Mexico	5281-2020623	-	-
NORWAY/ Bergen and Oslo	N/A	N/A	N/A	N/A	N/A	N/A

COUNTRY/ CITY	NAME OF JUDGE(S)	COURT	ADDRESS	TELEPHONE #	FAX #	EMAIL
SURINAME/ Paramaribo	Mr. Albert Ramnewash	Court of Justice	Grote Combeweg	00 597 473530	00 597 425234	yvonroeplal@gmail.com
UNITED STATES (multiple)	Over 2,000 - See footnote ³²	See footnote ⁸	See footnote ⁹	See footnote ³³	See footnote ⁹	See footnote ⁹

³² There are currently approximately 2,150 Drug Courts operating in the United States of America, located in all 50 states, the District of Columbia, the Northern Mariana Islands, Puerto Rico, Guam, and in 117 tribal courts. The number of judges currently presiding over drug courts in the U.S. is over 2,000.

³³ Contact information for drug court judges in the United States can be obtained from the Bureau of Justice Assistance, Drug Court Clearinghouse Technical Assistance Project at American University Justice Programs Office at the School of Public Affairs. Address: Justice Programs Office, School of Public Affairs, American University, 4400 Massachusetts Avenue, NW, Brandywine #100, Washington, D.C. 20016-8159. Tel: 202-885-2875, Fax: 202-885-2885, Email: justice@american.edu

I. DTC BACKGROUND INFORMATION

A. DATE DTC PROGRAM BEGAN, TOTAL NUMBER OF SUCCESSFUL/ UNSUCCESSFUL PARTICIPANTS, CURRENT ENROLLEES; WHETHER NUMBERS WERE CONSISTENT WITH EXPECTATIONS

OVERVIEW:

Start dates for reporting programs ranged from 1989 (US) and 2001 (Bermuda, Ireland and Jamaica) to the 2008-09 period (Belgium, Mexico and Suriname). Total numbers of enrollees in the responding programs was over 3,700 plus an estimated 750,000 participants in the US. In addition to the estimated 250,000 current participants in US programs, an estimated 500 individuals are currently participating in the other reporting programs and an additional 500 individuals are reported to have graduated in addition to the estimated 250,000 graduates in U.S. programs. Although some programs indicated the level of participation was consistent with or exceeded expectations, others reported the number was lower, primarily due to funding shortages, delays in start-up, and fewer referrals than anticipated.

SURVEY RESPONSES:

Chart 3: Total Enrollment, Graduates, Terminations, Current Participants and Whether Numbers are Consistent with Expectations

COUNTRY/CITY	DATE PROGRAM BEGAN	TOTAL NUMBER WHO HAVE EVER ENROLLED IN DTC PROGRAM	TOTAL NUMBER WHO HAVE SUCCESSFULLY COMPLETED THE PROGRAM	TOTAL NUMBER WHO WERE TERMINATED UNSUCCESSFULLY	TOTAL NUMBER WHO ARE CURRENTLY ENROLLED	ARE NUMBERS CONSISTENT WITH EXPECTATIONS?
BELGIUM/ Ghent,	May 2008	378	89	51	140 + 98 in absence of accused- can still be opposed	Yes
BERMUDA/ Hamilton	October 2001	80 ³⁴	15	40	19	No ³⁵
BRAZIL - Rio de Janeiro	-	1500	326	487	680	No ³⁶
- Sao Paulo	-	1180	Unknown	Unknown	120 during 2009	Yes
CANADA	May	27	3	7	16	No ³⁷

³⁴ An additional 30 observed the programme for possible admittance.

³⁵ No, there was a lag in admittance for at least a two year period, as a result of the perception there was not ample substance abuse treatment available by the then sitting magistrate.

³⁶ No. I understand that there is a lack of better structure and better knowledge of the drug courts. We also need a greater number of drug courts and appropriate locations for treatment.

³⁷ No, due to very limited funding along with no committed funding beyond a year by year basis, this program has not been able to establish any consistent programming due to the inability to hire adequate and qualified staff, along with the inability to do any type of long-term planning due to funding uncertainties. This has limited the number of participants we can accept, as well as limited where we initially could send them for treatment.

COUNTRY/CITY	DATE PROGRAM BEGAN	TOTAL NUMBER WHO HAVE EVER ENROLLED IN DTC PROGRAM	TOTAL NUMBER WHO HAVE SUCCESSFULLY COMPLETED THE PROGRAM	TOTAL NUMBER WHO WERE TERMINATED UNSUCCESSFULLY	TOTAL NUMBER WHO ARE CURRENTLY ENROLLED	ARE NUMBERS CONSISTENT WITH EXPECTATIONS?
- Calgary/Alberta,	2007					
- Toronto,	-	1812	125	N/A	85	-
CHILE (multiple)	2004	482	118	218	145	Yes ³⁸
ENGLAND/ Liverpool	2005 ³⁹	106	31	29	46	-
IRELAND/ Dublin	January 2001	374	29	131	32	No ⁴⁰
JAMAICA/ Montego Bay and Kingston	2001	392	171	173	16 –Montego Bay (+ 5 being assessed 5 - Kingston	No ⁴¹
MEXICO/ Mexico City (additional five programs in the state of Nuevo	August 2009	8	0	0	8	- ⁴²

Our current enrollment of 16 participants has brought us to our maximum capacity given our funding and our court time etc.

³⁸ In Chile there are eight jurisdictions with DTCs, nineteen courts working under the model and a pilot program for adolescent population, by which it is necessary to differentiate among the DTC corresponding to adult population.

DTC: The program in general has had the expected results; therefore it has been validated inside the criminal justice system, and by this way, [increasing the number of diversion cases referred].

Note on the Pilot DTC for adolescent population: Nevertheless, the current number of adolescents in the program is not related to the great number of benefited population (relating to the number of adolescents that enters to the criminal system). The program allows to deliver a high quality, integral and adequate response to the specific needs of each one of the adolescents and, on the other hand, has managed to maintain a constant flow of adolescents in the program, with an adherence that fluctuates between 80 and 90%. Particularly, this number refers to the type of crimes that enters to the program, and the restrictions that the own conditional suspension of the procedure imposes (referred to the absence of in force conditional suspensions and the absence of previous convictions).

³⁹ Program began in September 2005, but figures only available from 2008.

⁴⁰ We hoped to have a minimum of 100 participants during the first year of the pilot project, and the same number of referrals for each year after, so referrals are lower than we would have hoped.

⁴¹ i. Initially clients more suitable for residential programme were admitted

ii. Staff turnover

iii. Budget constraints

⁴² As this is the start of the pilot program, provision has been made for 5 participants on average each month. This is because to begin with the first court will be confined to a single judicial district and initially encompass only the municipality of Guadalupe, N.L. As more courts are granted jurisdiction over these matters the enrollment rate in the program will rise.

COUNTRY/CITY	DATE PROGRAM BEGAN	TOTAL NUMBER WHO HAVE EVER ENROLLED IN DTC PROGRAM	TOTAL NUMBER WHO HAVE SUCCESSFULLY COMPLETED THE PROGRAM	TOTAL NUMBER WHO WERE TERMINATED UNSUCCESSFULLY	TOTAL NUMBER WHO ARE CURRENTLY ENROLLED	ARE NUMBERS CONSISTENT WITH EXPECTATIONS?
Leon to be implemented shortly)						
NORWAY/ Bergen and Oslo	January 2006	101	12	-	-	- ⁴³
SURINAME/ Paramarib	May 15, 2009	- ⁴⁴	-	-	-	-
UNITED STATES (Multiple)	August 1989	750,000+ ⁴⁵	250,000+ ⁴	~ 50% ^{4,46}	~ 70,000	Exceeded Expectations ⁴⁷

B. BACKGROUND LEADING UP TO THE DEVELOPMENT OF THE DTC

Question: *What was the situation leading to the development of the DTC?*

OVERVIEW:

Most of the respondents to this question noted that they were trying to find alternatives to incarceration for offenders who are drug abusers. Some programs added that this was the result of the high volume of crime being committed by drug users. Other underlying issues were lack of drug rehabilitation or treatment available for drug addicted offenders through the criminal justice system and recycling of addicted offenders through the system, causing jail overcrowding. Some of the

⁴³ It is a big challenge finding the right persons for the program.

⁴⁴ Please note that the Drug Treatment Court project is finalized. However, the project still has to be approved and also the national legislature and the budget to implement the project.

⁴⁵ These are estimates: precise statistics are not available on a national basis.

⁴⁶ On average, various evaluation reports indicate that approximately 45 -50% of program participants who enter the drug court complete the program and the balance are terminated for various reasons – some do not comply with program conditions and/or are arrested on a new charge; some are transferred to more intensive programs; a small percentage (2-3% die). Although the overall drug court concept is shared by all drug court programs in the U.S., individual programs differ in terms of their operational procedures, populations targeted, and nature and extent of services provided. There are also no uniform requirements among programs regarding eligibility criteria, program participation requirements and/or conditions resulting in termination. For this reason, termination rates vary significantly among individual drug court programs.

⁴⁷ When the Miami drug court opened in August 1989, there was no expectation the program would command such extensive interest locally, that so many defendants would want to participate or that the program would become a model that was adapted and replicated throughout the country. So the number of participants in U.S. drug courts – as well as the number of drug courts implemented – has far exceeded any thoughts local Miami officials contemplated. Not only have the number of participants far exceeded the contemplated participation but so have the nature and extent of services developed to serve the drug court participants. Initially only substance abuse, acupuncture and drug testing were contemplated. However, as it became evident to program officials that substance abuse was but the *presenting* problem of most participants and that, in addition to substance abuse treatment, a range of other services were needed – housing, mental health, vocational training, educational/literacy, and many others – these services were added as critical ancillary components of the drug court program.

programs (Suriname, Norway and Canada (Calgary)) responded that the DTC was a result of their governments' inquiry into the need, effectiveness and cost of implementing a Drug Treatment Court. **SURVEY RESPONSES:**⁴⁸

Belgium: On the level of the public prosecutor, we started a pilot project in 2005 to be able to divert people who only abuse drugs and commit no other crimes, directly to the treatment centre without bringing them before court. We started cooperation between justice and the treatment side, and ongoing this project we felt the need for a different approach on court level too. Normal court procedures have little results, especially for drug abusers who need an immediate reaction. We wanted to move towards a more solution focused judging system.

Bermuda: The Government of Bermuda undertook a commitment to provide a more comprehensive response to working with offenders and instituted the Alternatives to Incarceration initiative. Under the Alternatives to Incarceration initiative, the Bermuda Drug Treatment Court Programme was the forerunner. The Bermuda Drug Treatment Court embodies the spirit of maintains offenders in the community, utilizing treatment programmes and services to equip them with the skills to become contributing members of society.

Brazil:

Rio de Janeiro: The primary situation to increase drug courts is to increase the number of participants, as well as specific locations for performing the treatment.

Sao Paulo: Drug abuse has been responsible for increasing criminality also in Brazil. Knowing that incarceration do not solve the criminality associated to drug abuse, the Therapeutic Justice Program (as DTC is named in Brazil) began a real possibility to offer another kind of alternative to the drug abuser offenders. It was very important to start the program since this population is very badly assisted in Brazil – usually they do not receive any kind of social support (health, education, welfare...) and being submitted to the criminal justice system is an opportunity to treat the cause of their problem: the drug abuse.

Canada:

Calgary: There was a call for funding proposals for expanded federal funding to new drug treatment courts in Canada. Judge Pepler formed a steering committee of interested stakeholders to work on preparing this proposal. Despite the ultimate failure of the Calgary group's proposal to receive federal funding, the Steering Committee continued to pursue other funding sources that allowed them to start a pilot project for the Calgary Drug Treatment Court. This has grown into what is now a 2 year program that continues to work on achieving long-term committed funding.

Toronto: Little or no treatment available for drug abused offenders. They were simply sentenced to jail and then recycled through the justice system.

Chile: The first DTC started in the city of Valparaíso. A group of judges, prosecutors and defense attorneys were interested in implementing it after a seminar organized by Fundación Paz Ciudadana (Civic Peace Foundation) and the Embassy of the United States⁴⁹.

⁴⁸ Note: Although every attempt was made to keep the same formatting and language used by the survey respondents, in some cases editing was necessary to clarify meaning.

⁴⁹ "Conceptos", Fundación Paz Ciudadana, June 2006. Author. Catalina Droppelmann R.

Ireland: The DTC was set up as a response to the high level of crime being carried out by drug users, predominantly in Dublin, and to stop the cycle of recidivism by drug users.

Jamaica: Recognition that addiction to substances was an illness and incarceration alone did not treat the problem as evidenced by recidivism:

- Incarceration for minor drug related offences, overcrowding of jail with no adequate provision for treatment;
- No formal judicially monitored non-residential program was available;
- The development of Jamaica as a trans-shipment port for meeting the needs of substances abusers in North America and Europe. This also created a local demand for cocaine as the island became over supplied with the illicit substance;
- Jamaica became signatory to a number of international and regional treaties aimed at the reduction in the supply of illicit substances.

Mexico: The level of drug-related crime in Mexico has brought about the need to develop strategies whose basic aim is progressively to clean up society in the whole country through the reform of substantive criminal laws in the different states of the Republic. In this context, the core factors that have prompted a revised approach to judicial procedures in the light of new nonadversarial tendencies are as follows:

- High incidence of crime committed by persons under the influence of drugs;
- Overcrowding of prisons with inmates who have yet to be convicted or are serving short sentences;
- High incidence of drug use in prisons;
- Few prisons with drug rehabilitation and treatment programs;
- Acknowledgement that the adversarial model is not the solution in cases connected with drug use;
- Increase in cases associated with social problems that impact on the family.

Norway: In Norway there were established a working group with participants from different ministries in the government. Their mandate was to make a report on whether the Drug Court system should be implemented in the Norwegian legal system or not, and if so: how to implement it. The report was presented in September 2004, and the conclusion was that the results from other drug-court countries were so good that this was something Norway should try. The report suggested that the court should lead the drug treatment program.

Suriname: The main object of the mentioned Working Group was to prepare a Drug Treatment Court project for Suriname on the following areas: the legal system, the national legislation, and professional staff in health care, Detox institution, treatment care and resocialisation of drug addicts committing minor offenses. Please also note that a 3 day Workshop Drug Treatment Court was organized in Paramaribo, Suriname in October 2009 with the cooperation of OAS/CICAD/ EU/LAC and the CITY partner Ghent, Belgium. The Working Group Drugs Treatment Court was also advised on legal treatment area by judge Mr. Jorne Dangreau and prosecutor Mrs. Annemiek Serlippens from Ghent Belgium. Finally several meetings and visits were also organized for institution, Ministries, treatment institutions and, Psychiatric centres. Please note that the project still has to be approved by the Government.

UK: Liverpool: High levels of crime and of depravation in target area.

US: The drug court in Miami was started as a result of a surge in drug arrests, coupled with an overcrowded jail that precluded detaining defendants following arrest until their case could be disposed of, with the result that drug offenders were being released following arrest and continuing to use drugs and commit crime.

C. SPECIFIC GOALS ESTABLISHED FOR THE DTC AND DEGREE TO WHICH THEY HAVE BEEN ACHIEVED

1. Goals for The DTC

Question: *Were specific goals developed for the program to achieve? If so, what were they?*

OVERVIEW:

All programs responded that their main goal was to diminish the criminal recidivism associated with abuse or dependence on drugs. Providing rehabilitation through treatment programs for drug addicts was the second most frequently cited goal that programs hoped to achieve. Many programs also cited the goal of having drug addicting offenders become law abiding and productive citizens of the community, referencing various social reintegration services being provided by the DTC, such as vocational skills, education, community based programs, etc., enabling graduates to function as law abiding citizens and become productive members of society.

SURVEY RESPONSES:

Belgium: A better and swifter response to criminal behavior by drug abusers. By tackling the underlying drug problem, we want to avoid new criminal facts.

Bermuda: Yes.

Brazil:

Rio de Janeiro: The major victories were in the legal field to encourage more actors of justice to apply the program of Therapeutic Justice.

Politically, the leaders do understand the importance of Therapeutic Justice as a form of mediation of conflicts and to further the falling crime rate.

Sao Paulo:

- (1) To engage drug abuse offenders into treatment;
- (2) Since the justice system could not count to the public health system, one of the main goals were to bring AA, AE and NA as partners of the program, so they could receive justice demand.

Canada:

Calgary: The program was designed to offer chronic, untreated addicts who were responsible for committing a disproportionate amount of crime due to their addiction, an opportunity.

Toronto: Reduce criminal behavior, criminal behaviour and have them become productive members of society.

Chile: Rehabilitation: through treatment programs for criminal offenders that present problematic use of drugs. The elimination or decrease of the consumption is sought:

- Social and Labor Reintegration: that is to say, reinsert the participant in society, providing him/her the opportunity to work;

- Decrease recidivism: this is the main objective, that includes the two previous ones, that is to say, the participant is rehabilitated, eliminating the drug use of his/her life and in this way he/she will not commit new crimes.

Ireland: STATEMENT OF PURPOSE: To provide offenders with Court-Supervised treatment and direction through a multi-agency approach, enabling them to address their offending and addiction and lead a more positive life-style.

Jamaica:

- To reduce the level of criminal activity resulting from drug use/dependency;
- To provide assistance and enabling graduates to function as law abiding citizens;
- To reduce recidivism.

Mexico: Mission: The purpose of the Addictions Treatment Court is to encourage the rehabilitation of the accused and a reduction in criminal recidivism associated with abuse of or dependence on drugs or alcohol, in order to bring about their reintegration in society.

Bearing in mind the conditions that led to the introduction of a first pilot program in Mexico City, the following objectives of that program should be mentioned:

- Enrich the justice system with models that combine instruments that permit the application of specialized treatment of addictive conduct and emotional and behavioral disorders in offenders;
- Reduce criminal recidivism rates as well as the incidence of drug use, by providing treatment to drug-using offenders;
- Encourage addicts who are first-time misdemeanor offenders to become rehabilitated in exchange for having their criminal record expunged;
- Promote job or educational re-entry for addicts;
- Promote the participation of defendants in community-based programs;
- Strengthen public security efforts through the use of a non antagonistic approach by the prosecution and the defense, protecting the right of participants to due process of law;
- Involve the social services, improving the use of judicial funds;
- Reduce court caseloads with respect to misdemeanors;
- Reduce rates of domestic violence;
- Reduce overcrowding in prisons;
- Reduce judicial and prison costs.

Norway: The aim of the drug treatment court is to reduce or eliminate offenders' dependence on drugs and to reduce the level of drug-related criminal activity.

Suriname: Yes, Amendment of the national legislation regarding drug addicts committing minor offenses.

UK: Liverpool: To raise public confidence and reduce reoffending.

US: The initial goals for the Miami Drug Court were to (1) reduce the recurring crime drug arrestees were committing prior to trial; (2) provide intensive outpatient treatment services for drug offenders promptly after arrest; and (3) significantly enhance the court's supervision over the pretrial drug offending population, through both frequent and regular court hearings. However, very soon after the program began it became apparent that drug addiction was but the presenting problem for most program participants and that, in addition to drug treatment, an array of other services needed to be provided (e.g., education, housing, medical, vocational, family, and others) in order to enhance the likelihood program participants could remain in and successfully complete the program. These same

goals as well as necessary service enhancements have been adopted by all other drug courts in the U.S.

2. Degree to Which DTC Goals Have Been Achieved

Question: *To what degree to you feel these goals have been achieved?*

OVERVIEW:

Most of the programs stated that their goals had been put into action and they are seeing positive outcomes and getting affirmation from various stakeholders. There has been increased co-ordination between stakeholders, increased public confidence, and positive experiences among both graduates and non-graduates. Chile and Mexico noted that measuring the achievement of goals has been difficult to evaluate, due to the lack of completed evaluation reports in each of the countries. Mexico further indicated that no evaluation report had been conducted as of yet, because the program was only recently initiated.

SURVEY RESPONSES:

Belgium: As we started in 2008, the scientific evaluation is going on. We feel that the problem solving system is working much better for this kind of offenders and the ongoing court supervision makes the difference with the classical approach.

Bermuda: NA

Brazil:

Rio de Janeiro: In Brazil, the Therapeutic Justice program is still emerging, but has a long way to go; therefore, much more success will come.

Sao Paulo: When the offenders accepts the “treatment” proposal (actually attend AA, AE and NA meetings) and when we felt that our partners were really committed to the Program.

Canada:

Calgary: NA

Toronto: Very successful for many who entered the programme, even for those who did not necessarily graduate.

Chile:

Rehabilitation: The tools that the model provides have been applied. In this way, periodic judicial supervision and treatment programs have been provided for the users.

Social and Labor Reintegration: As part of the "integral" rehabilitation process, the treatment providers have involved the participant to different available social networks. Likewise, it has been supplied them training, labor workshops and leveling courses for their studies.

Recidivism: It has not been able to be measured because the lack of evaluation for the program.

Ireland: Goals being achieved within constraints, like the low numbers of entrants, and the participant’s socio-economic backgrounds.

Jamaica: Currently on goal achievement path. With increased co-ordination between stakeholders, budget security and stable staffing, more will be accomplished.

Mexico: Since this is a recently initiated pilot program no evaluation of results has yet been conducted. Under an agreement concluded on February 10, 2010, between the Secretary of the Interior of the State of Nuevo León and the President of the Court of Justice of the State of Nuevo León, five more specialized Addictions Treatment Courts will be opened in the Municipality of Monterrey, the State Capital. Treatment will be provided under the coordination of the Department of Mental Health and Addictions of the Health Secretariat of Nuevo León. The State of Nuevo León will thus have six Addictions Treatment Courts.

Norway: NA

Suriname: Please note that the project still has to be implemented.

UK: Liverpool: Reoffending has decreased and public confidence in the systems ability to deal with this type of offender has increased.

US: These goals have been achieved and continue to be achieved based on the numerous outcome evaluation reports that have been conducted of U.S. drug court programs.

D. NATURE OF ADDICTION PRESENTED BY DTC POPULATION

Question: Please describe generally the nature and extent of drug addiction among participants in your DTC (i.e., types of drugs used, length of drug use, associated physical and/or mental health conditions, etc.)

OVERVIEW:

Most of the programs report that Cocaine and Heroin are the most common drugs of choice, followed by poly-drug addiction, methamphetamine and alcohol. The consensus among all respondents was that offenders get initiated during their adolescence to drug use and their quantity and assortment grows of drugs used over time frequently increases. Most respondents also noted that there has been an increase in co-occurring disorders, e.g., both substance addiction and mental health problems.

SURVEY RESPONSES:

Belgium: heroine, cocaine, amphetamine, alcohol, from 1 to 20 years; often double diagnoses; hepatitis, teeth problems.

Bermuda: Most use cocaine and marijuana and have none so over an extended period; we are seeing more dually-diagnosed clients and have expanded collaboration with mental health providers. We are seeking to implement a Mental health Treatment Court Program.

Brazil:

Rio de Janeiro: Mostly cocaine and crack that is a garbage extract of cocaine.

Sao Paulo: Substances more prevalent: alcohol, marijuana, cocaine and crack.

Canada:

Calgary: The typical profile of our men is that they have had extensive histories of severe addiction to one of the following drugs; crack/cocaine; crystal-meth and or heroin. They have typically had a lengthy involvement with crime; although there is a range of this, and we are also taking younger and less seasoned criminals in the hopes of intervening in their lives sooner. For our women, there is a strong association with having worked on the streets in prostitution to support their habit, and most come with an extensive history of trauma.

Toronto: cocaine, oxycontin, meth all for many years.

Chile: The participants of the DTC are people which present a problematic consumption of drugs, mostly poly-consume (base cocaine, marijuana, alcohol), with a moderate to severe compromised bio-psychosocial problems related to the drug addiction. The quantity of consumption grows in time, being a process normally initiated in adolescence. Before starting the treatment, a high physical damage, in some cases malnutrition it is able to be seen. Likewise, the mental condition is affected, sometimes showing traces of organic damage.

Ireland: The majority of our participants have a lengthy history of addiction before being referred to the DTC. They are generally polydrug users, usually starting with cannabis and alcohol use at a very young age (10-15yrs) and then progressing to other drug use, such as ecstasy and benzodiazepine use, on then to harder drug use such as heroin and cocaine. The main drug of choice is heroin, which is largely reflective of the catchment area in which the participants reside, which is socially disadvantaged area of Dublin. The average age of first heroin use is 17yrs approx, with cannabis being the first drug use at 14yrs approx. The majority of our participants (approx 80%) are in receipt of treatment at the time of entering the DTC programme and the average age of presenting for treatment is 21yrs. There is also a percentage that has alcohol addiction as well as addiction to other drugs, which presents particular challenges. Among injecting drug users, approx 80% have Hepatitis C and we generally have a further 5-10% at any time that have co infection with HIV also. I would estimate that between 10% -20% of our participants at any one time have dual diagnoses also (mental health difficulties as well as addiction).

Jamaica: Marijuana, crack-cocaine and alcohol. Length of addiction ranges from 1 year to 20 years. Some participants have been noted to suffer from depressive episodes and physical withdrawal symptoms.

Mexico: Abuse of and dependence on narcotics, stimulants, psychotropic drugs, or inhaled, hallucinogenic, or toxic substances that are addictive or habit-forming; Dually diagnosed patients.

Norway: NA

Suriname: Please note that the project still has to be implemented.

UK: Liverpool: Two specific groups. 1. Long term heroin addicts. 2. Young people 14-30 using skunk cannabis.

US: Most participants have extensive periods (at least 10 and often over 20 years) of addiction to multiple drugs, including methamphetamine, cocaine, alcohol and/or heroin. Synthetic drugs are becoming an increasing problem as are addiction to prescription drugs.

II. SUMMARY DESCRIPTIONS OF DTC PROGRAMS

A. TARGET POPULATION

1. Initial Target Population for the DTC

OVERVIEW:

Most of the programs reported that they are focusing on drug abusers who commit offences to support their habit or who commit offences under the influence of drugs. Most programs target non-violent adult drug abusers with a history of minor offenses.

SURVEY RESPONSES:

Belgium: Drug abusers who commit drug related crimes, and where the underlying drug problem is the cause of the crimes.

Bermuda: Non-violent substance abusing offenders who can be maintained in the community.

Brazil:

Rio de Janeiro: In Brazil, the Therapeutic Justice is trying to meet everyone involved in minor crimes whose antecedent is the logical use and abuse of psychoactive substances.

Sao Paulo: In general, drug abuse offenders who committed “minor” offenses (the minor offenses are defined by Law 9.099/1995 – alternative punishment).

Canada:

Calgary: Group of hard-core, non-violent offenders whose criminal activity is the direct result of their untreated addiction.

Toronto: Adults.

Chile: Adult population (over 18 years). They should comply with the clinical and legal requirements mentioned in "description of the DTC program".

Ireland: Criminals with a history of minor crimes.

Jamaica: Offenders over the age of 17:

- Drug users who are either in possession of drugs or commit offences to support their habit;
- Individuals who commit offences under the influence of illicit drugs or alcohol.

Mexico: Pilot stage: Misdemeanor violators with alcohol and drug abuse or dependence problems.

Norway: The drug user must reside in one of the trial municipalities and illicit drugs must be the main substance abused (crimes committed under the influence of illicit drugs, and crimes committed in order to finance personal drug abuse).

Suriname: Drug addicts committing minor offenses.

UK: Liverpool: All offenders in a specific geographic area.

US: Most programs targeted initially first offenders with drug possession charges; of course, first offenders were not at all first time drug users and many had long histories of severe substance abuse. As experience developed with the effectiveness of the DTC approach, increasing focus has been on individuals who are “high risk/high need”, primarily determined by the individual’s current charge and criminal history.

2. Changes in the Target Population Served by the DTC since the DTC Began and Reasons for the Change(s)

OVERVIEW:

Half of the programs reported that no changes had been made in the target population served by the DTCs since program implementation. Chile incorporated a pilot program for adolescent populations, and Toronto hopes to establish separate DTCs for youth. DTC programs in the United States have made numerous changes, as the model becomes adapted to various jurisdictions as well as experience develops with its use and/or prosecutorial and/or law enforcement policies change affecting the types and numbers of drug offenses prosecuted and potentially eligible for drug court referral. Some programs have also expanded offense criteria eligibility etc., including theft, prescription forgery, and prostitution, for example, as long as it is tied to the individual’s drug addiction.

SURVEY RESPONSES:

Belgium: NA

Bermuda: NA

Brazil:

Rio de Janeiro: No changes.

Sao Paulo: None.

Canada:

Calgary: None.

Toronto: Less emphasis on youth. Found that the DTC was not successful for youth in the same court. Needed a separate DTC for youth.

Chile: Yes, a pilot program in adolescent population was incorporated, in consideration of the Adolescent Criminal Responsibility Law, therefore one of the challenges of this law is the implementation and evaluation of models oriented to the full social integration of the juvenile population.

Ireland: None.

Jamaica: Generally none but individuals with special circumstances may lead to relaxation of strict criteria.

Mexico: No changes. It is debated whether or not to widen the benefit to include persons detained for drug possession for personal use. However, as this is a federal offense this is still under discussion.

Suriname: Please note that the project still has to be implemented.

UK: Liverpool: None.

US: A number of changes have been made. Many programs have expanded the target population to persons with more extensive criminal justice system contacts as well as persons who were already convicted and facing prison sentences; many programs have also expanded the offense criteria for eligibility from drug possession (which is a crime in the U.S.) to drug related crimes, including shoplifting, prescription and check forgery, small amounts of drug sales to support a drug habit, prostitution, and similar nonviolent offenses. In addition, the DTC model has been adapted for juvenile offenses and family abuse and neglect cases.

B. ELIGIBILITY REQUIREMENTS

1. Criminal Justice Characteristics (i.e. nature of offense, prior criminal history, etc.)

OVERVIEW:

Most of the respondents reported that the DTC does not accept offenders associated with organized crime, gang affiliation or offenders charged with felony or serious offences. Belgium and Bermuda appear to have the broadest criteria for accepting participants, which can include offenders with a wide array of offenses except organized crime. The UK has no specific stated criteria. Among some of the requirements, Mexico requires that there must be no opposition from the Attorney General's office, and Norway requires a social inquiry report to access offender suitability for the treatment program.

SURVEY RESPONSES:

Belgium: All kinds of offences, also violence, but no organized crime.

Bermuda: No excluded offences and having not been on Probation or Parole in the last 3 years.

Brazil:

Rio de Janeiro: Minor offenses.

Sao Paulo:

- (1) Minor offenses à law 9.099/1995 (alternative punishment);
- (2) Be the first offense caught by the justice system or no prior criminal history;
- (3) The offender has to agree to the proposal.

Canada:

Calgary: Non-commercial trafficking; non-violent break & enters to support their addiction; no gang affiliation; low public safety risk.

Toronto: NA

Chile: The legal tool used here is the conditional suspension of the procedure, which will be able to be decreed by the court complying with the following requirements:

- The sentence that may be imposed, in the case of a condemnatory sentence is dictated should not exceed 3 years of liberty deprivation;
- Absence of previous prison convictions by crime or simple crime;

- Absence of current conditional suspensions of the procedure.

The conditional suspension is an alternative to the criminal trial, which avoids under specific conditions established by the judge the traditional procedure that can be finished with a sentence. If the offender accomplished with the conditions he will end the procedure without criminal records.

Ireland: must be aged 18 yrs, have history of addiction, and be motivated to get off drugs and have pleaded guilty or have been convicted of certain offences in the District Court where it is likely they would receive a custodial sentence.

Jamaica: Drug related offenders, both first time offenders and recidivists, individuals committing minor offences under the Dangerous Drug Act.

Excluded are dealers and traffickers of drug as well serious offences such as murder, rape. Individuals diagnosed with a serious mental illness, e.g. psychosis, are also excluded.

Mexico: General eligibility requirements

The persons eligible to enroll in the program are those who meet the requirements established for the Probationary Suspension of Proceedings contained in Article 610 of the Code of Criminal Procedure of the State of Nuevo León.

“Article 610.- A probationary suspension of proceedings is a measure ordered by the judge or court at the request of the accused and the defense, the purpose of which is to suspend the effects of the criminal proceeding in favor of the former and avoid a conviction resulting from a criminal trial. To that end the following requirements shall be met:

- There is no reasoned opposition from the Office of the Attorney General or the injured party;
- The offense is not classed as a felony and the maximum prison term does not exceed eight years in any modality of the offense or modifying circumstances thereof;
- The defendant does not have a prior confirmed conviction for a deliberate offense nor is a party in a criminal suit;
- The same benefit has not been granted in a separate proceeding;
- There is nothing in circumstances of the offense or the personal background of the accused from which reasonably to presume that to grant the suspension would pose a serious threat to the juridical interests of others;
- The accused, in the presence of the judge, enters on an agreement with the victim or injured party, if any, to provide reparation for damages; Said agreement shall set out the amount to be paid in damages and the manner of payment. The accused releases themselves from the obligation by paying or depositing the agreed amount at the court where their case is being heard. The victim or injured party shall appear to receive payment or see the amount deposited in their favor;
- The suspension is requested before documentary evidence is presented and, in the case of proceedings governed by Title 14, Chapter 1, before the order is issued for the initiation of oral proceedings;
- They undertake to comply with the measures and conditions set by the judge.

Offenses to Consider:

The connection between the offense charged and the addictive disorder can be established if at the time of the offense the accused was intoxicated with alcohol or drugs or if the offense was committed as a direct consequence of being under the influence of alcohol or drugs or because of the indirect need to pay for said substances.

The accused persons who may be considered for enrolment in the program shall be those who have an addiction to alcohol or drugs and are charged with an offense under Article 610 (II) of the Code of Criminal Procedure of the State of Nuevo León.

Norway: A public prosecutor from the police (or the court) has to apply to the drug treatment program- team to write a social inquiry report on the person charged. The team has to conclude whether the charge is suitable for the program or not. This report will be used in court to decide what kind of sentence the judge will give. The court can theoretically come to another conclusion than the team.

Suriname: Drug addicts committing minor offenses.

UK: Liverpool: No specific criminal justice criteria.

US: Most programs admit persons with charges of drug possession (which is an offense in the U.S.), shop lifting, theft, prostitution, forgery (check and prescription) and similar offenses as long as they were the product of the individual's drug addiction and do not involve acts of violence and/or the use of a weapon.

2. Substance Use/Treatment Needs

OVERVIEW:

Most of the programs reported that they accept candidates with a history of substance abuse and do not exclude any specific drug users. Canada's (Calgary) program, however, only accepts participants with addiction to crystal-meth, crack cocaine, or heroin. The most frequently used substances cited by the other responding programs have been heroin, crack cocaine and poly drugs.

SURVEY RESPONSES:

Belgium: The underlying drug problem is the cause of the crimes.

Bermuda: Verified history of substance abuse in the last twelve months and test positive on arrest or random test.

Brazil:

Rio de Janeiro: Anyone.

Sao Paulo: The presence of drug use, abuse or dependence.

Canada:

Calgary: Must be addicted to one of the following drugs: crystal-meth; crack/cocaine; heroin.

Toronto: NA

Chile: Also, the program requires the compliance of the offender, of clinical requirements:

- Drug Abuse disorder or drug dependence (problematic use);
- Moderate to severe biological, psychological and social problem related to the drug addiction.

Ireland: We mainly cater to participants with heroin addiction, but most of our participants are polydrug users.

Jamaica: No substance or its chronicity is excluded but predominant substances have been marijuana and crack cocaine, individuals who can be treated in their community in non-residential settings.

Mexico: Program admission criteria:

- A candidate who takes part in a detoxification or rehabilitation program as part of a course of treatment with psychotropic medicines may be admitted to the services that the program provides;
- A person who is unable to pay reparations for damages because they are indigent, as determined by the court, may not be declared ineligible for admission to the program;
- A candidate evaluated for admission who presents parallel disorders and whom the treatment center determines to have the capacity to understand and participate in the program may be admitted to it only when they can be placed in the modality of treatment recommended for their condition.

Norway: The drug user must reside in one of the trial municipalities and illicit drugs must be the main substance abused (crimes committed under the influence of illicit drugs, and crimes committed in order to finance personal drug abuse).

Suriname: Treatment and resocialisation of drug addicts committing minor offenses.

UK: Liverpool: Any drug or serious problematic alcohol use.

US: Eligible participants can and usually do display an extensive pattern of drug use, frequently reflecting many years of multi-drug use, including alcoholism; programs are now also becoming more receptive to admitting persons with mental health conditions.

3. Other Factors Relating to Eligibility

OVERVIEW:

Other factors affecting eligibility included: the individual's willingness to participate in the program (Chile and U.S. pretrial diversion programs. Jamaica requires participants to have stable accommodations and family support. In Mexico, the final decision about eligibility is taken by judge. The U.S. requires participants in the federally funded treatment programs to be "non-violent" offenders.

SURVEY RESPONSES:

Belgium: NA

Bermuda: NA

Brazil:

Rio de Janeiro: NA

Sao Paulo: NA

Canada:

Calgary: NA

Toronto: NA

Chile: The offender should declare his/her will to participate in the program.

Ireland: No Crime involving serious violence/or previous history of same.

Jamaica: Stable accommodation and family support.

Mexico: Final decision on admission: The final decision on the admission of the accused to the program shall be taken by the judge, who shall base their determination on the above-mentioned eligibility criteria and on the investigation, report, and recommendations of the representative of the treatment center and of the Police Monitoring Officers. The position of the Office of the Attorney General expressed in a motion to that effect shall also be considered.

Norway: NA

Suriname: NA

UK: Liverpool: NA

US: Some programs target particular populations, such as young adult males; females; and/or other groups that have been determined are in need of the special resources and supervision services of the drug courts. There have also been special programs developed for juveniles and families (in which a child has been removed from the home because of the parent's substance abuse). Some programs limit participation to individuals residing in particular geographic areas of the city. Some programs also limit participation to individuals living within the county in which the court is located.

One factor that has limited eligibility for drug court programs in the U.S. is the "violent offender" prohibition enacted in the federal statute providing federal funding for drug courts in the various states in the U.S. This preclusion has not been clearly defined or limited so has had the affect of excluding many otherwise eligible defendants who may have had a conviction for assault, for example, years ago. There are, however, a few programs that are not using federal funding under this statute and have made a policy decision not to apply this prohibition.

4. Changes in Eligibility Requirements since DTC Began

Question: Have there been any changes in the eligibility requirements since the DTC began? If so, please describe the changes and why they were made.

OVERVIEW:

Most of the programs did not report any changes in the eligibility criteria since the DTC began. Chile added a new requirement that offenders should not have a current conditional suspension of the procedure, at the moment of facts checking. Liverpool added offenders with addictions to Cannabis their list. The U.S. reported that many programs have expanded the criteria for their target population and eligibility criteria in order to engage more participants.

SURVEY RESPONSES:

Belgium: NA

Bermuda: NA

Brazil:

Rio de Janeiro: Not yet.

Sao Paulo: No.

Canada:

Calgary: NA

Toronto: NA

Chile: Yes, when the Code of Criminal Procedure was modified (article 237), that is the legal framework that contemplates the conditional suspension of the procedure, adding a new requirement, which is that the offender should not have a current conditional suspension of the procedure, at the moment of facts checking, that is a new process concern. Prior to this modification, it was enough that the offenders comply with the legal criminal framework, and the absence of previous prison sentences.

Ireland: NA

Jamaica: NA

Mexico: NA

Norway: NA

Suriname: Please note that the project still has to be implemented.

UK: Liverpool: Yes. Cannabis users are now eligible.

US: As noted above, many programs have expanded the target population to persons with more extensive criminal justice system contacts as well as persons who were already convicted and facing prison sentences; many programs have also expanded the offense criteria for eligibility from drug possession to drug related crimes, including shoplifting, prescription and check forgery, small amounts of drug sales to support a drug habit, prostitution, and similar nonviolent offenses.

C. IDENTIFICATION OF ELIGIBLE DTC PARTICIPANTS AND REFERRAL PROCESS

1. Identification of Eligible DTC Participants

OVERVIEW:

Most respondents reported that participants can be identified by arresting officers or probation officers or by request of the defense counsel. In Chile and Norway extensive evaluation of the candidate is completed before acceptance for participation. In the U.S., depending upon the stage in the criminal justice process in which the individual enters the DTC, he/she can be identified through various sources including the defense counsel, prosecutors, judges etc.

SURVEY RESPONSES:

Belgium: On base of the written file, sometimes based on information of the police and information provided by the probation officer.

Bermuda: Through Pre-sentence Reports and BARC assessment (substance abuse assessments) and 3 positive urinalysis screenings and verified problem in past 12 months.

Brazil:

Rio de Janeiro: From the cases reported.

Sao Paulo: When they fulfill the eligibility criteria.

Canada:

Calgary: Primarily by defense lawyers.

Toronto: Application is submitted by offender (usually by defense lawyer/duty counsel) arresting police officer must fill out a form indicating whether he/she recommends that the accused be considered.

Chile: By means of a clinical and legal selection, that is to say, the candidates that comply the legal requirements of the conditional suspension are identified, and then, a suspect of problematic drug use is performed and a diagnostic clinical evaluation, that confirms the presence of this problem.

Ireland: by Probation and Welfare and/or by the lawyer or Judge.

Jamaica: On arrest by police officers, but subsequently probation officers, defense or prosecution attorneys, criminal court judge.

Mexico: Initial identification of the candidate

An accused or their defense may request any of the program operators to have their record evaluated for admission to the program until the judge for criminal preliminary hearings declares the trial open.

Norway: We talk to the charged and we get information from other agencies. Then the team work closely together to conclude on suitability. That is one of our most difficult and major tasks at the moment – finding the right persons to attend the program. When we have finished the report we send it back to the public prosecutor. Then we have to wait until the main hearing is over and the judge passing the sentence, then we formally start the serving of the sentence.

Suriname: Please note that the project still has to be implemented.

UK: Liverpool: By problem solving meeting at court.

US: Depending upon the stage in the criminal justice process in which the individual enters the DTC, they can be identified through various sources including defense counsel, prosecutors, judges. In some instances the arresting officer may recommend the individual to the prosecutor for DTC consideration. For post adjudication programs, entry into the DTC may be a condition of sentencing or probation.

2. Number of Days After Arrest When DTC Eligibility is Determined

OVERVIEW:

There was significant diversity among the responses in terms of when DTC eligibility is determined, varying greatly from 1 day to up to 2 years. Some programs noted that it depends on the case,

procedure, lawyers etc. Norway's overall individual report of candidates takes up to 4-5 weeks. Toronto reports the shortest time frame for eligibility determination of 2-3 days. Ireland has the longest wait of 6 months to 2 years, as eligibility can only be determined at the end of prosecution and conviction. The U.S. noted that the original DTC design called for drug court eligibility to be determined within a day or two after arrest. Many of the early models, which were pretrial focused, followed this principle. However, as more programs shifted to a post trial, post adjudication model, delays in determining their eligibility for DTC have developed and now extend often to months after their arrest.

SURVEY RESPONSES:

Belgium: Depends on the procedure (will be answered in the scientific evaluation), but in the Belgian system people do not get arrested often. We have a written file.

Bermuda: Fourteen (14) days – in essence, conducts weekly Court sessions and chairs the Treatment Team meetings regarding active and referred cases.

Brazil:

Rio de Janeiro: 10-30 days.

Sao Paulo: In order to execute the alternative punishment law, it was created special instances within the criminal system called “Special Criminal Court”, where offenders have to go after they were caught (but don't arrest) by the police. At this moment, they receive an order to go to the court to see the judge. So, since they commit the offense until the day to see the judge, it takes (mean) in São Paulo, 2 to 6 months.

Canada:

Calgary: Varies greatly, depending on the lawyer's familiarity with CDTC.

Toronto: 2-3 days.

Chile: The eligibility requires verifying the compliance of requirements in two aspects: legal and health. That is to say, the legal requirements of the program should concur, and the presence of: problematic drugs use and associated compromised bio-psychosocial. In this way, a diversion to treatment according to the offender profile is carried out. For this, the time limit is 12 days average⁵⁰.

Ireland: At end of prosecution on conviction therefore 6 months to 2 years.

Jamaica: As soon as practicable after referral.

Mexico: Less than 10 days.

Norway: The team usually needs 4-5 weeks to finish the report.

Suriname: Please note that the project still has to be implemented.

⁵⁰ It is important to be clear that there are programs which evaluate the eligibility of the candidate in the time limit of 1 day. However, the maximum time limit does not surpass 30 days (because several factors: assistance to the citations, psychiatrist hours, etc.)

UK: Liverpool: Varies between 1 and 9 days.

US: Under the original DTC design, eligibility for the drug court was identified at the time or shortly after arrest. “Immediacy” of response was considered important in capitalizing on the trauma of arrest to motivate an offender to enter treatment and was an essential element (“Key Component”) of drug court programs. During this early period, most drug courts were pretrial programs for offenders prior to their trial which – if they were successful – would not occur and their charges would be dismissed. However, this practice of early identification of eligibility has slipped significantly and is a major issue that many drug courts now need to address. One of the reasons for this significant delay in identifying eligible DTC participants is that many programs have shifted to a “post trial” model and do not begin to screen potentially eligible participants until after they have pled guilty and the disposition of their case is being considered – often months following their arrest.

3. Referral Process and Stage in the Justice Process at Which DTC Eligibility is Determined

OVERVIEW:

Responses indicate fairly wide diversity among programs in terms of the process for referring an individual to the DTC and the state in the justice process at which the DTC referral is made. Belgium and Norway, for example, noted that the public prosecutor has to initiate the process. Bermuda and Ireland require a guilty plea in order to be eligible for the DTC. In Canada, U.S. and Mexico, as soon as charges are brought, candidates can be determined to be eligible for DTC participation.

SURVEY RESPONSES:

Belgium: Public prosecutor; but defense lawyers can ask for a referral to the DTC when the accused is sued in front of a normal court.

Bermuda: Upon a guilty plea being entered and the offender has begun observation of the program.

Brazil:

Rio de Janeiro: From the beginning.

Sao Paulo: 5 or 6 months.

Canada:

Calgary: From as early as possible. Clients are arrested and hopefully speak to their lawyer about participation in CDTC program if eligible.

Toronto: as soon after charges are laid as possible.

Chile: There are two stages:

- In the detention control hearing. The psychosocial team (psychologist and social worker) will previously carry out an interview of suspects diagnostic to all offenders that were previously selected by the Ministerio Público and/or proposed by General Prosecutor’s Office, as possible suitable candidates, since that they comply with the legal requirements;
- During the phase of investigation. As the prosecutor as the public defense attorney can detect possible candidates, which in subsequent form, they should be evaluated clinically to enter to the DTC.

Ireland: When pleaded guilty or convicted after trial.

Jamaica: Eligibility is a staged process. After an arrest, Judge refers to DTC, DTC Judge determines referral for assessment by Probation, Psychiatrist and or Treatment Provider. Final decision made at pre-court meeting by DTC Team led by DTC Judge and Lay Magistrates.

Mexico: Before the case is submitted to the preliminary hearing judge.

Norway: A public prosecutor from the police (or the court) has to apply to the drug treatment program- team to write a social inquiry report on the person charged. The team has to conclude whether the charged is suitable for the program or not. This report will be used in court to decide what kind of sentence the judge will give. The court can theoretically come to another conclusion than the team. (Very often a defence lawyer takes the initiative to get a social inquiry report for this purpose, but they still have to apply through the public prosecution. I have spent a lot of time giving information about the drug treatment program to: lawyers, judges, police officers, public prosecutors, prison officers, social workers, health workers, people working with education for grown-ups, and you name it. So the chance for someone to know about this possibility for drug-addicts is good. Theoretically all these different people can guide the drug-addict into getting a sentence like this, as long as it is the public prosecution/the court that formally asks for the social inquiry report).

Suriname: Please note that the project still has to be implemented.

UK: Liverpool: Sentence.

US: Under the original DTC design, eligibility for the drug court was identified at the time or shortly after arrest. “Immediacy” of response was considered important in capitalizing on the trauma of arrest to motivate an offender to enter treatment and was an essential element (“Key Component”) of drug court programs. During this early period, most drug courts were pretrial programs for offenders prior to their trial which – if they were successful – would not occur and their charges would be dismissed. However, this practice of early identification of eligibility has slipped significantly and is a major issue that many drug courts now need to address. One of the reasons for this significant delay in identifying eligible DTC participants is that many programs have shifted to a “post trial” model and do not begin to screen potentially eligible participants until after they have pled guilty and the disposition of their case is being considered – often months following their arrest.

D. INCENTIVES OFFERED FOR DRUG COURT PARTICIPATION

OVERVIEW:

Most of the programs reported that an inducement for drug court participation is the potential for a suspended sentence if treatment is successfully completed. Some programs (Bermuda, Chile, Ireland, and Jamaica) expunge the offense altogether from the individual’s criminal record. An additional inducement/incentive to enter the program is the opportunity for skills training and education, and travel outside the court’s jurisdiction.

SURVEY RESPONSES:

Belgium: They can try to get a more beneficial sentence by tackling the underlying problem.

Bermuda: Index offence can be expunged after completion of Phases.

Brazil:

Rio de Janeiro: In most cases the prosecution process is closed.

Sao Paulo: Not arrested and name not included in criminal register; no criminal file.

Canada:

Calgary: They have the opportunity to receive treatment for their addictions and avoid jail sentence by actively participating in our program.

Toronto: If they complete program they are promised that they will not be placed back in jail...usually a suspended sentence and period of probation.

Chile: (1) The conditional suspension of the procedure, which implies that after the DTC ends, the candidate criminal records will be erased, that is to say, no prison sentence will be dictated against him/her;

- (2) Possibility to enter to a high quality drugs treatment program for free;
- (3) Rehabilitation and social integration.

Ireland: Benefits of the program; Strike out of charges on successful completion of program.

Jamaica: (1) Receipt of treatment, not punishment;

- (2) Opportunity to benefit from drug free lifestyle;
- (3) Opportunity for skills training and education;
- (4) Successful completion of treatment charge is dismissed, i.e. the offence is not recorded on individual's criminal record;
- (5) First time offender exit without criminal record.

Mexico: Incentives:

The program's approach is founded on therapeutic justice, the overriding purpose of which is to bring about the rehabilitation of persons who abuse or are dependent on alcohol and/or drugs and help reduce criminal recidivism. In order to motivate program participants so that they can appreciate the effort that goes into their rehabilitation the judge will use judicial authority to directly supervise them and strengthen their progress. This will be done through recognition of their achievements and breakthroughs, as well as penalization of attitudes or conduct that are not consistent with the objectives of the treatment and therefore impair the rehabilitation process.

This rehabilitation process requires the identification of family members or persons who can provide support or act as role models for new participants. For that reason, it is essential that penalties and incentives are issued at hearings in order to achieve greater impact through judicial supervision.

In order to achieve the above objective the judge will determine on a case-by-case basis how to reward progress made by participants in the treatment process. Based on the recommendations of the treatment center and the police monitoring officers the judge may, at his or her discretion, choose one of the following alternatives:

- Draw attention to the progress of the participant at a public hearing;
- Reduce the length of the treatment;
- Reduce the frequency of judicial supervision;
- Authorize participation in activities in the community at large and travel outside the court's jurisdiction;
- Authorize special privileges;
- Reduce home restrictions in order to work, study, and interact more with the family;
- Offer any other incentive that recognizes the participant's performance in the rehabilitation program;
- None of these measures may go against or undermine the participant's treatment plan.

Norway: NA

Suriname: Please note that the project still has to be implemented.

UK: Liverpool: None save the obvious help offered and potential on occasion to avoid custody.

US: For pretrial programs, the chance to have a drug charge or felony conviction dismissed; for post adjudication programs, successful participants can have the period of their probation shortened, and/or any suspended period of incarceration withdrawn.

E. OPERATIONAL COMPONENTS

1. Differences Between DTC and Traditional Method for Justice System Handling of Drug Involved Individuals

OVERVIEW:

There was significant diversity among the responses that programs provided. Belgium noted that DTC participants are constantly under court supervision and treatment; and are represented in the court itself. Probation measures are established to fit each candidate's needs. DTCs provide faster relief and help to addicted offenders than traditional methods. In Chile's DTC commissions, under 'conditional suspension of the procedure', offenders who comply with legal and clinical criteria requirements are eligible. This limits their sentence to a maximum of three years. Jamaica's program focuses more on a holistic approach and judges are more involved in the rehabilitation program of the offender. Mexico's Addiction Treatment Court works under "probationary suspensions of proceedings" whereon successful completion suspends the effect of criminal proceedings. In Norway, the DTC sentence is a suspended sentence where participation in the drug treatment court program is conditional. The U.S. drug court operates at the state court level, although the criminal justice process in each state and territory is generally similar. There are some differences both among states and among cities within the same state, listed in the chart below. However, the principle differences between the DTC process and the traditional justice system process focus on the ongoing judicial supervision provided to each participant, the coordination and delivery of a broader array of services and service providers, and the early identification and intervention offered by most drug courts.

SURVEY RESPONSES:

Belgium: Introduced a Problem solving approach:

- Court supervision;
- Fast reaction;
- Treatment services are represented in the court;
- Tailor made probation measures;
- First treatment, then sentence.

Bermuda: NA

Brazil:

Rio de Janeiro: In Brazil we have adopted the system of civil law as opposed to the American adoption of common law. Thus, drug courts have been developed not only to rid their participants of drug addiction, but also as a public policy aimed at helping the individual reach their full potential.

Therapeutic Justice gives the population assistance with a range of problems, including qualified legal problems, social and health-related disorders, and abuse of and dependence on alcohol and other drugs. Based on a new paradigm—restoration, not punishment—Therapeutic Justice is intended as a link between special treatment programs and individualized drug courts. This is part of a trend in modern law which focuses on prevention and rehabilitation in the application of justice.

Another contribution of the proposed Therapeutic Justice is a non-adversarial approach between practitioners and technical and health professionals. It is known that in cases of drug abuse, domestic violence, mental illness, and other complex issues that neither health nor justice services can act in isolation because an effective solution depends on cooperative approaches. For example, for an adolescent drug user who has committed a crime, drug courts represent a concrete alternative to institutionalization—in this case, socio-educational procedures and semi-freedom (Article 102 Adolescent Law). We know that institutionalization has proved ineffective as an agent of education and rehabilitation and often contributes to the establishment of a vicious cycle of incarceration and crime.

The purpose of Therapeutic Justice applied to the Juvenile Justice System is to provide adolescents and their families the opportunity to access a range of services and treatments that help to overcome the legal, social, and health-related problems associated with the abuse of alcohol and other drugs.

Parallel Justice Therapy also occurs in relation to Sentencing Alternatives although, under Brazilian law, this can only happen after the advent of Central Penalty and Alternative Measures (CPMA) [1] in 2000.

In line with the guidance of the Attorney General and Subprocuradoria General Court of Human Rights and the Third Sector, the current Justice Coordination Therapeutic (TYC) proposes to carry out joint actions aimed at the construction of channels for effective support to the community, respect for human rights and social care needs, and the health of users of alcohol and other drugs.

The first action of Therapeutic Justice seeks to establish partnerships that enable and promote construction of a support network for users of alcohol and other drugs through the program of Therapeutic Justice.

Accordingly, in a short time it was established that there is pent-up demand for shares of Therapeutic Justice coming from developers, institutions, child protection agencies, courts, and communities. In this sense, it was also possible to understand that the principle purpose of Therapeutic Justice is advocacy of the less fortunate which, due to lack of access to social goods and quality services, face social exclusion and a poor position in Brazilian society.

Drug courts emerged as a priority demand for communities due to the complexity of drug problems in society, involving the guaranteed access to quality health, education, and welfare, and in aspects related to public safety and crime.

There is much to be done, and Therapeutic Justice Coordination plans to put more and more services into communities with the greatest need. The team at Therapeutic Justice realizes, however, that collaborating with and addressing demands of colleagues is essential to fulfilling its mission. Therefore, the TYC offers permanent assistance to prosecutors, is the very coordination - Headquarters of the MP, either on visits to the Courts of Law or by phone, fax or email.

Sao Paulo: Judge, prosecutor, and attorney have been understanding drug problem.

Canada:

Calgary: NA

Toronto: NA

Chile: The "Drug Treatment Courts" are not special courts; they constitute a program that is developed in blocks of hearings, under the ordinary agenda of the criminal courts. The legal framework that governs them is the alternative exit to the criminal trial called "conditional suspension of the procedure". Because of it, the offenders that comply with the following legal requirements are eligible: the sentence that may be imposed to them should not exceed three years of liberty deprivation; also, they should not present previous convictions by crime or simple crime, neither conditional suspensions of the procedure.

Additionally, the offender must comply with clinical character requirements, that are verified through a diagnostic evaluation: present a drug abuse disorder or drugs dependence, moderate to severe biological, psychological and social problems associated to the drug addiction and to declare his/her voluntary will to participate in the program.

The conditional suspension of the procedure is decreed by the judge, and requested by the Ministerio Público (General Prosecutor's Office), in accordance with the offender. In the case that the petition is accepted, the judge establishes the conditions that the offender should comply by a time limit not lower than a year neither over three years. In the case of the DTC, the entrance to treatment and judicial supervision by periodic hearings is established as a condition. In serious or repeated cases of compliance failure, the judge can revoke this decision and in this way the criminal normal process will continue.

The DTC has a highly coordinated and stable team, integrated by:

- (1) Legal Team (judge, prosecutor and defense attorney);
- (2) Bio-psychosocial Team (medical doctor, psychologist and social worker);
- (3) Treatment Centers.

The legal-sanitary team of the program gathers once a month, in a prior or pre hearing meeting in order to evaluate the degree of advance of the candidates that are complying the conditions of the DTC, where the incentives or corresponding sanctions are being arranged in order to promote compliance to the program.

Now well, regarding the traditional system, that is to say, out of the framework of the DTC, in the case of offenders that lend their consent in order to that the public prosecutor can request the conditional suspension of the procedure, a problematic drug use inquiry mechanism does not exist, therefore, conditions that are different to treatment under judicial supervision will be imposed.

Finally it is necessary to be clear that, in the case of the DTC as in a conditional suspension of the traditional procedure, the crimes of drug trafficking and similar are not accepted.

Ireland: We use a combination of some aspects of the USA model, with the NSW (Australian model) with additional aspects we have developed ourselves e.g. education, with the staff as set out here in additional components:

- Educational training;
- Absence of lawyers/prosecutors (save in exceptional circumstances).

Jamaica: Provides therapeutic justice in that treatment instead of punishment is ordered by the Court. The Judge is also involved in the rehabilitation program of the offender. A holistic approach is utilized in rehabilitation. Individual treatment program is devised. See Jamaica Drug Court Lifestyle changes and DTC program model in Volume Two.

Mexico: The Addictions Treatment Court is the judicial organ that takes cognizance of cases arising from “Probationary Suspensions of Proceedings” (a measure ordered by the judge or court at the request of the accused and the defense, the purpose of which is to suspend the effects of the criminal proceeding, for which certain legal requirements must be met) in which possible drug or alcohol abuse or dependence on the part of the accused is detected. These cases are referred by Preliminary Hearing Courts.

Norway: In the juridical sense, the drug treatment court sentence is a suspended sentence where participation in drug treatment court programs is a condition. The offender has to agree to participate in the drug treatment court program. The programs include court-controlled treatment and rehabilitation activities. The program consists of four phases, and is specially designed for each individual client. Flexibility is an essential feature of the program in order to meet the client’s various needs. Some may need a 24-hour a day treatment at an institution, while others may need polyclinic treatment. A supervision and treatment team is responsible for the design of the program. The team consists of representatives from the correctional service, the social service, the health service and the educational and employment service. Other organizations may also be represented in the team, like the police, the child protection agency etc. The permanent members of the team work together at a drug treatment court centre, and some of the client’s activities also take place there. The drug treatment court program transforms the roles of the criminal justice practitioners as well as other involved parties, and one of the aims for the pilot project is to develop good models for cooperation between the services.

A special feature of the Norwegian model is that the court’s involvement in the program is not as prominent as for example in the Irish or the Scottish model. However, the programme is supervised by the court, and all the time during the programme, the offender is accountable to the court. It is the court that rewards progress, by for example moving the client to the next phase, or sanctions non-compliance. Naturally, it is also the court that responds to criminal activity during the program. The punishment for not complying with the conditions as well as for new criminality may be imprisonment.

Suriname: The main object of the mentioned Working Group is to prepare a Drug Treatment Court project for Suriname on the following areas: the legal system, the national legislation, professional staff in health care, Detox institution, treatment care and resocialisation of drug addicts committing minor offenses. Please note that the project still has to be implemented.

UK: Liverpool: NA

US: Note: Drug Courts operate primarily at the state (not federal) court level. Although the criminal justice process in each state and territory in the U.S. is generally similar, there are also differences, both among states and among cities within the same state. The following is a generic summary of the major differences between the traditional method of dealing with drug involved offenders and the drug treatment court process in the U.S.:

CASE PROCESSING COMPONENT	TRADITIONAL CRIMINAL CASE DISPOSITION PROCESS (Drug and Drug Related Offenses)	DRUG COURT PROCESS
<u>INITIAL STAGES</u>		
<u>o Arrest</u>	Police arrest offender, complete police report, and refer case to prosecutor	Police arrest offender, complete police report, and refer case to prosecutor PLUS arresting officer may (1) suggest to the offender he/she discuss the drug court program with his/her attorney or request information on the drug court during the booking process; flag the case for drug court consideration by the prosecutor
<u>o Pretrial Release Determination</u>	Offender booked into local jail and interviewed for pretrial release eligibility	Offender booked into local jail and interviewed for pretrial release eligibility PLUS - frequently offender will be advised of possible eligibility for drug court program
<u>o Pretrial Release/Bail Determination</u>	Generally must occur within 48 hours of arrest; Determination made on basis of established pretrial release criteria and/or bail schedule	Generally must occur within 48 hours of arrest; Determination made on basis of established pretrial release criteria and/or bail schedule PLUS extensive information compiled regarding participant's drug use, other public health, housing, and related needs; court may make drug court participation a condition of release
[INFORMATION COMPILED]		
<u>o Nature of information collected to determine pretrial release eligibility</u>	- Generally summary information relating to offender's prior contact with the justice system, pending charges, current living situation, summary information relating to offense; and offender's ties to the community; - Intake information is generally used for court record purposes; may provide some background for sentencing if offender is found guilty	- Information relating to pretrial release eligibility is compiled PLUS extensive information relating to offender's drug usage, physical and mental health, family, employment, and related information that may be useful in determining treatment and other services needed; - Intake information is used for developing offender's plan for treatment and related services which begin immediately
<u>o Use of information</u>	Information used for determination of pretrial release and sentencing; may also be used to address emergency situations affecting public safety or that of offender	Information used to shape subsequent program services; this information is also updated periodically to capture needs of the offender that may emerge during the period of the court's involvement.
<u>o Background of individuals compiling information</u>	Intake information generally gathered by clerical or related staff who have no further involvement with offender	Intake information is generally compiled by staff skilled in assessing offender treatment and related needs and who will frequently be working with defendant during drug court participation

CASE PROCESSING COMPONENT	TRADITIONAL CRIMINAL CASE DISPOSITION PROCESS (Drug and Drug Related Offenses)	DRUG COURT PROCESS
<u>PRE-TRIAL PROCESS</u>		
o <u>First Appearance</u>	Defendant advised of charge and right to counsel	Defendant advised of charge and right to counsel PLUS may be used as the first drug court hearing at which time the judge can inform the defendant about the drug court program and determine interest in participating
o <u>Consultation with Counsel</u>	Should occur promptly following arrest but defendant may delay conferring with counsel until shortly before trial	Must occur as soon as possible following arrest and prior to entry into drug court
o <u>Indictment / preliminary hearing</u>	Purpose is to determine probable cause to support the charge (approximately half of the states conduct preliminary hearings and half follow the grand jury indictment process); results in filing of formal charges	N.A. usually waived in drug court programs
o <u>Arraignment</u>	Hearing at which presentation of charges is formally made in open court; defendant enters plea	May be used as initial drug court hearing at which time defendant formally enters the drug court program
o <u>Discovery and Plea Negotiations</u>	Process generally includes exchange of discovery, independent investigation, and plea negotiation in most cases	N.A. Discovery is suspended in drug court although generally lab analysis of the substance seized will be required if the offender is unsuccessful in the drug court and is sentenced for the offense.
o <u>Motions Hearings</u>	Pretrial motions submitted and heard, generally prior to trial	N.A. Motion practice is not conducted; issues requiring court action related to offender's treatment or other conditions of participation, or sanctioning, generally discussed in team staffings prior to drug court review hearing
<u>TRIAL AND DISPOSITION</u>		
o <u>Adjudication/Trial</u>	If plea agreement not reached, trial (by judge or jury) held to determine defendant's guilt or innocence	N.A. Trial obviated if drug court participation, either because plea entered at an earlier stage with understanding it will be withdrawn and case will be dismissed upon successful drug court participation; or plea deferred pending offender's drug court participation
o <u>Pre-Sentence Investigation</u>	If offender found guilty, information gathered, generally by probation office, regarding offender's background, and other factors relevant to judge's sentencing determination	N.S. This does not occur; information relating to offender's drug use, medical, mental health and other needs, is gathered shortly after arrest and used for subsequent decisions regarding nature of drug court services to be provided
o <u>Sentencing</u> (generally 3-9 months following arrest)	Court hearing to determine sentence and/or other conditions for disposition of the case; if community based sentence (i.e., probation) defendant will usually be required to attend a treatment program	N/A.- drug court participant would have been in treatment since shortly after arrest and would have had daily monitoring of his treatment program participation and frequent (at least weekly) drug testing and court review hearings. At conclusion of successful drug court participation, plea, if entered, will be vacated and charges dismissed; if offender is

CASE PROCESSING COMPONENT	TRADITIONAL CRIMINAL CASE DISPOSITION PROCESS (Drug and Drug Related Offenses)	DRUG COURT PROCESS
		unsuccessful, the case will revert to the traditional process or have sentencing imposed at the time the offender is terminated.
<u>POST DISPOSITION ACTIVITY</u>		
<u>o Probation Supervision</u>	If under community supervision, defendant will generally have periodic telephone, mail, and/or in person contact with probation officer to review compliance with probation conditions; may be required to drug test periodically	From time of entry into drug court program following arrest, participant will have been required to attend counseling and treatment sessions several times weekly, drug test at least weekly, report to supervising entity, and comply with other release and program conditions
<u>o Post Disposition Judicial Review Hearing</u>	N.A.- will only be conducted if offender on community supervision is referred to court for sentence of incarceration by probation officer because of failure to comply with conditions of probation or a change of circumstance is alleged	judicial review hearings conducted regularly throughout defendant's participation in the drug court program (generally weekly or biweekly) to review participant's progress, acknowledge accomplishments and/or sanction noncompliance. These review hearings continue throughout the defendant's typical 12-15 month period of drug court participation
<u>OTHER CHARACTERISTICS OF ADULT DRUG COURT PROCESS</u>		
<u>o Time frame for case disposition</u>	Generally three-six months	Generally twelve - fifteen months or longer, depending upon the participant's progress
<u>o Range of Services Provided</u>	Limited services provided to directly address case dispositional needs	Individualized holistic service approach, including substance abuse treatment , skills-development, housing, family, and other support and community services
<u>o Treatment and other services provided</u>	Generally no services are provided prior to disposition	Defendant participates in intensive outpatient treatment (3-4 or more sessions weekly at first), is frequently drug tested, and appears regularly before court at drug court review hearings
<u>o Judicial supervision</u>	Generally no formal supervision provided; defendant may be required to report periodically to pretrial or probation authorities	Defendant appears regularly at drug court review hearings; various sanctions can be imposed for noncompliance with program conditions, including short term (several days) incarceration; judicial recognition is also given to participant progress
<u>o Coordination with local community organizations</u>	Generally minimal coordination community agencies; any involvement generally made through probation department, not judge/court	Extensive and continuous coordination with local community organizations which can provide support/services for involved youth
<u>o Judicial/court involvement</u>	Defendant appears in court several times during course of case disposition, generally for initial appearance; adjudication (determining guilt); and disposition (sentencing). Following disposition, rarely appears before court unless he/she violates terms of probation	Defendant appears before judge regularly and frequently (usually weekly); judge reviews and recognizes progress as well as any noncompliance
<u>o Effect of offender's noncompliance</u>	Probation violation hearing will usually be conducted within one-two months of noncompliant act; any suspended sentence or other sanction will generally be imposed	Court hearing held within a few days of noncompliant act; judge imposes sanctions which can include: imposition of curfew; community service; or short-term (2-3 days) detention; focus of program and court's response to failures, however, is to take whatever actions are necessary to promote the participant's subsequent success in the program.
<u>o Effect of participant's compliance/ progress</u>	Generally no formal recognition; offender does not come back to court.	Judge recognizes progress; praises participant in open court; may also award token of

CASE PROCESSING COMPONENT	TRADITIONAL CRIMINAL CASE DISPOSITION PROCESS (Drug and Drug Related Offenses)	DRUG COURT PROCESS
		recognition (ticket to event; relaxation of curfew, etc.

2. Length of the DTC Program and Comments on its Appropriateness

OVERVIEW:

The average length of the DTC program is between 6 months to 2 years and most of the respondents reported that the current length of DTC program in their respective countries was appropriate. Toronto responded that the length of their DTC program depended on the situation of each individual participant.

SURVEY RESPONSES:

Chart 4: Length of Required Period of DTC Participation and Comments as to Whether It is Too Long or Too Short

City/Country	Length of Required Period of Participation	Considered Too Long or Too Short
BELGIUM /Ghent	6 months – 1 year	OK
BERMUDA /Hamilton	360 days (in phases) ⁵¹	OK ⁵²
BRAZIL - Rio de Janeiro	About 120 days	Long enough
- Sao Paulo	5 months – 6 months	OK, but some need more time
CANADA - Calgary, Alberta	12 months – 18 months	Currently Evaluating
-Toronto	Depends on individual	-
CHILE (Multiple)	1 year – 3 years ⁵³	OK (flexible)
ENGLAND /Liverpool	6 months – 12 months	OK (individually tailored)
IRELAND /Dublin	9 months – 3 years	OK (flexible)
JAMAICA /Montego Bay and	6 months – 2 years	OK (individually tailored)

⁵¹ The Phases comprise a total of 360 days (Phase One-30 days; Phase Two-90 days; Phase Three-120 days; Phase Four-120 days; Phase Five-Optional 365 additional days for COMPLETION.

⁵² The majority of the clients take up to two years to progress through the Phases-some have done so in more, others less time. The length appears to be appropriate.

⁵³ The time of participation will depend on the time limit set by judge, upon decreeing the conditional suspension of the procedure, which cannot be lower than a year, neither over three years. If the treatment, as a condition of the suspension, had a smaller timeframe, the continuity of the monitoring hearings should be requested to the court.

City/Country	Length of Required Period of Participation	Considered Too Long or Too Short
Kingston		
MEXICO /Mexico City (five programs in the state of Nuevo Leon to be implemented shortly)	18 months	OK ⁵⁴
NORWAY /Bergen and Oslo	Usually 2 years probation	OK
SURINAME /Paramaribo,	9 months	- ⁵⁵
UNITED STATES (Multiple)	Generally 12 – 18 months.	OK ⁵⁶

3. Legal Outcome for DTC Cases

a. For Individuals Who Successfully Complete the Program

OVERVIEW:

The majority of the programs responded that successful completion of the program will result in suspension of the outstanding sentence and suspension of probation. Other programs (Bermuda, Ireland, Chile, Toronto and Jamaica) noted that they will expunge the offense from the individual's criminal record. The U.S. noted that the case outcome varies based on the phase in the legal process that the drug court is applied.

SURVEY RESPONSES:

Belgium: They get probation measures or the punishment is suspended.

Bermuda: Index offence is expunged.

Brazil:

Rio de Janeiro: Do not continue with criminal proceedings.

Sao Paulo: No criminal trial.

Canada:

Calgary: NA

Toronto: Suspended sentence and probation (where the offender enters the programme with to record then the crown make agree to having the charges withdrawn altogether if the offender is successful in the program.

Chile: The court dismissed the proceedings against the offender; the criminal records of the candidate are erased.

Ireland: Strike out all charges.

⁵⁴ It is sufficient because the social reintegration process will be monitored even after this period.

⁵⁵ Please note that the project still has yet to be implemented and we do not have such experiences yet.

⁵⁶ Most feel the length of time is adequate but there is a major need for aftercare services which are generally not readily available. A number of programs have alumni groups which are voluntary.

Jamaica: The Court will discharge the offender in relation to the offence. The discharge may be absolute or conditional. The offence shall not form part of the criminal record.

Mexico: Suspension of the judicial process.

Norway: When justified by the convicted person's situation, the court may, if petitioned by the correctional service during the probationary period, decide to revoke or change stipulated conditions, or stipulate new conditions. If the court finds it necessary, it can also prolong the probationary period, not, however, such that it totals more than five years. The correctional service's petition shall be based on the discussions and conclusions of the team. The regional director or person authorised to act on his/her behalf shall submit the petition to the court. The correctional service shall notify the prosecuting authority when it submits a petition for a court ruling.

If the court decides that it is justified by the convicted person's situation, it may, on petition from the correctional service, rule that the convicted person shall proceed to the next phase of the programme. The correctional service's petition shall be based on the discussions and conclusions of the team. The regional director or person authorised to act on his/her behalf shall submit the petition to the court. The correctional service shall notify the prosecuting authority when it submits a petition for a court ruling.

Suriname: Please note after a successfully complete program the minor ex-drug addict will not be sentenced.

UK: Liverpool: A recorded sentence with no breach.

US: The legal outcome for the DTC case can vary depending upon the phase in the legal process that the drug court program is applied. If the DTC is a pretrial program, the charges will be dismissed or, if a plea had been entered, it would be stricken; however, if the program is a post adjudication program, the period of probation may be shortened or terminated and/or any period of suspended incarceration that had been ordered would be stricken.

b. For Individuals Who Do Not Successfully Complete the Program

OVERVIEW:

Most of the programs reported that participants who do not successfully complete the DTC will proceed through the traditional criminal justice process and receive a jail sentence if they do not successfully complete the program. In Jamaica, a new treatment program could be ordered or the offender could be referred back to the regular criminal court for trial or sentence. In Mexico the case will be reopened.

SURVEY RESPONSES:

Belgium: They get an effective jail sentence or a working sentence.

Bermuda: An alternate sentence is imposed.

Brazil:

Rio de Janeiro: Continue with criminal proceedings and may be sentenced to prison.

Sao Paulo: Criminal prosecution.

Canada:

Calgary: NA

Toronto: May be jail or Conditional Sentence or probation.

Chile:

(1) Repeal Of The Conditional Suspension⁵⁷: If the candidate is object of a new investigation, by different charges or if he/she does not comply without serious or repeatedly justification, the imposed conditions (treatment and assistance to the monitoring audiences), the conditional suspension of the procedure will be able to be revoked by the judge, at the request of the Ministerio Público. In this way, the criminal trial against the offender is restarted.

(2) Modification of the Conditions⁵⁸: In case that the candidate declares his will of not continuing with the drugs treatment, the judge will be able to modify the imposed conditions. In this way, the candidate will be left out of the program, complying another condition that can be adequate with the circumstances of the case.

Ireland: Sentence but good progress on program mitigates sentence.

Jamaica: (1) A new treatment program could be ordered.

(2) Participant referred back to regular criminal court for trial or sentence if these had been previously deferred.

If Abscondee: warrants issued and upon execution participant could either be readmitted to DTC program or referred to regular criminal court.

Mexico: Reopening of the judicial process.

Norway: If the convicted person seriously or repeatedly violates the conditions stipulated by the court or if he/she withdraws his/her consent to participate, the court may, on petition from the correctional service, rule that the sentence be fully or partially enforced. Instead of ordering that the sentence be served, the court may order a new probationary period and stipulate new conditions if it finds this more expedient. If the convicted person commits a criminal offence during the probationary period, the court may, pursuant to the Penal Code section 54 subsection 3, hand down a combined sentence for both criminal acts or a separate sentence for the new criminal act.

Suriname: The drug addict will be sentenced by the court.

UK: Liverpool: Breach and re-sentence.

US: The participant will proceed through the traditional criminal justice process; if the program is a pretrial program this will entail going to trial or plea; if it is a post conviction program, a sentence of incarceration will generally be imposed.

⁵⁷ Code of Criminal Procedure, Article 239.

⁵⁸ Criminal Code, End of Article 238.

4. Personnel Assigned to the DTC

OVERVIEW:

The core staff of most DTCs entails the DTC judge, prosecutor, defense counselor, probation officer, and substance abuse counselor. Half of the programs also report that they also have the services of a psychiatrist available on a part time basis and approximately one third of the programs have access to the services of a nurse.

SURVEY RESPONSES:

Chart 5: Personnel Assigned to the Drug Treatment Court Programs

Country	DTC Staff Positions: Number and Status								
	Judge	Prosecutor	Defense Atty	Subst. Abuse Couns.	Prob. Of.	Social Worker	Nurse	Psychiatrist	Other
Belgium	2PT	2PT	-	2PT	-	-	-	-	-
Bermuda	1	3 FT	2FT	3	3FT				Psychologist
Brazil - Rio de Janeiro	80 FT	120FT	120FT	20 FT, 10 PT	30 FT 30 PT	30 FT; 30PT	20FT; 20PT	10 FT; 10PT	(1) Mental Hlth Couns: 20 FT; 10 PT
	1PT	1PT	1PT	-	-	-	-	-	(2) 3 PT auxiliary
Canada - Calgary/ Alberta	1 PT (1 day/wk)	2 (Federal and Provincial) PT (.4)	1 PT (1/2)		1 PT (.5)	1 PT (40 hrs./ month)			Case manager (FT)
	5PT	4PT	2PT	5PT	1 PT	2 PT			Mental Hlth couns.: 1 PT
- Toronto									
Chile ⁵⁹	1 PT	1 PT	1 PT	1PT	1PT			1PT	Administrator: 1 FT
England (Liverpool)	1FT	3FT	Non specificall y assigned	1FT	3	---	---	---	(1) Mental Hlth Couns.: as required; (2) Housing Officer: 1 FT; (3) Benefits & Educ and Empl Advisor: 1 FT
Ireland (Dublin)	1PT	-	-	-	1FT		1FT		(1) Educ. Spec.: FT (2) Police: 1 PT (3) DTC Coord: 1 PT

⁵⁹ Staffing figures appear to be per program

Jamaica	N/A	N/A	N/A	N/A	N/A	N/AN	N/A	N/A	N/A
Mexico (Mexico City)	2FT	2FT	1FT	2FT	3FT	1FT	3FT	1FT	(1) 1 FT Mental Hlth Couns.; 1 (2) Director de area en la PGJNL
Norway	5				1	1		1	2
Suriname	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
United States	2,000+ FT & PT	2,000+est PT	1,000+ est. PT	4,000+ est. FT & PT	3,000+ est. FT &PT	Sometim es-PT	Sometime s – PT	Sometimes- PT	(1) Case Managers – 1,000+est FT & PT; (2) Coordinators – 2,000 est. FT&PT

5. Role of the DTC Judge and Nature and Frequency of DTC Hearings

Question: *What role does the DTC judge play in your DTC? (e.g., Does the drug court judge hold periodic hearings to review the progress of DTC participants? If so, how frequently?*

Question: *What role, if any, does the drug court judge play in coordinating the services provided to DTC participants?*

OVERVIEW:

The majority of the respondents report that DTC judges primarily preside over DTC hearing (weekly, biweekly or monthly depending on the program and the case) to review the progress of the participants and make decisions related to treatment, sanctions, rewards, reinstatement and discharge. In Toronto, the judge works closely with the treatment manager to ensure the overall continuity of treatment and other services and information needed to assess participant progress. In Norway, judges get involved only when there is a petition: there is no routine review. In the U.S., Mexico and Jamaica, judges have been instrumental in providing coordination of various services that need to be provided to DTC participants.

SURVEY RESPONSES:

Belgium: Periodic hearings every 14 days; ongoing court supervision.

Bermuda: The Magistrate presides in weekly case conferencing/staffing and Programme Court hearings.

Brazil:

Rio de Janeiro: The judge has a predominant role to the extent that in the system of civil law the judge should apply the penal action and eventually replace it with the penalty of treatment.

Sao Paulo: People who preside/audience.

Canada:

Calgary: Having one judge assigned to the program is a key component to what we believe makes drug courts effective in helping to change participant's lives. The judge is a member of the multi-disciplinary team that meets weekly to discuss the progress of the participants and make decisions related to sanctions, rewards reinstatement and discharge.

Each of the participants meets with the same judge for weekly court appearances, where their progress is reported to the judge.

Toronto: Central position he/she chairs the precourt meeting before each DTC (which occurs twice a week). The judge also works together with the treatment Manager to ensure continuity and openness of information flow between the court and treatment teams. So "retreats" occur 3-4 times a year.

Chile: The Judge establishes the conditional suspension of the procedure, he also establishes the conditions that should be complied by the candidate, (drugs treatment under judicial supervision), and monitors its compliance by means of monthly monitoring hearings (work plan). According to the behavior and the results obtained by the candidate, reported by the treatment center and the psychosocial team (psychologist and social worker), he periodically adjusts the conditions of compliance, such as; type of treatment, monitoring audiences, etc.

Ireland: Frequency depends on what phase they are in, so weekly in Phase One, fortnightly in Phase Two and monthly in Phase Three. This may vary if participants requests to attend more often, or if the Judge/ or team feel they warrant more frequent review. Judge monitors by way of weekly pre-court meetings with team and weekly court hearing.

Jamaica: Judge is leader of the weekly meeting of DTC team before court. Progress of DTC participants reviewed by Judge. Judge discusses with DTC team, rewards, sanctions or expulsion from program. Judge leads screening of potential candidates for DTC and in consultation with lay magistrates, makes referrals to Probation, Psychiatrist, Treatment Provider. In court, normal judicial procedure is suspended and a more therapeutic alliance formed with offender and family. Praise and encouragement is metered out to offender in order to maintain or increase motivation in the quest for a drug free lifestyle. Judge co-ordinates graduation program for participant and their families.

Mexico: The Judge will order the Court Coordinator to arrange to have the accused assessed. That order shall be transmitted to the treatment center:

- The treatment center conducts a preliminary interview of the candidate and performs toxicology tests to determine if they have an alcohol or drug addiction;
- Based on the results of the preliminary interview the candidate undergoes a clinical assessment to determine the appropriate course of treatment;
- The center also conducts a sociological background check on the candidate which includes, but is not limited to, their social circles, family, community, academic history and the workplace.

Follow-up hearings

After an individual has been admitted to the program, the judge holds follow-up hearings in order to keep participants under close judicial supervision. These meetings shall be held at least at the following intervals. However, at the judge's discretion meetings may be held with the frequency that he or she deems appropriate:

- Weekly for the first six months after the candidate has been accepted into the first phase of the program;
- Weekly over the following three months after the participant has graduated to the second phase.

- Fortnightly over the course of three months once the participant has been promoted to the third phase;
- Monthly during the three months thereafter once the participant has moved on to the fourth phase.

Special hearings

Special hearings may be held to deal with any urgent situations that arise, such as:

- The need to reassess a participant who needs a change in the level of clinical care;
- To order medical assessments;
- To grant authority to leave the court's jurisdiction; or
- Any other measure that might be of benefit to the participant in their rehabilitation process without interfering with their recommended clinical treatment.

Norway: In Bergen there will be 5 judges (Drug Court judges) in the district court who will follow up the convicted every time they have qualified to be transferred to the next phase or when there is a breach of conditions. One of these 5 judges is probably not the same judge that pronounced the sentence (but it can be). Other than that, the judges will not be part of the team and there will be no pre-court meetings. There is no legal authority for this in Norway. The court is only involved when there is a petition, there is no routinely review.

Suriname: Please note that the project still has to be implemented.

UK: Liverpool: Regular reviews of progress in all cases.

US: All drug court judges in the U.S. hold frequent review hearings for all drug court participants. Generally these hearings are more frequent for participants when they start the program (once a week or once every other week) and then taper down to every three to four weeks as the individual progresses toward completion of the program. For persons having difficulty and either not progressing or relapsing, hearings are generally more frequently. Emergency hearings can be scheduled for participants who have missed treatment, drug testing or other appointments.

The drug court judge has been instrumental in providing coordination of the various services (treatment, public health, housing, vocational, etc.) that need to be provided to drug court participants. In many cases the judge has convened meetings of the heads of the agencies that can provide necessary services to request their support for the drug court and allocation of services for drug court participants. This function has been a critical one because generally these agencies are not required to provide dedicated support to criminal justice system offenders who would be required to be on long waiting lists for services if they, in fact, were even eligible to receive them.

6. Treatment Services Provided

a. Nature of Treatment Services Provided

OVERVIEW:

Most of the programs report that they provide detox and outpatient treatment services. Approximately half of the programs provide some residential services. Close to three quarters of the programs provide pharmacological interventions as part of their treatment services. Acupuncture services are provided only by Bermuda and Toronto's programs, and limited facilities in the U.S. Other services provided by responding programs include day programs, and some additional services provided to

address individual needs. Norway reports that treatment services are individually adapted to each participant.

SURVEY RESPONSES:

CHART 6. Treatment Services Provided by Responding DTC Courts

COUNTRY/CITY	DETOX	OUTPATIENT	RESIDENTIAL	ACUPUNCTURE	PHARMACOLOGICAL INTERVENTIONS	OTHER
BELGIUM/ Ghent	Yes	Yes	Yes	-	Yes	-
BERMUDA/ Hamilton	Yes	Yes	Yes	Yes	Yes	-
BRAZIL - Rio de Janeiro	Yes	-	No	-	Yes ⁶⁰	-
- Sao Paulo	-	-	-	-	-	AA, AE, and NA Meetings
CANADA - Calgary, Alberta	No	No	Yes, to all participants	No	No	Required Stages ⁶¹
- Toronto	Yes	Yes	Yes	Yes	Yes	Dedicated Housing for men in DTC
CHILE (multiple)	Yes ⁶²	Yes	Yes	No	Yes	-
ENGLAND/ Liverpool	No	Yes	No	No	Yes	-
IRELAND/Dublin	Yes ⁶³	Yes	Yes ²	Limited, depending on funding	Yes	Day Programs ⁶⁴
JAMAICA/ Montego Bay and Kingston	Yes	Medical Services	Occasional Referral to Other Treatment Agencies	No	No	-
MEXICO/Mexico City (plus five additional programs in the state of Nuevo	Yes	Yes	No	No	No	- ⁶⁵

⁶⁰ Other pharmacological substances such as mood stabilizers and anti-depressants.

⁶¹ All of our participants have to complete 3 stages of our program. Stage 1 involves mandatory residential treatment (3-5 months); Stage 2 is Transition into Community and entails the longest period (averaging 8-12 months); Stage 3 is graduating from the program and sentencing.

⁶² Not for all participants – it depends on the special needs. It is available in hospitals (with waiting lists), or in private centers with a high cost.

⁶³ These facilities are limited and waiting lists and entry criteria exist.

⁶⁴ Some NGO's and other community drug projects provide day programs for participants who are either trying to stabilize, or who are drug free, which involve group work, fellowship meetings/counseling and key working etc.

⁶⁵ Care for emotional and behavioral disorders. Assistance program for the offender's next of kin.

COUNTRY/CITY	DETOX	OUTPATIENT	RESIDENTIAL	ACUPUNCTURE	PHARMACOLOGICAL INTERVENTIONS	OTHER
Leon to be implemented shortly						
NORWAY/ Bergen and Oslo	N/A	N/A	N/A	N/A	N/A	Individually Adapted Program ⁶⁶
SURINAME/ Paramaribo	Yes	-	-	-	-	-
UNITED STATES (multiple)	Yes	Yes	Limited	A few ⁶⁷	Some	additional services may be provided to address individual needs of participant

b. Changes in the Nature and/or Frequency of Treatment Services Provided to DTC Participants

Question: Since the inception of the DTC, have any changes been made in the nature and/or frequency of treatment services provided to DTC participants? If so, please describe the changes and the reason(s) they were made.

OVERVIEW:

Most of the responding DTCs had not instituted changes in their treatment, perhaps in part because of the limited period of time in which they have been operating and in part because of the limited resources that had been available. Several of the programs, however, noted increased availability of resources (Chile and England, for example). Several of the responding DTCs noted difficulties in successfully reaching youth and were instituting special juvenile programs. The U.S. has seen an increase in gender specific focused programming and mental health services.

SURVEY RESPONSES:

Belgium: NA

Bermuda: There are fewer residential treatment spaces for both male and female clients.

Brazil:

Rio de Janeiro: Not yet.

Sao Paulo: No, except that public health department recently began to launch efforts to treat people involved with drugs.

⁶⁶The programme can contain individually adapted treatment plans, referral to interdisciplinary specialist treatment for problem drug users, treatment by the municipal health service, educational and employment measures, residential follow-up, recreational plans, follow-up by social services and other measures of importance to the individual's rehabilitation and integration into society.

⁶⁷ More don't use acupuncture reportedly because many state laws require the services of a physician, which makes the service too costly.

Canada:

Calgary: NA

Toronto: NA

Chile: There were changes along the implementation of the DTC.

- In 2004, there was a lack of treatment centers. In 2007, the National Council for the Control of Narcotics CONACE⁶⁸, assigned special treatment quotas for beneficiaries of DTC expanding the treatment centers offer. The allocation of special quotas, allows to access many as ambulatory as residential treatment programs;
- Besides, there have been improvements in the flows of work. Today, the treatment centers are the basis of the program;
- Regarding the pilot program in adolescents, at its start phase included a residential program for this type of population, in women, nevertheless today does not exist due to that at first the derivation of the adolescents was slower and not able to achieve the sustainability to the center.

Ireland: The DTC participants avail of existing services, no additional dedicated resources are provided to our DTC. There are additional urinary screening services provided since the start of the DTC. The HSE does provide a DTC Liaison Nurse to the court whose role includes providing information to the court, be a source of expertise on addiction/treatment issues and ensure that appropriate referrals are made to treatment services as required, such as counseling/psychiatric services/ medical card applications / etc. While it was envisaged that additional resources would be provided to the DTC once the pilot project was completed, as yet this has not happened.

Jamaica: NA

Mexico: NA

Norway: NA

Suriname: Please note that the project still has to be implemented.

UK: Liverpool: Yes much easier access and a much more comprehensive approach.

US: We do not have systematic information on the nature of changes in treatment services being provided but, anecdotally, it appears that programs have expanded their gender specific and other focused programming for drug court clients as well as enhanced mental health services.

c. Other Program Services Provided

Question: *Does your DTC provide other services to DTC participants (e.g., housing, dental/medical, employment, etc.)? If so, please summarize the services provided and the types of agenc(ies) that provide them.*

⁶⁸ Advisor of the Ministry of Interior, which is a consultant for the government in the matters related to the prevention and control of the use of drugs. Regarding DTC, currently maintains a Covenant of Financial Contribution with the Ministerio Público, in order to deliver the necessary funds for hiring the technical team of the DTC (psychologists, medical doctor, social worker or psychiatrist) and for other ends such as the training to the teams, furniture and infrastructure for technical team, among others.

OVERVIEW:

Most programs reported that they (Belgium, Chile, Ireland, Jamaica, Norway, Liverpool and U.S.) provide other services in addition to treatment, including vocational training, employment, benefit advice, etc.. Mexico also provides tertiary hospital service if needed.

SURVEY RESPONSES:

Belgium: We try to solve all related problems (work, housing, free time, family problems...) à NGO's, public welfare organizations, local housing agencies, ...

Bermuda: NA

Brazil:

Rio de Janeiro: Yes: education in many levels, sports, and arts.

Sao Paulo: No.

Canada:

Calgary: NA

Toronto: NA

Chile: Formally no, however, graduate candidates of the DTC have been contacted with institutions that offer them jobs or studies. In the treatment centers there is a reintegration offer (training, labor workshops and leveling of studies), for all the users (general population).

Ireland: Re Education and Employment:

The Irish DTC team has a full time education co-ordinator on the team. The education co-ordinator provides continual vocational and career guidance to the DTC participants and manages an education programme. The Irish Department of Education and Science support the City of Dublin Vocational Educational Committee (CDVEC) Adult Educations' involvement in the provision of this specifically designed education programme for participants of the DTC.

Each participant is given an educational assessment once they are on the DTC.

If they are not already involved in a community project, training, work or education they are given an appropriate daily specifically designed timetabled programme in the DTC education center which they must attend.

Re Health Care Matters: National Health Care system generally provides these services. Participants get assistance from the Team and are linked with appropriate services to pursue.

Jamaica: Medical services are provided through local hospital and health centre. Participants are referred to other agencies providing required services, e.g. skills training, literacy acquisition, employment.

Mexico: The Specialized Treatment Center of the Addictions Treatment Court, Health Secretariat of the State of Nuevo León, Mexico, is situated next to the same Health Secretariat's Psychiatric Rehabilitation Unit, which is equipped to provide tertiary hospital services if needed.

Norway: A drug programme is an individually adapted rehabilitation programme and a condition for a suspended criminal sentence. The programme can contain individually adapted treatment plans, referral to interdisciplinary specialist treatment for problem drug users, treatment by the municipal health service, educational and employment measures, residential follow-up, recreational plans, follow-up by social services and other measures of importance to the individual's rehabilitation and integration into society.

Suriname: Psychiatric centre and detox institution. Please note that the project still has to be implemented.

UK: Liverpool: Yes; housing advice, general health advice, employment advice, benefit advice, mental health treatment, education and training advice.

US: Most programs provide these support services. Dental and medical services are frequently provided through clinics and volunteer services; housing is often provided in coordination with local housing agencies although this need is the most immediate and continues to be one of the most difficult to meet.

d. Agencies Providing DTC Treatment Services

Question: What types of agencies/organizations provide the treatment services for your DTC program participants? (e.g, NGO's, public health department, local hospital, etc.)

OVERVIEW:

Most of the DTCs report using local public health agencies and local hospitals for provision of treatment services. Some use combinations of NGO's, the public health department, and local hospitals, to service DTC participants.

SURVEY RESPONSES:

Belgium: NGO's, public health department, local hospitals.

Bermuda: NGO's for substance abuse treatment; 2 Government residential facilities; Public Health Clinic; Local Hospital and Mental Health Hospital; Financial Assistance; Legal Aid; individual counseling services and Bermuda Housing Corporation.

Brazil:

Rio de Janeiro: Public and private health departments.

Sao Paulo: NGO's but recently public health department began activities for receiving people involved with drugs.

Canada:

Calgary: We have MOU's signed with 3 Residential Treatment Centres, 2 for men and 1 for our women. They provide all the addiction treatment programs to our clients during the first Stage in our program.

Toronto: N/A

Chile: Treatment Centers, nonprofit private organizations (through its centers), private therapeutic communities, hospitals. In the case of the adolescent population pilot non profit institutions specialized in infancy and adolescence, social risk, gender and culture participate.

Ireland: The majority of our participants are treated by the HSE (Health Service Executive) which is our public health body. Some also attend needle exchange/ counseling/ stabilization programs/ drug free day programmes mainly in NGO's which would be usually partially funded by the HSE. Local hospitals would provide medical services to participants with long term illnesses, Hep C/HIV etc. or for emergency treatment of abscesses etc. The majority of our participants have a medical card which entitles them to free dental and general practitioner (GP Doctor) services, and we assist them in ensuring they apply for this and avail of services available.

Jamaica: Local public hospital in Montego Bay and local public health centre in Kingston.

Mexico: Local government public institution: Specialized Treatment Center of the Addictions Treatment Court, Health Secretariat of the State of Nuevo León, Mexico.

Norway: Completion of the drug programme will require a combined effort from and binding cooperation between different sectors and administrative levels.

Suriname: Government public health department, psychiatric centre.

UK: Liverpool: Probation service in conjunction with health service and third sector providers.

US: Although we don't have current program-by-program information regarding the agencies providing treatment services to drug courts in the U.S., most drug courts are using (in the following order): locally run substance abuse treatment providers, local health departments, and probation department staff for either or both initial screening and assessment and provision of treatment services. In many instances, multiple providers are used, sometimes assigned on the basis of the geographic location of the provider and participant; and/or the special services available from the provider (e.g., gender specific, etc.).

7. Additional Services Needed/Desired:

Question: *Are there any additional services you would like to see provided to improve operations? If so, please describe them.*

OVERVIEW:

Half of the programs that responded would like to be able to access supplemental services such as housing, education, life skills, social reintegration and additional drug treatment in order to improve their existing operations.

SURVEY RESPONSES

Belgium: NA

Bermuda: NA

Brazil:

Rio de Janeiro: No.

Sao Paulo: No.

Canada:

Calgary: NA

Toronto: NA

Chile: Yes, additional services are needed:

- Labor: At the moment the users of the DTC do not have this formal service especially for the DTC, and should apply with the general population;
- Educational: Leveling of studies.

Ireland: Yes. We would like to have:

- Additional Residential Treatment services, particularly stabilization facilities;
- Access to accommodation when participants become homeless;
- Access to inpatient alcohol detox beds for participants on methadone treatment.

Jamaica: Yes:

- Expanded counseling services for participant and family;
- Clearly defined budget;
- Expanded Social work input;
- Enhanced co-ordination across both programs;
- Clearly defined rehabilitation program;
- Post treatment and after care services to maintain DTC impact;
- In view of staff turnover, procedural manuals, ongoing training to identify and maintain best practice models and ensure consistency of approach.

Mexico: The participation of community-based support networks for the social reintegration of offenders undergoing treatment.

Norway: NA

Suriname: Please note that the project still has to be implemented.

UK: Liverpool: In house education and child care.

US: Aftercare services that can be accessed by drug court participants, both those who successfully complete the program and those who fail but subsequently desire to access services.

8. Aftercare Services Provided to DTC Participants After They Leave the DTC

Question: *Are any services provided to participants once they leave the DTC program? If so, please describe them. Are these services voluntary?*

OVERVIEW:

Most of the DTCs responding reported that either services are provided on a voluntary basis or there is no clearly defined policy in place. In the US, the lack of available aftercare services has been a major deficiency, particularly in light of the chronic, relapsing nature of drug addiction. Ireland and Belgium reported that graduates of the program can seek limited after care services during their

probation periods. For US programs, no aftercare services are available other than whatever support participation in DTC alumni groups may offer.

SURVEY RESPONSES:

Belgium: If necessary, through probation measures.

Bermuda: NA

Brazil:

Rio de Janeiro: No.

Sao Paulo: No.

Canada:

Calgary: NA

Toronto: NA

Chile: No.

Ireland: Once the participant graduates from the DTC they are monitored for 12 months through the Rehabilitation Integration Officer provided by the HSE. The Education Programme welcomes graduates to come back for career advice and ongoing support. Many graduates have returned to avail of this and have given advice and encouragement to DTC participants.

Jamaica: No clearly defined policy in place, but ex-participants are accommodated for counseling at their behest.

Mexico: Not provided for.

Norway: NA

Suriname: Please note that the project still has to be implemented.

UK: Liverpool: All of the Community Justice Centre Services remain available on a voluntary basis.

US: Some programs have alumni groups which are voluntary and vary in focus and activities. Formal aftercare services, however, – which are desperately needed -- are not generally available.

9. Monitoring and Responding to Compliance/Noncompliance with DTC Requirements

a. Methods Used

Question: What method(s) are used to monitor DTC participants' compliance with DTC program requirements?

OVERVIEW:

Most of the programs reported that they monitor participant compliance with program requirements through urine drug testing. Some programs have random drug tests while others have scheduled drug

testing. Most of the programs also use some form of supervision (probation officer, case worker, and/or weekly meetings with judge) to monitor the progress of each participant through the various stages of their treatment.

SURVEY RESPONSES

Belgium: Attestation.

Bermuda: Clients are supervised/case managed by Probation Officers and compliance is gauged through urinalysis screenings; attendance at treatment; regular reporting, etc. There are at least weekly reports from treatment providers.

Brazil:

Rio de Janeiro: Mostly interviews and possibly tests for drug use.

Sao Paulo: Come back to justice system when there is a new offence.

Canada:

Calgary: Weekly reports provided to team on how each participant is doing during residential stage; weekly drug testing up to graduation; weekly reports related to how many 12 step meetings they attend.

Toronto: Random urine screens; routine court attendance. Honesty and accountability is key so the participants risk revocation of bail for not being honest @ drug use. However no participant is incarcerated for use.

Chile: Monthly monitoring hearings of the work plan are carried out. The most important aspect of these hearings is that the judge talks with the candidate, so this becomes a time space in which he/she can communicate whatever he/she wants in a voluntary way. The interventions that are carried out in this hearing are previously discussed and agreed by consensus in the preaudience meetings. The treatment center monthly reports to the psychosocial team, and them at the same time, keep the legal team (judge, prosecutor and defense attorney) informed, of the development, advance or backward steps of the treatment program by means of a "improvement report". The psychosocial team works as the case manager, monitoring the accomplishment and coordinating the delivery of information from the treatment supplier.

Ireland: Reporting by Team to Judge at pre-court meeting.

Jamaica:

- Attending weekly counseling with Treatment provider;
- Attending court weekly and accounts directly to Judge and lay magistrates;
- Random urine testing.

Mexico

Social work:

The center also conducts a sociological background check on the candidate which includes, but is not limited to, their social circles, family, community, academic history and the workplace.

Monitoring Police:

- Investigates the criminal record of the candidate.

The Office of the Attorney General:

- Evaluates the candidate based on the investigation file, including their criminal record, to determine if they accept or object to the request for admission to the program;
- Informs the victim of the offense of the candidate's request and explains to them the consequences thereof.

The findings of the investigations are turned over to the court coordinator within a maximum of 10 business days from the date on which the accused was received.

The Office of the Attorney General submits their position on the requests for admission to the program at a hearing.

Norway: It is the ordinary court with all of the judges there, who can pass a suspended sentence and put the condition to attend the drug-treatment program. The correctional service is responsible for the execution of the sentence. The court may only stipulate completion of a drug programme as a condition with the consent of the convicted person. Consent shall be given in a declaration of consent that shall also contain necessary exemptions from the duty of confidentiality. For consent to participate to be valid the person charged must have been given and have understood sufficient information on the implications of giving his/her consent. . Before the case is brought to court, the team must prepare a plan for the drug programme including proposed conditions for the completion of the programme. The correctional service is responsible for monitoring that the conditions are complied with.

Suriname: Please note that the project still has to be implemented.

UK: Liverpool: Regular (at least monthly) with the sentencing judge.

US: Case managers oversee participants' progress in treatment and test results; the drug court judge receives regular reports on participants' progress which he/she discusses with the participant at the regular review hearings. Situations warranting immediate action may be reported to the drug court judge immediately (e.g., failure to appear for a drug test, failure to appear at treatment, etc.) Primary indicators used to monitor participant performance are (1) drug tests; (2) attendance at treatment sessions; (3) attendance at court hearings; and (4) compliance with other program conditions.

b. Information Considered Most Useful In Assessing Compliance with DTC Requirements

Question: *What information do you feel is most useful in assessing compliance with DTC requirements?*

OVERVIEW:

Most of the programs reported that the urine test results, record of the participant's attendance at treatment sessions, court status hearings as well as the degree of compliance with other program requirements provide the most useful information to assessing participants' compliance with DTC requirements. Mexico's Code of Criminal Procedure provides a list of the obligations of participants, (see below) which includes such requirements as "leading an honest life", committing no further criminal offenses, information authorities of any change in address, and submitting to monitoring and treatment, as prescribed.

SURVEY RESPONSES:

Belgium: Attestation of different treatment centra, urine testing.

Bermuda: Urinalysis testing and attendance to treatment and reporting sessions.

Brazil:

Rio de Janeiro: Information passed on by the multidisciplinary team.

Sao Paulo: Know if people begin or remake contacts with work, information from health care/medical staff.

Canada:

Calgary: Weekly 12 step meetings, do they have a sponsor, weekly drug tests.

Toronto: Information received from treatment counselors which is received by the judge each time the participant enters the court.

Chile: The information that provides the psychosocial team in the pre hearing meetings, which also maintains informed the legal team based on the "improvement report" that is done by the treatment center.

Ireland:

- Urinalysis;
- No re-offending;
- Reports of attendance at appointments, review meetings.

Jamaica: Weekly report from Treatment Provider and Random Urine testing.

Mexico: *General obligations of the participant*

Article 611 of the Code of Criminal Procedure of the State of Nuevo León sets out a number of obligations to which the accused may be bound, including the following:

- Lead an honest life;
- Inform the authorities of any changes of address;
- Not commit a further offense that merits corporal punishment for which a formal arrest warrant is issued;
- Not threaten or approach the victim, injured party, or any witness who has given or is to give evidence against them;
- Take up residence in a fixed abode or change their place of residence;
- Not consort with certain individuals;
- Not visit certain places;
- Enroll in a formal education center or other institution whose purpose is to teach them to read, right, or learn a profession or trade;
- Hold a steady legal occupation or train to acquire one;
- Refrain from the consumption of alcoholic beverages and use of narcotics, stimulants, psychotropic drugs, or inhaled, hallucinogenic, or toxic substances that are addictive or habit-forming, except as part of a course of medical treatment or prescription;
- Submit to monitoring by the authorities under the terms and conditions warranted by the case;
- Submit to such treatment as their personal situation might require to prevent a repeat of antisocial conduct; or
- Perform certain services to the community under a program or programs designed in advance by the competent authority.

The victim or injured party and the Office of the Attorney General may request or propose to the judge that the accused be subjected to certain measures or conditions to ensure the better fulfillment of the provisions contained in this article.

Article 24 Special obligations of the participant

Further to the obligations set out in the preceding article, the judge shall require the participant to perform the activities and tasks mentioned in Articles 13, 14, 15 or 16 of the Operations Manual of the Specialized Addictions Treatment Court, depending on the stage of treatment reached by the Participant. The judge has the authority to impose additional obligations to ensure that the participant continues in the program.

Norway: The drug programme shall be described in an implementation plan. The plan shall contain compulsory measures, including a requirement for the submission of regular urine samples, which is compulsory for all convicted persons, and individual measures planned in cooperation with the individual. The implementation plan shall be formulated in a manner that makes the conditions for participating in the programme predictable and clear to the convicted person.

Suriname: Please note that the project still has to be implemented.

UK: Liverpool: Response to testing, attendance at sessions, reoffending information.

US: Compliance with drug testing and treatment program attendance and appearance at drug court hearings.

c. Responses to Noncompliance with DTC Requirements

Question: *What responses/sanctions are given to noncompliance with DTC requirements?*

OVERVIEW:

The programs use a variety of responses to noncompliance with DTC requirements, ranging from increasing required court appearance, curfews, fines, more frequent testing and reporting, letters of apology, additional required 12-step meetings to short term jail as a last resort. Repeated noncompliance generally results in program termination. The general consensus was that the nature of noncompliance affects the degree of sanctions.

SURVEY RESPONSES:

Belgium: Ending the program; more frequent appearances; changing the conditions.

Bermuda: Sanctions vary and are Phase specific. They include but are not limited to more frequent testing and/or reporting; Short-term imprisonment (Remand); Report writing/journaling; Community Service; Restarting Phases or relapse essays.

Brazil:

Rio de Janeiro: The continuation of the process and possible criminal conviction.

Sao Paulo: Reverse program and submit people to criminal trial.

Canada:

Calgary: Being sent back to jail is the most common sanction used by our court for relapses and bad behaviors while in the residential treatment centers. Not being able to go to the bucket at court because they have not had a good week. Having to write letters of apology and participating in extra 12 step meetings for relapse are also used.

Toronto: C.S.O.s, earlier attendance, “spoken to” by the judge, revoking bail

Chile: In case that the offender did not comply, without justification and serious or repeatedly the imposed conditions, at the request of the prosecutor or the victim, the Judge will revoke the conditional suspension of the procedure, which will be restarted. Also, it will be revoked in case that the offender was arraigned in a new investigation by different charges. Therefore, the relapse in the drug use, does not represent in itself a condition for the repealing of the conditional suspension, because it is assumed that this can be part of the rehabilitation process. In addition, it is important to mention that drug use in private spaces (except for the concert use) is not penalized in Chile⁶⁹. In cases that there were no serious or repeated compliance, the court will be able to talk with the offender, in order to evaluate which were the reasons of this behavior. In this way, it will be able to impose new "goals", in order to that these be accomplished and monitor in the next audience.

Ireland:

- Custody of 2 days up to 7 days;
- Debit of points;
- Increased frequencies in Court attendance;
- Daily morning sign on at Education centre or very infrequently at Garda Station;
- Curfews;
- Very small fines;
- Limitations on attending at certain places or with certain persons (very infrequently).

Jamaica:

- withdrawal of privileges;
- increase in random urine testing;
- expulsion and return to criminal court for trial or sentence for the offence;
- delayed graduation from program;
- overnight remand in custody;
- order new treatment program.

Mexico: Penalties

In cases where the participant displays symptoms or conduct that suggests that they have suffered a relapse, failed to comply with the treatment plan, or breached any of the conditions of their parole, the judge, at his or her discretion, may:

- Increase the frequency of judicial supervision;
- Order night-time supervision;
- Increase the frequency of toxicology tests at the court;
- Order them to carry out community work;
- Increase the restraining order to prevent them from going home;
- Order any other measure that might help the participant to change their conduct and obtain the necessary tools to rehabilitate themselves and get rid of their dependence on alcohol or drugs;

⁶⁹ Also the drug use in public spaces is penalized.

None of these measures may go against or undermine the participant's treatment plan. Revocation of the suspension shall not be used initially as an alternative penalty for the participant.

Norway: When the convicted has qualified to be transferred to the next phase in the program, the court has to say an order to do so. And also when the convicted has broken any of the conditions the court has to say a sentence that the convict has to go to jail or put other conditions to the sentence. If the convicted person seriously or repeatedly violates the conditions stipulated by the court or if he/she withdraws his/her consent to participate, the court may, on petition from the correctional service, rule that the sentence be fully or partially enforced. Instead of ordering that the sentence be served, the court may order a new probationary period and stipulate new conditions if it finds this more expedient. Moreover, on petition from the correctional service, the court may also rule that the convicted person be returned to a phase with stricter conditions. The correctional service's petition pursuant to the second and third sentences shall be based on team discussions and conclusions. The regional director or person authorised to act on his/her behalf shall submit the petition to the court. The correctional service shall notify the prosecuting authority when it submits a petition for a court ruling.

If the convicted person refuses to provide a urine sample aimed at detecting the use of illegal intoxicants or narcotic substances, this shall be regarded as a violation. This also applies to failure to attend treatment appointments and other appointments that have been made with the involved bodies.

The correctional service may, in the event of violations deemed to be less serious, give the convicted person a written warning about the consequences of repeated violations. The correctional service may also decide to enforce more rigorous testing of urine samples for a certain period of time or decide that the convicted person shall undergo intensive programmes aimed at improving drug control. If the convicted person commits a criminal offence during the probationary period, the court may, pursuant to the Penal Code section 54 subsection 3, hand down a combined sentence for both criminal acts or a separate sentence for the new criminal act. The prosecuting authority is responsible for bringing the criminal case to court, and the correctional service is obliged to notify the police/prosecuting authority if it learns that the convicted person has committed any criminal acts during the probationary period.

Suriname: Please note that the project still has to be implemented.

UK: Liverpool: Additional more onerous requirements (e.g. electronic monitoring) and breach proceedings can lead to custody.

US: Sanctions range from an admonition by the judge, sitting for a day in the "jury box" to watch the court process, to curfew restrictions, to short term (2-3 days) in jail; relapse may also be addressed by enhanced treatment and/or changing the treatment plan. Continued noncompliance may also result in the individual being reassigned to an earlier phase of the program and/or, ultimately, program termination.

d. Incentives/Recognition of Participant Progress

Question: *Are incentives or other positive reinforcement provided for participants who comply with DTC requirements? If so, please describe.*

OVERVIEW:

DTCs are using a range of strategies to recognize and reinforce participant progress. The most consistent and reportedly significant is the praise of the judge and other officials involved with the

program.⁷⁰ Other responses include having a “bucket” in court (Calgary) which holds various items such as coffee cards, candy, etc. from which complying participants can select a gift, to reducing required court attendances, enhancement of “bonus points” accumulated (Dublin), being listed first on the docket and then being permitted to leave, and various tokens contributed by local merchants (sports ticket, movie passes, etc.). The ultimate response to positive participant performance is, of course, successful completion of the program and the dismissal of the charge and/or other criminal justice system response.

SURVEY RESPONSES:

Belgium: Less frequent appearances; positive stimulation by judge, prosecutor and lawyer.

Bermuda: Yes. Includes recognition by Magistrate; Certificates and bi-monthly Court attendance.

Brazil:

Rio de Janeiro: In particular, not continuing with the criminal process.

Sao Paulo: Same incentives AA, AE, and NA provided.

Canada:

Calgary: For a good week a participant goes to the bucket in court which holds various items like coffee cards, candy, chocolates etc. Approval is given for special outings for participants who are doing well and demonstrating good recovery. Some participants are excused from their weekly appearance in court for special requests, when they are doing well.

Toronto: Reduction of court attendances, “Early Leave” list which allows participants to not remain in court; incentives such as coffee, toiletry, movie and museum passes.

Chile: These incentives are the following:

- The conditional suspension of the procedure, which implies that when the DTC (legal time limit) ends the candidate criminal records will be erased;
- Possibility to carry out a high quality, free and opportune drug treatment;
- Congratulations and public recognition of his/her respective therapeutic progress, whether on behalf of the Judge, Prosecutor or Defense attorney;
- Diploma of Honor at the end of rehabilitation process. A ceremony is carried out, to celebrate his/her successful graduation of the program;
- The participants that are in the program a considerable amount of time and those that are graduated from it, has been contacted them with institutions that offer studies or jobs. The social and labor reintegration is one of the challenges of the program;
- Decrease of the monitoring hearings according to the improvements (bimonthly);
- In case of residential treatments, exit permits are offered;
- In Home Violence investigations, the ban regarding being close to the victim is lifted, provided that this must be recommended by the treatment center;
- In the case of the adolescent pilot program, coordination with training institutions have been carried out.

⁷⁰ See 2000 *Drug Court Survey Report*. Volume VIII: Participant Perspectives. OJP Drug Court Clearinghouse and Technical Assistance Project. 2001. American University at www.american.edu/justice.

Ireland:

- Bonus points;
- Early listing in Court;
- Judicial praise;
- Vouchers 50 euro for shopping centre or cinema.

Jamaica:

- Reduction in counseling and court appearances;
- Increase in program special privileges;
- Achievements highlighted in front of peers/family.

Mexico: Case handling.

- Social reintegration program;
- Assistance program for the offender's next of kin.

SPECIAL HEARINGS

Special hearings may be held to deal with any urgent situations that arise, such as:

- The need to reassess a participant who needs a change in the level of clinical care;
- To order medical assessments;
- To grant authority to leave the court's jurisdiction; or
- Any other measure that might be of benefit to the participant in their rehabilitation process without interfering with their recommended clinical treatment.

Conclusion of treatment: Once treatment is concluded, the treatment center and Police Monitoring Officers shall certify to the court that participants have satisfactorily completed their treatment.

Graduation hearings: The culmination of the rehabilitation process takes place at a hearing set and held by the judge. After evaluating the reports from the treatment center and the police monitoring officers who supervise the participant, and concluding that said reports are favorable, that the participant has completed their rehabilitation process, and that they have not used substances for six months, the judge will schedule a graduation hearing. On the day of the hearing each participant due to graduate shall undergo a toxicology test. Any participants whose test results are positive shall not have their case closed and the judge shall decide the appropriate penalties.

At this hearing the judge will recognize the performance of each participant before the members of the public present, family members, and friends; hand them a diploma that attests that they have fulfilled the program requirements; and exonerate them from the charges for which they had been referred to the program. The participant will be regarded as a graduate of the program.

The graduation hearing may be of a special nature and held in a special joint session attended by graduates who have met the conditions of the program. The hearing may be attended by persons close to them as well as representatives of the operators and special guests. These hearings may also be held as part of the regular program schedule interspersed with follow-up hearings.

Norway: The drug programme shall be carried out in four phases. The phases are designated the instigation phase, the stabilisation phase, the responsibility phase and the continuation phase. The phases are decided on the basis of an individual assessment and of what constitutes realistic progress. The contents of the phases and the conditions for progressing from one to the next shall be stated in the implementation plan. Compliance with requirements allows participants to move on to the next phase and move closer to program completion.

Suriname: Please note that the project still has to be implemented.

UK: Liverpool: Prospect of residential detox place.

US: Positive reinforcement of participant progress can range from praise by the judge in open court; having the participant be heard early in the hearing and not be required to stay on through the entire session, to small tokens/gifts, such as key chains, etc., as participants progress through various phases, to tickets to movies or sporting events and gift certificates contributed by local vendors. In some cases, curfew restrictions or required frequency of drug court hearing attendance may be relaxed. The overall goal of whatever positive reinforcement is given is to provide prompt and ongoing recognition of participant efforts to comply with the program requirements, to reinforce their self confidence in being able to become and remain drug free and overcome situations that might have otherwise triggered their drug use recognize participant.

F. PROGRAM COSTS

1. Additional Resources Needed to Implement the DTC

***Question:** What additional resources/costs, if any, have been required to plan, implement and operate the DTC program and provide DTC services?*

OVERVIEW:

While a few of the reporting DTCs had received special funding for program implementation (e.g., Chile and the U.S., for example,) most had implemented the program with existing resources available from participating agencies with, in some cases, limited additional support (two half time liaisons in Belgium, for example). A few programs (e.g., Bermuda, Mexico and the U.S.) reported receiving funding for training and Toronto reported receiving funds to establish (with the DTC's community partners) housing for DTC participants when released from custody.

SURVEY RESPONSES:

Belgium: Two half time liaisons.

Bermuda: We have maintained the original budget since inception (minus some training funds for this fiscal year due to global economic situation).

Brazil:

Rio de Janeiro: Government investments.

Sao Paulo: Unknown.

Canada:

Calgary: We need committed 3 year funding at a minimum in order to create a viable program. We do not have this at present which creates a huge barrier to growing and developing our program.

Toronto: The major cost has been to provide housing. We have recently received funds to establish (with our community partners) houses for only DTCS participants when the immediately are released from custody.

Chile: Since the year 2007 the Ministry of Interior, with the technical advising of CONACE and the Ministerio Público, have subscribed yearly a Covenant of Financial Contribution, whose purpose has

been to give resources to the DTC project . With these resources, the bio-psychosocial teams have been hired, training have been given and other items of operational expenses for the DTC have been arranged.

Ireland: Pilot Project was commenced and maintained out of each agencies then existing resources.

Jamaica: These matters are dealt with at policy levels.

Mexico: Funds were allocated for participation in the following activities:

- Visits to drug courts in San Diego, California; Santiago, Chile, and San Antonio, Texas, with funds provided by the federal government and the state government of Nuevo León, Mexico;
- Attendance at a training program in Anaheim, California, with funds supplied by the U.S. Department of State; and in Ghent, Belgium, with funds provided by CICAD/SMS/OAS;
- In the case of the Addictions Treatment Court of Nuevo León, Mexico, existing funds were used. In addition the Preliminary Hearing Court of Guadalupe, Nuevo León was expanded and specialized, as will be the case with the five other specialized courts which will be opened at courthouses in Monterrey, the state capital of Nuevo León.

Norway: NA

Suriname: Please note that the national legislation and budget still has to be approved.

UK: Liverpool: No specific figures available.

US: The most pressing need for resources has been for treatment services dedicated to the drug court program so that participants can get immediate services and not be on waiting lists and/or take the only limited services that are readily available. There have also been other resource needs, such as for supervision and monitoring but these have frequently been provided through existing personnel, such as from the Probation Department. In addition, as DTC programs developed it also became quickly apparent that there was a significant need for an adequate data base that could provide both information on participants, needs and services, and program monitoring and evaluation functions as well. While a number of programs have developed these systems, the lack of consistent data definitions, as well as program operations, has precluded meaningful cross-program comparisons.

2. Source(s) of Funds Used To Provide DTC Resources

Question: *What source(s) have been used to provide these resources/funds?*

OVERVIEW:

The reporting DTCs reflect a mix of funding sources. Most of the programs that received special funding for the program reported that their initial funding source has been their federal governments for whatever funds they have received (Belgium, Canada, Chile, Mexico, Norway, Suriname, UK, and US for program start up). In Bermuda some funding has also been received from NGOs and private sources. Funding from the city government was provided for the DTC in Calgary. In the US, after initial federal “seed” money was expended, funding has been obtained from a range of sources, including state, county and city governments.

SURVEY RESPONSES:

Belgium: Minister of justice pays for 2 years (pilot project).

Bermuda: Government Funds and some limited NGO and private funding for specialized treatment needs.

Brazil:

Rio de Janeiro: Public resources.

Sao Paulo: Unknown.

Canada:

Calgary: City funding was the initial source; provincial money through the Safer Communities Fund is the current source of our 2010 funding.

Toronto: Federal government.

Chile: The already mentioned “Covenant of Financial Contribution”.

Ireland: As with the Pilot Project the DTC is maintained out of each agencies existing resources.

Jamaica: As above.

Mexico:

- Federal funds provided by the Office of the Attorney General of Mexico and the National Council on Addictions;
- State funds furnished from the regular budget of the judiciary of the State of Nuevo León, Mexico;
- State funds supplied by the Department of Mental Health and Addictions of the Health Secretariat of Nuevo León.

Norway: All the different ministries involved grant money to the project. All the team-members get their salary from their own agency, and the correctional service is responsible for the operating costs.

Suriname: Please note that the project and the budget still have to be approved by the government of Suriname.

UK: Liverpool: Ministry of Justice and individual agency budgets.

US: A combination of federal, state and local government funds has been used to start and maintain the DTCs, supplemented in some cases by participant fees and the proceeds from various fundraising activities. At the federal level: Federal grants and other funding from the U.S. Department of Justice and the U.S. Department of Health and Human Services/Substance Abuse and Mental Health Administration have been an important source of funding to spearhead the development of DTC programs and/or enhance specialized components (e.g., services for females, etc.). At the state level, a number of state legislatures have appropriated funds for drug courts or permitted a percentage of various fines and fees to be dedicated to drug court programs. Other sources of funding have included city and county governments. For some DTCs, private foundations have been established to which individuals can make voluntary contributions and/or which can manage the proceeds of fund raising activities. A number of programs also charge participants fees, often on a sliding scale, and, if they have insurance coverage, access any available funds through their insurance.

G. TRAINING

1. Training Provided

Question: *Has any interdisciplinary training been provided for staff involved in the DTC to enhance understanding of the program? If so, please describe the nature of training provided.*

OVERVIEW:

The majority of the programs reported that they attended a national and/or local interdisciplinary training conference to enhance their understanding of the DTC. Chile has been provided considerable training for judges, prosecutors and others involved in the DTC programs through a variety of sources (see below), including internships for some prosecutors. Some programs (Bermuda, Chile, Ireland and Mexico) report that DTC program officials have attended international training meetings relating to drug treatment courts as well as visited operating programs.

SURVEY RESPONSES:

Belgium: Yes, we organize a multidisciplinary training for all the actors.

Bermuda: Yes, annual local and overseas training provided by NDCI/NADCP and associates.

Brazil:

Rio de Janeiro: We coordinate the training of all persons who will work with the drug courts.

Sao Paulo: Speeches and seminars delivered by colleagues from Brazilian Association of Therapeutic Justice.

Canada:

Calgary: Seven members of the CDTC Team participated in a weeklong training for professionals at The Betty Ford Center in November, 2009, which provided an invaluable opportunity for team building as well as learning the common understanding of what addiction involves as well as what “effective” treatment involves.

Several members of the Team also participated in a RoundTable in November, 2009 where one of the key presentations was on Team dynamics and Team building.

Toronto: Yes. Treatment team will train the court team and vice versa.

Chile: Several activities of training for the teams that conform the program were developed. The Paz Ciudadana Foundation⁷¹ is permanently training the judges, regarding the management of audiences. On the other hand, CONACE supervises and train the double teams and the doctors of the project. Ministerio Publico, together with the mentioned institutions carries out periodic training to the main actors of the project. For example we can mention some of them carried out in 2008 and 2009:

Internship of the Prosecutors from the I and II regions. This activity was carried out on May 26th.

⁷¹ The Paz Ciudadana Foundation and the CONACE provide technical advice to the teams of the DTC. The Foundation at the same time, publishes documents for the program such as: Statistical bulletins, Users satisfaction Surveys, etc.

2008.

Day of training developed in Antofagasta, on July 7th, 2008, where CONACE, Paz Ciudadana, the Judicial Branch of government and the Ministerio Público participated. Its objective was to raise the awareness of the Judges of the region that they would work in the program.

Day of training called " Treatment Courts for Offenders under Judicial Supervision", carried out in Santiago August 28th, 2008, which gathered to the Judicial Branch of government, Ministry of Interior, Ministry of Justice, Public Criminal Defensor attorney's office, Paz Ciudadana Foundation, CONACE and the Ministerio Público. In addition, the legal and bio-psychosocial teams of the pilot programs also participated.

Day of training developed in Santiago, November 4th, 2008, regarding youth criminal responsibility. Its objective was the evaluation of the pilot in adolescent criminal responsibility.

International seminar "Treatment Courts for Offenders under Judicial Supervision: Compared experience from different international models". This activity was carried out in Santiago, between March 26th and 27th, 2009, in the framework of the project "EU-LAC Drug Treatment City Partnerships". It was organized jointly by CICAD/SMS/OAS, CONACE and the Ministerio Público. It included the participation of experts from the United Kingdom, Belgium, United States and Canada, who analyzed the implementation of this methodology (DTC) in their countries. Internal work day training called "Drugs Treatment Courts", carried out in Santiago, June 15th, 2009. Its objective was to review the DTC model.

DTC Regional Workday Training; and DTC Adolescents Pilot workday, which were carried out in Santiago, November 23rd, 2009. The first one included the bio-psychosocial teams of the Iquique, Antofagasta and Valparaíso programs, and the discussed topics were: Main aspects of the drugs treatment: Therapeutic adhesion in problematic consumption of drugs and, the updating of the software for DTC records. The second, included the participation of the clinical diagnostics evaluation teams of the Metropolitan Region; the discussed topics were the following: Evaluations in Adolescents Offenders, The Motivational Interview: Another intervention tool in adolescents with problematic consumption of substances, intervention Model of the Problematic Consumption with Adolescents Offenders, Social Educational Interventions with Adolescents Offenders and, Utilization of the Conditional Suspension of the Procedure with Problematic Consumption of Drugs Treatment, Visions and Proposals in the Regional District Attorney's Offices of the Metropolitan Region.

Participation of Chilean judges and DTC teams in the NADCP Annual Meeting under the coordination of Paz Ciudadana Foundation.

Conferences hold by Paz Ciudadana Foundation with the participation of a Canadian and a American judge in order to promote the DTC in Chile.

Each member of a DTC team has had a training of two days delivered by Paz Ciudadana Foundation the contents of the training are: hearings management, communication skills that promotes rehabilitation, roll playing and motivational interview.

Ireland: Attendance at NADCP training conference by most members of team on an annual basis up to 2008.

Jamaica:

- Initially all personnel involved received training in DTC procedures. Training carried out by personnel from Canada and their model adapted;
- Local conferences as well as personnel travelling abroad for further training for DTC as well as general substance abuse treatment and management;
- Ongoing local training.

Mexico: Study and research on the topic:

- Visit to Drug Courts in San Diego, California. February 2009;
- Visit to drug courts and presentation on the progress of the project in Mexico City at the EU-LAC Meeting in Santiago, Chile. March 2009;
- Visit to Drug Courts in San Antonio, Texas. May 2009;
- Attendance at the *NADCP 15th Annual Drug Court Training Conference*, Anaheim, California. (June 2009). Working meeting with R. Gil Kerlikowske, Director of the ONDCP;
- Visit to the CICAD – EU-LAC Meeting in Ghent, Belgium. June 2009;
- Review of various analysis documents on how drug courts have evolved in other countries;
- Training Program on Non-Custodial Treatment offered by the National Association of Drug Court Professionals (NADCP) in Monterrey, Nuevo León. August 2009;
- Visit by managers from the Treatment Center to four Drug Courts in San Diego, California. August 2009;
- Participation in the Eleventh Meeting of the Group of Experts on Demand Reduction: Toward the Development of Comprehensive Policies on Drug Treatment, CICAD/SMS/OAS;
- Working meeting with Thomas McLellan, Deputy Executive Secretary, ONDCP, and Carlos Rodríguez Ajenjo, Technical Secretary of the National Council on Addictions (CONADIC).

Norway: NA

Suriname: Please note training is necessary for judge, prosecutor, health institution, lawyer and Police. Please note that the project still has to be implemented.

UK: Liverpool: Each agency has provide training for staff.

US: The U.S. Department of Justice has been providing interdisciplinary training for over fifteen years through various training programs conducted at both the national and state level.

2. Training Needed To Sustain the DTC

Question: *What training/continuing education do you feel is needed to sustain the DTC, particularly as personnel change?*

OVERVIEW:

Most of the programs acknowledged that there is a need to keep program officials abreast of emerging issues by conducting or attending training relating to these issues. Some programs, such as Canada, Mexico and the U.S., conduct state or local level training on an annual basis; whereas Ireland's only opportunity to obtain DTC-specific training has been through attending international conferences. The U.S. reported that web-based training resources have also been made available that can be used by individual DTC staff as self-instructional tools. Ongoing training to address turnover in personnel is a need expressed by almost all of the responding programs.

SURVEY RESPONSES:

Belgium: NA

Bermuda: This remains on-going and has been expanded to embrace community issues and challenges.

Brazil:

Rio de Janeiro: NA

Sao Paulo: Talking about program.

Canada:

Calgary: Yearly professional training related to drug treatment court issues.

Toronto: Ongoing because membership in this team changes on a regular basis.

Chile: Role of each actor within the program; its objectives.

Ireland: As we are the only DTC in Ireland, we do not have specific training available to us here. The only opportunity we get is to attend International conferences and all team members are not necessarily funded by their individual organization to go. It would be great if we had separate dedicated funding to ensure we could all travel for education/training conferences, and that new team members would be afforded this opportunity also.

Jamaica:

- Program of continuing professional development for team members aimed at enhancing skills as well as keeping abreast of DTC developments;
- Training manual;
- Induction program to ensure all new personnel are trained in DTC procedures prior to commencing service delivery;
- Administrators of each DTC should be trained to manage budget and evaluate program effectiveness.

Mexico: Training in resilience and social reintegration.

Norway: NA

Suriname: Please note that the project still has to be implemented.

UK: Liverpool: NA

US: The need for training is ongoing, both to enhance skills and knowledge regarding DTC operations and practices, and to address the frequent turnover of DTC personnel. Ideally, self instructional materials should be available on a wide array of topics that DTC practitioners can access to both familiarize with necessary knowledge and skills and refresh their understanding as situations develop. To date, training resources have been provided through a range of activities, including:

(1) training on the goals and purposes of the drug court, how individual drug courts are designed to operate;

(2) cross training for the criminal justice and treatment representatives on the roles, philosophy, and governing principles for each of them with particular focus on the legal requirements

and constitutional rights to which drug court participants are entitled, whether or not they pursue the drug court approach; and

(3) training/orientation on addiction, recovery and treatment principles and strategies and how these relate to the way a drug court needs to operate and respond to participant progress and relapse.

Through resources provided by the U.S. Department of Justice, a wide range of training services has been made available, both for general DTC operational issues and discipline specific training for judges and other agency personnel involved (e.g., prosecutors, defense counsel, case managers, etc.). Web based training resources have also been made available that can be used by individual DTC staff as self instructional tools.

Each DTC has also developed a policies and procedures manual which provides a useful foundation for DTC team members to review and update program policies and procedures and to discuss their practical application to their program operations.

III. DTC IMPLEMENTATION PROCESS

A. CHANGES IN THE LEGAL PROCESS

Question: *What changes, if any, have been made to the traditional criminal justice process in order to implement the DTC?*

OVERVIEW:

Responding programs reflected a mix of approaches in terms of the process by which the DTC program was implemented. Some programs, such as in Belgium, Chile, Ireland, Norway and the UK, are working within the traditional criminal justice process. Jamaica and Mexico, however, have passed legislation and created specialized courts/dockets for the DTC. The U.S. listed four major changes in the traditional criminal justice process that had been introduced: (1) the addition of regular review hearings for drug court participants and emergency hearings, if needed; (2) direct communication between the judges and the participant, rather than with the participant's attorney; (3) the addition of pre-hearing "staffings" in which drug court team members discuss the progress (or lack thereof) of DTC participants scheduled for hearing and special issues that may need to be addressed; and (4) suspension of dispositive action on the case pending the participant's participation in the DTC.

SURVEY RESPONSES:

Belgium: (pilot program in existing legal system).

Bermuda: There is a team approach and environment. It is less adversarial.

Brazil:

Rio de Janeiro: Brazilian law was modified to include decriminalization measures, including alternatives to imprisonment. Thus, drug courts were incorporated in this context.

Sao Paulo: Judges, prosecutors and attorneys have been receiving education and training on substance abuse.

Canada:

Calgary: NA

Toronto: Changed criteria to graduate.

Chile: None.

Ireland: None formally or by enactment of legislation. By consent sentencing is stayed pending outcome in DTC.

Jamaica: The following changes were made:

- Drug Court (Treatment and Rehabilitation of Offenders) Act passed 1999 with accompanying Regulations in 2000;
- Lay Magistrates specially trained in Drug Court procedures. One female, one male presides with the Judge.

Mexico: The Specialized Addictions Treatment Court was created in the justice system of the State of Nuevo León, Mexico, as part of the accusatory system. No modifications were made to the legislation in force.

Norway: In Norway there were established a working group with participants from different ministries in the government. Their mandate was to make a report on whether the Drug Court system should be implemented in the Norwegian legal system or not, and if so: how to implement it. The report was presented in September 2004, and the conclusion was that the results from other drug-court countries were so good that this was something Norway should try. The report suggested that the court should lead the drug treatment program.

Suriname: Suriname needs to amend its national legislation to get the legal authorization.

UK: Liverpool: No statutory change but a more non adversarial approach adopted in court.

US: As noted above, drug Courts operate primarily at the state (not federal) court level. Although the criminal justice process in each state and territory in the U.S. is generally similar, there are also differences, both among states and among cities within the same state. A generic summary of the major differences between the traditional method of dealing with drug involved offenders and the drug treatment court process in the U.S. has been provided above (See Section XXXX). Essentially, the major changes in the traditional criminal justice process has been (1) the addition of regular review hearings for drug court participants and emergency hearings, if needed; (2) direct communication between the judges and the participant rather than through his/her attorney, premised on the understanding (often documented in a Memorandum of Understanding (MOU) that whatever the individual says at the hearing will not be used against him/her); (3) the addition of pre-hearing “staffings” at which the judge, prosecutor, defense, treatment representative and case manager discuss the cases on the hearing docket and special issues that have arisen regarding participants involved; and (4) suspension of dispositive action on the case pending the participant’s participation in the DTC. No special legislation has been required to implement the DTCs in the U.S., although some states have enacted legislation, primarily to provide legitimacy for the program. DTCs operate under the existing pretrial and post adjudication disposition authority of the court.

B. NEED FOR SPECIAL LEGISLATION

Question: *Was special legislation needed to implement the DTC? If yes, what issues did the legislation address? Please provide a copy of the legislation.*

OVERVIEW:

Approximately half of the responding programs reported that no special legislation was needed for the DTC and that implementation had occurred within the existing framework for processing cases. Some programs (Bermuda, Norway, Jamaica and Suriname), however, reported that they had enacted legislation. The U.S. reported that, while legislation at both the federal and state levels had been enacted, the purpose of the statutes has been to authorize funding (at both the federal and state level), to provide legitimacy for the DTC program, and/or to require that DTC programs be established. However, legislation was not required for the drug treatment court programs to function in the U.S.

SURVEY RESPONSES:

Belgium: Pilot program in existing legal system

Bermuda: Yes, Amendments to the Criminal Code, 1907 (Criminal Code Amendment Act, 2001⁷²

Brazil:

Rio de Janeiro: NA

Sao Paulo: Federal Brazilian law number 11.343/2006 which was enacted to implement alternative punishment in general. Coincidentally this law is also very suitable for DTCs but it is not a specific law for the DTC. It can be found at: www.planalto.br.

Canada:

Calgary: NA

Toronto: No.

Chile: There was no special legislation. The alternative exit to the criminal trial of "conditional suspension of the procedure" is applied, according to the Code of Criminal Procedure.

Ireland: NA

Jamaica: Yes new legislation passed. Please see attached⁷³

Legislation was in formal recognition of the link between substance abuse and offending, that incarceration was not effective in managing the problem. Treatment instead of punishment was more likely to succeed in breaking the cycle of offending and substance abused.

Mexico: No special laws were necessary; the Code of Criminal Procedure of the State of Nuevo León is applied.

Norway: A new statutory provision in the Criminal Code, section 53 and 54. The new statutory provision in the Criminal code and the administrative regulations came into force on the 1st of January 2006.

Suriname: Yes, to get the legal authorization to enforce the project. Please see attached copy.

UK: Liverpool: No.

US: Although some states have enacted legislation relating to drug courts, this legislation has generally been focused on providing legitimacy to the drug court program and is not required for the drug court program to function. Drug Courts have been implemented under the court's existing pretrial release and sentencing authority.⁷⁴

⁷² See Volume Two of this report.

⁷³ See attached document at end of survey responses

⁷⁴ See Compilation of Statutes Enacted in State Legislatures and Tribal Councils Relating to Drug Courts. May 2008.BJA Drug Court Clearinghouse. American University. At www.american.edu/justice

C. STRATEGIES USED TO DEVELOP BUY-IN AND SUPPORT FOR THE DTC PROGRAM

1. From the Judiciary

OVERVIEW:

Most of the programs reported that regular meetings with various stakeholders and continuous education and training was necessary to ensure support for the DTC. Some respondents pointed to the value of positive evaluation reports as mechanisms for solidifying support for the DTC programs. The U.S. reported that site visits to operating drug court programs has provided an opportunity for judges to see firsthand how a DTC operates and to talk with judges who preside over these programs.

SURVEY RESPONSES:

Belgium: With all these actors, we had a lot of consultation and drafted a consensus text

Bermuda: Regular meeting, stakeholder surveys and training initiatives, in addition to presentations and enhanced PR regime has commenced.

Brazil:

Rio de Janeiro: The judges held hearings to inform the defendant of the importance of complying with treatment.

Sao Paulo: Talking about program, spreading the news.

Canada:

Calgary: NA

Toronto: Long term education...still a work in progress.

Chile: In 2006 the interinstitutional work regarding DTC started, by means of the call done by the National Council for the Control of Narcotics CONACE and the Fundación Paz Ciudadana (Civic Peace Foundation), to a round table called: "Drugs Treatment for Offenders in the Judicial Context", which included the participation of the Judicial Branch of the Government, Ministry of Justice, Defense Attorney National Office, Center for Civil Society Studies of the University of Chile and the General Prosecutor's Office. The purpose of this meeting was the creation of an interinstitutional roundtable, in order to present a public policy proposal to provide drugs treatment to small harmfulness crime offenders, in judicial context.

Then, in April 2007, the Ministry of Interior (Home Office), with the technical advisory of CONACE and Ministerio Público, held a Financial Contribution Covenant, establishing the necessary budget to hire a team composed by a psychologist and a social worker called "psychosocial team" in charge of the detection of problematic consumption of drugs in the DTC program.

In December same year, the Judicial Branch, Ministry of Interior, Ministry of Justice, Ministerio Público, General Defense Attorney's Office, Paz Ciudadana and CONACE subscribed a "Protocol of Contribution", by virtue of which the institutions were committed to carry out the necessary actions for the appropriate implementation of the DTC in our country.

From 2008 to this date, the Ministry of Interior, with the technical advising of CONACE and Ministerio Público subscribed the Financial Contribution Covenants, in similar terms of the ones from

the previous year, which we mentioned in a previous paragraph, agreeing the creation of a project called "Treatment Courts for Offenders under Judicial Supervision". In this way, the Ministry of Interior delivers to the ministerio Público the necessary funds for the implementation of this project, which implies hiring a psychosocial team responsible for the inquiry of the problematic consumption of drugs, hiring a psychiatrist in charge of the diagnostic clinical evaluation, sufficient budget for the training days implementation, etc.

Ireland: NA

Jamaica: Education across the judicial body:

- Local meetings, conferences and education;
- Presentation of routine data on day to day functions, audit as well as research;
- Highlighting benefits of program.

Mexico: The purpose of the Addictions Treatment Court in Nuevo Leon is to encourage the rehabilitation of the accused and a reduction in criminal recidivism associated with abuse of or dependence on drugs or alcohol, in order to bring about their reintegration in society. To ensure the effective implementation of this approach the following 10 elements have been recognized as guiding principles:

- Combine treatment services for drug and alcohol abuse and dependence with case processing in the judicial system;
- Use a non-adversarial approach; the Office of the Attorney General and the defense promote public security while protecting the procedural guarantees of the parties;
- Quickly identify candidates for the pilot program;
- Provide access to treatment, detoxification, and rehabilitation services;
- Monitor abstinence through regular toxicology testing;
- Coordinate strategies based on the participation and compliance of participants;
- Maintain constant interaction between the participant and the judicial system;
- Measure the attainment of program goals as well as its effectiveness through permanent and continuous monitoring and evaluation;
- Promote interdisciplinary education through planning, implementation, and effective operation of the Addictions Treatment Court;
- Enrich the effectiveness of the program through support from institutions or agencies from all three branches of government as well as nongovernmental organizations.

Norway: A lot of agencies, and especially the Supreme Court, was very sceptic to a system where the courts would be so involved in the serving of a sentence. This would break the legal principle of the courts independence to the public administration. This resulted in a new statutory provision in the Criminal Code, section 53 and 54.

Suriname: NA

UK: Liverpool: Specific judicial post advertised.

US: Developing support and buy-in from judges for the DTC concept has been an ongoing effort. Initially, support developed following visits to operating programs which provided an opportunity for judges to see first hand how a DTC operated and to talk with judges who presided over these programs. In addition, national, state and local training programs provide an opportunity to not only obtain information on the DTC concept but also information on addiction, substance abuse treatment approaches, and related topics. Development of the "Key Components" in 1997 under the sponsorship of the U.S. Department of Justice has also provided a framework for drug court programs to develop. Publicizing the findings of drug court evaluation reports has also been an important element in

developing judicial support. As the DTC concept has become more accepted the assignment of “drug court judge” has increasingly become a part of the regular rotation assignment for judges.

2. From Other Justice System Officials

OVERVIEW:

Most respondents noted the value of providing information about their respective DTCs, the benefits of treatment, the positive evaluation results of other drug treatment courts, and the value of promoting peer to peer interchange regarding the benefits of the DTC to the justice agencies involved. Mexico, Jamaica and Ireland emphasized that the drug court personnel’s job descriptions should incorporate education and training about DTC proceedings. The U.S. noted that exposure to peers in other jurisdictions and to other drug court programs had been very beneficial.

SURVEY RESPONSES:

Belgium: NA

Bermuda: Quarterly strategy sessions and regular meetings along with shared training; Revised Manual to be disseminated this quarter.

Brazil:

Rio de Janeiro: Encouraging treatment.

Sao Paulo: Talking about program to spread news about it.

Canada:

Calgary: NA

Toronto: Proof that it “works” by demonstrating the outcomes.

Chile: In addition of the previously indicated, the Paz Ciudadana Foundation and CONACE have given technical support to the DTC by means of training to its main actors. The Ministerio Público has actively participated in these activities, as in the organization as in the contents.

Ireland: NA

Jamaica: Police officers – education and participation in DTC proceedings.

Mexico: Functions of the Office of the Attorney General

In addition to their regular functions, the representative of the Office of the Attorney General assigned to the pilot program will:

- Verify that candidates meet the general and special eligibility requirements to enroll in a program as well as the program admission criteria;
- Review the evaluation and progress report on each participant prepared by the treatment center and police monitoring officer, as appropriate;
- Approve or object to the admission of a defendant to the program;
- Inform the victim of the offense of which the candidate stands charged what the plea bargain consists of, what the program is, and what the consequences of failure to complete the program would be;

- Demand the payment of damages as part of the agreement;
- Maintain constant communication with the treatment center and the police monitoring officer in order to know about any changes and the progress of the participants;
- Attend meetings held with other program operators to discuss alternative penalties and incentives for participants;
- Request, where necessary, the initiation of the process to revoke the probationary suspension of proceedings for the treatment granted, always bearing in mind the program's therapeutic approach;
- Collaborate with the general manager of the program, providing them with statistical data and informing them of any difficulties in the program's progress, as well as any other information on the program that they request;
- Attend hearings on cases;
- Attend meetings convened by the judge to discuss cases;
- Attend other meetings convened by the general manager of the program or the judge.

Functions of the police monitoring officers

The basic mission of the police monitoring officer is to monitor participants to ensure that they comply with the obligations imposed by the judge.

- The police monitoring officer coordinates with the treatment center and has the following responsibilities;
- Supervision of participants, both day and night, as authorized by the court, as well as drafting reports on their supervision findings;
- Carry out investigations of program candidates on request from the court or the Office of the Attorney General;
- Attend program induction, follow-up, special, and graduation hearings, as well as case discussion meetings;
- Conduct the necessary police inquiries to verify if participants comply with their rehabilitation plans;
- Pursue all the necessary administrative procedures to obtain participants' criminal records;
- Verify that participants comply with court restraining orders imposed to prevent them from going home;
- Conduct, at the request of the judge or the Office of the Attorney General, all the necessary inquiries and corroboration visits where information is doubtful or there is any controversy to be settled;
- Accompany treatment center staff to high-crime areas when requested to do so. This service requires the authorization of the police monitoring officers' supervising coordinator;
- Provide support and cooperation to the support groups established;
- Collaborate with the general manager of the program, providing them with statistical data and informing them of any difficulties in the program's progress, as well as any other information on the program that they request;
- Attend the hearings of their clients' cases;
- Attend meetings convened by the judge to discuss cases;
- Attend other meetings convened by the general manager of the program or the judge.

Norway: NA

Suriname: NA

UK: Liverpool: Specific posts advertised.

US: Primarily exposure to peers in other jurisdictions and to other drug court programs; documentation on the efficiencies drug courts could provide in terms of enhancing public safety.

3. From Attorneys

OVERVIEW:

As with responses to earlier questions on this point, most programs noted that increased dialogue, education and exposure to peers in other jurisdictions was very valuable in promoting support as well as understanding of the nature of addiction and how the DTC program can be effective.

SURVEY RESPONSES:

Belgium: NA

Bermuda: Increased dialogue – starting with small conversations and presentations at Bar Association and other forums.

Brazil:

Rio de Janeiro: Explain that without submission to treatment, the criminal process will continue and the criminal defendant may be convicted.

Sao Paulo: Talking about program and spreading information about it.

Canada:

Calgary: NA

Toronto: See above.

Chile: see previous.

Ireland: NA

Jamaica:

- Education in relation to the benefits to their clients of DTC;
- Engaging civil rights attorneys and other advocacy groups.

Mexico: Functions of defense lawyers.

Defense lawyers, whether they be a public defender or private counsel, represent the interests of citizens charged with crimes.

Defense lawyers shall:

- Provide legal counsel to persons accused of an offense;
- Study the facts of the case and the best course of action to follow, presenting any defense to which the accused is entitled, including lodging such appeals as are deemed appropriate;
- Protect the interests of the participant;
- Inform the candidate of their rights and benefits as a participant in the program;
- Review the evaluation and progress report on each participant prepared by the treatment center and police monitoring officer, as appropriate;
- Once the candidate has been accepted into the program they shall defend them at the induction and follow-up hearings, inquiring beforehand about how they have adapted and progressed under the rules of the program;
- Advise the candidate or participant about the consequences of breaking the rules of the program;

- Collaborate with the general manager of the program, providing them with statistical data and informing them of any difficulties in the program's progress, as well as any other information on the program that they request;
- Attend the hearings of their clients' cases;
- Attend meetings convened by the judge to discuss cases;
- Attend other meetings convened by the general manager of the program or the judge.

As regards the public defender assigned to the program, they shall also coordinate with other lawyers in order to identify program candidates from the initial interview.

Norway: Very often a defence lawyer takes the initiative to get a social inquiry report for this purpose, but they still have to apply through the public prosecution.

Suriname: NA

UK: Liverpool: Judicial persuasion.

US: Support has been developed primarily through exposure to peers in other jurisdictions and to other drug courts; specific explanations of how the drug court can benefit their respective agencies in terms of carrying out their respective missions as well as bringing about efficiencies that can result in use of available resources; for defense attorneys, also working to ensure adequate protections of the rights of participants as part of the DTC program plan.

4. From Public Health Officials

OVERVIEW:

Most of the responding programs reported that public health officials had been collaborating partners and helpful in planning the DTC program as well as making available necessary treatment services. Some of the respondents (e.g., the U.S. and Mexico, for example), reported that the oversight provided by the court has reinforced the role of the treatment provider, thereby enhancing the impact of the treatment services.

SURVEY RESPONSES:

Belgium: NA

Bermuda: Enhanced collaborative efforts and community outreach.

Brazil:

Rio de Janeiro: Encouraging treatment.

Sao Paulo: Nothing.

Canada:

Calgary: NA

Toronto: Easy buy in...they knew it would work.

Chile: Roundtables with representatives of the Department of Health have been formed, achieving their support in the sanitary topics of the program.

Ireland: NA

Jamaica:

- Regular meetings between health personnel and judiciary;
- Secured accessibility to general and specialist health provisions;
- Presentation of routine data on day to day functions, audit as well as research;
- Highlighting benefits of programme.

Mexico: Functions of the treatment center.

The treatment center staff shall:

- Make a confirmation diagnosis of all candidates referred in order to determine their eligibility for the program;
- Conduct toxicology tests on each candidate as well as on participants during the latter's supervision period;
- Make appropriate recommendations to the judge regarding the candidate's admission to the program based on the findings made during the investigation and initial interview;
- Send the necessary documents or reports to the court that support any decision or determinations made by the program in each case over which it has jurisdiction;
- Discuss with the different program operators all those actions for which they are responsible;
- Provide appropriate supervision for the participant in order to keep the court apprised of their progress;
- Keep an up-to-date file on each and every intervention in each case with the participant, next of kin, and other necessary officials. (e.g. work, school, government agencies, among others);
- Submit to the judge, Office of the Attorney General or defense counsel such documents or reports as are required within the terms established by both parties;
- Arrange, within the established deadlines, investigation or follow-up visits at the settings where the program operates: Home, community, place of study or work, treatment center, where the situation merits;
- Investigate the cases referred by the court according to the established criteria;
- Keep program participants under close supervision at the office, in the community, and place of treatment;
- Direct the participant in their rehabilitation and integrate family resources to act as a support for the participant;
- Facilitate the coordination of services and provide guidance to participants in finding work, a place of study, housing, etc;
- Collaborate with the judge, providing them with statistical data and informing them of any difficulties in the program's progress, as well as any other information on the program that they request;
- Attend the hearings of their clients' cases;
- Attend meetings convened by the judge to discuss cases;
- Attend other meetings convened by the judge.

Norway: NA

Suriname: NA

UK: Liverpool: Meetings with commissioners headed by the judge.

US: In the US the drug courts have reinforced the role of public health – particularly treatment providers -- by providing continuous oversight of their clients as well as serving as a very credible and consistent referral source.

5. From Community Leaders

OVERVIEW:

Most of the programs reported that support from community leaders has been secured primarily through provision of information on both the DTC as well as the extent of drug addiction in the community, its impact on the well being of the community (e.g., on crime, public health, etc.), the financial costs entailed (e.g., jail space, workplace loss of productivity, etc.) and the cost effectiveness of DTC programs. A number of respondents also noted the value of inviting community leaders to DTC graduation ceremonies or DTC hearings where they can meet program participants and learn about the program first hand.

SURVEY RESPONSES:

Belgium: NA

Bermuda: Invited community leaders to view Court; make presentations on programme; and discussions with clients

Brazil:

Rio de Janeiro: NA

Sao Paulo: Talking about program to spread information about it.

Canada:

Calgary: NA

Toronto: see above.

Chile: see previous comments.

Ireland: There was a Government Report commissioned and provided and a steering committee set up comprised of personnel from the various interested agencies, Judiciary, Legal practitioners, Health Board, Probation, Community, Garda (Police), Medical.(Working Group on a Courts commission, available on the Courts Service website, www.courts.ie).

Jamaica:

- Including Lay Magistrates in DTC;
- Development of support groups for DTC.

Mexico: Create community-based for networks for the offender and their next of kin (in progress).

Norway: NA

Suriname: Please note that in the Working Group Drug Treatment Court several institutions are represented. For example, Court of Justice, Prosecution, Health treatment centre, prison, national drugs council. Please note that the project still has to be implemented.

UK: Liverpool: Close community liaison.

US: Support from community leaders has been developed through a number of strategies, including:

- (1) Convening meetings of community leaders to present the various dimensions of the drug problem and its implications for the community – youth, neighborhoods, merchants, tourism, etc.;
- (2) Many community leaders have also had personal experience with someone close to them becoming addicted and welcome the opportunity to work with the justice system in a constructive way to address addiction. Most graduation programs also include invitations to community leaders to attend and, often, to speak;
- (3) A number of DTCs also have established policy/advisory committees composed of community leaders (e.g., representatives from the medical, educational, business, etc., communities) who can serve as a liaison between the program and the community to report the benefits/services of the DTC as well as solicit needed services and resources;
- (4) Many of the DTCs have community service components involving both current participants and alumni that provide outreach to the community – for example, a booth at a community fair explaining the dangers of drugs and the importance of drug/alcohol treatment; providing Thanksgiving dinner baskets to families in need; working at shelters, etc.

6. From Others Whose Support was Needed

OVERVIEW:

Most of the programs reported that they reach out to all segments of the community—the media, legislators, mayors, governors, the faith community, local business organizations, etc. -- to provide information on both the DTC as well as addiction, generally, and the limitations of other options for treatment that the DTC overcomes.

SURVEY RESPONSES:

Belgium: NA

Bermuda: Collaboration; enhanced outreach initiatives and expanded trainings.

Brazil:

Rio de Janeiro: NA

Sao Paulo: Talking about program to spread information about it.

Canada:

Calgary: Each of the community stakeholders was invited to have a representative sit on our Board of Directors. We also held a well attended Open House to celebrate our 2 Year Anniversary as a way of educating and informing the community across all levels about who we are and the work we do. We also have participated in various community presentations to schools, and other professionals as a way of educating the public about the work we do.

Toronto: The police were sold by having them to speak to colleagues in jurisdictions where DTCS are up and running.

Chile: NA

Ireland: NA

Jamaica: NA

Mexico: Create business and education networks by which to provide education and formal employment to program participants (in progress).

Norway: Spent a lot of time giving information about the drug treatment program to: lawyers, judges, police officers, public prosecutors, prison officers, social workers, health workers, people working with education for grown-ups, and you name it. So the chance for someone to know about this possibility for drug-addicts is good. Theoretically all these different people can guide the drug-addict into getting a sentence like this, as long as it is the public prosecution/the court that formally asks for the social inquiry report.

Suriname: NA

UK: Liverpool: NA

US: See above.

D. ROLE OF CITIES AND MUNICIPALITIES IN PLANNING/ IMPLEMENTING DTCs

Question: Has your city or municipality been involved with the planning and/or implementation of the DTC? If so, please describe the involvement.

OVERVIEW:

Approximately half of the respondents noted that their city leaders had been involved with the development of their DTCs. Four respondents (Belgium, Calgary, Suriname and UK) reported that their city/municipality was contributed toward implementation of the DTC. The U.S. reported that cities and counties have provided strong support for their DTC programs in various forms, including funding and recognition.

SURVEY RESPONSES:

Belgium: Ghent was involved in the planning and the drug coordinator and the steering committee of the city of Ghent supported the DTC (without financial means).

Bermuda: NA

Brazil:

Rio de Janeiro: Not yet. Just judges and prosecutors.

Sao Paulo: Yes, but this action is just beginning.

Canada:

Calgary: Yes, the city provided us with funding for the first 2 years that allowed us to open up.

Toronto: The city was not involved.

Chile: In 2007, the Judicial Branch of government, the Ministry of Interior, Ministry of Justice, Ministerio Público, Public Criminal Defensor attorney's office, Paz Ciudadana Foundation and CONACE signed a "Protocol of Contribution", by virtue of which the institutions are committed to carry out the necessary actions for the appropriate implementation of the DTC in our country.

Ireland: No, the city was not involved.

Jamaica: Administration of DTC is a function of central government between the ministries of Health and Justice.

Mexico: This program has arisen from agreements between the Mexican federal government, Office of the Attorney General and CONADIC; the state government, judiciary, and Department of Mental Health and Addictions of the Health Secretariat of the State of Nuevo Leon, and international agencies: The U.S. Department of State, ONDCP/NADCP, CICAD/SMS/OAS.

Norway: NA

Suriname: Yes, through the National Drugs Council and the government.

UK: Liverpool: Yes. The primary health care trust and Drug Intervention Programmes are vital partners.

US: Many cities in the U.S. have provided strong support to their DTCs. This has taken the form of financial support, recognition by city leaders of drug court graduates and attendance at their graduations; convening "stakeholder" meetings of key community leaders and agency heads who can serve as a liaison with the drug court and community resources. Regardless of the source of funding DTCs have received, the local cities in which they operate are major beneficiaries of the program's services, reflected in the reductions in crime that have resulted, reduced costs for justice system costs, particularly incarceration, and decreases in public assistance and foster care costs for the DTC participants who are able to obtain employment, retain/regain custody of their children who may have been placed in foster care due to the parent's drug use, and related costs.

E. PLANNING AND TESTING FEASIBILITY OF THE DTC

1. Time Devoted to Planning the DTC

Question: *How much time was devoted to planning the DTC, including any pilot testing conducted?*

OVERVIEW:

Most of the programs reported that it took anywhere from 6 months to 2 years or more to plan their DTC, depending on available funding. This time was generally devoted to planning the design of the program, developing stakeholder support, hiring staff, and training DTC personnel

SURVEY RESPONSES:

Belgium: Planning 9 months; 2 years of pilot.

Bermuda: 2 years.

Brazil:

Rio de Janeiro: No pilot program.

Sao Paulo: Time allocated was the time devoted to talking about the program.

Canada:

Calgary: Five years of meetings involving various stakeholders who met as part of a steering committee to try to implement a drug court. The group initially came together in hopes of obtaining Federal funding for the drug court, which ultimately was unsuccessful.

Toronto: about one year.

Chile: The pilots worked up to 2008.

Ireland: The pilot project was envisaged to last about 18 months, but due to low referrals it was extended. It lasted until 2006 when the DTC was put on a permanent footing, but despite this the proposed expansion of the DTC has not yet happened.

Jamaica: This work was largely undertaken at policy and level, therefore unable to provide time estimate. Pilot is ongoing.

Mexico: The preparatory work for implementing the first pilot program lasted around eight months, during which time visits were made to drug courts in the United States, Chile, and Belgium. Project members also attended academic forums and training was provided to staff involved in this area both at the federal level and in the state of Nuevo León. The pilot project has been in operation for five months and is functioning on a permanent basis with the opening of five new courts in the jurisdiction of Monterrey, the State capital.

Norway: In Norway there were established a working group with participants from different ministries in the government. Their mandate was to make a report on whether the Drug Court system should be implemented in the Norwegian legal system or not, and if so: how to implement it. The report was presented in September 2004, and the conclusion was that the results from other drug-court countries were so good that this was something Norway should try. The report suggested that the court should lead the drug treatment program. The report was sent out for comments to a lot of different agencies and also all the courts. A lot of agencies, and especially the Supreme Court, was very sceptic to a system where the courts would be so involved in the serving of a sentence. This would break the legal principle of the courts independence to the public administration. The result of the hearing was that when the bill was presented to the Parliament (Stortinget) it suggested that Norway should implement what they called a drug treatment program supervised/controlled by the court (not led by). This resulted in a new statutory provision in the Criminal Code, section 53 and 54, which came into force on the 1st of January 2006.

Suriname: Please note that the project still has to be implemented.

UK: Liverpool: 12-18 months lead in.

US: Most programs can plan and implement their drug courts within six months – one year. Funding for treatment and related services and getting the buy in of other criminal justice agencies are generally the tasks that require substantial time.

2. Pilot Testing the DTC Concept

Question: *Was a pilot project used to test the viability of the DTC? If yes, how was its success determined?*

OVERVIEW:

Approximately half of the respondents noted that they began as a pilot program and are still operating as a pilot program (for example: Belgium, Jamaica, Mexico and UK). Chile, Ireland and the U.S. reported that they started off as pilot programs, and success was determined based on graduation rates and recidivism rates. Calgary started as a pilot as result of limited funding. Because of the lack of permanent funding for most DTC programs, many that have been operating for some time still consider themselves to be “pilot”, e.g., continually having to justify their merit in order to maintain their operations.

SURVEY RESPONSES:

Belgium: Still in pilot phase.

Bermuda: No.

Brazil:

Rio de Janeiro: There is no pilot program. Each state uses its own unique program.

Sao Paulo: No.

Canada:

Calgary: A pilot project was set up not to test the viability but more as a result of limited funding. At the end of the pilot project, funding was obtained for another full year because of the funders belief that this was a worthwhile project, but not because any formal evaluation had been completed.

Toronto: no pilot test was used.

Chile: Yes, in Valparaíso, in the year 2004. From this experience, the main actors of the project, with the coordination of Paz Ciudadana Foundation, signed an "Interinstitutional agreement Protocol", that established the bases of the program. A second pilot started by mid-2005. In this way, gradually, other cities were added to the program until the creation of what today is called Drug Treatment Courts, framed according to the international model.

Its success was determined, through the institutional wills that wanted to follow the model, and to the number of cases investigated during the phase of pilot programming.

Ireland: Pilot project up to 2006. An internal Courts Service report did a preliminary assessment based on results of graduations and achievements of participants together with reduction in re offending.

Jamaica: The programme is still in pilot owing to lack of funding for expansion. Audit reports have provided promising results. The Jamaican Justice Reform Task Force recommended its expansion based on positive evaluation.

Mexico: The program is currently at this phase. The specialized Treatment Center was created for cases referred by the Addictions Treatment Court.

Norway: A three-year trial scheme for court-controlled drug programmes (drug courts) in the municipalities of Oslo and Bergen will be established with effect from 1 January 2006. The objective of the trial scheme is to prevent new crime and to promote the rehabilitation of convicted persons. It is also intended to help improve the practical support and treatment offered to problem drug users covered by the scheme. Completion of the drug programme will require a combined effort from and binding cooperation between different sectors and administrative levels.

The trial scheme for drug programmes shall be evaluated during the trial period. By evaluation is meant a research-based process and assessment of results. The main objective of the evaluation is to arrive at a recommendation on whether the programme should be concluded after three years or whether it should be continued. Confidential information to be used during the evaluation shall as a rule be anonymised. If this is not the case, the convicted person must give his/her consent.

Suriname: Please note that the project still has to be implemented.

UK: Liverpool: This is a pilot and two further drug treatment pilots are underway in London and Leeds.

US: The Miami program, developed as a pragmatic response to jail crowding and the surge of drug involved offenders arrested and released into the community without any supervision or treatment services, was implemented as a practical, ad hoc effort to provide increased accountability and court supervision of drug involved arrestees. The necessary functions relating to provision and coordination of services, record keeping, participant monitoring, etc., were developed incrementally, as the program evolved. Other DTCs that developed subsequently, frequently established pilot programs to provide an opportunity to build necessary support as well as fine tune program operations and address implementation issues. Most programs now start with a pilot effort during which necessary procedures and services can be put into place, initial impact can be measured, and a foundation can be developed to then expand the program.

F. OBSTACLES ENCOUNTERED AND STRATEGIES FOR ADDRESSING THEM

Question: *What obstacles, if any, were encountered in building support for the DTC? How were these addressed?*

OVERVIEW:

Most respondents cited the lack of stable funding as the biggest obstacle they had encountered, with gaining ideological support for the program (e.g., demonstrating that the program was not a “soft on crime” approach) as an additional obstacle. The primary strategies for addressing these obstacles has been by providing education on the nature of chronic, relapsing nature of addiction; the significant role DTCs have played in addressing addiction; and the positive evaluation results that have been documented for DTCs. Inviting skeptics to observe drug court proceedings and attend graduation ceremonies has also frequently proved effective in building support for the DTC.

SURVEY RESPONSES:

Belgium: Capacity of the treatment side; financial means.

Bermuda: Getting buy-in. Through on-going collaboration and sharing of outcomes.

Brazil:

Rio de Janeiro: The biggest obstacle seen in developing drug courts is the lack of public investment and the difficulty of law professionals joining the program.

Sao Paulo: How to involve people in the program. This was addressed by talking about the program and spreading information about it.

Canada:

Calgary: Obtaining funding has been the largest obstacle to creating a viable and sustainable program. Educating the various stakeholders about the effectiveness of the drug treatment court remains a goal.

Toronto: Biggest obstacles were convincing the defense bar because they saw this court as a potential “net widener” They felt that offenders who had valid defenses to the charges would opt into the court (and plead guilty to an offence they might be acquitted of).

Chile: Lack of comprehension of the model: Several educational conferences on the DTC model were carried out, and at first, there were judges that because of they did not understand its dynamics did not create a stable team.

Lack of special legislation⁷⁵: To include a special legislation has been presented as special need of the model. Some actors of the program say that the catalogue of crimes should be expanded and that within the program also, could have offenders participate despite their prior criminal records. The current tool used by the program is the conditional suspension of the procedure, and among its requirements of application, that the crimes sentences do not surpass 3 years of liberty deprivation and that the offender was not previously condemned.

Ireland: Steps were taken to avoid intra agency tension and DTC implemented speedily.

Jamaica:

- Resistance from traditionalist who believe DTC is “too soft” an approach to crime management—managed by exposure to DTC processes and successes;
- Resistance from those who believe that substance addiction is not a legitimate illness suitable for treatment - public education, exposure to DTC processes and successes;
- Scarce allocation of resources both monetary and personnel – lobbying the 2 responsible Ministries for increased funding. Support groups have engaged in fundraising activities.

Mexico: Some developments in the second half of 2009 temporarily delayed the project’s progress. The then-Attorney General of Mexico left office and the Governor of the State of Nuevo León completed his constitutional term in office; both staunchly supported the pilot project. This meant that the work team had to wait until the federal government ratified its interest and approval was received from the new Governor. It was also necessary to await the appointment of the new heads of local agencies. However, the implementation work continued. The support of both levels of government has since been obtained and, therefore, it is planned to open five more courts to make a total of six Specialized Addictions Treatment Courts in the State of Nuevo León, Mexico. In addition, other states in Mexico have expressed an interest in initiating the relevant feasibility studies.

⁷⁵ These requests need a legal reform.

Norway: A lot of agencies, and especially the Supreme Court, was very sceptic to a system where the courts would be so involved in the serving of a sentence. This would break the legal principle of the courts independence to the public administration.

Suriname: Please note that the project still has to be implemented.

UK: Liverpool: Obstacles from skeptical lawyers and community leaders addressed by a programme of meetings and involvement in local community initiatives on an intensive basis.

US: The major obstacles encountered have been:

- (1) getting judges to support the program initially; some saw the drug court as a probation supervision function and did not see the program as a judicial function;
- (2) developing the appropriate array of treatment and other services AND a mechanism to coordinate them;
- (3) getting the public to understand that DTC is not a “soft on crime” approach; and, most important; and, most important;
- (4) developing a stable funding base so that program planning can develop on a longer term basis.

G. UNANTICIPATED ISSUES THAT HAVE DEVELOPED AND HOW THEY WERE ADDRESSED

Question: Have any unanticipated issues developed since implementing the DTC? If so, please briefly describe them and indicate how they were addressed.

OVERVIEW:

The following were common, but unanticipated issues, reported by many of the respondents. Inadequate or unstable resources and funding channels; identifying and targeting the persons who could best benefit from the DTC program; reaching and engaging young adults (e.g., the 18-25 year olds); addressing the extent of mental health issues presented by eligible participants; and developing appropriate programs for juveniles, Jamaica, Toronto, and the U.S. reported that they had found that youth could not be successfully integrated into adult DTCs or even served by the same DTC model, so separate courts/programs have needed to be developed to address their needs.

SURVEY RESPONSES:

Belgium: NA

Bermuda: Yes, there has been a reduction in available residential treatment spaces.

Brazil:

Rio de Janeiro: No.

Sao Paulo: Unknown.

Canada:

Calgary: Many of the unanticipated issues have been related to our limited funding. For instance, the initial treatment provider was chosen because they were willing to take our participants at no additional cost. This turned out to be an inappropriate placement due to the center’s location in the city where drug addicts “hang out”, thereby making the likelihood of relapse very high among our

male participants who were all sent there initially. As well, lack of funding has limited the staff that can be hired which limits services to our participants.

Initial premises of the program have changed as the Team's understanding of addiction and what constitutes good treatment has grown.

Toronto: Failure of youth to integrate into an adult DTC. So separating the youth into other programmes has occurred.

Chile: The Ministerio Público and the Ministry of Interior, must subscribe on a year basis a Covenant of Financial Contribution, in consideration of the operating capacity of the DTC. It is necessary to have resources in order to hire clinical personnel, training and other activities inherent to the implementation of the program. This is an unexpected matter because there are no definite resources (from an item of the government), and these should be requested on a year basis.

Ireland: There is currently a review underway re the lack of resources available to each agency involved in the DTC.

Jamaica:

- Non-offending substance abusers volunteering for DTC programme were referred to appropriate agencies;
- Need for juvenile DTC – at early stages of exploration.

Mexico: NA

Norway: We are working on a lot of social inquiry reports. It is a big challenge finding the right persons for the program. Who can we help with this program? How addicted can they be? How mentally ill can they be? Do they need a safe place to live before we start working with them? We have a lot of questions, and very few answers. But we are getting more and more experienced every day.

In 12 months I really hope we are more certain of whom the target group really is. I also hope we have found a good way to organize and administrate the project with so many agencies involved. (For example the different budgets and the organization of the staff).

Suriname: Please note that the project still has to be implemented.

UK: Liverpool: NA

US: A number of unanticipated issues have developed since drug courts first became implemented in the U.S. which have included: (1) the severity of both substance addiction and associated psycho social problems presented by participants, including histories of physical, sexual and psychological abuse; (2) the prevalence of mental illness among drug court participants, many of whom require medication which has then made them ineligible to participate in drug court treatment if the provider requires participants to be “drug free”; (3) the range of ancillary needs drug court participants have presented (housing, vocational, literacy, educational, public health, etc.); (4) the impact of frequent changes in drug court personnel at all levels; (5) decreased arrests for and prosecutions of offenders for simple drug possession – a prime population targeted by many drug courts -- as a result of a combination of factors, including fiscal cutbacks for local agencies; and (6) the critical need for basic evaluative information to sustain the programs, particularly in the light of changing leadership in all branches and levels of government– and difficulty of obtaining it from the multiple agencies involved.

H. STRATEGIES BEING USED TO MAINTAIN INTERAGENCY SUPPORT FOR DTCS

Question: *What strategies are used to maintain interagency support for the DTC now that it has been implemented?*

OVERVIEW:

Strategies for maintaining interagency support were consistent among respondents: regular meetings with personnel and community members to facilitate ongoing communication regarding the program, its activities and accomplishments; providing regular evaluation information describing who the program is serving (e.g., number of parents; number of children of participants; years of addiction represented by the participants, etc.), the nature of services being provided, and the impact of the program.. Calgary and Chile reported that they have each created promotional materials to share with the public. Training for those working in the DTCs has been another important tool reportedly used to maintain interagency support.

SURVEY RESPONSES:

Belgium: (unofficial) coordinator of the DTC, ongoing communication.

Bermuda: Regular stakeholder and strategic planning meetings are held. There is annual stakeholder training and discipline specific trainings off island sponsored by NDCI/ NADCP and associates. Outcomes are shared.

Brazil:

Rio de Janeiro: Drug courts have to prove every day that they are more advantageous to implement than other programs.

Sao Paulo: Only talking about the program.

Canada:

Calgary: The CDTC Board currently involves members from the community stakeholders who have a vested interest in this project. Public presentations and news articles highlighting our work. Inviting interested people to come and observe our weekly drug court sessions.

Toronto: We hold Community Advisory Committee meeting 3 times a year. During the meeting we listen to concerns and suggestions from community members and work with them on organizing change.

Chile:

- Periodic coordination meetings are carried out;
- Training focused on the main actors of the model are planned and carried out;
- During 2009, promotional material of the program was created (flyers and DVDs);
- In 2010 Paz Ciudadana Foundation with support of the American Embassy in Chile published a training material for judges, prosecutors and defense attorney that are working in DTCs.

Ireland: The Team has a team meeting every Monday to discuss how the Participants are progress and what they can do to assist the Participants to progress. This meeting is outside of the DTC pre court meeting. Team members personally take great care and cooperate with each other.

Jamaica: Regular meetings at practitioner and policy levels.

Mexico: Interagency communication. It is also planned to create an internal information sharing system among the government agencies taking part in the program.

Norway: NA

Suriname: Please note that the project still has to be implemented.

UK: Liverpool: Regular meetings and reports to advise and inform.

US:

- Developing MOUs (Memorandum of Understanding) among agencies outlining their respective roles and responsibilities for the drug court program;
- Producing meaningful evaluative information that outlines the benefits of the drug court for each agency as well as the community;
- Ongoing communication with these agencies at all levels;
- Ongoing interdisciplinary training;
- Regular interagency/team meetings.

IV. ASSESSING THE BENEFITS OF DTCS

A. CRITERIA BEING USED TO MEASURE EFFECTIVENESS

Question: *What criteria are used to measure the effectiveness of the DTC program?*

OVERVIEW:

Most respondents cited recidivism and graduation rates as the most significant measures of effectiveness for their programs. A number of programs also reported cost savings,⁷⁶ as well as lifestyle changes such as employment or education, birth of drug-free babies, etc.

SURVEY RESPONSES:

Belgium: Scientific evaluation.

Bermuda: Compliance rate and completion of the programme.

Brazil:

Rio de Janeiro: Scientific research.

Sao Paulo: Unknown.

Canada:

Calgary: These questions are all currently part of the ongoing evaluation of our young (21/2 year old program). An evaluation is currently underway and will be available in May, 2010.

Toronto: Stable housing, no further criminal offences, obtain & finish education and secure a job.

Chile: Each year, the results of the program are measured, by virtue of the Covenant of Financial Contribution, subscribed since the year 2007 between the Ministerio Público and the Ministry of Interior. The indicators are the following:

- Total number of people with positive diagnostic suspect/ Total number of people with Diagnostic Suspect carried out;
- Total number of people that stay in treatment/ Total number of people sent to Treatment centers;
- Total number of people that abandon treatment/ Total number of people that entered to treatment;
- Total number of people that successfully finished treatment / Total number of people that entered to treatment;
- Total number of arranged plans for this population used/ Total number of arranged plans for this population used assigned;
- Number of people that left the previous step of treatment with rescue carried out/ Number of people that left the previous step of treatment;
- Number of joint - trainings carried out/ total number of joint -training planned.

Ireland: Re offending and rates system to properly assess this readily is been considered at present.

⁷⁶ See “Cost Savings/Costs Avoided Reported for Drug Courts” [in the U.S.] at www.american.edu/justice.

Jamaica:

- Graduation;
- Lifestyle changes;
- Long term impact in terms of recidivism and substance use.

Mexico:

- Number of participants who graduated from the treatment program;
- Number of next of kin of graduated participants;
- Continuation rate in current job;
- Continuation rate in school and academic activities;
- Felony and misdemeanor reduction rate in the jurisdiction of addictions treatment courts in the State of Nuevo León, Mexico;
- Operating costs of the specialized treatment center for cases referred by the addictions treatment court of the State of Nuevo León, Mexico;

Norway: The trial scheme for drug programmes shall be evaluated during the trial period. By evaluation is meant a research-based process and assessment of results.

Suriname: Please note that the project still has to be implemented.

UK: Liverpool: Reoffending and completion rates.

US: Most programs are using recidivism – e.g., new arrests and/or new convictions – as the basic measure of effectiveness. Increasingly, programs are also using cost savings, particularly in terms of per participant jail costs vs. drug court costs. Secondary measures have included indicators of social functioning – employment; retention and/or regaining of child custody; currency in child support obligations; education, family functioning, birth of drug free babies, etc.

B. RECIDIVISM RATES

Question: *Are recidivism rates among participants in the DTC noticeably different than those among offenders processed by traditional criminal justice procedures? If so, please describe.*

OVERVIEW:

Most of the programs have reported anecdotally reductions in recidivism rates for DTC participants, compared to offenders processed by traditional criminal justice procedures, although not all programs appear to have developed the infrastructure for reporting this information systematically.

SURVEY RESPONSES:

Belgium: (pilot phase).

Bermuda: Yes, there are fewer re-offenses.

Brazil:

Rio de Janeiro: In our scientific research we discovered that recidivism is 80% in cases where there is no submission to treatment and only 12% when there is treatment.

Sao Paulo: Unknown.

Canada:

Calgary: NA

Toronto: Yes but we don't have statistics at the present time.

Chile: To this date, no data has been obtained, nevertheless, the Paz Ciudadana Foundation is working in order to measure the rates of recidivism in the model.

Ireland: In terms of re offending, recent figures from DTC liaison Garda, on two random samples of 10 participants each, to look at offending rates before, during and after participants in the DTC programme have shown that there was a 75% and 84% reduction respectively in the total rate of offending.

Jamaica: Data not yet available.

Mexico: As yet there are not comparative data for this period.

Norway: NA

Suriname: Please note that the project still has to be implemented.

UK: Liverpool: Yes. Recidivism especially short term is reduced.

US: Yes. Most outcome evaluations have found that recidivism, measured either in terms of arrests or convictions, is considerably lower for drug court graduates than offenders processed in the traditional criminal justice process and generally also somewhat lower for drug court participants who did not complete the program compared with counterparts who were processed through the traditional criminal justice process.

C. COST SAVINGS

Question: *Are the costs for sending an offender through the DTC noticeably different than those entailed with the traditional criminal justice process? If so, please describe.*

OVERVIEW:

Although some of the programs reported that, due to the lack of available data, they cannot be certain that costs for sending an offender through the DTC are noticeably different from those of the traditional criminal justice process, half of the respondents noted cost savings. Toronto and the U.S., for example, reported cost savings, with Toronto noting that the cost for incarceration alone is over twice the cost for maintaining an offender in the DTC. The UK (Liverpool) also reported that DTC costs are less than the costs for custody. The U.S. appears to have the most extensive information relating to costs, with a number of evaluation reports addressing comparative costs for incarceration as well as public health (e.g., emergency room visits, birth of drug addicted infants, etc.) and public welfare costs, including those for foster care.⁷⁷

SURVEY RESPONSES:

Belgium: (pilot phase).

⁷⁷ See "Cost Savings" cited in Note 73.

Bermuda: NA

Brazil:

Rio de Janeiro: Yes. The treatment costs will not exceed \$100 and the common system of criminal justice can vary from \$200 to \$500 depending on the security of the prison system.

Sao Paulo: Theoretically incarceration and criminal justice activities costs are much higher than treatment costs. In the instance where I used to work referring drug abuse offenders to treatment [is the subject of a study] to measure those values.

Canada:

Calgary: NA

Toronto: Much less because incarceration alone is over twice the cost of an offender who remains in DTC.

Chile: To this date, no data has been obtained.

Ireland: No information available.

Jamaica: It has been reported that the cost is less for DTC but the actual figures are not to hand.

Mexico: As yet there are not comparative data for this period.

Norway: NA

Suriname: Please note that the project still has to be implemented.

UK: Liverpool: Less than custody but more than other non-custodial disposals.

US: Yes. Reported cost savings have ranged from \$ 3,000 to \$ 20, 000 per drug court participant. While the methods for calculating these costs have varied, they have generally focused on a comparison of the costs for incarcerating the individual – generally at least \$ 50 daily.⁷⁸

D. BENEFITS OF THE DTC TO THE COMMUNITY

Question: *What benefit(s), if any, do you feel the DTC provides to the community?*

OVERVIEW:

All the programs reported that the DTC has benefitted the community in a variety of ways – promoting return of offenders to the community as law abiding, productive and contributing members; decreasing criminal recidivism and drug use; reducing incarceration costs; and increasing public confidence and respect for the criminal justice system.

⁷⁸ See “Costs Benefits/Costs Avoided” Reported by Drug Courts. BJA Drug Court Clearinghouse. American University. November 5, 2009. @www.american.edu/justice.

SURVEY RESPONSES:

Belgium: Community gets involved.

Bermuda: Yes, there are fewer re-offenses.

Brazil:

Rio de Janeiro: A decrease in crime, especially in violent crime, and an improved public health system.

Sao Paulo: The community was more closely involved with the criminal justice system.

Canada:

Calgary: It has provided a significant dollar savings to our community by offering treatment to the group of chronic and hard-core addicts that had been responsible for a disproportionate amount of crime and placing a disproportionate amount of stress on community services like the police, emergency and hospital services. It is contributing towards making our community a safer community as well.

Toronto: Reduction of crime by reducing recidivism.

Chile: Decrease of the criminal recidivism, that is to say, decrease of the delinquency rates; By means of the decrease or detention of the drug use, a healthy physical and psychological life is promoted, for the candidate and for his/her social and family environment.

Ireland: The benefits to the community are wide spread. The Participants are now availing of Education, Health and in some cases Community Employment. With the improvement in their education their self worth and self esteem has increased thus they are able to communicate better with their families and the community at large. With the improvement in their self confidence combined with the improvement in their health and not being involved with illicit drug taking and crime they are now becoming more effective members of their families and communities.

Jamaica: Returns to community law-abiding, substance free citizens, often with improved interpersonal and occupational skills who take responsibility for themselves and the families.

- Active community advocates for substance/offending free lifestyles;
- Community role models for peers;
- Reduction in crime in the community.

Mexico: Reduces incarceration costs

- Provides alternative lifestyle change solutions for program participants and their families, which are aimed at having an influence on their communities of origin;
- Modifies the systems on drug abuse and dependence among community members.

Norway: The aim of the drug treatment court is to reduce or eliminate offenders' dependence on drugs and to reduce the level of drug-related criminal activity.

Suriname: The community will have less problems.

UK: Liverpool: Increases confidence in Criminal justice System.

US: Among the benefits a DTC provides to the community include: (1) the opportunity for its citizens who may have become drug addicted and committing crime to recover and return to the community as productive citizens rather than spend unproductive months or years in a prison cell; (2) significant cost savings compared to the costs for jail or prison; and (3) increased public confidence/respect for the judicial process in terms of its additional rehabilitative role in addition to its punitive functions.

E. AVAILABILITY OF EVALUATION REPORTS

Question: *Have any evaluation reports on the DTC been published? If so, please attach a copy. If they are not available, please briefly summarize the results reported.*

OVERVIEW:

Most of the respondents reported that evaluation reports are either not available or are still in progress. The U.S. and Ireland have completed formal evaluation reports, as have drug courts in Australia and New Zealand for which completed CICAD surveys had not been received at the time this report went to print.⁷⁹ Jamaica reported that evaluations have been produced for internal consumption only.

SURVEY RESPONSES:

Belgium: Not yet; soon.

Bermuda: NA

Brazil:

Rio de Janeiro: Not yet.

Sao Paulo: No.

Canada: Toronto: Yes...will be send under separate heading.

Chile: No. However, during 2009 the "terms of reference" were created, to evaluate the program. It is expected that in the current year this activity will be carried out.

Ireland: Attached link to the Final Evaluation Report initiated at 12mths.

[http://www.courts.ie/Courts.ie/library3.nsf/\(WebFiles\)/0D3E40D7D530786380256DA6003DB7DB/\\$FILE/Final%20Report.pdf](http://www.courts.ie/Courts.ie/library3.nsf/(WebFiles)/0D3E40D7D530786380256DA6003DB7DB/$FILE/Final%20Report.pdf)

Jamaica: Evaluations to date have been for internal consumption.

Mexico: As yet there are not comparative data for this period, and therefore no report has been issued.

Norway: NA

⁷⁹ See, however, Volume Two of this report for available evaluation information for the DTCs in Australia and New Zealand.

Suriname: Please note that the project still has to be implemented.

UK: Liverpool: NA

US: There have been well over 200 outcome drug court evaluation reports published, primarily for local programs but some also for statewide programs. Almost all of these reports point to significantly reduced recidivism results for program graduates, and somewhat lower recidivism results for participants who did not graduate; significant cost savings, from both a justice system perspective (e.g., jail costs, case processing costs, law enforcement costs, etc.) and a community perspective (e.g., decreases in welfare costs, emergency room admissions, increased workforce productivity, etc.)⁸⁰

⁸⁰ See Volume Two of this report.

THE ORGANIZATION OF AMERICAN STATES

The Organization of American States (OAS) is the world's oldest regional organization, dating back to the First International Conference of American States, held in Washington, D.C., from October 1889 to April 1890. At that meeting the establishment of the International Union of American Republics was approved. The Charter of the OAS was signed in Bogotá in 1948 and entered into force in December 1951. The Charter was subsequently amended by the Protocol of Buenos Aires, signed in 1967, which entered into force in February 1970; by the Protocol of Cartagena de Indias, signed in 1985, which entered into force in November 1988; by the Protocol of Managua, signed in 1993, which entered into force on January 29, 1996; and by the Protocol of Washington, signed in 1992, which entered into force on September 25, 1997. The OAS currently has 35 member states. In addition, the Organization has granted permanent observer status to 63 states, as well as to the European Union.

The essential purposes of the OAS are: to strengthen peace and security in the Hemisphere; to promote and consolidate representative democracy, with due respect for the principle of nonintervention; to prevent possible causes of difficulties and to ensure peaceful settlement of disputes that may arise among the member states; to provide for common action on the part of those states in the event of aggression; to seek the solution of political, juridical, and economic problems that may arise among them; to promote, by cooperative action, their economic, social, and cultural development; and to achieve an effective limitation of conventional weapons that will make it possible to devote the largest amount of resources to the economic and social development of the member states.

The Organization of American States accomplishes its purposes by means of: the General Assembly; the Meeting of Consultation of Ministers of Foreign Affairs; the Councils (the Permanent Council and the Inter-American Council for Integral Development); the Inter-American Juridical Committee; the Inter-American Commission on Human Rights; the General Secretariat; the specialized conferences; the specialized organizations; and other entities established by the General Assembly.

The General Assembly holds a regular session once a year. Under special circumstances it meets in special session. The Meeting of Consultation is convened to consider urgent matters of common interest and to serve as Organ of Consultation under the Inter American Treaty of Reciprocal Assistance (Rio Treaty), the main instrument for joint action in the event of aggression. The Permanent Council takes cognizance of such matters as are entrusted to it by the General Assembly or the Meeting of Consultation and implements the decisions of both organs when their implementation has not been assigned to any other body; it monitors the maintenance of friendly relations among the member states and the observance of the standards governing General Secretariat operations; and it also acts provisionally as Organ of Consultation under the Rio Treaty. The General Secretariat is the central and permanent organ of the OAS. The headquarters of both the Permanent Council and the General Secretariat are in Washington, D.C.

MEMBER STATES: Antigua and Barbuda, Argentina, The Bahamas (Commonwealth of), Barbados, Belize, Bolivia, Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, Dominica (Commonwealth of), Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, United States, Uruguay, and Venezuela.



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