The Juvenile Drug Court Program in the United States

Innovation In Our Juvenile Justice System:

Will This Program Keep Juveniles Out of the Courts for Good? Evaluation and Issues Surrounding Drug Court Implementation

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Abstract

Being a criminal justice major I chose to research the topic of juvenile drug courts, and their effectiveness in preventing recidivism. This topic reflects the focus of my future goals. I hope to enter the field of juvenile justice, and will most definitely be dealing with drug-abusing and drug-offending juveniles. I conducted my research through personal interviews with current drug court staff in the District of Columbia, observation of the juvenile drug court, of D.C., and the thorough study of many government documents relating to juvenile and adult drug courts.

The large number of arrests that resulted from the 1980’s War on Drugs sparked a renewed interest in the rehabilitation of drug offenders. After the Violent Crime Control and Law Enforcement Act of 1994 was passed, the Office of Justice Programs formed the Drug Courts Program Office to help provide grants to newly developing drug court programs. The goal of these diversion programs is to comprehensively treat and rehabilitate drug offenders, and by doing so, reduce their high rate of recidivism. What began as an adult program soon branched out into a juvenile program. The juvenile drug court has been designed to treat youths’ special circumstances through the use of a non-adversarial team model. Treatment programs are typically broken down into three different phases. Each phase concentrates on individual accountability, and drug treatment while lessening judicial restraints and teaching juveniles new skills to help them live drug- and crime-free lives.

In recent years, some important issues surrounding adaptation of adult models to juvenile models, screening and assessment, drug testing, and discretion have come to drug court practitioners’ attention. These issues will remain until the program becomes more finely tuned as years progress. As the program grows, so too must the number of evaluative studies, because evaluation data, especially in the juvenile drug court, is very limited at the moment. After reviewing my own research, I do not have enough data to find, conclusively, that the program is cost-effective and successful in reducing recidivism, but the data is positive. I feel that the implementation Federal standards in those courts that utilize Federal monies would help to solve some of the problems encountered by previous evaluation studies. In the future, I expect to see an increase in the number of juvenile drug courts, and in the success rates of these programs. As more is discovered through evaluation, the program should become more efficient in time.
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I. Introduction

During the past 20 years since the War on Drugs, juvenile justice has become a subject of growing interest. The social factors that lead children from juvenile crime into the adult criminal system have come under intense scrutiny by psychological, sociological, political science, and legal experts alike. Urban population growth, increasing divorce rates and single parenthood, gangs, an increased availability of firearms and illicit substances, to poor school performance, a decreased sense of personal responsibility, and an increase in social and political apathy, have been just some of the epidemics cited as aggravating factors in many juveniles' lives.

Juvenile crime has come under intense scrutiny, which has probably resulted in its general decline. In the past decade it has become increasingly apparent to court administrators that most of the cases that are now entering the juvenile docket are either drug-related incidents, or occur while juveniles are under the influence of drugs. According to the Unified Crime Report in 1999 as published in Juvenile Offenders and Victims: National Report Series, in 1999 alone, 198,400 of 31 million juvenile arrests were drug abuse violations, and drugs were a contributing factor in a number of others. Between the years of 1992 and 1997 drug arrests for all youth climbed 118% (Snyder 2001). Substance abuse among juvenile offenders seems on the rise. The ever-expanding number of cases drains the already scarce resources of juvenile systems across the nation, making it harder to adjudicate the more serious violent crime cases that enter the docket (American University 1996; Roberts, et. al. 1997).

"The juvenile court has been considered an institution specifically established to address the juvenile’s needs holistically. However, many juvenile court practitioners have found the conventional approach to be ineffective when applied to the problems of juvenile substance-abusing

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1 Juvenile is generally defined in the literature as any child older than the age of legal accountability (typically age 7 in most states), and under the age of 18.
offenders” (AU 1998: 1). Many programs, including boot camps, work programs, juvenile
reporting centers, and community service, have been implemented across the United States as an
attempt to handle what has been referred to as an epidemic of drug use, and more importantly to
relieve overloaded juvenile dockets of these cases. One of the most promising programs to evolve
from this new focus on the juvenile system has been the juvenile drug court. Just as the juvenile
court system was spun off of its parent in the adult system, so too was the juvenile branch of the
drug court program.

“The juvenile drug court is defined as a drug court that focuses on juvenile delinquency (i.e.
criminal) matters and status offenses (i.e. truancy) that involve substance-abusing juveniles” (AU
1998: 3). There is also the closely related, and often intertwined, “family drug court that deals with
cases involving parental rights, in which an adult is the party litigant, which come before the court
through either the criminal or civil process, and which arise out of the substance abuse of the
parent” (AU 1998: 3).

I became interested in the topic of juvenile drug courts while I was working for the Office of
the Corporation Counsel for the District of Columbia in the fall semester of the 2000-2001 school
year. I was preparing cases for an attorney in the Juvenile Section of the Office’s Criminal Branch.
I began to see a very obvious pattern emerging between drug use and criminal behavior. Many of
the juveniles whose cases we were handling were repeat offenders, often with a possession charge
accompanying some other criminal charge. In at least 90% of the cases that passed through my
hands the juvenile had some drug (almost always marijuana and sometimes cocaine and
methamphetamine) in his or her system at the time the offense was committed. These numbers
shocked me, but the thing I wondered about the most was why at least 20-30% of the juveniles that
the Office had prosecuted in the past were coming into contact with the court for a second, third,
and higher, time. In order to satisfy my curiosity I began my research by interviewing the current
prosecuting attorney in the drug court, one judge who formerly presided over the court, public
defenders, support staff, and court social services employees.

My purpose in writing this paper is to try to determine, in general, whether or not the juvenile drug court program is (1) remaining consistent with its theoretical purposes, (2) achieving its stated goals, (3) functioning as a cost-efficient alternative to regular juvenile court, (4) preventing recidivism effectively at this time, (5) functioning in an equal manner, and (6) in need of Federal standards. Still in its early stages, the mission of this diversion program\(^2\) is to provide participants with the necessary treatment and social services they need to remain drug-free and crime-free for good. Candidates are given the option of participating in the program to receive not only treatment, but a chance to clear their records of the current charge, in exchange for a guilty plea and a promise that they will comply with the rules of the court.

This should not be confused with traditional criminal justice models. First, this is not a program designed to *deter* juveniles outside of the system from committing drug offenses, though there are plenty of deterrents aimed at those who are already participating in the program. (The main one being that if they fail, they move immediately to adjudication or sentencing.) Second, this program is not designed to seek retribution for the offense committed, though performing community service is often a condition of the program. Third, the program attempts to keep juveniles *out* of detention centers, making the philosophy of exclusion a dirty word in the drug court. What the program *does* try to emphasize is effective treatment. The program seeks to achieve this by addressing the numerous and varying special needs of each participant that may be overlooked by the regular juvenile court process. These needs may include services such as special educational assistance, special medical attention, mental and emotional counseling, family

\(^2\) Usually treatment and rehabilitation oriented, diversion programs are designed to direct minor or low-risk offenders out of the normal court process to address their special need(s), and assist them in permanently removing themselves from the criminal justice system.
counseling, and many others. Regular juvenile courts have had problems with high recidivism rates among drug offenders in the past; though apparently not as high as adult rates. With drug use as high as it currently is, the philosophy behind the drug court has focused on treating juveniles on a variety of different levels to create a greater potential for success (“graduating from the program and not recidivating”) within each individual who enters the program (Walton 2001).

II. Background, Development, and Legislation

The costs of drug use to the user are usually predictable. In the case of juveniles, there are many costs, not only to the juveniles but to their families, communities, and society as a whole. There are obvious direct costs to the juvenile, such as “impaired judgment, coordination, and motor skills,” short-term memory problems, and difficulties concentrating. Still, many more may “experience depression, developmental lag, apathy, withdrawal, and other psychological disorders” (Kimbourgh 1997: 12). These problems can extend from the juvenile to the family, causing tension and dysfunctional behavior. It also bleeds into the community, often causing larger problems in schools, with gangs, and with criminal behavior in general. All of these things cost society a large amount of energy and resources, so courts have developed programs, such as the drug court, to address the problems of the juveniles and their families, as well as the greater community.

An indirect cost to the system is the large burden put on financial and human resources. Providing more police protection in communities with drug problems and high crime rates, fulfilling juvenile or adult offenders’ legal rights to a court appearance, and often, to court social services, and providing for individualized services outside of the court can become costly endeavors, when viewed in the long term. The legislature and the courts have been appointed the task of developing innovative, effective and efficient ways of handling all crime, especially anything pertaining to juveniles and drug-related offenses. It is because of this responsibility that the system is in a state of
constant emergency because of a shortage of resources and manpower. Society does not always put a high value on allocating money to the criminal justice system, however, so resources are already thinly spread.

This is bad news when one considers that juveniles are being exposed to drugs, at earlier ages than ever before by siblings, friends and other peer groups. This exposure is increasing the rate of drug use among ever younger groups (Kimbrough 1997:12). Over the past decade, studies and surveys have shown a disturbing upward trend in juvenile drug use and abuse. Most data that have been collected reflect a trend that has not been a gradual or linear relationship, but rather it has grown in an accelerating curve (See Appendix 1). The primary age group for drug use among juveniles is between the ages of 13 and 17. Most studies that try to measure juvenile drug use and abuse concentrate on this age group, which is understandable, because this is also the group that most often comes in contact with the court.

A steady and encouraging downward trend was evident between the early 1980s and 1992, when the celebrated War on Drugs was one of the nation’s top priorities. Though current rates of drug use do not appear to reaching the levels of the 1980s, it is disturbing to see, in a survey administered to 50,000 high school students around the nation by the National Center for Juvenile Justice (NCJJ) in 1998, that the majority number of juveniles who reported having used marijuana in the last month had jumped from around 17% to 23% between 1992 and 1998 (Synder and Sickmund 1999). Rates for cocaine and other illicit drug use also rose, though only between 2 and 5%.

Arrest rates show a slightly different story. In fact, the number of juveniles arrested for drug abuse violations appeared to be declining during the 1980s through to the early 1990s. Then rates rose rapidly and reached a high in 1997, and then fell a bit coming into the new millennium (Stahl 2001). (See Appendix A, Figures 1-5 for a visual representation of all of these data.)
These numbers do look very encouraging, but one must keep in mind that no data are ever complete. Though these two sets of data appear to contradict each other, some common generalities can be gathered from them. These include the popularity of marijuana over other drugs, an upward trend in overall drug use, and a disparity between the rates of drug use and the number of arrests made for that drug use. These generalities help explain the apparent contradiction.

Not only has the rate of drug use increased, so too have the strength and potency of the drugs used. A study directed by American University (1998: 2) found that “during 1995 and 1996, when the first juvenile drug courts developed, the primary drugs used by juvenile participants were reported to be alcohol and marijuana. More recently, however, there appears to be increasing use of other substances, particularly methamphetamine (speed), crack/cocaine, heroin, and toxic inhalants.” This finding implies that not only are casual drug users becoming addicted at a higher rate than before, but the availability of these harder drugs is also growing. It is the juvenile drug court’s aim to catch juveniles before they ever reach the point of addiction, or move onto more dangerous and more addictive illicit drugs.

The juvenile population is the fastest-growing group in the criminal justice system, and as such it is causing society to call for better programs and stricter enforcement. In essence, the persistence of the juvenile drug problem keeps the juvenile system in a state of emergency, forcing it to remain constantly one step behind the demand for its services. In other words, it is a self-perpetuating cycle. As stated earlier, with increased enforcement of drug offenders through the 1980s, adult and juvenile court dockets were inundated with drug cases, and court resources were quickly running dry, impeding its ability to hear more serious cases.

It became clear that: (1) incarceration in and of itself does little to break the cycle of illegal drug use and crime, and offenders sentenced to incarceration for substance-related offenses exhibit a high rate of recidivism when released; and (2) drug abuse treatment is demonstrably effective in reducing both
drug addiction and drug-related crime if participants remain in treatment for an adequate period of time (AU 1999: 5).

Here it was acknowledged that not only the sheer volume of one-time or two-time drug offenders was smothering the courts, but also the large number of recidivists. This backup occurred in not only the courts, but in police departments, attorneys’ offices, and among service providers as old files had to be reviewed, new services provided, and sanctions imposed. Dockets were so tied up with drug cases, that some cases did not come to trial until months-to-a-year after the offense was committed, because the resources were not available to speed the process. In the early 1990s many jurisdictions, along with the Federal Government, decided that drug offenders should have their own program to handle hearings, services, and sanctions, and therefore, have its own budget as well.

This decision may or may not have been influenced by an experiment conducted in Florida in 1989. In order to answer these problems that are fundamentally the same in the adult and juvenile systems, an idea was tested by the Circuit Court of Dade County. This experimental program “called upon the authority of the sitting judge to devise - and proactively oversee - an intensive, community-based treatment, rehabilitation and supervision program for felony drug defendants in an effort to halt rapidly increasing recidivism rates” (AU 1999: 3). Though it was an adult court, the practical problems are the same as those facing all drug courts. Modern drug courts attempt to consolidate services into one package deal in order to cut costs and actively attempt to decrease recidivism rather than content themselves in building more jails to contain the increasing number of offenders and recidivists.

In light of the previous information, many jurisdictions decided that at-risk juveniles, with only one or two contacts with the juvenile system, should be targeted for treatment, and given the

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3 This group usually includes youth from low class, single-parent families, living in poor, inner city, high crime and drug neighborhoods. Many also have family members who use drugs, or are involved with the justice system for some reason.
chance to change before their problems, and juvenile records, get any worse. The first juvenile drug
courts were modeled from the newly formed adult drug courts, with the realization that juveniles’
needs differ greatly from those of adults. The services and sanctions given to juveniles are geared
more towards rehabilitation than incarceration. These will be discussed later in the Issues section.

When the Violent Crime Control and Law Enforcement Act of 1994 (Public Law 103-322),
or Crime Bill, was passed, the Attorney General, Janet Reno, was authorized to establish the Drug
Courts Program Office (DCPO) of the Office of Justice Programs (OJP) to carry out Title V of that
law. The Act was a revision of the Omnibus Crime Control and Safe Streets Act of 1968. The
DCPO was granted authorization to make grants to states, state courts, local courts, units of local
government, and Indian tribal governments to establish drug courts in response to increased
numbers of nonviolent, substance-abusing adult and juvenile offenders who contribute to the
pervasive problems of prison and jail overcrowding, and to the high recidivism rate of those

The Drug Court Grants Program was set up to “contribute to the accomplishment of the
goals of the 1995 National Drug Control Strategy”, in which “the Office of National Drug Control
Policy stresses both prevention and treatment efforts as the ultimate keys for addressing the illicit
drug problem” (OJP 1996: 1). Since 1995, the U.S. Department of Justice, Office of Justice
Programs, through the DCPO, has made approximately 650 grants totaling more than $125 million
in funding to drug courts. Almost 700 drug courts are now in operation, with 430 more in the
planning stages. All 50 states (plus the District of Columbia, Puerto Rico, and Guam) have
implemented some form of juvenile drug court program, and all have at least one statute on the
books that, coinciding with Title V of the Violent Crime Control and Law Enforcement Act of 1994,
provides for a program (Snyder 2001).
Most drug court programs are funded by Federal or state grants. One-to-five-year evaluations are usually conducted to ensure that programs have upheld grant providers’ expectations. Most grant money comes from the Office of Justice Programs (OJP) or Drug Courts Program Office’s (DCPO) Drug Courts Grant Program.

In 1995, the OJP received 130 grant applications from 41 states, Puerto Rico, and the District of Columbia requesting funding totaling over $59 million. Congress appropriated $29 million for the Drug Courts Grant Program in 1995, but then reduced the funding level to $11.9 million through the rescissions bill\(^4\) (OJP 1996: 4).

As mentioned earlier, “Federal funding earmarked for drug courts became available through the Crime Bill,” but there were a few “major avenues of Federal, state and private funding for drug courts” before the bill was passed (AU 1997). Some of these avenues funding included:

- Block Grant (Byrne) funds (e.g. Okaloosa County, FL; Austin, TX; Pensacola, FL; Portland, OR; St. Joseph MI)
- Corrections Options (e.g. Baltimore, Oakland, Mobile, Wilmington, Honolulu)
- Comprehensive Communities Programs (e.g. Gary, IN; Salt Lake City, UT)
- Special programs of the Center for Substance Abuse Treatment (e.g. D.C.; Little Rock AR)
- Target Cities Program (e.g. San Francisco, CA) (AU 1997: 2)

After the advent of the Crime Bill, some of these are no longer available, though the Byrne Grant Program continues to provide funding for many programs, including drug courts. Along with these Federal funds are numerous smaller state, local and private sources that vary in frequency and award amounts between jurisdictions.

Grant money is not only used for operating drug court programs, it is also used for planning new and improving existing drug courts. “Through Fiscal Year 1995 funds, DCPO awarded 52 grants for planning, 5 for implementation, and 7 for enhancement” (Roberts et. al. 1997: 1). In addition to this, “from 1995 to 2000, more than 275 adult, family, juvenile, or tribal drug courts

\(^4\) Disabling or canceling legislation.
became operational with support from DCPO” (DCPO 2000: 1). Of these, about 167 are juvenile and family drug courts (AU 2001).

III. Demographics and Traits of Participants

In American University’s Juvenile Drug Court Activity Update: Summary Information, 2001, 131 of the 167 juvenile drug courts across the nation provided statistical information about the participants in their programs. On average, participants are between 14 and 17 years old, and surprisingly almost half (47%) are Caucasian. Minorities make up the other 53%, with 35% of the participants being African American and 15% Hispanic. Males greatly outnumber females, 82% to 18%. One statistic that does not surprise me, because of my own experience, is the percentage of participants who live in single-mother households, 52%. Only 30% lived with both parents. Marijuana and alcohol topped the list of substances abused, at 47% and 40% respectively, and most participants had been using drugs for 2 to 3 years at the time they entered the program.

92% of the participants had at least one prior contact with the justice system, but only 32% had taken part in a treatment program. This finding shocks me, because the juvenile system, even without its new drug court programs, is based around treatment. This finding alone seems to give adequate reason for drug court programs to be implemented in order to provide fundamental treatment. One of the outlined characteristics of at-risk juveniles was defined earlier in this paper. Having a family member who uses drugs, or is involved in the justice system is a large determining factor in whether or not a juvenile will use drugs. 65% of the participants in the study had an immediate family member involved in the justice system at the time of entering the program. Although specific socioeconomic data was not provided by the study, it can be implied from the large number of single-parent homes that they are most likely in a lower social stratum due to a

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5 All statistics in this section come from this document.
single income. These findings support the drug court’s full family treatment focus. Drug courts create their target populations based on these kinds of data. The at-risk, or high-risk, group mentioned above fits well with these data. It is these high-risk groups that have become the target population for the drug court.

IV. Goals of the Drug Court

The ultimate purpose of the program is to “reduce the demand for the use of illegal drugs through early intervention, prevention, and treatment, as well as to create innovative enforcement and prosecution approaches that target particularly high-risk groups and communities” (Office of Justice Programs 1996). The court tries to achieve this by providing immediate intervention in the lives of drug-using or drug-exposed youth and their families. Most have been exposed to drug use through family members, friends, and other sources. It must also provide a consistent and structured environment for those who become part of the program. By giving juveniles a base from which to work, the court works towards two primary goals: (1) reducing drug usage, by giving juveniles an opportunity to be clean and sober, and (2) reducing recidivism (AU 1999). These goals require a larger degree of involvement in the juvenile’s life than regular adjudication. The hope is that the juvenile and his or her family will receive the best treatment possible, leading to a better chance for success, reducing recidivism.

There are numerous documents that outline many goals, main and peripheral, of the drug courts. In my opinion, Caroline S. Cooper, in the *Juvenile Accountability Incentive Block Grants Program Bulletin: Juvenile Drug Court Programs* has consolidated these goals most accurately.

1. Provide immediate intervention, treatment and structure in the lives of juveniles using drugs through the ongoing, active oversight and monitoring by the drug court judge.
2. Improve the juveniles' level of functioning in their environment, address problems that may be contributing to their use of drugs, and develop/strengthen their ability to lead crime- and drug-free lives.

3. Provide juveniles with such skills that will aid the in leading productive substance-free and crime-free lives, including skills relating to their educational development, sense of self-worth, and capacity to develop positive relationships in the community.

4. Strengthen the families of drug-involved youth by improving the capacity of families to provide structure and guidance to their children.

5. Improve system capacity to promote accountability for both juvenile offenders, and the services they are provided (2001: 7).

It is important for drug court practitioners to recognize juveniles' strengths and accomplishments and use them to advance treatment and improve chances of accomplishing these goals. Only then can the court “provide appropriate and meaningful responses to juveniles and their families while ensuring [juvenile] accountability” (Kimbourgh 1997: 11).

In order to achieve these goals, the National Association of Drug Court Professionals (NADCP), an association of drug court judges, prosecutors, defense attorneys, and service providers, asserts that there are certain components that should be present in a drug court (NADCP 2001). These main components, if utilized by practitioners when planning a drug court, will create a consistent and comprehensive treatment program.

V. Key Components, Common Structure, and Procedures

Every state creates its own system to carry out the purposes of their courts. Many states will copy techniques from others, or create their own according to their own state's needs. There has been a large amount of written material concerning what makes a drug court different from any other kind of court and outlining ways that states can go about implementing the program. One

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6 Established in 1994, the NADCP conducts drug court training conferences for members and nonmembers, and helps in the dissemination of information to member drug court programs (NADCP 2001).
document stands out as a master model, setting down guidelines by which nearly every drug court program has measured itself. *Defining Drug Courts: The Key Components*, put out by the NADCP in 1997, states the main components of any drug court program, and expands upon their purposes. These components are as follows:

1. Drug courts integrate alcohol and other drug treatment services with justice system case processing.
2. Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants’ due process rights.
3. Eligible participants are identified early and promptly placed in the drug court program.
4. Drug courts provide access to a continuum of alcohol, drug, and related treatment and rehabilitation services.
5. Abstinence is monitored by frequent alcohol and other drug testing.
6. A coordinated strategy governs drug court responses to participants’ compliance.
7. On-going judicial interaction with each participant is essential.
8. Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.
9. Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.
10. Partnerships are formed among drug courts, public agencies, and community-based organizations generating local support and enhancing drug court program effectiveness.

The NADCP believes it important to specify these ten components and explain them for other drug court practitioners, because there are “many programs named ‘drug courts’ [springing] up across the country” during the first few years that the program was implemented, and though they looked similar, were not providing “the orientation towards treatment and judicial supervision” originally intended for drug court programs. Not only does the document give these components and purposes, but it also provides several “performance benchmarks” that practitioners can use as guidelines for implementing each component (NADCP 1997: 7). Indeed, many current programs list these very components in their mission statements and other descriptive documents.

Each of these components both serves its own purpose and complements each of the other purposes. As I said earlier, these purposes were also outlined in the *Key Components* document.
The first component encompassed the main philosophy of the drug court, treatment. If a drug court integrates drug and alcohol treatment services, it may be possible to treat offenders with multiple substance abuse problems in a more coherent manner, rather than have them receive treatment from a variety of service providers whose therapies may offer conflict. For example, one treatment provider may tell the participant to avoid all drugs and alcohol, including over-the-counter pharmaceuticals, while another tells the participant that these are acceptable.

The second component is essential for treatment, because the “merits of the pending case” are not the issue, the treatment of the offender is. While the prosecutor protects the public’s safety by making sure the offender is getting the correct treatment and “complies with all drug court requirements,” the defense attorney “protects the participant’s due process rights while encouraging full participation” (NADCP 1997: 14).

Identifying eligible participants early is important when getting offenders into any treatment program, but it is essential for drug courts. It may sound like a “hit ‘em while they’re down” mentality, but it can be an opportunity for the drug court.

Arrest can be a traumatic event in a person’s life. It creates an immediate crisis and can force substance-abusing behavior into the open, making denial difficult. The period immediately after apprehension provides a critical window of opportunity for intervening and introducing the value of the treatment. Judicial action, taken promptly after arrest, capitalizes on the crisis nature of the arrest and booking. (NADCP 1997: 16)

It is thought that the sooner officials can give offenders the option of participating in the program, the better the chances of that offender being accepted into the program, getting into treatment sooner, and being successful in the program.

Not all participants have the same treatment needs. Not even detoxification is the same. For this reason, component four, a continuum of services, becomes absolutely essential. If a drug court offers many different drug treatment and rehabilitation services, there is a better chance the
participants will get the treatment they need. This purpose is consistent with component number one, integrating treatment and case processing.

Frequent drug and alcohol tests are administered not only to provide motivation to participants to stay clean, but to determine whether or not they are complying with program rules. The court must have current information about a participant’s drug use habits, “to establish a framework for accountability and to gauge each participant’s progress” (NADCP 1997: 22).

Accountability is an important philosophy in the drug court, because the participants have control over whether or not they will comply with the rules set down by the court. It is important that it be determined whether or not participants are complying with the rules, especially sobriety rules, and they be held accountable for noncompliance as well as compliance.

Although we would all like to believe that drug offenders who get treatment “see the light,” and have sudden resolve to stay clean, this is not always the case. The physical addiction of drugs is much easier to get over, despite withdrawal symptoms, than the mental addiction. This addiction commonly increases with the strength of the drug, and the longer it has been used. Mental addiction to alcohol and illicit drugs stays with a person forever, and though juveniles rarely exhibit physical addiction, they are similarly mentally “hooked,” because, for some, drugs are the only escape from their problems that they know. So when things gets tough in their lives, or they are pressured by friends to return to drug use, chances are very high that they will resume using drugs. The court must create a strategy designed to inform participants of how to cope with these situations without drugs or alcohol. “Becoming sober or drug-free is a learning experience” (NADCP 1997: 24). By teaching participants the skills they need at the stages of the program that they will most need them, drug courts can aid a participant significantly towards his or her success.

If it were not for close judicial supervision, the drug court program would probably not be very successful. Component seven requires that the intimate atmosphere and personalization of the
court increase the comfort of participants and encourage them to make positive personal ties in and out of the courtroom. These personal ties are crucial to each participant’s experience, particularly the participant’s relationship to the judge.

The judge is the leader of the drug court team, linking participants to treatment and to the criminal justice system. This active, supervising relationship, maintained through treatment, increases the likelihood that a participant will remain in treatment and improves the chances for sobriety and law-abiding behavior. (NADCP 1997: 26)

Judges in juvenile drug courts try to develop a relationship, which goes above the minimal level seen in regular courts, with each juvenile in the program. This helps participants, adult or juvenile, that the court is concerned about their well-being; something that most people in the criminal justice system never have reinforced.

A participant’s progressive or regressive behavior should be monitored closely so that the treatment team is able to revise that person’s treatment program as needed, and provide appropriate praise and reward, or reprimand. The court should also be a self-policing entity, evaluating its own performance, and determining whether or not it is living up to its set goals. The NADCP acknowledges that, “the design and operation of an effective drug court program result from thorough initial planning, clearly defined program goals, and inherent flexibility to make modifications as necessary” (1997: 27).

Not only should the drug court and its staff self-evaluate, it should self-educate. Thorough basic training and education are as essential as continued specialized education. The entire criminal justice system, especially the juvenile branch, is in a state of constant change. The legislature, influenced by public opinion, hands new public policies down to the courts with the expectation that they will be swiftly implemented. Since public opinion changes everyday, the court may have a hard time keeping up with the constant flow of new demands. So drug court personnel are appointed the additional responsibility of remaining current on new program options and regulations
that are being instituted in the court. This can be very difficult when one considers that the system and its employees are already burdened with busy dockets and large caseloads. The DCPO recognizes just how important continued staff education is, and “helps support training and technical assistance” by “entering into partnerships with qualified and experienced organizations that have expertise in the following areas:

- Team building, goal setting, and action planning.
- Substance abuse treatment and collateral services.
- Cultural competency.
- Court systems and case processing.
- Evaluation.
- Automated management information systems.
- Drug testing.
- Case management. (DCPO 2000: 2)

Even with these resources available to the drug court staff, it is still difficult for the staff to make the time to use them. A possible solution to this problem will be discussed later in the Discussion section.

A comprehensive team approach is the most popular, if not the only approach, in the juvenile drug court. For success, team members and treatment/service providers must form lasting partnerships. Only through their continuing cooperation, can the drug court function on the level required for effective treatment of its participants (Gebelein 2000). If there is no unity, there can be no effective treatment. Consider parents who discipline their children in different manners. If the parents argue over which is correct, but never agree to work towards a compromise, the child will never be successfully disciplined.

These guidelines are designed to help drug court practitioners better understand how to meet their goals, provide consistency between jurisdictions for evaluation, and enable comparative
studies of the effectiveness of the programs across the nation. Information gathered from the latter could help other jurisdictions avoid problems and copy successes.

Despite differences in data collection, definitions of success, and specific programs utilized by jurisdictions, drug courts across the nation operate, essentially, within the same procedural construct. To illustrate the general procedures of drug court programs, I will use the model that the District of Columbia has employed in its juvenile program. As many others, the District of Columbia (D.C.) modeled its program from the already-established adult drug court. The aim of the drug court is to remove drug violators from the criminal justice system and place them into treatment where they can be away from any behavior that may cause recidivism. The length of these programs varies from jurisdiction to jurisdiction, but typically ranges from between six months to a year and a half. The D.C. drug court is a comprehensive twelve-month treatment program, in which the judge, defense attorneys, prosecuting attorneys, probation officers, treatment case managers, families, and service providers are all members of the “treatment team” (Superior Court of the District of Columbia 2001).

A unique feature of the juvenile program is this last statement of “team.” Unlike any other court-run sanctioning and treatment program that I know of, all entities are working together, rather than against each other. Together they determine the best treatment plan, sanctions, and incentives for each juvenile in the program. In nearly every evaluation hearing, all parties are present to speak on behalf of the defendant, assess adherence to program requirements, reevaluate any part of the treatment plan, update all members of the team on the participant’s progress, and decide on appropriate awards or sanctions, which will be discussed later, depending on the outcome. Typically one thinks of any judicial process as being adversarial and not cooperative, as it is in the juvenile drug court program.

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7 All procedural information gathered from the official program pamphlet, put out by the Superior Court of the District of Columbia, *Juvenile Drug Court Program*, 2000.
VI. Partnerships

As for partnerships, there are many that are employed in the conventional juvenile court, and still apply in the juvenile drug court, with a few additions. Some of these partnerships include the juvenile’s family, school, and community, health providers, probation officers, social services, public defenders and defense attorneys, the state’s prosecutor, and even the legislators. All of these entities must work together to provide for smooth administration and success, but the main members of the Drug Court Treatment Team are the probation officer (PO), social worker, defense attorney, prosecutor, and judge. These five plus administration, determine admittance into the program, the course of a treatment program, progress in their treatment, and retention when a juvenile is not complying with court-imposed rules (Williams 2001).

Probation officers spend the most one-on-one time with young clients. Juveniles are usually required to check in with their POs at least two to three times a week. Probation officers make sure that the juvenile is not slipping and hold a large amount of authority in the eyes of the court. If a probation officer makes a recommendation that the juvenile be removed from the program, more often than not the judge will agree with that recommendation (Whitley 2001).

Case social workers provide valuable information to the court concerning the juvenile’s family situation, living conditions, mental and emotional status, school performance, and counseling progress. They administer mental, emotional and physical evaluations, and report their findings to the court. Social workers’ opinions on where a case should head is also very powerful. Social workers look into the details of a juveniles’ lives, and assess the full situation, give their professional advice about why juveniles act the way they do, and recommend what may be done to help change any aversive behavior (Dunmore 2001).

Probation officers often are advocates for the juveniles under their responsibility, but defense attorneys formally represent their clients’ wishes when the team convenes to decide on a
course of action. Most defense attorneys are court-appointed public defenders, because most of the youth who enter the court cannot afford to pay for their own defense attorney. These public defenders work so closely with all of the judges and prosecutors, due to their prominence in the system, that they often have a large amount of clout in drug court decisions (Henning 2001).

Prosecutors represent the state’s position on juvenile matters. They have the state’s best interest at heart when providing input on a case. They consider the resources required to place juveniles in the program and try to determine whether they will be successful and a good investment (Williams 2001).

Judges play the most important role in the drug court scenario, because they make the final decision when the team convenes. However, it is not these judges’ decision-making power that makes them so important. It is the ability to listen to four, sometimes widely divergent, opinions, and balance the best interest of the juvenile and the state. Judges must represent all sides as well as the law, making their job the most difficult. Judges often act as a parental figures to the juveniles in the program, and their reaction to behavior is often the determining factor as whether that juvenile will succeed in the program (AU 1998; Walton 2001).

Overall, the team model is the most representative drug court model available, although others have been tried. Those models that have put too much power in the hands of the judge often result in too much leniency and often to bribery of the participants to cooperate with the program requirements, as became the case early on in the District of Columbia’s fledgling drug court program (Williams 2001.)

There are secondary entities who have contact with the juvenile and with the court. They do not directly affect the decisions made by the treatment team, but their input can influence the decisions of the court. These are the juvenile’s family, school, and community.
In a juvenile’s family, the most important influences are the parents or other guardians. It is very important that they be willing to work with the drug court to keep juveniles on track with their treatment. Parents and guardians are usually required to sign an agreement with the court, saying that they will be active participants with the court, and aid their child in complying with any court-ordered activity. Such responsibilities include maintaining a curfew, ensuring that their child be at all court ordered treatments, programs and court hearings, attending family counseling sessions, and reporting any infractions to the judge. If a juvenile has parents who are not compliant, both the juvenile and the parents may be held in contempt of court (Walton 2001).

Schools play a very large role in the shaping of youth. Children and teens spend a large portion of their time within school walls, and, therefore, come into contact with whatever is within those walls. Generally all drug court programs require participants to attend school or obtain an equivalency degree, and remain on good behavior while under the school’s jurisdiction. Should a juvenile in the drug court program be truant, insubordinate, or otherwise break any rules, the school is required to report it to the court during the next progress hearing. Such infractions can cause a juvenile to be removed from the program (Walton 2001).

Most juveniles who make contact with the justice system spend a large amount of time outside of their homes and in the streets. Most of them also come from low-income communities, where constructive extracurricular activities are scarce and drugs are plentiful. This is often why juveniles will engage in drug use and sales. Drug courts attempt to connect with community organizations that might help to keep the juveniles off of the streets. Courts prefer to put juveniles in programs close to their own neighborhoods, so that they do not need to leave their homes and schools in order get treated. They also try to make these programs in central locations so that juveniles have an easier time attending sessions, and fulfilling the program requirements. The drug court hopes that if juveniles learn how to stay away from drugs, while in the same surroundings,
they will have a better chance of staying clean and out of trouble after they graduate. (Dunmore 2001).

It is essential that juveniles have the opportunity to remain sober, especially at the very beginning of their treatment, when getting the juvenile off drugs quickly is key. Many programs provide outpatient treatment center programs through local hospitals. It is important that the court maintain a good relationship with these centers so that these programs can continue (Dunmore 2001).

The final entity, which has only been mentioned in passing, is the state legislature. The legislator makes the decisions that govern how the court is allowed to run. If the court were to be allowed to run amok, the state would suffer a dramatic drain on its resources but if the court were too restricted, it could be unable to fulfill its purpose. It is the legislature’s responsibility to create a balance between these two extremes. The legislator itself answers to public opinion, which often conflicts with the opinions of the legislature and the court, so problems often arise.

*Treatment*

Juvenile diversion programs are often seen by the public, and sometimes by court personnel, as being very easy to get into, and too lenient on juveniles who break the rules. When it comes to drug courts, leniency is limited. The program has very strict criteria, and a juvenile only receives so many “second chances” when the rules are broken. A candidate may be admitted into the drug court program by fulfilling several of these typical criteria:

- Between the ages of 11 and 18
- Non-violent offenses
- First-time offender
- Positive drug test or history of substance abuse
- No more than one period of Court supervision successfully completed
- Probation revocation/re-arrest
- Social Services admitted/re-arrest or after-care
- Not previously known to the Juvenile Drug Court
- Residing in the jurisdiction of the court
- Parents and child agree to participation (Superior Court of the District of Columbia 2001)

The D.C. program, as many others, only accepts non-violent offenders. Some jurisdictions accept minor violent offenders and minor second offenders, but the criteria are typically very strict. The reason for excluding violent juveniles is to avoid additional liabilities and conflicts that could become issues. For example, violent offenders require special supervision, most of the people who work closest with the participants, and provide services to them, are not trained to work with violent offenders. Usually, only first-time offenders are admitted into the program in order to keep numbers down, and to emphasize that the program is a one-time chance to get out of the juvenile system with a clean record. This way, participants have greater incentive to comply with the rules of the program. This has helped recidivism rates drop in D.C. (Walton 2001). Unfortunately information specifically for D.C. juvenile crime rates and recidivism rates are scarce, so I am unable to make a comparison to past rates.

Once a juvenile has been admitted into the program, a treatment plan must be developed for him or her emphasizing comprehensiveness and consistency of treatment. The reason for this is that juveniles typically have much more complex circumstances than adult offenders. Juveniles have concerns with their family, friends, school, emotional and mental development, and future in society. This will be discussed further in the Issues section. In my opinion, one of the best ways for juvenile drug court practitioners to evaluate how to best address these needs is by remaining in constant contact with the juveniles to remain familiar with each one’s personal circumstances. The most consistent feature of drug court treatment, across all jurisdictions, is the frequency and intensity of supervision. The purpose of treatment is to provide “constructive support to aid
[juveniles] in resisting further criminal activity, support to perform well in school and develop positive relationships in the community, and skills that will aid them in leading productive, substance-free and crime-free lives (AU 1998). If juveniles are allowed to slip backwards a few steps without some repercussions, they are more likely to lose their focus and motivation, and fail.

Treatment options vary greatly from one participant to the next, and even between jurisdictions, according to their respective needs. There never can be one set treatment program guaranteed to help every kid who comes through the system. Each participant’s circumstances are different, and each case must be dealt with on an individual basis. For this reason, treatment must be flexible enough to cover the needs of each juvenile. Robin Kimbrough (1997: 14) pointed out that treatment “should be tailored to the particular strengths and weaknesses of youth and their families. Specific interventions should be designed and modified as needed to fit the individualized needs and changing circumstances of the youth and family.” The most successful treatment services tend to be the ones that are very intense in the frequency of court contacts. Frequent status hearings to assess the juvenile’s progress, provide not only the treatment team with valuable information when making decisions, but the juvenile as well. The more informed the juvenile remains throughout the entire process, the better chance he or she has of understanding what is expected of him or her adhering to the rules, and graduating from the program.

Treatment stretches from the juvenile, to the family, the school, and into the community. This is achieved by many different treatment options. Treatments, or interventions, used by almost all drug court programs, run the gambit of tactics:

- Individual counseling (including multisystematic therapy\(^8\) and reality training).
- Interpersonal skills training.
- Behavioral programs (including family counseling and contingency contracting\(^9\)).

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\(^8\) Addresses factors associated with serious antisocial behavior in children and adolescents, the family, school, and neighborhood.

\(^9\) An operant-conditioning procedure that links a reward or a punishment to the occurrence or absence of a specific
• Academic programs (e.g. GED programs and tutoring)
• Advocacy and casework.
• Group counseling.
• Employment-related programs (those involving pay).
• Vocational programs (vocational training, career counseling, job search and interview skills, etc.).
• Deterrence programs (e.g. shock incarceration such as boot camps).
• Wilderness and challenge programs.
• Early release from probation or parole (VanderWaal 2001: 8).

The last four in this list have been classified as “weak or ineffective programs, based on the evidence” provided in an analysis of non-institutional interventions by M.W. Lipsey and D.B. Wilson in 1998, published in *Breaking the Drug-Crime Cycle*, but despite their study, it remains unclear whether or not such classifications hold true. They also listed the first three as very effective, citing that when using these approaches, recidivism dropped about 40% (VanderWaal 2001: 8). Individual counseling is infinitely important, because counselors are able to get into the deeper issues in juveniles’ lives, and help prepare them for what they will encounter once they have graduated from the program. One of the most important things that counselor can discuss with a participant is how their family and friends will act. “Relapse among youth who have been treated in inpatient settings almost always occurred in social contexts, usually when youth associated with pretreatment friends” (Kimbough p.17). Peer pressure, and not being unprepared for it in their own environment, are the most common factors present when youth recidivate. Counseling youth in the practical matters helps offset these negative influences.

Some other treatment options that have been cited by various drug court practitioners include drug education, outpatient medical services and other special health needs, and sobriety groups such as Alcoholics Anonymous and Narcotics Anonymous. “Treatment services do not end with the treatment provider. All activity generated by the juvenile drug court is designed to have
therapeutic value, including the ongoing interaction between ‘treatment’ and ‘court’ processes” (AU 1998). This statement sums up the philosophy of the drug court’s treatment plan.

A typical treatment program may be set up much like the District of Columbia’s\(^{10}\). The District divides treatment into three distinct phases in order to (a) provide the participant with appropriate services, incentives, and sanctions as they progress through the program, and (b) control the numbers of the program. These three phases are known as “Treatment, Maintenance, and Transition/Aftercare.” Phase I is a period of 120 days emphasizing helping the juvenile “get clean” while reinforcing such compliance. During this period, the juvenile is required to attend a minimum of four group sessions\(^{11}\) weekly, drug testing twice a week, therapeutic recreation,\(^{12}\) GED preparation or tutoring, random breathalyzers for alcohol, Alcoholics Anonymous (AA)/Narcotics Anonymous (NA), and court appearances every 14 days. (See Appendix 2 for a sample progress report.)

Phase II is a period of 120 days, and the primary concern is helping juveniles maintain drug-free status, while steadily introducing them to alternative activities and opportunities. The requirements are the same as above, but group sessions are cut back to three weekly, and a relapse prevention group is required.

Phase III, the transitional phase, is also a period of 120 days and is concentrated on moving participants back into their own environments, while maintaining drug-free status. Drug testing and group sessions are cut back to once a week, as is group counseling. Most programs continue job training, not to be confused with the apparently less effective vocational training, or attempt to place the juvenile in a job. The theory is that the more constructive ties juveniles have to their

\(^{10}\) All procedural information gathered from the official program pamphlet, Superior Court of the District of Columbia, *Juvenile Drug Court Program*, 2000.

\(^{11}\) Possible group sessions include drug counseling and education, job training, family, peer, religious support, special issues counseling, and other related areas. Groups are kept small to give each juvenile maximum attention.

\(^{12}\) This includes sports, group field trips, and other related activities designed to expose participants to alternate activities and opportunities.
communities, the greater the stake they have, and the more motivated they are to avoid drugs and corrupting elements. Presiding judges, depending on their own discretion, determine the frequency of court appearances. The consistent lessening of required court appearances, drug tests and group sessions gradually puts more and more trust in the juveniles, and increases their responsibility for personal actions. Specific treatments may need to be provided beyond the sanction period, as a kind of extension of this Aftercare Phase. This should be determined before a juvenile graduates from the program, so that the team can decide whether or not to extend the official Aftercare Phase, or simply to encourage the juvenile to continue with certain services. This may present a financial problem for juveniles and their families; therefore, this should be considered when funding the program. This will be further examined in the Discussion section.

After the first two phases, there are transition ceremonies to provide positive reinforcement, and recognize the juveniles’ achievements thus far, and after the third phase a graduation ceremony is held. These are minor incentives for participants to succeed in each phase, but it is often just the simple act of recognizing participants’ achievements that helps motivate them, and give them the confidence in their own ability to succeed. Constant praise and acknowledgement is essential in every phase of the program, especially from the judge. (For a visual representation of the drug court process in D.C., see the flow chart in Appendix 3.)

Positive and negative reinforcement are two divergent schools of thought, and it is often difficult to determine which method to favor. This depends on which judge is presiding in the drug court and the circumstances of the individual juvenile’s case. It has been found, however, that a balanced combination of the two is often the most effective.

Sanctions must be structured to promote each juvenile’s ability to take responsibility for his/her actions. Positive rewards and incentives for compliance with program conditions are as important as negative sanctions for program noncompliance. Consistency and predictability are essential when administering both of these (AU 1998).
It is easy to fall back on the reactive measures that sanctions provide once a juvenile has made a mistake or broken a rule. What many people do not understand is that it is just as important to give a juvenile a pat on the back for a job well done, as it is to punish him for inappropriate behavior. Incentives can hold even more power than sanctions, because participants expect to be punished, but often times they do not expect praise or reward. Judges can use this device in a very effective manner, if he or she understands this. Along with praise from the judge are other more demonstrative incentives including:

- Ceremonies and tokens of progress, including advancement to the next treatment phase
- Reduced supervision
- Decreased frequency of court appearances
- Dismissal of criminal charges or reduction in the term of probation
- Reduced or suspended incarceration
- Graduation (NADCP 1997: 25)

These incentives are also on an ascending graduated scale, and are handed down by the treatment team, with the judge’s approval. The better juveniles do during their treatment, the more incentives, rewards, and praise they receive. It is very important that incentives be given as swiftly as sanctions to maintain their value as positive reinforcement. After observing juvenile court, and learning about the backgrounds of the juveniles my office was prosecuting, it became clear to me that most of the youth who appear before the court are not accustomed to having their accomplishments recognized, but rather having their mistakes magnified by the very people they look to for guidance, support and love…their parents.

Juvenile court judges have often acted as patriarchal parens patriae\textsuperscript{13} for juveniles, providing them with a “father figure,” as well as a figure of authority from whom they can receive the guidance that is often missing their lives. The most effective positive incentives in the program

\textsuperscript{13} The state should intervene to prevent future delinquency when an individual is incapable of doing so.
appear to be encouragement from the judge, and the praise from other drug court participants. These are also the most highly valued among all participants. Some judges employ point systems and contracts between the court and the participant to provide the positive and negative reinforcement that helps to develop the participant's internal sense of accountability (AU 1998).

Judges sometimes have different "assignments" they may give to drug court participants, such as reading, watching certain movies or programs, artwork, essays, and other similar assignments. These are often designed by judges to teach the participant some important lesson during his or her drug court experience. I witnessed one judge who did this very thing. For one boy he assigned the movie "Boyz N the Hood" and instructed him to write a two-page essay about which things in the movie he did not want do himself, and more generally what he had learned from it and how it was applying to his life at the moment. Unfortunately, I never had the opportunity to see the results of such assignments. I would think that they would be beneficial, because they force the juvenile to look more deeply into his or her own behavior and that of others (friends, siblings and even parents), and to see who exerts a positive and negative influence on them. Even if such assignments only serve the purpose of keeping the juvenile off the street for a few hours, it is one less chance he or she has to slide back into the behavior the program is trying to treat.

The juvenile drug court would not be a regulatory program without sanctions and incentives. "Graduated sanctions hold juveniles accountable for their actions, and at the same time, reward them for positive progress toward rehabilitation" (VanderWaal 2001: 3). (See Appendix 4 for sample sanctions card.) There are many options when it comes to sanctions. These include:

- Warnings and admonishment from the bench in open court
- Demotion to earlier program phases
- Increased frequency of testing and court appearances
- Confinement in the courtroom or jury box
- Increased monitoring and/or treatment intensity
• Fines
• Required community service or work programs
• Escalating periods of jail confinement (with treatment services still provided)
• Termination from the program and reinstatement of regular court process (NADCP 1997: 25)

The ultimate sanction of incarceration is stayed pending the participation in the drug court program, so if a juvenile is terminated from the program, it means that charges and plea of “involved” (required to participate in the program) are reinstated, and sentencing commences.

VII. Issues Surrounding the Drug Court

Adapting Adult Drug Court Models to Juvenile Drug Courts

As stated earlier, juvenile drug courts were designed and implemented using existing adult models. With the success of adult drug courts, many believed that it would be easy to create a juvenile model in the adult program’s image. What they did not realize was that juveniles have vastly different needs than adults, and this caused many problems to arise in the programs that were implemented earlier on.

Robin Kimbourgh, who asserts that adult drug courts revolve around the premise that the offenders are usually drug-dependant, provides a detailed evaluation of the differences between treatment factors for adults and for juveniles. This makes the method of substance treatment needed by adults very different from a juvenile. “Not all adolescent drug use leads to dependency” and “is more appropriately characterized as a problem behavior that is often related to other problem behaviors.” Juvenile drug abuse also has multiple determinants, including “cognitive, biological, social, emotional and contextual factors” that do not apply to adults (Kimbourgh, 1998). For example, an adolescent’s relationship with his parents has a much greater impact than on an adult.

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14 A majority of the information provided under this subheading has been taken from (Kimbourgh, 1998).
Problems in school are one factor that is moot for most adults. Juveniles, especially during puberty, are affected by hormonal changes that adults have already grown out of. Another characteristic of adolescence is the juvenile’s break from his or her parents, and an individual struggle to find his or her own place in the surrounding world. This is a time to “test limits” and try riskier activities, and from this can grow experimentation with illegal substances. Adults are normally past this stage.

It is clear why juvenile treatment programs in the drug court, and even more importantly the mindset of the entire court itself, must be careful to consider the special needs of and influences on juvenile offenders.

_Screening and Assessment_

As in any new program, there are certain unforeseen issues that arise as problems present themselves. The largest area of concern in the juvenile drug court program is the eligibility screening process. In its publication, _Development and Implementation of Drug Court Systems_, the National Drug Court Institute (NDCI) brings some common issues to light. One of the largest issues is the fact that “drug court systems in various jurisdictions differ widely in terms of how they define their target population” (NDCI 1999: 11). This, in turn, affects what their eligibility criteria will be for allowing or denying juveniles access to the program. Some courts allow violent offenders, while others do not. Some only accept “pure” drug cases, in which the only eligible charges are drug offenses, such as possession or distribution, not cases where the juvenile was merely under the influence of drugs. Still others will only accept first-time offenders, or offenders without charges pending in other cases. There are also many that only accept misdemeanor charges (NDCI 1999).

The screening process begins with the very first drug test administered at the time of arrest. This practice is often standard across jurisdictions. After determining that a juvenile has a drug-
related offense or was using drugs when committing an offense, eligibility screening for the drug court program begins. Screening assesses juveniles’ need for program services by gathering a large amount of information about them. This information includes background and demographic information, prior criminal history, family history, substance use, mental health, and other factors affecting the juvenile’s ability to participate in the program (Peters and Peyton 1998). (See Appendix 5 for a sample screening form.)

Once screening has been completed and the juvenile has been accepted into the program, there are a number of assessments that must be performed. “Information gathered during screening and assessment is used to develop a treatment plan that will be updated over time to reflex participant progress, significant life events (e.g. relapses changes in living arrangements), and changing service needs” (Peters and Peyton 1998). Juveniles who are enrolled in the program must submit to regular drug tests as a condition of the program, because these tests assess whether the juvenile is staying clean and complying with the sobriety requirement. All juveniles are run through a chemical health assessment (also called a substance abuse history) a psychological assessment, a family and social relationship assessment, physical health or medical assessment, educational and vocational history, and a criminal history that includes self-reported data (Peters and Peyton 1998). This self-reported data, if accurate, helps give treatment providers a more complete representation of juveniles’ tendencies, and it is believed that it helps when creating a treatment plan.

Special issues associated with screening that carry over into assessment include:

- Screening women – most models are geared towards males and do little to account for histories of sexual abuse and the higher proportion of mental illnesses
- Screening for mental health problems – many offenders have multiple disorders
- Screening for suicide – some participants suffer from severe depression, and suicidal participants require special care
- Screening for motivation and readiness for treatment – not all participants are voluntarily in the program (depending on individual programs’ policies) (Peters and Peyton 1998)
These issues can become problematic if not considered when conducting a drug court. Drug court practitioners should seek out the resources they need to handle these issues.

Drug Testing

The most fundamental practice in drug courts is continuous drug testing. One would think that this process is very simple, but the frequency of tests, and the impact on the offender’s status in the program brings up very serious practical issues. For one, court systems are backlogged with crime scene samples to analyze and evidence to sift through. Drug labs especially are burdened and often lack the staffing and resources to deal with the standard amount of materials requiring their attention. Enter the drug courts, with its two divisions, adult and juvenile. It is often the case that there is an inadequate number of certified personnel available to handle the influx of required drug tests, or to train specific drug court personnel to perform the required tests. These programs put a large burden on pretrial services labs that provide same-day pretrial drug tests for every court appearance, and on drug court treatment providers (Robinson and Jones, 2000). When I observed regular juvenile court, I noticed quite often that the judge would request the pretrial drug test, but it was not yet available from the lab. If drug-testing services are stalled or even unavailable, this can cause delays in the courtroom, and affect the quality of treatment that juveniles receive.

There are very strict chain-of-custody rules that must be followed when collecting a sample from the juvenile for testing, transporting it to the lab, and performing the necessary tests to determine the results. If this chain-of-custody is in any way broken, it can render the sample unusable, the test inaccurate, or even the findings inadmissible. This can only act to the detriment of the juvenile (Robinson and Jones, 2000). There is always the possibility that a sample has been tampered with, or falsified, and every sample must be tested for these possibilities. An accurate chain-of-custody can help to eliminate some complicating factors.
Discretion

Our reliance on the discretion of our criminal justice officials is so great, that discretion itself has become crucial to the smooth operation of the entire system. For this reason, it has naturally become a topic of intense debate as some critics question its ethical implications. In a drug court setting, there is a large amount of discretion given to the members of the treatment team. Usually, the distribution of discretionary power appears more limited the further a person penetrates the justice system. Police officers have the most discretion when it comes to where they will patrol, which infractions they will overlook and which they will not, whom they choose to stop, question, search, and take into custody or send home, and why. They decide whether or not a person will enter the criminal justice system at all. Prosecutors come next, deciding whether or not to press charges, which charges to file, what plea offers they will propose, which jurors to retain, and what punishments or treatments they will ask the judge for. At the end of the discretionary spectrum usually sit the judges. They decide whether or not a case has enough merit or evidence to remain in court, and have the power to interpret the law as it applies to each case. They also have discretion when considering motions about witnesses, evidence and so forth, and rule on the merit of objections made in court. In the case of a bench trial, a judge may even have a large amount of sentencing discretion, within any sentencing guidelines.

In the juvenile drug court, this discretionary hierarchy is almost completely switched. Police still hold the most discretion, and prosecutors, along with judges, screen juveniles for admittance into the program, but judges hold the most discretionary power after these steps have been taken (Stein 2001).

We rely on judges to be unbiased when making decisions in court. This is a lot of faith to put in such a small group of people. The largest concern about giving a large amount of discretion to judges is whether or not they use their discretion equally when administering the program and its
services. Factors of bias or discrimination such as race, age, gender, socioeconomic status, residential area, family ties, and the number of prior contacts with the court often influence how easy or hard judges go on participants. If one observes current program populations, it would logical to conclude that they are not using their discretion equally. The majority of juveniles who are arrested, convicted, and sentenced to detention are young, lower class, minority males (Snyder 2001). Yet, as we see from American University’s 2001 study, there are more Caucasian juveniles in the program. Do they deserve a second chance more than an African American? This disparity disturbs me, and I believe that it is appropriate for to question not only the screening practices of the court, but the intensity with which juveniles of different races and genders are punished for noncompliance. If more African Americans are withdrawn from the program than Caucasians, that too may help explain this disparity.

Some argue that judges have too much discretion when it comes to enforcing, interpreting, and administering the program. Judges typically go harder on minority defendants or defendants from the lower class, giving them harsher punishments and fewer second chances, and easier on white upper class defendants, allowing the rules to be more loosely enforced, despite guidelines such as sanctions cards (Harden 2001). After all, that is all that they are, guidelines. (See Appendix 4 for sample Sanctions Card.)

The Drug Court Clearinghouse and Technical Assistance Project (DCCTAP) at American University has written numerous reports on the workings of the drug court. In *Juvenile and Family Drug Courts: An Overview* (1998), many other issues facing the court are mentioned:

- Identifying juveniles with drug or alcohol problems, accurately.
- Developing strategies to motivate juvenile offenders to change.
- Creating treatment and rehabilitation plans that take into account certain risk. (e.g. Juvenile substance abusers often lack the “hitting the bottom” motivation that adult long-term substance
abusers experience and often respond to in their recovery process. Juvenile offenders also frequently present a sense of invulnerability and a lack of maturity, and are at different developmental stages.)

- Counteracting the negative influences of peers, gangs and family members.
- Addressing the needs of the family, especially families with substance abuse problems, some of which may have gone on for generations, adequately.
- Responding to the numerous developmental changes that occur in the lives of the juveniles while they are under the court’s jurisdiction.
- Complying with confidentiality requirements for juvenile proceedings, while at the same time, obtaining necessary information to meaningfully address the juvenile’s problems and progress.
- Handling language and cultural barriers.
- Compelling the involvement of the parents of drug court participants.
- Keeping drug testing practices consistent and accurate.

These issues will always be present in the drug court program, but those expanded upon above are more practical, and could possibly be resolved with logical application of coordinated and cooperative procedures, and even legislation or administrative order.

**VIII. Evaluation**

All programs have inherent beneficial and detrimental elements. Some are more obvious than others, but they all have a significant impact on the success of the program. The juvenile drug court has been heralded as the best new solution to dealing with juvenile drug offenders in the system, and to keeping them from repeated contacts with the system. Therefore the pros are often highlighted, and the cons diminished. This is to be expected, but supporters of the court must not allow good press to lead them to believe that the program is immune to problems. All practitioners of drug courts must look at the program from many different angles before making any decisions that will impact the court.

Roberts, Brophy, and Cooper outline some beneficial characteristics unique to drug court programs in *The Juvenile Drug Court Movement* (1997). They include:
• Much earlier and more comprehensive intake assessments for both juveniles and adults;
• Much greater focus on the functioning of the family, as well as the juvenile and/or parent, throughout the period of participation in the drug court program;
• Much closer integration of the information obtained during the intake and assessment process with subsequent decisions made in the case;
• Much greater coordination among the court, the treatment community, the school system, and other community agencies in responding to the needs of the juvenile, the family and the court;
• Much more active and continuous judicial supervision of both the juveniles and/or family member’s progress in treatment and compliance with other program conditions and the various treatment and other rehabilitation services being provided;
• Immediate judicial use of both sanctions applied for noncompliance and incentives to recognize progress by the juvenile and the family.

There are many “special attributes” to treatment that benefit the juvenile in the drug court, and these include:

• Assessing the juvenile and his/her family situation early and continually;
• Providing treatment programs that are developmentally based, gender specific, and culturally competent;
• Incorporating an “outreach” component to the assessment and treatment process that includes periodic visits to the home to assess the family situation;
• Addressing the school performance, peer relationships, and self-esteem issues of each juvenile participant, in addition to his/her family situation. (AU 1998)

The Team Model is responsible for most of these benefits but it is the trend towards more rehabilitative strategies that deserves most of the credit. Many will agree that these benefits potentially outweigh any cons, and even if this is true, one should not jump to conclusions.

Though the Team Model is very beneficial, it can also cause some problems. It is commonly said, “too many cooks spoil the broth.” This can be true when handling a juvenile’s case. With every member trying to be heard, miscommunications can occur, and improper treatment given. This can set a juvenile back farther than when he or she entered the program.
Each jurisdiction will have its own unique problems. According to Kris Henning, a former public defender in D.C. who has worked in the juvenile drug court program since its earliest stages, there are three large problems associated with the program in D.C. These problems are (1) that the program is more demanding of juveniles than regular probation, (2) a full services piece is not available (e.g. aftercare is lacking, no expertise in some areas of concern, need a mentorship mentality\textsuperscript{15}), and (3) there is no continuum of drug treatment (e.g. drug treatment services fall off as a juvenile progresses through the program). The first problem is rather self-explanatory. If a program intended to get juveniles out of the system, and prevent recidivism, and easier programs are not achieving those goals, how with a person ever succeed in a more demanding program? Defense attorneys often feel that it is setting their clients up for a fall, because candidates are required to enter a plea of “involved” in order to be taken into the program. If they do not succeed, they have already admitted that they were involved in the charge brought against them, so they are out of options. Because of this, some believe that the program is inherently racist, ageist, and designed to incarcerate poor people, because they are the ones who come into contact with the court most often (Harden 2001).

Full service, according to Henning, is lacking in D.C. because when the team is coming up with a treatment plan for a juvenile, it does not take into consideration that drug use is often a way of life for many of the juveniles in the District. Also, drug court staff are often part of a completely different social classification, background, and generation than juveniles. Drug use has often been reinforced by juveniles’ parents, siblings, and friends, and is a very hard cycle to break. Henning suggests that we try to get people working with the participants in a kind of mentorship role. If they have someone whom they can relate to, and who will not “turn them in on the dime” if they mess up a little, it could be very beneficial to not only the juvenile, but to the system as well, increasing

\textsuperscript{15} Examples are Big Brother or Big Sister, within the court system. Need to give greater guidance throughout the entire program.
chances of success in the program. In addition, the program lacks the expertise in some areas of treatment, including special education, employment services, and cultural differences.

Not having a drug treatment continuum consistent with participants’ needs could be potentially fatal to the drug court program’s goal of reducing recidivism. Typically, drug treatment (detox, counseling, etc…) are most intensive in Phase I, and taper off as the juvenile progresses. It is essential, in my mind, for juveniles to learn how to use what they have learned in drug treatment in their original environment. When drug treatment services taper off as juveniles are transitioning back into their original environment, after learning how to use these skills in an intensive and supportive environment, it is more likely that they will have a much harder time handling the pressures of drug use, because they have not learned how to use their skills in their own environment. It is mainly because of this fact that many believe that aftercare should extend in a moderately intense manner for at least 6 months to a year after the juvenile has completed the program.

Juvenile and family drug courts must be in a state of constant revision in order to keep pace with the ever changing and “evolving” needs of their target populations, and to integrate useful new resources as they become available. There are times when the courts attempt to use these evolved resources, and it backfires. Sometimes the means to use the resources are not available, and so they cannot be used. Another issue that pertains to this is that the courts are already overburdened as it is. Most team members do not have the time to learn about new policies and programs in order to determine which participants they best apply to, and for that reason, unfortunate as it is, some juveniles get placed into programs that are not suitable for their needs. With pressure on the courts, from the legislator, to implement new programs, juveniles sometimes become victims of the politics that govern the system.

There are some other problems associated with the juvenile drug court as a whole:
• Integrating databases among jurisdictions (each has a different system)
• Comparing data, each jurisdiction has a slightly different structure, set of rules, restrictions, and allowances, different ways of measuring “success” and “failure”
• Integrating juvenile and adult systems is difficult due to confidentiality requirements

All agree that “critical data elements needed to make decisions and measure outcomes, and then determine how the data can be compiled, maintained, and accessed on a regular basis” (AU 1998). For the time being these do not appear to be very large problems, but as the program expands, it is likely that they will become a definite issue.

The four main questions that I have asked while compiling all of this information are:

1. Are the problems addressed by the juvenile drug court coinciding with its goals, and based on the current outcomes of the juvenile drug court?
2. Are those goals being achieved?
3. Is the program cost-efficient for the criminal justice system?
4. Is the program preventing recidivism?

There is a very limited amount of evaluation information available, because of the relative infancy of the program. According to Steven Belenko of the National Center on Addiction and Substance Abuse at Columbia University, “program completion rates are generally consistent with previous findings, with an average of 47% of participants graduating.” Also, in “four of the six studies, [published in Research on Drug Courts: A Critical Review, 2001 Update.] that examined one-year post-program recidivism, found a reduction, but the size of the reduction varied across courts” (Belenko 2001: 3). And by many accounts, the current rate of success in drug court programs, as shown in complied data from various juvenile and adult drug courts, appears to be quite high, usually between 50 and 70% of those who graduate (AU 1999). Based on the information that I have found concerning how juvenile drug courts are run, it appears to me that practitioners are remaining true to their purposes, and are in fact discovering new issues and creating new goals to deal with these issues as they become more accustomed to working with
juveniles. The courts are becoming much more efficient with screening and assessment procedures, which means that candidates are being identified faster, and are receiving treatment sooner. It is somewhat evident, based on Lipsey and Wildon’s research, that participants are receiving productive educational, relationship, and personal skills to help them remain drug- and crime-free, depending on the treatment programs provided by each jurisdiction. The program has definitely provided the system with a better means to promote accountability for juveniles by giving juveniles a more active role in their treatment.

Whether or not the program is having the intended impact on families is unclear. I would imagine that, based on the average success percentages above, it would be hard for juveniles to obtain success without the aid provided for, and support given by, their families. This could be incorrect, however, when we consider the problem of environmental integration introduced by Kris Henning. It may not be the case in other programs that aftercare is lacking, for example, in Pensacola, FL, Escambia County’s drug court structures its Phase III to allow for 6 months of transition and aftercare (Roberts et. al 1997). However, American University’s Activity Update, shows that a majority of the graduates only stayed drug-free between 1 to 4 months (2001).

In Looking At a Decade of Drug Courts, a preliminary evaluation of adult drug courts completed in 1999, American University cites that the “average cost of the treatment component ranges between $1,200 and $3,500 per participant, with savings in jail bed days estimated to be at least $5,000 per defendant” (10). These numbers may not translate directly to juvenile drug courts, but the fact that the program saves money does.

I have not been able to find any comparable cost data specific to the juvenile drug court as it pertains to the cost of each juvenile’s treatment, drug court staff salaries, training costs, drug testing, and other auxiliary costs. However, this is the data that jurisdictions applying for grants must provide, so there may be some more detailed information about cost in the near future.
A study published in DCCTAP’s *Looking at a Decade of Drug Courts*, shows that drug courts around the country report a percentage of between 84 to 98% clean urine tests during the program (AU 1999). Some jurisdictions have reported recidivism rates, among graduates of the program, to be as low as 5%, and rates for participants finding and retaining employment are between 20 and 90% (AU 1999). One tidbit that I found particularly interesting, is that juveniles who enter the program involuntarily (possibly as a condition of probation, or a case where the juvenile would have been found guilty regardless) do just as well, if not better than juveniles who enter the program voluntarily (Cooper 2001).

Overall, the benefits to the juvenile, family, community, and system appear to outweigh the costs, even if it is not monetarily. The program is far too young to conduct any conclusive linear studies about total savings of the program to the justice system since its conception, but there are so many programs that are currently implemented, that this data may not be very far away either.

**IX. Discussion**

*Present State of Juvenile Drug Court*

Currently, all 50 states (plus the District of Columbia, Puerto Rico, and Guam) are either planning, or have implemented, some form of juvenile drug court program. Current numbers, though there has been limited research, show a very positive response by participants to the program, as well as a fairly high rate of success. Overall drug courts are being accepted with open arms and high hopes. There have been some cases of earlier juvenile drug courts accepting far too many candidates and suffering from complications due to high numbers and low resources. My coworkers at the Corporation Counsel told me that this was the case with D.C.’s earliest juvenile drug court. The presiding judge was allowing second and third-time offenders into the program, letting them slide when they broke the rules, and graduating them to provide positive numbers
during evaluation (Stein 2001). This is no longer the case. Judge Zinora M. Mitchell Rankin, who felt very strongly about way the juvenile drug court was being run, came in, “cleaned house,” by reevaluating all of the juveniles in the program and reduced numbers from around 150 to about 20 eligible participants (Williams 2001). Now, D.C. keeps its program very small to ensure that those who are in the program are dedicated to succeeding, and are trying to get the maximum benefit of all the resources available.

Speaking of which, this brings us back to the issue of drug court staff having a hard time keeping up with current programs, policies, and regulations. Though it may not seem very effective, the drug court team could appoint one member to keep up with current decisions, and to report on those to the team. This may not work, however, because the members are already so busy. It is possible, however, to put the responsibility on each team member’s supervising agency. Agencies are usually sent information to update government employees on what current programs and policies are. In my experience at the Corporation Counsel, the supervisors would make sure that everyone got a copy of whatever the information was, and then, during their weekly staff meetings, they would briefly review the information with the entire staff and take any questions the staff had. This process worked very well in helping to keep all staff current. Any questions that the supervisors could not answer were referred to either the source of the information, or toward other partners in the system.

Another issue that I wish to address is one brought up earlier in this paper. Aftercare services are crucial to aiding a juvenile refrain from recidivism, even those sometimes required after the official sanction period is complete. One thing that must be considered when planning such aftercare services are the juveniles’ and their families’ abilities to not only attend aftercare programs and services, but to pay for them if they are not covered by the courts. I believe that there should be some kind of Federal grant program for the families of juvenile drug court graduates who feel that,
or the court feels that, they need further treatment and services to remain drug-and crime-free. This may seem like it would invite critics to say that the drug court program is not effective, but in truth, it would make the program more effective as a jump-start for juveniles to get their lives together. There is only so much that a court atmosphere, even one as intimate as the drug court’s, can do to nurture a juvenile.

Others would argue that it would encourage people to apply for the grants just to get extra cash, and not for treatment at all. Grant money could be earmarked by the government for such grants, and the money would not be given to the family. Rather, it would be put into a sort of account. Grantees would present this account number to the treatment provider at the time of treatment, and the amount would be deducted directly from that special account. This seems a bit radical, I admit, and I do not know exactly how practical it would be, but I believe that if the system is ever in the position to implement such a program, it could not only help juveniles and their families receive needed treatment, but also show them that the government really wishes to help them, forming a stronger social bond between the family and society.

Federal Standardization

My greatest concern is the lack of Federal standards for drug court programs. The Federal Government allocates money for drug courts, but does not do very much to regulate them. It is because of this that there are so many differences between jurisdictions. Many jurisdictions used other programs to model their own program from, however, each jurisdiction works its program to best fit its own needs, creating many programs with the same theoretical basis, but different characteristics. For example, some programs accept violent offenders, some give more chances after noncompliance than others, some give judges more discretion than others, each program varies in size, each program’s goals vary, and almost all define success in different ways. All of these
differences make comparative studies very difficult, and solid comparative data are the backbone of accurate evaluation. If we remain limited by a lack of comparable information, it is hard to say whether we will ever gather sufficient data to determine the overall effectiveness of the program. Some argue that the evaluations conducted by the states are good enough to determine the effectiveness of the program, but I disagree. Without comparable information to weigh their results against, how can they know for certain whether or not their program is really making a difference?

I propose that there be Federal standards imposed on those jurisdictions that accept Federal grant monies for their programs. Standards should cover program goals, services provided, sanctioning guidelines, program size (to prevent overcrowding), judicial discretion, evaluation framework, and the definition of “success.” Standardization will not only help data collection and evaluation, it will help prevent “deadbeat” programs, and provide jurisdictions with important information on new services and regulations more quickly. It will also give the juvenile drug court program more visibility in the criminal justice system, and to the American public, increasing its chances for expansion and improvement.

X. Conclusion

The long-term post-program impacts of drug courts on recidivism and other outcomes remain unclear due to a lack of solid evaluation data. It is essential that Federal and state governments develop and implement programs that work, rather than programs that look good, or that use the least amount of public resources. There are still many wrinkles in the fabric of the drug court program; however, these could be smoothed out with the help of Federal standards. Until such standards exist, it may be possible to learn from the successes and failures of other jurisdictions, and use that information when creating appropriate treatment programs for juvenile drug offenders.
Future Outlook for Juvenile Drug Court

Juvenile drug court programs will continue to spread across the country as word of their apparent success reaches new jurisdictions. It is possible that the program will extend to many repeat offenders, and more violent offenders, but this should only occur if the staff receive appropriate training (Gebelein 2000: 4).

The program appears to be heading in a very positive direction, because many states are continuing to implement and plan more and more juvenile courts, but research on juvenile and family drug courts is still in its very early stages, making conclusions about their impacts impossible as Belenko mentions in his research.

Despite the importance of looking inside the “black box” of drug court treatment, relatively few evaluations include data on program services, either because of lack of data or because service delivery was not included in the evaluation design. Findings from several evaluations suggest that drug court impacts may fluctuate over time, indicating the importance of multi-year or replication studies to gauge the long-term impacts of drug courts (2001: 3).

Only continued research and evaluation will determine the effect that drug courts are having on our youth. Until such research has been compiled, I believe that it is safe to say that the juvenile drug court program is off to a very strong start, and will continue to grow and receive more recognition and praise from the public as it becomes more well-known. In the event that Federal standards are imposed, I believe that they will benefit the program as a whole, but even without standards, I hope to see great improvement in the program in the future.
Between 1990 and 1999, the increase in the juvenile drug abuse violation arrest rate\(^1\) was greater for females than for males (177% versus 105%)

The juvenile drug abuse violation arrest rate declined 9% between 1998 and 1999.

The male juvenile arrest rate for drug abuse law violations was more than five times the female rate in 1999 (1,081 versus 193).

In 1999, the juvenile arrest rate for drug abuse violations was twice the average rate of the 1980s for both males and females.

\(^1\) Arrests per 100,000 persons ages 10–17.

Appendix 1 (continued)

In 1998, the proportion of high school seniors who reported they had used illicit drugs in the previous month, while above the 1992 levels, was well below the levels reported in the early 1980's

- After years of continuous decline, reported drug use by high school seniors grew in several categories after 1992. Similar increases in drug use were reported by 8th and 10th graders, although their levels of use were below those of 12th graders.
- In recent years, the proportion of students reporting use of illicit drugs during the 30 days prior to the survey appears to have stabilized for some categories of drug use. There was a statistically significant decline in reported marijuana use among 10th graders between 1997 and 1998.
- In 1998, the proportion of seniors who said they had used marijuana in the past month was more than double the proportion who reported past-month use of illicit drugs other than marijuana (23% vs. 11%) but less than half the proportion who reported past-month alcohol use (52%).
- Past-month cocaine use among seniors peaked in 1985 at nearly 7%. Although use levels for cocaine have increased recently, the 1998 level is slightly above 2%.
- Between 1997 and 1998, alcohol use among 8th and 10th graders remained unchanged.

Note: The survey question on alcohol use was revised in 1993 to indicate that a “drink” meant “more than a few sips.” In 1993, half the sample responded to the original question and half to the revised question. In 1994 through 1998, all respondents were asked the revised question.

Source: Authors' adaptation of Johnston, O'Malley, and Bachman's Drug use by American young people begins to turn downward.
**Appendix 2**

**JUVENILE DRUG COURT PROGRAM**

**TREATMENT AND COMMUNITY SUPERVISION PROGRESS REPORT**

<table>
<thead>
<tr>
<th>NAME</th>
<th>DOB: 01/26/01</th>
<th>DATE: 08/03/01</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

**SOCIAL FILE**

**PROBATION OFFICER: KENNETH GROSS**

**TREATMENT CASE MANAGER: LEILA LEWIS**

**SUPERVISION SUMMARY**

<table>
<thead>
<tr>
<th>Office Visits Scheduled: 2</th>
<th>Office Visits Attended: 0</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Reasons for Absences:**

The respondent was recently assigned on 07/30/01 and an appointment had been scheduled for him to meet with this officer on 08/01/01. The respondent would phone on this date and indicated that he was unable to keep this appointment due to a lack of funds. The respondent was given a second appointment for 08/06/01 and reminded that in addition to meeting this officer for the first time, he would also be expected to undergo urine surveillance and attend our evening Special Issues Group on this same date. The respondent would again fail to report nor would he phone to indicate why. (It should be noted that the respondent has failed to drug test three times since his initial placement in this program).

**PROGRESS AT HOME:**

This officer spoke with the respondent's mother on August 2, 2001. She informed that she and her son basically get along and there are no major problems at home at this time to report. Additional information was complied during this conversation for the respondent's Social Study, which will be completed in the coming weeks.

**PROGRESS IN SCHOOL:**

The respondent has been attending a GED program at the Notre Dame Academy during the summer, according to who informs that in the fall the respondent will attend Roosevelt Senior High School.

**CONTACTS WITH OTHER AGENCIES:**
Appendix 2 (continued)

(PAGE 2)

TREATMENT AND SUPERVISION PROGRESS REPORT

<table>
<thead>
<tr>
<th>DRUG TEST RESULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test Date: 07-30-01</td>
</tr>
<tr>
<td>Test Date: 07-25-01</td>
</tr>
<tr>
<td>Test Date: 07-24-01</td>
</tr>
<tr>
<td>Test Date: 07-18-01</td>
</tr>
<tr>
<td>Number of Days Negative:</td>
</tr>
<tr>
<td>Date of Alcohol Breathalyzer:</td>
</tr>
</tbody>
</table>

THERAPEUTIC SESSIONS

<table>
<thead>
<tr>
<th>Session</th>
<th>Number Scheduled</th>
<th>Number Attended</th>
<th>Participation Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Counseling</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group Counseling</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multi-Family</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug Education/Specials Issues</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Therapeutic Recreation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Counseling</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

RESPONSE TO TREATMENT PLAN:

This Treatment Case Manager received the case for drug counseling services on 08-01-01 and plans to meet with him on 08-06-01. It is noted that according to Pretrial Service Agency records, the respondent has not reported to drug testing since 07-24-01. His mother indicates her plans to report to an office visit with the respondent on 08-08-01, as well.

RECOMMENDATION

In view of the respondent’s failure to report to drug testing as ordered by the Court, it is recommended that he be reminded to report to testing as scheduled.
# Appendix 4

## SANCTIONS CARD

**Represents the Maximum Sanction for Each Violation**

**Revised: May 14, 2001**

<table>
<thead>
<tr>
<th>TYPE OF VIOLATION</th>
<th>FIRST OFFENSE</th>
<th>SECOND OFFENSE</th>
<th>THIRD OFFENSE</th>
<th>FOURTH OFFENSE</th>
<th>FIFTH OFFENSE</th>
<th>SIXTH OFFENSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive Drug Test in First 45 Days of Program (Residual)</td>
<td>None (Note: see Contract re: Treatment Options)</td>
<td>None (Note: will monitor levels)</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>Termination from program and Disposition</td>
</tr>
<tr>
<td>&quot;New&quot; Positive Drug Use</td>
<td>Essay on Impact of Drug Use</td>
<td>Community Service (4-12 hours)</td>
<td>Community Service (4-20 hours) and/or NA/AA 1x/wk</td>
<td>Community Service (4-20 hours) and NA/AA 2x/wk, and/or Inpatient Detox (e.g., Mtn Manor) with Shelter House placement</td>
<td>Oak Hill for weekend or Shelter House with NA/AA 2x/wk</td>
<td>Termination from program and Disposition</td>
</tr>
<tr>
<td>Relapse* Drug Use</td>
<td>Essay: Impact of Drug Use on Resp's Life</td>
<td>Community Service (4 - 12 hours) and/or NA/AA 1x/wk</td>
<td>Inpatient Detox (ex. Mtn Manor) 14-30 days</td>
<td>Oak Hill for Weekend and NA/AA 2x/wk</td>
<td>Shelter House Plcmnt with NA/AA 2x/wk</td>
<td>Termination from program and Disposition</td>
</tr>
<tr>
<td>Failure to Report to Testing/Refusal/Water-loading.</td>
<td>Spot Test Ordered and Essay on Responsibility</td>
<td>Community Service (4 - 12 hours)</td>
<td>Electronic Monitoring With court curfew (30 days) and/or Community Service (4-20 hrs)</td>
<td>Oak Hill for weekend</td>
<td>Shelter House Placement</td>
<td>Termination from program and Disposition</td>
</tr>
<tr>
<td>Positive Breathalyzer</td>
<td>Essay on Impact of Alcohol Use</td>
<td>Community Service (4-12 hrs)</td>
<td>Community Service (4-20 hrs) and AA 1x/week</td>
<td>Comm Service (4-20 hrs) and AA 2x/wk, and/or inpatient detox (e.g., Mtn Manor 14-30 d)</td>
<td>Oak Hill for Wdk or Shelter House</td>
<td>Termination from program and Disposition</td>
</tr>
<tr>
<td>Missed Treatment/PO Appts/Special Events/Referrals to Evaluations/Outside Services</td>
<td>Essay on Responsibility orCommunity Service</td>
<td>Essay or Community Service (4-12 hours) and/or lower curfew</td>
<td>Electronic Monitoring at lower Curfew, and/or wait for hearing in holding cell</td>
<td>Electronic Monitoring Immediately After School</td>
<td>Oak Hill for weekend or Shelter House</td>
<td>Termination from program and Disposition</td>
</tr>
<tr>
<td>Unexcused Absence from School Per Court Review Period</td>
<td>Carry Attendance Card</td>
<td>Attendance Card and Essay on School-related Issue</td>
<td>Attendance Card and Community Service (4-12 hrs)</td>
<td>Attendance Card and Elect Monit and/or GED Lab</td>
<td>Shltet Hse Plcmnt or Oak Hill for wknd / Attend Card</td>
<td>Termination from program and Disposition</td>
</tr>
</tbody>
</table>
### Appendix 4 (continued)

<table>
<thead>
<tr>
<th>TYPE OF VIOLATION</th>
<th>FIRST OFFENSE</th>
<th>SECOND OFFENSE</th>
<th>THIRD OFFENSE</th>
<th>FOURTH OFFENSE</th>
<th>FIFTH OFFENSE</th>
<th>SIXTH OFFENSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Curfew</td>
<td>Essay</td>
<td>Community Service (4-12 hours) and/or lower curfew</td>
<td>Electronic Monitoring at curfew Time (may be lowered)</td>
<td>Electronic Monitoring Immediately After Schl and/or weekend at Oak Hill</td>
<td>Shelter House Placement</td>
<td>Termination from program and Disposition</td>
</tr>
<tr>
<td>Return from Custody Order after 30 day Absence</td>
<td>Discretion to Terminate and Disposition</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multiple Violations** And Failure to Comply with Sanction</td>
<td>Resp. Subject to all Sanctions of Identified Violations or those for next violation on the continuum.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Late for Court Without Reasonable Excuse</td>
<td>Essay on Responsibility</td>
<td>Wait for Hearing in Cell and Community Service (4-12 hrs.)</td>
<td>Wait for Hearing in Cell and Electronic Monitoring and/or Shtr Hse Plcnt</td>
<td>Wait for Hearing in Cell and Shtr Hse Plcnt</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Re-arrest for Non-Violent Eligible Offense***</td>
<td>Discretion to terminate</td>
<td>Termination and Disposition</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Re-arrest for Ineligible Violent/Adult ****</td>
<td>Terminate (if rearest on adult felony, termination will be effective after preliminary hearing)</td>
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<td></td>
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</tr>
</tbody>
</table>

* Define Relapse as re-use after a period of abstinence.
** Multiple violations may increase sanctions by one level on the sanction continuum.
  E.g. A Resp. who both misses group and violates curfew, for the first time, may receive community service 4-12 hrs and a lower curfew (sanction for second offense) as well as an essay. Failure to comply with sanctions results in progression on the sanction continuum. Respondent will be required to complete the missed sanction and the next sanction on the continuum.
*** If a child comes into drug court with one eligible prior adjudication and one pending case, any subsequent arrest will be considered a 2nd offense.
**** If new adult case is dismissed, Juvenile may petition the court to be allowed to complete the drug court program.

Rev. 5-2001
Appendix 5

SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
JUVENILE DRUG COURT PROGRAM

SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
JUVENILE DRUG COURT PROGRAM ELIGIBILITY SCREENING FORM

Name ___________________________  Docket # _______________________

Social File # ______________________  Screening Date ___________________

A NO response to any screening factor that applies to a respondent renders that person ineligible to participate in the Juvenile Drug Court Program.

<table>
<thead>
<tr>
<th>Factor</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respondent has a positive drug test result, or has a history of drug and/or alcohol use</td>
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<tr>
<td>Respondent has had one prior probation or consent decree or Diversion Care on an eligible charge and no pending charges at Intake</td>
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<tr>
<td>Respondent has no more than one pending eligible charge at time of Intake and no prior adjudications</td>
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<tr>
<td>Respondent has not previously participated in the Juvenile Drug Court Program</td>
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<tr>
<td>Respondent resides within the District of Columbia</td>
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<tr>
<td>Respondent is on probation for an eligible charge and probation revocation is being requested on technical violations or on a rearrest on an eligible charge.</td>
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<tr>
<td>Re-petition of Diversion or Reinstatement of Consent Decree</td>
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<tr>
<td>Respondent’s probation was revoked and he is committed on eligible charge and is rearrested on eligible charge and has no other periods of court supervision (i.e. Diversion, Consent Decree, Probation and Commitment)</td>
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<tr>
<td>Respondent is on probation on an interstate case, but has an eligible pending D.C. charge</td>
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<td>Respondent voluntarily agrees to enter program</td>
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<tr>
<td>Respondent’s Parent(s)/Guardian(s) agree to program participation</td>
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<td></td>
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<tr>
<td>Respondent is free of emotional or mental health problems which would his ability to participate</td>
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<td></td>
</tr>
</tbody>
</table>

**Ineligible Charges:**

- Murder
- Manslaughter
- Robbery
- Assault on a Police or Corrections Officer
- Aggravated Assault with a Dangerous Weapon (Firearm)
- Extortion
- Kidnapping
- Mayhem
- Obstruction of Justice
- Possession of a Prohibited Weapon (Firearm)
- Sodomy
- Drug Courtier
- Offense Which Results in Physical Injury to a Complainant
Works Cited


U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.


