



Melissa Gayton
Research Assistant
Austin 009
1515 Massachusetts Avenue
Cambridge, MA 02138
(617) 496-0917
melissagayton@college.harvard.edu

To: Jim Greiner
From: Melissa Gayton
RE: Denise Gottfredson & Lyn Exum, *The Baltimore City Drug Treatment Court: One-Year Results From a Randomized Study*, 39 *Journal of Research in Crime and Delinquency* 337–356 (2002)
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Title: The Baltimore City Drug Treatment Court: One-Year Results From a Randomized Study

Authors: Denise Gottfredson and Lyn Exum

Location: Baltimore City Drug Treatment Court, Baltimore, MD

Sample: N =235

Timeline: February 1997 to August 1998

Target group: Offenders convicted of a drug charge

Intervention type: Drug treatment court

Research papers: <https://doi-org.ezp-prod1.hul.harvard.edu/10.1177/002242780203900304>

Partners: Maryland Department of Public Safety and Correctional Services

Abstract

Drug treatment courts were developed in response to increasing numbers of drug-involved offenders taxing the criminal justice system. This report analyses data on how drug treatment court effects treatment, incarceration, and recidivism. Drug treatment courts were demonstrated to increase treatment, reduce incarceration, and reduce recidivism.

I. Policy Issue

During the 1980's, a major problem was the increase in drug-related arrests and prosecutions burdening the criminal justice system through clogging court dockets and prisons. In 1996, the United States spent approximately \$30 billion incarcerated drug-involved offenders, 45% of who were expected to recidivate, leading The National Center on Addiction and Substance Abuse at Columbia University (CASA) to project that the United States would be spending \$100 million dollars per day by 2000 incarcerating drug-involved offenders. Drug treatment courts were developed in response. They were a

popular means of increasing the credibility of the criminal justice system, holding offenders accountable for noncompliance with probation conditions, increasing coordination between service providers, and freeing other courts from processing drug cases.

However, studies of drug treatment courts had short follow-up periods, lacked data on outcomes other than re-arrest, neglected mechanisms affecting outcomes, and focused on relatively new drug treatment courts. The current study sought to address these issues. What was the impact of mature drug treatment courts on the long-term probability of re-arrest?

II. Context of Evaluation

The study focused on the Baltimore City Drug Treatment Court (BDTC). BDTC, a drug court program for nonviolent adult offenders, was established in 1994 in Baltimore, Maryland. BDTC was similar to a “typical” drug treatment court in that it screened clients for substance abuse, assigned them to treatment, required at least three contacts with treatment providers and two urine tests per week, weekly or biweekly contact with judges, sanctions for infractions, and incarceration for those unsuccessfully terminated from the program. However, it served an atypical population – African American, male heroin addicts – and was unusually large. The involvement of the Division of Parole and Probation in the operation of the program was also atypical. Its screening was more extensive and its probation supervision more intensive.

III. Details

Between February 1997 and August 1998, researchers randomly assigned 235 clients eligible for drug treatment court to either drug treatment court (N = 139) or “treatment as usual” in the criminal justice system (N = 96). Of those assigned to the treatment condition, 93 percent were actually assigned by judges to drug treatment court. 4 percent of participants randomly assigned to the control condition were actually assigned to drug treatment court. All participants were treated as assigned, meaning they were analyzed as members of the group they were randomly assigned to regardless of their actual treatment. This report summarizes their analysis of intake data, prior criminal history records, and 12-month treatment and recidivism data using official records.

IV. Results and Policy Lessons

The drug treatment court program significantly increased the drug testing, judicial monitoring, and drug treatment of drug court participants relative to the control group ($p < 0.01$), but not as much as anticipated and with apparent unevenness. BDTC participants were assigned more incarceration time but had most of this time suspended. Most of the time not suspended was before the disposition date. BDTC participants were assigned an average of 133 days of unsuspended incarceration, compared to 421 assigned to the control group, making differences between the treatment and control group significant at $p < 0.01$.

48 percent of BDTC participants were rearrested compared to 64 percent of the control group, making them significantly less likely to be rearrested ($p < 0.05$). When they were arrested, they were less likely to be arrested for violent offenses (12 percent of BDTC participants vs. 3 percent of the control group, $p < 0.01$). The researchers found that these differences arose largely due to differences in felony case outcomes, among whom 57 percent of controls and 32 percent of BDTC participants were rearrested during their first year ($p < 0.01$). These comparisons do not consider that BDTC participants had greater opportunities to recidivate, since they were more likely to have these incarceration sentences suspended. While data on actual days served are not yet available, using unsuspended days sentenced to incarceration, the researchers found that the number of arrests per day free and “on the streets” is approximately three times greater for the control group ($p < 0.05$).

V. Quality of the Study

The data reported was preliminary, covering the first year or a three-year study that would eventually include interviews with participants and data on additional outcomes and intervening mechanisms. As of February 2001, 31 percent of treatment participants and 5 percent of the control group participants had graduated from drug treatment court.

A limitation of this study is that it did not differentiate between in-program and post-program recidivism. It also did not include outcomes beyond recidivism such as welfare status, employment status, education level, or mental health, which was still in the process of being collected through interviews.

An additional limitation of these results is that the BDTC during this time was concerned with keeping drug treatment court slots filled to capacity, in contrast to the current situation of overcrowding and waiting list, which means that drug treatment courts with higher caseloads and fewer treatment spots may or may not produce similar results.