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**To:** Jim Greiner  
**From:** Chelsea Simpson  
**RE:** Adele Harrell et al., *Evaluation of the D.C. Superior Court Drug Intervention Programs*, National Institute of Justice (2000).  
**Date:** January 27, 2019

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**Title:** Evaluation of the D.C. Superior Court Drug Intervention Programs  
**Authors:** Adele Harrell, Shannon Cavanagh, John Roman  
**Location:** Washington, D.C. Superior Court  
**Sample:** N = 1,022  
**Timeline:** September 1994 – January 1996  
**Target group:** Drug felony defendants  
**Intervention type:** Drug treatment program  
**Research papers:** N/A  
**Partners:** National Institute of Justice, The Center for Substance Abuse Treatment, and Washington, D.C. Superior Court

### **Abstract**

A number of research studies had concluded that court interventions could increase defendants' participation in drug treatment programs, and furthermore that treatment programs significantly reduced drug use. To test the effectiveness of two such court interventions, researchers randomly assigned all drug felony defendants in the Washington D.C. Superior Court to one of three dockets: one offered standard services, one offered a comprehensive treatment program (the "treatment docket"), and one imposed increasing sanctions on defendants who failed drug tests (the "sanctions docket"). The researchers found that both experimental programs significantly reduced drug use among defendants in the period before sentencing, and participants in both programs self-reported fewer offenses within a year after sentencing. The evidence was mixed on other factors, such as arrest rates and later drug use.

### ***I. Policy Issue***

Prior to 1993, specialized drug dockets and drug courts had already emerged in a number of jurisdictions. These arose in part due to significant research on the financial and social benefits of addressing defendants' drug use. Previous studies had indicated that drug users were more likely to engage in criminal activity, were unlikely to be deterred by stricter laws or harsher sentencing, and were frequently reincarcerated in a "revolving door" pattern at significant cost to the state. Multiple studies also suggested that drug treatment programs significantly reduced drug use, regardless of treatment type, if the individual remained in the program for at least three months. Finally, past research had concluded that court interventions significantly increased defendants' participation and length of time in treatment.

At the time of this study, however, no research had compared various possible court approaches to encouraging treatment. Did the standard drug docket services, provision of treatment staff, or imposition of sanctions most effectively reduce defendants' drug use?

## ***II. Context of Evaluation***

The researchers conducted the study within a single jurisdiction and in only one court, the Washington D.C. Superior Court. The participants were overwhelmingly African-American (96 percent) and male (85 to 89 percent), with a median age of 30 to 33 years old. Thus, the demographics of the sample may not have been nationally representative. The study did not provide any information on income level or other characteristics that may vary across jurisdictions.

The standard services for defendants in the drug docket included twice-weekly drug testing and judicial monitoring of results, with all information stored in a computerized system available to the judge at each hearing. While judges often encouraged defendants who missed or failed tests to seek treatment, they did not impose penalties for these lapses or provide any staff to assist in treatment.

## ***III. Details***

Researchers randomly assigned defendants arrested on felony drug charges to one of three drug dockets before their first court appearance. All defendants could accept a plea offer at an early hearing; if the defendant refused the offer, he or she switched to a different trial docket. Less than 5 percent of cases opted to go to trial. If the defendant accepted the plea offer, they remained in the current docket and the same judge handled the case throughout the processes.

The Pretrial Services Agency (PSA) regularly drug-tested arrestees within 24 hours of their arrest. If a defendant tested positive at that time, the court required them to submit to twice-weekly drug testing as a condition of release. If a defendant tested positive for drugs at arrest and in two subsequent tests—including if they missed tests or submitted a tampered-with sample—PSA staff flagged the defendant's file as eligible for intervention.

As described above, defendants in the standard docket received the normal drug docket services. Judges encouraged them to seek treatment, but did not otherwise offer assistance or impose sanctions. Many defendants in the standard docket (74 percent) self-reported seeking community-based treatment on their own, including 63 percent who attended Narcotics Anonymous and Alcoholics Anonymous.

For both the sanctions and treatment experimental dockets, the court informed defendants that they would have a significantly higher likelihood of receiving probation rather than incarceration if they completed the program. 66 percent of defendants in the sanctions docket and 40 percent in the treatment docket agreed to participate.

In the graduated sanctions condition, defendants entered the program approximately 2 months after their arrest. Each defendant signed a contract agreeing to submit to twice-weekly urinalysis tests and to report for sanctioning if they skipped a test or tested positive. For the first violation, they had to spend 3 days in the jury box; for the second, they spent 3 days in jail; for the third, 7 days in detoxification; and for any additional violations, they spent 7 days in jail. If at any point a participant failed to appear for a sanctions hearing, the court issued a warrant for their arrest. Judges mainly kept to the schedule of sanctions, although a few times they imposed the first sanction more than once or skipped straight to detoxification, sometimes at the defendant's own request. The court clearly explained the sanction rules in advance.

In the treatment condition, defendants entered the program approximately 3 months after their arrest. Most defendants declined to participate, largely due to the program's requirement that they attend sessions 3 to 5 days each week. Researchers based the treatment program on 10 modules, which included group education, counseling, and acupuncture, among other strategies. Defendants progressed through five levels of treatment, culminating in graduation. The program time commitment shortened over the course of the study: in the first year, participants met for 6 hours per day, 5 days per week, but researchers later shortened this to 3 days per week and fewer hours each day. Treatment staff imposed penalties for nonattendance and behavior problems during sessions, but did not impose sanctions for positive or missed drug tests. The researchers stated that the treatment program suffered "substantial" operational problems, and closed multiple times due to flooding and maintenance issues. On average, participants attended a little more than one-third of the scheduled treatment days, and thus the researchers acknowledged that the treatment did not represent optimal conditions.

For all three dockets, researchers gathered data on drug use from self-reports and the twice-weekly drug tests. They gathered information on criminal activity via self-reports, the D.C. police, and FBI records. Defendants self-reported all data on postprogram outcomes.

#### ***IV. Results and Policy Lessons***

In both the graduated sanctions and treatment program, participants were significantly less likely to test positive for drugs in the month before sentencing than those in the standard docket ( $n = 240$ ,  $p < 0.001$ ;  $n = 140$ ,  $p < 0.01$ , respectively). Participants in the sanctions program were also significantly less likely than those in the standard docket to

be arrested within a year after sentencing ( $n = 240, p < 0.05$ ). This general reduction in arrest rate was not true for participants in the treatment program, although they were significantly less likely to be arrested for a drug offense than those in the standard docket ( $n = 140, p < 0.05$ ).

Participants in both the sanctions and treatment programs self-reported significantly fewer offenses in all crime categories than those in the standard group after release ( $n = 240, p < 0.001$ ;  $n = 140, p < 0.001$ , respectively). However, after comparing these estimates against individuals' arrest records and national statistics, researchers noted that participants from the treatment program may have underreported their offenses (though they did not suspect this for the other sample groups).

Researchers also reported that participants in the sanctions and treatment programs were not significantly more or less likely to report later drug use than those in the standard docket.

Researchers reported estimated costs for each program as well as estimates of the economic value of reducing drug use but did not report on whether the differences in cost for each program were statistically significant or not.

The authors concluded that the results offered some evidence of the effectiveness of treatment and sanctions programs, but stressed that further evaluation was needed.

### ***V. Quality of the Study***

While this study found some significant improvement in outcomes for those in treatment and sanctions programs as opposed to those processed normally through the courts, it was limited in several key ways.

Firstly, its sample was almost entirely comprised of African-American males in Washington, D.C., and so the results may not be generalizable to other populations. The study also provided no information on other factors like income, family status, homelessness, and other variables that may impact the success of treatment.

In addition, as the authors recognized, defendants assigned to both experimental dockets could choose whether or not to participate in the program. This may have created a self-selection bias toward individuals who were motivated to improve. This was most pronounced in the treatment program, in which 60 percent of eligible defendants declined to participate, and the program may have disproportionately excluded workers and parents (many declined the program due to conflicts with work or child care). Many defendants in the treatment group also missed a majority of sessions, and the program itself closed often due to maintenance problems, and so the data likely did not reflect the impact of treatment under ideal conditions.