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The Effectiveness of the Implementation of Drug Courts on the Opioid Epidemic in the State of Vermont

Jacqueline A. Collins
University of Vermont

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The Effectiveness of the Implementation of Drug Courts on
the Opioid Epidemic in the State of Vermont

A Thesis Presented

By

Jacqueline Collins

To

University of Vermont

Honors College Committee

College of Agriculture and Life Sciences

Department of Community Development and Applied Economics

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Abstract

This paper analyzes the effectiveness of the four drug courts in Vermont using the program studies conducted by the Vermont Center for Justice Research, interviews, journal articles, and case studies. My goals were to identify how Vermont drug courts are run, to determine whether the programs are effective at keeping participants and graduates drug-free and free from repeat criminal activity, to identify issues that impede drug court's effectiveness, and to understand how Vermont's efforts compare to those in other states. My conclusions are that (1) the evaluations of Vermont drug courts are positive indicators that the programs are effective in reducing and treating the opioid problem and that (2) drug courts are a less expensive alternative to criminal sanctions, but (3) that there is a need for standardized definitions for the terms used to evaluate effectiveness and (4) for increased analysis of crime statistics to allow for better comparisons with program outcomes.

I. Introduction

A. Scope of the Opioid Problem

The annual Vermont State of the State address is the Governor's opportunity to bring attention to the most pressing issues facing state government and its citizens. In 2014, rather than highlighting healthcare reform, education funding, or increasing employment opportunities, Gov. Shumlin devoted his address to the state's rising opioid epidemic. "The crisis I am talking about today is the rising tide of drug addiction and drug-related crime spreading across Vermont."¹

The term "opioid" is a broad term that is used to refer to prescription painkillers (also known as opiates), including morphine, methadone, Buprenorphine, hydrocodone, and oxycodone, as well as heroin.² According to the Vermont Department of Health, "Opioids slow breathing and heartbeat and act on the brain to relieve pain and increase feelings of pleasure."³ Over 50 Vermonters die from opioid overdoses each year, and between 2012 and 2013, heroin-related deaths doubled.⁴ From 2011 to 2013, federal indictments against heroin traffickers have also doubled.⁵ People between the ages of 18 and 25 are a high-risk group for abuse of non-medical opiates. And, opioids are the most commonly named drug among individuals who are in drug treatment programs in Vermont.⁶ Because of these alarming statistics, leaders in Vermont are working to create and expand already-existing

¹ "Gov. Peter Shumlin: State of our State is Strong, but Risks Ahead for Heroin and Opiate Trafficking," *Vermont.gov*, January 8, 2014.

² "What Drugs are Opioids?" *NAABT.org*.

³ "The Challenge of Opioid Addiction," *Vermont Department of Health*, June 2014.

⁴ *Ibid.*

⁵ "Gov. Peter Shumlin: State of our State is Strong, but Risks Ahead for Heroin and Opiate Trafficking," *Vermont.gov*, January 8, 2014.

⁶ Executive Office of the President of the United States, "Vermont Drug Control Update," p. 1

treatment options.⁷ While there has already been a 771% increase in opiate treatment in Vermont since the year 2000, the problem persists.⁸ Policy leaders are continuing to work to increase treatment services for addicts. In 2012, the Vermont Legislature enacted a law to address the need for a systematic opioid treatment program.⁹ The law included requirements for routine medical assessments of all patients in order to develop treatment plans and to determine if controlled substances were medically appropriate.

Unfortunately, about 300 people are still waiting for treatment at the Chittenden Clinic alone and over 800 are waiting to get on the list.¹⁰ Vermont is not alone in searching for a solution; opioid addiction is a problem across the country.

On a national level, opioid addiction has become a widespread and significant problem. In a U.S. Senate Caucus on International Narcotics Control hearing, a spokesperson for the National Institute on Drug Abuse (NIDA) testified that it is estimated that 2.1 million people in the United States had a substance use disorder related to prescription opioid pain relievers in 2012 and an estimated 467,000 were addicted to heroin.¹¹ These startling statistics can be linked to the ease with which people can obtain opiate prescriptions from doctors. According to the NIDA spokesperson, “The number of prescriptions for opioids (like hydrocodone and oxycodone products) has escalated from around 76 million in 1991

⁷ “Gov. Peter Shumlin: State of our State is Strong, but Risks Ahead for Heroin and Opiate Trafficking,” *Vermont.gov*, January 8, 2014.

⁸ *Ibid.*

⁹ 18 V.S.A. § 93 (Supp. 2012).

¹⁰ Morgan True, “In Chittenden County, 300 Patients on Opiate Treatment Waitlist,” *VTDigger.org*, October 4, 2015.

¹¹ Nora D. Volkow, “America’s Addiction to Opioids: Heroin and Prescription Drug Abuse,” *Senate Caucus on International Narcotics Control*, May 14, 2014

to nearly 207 million in 2013, with the United States their biggest consumer globally.”¹² In response to this surge in use, the federal government enacted regulations that set standards and requirements for doctors and specialists who are treating opioid addicted patients.¹³ Without this treatment, many Americans who are struggling with opioid addiction ultimately face the risk of incarceration.

B. Impact on the Criminal Justice System

As of 2015, there were over 95,000 inmates in federal prisons who were incarcerated for drug-related crimes, making up nearly 50% of the incarcerated population. These statistics have led to overcrowding in prisons and cost U.S. citizens millions.¹⁴ Currently in Vermont, there are 1,900 people who are incarcerated and over 500 of them are incarcerated due to property or drug-related crimes.¹⁵

According to a report by the Substance Abuse and Mental Health Services Administration (SAMHSA), opioid drug addiction cost the U.S. \$25 billion in 2007.¹⁶ In a 2012 Vera Institute of Justice study of 40 states, it was found that it cost an average of \$31,286 to house one inmate for one year in 2010.¹⁷ However, currently in Vermont, the cost is substantially higher. To incarcerate someone in Vermont, it costs about \$60,000 per year or about \$164 per day.¹⁸

¹² Ibid.

¹³ 42 C.F.R. § 8.12 (2013).

¹⁴ Public Safety Performance Project, “Federal Drug Laws Bring High Cost, Low Return,” *Pew Charitable Trusts*, 2015.

¹⁵ Mark Davis, “Vermont’s Prison Chief Says it’s Time to Decriminalize Drug Possession,” *Seven Days*, 2015.

¹⁶ “Federal Guidelines for Opioid Treatment Programs, *Substance Abuse and Mental Health Services Administration*, 2015.

¹⁷ “The Price of Prisons,” *Vera Institute of Justice*, 2012.

¹⁸ Office of Vermont Attorney General, “Vermont Incarceration Fact Sheet,” December 3, 2015.

Because of these high incarceration costs, states have implemented specialized court programs, known as drug courts, that attempt to address the root cause of the offender's problem, and provide appropriate treatment, supervision, training, drug testing, and incentives that will, hopefully, lead to the offender's recovery.¹⁹

C. The Rise of Drug Courts

In contrast to incarceration costs, it costs about \$136 per week for an individual to participate in a drug court program in Vermont.²⁰ It has been estimated that for every dollar that an individual invests in drug courts, up to \$3.36 is saved due to the absence of criminal justice costs.²¹ However, incarceration spending has increased over the last few years, while funding for drug court programs has continued to decrease.²² Because of this financial impact on the court system, drug courts are becoming an increasingly popular option for states. As of 2014, there are 1,538 adult drug courts across the country.²³

In 2002, Vermont made the decision to invest in drug court programs in response to the growing number of incarcerated people struggling with addiction. The Vermont Legislature funded the implementation of three drug courts in Vermont in Rutland, Chittenden, and Bennington Counties. The Chittenden County Treatment Court (CCTC) began in 2003 as the first drug court in Vermont and Rutland Treatment Court (RTC) began

¹⁹ "What is a Drug Court?" *Superior Court of California*, 2006.

²⁰ Beth Garbetelli, "Vt. Fights Drug Crimes with Treatment, not Jail," *The Washington Times*, March 16, 2014.

²¹ "Drug Courts Work," *National Association of Drug Court Professionals*.

²² Mark Davis, "Vermont's Prison Chief Says it's Time to Decriminalize Drug Possession," *Seven Days*, 2015.

²³ "How Many Drug Courts Are There?" *National Drug Court Resource Center*, June 30, 2014.

shortly after in 2004.²⁴ Several months after the implementation of the Bennington County drug court, the leaders in Bennington replaced the drug court with a domestic violence center.²⁵ In 2006, Washington County opened up its program bringing the state's total back to three drug courts. These three programs are post-conviction programs, meaning that an individual must plead guilty to the crime before entering the program. On completion of a drug court program, the underlying charge is dismissed. While the charge is dismissed, the information about the charge remains on the person's criminal record. Referrals for the post-conviction programs are made by defense council, a substance abuse professional, or sometimes a judge.

In addition to maintaining the post-conviction drug court, in 2010, Chittenden County officials decided to try a second approach. The Rapid Intervention Community Court is the first Vermont drug court where the referral is made before the person's first appearance in court, known as the arraignment. It was designed for offenders who have committed frequent misdemeanor crimes and who suffer from addiction or mental health issues. Under Vermont law, misdemeanors are any offense punishable with less than two years of imprisonment (13 V.S.A. § 1).²⁶ Successful completion of the RICC program results in complete expungement of the participant's record. Expungement means that the record is erased and the individual's criminal record will appear as if he or she has never been arrested, charged, or convicted of the crime (13 V.S.A. § 7906).²⁷

²⁴ Peter Wicklund, et al, *Chittenden County Treatment Court Outcome Evaluation*, The Vermont Center for Justice Research, April, 2014), p. I.

²⁵ Jaya Batra, et al, *The Adult Drug Courts of New Hampshire, Vermont, and Maine*, (N.H., Nelson A. Rockefeller Center at Dartmouth College, April 2, 2013), p. 10.

²⁶ 13 V.S.A. § 1.

²⁷ 13 V.S.A. § 7906.

D. Drug Court Operations

The RICC program and the CCTC both work with the Howard Center in Burlington, the designated provider for mental health and substance abuse services for Chittenden County.²⁸ According to Bob Wolford, coordinator of criminal justice programs at the Howard Center, the drug court programs are unique operations. The drug court referral process begins by a Deputy State's Attorney's review of a police affidavit and decision that the person is appropriate for referral to the drug court.

1. Admissions Process

There is a very detailed admissions process when it comes to admitting patients to each of Vermont's drug courts. Once referred to one of the programs, an ORAS (Ohio Risk Assessment System) is administered along with a psychological evaluation. According to Wolford, "[A] high percentage of people incarcerated are committing crimes due to some kind of addiction; often it is not just addiction, but mental health problems as well."²⁹ The problem, Wolford says, is trying to tell people who are committing crimes because of an addiction apart from the people who are committing crimes and also happen to have a substance abuse problem.³⁰

Once the potential patient is evaluated, a multi-disciplinary team made up of a clinical staff, the judge, the court administrator's office, the prosecutor's office, and the defense council, discuss whether or not the person is an appropriate fit for the program. If the team decides that the person is an appropriate fit, the individual is accepted into a 30-day orientation phase, which allows the patient to decide if it is a good fit for him or her.

²⁸ "List of Mental Health Agencies," *Vermont Department of Mental Health*, 2016.

²⁹ Bob Wolford (coordinator of criminal justice programs at the Howard Center) in discussion with the author, August 4, 2015.

³⁰ *Ibid.*

Additionally, this gives the staff a chance to see if the patient belongs in this program. Once the individual decides that he or she does want to come into the program, there is either a change of plea and the person has to plead guilty, or in the case of the RICC, the person begins the program prior to arraignment.³¹

The following information on pages 11, 12, and 13 was obtained from a self-conducted interview with Bob Wolford:

2. Program Phases

There are three phases each patient has to complete in order to graduate from the drug court. This first phase consists of 60 consecutive days of abstinence. During this, the patient meets with specialists in order to develop an appropriate treatment plan in attempt to stabilize the person. Different screening devices are used to allow the staff to learn where the person is in his or her addiction and what necessary services will be provided. The second phase begins when someone is in active treatment: intensive outpatient programs (IOP), a combination of substance abuse and mental health therapy, and a lot of cognitive treatment. If the drug court clinical staff does not have the availability to meet with an individual, the individual will be referred to a therapist in the community. Also in phase two, it is expected that the individual will follow through with taking care of medical problems. The clinical team hopes that by the end of phase two, patients are beginning to look at other types of life goals, such as employment and education. The team also works on finding stable housing for the patient. The ultimate goal in phase two is that the patient will begin to connect with the recovery community. For phase three, the final phase, the desire is that the patient is beginning to be in early maintenance. Wolford explains that

³¹ Ibid.

phase three is one of the most challenging because patients become afraid and may relapse. “When addiction is present, development is arrested,” says Wolford. The main goal of phase three is trying to support the patient through engagement to give the individual a comprehensive shot at addressing all of their continuing issues.³²

3. Drug Testing

Drug testing is present in each stage of the program, but varies as patients progress. In phase one, individuals are drug tested three times a week. In phase two, they are drug tested twice a week and in phase three, they are drug tested a minimum of once a week. Testing is random and is set up by a computer through one of the labs in the area. Each morning, the individual is responsible for calling up the urine analysis (UA) hotline and if his or her color is up, that person has to go in for a test. Colors are determined based on the program phase the person is in. If an individual misses a UA, it counts as a positive test. An individual has to start each phase over if he or she gets a positive UA. However, in phase three, the person does not restart the entire phase, but instead goes back thirty days.³³

4. Completion

Graduation from the program is an enormous accomplishment, and the drug court staff treats it as such. “The drug court is theatrical and there is typically a relationship between the participant and the judge that really matters,” says Wolford). The Vermont drug courts use what is called contingency management, which is a system of incentives and sanctions. For example, in the Chittenden County Treatment Court program, when someone signs a lease for an apartment, the judge and staff present the person with a cookbook as a

³² Ibid.

³³ Ibid.

housewarming gift. Other incentives may be gift cards, trophies, or certificates. Wolford recalled one man who kept each gift he had gotten through his drug court process because he had never received recognition before. At graduation, the judge will applaud, leading everyone else in the courtroom to applaud as well. In all four drug court programs the atmosphere is one of support and encouragement, rather than patronization or punishment.³⁴

³⁴ Ibid.

II. Review of Evaluations of Vermont's Four Drug Courts

The primary focus of this thesis was the analysis of the evaluations that have been conducted by the Vermont Center for Justice Research of Vermont's four drug courts to determine their effectiveness. To date, VCJR has conducted one evaluation for each program, referred to as outcome evaluations, and one additional evaluation was conducted for the Rutland Treatment Court in 2009 by NPC Research.

A. Conclusions

A review of the specific information provided in each of the evaluations is provided later in Section II. The following general conclusions have been made about the information provided in the evaluations:

- Vermont drug court programs, particularly the Chittenden County Rapid Intervention Community Court, appear to reduce the recidivism rate of participants;
- The programs are more cost effective than the traditional response to drug crimes – incarceration;

However, there are also issues that limited the accuracy of the evaluations:

- The lack of statewide, up-to-date crime statistics, and their relationship to drug-related crimes is a noted problem in law enforcement, and hinders the analysis of the effectiveness of the drug courts, including the selection of comparison control groups;
- While the data from these reports is useful and encouraging, the lack of comparison information (lack of comparison “control groups” to study participants) in the VCJR evaluations is problematic;

- The lack of standardized definitions used to measure program success in drug court evaluators nationwide hinders comparison with other state programs (i.e. “re-arrest’ versus “reconviction”);
- The evaluations and reports that were reviewed came from different years, making it difficult to create accurate and current comparisons.

According to former Burlington police chief Michael Schirling, in comments made to the Vermont Legislature in 2011, Burlington police officers were witnessing an increase in property crimes that they believed to be related to the increase in opiate drug abuse. However, the lack of a better system of crime statistical analysis delayed a meaningful response to the problem. “We could see it coming,” he said of the drug-related crime increase, but his early warning was largely ignored, in part because there wasn't enough statewide information to support his thesis. “I told people we had crime going up, and we weren't doing anything about it, and that heroin and opiates were the driver. You can't make criminal justice policy without criminal justice information.”³⁵

This lack of statewide crime analysis hampered the VCJR evaluators’ ability to obtain statistics on repeat criminal activity, or recidivism, by defendants in the criminal justice system in order to include a control group to compare the drug court participants to. The outcome evaluations acknowledge the lack of control groups in the three reports as a major limitation.³⁶ This gap in crime statistics data is not unique to Vermont.

³⁵ Mark Davis, “Vermont Cops Stymied by Lack of Statewide Crime Data,” *Seven Days*, 2015.

³⁶ Peter Wicklund, et al, *Chittenden County Treatment Court Outcome Evaluation*, (The Vermont Center for Justice Research, 2014), p. 41.

An additional problem is that crime statistics frequently use the term “recidivism” to analyze repeat criminal offenses. Nationwide, evaluations have used many different definitions of recidivism; some use re-arrest data, some use reconviction data. Some reports include re-arrests and re-convictions as two separate evaluative measures. Both of these issues have made it difficult to do a fully accurate analysis of our drug courts.

According to a report conducted by the Congressional Research Service, “The disparities in the data collected, varied methods used to evaluate drug courts, and the limited follow-up of participants are among the data limitations and knowledge gaps that complicate efforts to quantify the effectiveness of the intervention”.³⁷ The most current study on national data that could be found measured recidivism rates from 2005 to 2010, while the outcome evaluations of Vermont drug courts were from 2009 (for Rutland’s drug court), 2013, and 2014, and the Vermont released inmate recidivism rates were taken from a 2011 study. Because the purpose is to compare Vermont drug court participants’ recidivism rates with released inmates’ recidivism rates on both a state and national level, it is difficult to produce a completely accurate and current comparison when the data is taken from studies that were published years apart.

Overall, the results for each of the four drug courts when compared to state and national recidivism rates of released inmates appear quite positive. However, there needs to be more up-to-date crime statistics on both state and national levels for the same time periods and using consistent terms. There also needs to be more extensive research on recidivism rates of drug court participants with the inclusion of control groups. The need for further research on the effectiveness of Vermont’s drug courts is crucial to informing us

³⁷ Celinda Franco, *Drug Courts: Background, Effectiveness, and Policy Issues for Congress*, (Congressional Research Service, 2010), p. 13.

whether these programs are cost-effective and should be a continued part of the solution for this problem.

B. Methodology

The data for this paper was collected from a variety of reports and evaluations, with the purpose of comparing and analyzing drug courts in the U.S., Vermont, and other states. The different evaluations and reports that were used were found online using online databases. Each report and evaluation was chosen based on how recent the data was and how relevant it was to the topic of recidivism. Specifically for the Section II Review of Evaluations of Vermont's Four Drug Courts, data was taken from four outcome evaluations conducted by the Vermont Center for Justice Research. Additionally, data in that section was taken from a 2009 evaluation of Rutland's drug court. Each of these evaluations was analyzed and two questions were taken from each evaluation to measure effectiveness. The data from these outcome evaluations was used because they are the only data that can be found on the four Vermont drug courts. The data was then placed into a table that was made for the purpose of this paper in order to compare the four Vermont drug courts to each other and clarify the data.

For the sections that compare Vermont's drug courts to the state's released inmate recidivism rates and national released inmate recidivism rates, a Vermont Department of Corrections annual report from 2015 and a national study conducted by the Bureau of Justice Statistics on the recidivism rates of released inmates in 30 states were used. These two studies were chosen because they were the most recent studies to be found and allowed this paper to compare Vermont's drug courts to recidivism rates of released inmates on both a state and national level. Furthermore, the Department of Corrections

report included recidivism rates for both offenders who committed drug-related felonies and drug-related misdemeanors, further enhancing the comparison of the drug courts with state and national recidivism rates.

Data for New Hampshire, Maine, and New York was collected from state reports that evaluated the effectiveness of the states' drug courts. The recidivism rates of released inmates in each state were also taken from state department of corrections reports for the most recent attainable year. These states' drug court recidivism rates were then compared to each state's recidivism rates for released inmates in order to measure how effective the drug courts were in reducing recidivism rates among participants.

C. How Effectiveness will be Measured – Recidivism

Effectiveness will be measured by recidivism rates among graduates from the program in the year(s) following completion. In the Vermont evaluations, recidivism is defined as any individual who was convicted of any new crime following program completion or termination, including probation violations and motor vehicle convictions.³⁸ Recidivism is measured within a three-year period following completion, withdrawal, or termination from the program. The recidivism clock stopped when either the individual was arrested for a new crime that resulted in conviction, or when the three-year window was over.³⁹

The succeeding sections, C through F, analyze recidivism rates for drug court participants and graduates using two of the questions taken from the outcome evaluations. The paper then compares these recidivism rates with Vermont's recidivism rate for released inmates and national recidivism rates for released inmates.

³⁸ Peter Wicklund, et al, *Rutland County Treatment Court Outcome Evaluation*, (The Vermont Center for Justice Research, February, 2013). P. 3.

³⁹ *Ibid*, p. 4.

For the review of the four drug court evaluations, the following two questions are used:

1. Which subjects were convicted of additional crimes after their participation in the drug court?
2. For those subjects who were convicted of additional crimes after their participation in the drug court, when were they convicted?

Table 5 subsection G (p. 27), depicts the recidivism information for the four programs outlined below:

D. Chittenden County Rapid Intervention Community Court (RICC)

RICC is Vermont's only pre-arraignment drug court. The RICC offenders are individuals who have a history in the criminal system and have committed lower-level crimes.

Participants who fail to complete RICC or relapse are usually referred to the Chittenden County Treatment Court.

The following results come from a group made up of 654 participants used for the 2013 study.

1. Subjects convicted of additional crimes after RICC participation

The evaluation found that 7.4% of the participants were reconvicted of a crime after leaving the RICC. For unsuccessful participants, 25.4% were convicted of a new crime after leaving the program.⁴⁰ The rate of individuals who were convicted of crimes even though they did not complete the program is still a low rate, according to the evaluation. The fact that only 7.4% of the participants were reconvicted of a crime shows that the RICC is an effective means of keeping recovering addicts from committing crimes after graduation of the program.

⁴⁰ Peter Wicklund, et al, *Rapid Intervention Community Court Outcome Evaluation*, (The Vermont Center for Justice Research, 2013), p. 4.

2. When subjects were arrested/convicted after RICC participation

The evaluation found that the length of time an individual remains free of convictions after completing the program is important in order to evaluate effectiveness in the long term. The evaluation found that 7.2% of graduates recidivated within the first year after leaving the RICC, and .2% recidivated between years one and two.⁴¹ In contrast, 22.5% of unsuccessful participants recidivated within the first year after termination or withdrawal from the program, and 2.8% recidivated between years one and.⁴²

Table 1 (below) shows that after the second year following the program, no subjects in either group were reconvicted of a crime. For people that completed the RICC, 34 of them out of 470 were convicted of a crime less than a year after graduation and only one person was convicted of a crime during year one.⁴³ For people who did not complete the program, 16 out of 71 of them were convicted of a crime less than a year after graduating and two were convicted during year one.⁴⁴

⁴¹ Ibid, p. 5.

⁴² Ibid

⁴³ Ibid

⁴⁴ Ibid

Table 1

Time to Recidivism

Participant Group	When First Recidivated	Total	Percentage
Completed RICC	< 1 year	34	7.2%
	During year 1	1	0.2%
	During year 2	0	0.0%
	After year 2	0	0.0%
	Total Subjects	470	7.4%
Returned to Docket	< 1 year	16	22.5%
	During year 1	2	2.8%
	During year 2	0	0.0%
	After year 2	0	0.0%
	Total Subjects	71	25.4%

Note. N=541. Table taken from RICC Outcome Evaluation 2013.

Overall, the RICC Outcome Evaluation found, “The result of the research showed that the RICC had a very positive affect on the subjects who successfully graduated from the program”.⁴⁵ The Outcome Evaluation also found that the RICC was successful at keeping participants who completed the program free from recidivism within the first year following completion. Additionally, the RICC seems to be a “promising approach for reducing the number of post-program reconvictions” for people who graduated the program.⁴⁶

⁴⁵ Ibid, p. 22.

⁴⁶ Ibid.

E. Chittenden County Treatment Court (CCTC)

Chittenden County Treatment Court was the first drug court in Vermont implemented in 2003. The following results come from a group made up of 148 subjects.

1. Subjects convicted of additional crimes after CCTC participation

The CCTC Outcome Evaluation found that people who graduated from the program had a recidivism rate of 41.8% compared to 50.6% for unsuccessful.⁴⁷ According to the report, the difference between these two groups is not statistically significant. This recidivism rate is considerably higher than the recidivism rate among participants in the RICC. The evaluation found that the CCTC seems to be a promising solution for reducing the reconviction numbers for graduates.⁴⁸

2. When subjects were arrested/convicted after CCTC participation

The evaluation found that graduate recidivism rates decreased significantly from 23.9% during the first 12 months following program completion to 8.8% during the period from year one to year two.⁴⁹ Recidivism rates for unsuccessful participants decreased from 21% during the first 12 months of leaving the program to 13% from the first year to the second year.⁵⁰ However, according to the report, this was not significant. These results show that the highest rates of recidivism are during the first 12 months following completion or termination/withdrawal from the program, with rates decreasing as time elapses since last being involved in CCTC.

⁴⁷ Peter Wicklund, et al, *Chittenden County Treatment Court Outcome Evaluation*, (The Vermont Center for Justice Research, 2014), p. 5.

⁴⁸ Ibid, p. 35.

⁴⁹ Ibid, p. 6.

⁵⁰ Ibid.

Because the reduction in recidivism rates in people who left the program before completion are not significant, this thesis will only include a table from the report that shows the recidivism rates of graduates over time. Below is a table taken from the evaluation that depicts, by year, the recidivism rates among 67 graduates in the years following the completion of CCTC. As one can see from the chart, 16 out of the 67 participating graduates recidivated during the first 12 months after graduation. Following that first 12-month period, the rate reduces each year and goes to five people out of 57 during year one, four people out of 49 during year two, and three out of 41 people recidivating during year three and beyond.⁵¹

Table 2

Time to Recidivate by Years of Eligibility to Re-offend

Graduates from the CCTC

Post-CCTC Elapsed Time

	< 1 Year	Year 1	Year 2	Year 3+
Number of Participants Who Recidivated During the Time Period	16	5	4	3
Total # of Participants who were eligible to recidivate during the time period	67	57	49	41
% Recidivated	23.9%	8.8%	8.2%	7.3%

Note. Table taken from CCTC Outcome Evaluation 2014, p.7.

⁵¹ Ibid, p. 7.

F. Rutland County Treatment Court (RTC)

Rutland County Treatment Court (RTC) began in 2004 and was the first drug court in the state to receive a federal grant. Because of the grant, the RTC has the most resources out of the Vermont drug courts and, therefore, had more research conducted on its effectiveness. There have been two outcome evaluations conducted on this program: (1) the Rutland County Treatment Court Outcome Evaluation from February 2013, and (2) Vermont Drug Courts: Rutland County Adult Drug Court Process, Outcome, and Cost Evaluation from January 2009.

The RTC study group was made up of 165 participants.

1. Subjects convicted of additional crimes after RTC participation

The evaluation found that 35.4% of graduates recidivated after completion of the program, which was significantly less than the 54% of unsuccessful participants who recidivated after leaving the program.⁵² Compared to CCTC, this is a stark difference between those who completed the program and those who did not. This shows that the RTC was more effective for reducing recidivism rates among program graduates.

2. When subjects were arrested/convicted after RTC participation

According to the VCJS evaluation report, 15% of the RTC graduates were reconvicted of a crime within the first 12 months following program completion, compared to 31% of unsuccessful participants who were terminated or withdrew from the RTC.⁵³ In addition to this, the report found that 7.7% of graduates recidivated between one and two years following graduation, 3.1% recidivated between two and three years, and 9.2% recidivated

⁵² Peter Wicklund, et al, *Rutland County Treatment Court Outcome Evaluation*, (The Vermont Center for Justice Research, February, 2013), p. 5.

⁵³ *Ibid*, p. 6

after three years.⁵⁴ For unsuccessful participants, 10% recidivated between one and two years, 5% recidivated between two and three years, and 8% recidivated after three years.⁵⁵ Table 3 below, taken from the RTC Outcome Evaluation, shows recidivism rates among all participants from less than a year after leaving or graduating the program to three or more years after leaving or graduating the program. The table shows an evident decrease in the number of recidivisms from the initial 12 months after the RTC up through year two, going from 24.8% of all participants recidivating within the first year to 6.1% during the second year. However, the recidivism rate goes up in year three and beyond, which may be because there are fewer participants included in this group than the years prior. This decreased number of participants may be due to being unable to collect data for those that have been done with the program for over three years.

Table 3

Time to Recidivate Post-RTC by Years of Eligibility to Re-offend – All Participants

	Less than 1 year	Year 1	Year 2	Year 3+
Time Period in Which Participant Recidivated	41	15	7	14
Total # of Participants who were eligible to recidivate during the time period	165	132	114	95
% Recidivated	24.8%	11.4%	6.1%	14.7%

Note. "Participants may appear in more than one column based on the longevity of their post-RTC elapsed time" (Taken from RTC Outcome Evaluation 2013, p. 8)

⁵⁴ Ibid, p. 7.

⁵⁵ Ibid.

According to the second evaluation report, the 2009 Executive Summary of the Rutland County Treatment Court (known then as Rutland County Adult Drug Court or RCADC) submitted by NPC Research, the Rutland Drug Court was effective at reducing recidivism rates among participants. It should be noted, however, that this report measured recidivism in terms of re-arrests. This report also measured recidivism rates within three years of beginning the program, rather than within three years of completing or leaving the program. According to the report, 23% of the graduates and 61% of all participants were re-arrested within three years following entrance into the program, while 84% of the comparison group was re-arrested.⁵⁶

Overall, in the conclusions of both program evaluations, the RTC seems to be effective at reducing recidivism among participants. According to the RTC Outcome Evaluation, RTC seems to be a promising solution for reducing recidivism rates among program graduates.⁵⁷ The 2009 evaluation shows that it is effective at reducing recidivism rates among both graduates and non-graduates. Furthermore, the outcome evaluation concludes that the RTC is very effective in producing graduates that remained conviction-free for the first year after leaving the program.⁵⁸ Lastly, the outcome evaluation states that the RTC also seems to be a potential way to reduce reconvictions for graduates of the RTC for a longer term after program completion.

⁵⁶ *Vermont Drug Courts: Rutland County Adult Drug Court Process, Outcome, and Cost Evaluation* (Portland, Oregon, NPC Research, January 2009), p. 3.

⁵⁷ Peter Wicklund, et al, *Rutland County Treatment Court Outcome Evaluation*, (The Vermont Center for Justice Research, February, 2013), p. 31.

⁵⁸ Ibid.

G. Washington County Treatment Court (WTC)

Washington County Treatment Court (WTC) was implemented in September 2006 and remains the smallest drug court in Vermont. Because of its small size and lack of funding, little research and data are accessible regarding its effectiveness. However, the group of drug court participants is compared with a control group that did not participate in the WTC. This differs from the previous three drug court outcome evaluations because they did not include a control group for comparison.

The following results come from a group made up of 64 people who participated in the WTC from September 2006 to March 2012 used for the 2013 study.

1. Subjects convicted of additional crimes after WTC participation

The report found that the control group had a recidivism rate of 74.1% compared to graduates of the WTC who had a recidivism rate of 26.7% and non-graduates of the WTC who had a recidivism rate of 36.4%.⁵⁹ Because this evaluation includes a control group, it is easier to see the effect that the WTC has on participants, regardless of completion of the program. This data clearly shows that even participation in the WTC in general reduces recidivism rates compared to those that had no contact with the services provided by the WTC.

2. When subjects were arrested/convicted after WTC participation

Similar to the results for the first question, both graduates and non-graduates were significantly more successful than the control group at remaining free of convictions during the first year after leaving the program. 13% of the WTC graduates and 14% of the unsuccessful participants had been reconvicted of a crime within 12 months of leaving the

⁵⁹ Peter Wicklund, et al, *Washington County Treatment Court Outcome Evaluation*, (The Vermont Center for Justice Research, January, 2013), p. 5.

program”.⁶⁰ In contrast, 48% of the control group was reconvicted of a crime in that same amount of time.⁶¹

In Table 4 below, recidivism rates are compared between graduates, non-graduates, and the control group. The table also gives percentages of how many recidivates happened during each year. For the 15 WTC graduates, only two recidivated before the first year and only two recidivates happened during year one.⁶² No recidivates happened in year two or afterwards. For the 22 people who were terminated or withdrew from WTC, three of them recidivated within the first year, three recidivated during year one, two recidivated during year two, and zero recidivated after year two.⁶³ Among the 27 people in the control group, 13 of them recidivated within the first year, three recidivated during year one, one recidivated during year two, and three recidivated after year two.⁶⁴ This table shows that the two groups of individuals who either graduated or did not graduate from the WTC both reduced their recidivism rates post-WTC, while those in the control group showed a slight increase in recidivism after year two and nearly half of them recidivated within the first year.

⁶⁰ Ibid, p. 6.

⁶¹ Ibid, p. 7.

⁶² Ibid.

⁶³ Ibid.

⁶⁴ Ibid.

Table 4

Time to Recidivism

Participant Group	When First Recidivated	Total	Percentage
Graduated/Completed WTC	< 1 year	2	13.3%
	During year 1	2	13.3%
	During year 2	0	0.0%
	After year 2	0	0.0%
	Total Subjects	15	26.7%
Terminated/Withdrew from WTC	< 1 year	3	13.6%
	During year 1	3	13.6%
	During year 2	2	9.1%
	After year 2	0	0.0%
	Total Subjects	22	36.4%
Control Group	< 1 year	13	48.2%
	During year 1	3	11.1%
	During year 2	1	3.7%
	After year 2	3	11.1%
	Total Subjects	27	74.1%

Note. Source: WTC Outcome Evaluation 2013 p. 7

G. Comparison of Vermont Drug Courts

The table below was designed for this paper to compare the four Vermont drug courts.

Table 5

Vermont Drug Courts Recidivism Rate Comparison

	Study Year	Number of Participants	Graduates	Terminated/ Withdrew	Control Group	Untreated Vermont Inmate Recidivism Rate
RICC	2013	654	7.4%	25.4%	N/A	45%
CCTC	2014	148	41.8%	50.6%	N/A	45%
RTC	2013	165	35.4%	54.0%	N/A	45%
WTC	2013	64	26.7%	36.4%	74.1%	45%
RCADC	2009	N/A	23%	61%	84%	45%

Note. Data taken from Outcome Evaluations for each drug court and the 2009 RCADC

Evaluation.

A review of this data shows that the RICC is the most effective in reducing recidivism in both graduates and participants who did not complete the program, when compared to the other drug courts. The RICC participants, regardless if they were successful in completing the program, had significantly lower recidivism rates than participants of the CCTC, RTC, and WTC. The recidivism rate of 7.4% for graduates suggests that successful program completion substantially reduces recidivism rates. Additionally, unsuccessful participants also had a much lower recidivism rate after participation in the RICC than the other drug courts. The reduction in recidivism rates for both successful and unsuccessful participants may be attributable to the RICC program’s focus on lower-level offenders. By helping people earlier on in their addiction, the RICC seems to have a more successful influence on participants who are no longer in the program. Another reason why the RICC may be more

effective in reducing participants' recidivism rates is the overall reward of an expunged record, instead of merely having the charge(s) dismissed.

H. Comparison of Vermont vs. National Rates

To further evaluate the effectiveness of Vermont drug courts, the following section will compare the recidivism rates among graduates and participants in the Vermont drug courts to state and national recidivism rates of offenders that were released from incarceration. A report from the Bureau of Justice Statistics that was published in 2014, followed recidivism patterns of prisoners that had been released in 2005 from 30 states. The report tracked recidivism rates from 2005, when the prisoners were released, to 2010. Over the course of the five years, it was found that 76.9% of those who were drug offenders were rearrested of a crime.⁶⁵ Additionally, 76.6% of all released prisoners were rearrested of a crime within the same five-year span.⁶⁶

As of 2011, the Vermont recidivism rate among prisoners who were released between 2000 and 2009 was 45%.⁶⁷ Specifically, in a 2014 report produced by the Vermont Department of Corrections, 43.5% of inmates who were released between 2000 and 2010 and were previously incarcerated for felony drug charges recidivated within three years of their release.⁶⁸ The report also shows that those who were incarcerated for misdemeanor drug crimes had a recidivism rate of 48.6% within three years of their release.⁶⁹ These felony recidivism rates are slightly lower than the state's overall recidivism rate, and both

⁶⁵ Bureau of Justice Statistics, et al, *Recidivism of Prisoners Released in 30 States in 2005 to 2010*, (U.S. Department of Justice, 2014), p. 1.

⁶⁶ Ibid.

⁶⁷ Vermont Department of Corrections, *Vermont Department of Corrections Annual Report FY 2015*, (2015), p. 31.

⁶⁸ Vermont Department of Corrections, *Vermont Department of Corrections Facts and Figures*, (November, 2014), p. 166.

⁶⁹ Ibid.

misdemeanor and felony rates are substantially lower than the national recidivism rate for drug offenders of 76.9%.

As previously stated, the RICC program graduates had a recidivism rate of 7.4% and participants had a recidivism rate of 25.4%.⁷⁰ Because the RICC program accepts participants who have been charged with misdemeanors, the RICC recidivism rates will be compared to Vermont's misdemeanor drug offenders' recidivism rate. Compared with the national recidivism rate of 76.9% from the BJS report, the RICC graduates' recidivism rate is extremely low. The participant recidivism rate of 25.4% is still much lower than the national rate, which shows that the RICC is effective in reducing recidivism among all participants, regardless of program completion. The rate of recidivism among Vermont offenders that had been incarcerated for misdemeanor drug crimes was 48.6% and 45% among all released inmates, so once again, the recidivism rates among the RICC participants is well below the state's recidivism rate of released inmates. This shows that the RICC is a more effective means to reducing recidivism than criminal sanction.

The CCTC graduates had a recidivism rate of 41.8% and participants had a recidivism rate of 50.6%.⁷¹ Both the CCTC graduates and participants have much lower recidivism rates than the national rate of 76.9% for drug offenders. This shows that the CCTC has a positive effect on recidivism rates for all participants when compared to national rates. However, with state recidivism rates for released inmates who were charged with drug felonies at 43.5% and misdemeanor drug crimes at 48.6%, the CCTC recidivism rates is

⁷⁰ Peter Wicklund, et al, *Rapid Intervention Community Court Outcome Evaluation*, (The Vermont Center for Justice Research, 2013), p. 4

⁷¹ Peter Wicklund, et al, *Chittenden County Treatment Court Outcome Evaluation*, (The Vermont Center for Justice Research, 2014), p. 5.

only slightly lower for graduates at 41.8%. Furthermore, the CCTC participant recidivism rate is 50.6%, which is actually higher than both of these aforementioned recidivism rates. This may be due to Chittenden County having a higher population than most other Vermont counties. Both recidivism rates for graduates and participants of the CCTC still remain significantly lower than the national recidivism rate of 76.9% of released drug offenders, showing that the CCTC does reduce recidivism compared to the national level.

The RTC graduates had a recidivism rate of 35.4% and participants had a surprising recidivism rate of 54%.⁷² While the RTC graduate recidivism rate remains lower than both categories of drug offenders in Vermont and lower than the state's average recidivism rate of 45% in 2011, the participant recidivism rate is higher than all three of these rates. Similar to the CCTC, a reason for this high percentage of recidivism may be because of the dense population in the Rutland area. Despite these higher recidivism rates, the RTC graduates and participants have lower recidivism rates when compared to the national recidivism rate, which is consistent with the RICC and the CCTC rates.

Graduates from the WTC had a recidivism rate of 26.7% and participants had a recidivism rate of 36.4%.⁷³ Both of these recidivism rates are lower than the recidivism rates of released inmates who were initially incarcerated for either misdemeanor drug crimes (48.6%) or felony drug crimes (43.5%), as well as Vermont's released inmate recidivism rate of 45%. Additionally, the WTC Outcome Report included a control group, which had a recidivism rate of 74.1%. The control group had a recidivism rate that was

⁷² Peter Wicklund, et al, *Rutland County Treatment Court Outcome Evaluation*, (The Vermont Center for Justice Research, February, 2013), p. 5.

⁷³ Peter Wicklund, et al, *Washington County Treatment Court Outcome Evaluation*, (The Vermont Center for Justice Research, January, 2013), p. 5.

close to the national recidivism rate of 76.9%, showing that the WTC is effective in reducing recidivism rates among both graduates and participants compared to the national recidivism rate of released prisoners.

In all, each of these comparisons shows that Vermont drug courts are effective in reducing recidivism rates among graduates, and each graduate recidivism rate was lower than both Vermont and national rates. Additionally, most of the comparisons show that any type of participation in drug courts reduces recidivism rates and each participation group had a lower recidivism rate than the national rate. Rutland is the one exception of the participant group having a higher recidivism rate than Vermont's released inmates. Besides the fact that Rutland has a higher population than many counties in Vermont, Rutland is also the city where drugs are brought from New York City and Rutland has a prominent opioid problem when compared to other areas of Vermont. Regardless, there seems to be a trend of drug courts in Vermont reducing recidivism rates among participants, primarily graduates, and seems to be much more effective at doing this than incarceration.

III. How Vermont Compares to Other States

The last section examined the evaluations of Vermont’s drug court programs, but how do results compare to other states? I selected three northeastern states that have also implemented drug court programs for comparison: New Hampshire, Maine and New York.

The table below compares Vermont’s recidivism data, found in Table 5, to the data from these three states. Unfortunately, as noted in other sections of the paper, different definitions of recidivism are used in some of these states, primarily New York.

Table 6

New Hampshire/Maine/New York Drug Courts – Recidivism Rate Comparison

	Study Year	Number of Participants	Graduates	Terminated/ Withdrew	Control Group	State Recidivism Rate
NH (Strafford)	2011/2014	N/A	22% (2014)	57% (2011)	N/A	42.7%
ME	2014	1,670	25.6% (all participants)	25.6% (all participants)	N/A	54.2%
NYS	2013	7,535	35% (all participants)	35% (all participants)	38%	39.7%

Note. Data taken from different sources included in footnotes.

A. New Hampshire

New Hampshire has adult drug courts in five of its ten counties. Federal funds supported the creation of the first drug court in Strafford County, but its \$380,000 budget now comes almost entirely from the county.⁷⁴ Each of its drug courts has a relatively small number of participants because of limited funding. However, there is a clear need for additional treatment options. It has been reported that under 6% of New Hampshire

⁷⁴ Paul Feely, “NH Lawmakers Lead Charge for New Drug Courts,” *New Hampshire Union Leader*, October 12, 2015.

residents in need of substance abuse treatment have received it.⁷⁵ Because of this, policy makers in New Hampshire are trying to obtain federal grant money to expand the already existing drug courts and open new ones. In 2015, Hillsborough County received a federal grant for funding until 2017.⁷⁶

In terms of effectiveness, only two of the five court programs have been in place long enough to have evaluation reports. As of 2014, Strafford County's program had 121 graduates, and the majority had not recidivated. Only 22% of graduates have committed a new offense since exiting the program.⁷⁷ However, as of 2011, 57% of participants who were terminated from the program were convicted of a new crime.⁷⁸ The recidivism rate of all participants is higher than New Hampshire's recidivism rate of 42.7% for released drug offenders.⁷⁹ This suggests that graduates benefit from the program more than unsuccessful participants. Unfortunately, there is less data on the second program in Grafton County. Grafton County began in 2007 and as of 2012, had 27 participants graduate from the program since first being implemented. The Grafton drug court program data also shows a lower recidivism rate for participants between 9% and 10% than the state's recidivism rate for release drug offenders.⁸⁰

⁷⁵ The Keene Sentinel, "Cheshire Treatment Drug Court One Treatment Option for Pervasive Problem in Area," *SAARA of Virginia*, October 1, 2014.

⁷⁶ New Hampshire Office of the Governor, "New Hampshire Receives Federal Grant for Nashua Drug Court," News release, September 9, 2015.

⁷⁷ Strafford County, "New Hampshire's First Adult Treatment Court Celebrates 10 Year Anniversary," *Strafford County New Hampshire*, 2014.

⁷⁸ George Maglaras, et al, *Strafford County 2013 Annual Report*, (Strafford County, 2013), p. 44.

⁷⁹ New Hampshire Department of Corrections, *Recidivism in New Hampshire: A Study of Offenders Returned to Prison Within Three Years of Their Release*, (2014), p. 13.

⁸⁰ Jaya Batra, et al, *The Adult Drug Courts of New Hampshire, Vermont, and Maine*, (N.H., Nelson A. Rockefeller Center at Dartmouth College, April 2, 2013), p. 6.

Overall, New Hampshire is behind Vermont as far as size of the implemented drug courts and in having data on their effectiveness. However, state and county leaders are interested in expansion and have applied more federal grants for county drug courts. From the data that is available, both drug courts seem to be somewhat effective at reducing recidivism rates among the graduates.

B. Maine

According to a 2014 Annual Report on Maine's Adult Treatment Courts published by the Maine Judicial Branch, prescription opioid abuse continues to be a major concern.⁸¹ Maine has five adult drug treatment courts (called "ATDCs").

Because Maine implemented drug courts statewide in 2001, the drug court system is more unified than in Vermont or New Hampshire. Since the implementation of drug courts in Maine in 2001, 1,670 people have participated.⁸² The Maine report shows that 53% of participants successfully completed the programs and graduated.⁸³ Recidivism rates among people who have either graduated or were terminated from the program for 2013 are 25.6% within one year of completion/termination.⁸⁴ This recidivism rate is much lower than Maine's recidivism rate for drug offenders who were released between 2004 and 2011, which was 54.2%.⁸⁵ The 2014 report concludes by saying that Maine drug courts continue to be successful, yet are underutilized.⁸⁶

⁸¹ *2014 Annual Report on Maine's Adult Drug Treatment Courts*, (State of Maine Judicial Branch, 2015), p. 6.

⁸² *Ibid*, p. 2.

⁸³ *Ibid*, p. 8.

⁸⁴ *Ibid*.

⁸⁵ Maine Statistical Analysis Center, *Drug Offense Trends and Drug Offender Recidivism in Maine*, (USM Muskie School of Public Service, 2013), p. 17.

⁸⁶ *2014 Annual Report on Maine's Adult Drug Treatment Courts*, (State of Maine Judicial Branch, 2015), p. 8.

C. New York

Implementation of drug courts in New York State was a major policy change from the “Rockefeller” years. In 1973, under Governor Rockefeller, New York enacted extremely harsh sentences for drug offenses, though lawmakers lessened penalties for drug crimes overtime.⁸⁷ In 2009, the Rockefeller Drug Law Reform was passed, which was a statewide reform that made it easier for people who were convicted of felony drug charges and property charges to participate in drug courts. Now, New York has the most drug courts in the country – 89 criminal drug treatment courts (DTCs) as of January 1, 2016.⁸⁸ New York is an example of a state that has strived to reform its drug laws. Over 93,000 people have participated in drug courts across the state and 42,800 have graduated.⁸⁹

In the 2013 New York State Adult Drug Court Evaluation conducted by the Center of Court Innovation, it was found that New York adult drug courts reduce the recidivism rates among participants in comparison to the control group, which was made up of people who went through normal case disposition.⁹⁰ The number of people being compared consisted of 7,535 individuals in each group. Recidivism was separated into re-arrests and reconvictions after program completion or termination. In this review, only reconviction rates will be used.

Reconviction rates are modestly, yet significantly, lower than that of the control group, with 35% of the participant group being reconvicted of a crime within the three year mark

⁸⁷ New York State Division of Criminal Justice Services, *2009 Drug Law Changes 2014 Update*, (Office of Justice Research and Performance, 2014), p. 2.

⁸⁸ “Drug Treatment Courts,” *NYCourts.gov*, January 2016.

⁸⁹ *Ibid.*

⁹⁰ Amanda Cissner, et al, *A Statewide Evaluation of New York’s Adult Drug Courts*, (Bureau of Justice Assistance, 2013), p. 41-43.

and 38% of the control group. For the most part, the evaluation found that the drug court participant group had lower recidivism rates over the three-year time frame compared to the control group. However, as time went on these differences were modest and not always statistically significant.⁹¹ Additionally, the state's recidivism rate for drug offenders who were released in 2010 was nearly 40%.⁹² Reconviction rates among drug court participants are slightly lower than recidivism rates of released drug offenders. In all, the evaluation found that drug courts do significantly decrease reconviction rates, but over time the effects decreased over time and effects were below national averages.⁹³

⁹¹ Ibid, p. 41.

⁹² State of New York Department of Corrections and Community Supervision, *2010 Inmate Releases: Three Year Post Release Follow-Up*, (Albany, NY, 2014), p. 9.

⁹³ Ibid, p. iv.

IV. Problems and Limitations with Drug Court Effectiveness and Research

A. Further Discussion of Research Limitations

Because the emergence of drug courts is fairly new, many drug courts that have been implemented within the last decade have little data. This is evident in the state reports that were covered in the previous section, specifically New Hampshire, which had a couple new courts that did not have enough data to be used. Similarly, there are many drug courts in each state that were shut down because of lack of funding, adding to the lack of appropriate data. In Vermont, this is evident because the main sources of data were the outcome evaluations for each individual court, which were the only data that could be found. Nationally, this is evident because there were no data within the last five years regarding recidivism rates of released inmates.

The exclusion of control groups in three out of the four Vermont drug court outcome evaluations has been acknowledged in previous sections of this paper. The lack of a control group in reports calls into question the effectiveness of drug courts in reducing the recidivism rates because there is no group to compare participants with. It is impossible to know whether a drug court is successful if the recidivism rates among participants are not compared to a group of people that have not been exposed to the same treatment.

The differences in the meanings of the term “recidivism” in past sections of this paper has also been acknowledged as a limitation to the national and state comparisons. The need for a consistent definition of recidivism is necessary for comparisons of drug courts and their effectiveness. Without a consistent definition, there will continue to be flaws in reports on recidivism rates for drug court participants, released state inmates, and released federal inmates.

Lastly, it has been acknowledged that many of the reports and studies data was collected from for this paper were published in different years, further complicating the recidivism comparisons. The lack of up-to-date statistics is a limitation that affects many reports and studies because data that was collected from three years ago is difficult to compare with data from ten years ago, in the case of Vermont's drug court outcome evaluations and national recidivism statistics.

B. Drug Court Limitations/Barriers

Beyond research limitations, drug courts themselves face limitations and barriers that inhibit or reduce their expansion on federal and state levels. This report found the main limitations of drug court expansion to be lack of federal and/or state funding, under-enrollment of drug courts, a lack of doctors who can legally prescribe methadone or buprenorphine, and lack of policy makers and leaders who care to expand drug courts.

When speaking to both Bob Wolford and T.J. Donovan, it was evident that both public administrators believe that a large factor that affected the success of drug courts was lack of funding and lack of policy leaders that cared enough to support drug courts.⁹⁴ Wolford explains that if Vermont could have a drug court in each jurisdiction, the state would, but it all comes down to lack of funding and resources.⁹⁵ Currently, the team that runs the Chittenden County Drug Treatment Court is made up of two Master's level clinicians, two bachelor-level group members, and one intern. Each year for drug court, the team receives \$82,500, which has decreased from \$105,000, from Drug and Alcohol Programs.⁹⁶

⁹⁴ T.J. Donovan (Vermont State's Attorney) in discussion with the author, August 10, 2015.

⁹⁵ Bob Wolford (coordinator of criminal justice programs at the Howard Center) in discussion with the author, August 4, 2015.

⁹⁶ Ibid.

According to Wolford, it costs \$65,000 a year to afford one employee.⁹⁷ If the drug courts could afford to hire more people, they would then be able to take in more patients.

Donovan believes that it begins with passionate leaders and prosecutors who want to expand drug courts, but it is often hard to enact policies.⁹⁸ Additionally, funding has been cut for many drug courts and instead put towards other services that the federal or state government deem more important. For example, the drug court in Bennington was replaced with a domestic violence court. Throughout research for this paper, it was seen that it is a common occurrence for drug courts in each state to lose funding and inevitably have to shut down.

Another limitation to the expansion and effectiveness of drug courts, specifically in Vermont, is a lack of doctors who are licensed to prescribe methadone and/or buprenorphine to patients who are going through withdrawal when participating in drug court. Wolford says, "There is a generation that thinks they just have to take a pill, so what would be helpful is if Vermont had more doctors and clinics that could prescribe these to patients."⁹⁹ There are over 300 people on the waiting list for medication-assisted treatment in Chittenden County Clinic alone, which Wolford says is about six to nine months long for wait time.¹⁰⁰ Wolford uses this comparison, "If someone has asthma, the doctor does not have a cap on the number of people he can prescribe inhalers to, but doctors here have caps on the number of people they can prescribe Suboxone. Getting

⁹⁷ Bob Wolford (coordinator of criminal justice programs at the Howard Center) in discussion with the author, August 4, 2015.

⁹⁸ Ibid.

⁹⁹ Ibid.

¹⁰⁰ Ibid.

drugs off the streets leads to more crime.”¹⁰¹ Suboxone is a form of buprenorphine that is used to help people experiencing withdrawal from opioid use. Vermont, like many states, enacted stricter laws regarding opioid prescriptions in order to combat the opioid problem. This also affects doctors who are trying to medically treat patients for opioid addiction.

Another limitation mentioned in a number of studies is the under-utilization of drug courts. This comes down to a couple different factors. First, the individual has to want to make a change in his or her life in order to participate in drug court in the first place. In Vermont, there are many people that want to participate in drug courts, but it comes down to lack of available spots, lack of doctors, and lack of drug court team members. This all can be traced back to lack of funding. For example, Rutland County Treatment Court is operating at about 40%-50% of its total capacity.¹⁰² According to the Adult Drug Courts of New Hampshire, Vermont, and Maine study of 2013, “Under-enrollment delays return on investment, dampens the positive effects on society, and makes it more difficult to build momentum for the drug court movement.”¹⁰³ In most states, under-utilization does not occur because of individuals’ lack of interest in the program, but because of the lack of resources required to include additional participants.

Each of these limitations for the expansion and success of drug courts can be improved by an increase in appropriate funding for the drug courts. As Wolford pointed out, Chittenden County is receiving less and less funding as the years go by, as are many other drug courts that were mentioned in this paper. Without necessary funding, drug courts

¹⁰¹ Ibid.

¹⁰² Jaya Batra, et al, *The Adult Drug Courts of New Hampshire, Vermont, and Maine*, (N.H., Nelson A. Rockefeller Center at Dartmouth College, April 2, 2013), p. 19.

¹⁰³ Ibid.

cannot continue to operate at full capacity and cannot provide the necessary services for participants. Federal or state funding begins with policy makers focusing their attention on drug courts as solutions to the opioid problem. By shining a light on the problem, as Governor Shumlin did in his State of the State speech in 2014, policy leaders can show the public how important it is to fund these services and help the struggling people in Vermont and other states.

Final Thoughts

The opioid epidemic is a nationwide, complex problem that does not have one simple solution. It is difficult to evaluate the effectiveness of drug courts and construct a solution to opioid addiction because of all the complexities regarding drugs, mental health, and educational services. Vermont has made progress with drug court implementation in a short amount of time. Because of the how recent drug court implementation is, drug courts in Vermont require further investment and research to increase their effectiveness. Out of Vermont's four drug courts, the RICC seems to be the most promising in terms of reducing recidivism. This seems to be the case due to early intervention in participants' addiction and criminal behavior. With further research, policy, and funding, Vermont's drug courts seem as if they could be extremely effective in recidivism reduction and addiction treatment.

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