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**Bridging Drug Treatment
and Criminal Justice**

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Using legal coercion to force drug-addicted offenders into treatment is enjoying more favor than ever. Prosecutors and judges, as well as drug treatment providers, believe that mandating treatment and monitoring the progress of offenders encourages retention and recovery. While the value of legal coercion remains to be proved, widespread impressions of its effectiveness are rooted in the real achievements of recent diversion programs.

This program brief focuses on one such effort, the Drug Treatment Alternative-to-Prison program, and highlights how improved working relationships between professionals in the criminal justice and treatment systems contribute to DTAP's success. Originally developed by the Kings County (Brooklyn) District Attorney's office and launched in 1990, DTAP offers drug-addicted, nonviolent, prison-bound defendants the option of completing long-term residential drug treatment in lieu of incarceration.

Vera became involved with DTAP in 1992, when New York State began supporting the Brooklyn program and funded the expansion of DTAP to prosecution offices in Manhattan and Queens. The State Division of Criminal Justice Services asked Vera to monitor operations and track participant retention at the three expansion sites: the Office of the Special Narcotics Prosecutor, the New York County District Attorney's Office, and the Queens County District Attorney's Office. Over the years, Vera has also analyzed data compiled and provided by the Brooklyn DTAP research staff.¹

Bridging Drug Treatment and Criminal Justice captures the experiences and views of the people involved with DTAP: prosecutors who planned and administer the program, judges, defense attorneys, treatment providers, state officials who monitor the treatment process, and offenders who have completed the program. Their voices make it clear that treating and recovering from drug addiction can be as tough as anything experienced in jail or prison. For policymakers and practitioners considering alternatives to costly incarceration-focused sentencing practices, this brief offers insights into one model approach to bridging treatment and justice.

1 Over the past four years, Vera has produced a series of research reports on DTAP, which are available from the Institute's communications department.

The DTAP district attorneys have been very supportive of treatment. When they learn about a new program, they visit the facility and get to know staff. One by one, those programs have become credible to them. Having outsiders closely examine a client's progress in treatment and the outcomes has been overwhelmingly beneficial for treatment providers, because soon they will be held accountable for the retention and progress of every client, either by a managed care agent or by us. Kathleen Coughlin, New York State Office of Alcoholism and Substance Abuse Services

In the early days, therapeutic communities were mainly voluntary treatment centers where dropouts were easily replenished. Today, funding depends on retention and successful outcomes. We added vocational training and education, and developed ways to encourage resistant clients to stay in treatment. At the same time, criminal justice agents began asking the right kinds of questions and participating in the process. Before this, we didn't understand each other's jobs. I think retention will continue to improve. Charles J. Devlin, Daytop Village, Inc.

Becoming Partners: Criminal Justice and Drug Treatment

Getting drug-addicted offenders into good treatment programs and keeping them there long enough to make a difference has never been easy, and is not easy now. Funding for treatment and ancillary social services is always insufficient, and political support for treating instead of incarcerating criminals wavers.

Efforts to combine substance abuse treatment with criminal justice sanctions are remarkably more developed than they were just ten years ago when courts and correctional agencies struggled to deal with an influx of crack-addicted offenders. For example, in 1986 when Vera began studying how parolees with drug problems make the transition from prison to community-based treatment, most parole officers did not understand drug addiction and the process of recovery, and they were not familiar with drug treatment programs. Many of the outpatient programs generated in response to the crack epidemic were not focused on keeping people in treatment or meeting the needs of criminal justice-involved clients. Predictably, Vera's research showed that parolees' treatment retention rates were low, and even those who stayed in programs for long periods had the same rearrest rates as those who spent less time in treatment.

Since then, players on both sides have recognized retention as the critical if interim goal and have developed more rigorous systems to keep offenders progressing in treatment. The New York State Division of Parole developed specialized programs to assess and monitor substance abusers, and trained officers in drug relapse prevention. The New York City Department of Probation developed intensive supervision models and a central processing unit for probationers in need of drug treatment. Both departments began contracting with providers for treatment slots and services.

Together with treatment providers, criminal justice agents began developing protocols on how to manage clients who, as a result of a criminal justice sanction, are required to receive drug treatment. At the broadest level, judges, prosecutors, defense attorneys, and policymakers came to accept mandatory treatment as an acceptable and effective response to drug-related crimes. The first drug courts – in Miami, Florida and Oakland, California – and DTAP emerged in this context of evolving partnerships between two formerly separate systems.

While differences between current initiatives and those operating in the late 1980s are dramatic, change from one year to the next has been incremental and often difficult. Treatment providers struggled to understand that the day-to-day scrutiny and demands of new

My first DTAP-like case was eight years ago before there was a program. It involved a young woman whose biggest mistakes in life were becoming romantically involved with two drug addicts. It took a lot of pressure and convincing within the criminal justice system, but I helped help her enter treatment instead of prison. Now she's an employee of the Transit Authority, raising her children, and paying off a mortgage.

State Supreme Court Judge Juanita

Bing Newton

I've put pressure on D.A.s to admit eligible defendants into DTAP, and when the D.A. comes back with the answer that there is no space in the program, I've said to defense lawyers, "Why don't you consider litigating this. Your client may not be getting equal protection under the law." State Supreme Court Judge

Felice K. Shea

criminal justice partners would eventually lead to more reliable client flow and more favorable client outcomes. There were also pockets of resistance in other parts of the criminal justice system. For example, New York City's institutional public defender was suspicious of DTAP because it is a prosecutor-led effort to divert defendants. The Brooklyn D.A.'s Office won approval and cooperation by involving them in the planning and implementation of the program, and by targeting only prison-bound cases.

Over time, DTAP has become popular with the courts, prosecution and defense offices, and the local treatment network. By the summer of 1996, more than 1,300 felony drug offenders had entered DTAP through four different D.A. sites, and the number of community-based treatment providers serving DTAP participants grew from two in 1990 to 39 in 1996.

Funding Treatment Diversion

The mix of funding streams that supports DTAP is further evidence of the collaboration between treatment and justice. The New York State Division of Criminal Justice Services (DCJS) and the participating district attorneys support the administration of DTAP. Funding for treatment, which makes up the majority of program costs, comes from several other sources.

The New York State Office of Alcohol and Substance Abuse Services (OASAS) agrees on the total value of a treatment program with the provider and then requires that provider to access other funds, including Medicaid, welfare, food stamps, disability, and private contributions. These third party contributors cover about half of the cost of treatment. OASAS then pays the difference up to the bottom line. OASAS also provides enhanced funds for 350 treatment beds, which are dedicated for use by DTAP participants. This money is channeled to the major DTAP treatment providers to compensate for the additional work associated with servicing DTAP clients. The extra effort involves screening potential participants and keeping in close contact with DTAP administrators, defense attorneys, and judges.

The enhanced funds give the district attorneys leverage in contracting with therapeutic communities. DTAP has involved other, smaller treatment providers without providing enhanced funds or receiving increased funding from DCJS for program administration. These beds are available on a priority, but not dedicated, basis. Despite this growth, DTAP's current capacity does not meet the demand for the program.

We know when someone fails in DTAP, and we enforce the consequences. This goes to the heart of the D.A.'s responsibility to ensure community safety through just and effective prosecution.

Herbert J. Leifer, Queens County District Attorney's Office

DTAP helps people gain the self-respect and confidence they need to change their lives. That's what it's really all about. The reward for succeeding is a new chance at life, and the reward is as important as the threat of prison. Susan Powers, Kings County District Attorney's Office

Marrying Risk and Opportunity

Most diversion programs, including the increasingly prevalent drug courts, work with first-time offenders or people accused of low-level crimes who would otherwise receive probation or brief jail sentences. Helping them get treatment before they form criminal careers can be an effective strategy. But with little incentive to stay, dropout rates are high. If the penalty for failure is inflated, these programs can end up costing more than straight probation or jail.

DTAP takes a different approach. Developed to work with repeat felony offenders, who typically face three to six years in prison under New York State's mandatory sentencing laws, DTAP is a marriage of risk and opportunity. While placing offenders with serious criminal histories in residential treatment facilities rather than secure correctional institutions presents greater hazards, it also offers more potential for short and long-term success. DTAP minimizes public safety risks and the chance that criminals will evade justice by excluding anyone convicted of a violent crime or known to have a history of violent behavior and by using special enforcement squads to apprehend participants who leave or are expelled from treatment.

More significant, DTAP uses the credible threat of incarceration to keep people in treatment until their improvement begins to motivate them to finish the program. The same level of coercion cannot be applied to less serious offenders. Sixty-three percent of DTAP participants are still in treatment at one year. This retention rate is two to four times greater than rates reported in research on long-term residential treatment programs.

While legal coercion boosts retention, completing treatment has its own rewards. DTAP graduates have their criminal charges dismissed and reenter their families and communities in better health, with a sense of purpose, and with improved social and employment skills. Meanwhile, the justice system saves money, conserves scarce corrections resources, and uses its authority to rehabilitate as well as punish offenders.

Using Therapeutic Communities

Most alternative to incarceration programs for drug-addicted offenders put people in outpatient treatment programs. In contrast, all treatment in DTAP is delivered in long-term residential facilities, called therapeutic communities or TCs.

The DTAP district attorneys and many treatment professionals believe that TCs provide the kind of comprehensive social and

Before becoming involved with DTAP, I questioned whether an addict can really change. But I'm a big believer now. The graduates come to my office, and they look terrific. They're more educated, full of pride, holding jobs, and some of these people had never held a job in their life. Kathleen McDonald, New York County District Attorney's Office

When we were planning DTAP, other alternative to incarceration program administrators were opposed to using therapeutic communities, maintaining that they were too structured, too severe, and too long. DTAP has convinced me that applying the least intrusive intervention is not a realistic solution for this population. Susan Powers, Kings County District Attorney's Office

educational experience career addicts and criminals need to regain health and self-control. The major TCs offer a full range of services that augment drug treatment, including: on-site medical care; HIV education, counseling, and testing; vocational training; adult basic education (GED) classes; and help finding employment and housing. Many also offer family and children's services.

Treatment in a TC occurs in three distinct stages: entry, primary treatment, and reentry. Primary treatment and reentry also have graduated levels within each stage. At each successive level and stage, clients acquire more status and privileges, and assume more responsibility for program governance and newer clients.

Most people complete primary treatment at large campus-like facilities in upstate New York. The main treatment strategy is a series of group encounters, which increase in duration and intensity during the course of treatment. As one DTAP graduate describes, "Where I really let go of everything was in my marathon group. Marathon lasts three days. No food. No sleep. It's to break you down. Everything came out in my marathon."

Reentry is what it sounds like: a return. Participants leave the protected environments of the upstate facilities and come back to the city. While still under residential care, they have more unsupervised time. Work is required and so is saving money to prepare for independent living. Participants are encouraged to begin reintegrating with their families and focus on finding long-term employment or enrolling in school. The Brooklyn DTAP program employs job developers to help people make successful transitions upon graduation.

The DTAP district attorneys initially worked with treatment programs set up for the general population. It became evident early on, however, that many offenders have special needs associated with mental illness, HIV/AIDS infection, low English language skills, and pregnancy and parenting. Over time, DTAP established relationships with smaller, emerging programs set up to treat special needs clients. In doing so, the program has expanded. While DTAP administrators are generally pleased with this growth, some sites have had to experiment with new, smaller providers more often than they would like. And despite receptivity and flexibility among these new programs, the demand for special needs beds continues to exceed the supply.

Considering Treatment Length

Debates about the necessary or ideal length of time in drug treatment reflect competing views on rehabilitation, punishment, safety, and

Developing a sense of community and family as a vehicle for therapy is the core of the TC model. Whether that can be accomplished in less than 18 months is a very interesting question. Paul Dynia, Kings County District Attorney's Office

You have to balance the benefits of long-term intensive treatment with the liabilities of treating people in an artificial environment. Recovering substance abusers need to test their newly acquired beliefs in the real world. Jose Suarez, New York State Office of Alcohol and Substance Abuse Services

Pressure from managed care to cut costs and the push to be tough on crime will finally get us focused on outcomes instead of arguing about length of stay. If we could realize the same treatment outcome in less time, the justice system's anxiety about keeping these offenders off the streets for two years would diminish. But if we can't, I hope funders will support longer stays. Kathleen Coughlin, New York State Office of Alcohol and Substance Abuse Services

costs. DTAP has been criticized for relying on long-term, residential treatment, which costs from two to six times more than outpatient models and is much in demand by voluntary and other criminal justice clients.² While prosecutors and judges are more comfortable mandating treatment stays that are proportional to conventional sentencing practices, many are also convinced that serious offenders need long-term treatment.

Most of the major treatment providers also believe that individuals with persistent drug problems and serious criminal histories require lengthy stays in order to address their emotional problems, learn how to control impulse behavior, and acquire vocational, educational, and social skills. They report that most people resist treatment and internal change for up to six months. Testimonials by DTAP graduates support this view. As one said, "For the first six months, I didn't even look at my personality."

In contrast, state officials responsible for implementing managed care policies believe that the recovery process can be accelerated, and that shorter stays in residential facilities may even improve long-term outcomes. Of course, disagreements about length of stay also reflect the reality of diminishing government budgets and competing political interests.

While research has consistently shown that longer treatment stays are associated with better outcomes, there is surprisingly little data about the necessity or value of treatment stays that exceed one year. The argument is increasingly voiced that six to nine months of residential treatment followed by intensive outpatient services produces outcomes comparable to much longer residential stays. Many believe that the length of stay could be shortened if the vocational and educational components are enhanced, or if supplemental social services are offered early in treatment. Education and vocational development give people in drug treatment visions of an end to treatment and of possible rewards in the real world.

While treatment providers are amenable to starting these parallel services earlier in the process, many remain skeptical about whether such a change would significantly shorten the rehabilitation process.

² Those who graduate from DTAP average 22 months in residential treatment. Traditionally 18 to 24 months, several TCs are in the process of reducing their standard length of stay in response to managed care. The impacts of managed care, as well as work-fare initiatives, on DTAP and on treatment diversion programs generally remain uncertain, but they may be substantial.

In 1993 Lawrence* was arrested for possession of heroin. It was his first drug arrest and his first criminal conviction. He received probation. Three months later, in January 1994, he was arrested for telling an undercover cop where to buy drugs.

Born and raised in Spanish Harlem [in Manhattan], Lawrence started using drugs in 1969 when he returned home after serving in the air force as a jet mechanic. Snorting heroin helped him calm down, study, and overcome insomnia. His social crowd – which included other graduate students, doctors, lawyers, and musicians – all used heroin.

While Lawrence was out on bail and attending a Christian rehabilitation program in Connecticut, a court-appointed lawyer told him about DTAP. He agreed to participate on June 30, 1994. After a brief orientation, Lawrence was sent to a Veritas treatment facility in upstate New York.

“The minute I got off the bus, it was a ‘closed house.’ They had found 30 empty vials of crack. Everyone in my group was told to go and stand facing a wall; they call it standing on point. It was my bad luck to arrive during a closed house, and they made me pay. I hated every second; it was the hardest thing I’ve ever done in my life. Anyone who thinks jail is easier than treatment is a fool. Boot camp was a breeze compared to what they made me go through in treatment. I thought that treatment would be a walk in the park. I was going to chill out, be cool, hang out, play this game and skate right on by these drug addicts and dopes who don’t even have a high-school diploma.”

Rhonda Ferdinand, who prosecuted Lawrence’s case for the Office of Special Narcotics, describes him as one of her most difficult DTAP participants. Lawrence agrees.

“I was very condescending, and I wasn’t addressing my issues. In my fourth month, my counselor and the administrative director sat me down and put me on speaker phone with Rhonda. She said, ‘Lawrence, you have two weeks to change your behavior. If you don’t, I have a bed waiting for you in the state penitentiary.’ After that phone call, I became extremely fearful of going to prison and also aware of the fact that I couldn’t fake my way through treatment. One hundred and seventy eyes are on you. Everybody clocks one another; they watch each other and synthesize opinions about people. If the masses agree that there’s something shaky about you, then you’re going to have to wake up and deal with it. I don’t care if you’re a genius, eventually they’re going to get to your core, to the essence of what your problem is.”

To keep him aware of the consequences of failing in the program, Rhonda Ferdinand had him brought back to court every 30 days. “Once the judge told me, ‘You see that tree out there? [there was no tree] Well, there’s gonna be one there when you come out of prison.’”

Lawrence graduated from Veritas and DTAP on June 22, 1996.

For most of her life, Ronnie was addicted to drugs – first marijuana, then cocaine, then crack. Growing up, she lived with alcoholism, domestic violence, and sexual abuse. At 15, she began working in bars. She has also worked on factory assembly lines and on the streets as a prostitute and drug dealer, at one point earning enough money to buy her own house.

“The customers in one bar where I worked were all Panamanian drug dealers. They would pass around an ashtray, filling it with cocaine for the bar maids. I started smoking it with marijuana; I was free basing and didn’t know it. Then the stuff started coming out already cooked up. All you had to do was get your pipe and light it. Then crack came along, full of other addictive drugs like speed, diet pills, black beauties.”

On November 9, 1992, Ronnie was arrested by an undercover narcotics cop. The police had videotaped her selling crack to the same officer on two other occasions. That night, however, Ronnie wasn’t selling; she was waiting to buy. She pointed out the dealer to the undercover cop, and he arrested her for steering. She was on probation from a previous drug arrest in 1989, but she had never reported to her probation officer.

“I really needed help. At this point, I’m crying before I get high because I want a hit; I’m crying after I get high because I’m tired of smoking. And it’s not doing anything for me. I’m up to putting in three nickels at a time. When you smoke crack, you’re always looking for the effect of that very first hit. But you’ll never feel that way again.”

After agreeing to participate in DTAP, Ronnie entered a Daytop Village treatment facility on January 11, 1993. “Being in treatment was hell. Treatment makes you feel everything that you’ve ever been through. I was clean; I had no chemicals in my system, and I was scared. I didn’t know or trust anyone. I met Monsignor O’Brien, one of the founders of Daytop, soon after I arrived. He asked me questions about my life and why I used drugs. He told me that I was going to make it to the top. It was the way he said it. I can’t remember anyone else ever saying something like that to me.”

While Ronnie was eager to make progress, adjusting to Daytop’s philosophies and practices was not easy. “When I made mistakes or did something wrong, I had to accept responsibility and clean up. I got shot down to washing pots a few times. The best clean up or ‘learning experience’ I had was the confrontation table. I had to write a list of my issues and personal problems and sit at a table while the other residents confronted me about them. I had to answer every question. That helped me open up. It was the best thing for me, because if you’re scared to let another person know who you are, you’re bound to relapse. They call it ‘holding onto the corner of the bag.’”

On January 11, 1995, Ronnie finished her mandated 24 months of drug treatment, and a judge dis-

*** Lawrence and Ronnie are pseudonyms; all other facts of their stories are those of two DTAP graduates interviewed by a staff member of the Vera Institute specifically for writing this program brief.**

missed her case. She continued receiving treatment from Daytop Village as a voluntary client until April 10, 1996, when she graduated from the program. “Daytop will not let you go until they know that you can do it on your own.”

Most people don't enter treatment voluntarily. Some are forced in by a mother or grandmother who threatens to kick them out of the house unless they stop using drugs or by an employer who threatens to fire them. This kind of social pressure is not really different from coercion by the criminal justice system. Fred Goldstein, Phoenix House Foundation

Many people believe that if legal coercion works, why not be more coercive, why not increase prison time for DTAP participants who fail. I believe there should be proportionality between the punishment the legal system would impose, and the requirements and consequences of a treatment alternative. Susan Powers, Kings County District Attorney's Office

Sharpening the Point On Legal Coercion

More than half of the residents in the therapeutic communities DTAP uses are involved with the criminal justice system, although many of these individuals are not formally mandated and cannot identify consequences for failure. Vera's own research suggests that those who are formally mandated – whether or not they are in DTAP – stay in treatment at high rates. A recent study involving DTAP participants, probationers, parolees, and TASC clients who were mandated to residential programs showed that 75 percent of them stay in treatment six months or longer.

Vera is developing and testing a questionnaire designed to measure perceived legal pressure (PLP) and quantify the effectiveness of specific coercive strategies. These include emphasizing the certainty of punishment for failure, imposing severe penalties, closely monitoring offenders in treatment, and using special enforcement squads – tactics that have been refined in the process of developing and implementing DTAP. Preliminary findings suggest that perceived legal pressure is a significant predictor of treatment retention and that DTAP participants have higher self-reported levels of PLP than other mandated clients.³

Certainty vs. Severity

Both research and the impressions of DTAP practitioners and graduates indicate that knowing the consequences of failure and the rewards for succeeding has a positive effect on treatment retention and outcomes. Moreover, certainty may be more important than severity. According to Fred Goldstein, General Counsel of Phoenix House, "We work with programs where there's an additional penalty if you fail and programs in which participants get the same punishment if they fail as if they never entered the program. I don't think I could say with any degree of confidence that severity alone makes a difference in the outcome."

The greater challenge is to deliver clear and consistent information about the repercussions of behaviors. This is especially important in a program that deals with repeat offenders. Kings County Deputy District Attorney Susan Powers articulates just how difficult this can be: "Clear and consistent information is very important, but I suspect that it may not always be delivered. During the admission

³ For more information, see *Retaining Offenders in Mandatory Drug Treatment Programs: The Role of Perceived Legal Pressure* by Douglas Young. (New York: Vera Institute of Justice, 1996).

process, defendants are very worried and don't understand what's going on. If their attorney is busy, he or she may not take the time to explain the program. Our message may get muddled as DTAP participants mix with other criminal justice clients. And many treatment counselors exaggerate the legal consequences of failure in an effort to get clients to stick it out. We now require treatment staff to go over the conditions of DTAP within twenty-four hours of a participant's admission to the TC facility."

This program is not a set up. Participants know that we genuinely want them to make it, that we're not waiting for them to fail. Rhonda Ferdinand, Office of the Special Narcotics Prosecutor

Criminal justice clients do better in treatment when prosecutors and judges hold them accountable for their behavior instead of making idle threats. Robert Brennan, Phoenix House Foundation

TASC performs a valuable function for the court. They understand that addiction is a disease and that recovery is a process. You need an organization like TASC to monitor that process, to be the eyes and ears of the court, to know what's going on. State Supreme Court Judge Richard Buchter

Monitoring Offenders in Treatment

Even five or six years ago, communication between the mandating agent and treatment staff about the status of a criminal justice client was nearly always informal and often unreliable. Treatment providers hid relapse, because they viewed criminal justice agents as adversaries who would respond inflexibly. Weeks might pass before a probation or parole officer would learn that someone had dropped out or been expelled from treatment. Now the two systems work together to encourage borderline clients to stay in treatment.

DTAP participants sign a consent form permitting treatment staff to discuss their progress with the DTAP office, their attorney, and the judge. Communication usually occurs via monthly progress reports prepared by the participant's primary counselor. The format of these reports varies slightly from program to program. For example, some reports use scales to rate behaviors and attitudes while others are purely descriptive.

Most of the large TCs have special departments or administrative liaisons who review and forward these reports to the supervising criminal justice agents. More important, because they are knowledgeable about prosecution and sentencing practices, individuals in these departments or positions can help apply legal pressure to keep offenders advancing in treatment.

If a DTAP client is having problems that could lead to drop out or expulsion, treatment staff contact the DTAP office or the participant's defense attorney. He or she may speak with the client over the telephone, visit the facility, or have the person brought back into court. The Queens DTAP program uses the local Treatment Alternatives to Street Crime (TASC) agency to screen and monitor DTAP participants. Consequently, treatment providers depend on TASC representatives to relay information to the DTAP office and the court, to help apply legal pressure, and to remind clients of the incentives for completion.

In Manhattan, the court is involved in the process from beginning to end. No one is rehabilitated overnight. You have to be very supportive and also very hard. The court has to be aware of problems and let the person know that, ultimately, problem behavior won't be accepted. Those of us who do this a lot are very involved in making DTAP work, and if we're not involved, it doesn't work.

State Supreme Court Judge Harold Beeler

While the amount of judicial involvement varies among the DTAP programs and among participants, judges express overwhelming interest in, commitment to, and satisfaction from monitoring offenders in treatment. "I like monitoring someone throughout the entire course of treatment, which may not always be a smooth path," comments State Supreme Court Judge Mary McGowan Davis. "We all understand that treatment is a very difficult process, and we're willing to build that into the program." Most Brooklyn DTAP clients appear in court one year after admission and when their case is dismissed. Participants in the other programs are required to appear in court more frequently. Rhonda Ferdinand, a prosecutor in the Office of Special Narcotics, believes that strict judges boost retention while forgiving judges actually discourage retention.

In some cases, attention from the treatment facility's criminal justice liaison is enough to improve negative behavior. According to Fred Goldstein of Phoenix House, "The key to successfully using intermediate responses is good communication. The district attorney and the judge have to trust that we are giving them all the facts and working to prevent expulsion. This way, if we do reach a breaking point, the justice system knows that we've been trying all along." If all efforts to keep the person in treatment fail, and he or she leaves the program or is expelled, the TC notifies the DTAP program within 24 hours and submits an official discharge letter, specifying the date, time, and reasons for termination.

Enforcing the Rules

The DTAP programs handle participants who drop out or are expelled from treatment differently. Brooklyn DTAP rarely allows someone who fails in one treatment facility to enter another. The other DTAP programs make an additional placement in about one in three cases, typically when a participant has invested substantial time in the program.

"We do a lot of second placements," comments Queens DTAP coordinator Herbert Leifer. "Sometimes a participant is expelled for what we consider a minor offense – like kissing another resident – but the TC considers significant because of its effect on other residents."

Returning absconders to custody is an important part of any treatment diversion program. For a program like DTAP that works with repeat felony offenders, enforcement is critical. DTAP uses special teams to track and arrest absconders. The program boasts an overall return-to-custody rate of 92 percent, and the median time of return

I've said to people at risk of dropping out, "Where's your wife going to be in five and a half years? Do you want someone else to be the father of your children?" I make sure they understand that if they leave treatment, their responsibility to me and to the court will not go away. When they're sober and thinking straight, these people sincerely want to change their lives; they've just never had the structure to do it. Douglas Knight, Treatment Alternatives to Street Crime

Everything about the criminal justice system is especially appropriate for combating drug abuse. There's clearly a nexus between crime and drugs, and the criminal justice system is one of the best vehicles to compel that group of people to break the cycle of abuse. Rhonda Ferdinand, Office of the Special Narcotics Prosecutor

to custody for all DTAP dropouts is just over a week. Interestingly, Vera's research suggests that the fear of arrest is as important as actual enforcement capacity in boosting retention. Participants who believe they will be apprehended and prosecuted if they flee are less likely to abscond.

The sense that arrest is inevitable also leads to substantial numbers of DTAP dropouts returning to custody voluntarily. Research on Queens DTAP and the Office of Special Narcotics DTAP shows that more than half of those participants who return to custody after leaving or being expelled from treatment report back on their own. Enforcement team apprehensions and voluntary surrenders together account for 70 percent of all DTAP returns. The rest are returned on a rearrest or warrant. Those who voluntarily return to custody are treated less harshly than those who abscond and are apprehended.

Measuring Success

DTAP's high retention rate and excellent enforcement record are signs of success. The real value of the program, however, is measured in the lives of DTAP graduates – what they accomplish and what they avoid after treatment. Based on review of official arrest records, researchers in the Brooklyn DTAP office have found that for two years after completing the program, their graduates are half as likely to be arrested as offenders with similar criminal records who were paroled from prison.

More conclusive findings about the long-term impacts of DTAP will emerge from a rigorous, five-year study that compares the Brooklyn program with traditional methods of prosecuting and punishing repeat felony offenders. Funded by the National Institute on Drug Abuse, this study is being conducted by a team of researchers from the New York City Criminal Justice Agency, Vera, and other organizations. The findings will help policymakers answer difficult questions about investing in treatment alternatives: Do they reduce crime rates and prevent recidivism? Do they lead to less drug use and more stable, productive lives? How much do they cost, in comparison to traditional court processing and incarceration-based sanctions?

Whatever answers these research questions generate, the inquiry itself is possible because criminal justice and treatment professionals are working together to find ways to make mandatory drug treatment a more efficient and effective option for a wider range of drug-addicted offenders.

Many thanks to the following criminal justice and substance abuse treatment practitioners who freely gave their time and openly shared their experiences and impressions. Vera is also grateful to the DTAP graduates interviewed for this publication. While they are not identified by name, they each contributed greatly to the making of this program brief.

The Hon. Harold Beeler, New York State Supreme Court, New York County

Robert Brennan, Director of Outreach, Phoenix House Foundation

The Hon. Richard Buchter, New York State Supreme Court, Queens County

Kathleen Coughlin, Director of Downstate Regional Operations, New York State Office of Alcohol and Substance Abuse Services

The Hon. Mary McGowan Davis, New York State Supreme Court, New York County

Charles J. Devlin, Vice President and Chief Operating Officer, Daytop Village, Inc.

Paul Dynia, DTAP Research Director, Kings County District Attorney's Office

Fred Goldstein, General Counsel, Phoenix House Foundation

Rhonda Ferdinand, Deputy Chief Assistant, Office of the Special Narcotics Prosecutor

Douglas Knight, Project Director, Treatment Alternatives to Street Crime

Herbert Leifer, Coordinator of Alternative Sentencing Programs, Queens County District Attorney's Office

Kenneth Linn, Regional Director, Treatment Alternatives to Street Crime

Kathleen McDonald, Special Administrative Assistant to Trial Division Central, New York County District Attorney's Office

Anita Marton, Senior Staff Attorney, Legal Action Center

The Hon. Juanita Bing Newton, Administrative Judge, New York State Supreme Court, New York County

Susan A. Powers, Deputy District Attorney, Kings County District Attorney's Office

Jennifer Pringle, Assistant to Susan Powers, Kings County District Attorney's Office

Howard Schwartz, Senior Criminal Justice Program Supervisor, New York State Office of Alcoholism and Substance Abuse Services

The Hon. Felice K. Shea, New York State Supreme Court, New York County

Jose Suarez, Supervisor, Bureau of Criminal Justice, New York State Office of Alcohol and Substance Abuse Services

The Vera Institute of Justice is a private nonprofit organization dedicated to making government policies more fair, humane, and efficient for all people. Working in collaboration with government and local communities, Vera designs and implements innovative programs that expand the practice of justice and improve the quality of urban life. Vera operates demonstration projects in partnership with government, conducts original research, and provides technical assistance to public officials in New York and throughout the world.

Vera has participated in efforts to rehabilitate substance abusers involved in the criminal justice system or at risk of arrest since establishing the Manhattan Bowery Corporation – one of the first alcoholism treatment facilities for public inebriates in the United States – in 1967. This year, the Institute launched a neighborhood drug crisis center for families struggling with addiction.

With federal and foundation research grants, Vera continues to closely examine the extraordinary retention rates among DTAP participants as well as the role of legal pressure in DTAP and various other mandatory treatment programs operating in the criminal justice system. For more information about this work, contact senior research associate Douglas Young at the Vera Institute of Justice.