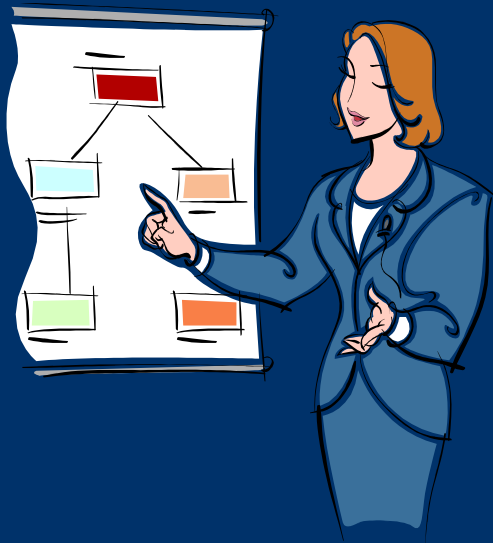


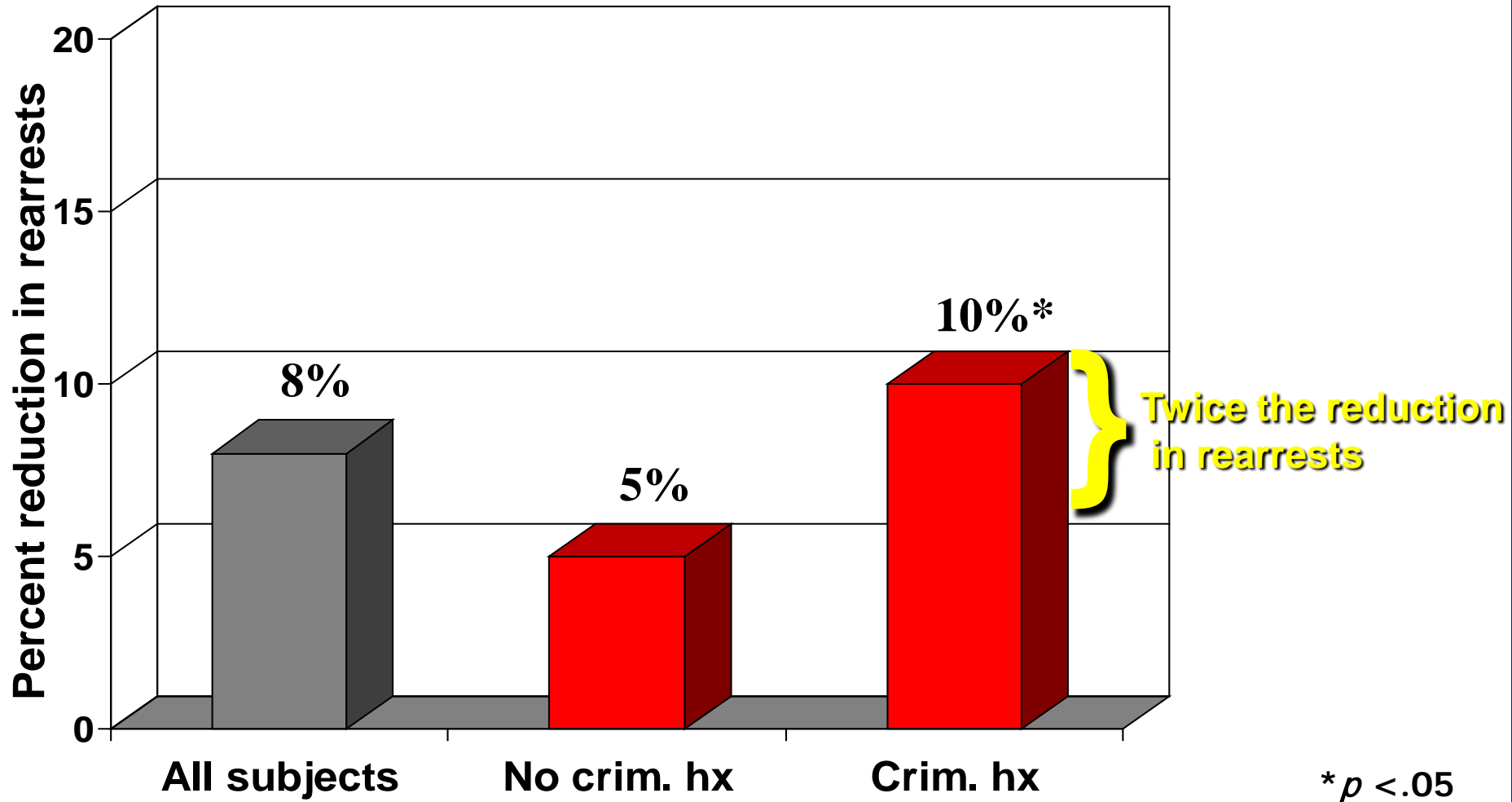
# Targeting Participants for Drug Courts

**Douglas B. Marlowe, J.D., Ph.D.**

***National Association of Drug Court  
Professionals***



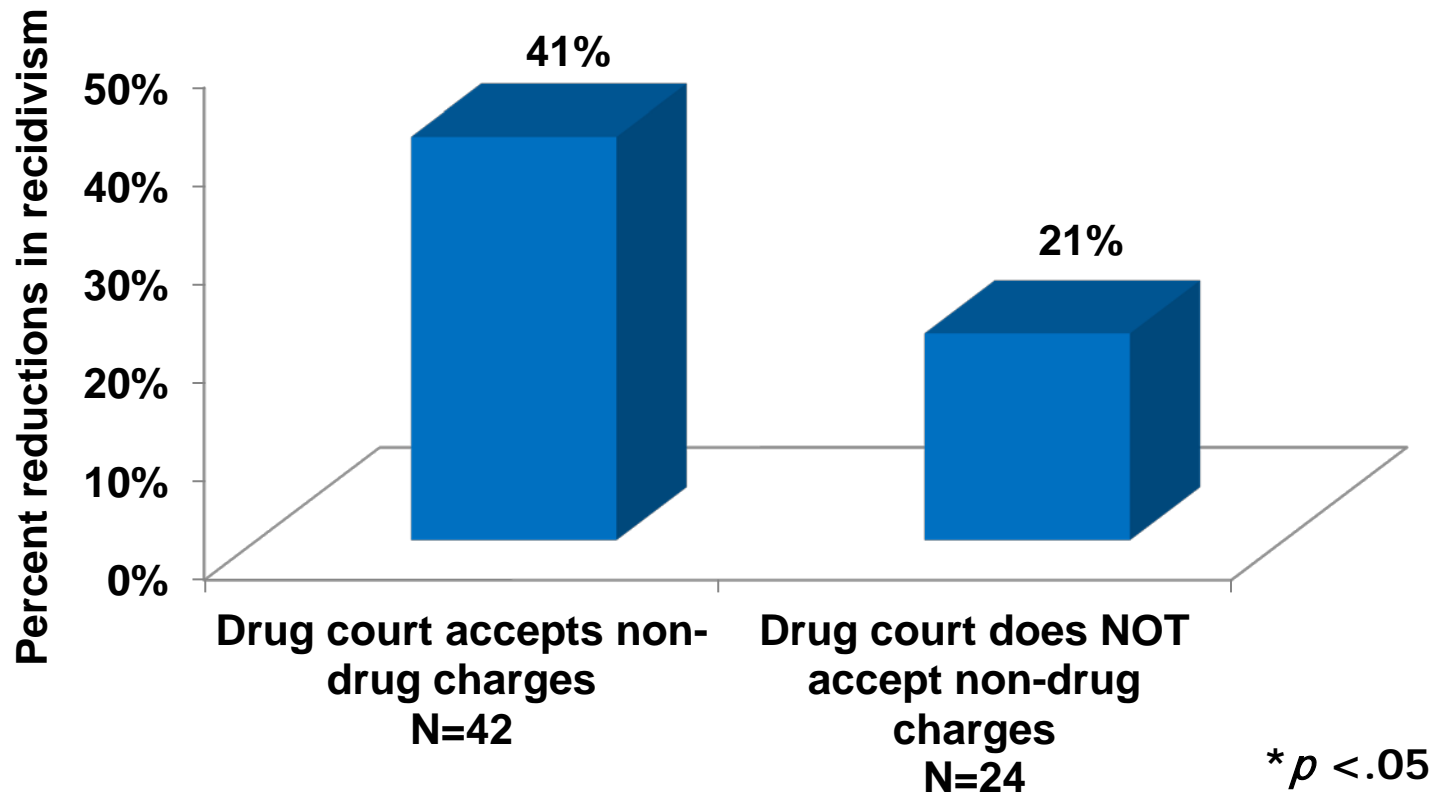
# Effect Size by Risk Level



“Moderator analysis”

Lowenkamp et al., 2005

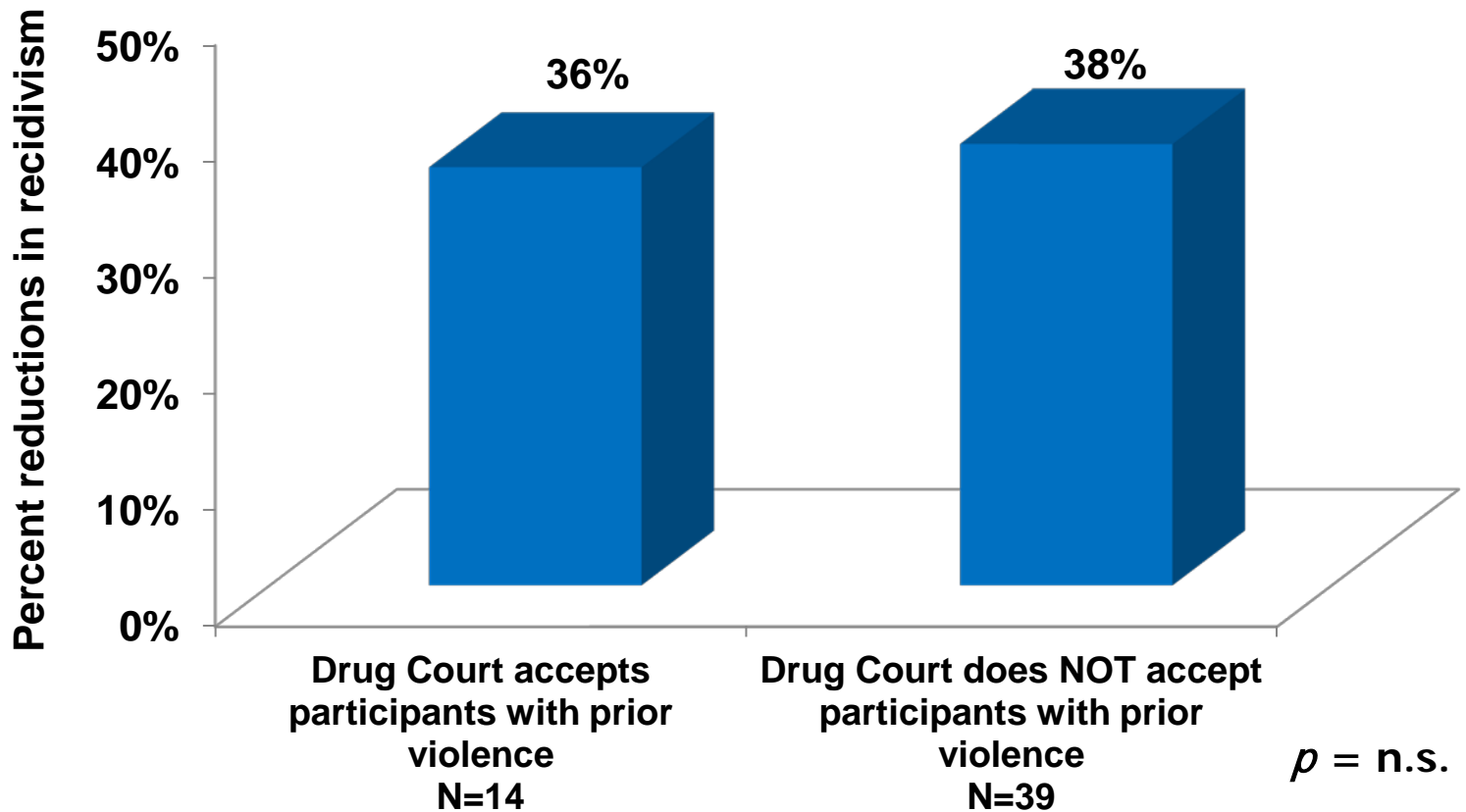
# Drug Courts That Accepted Participants With Non-Drug Charges Had Nearly Twice the Reduction in Recidivism



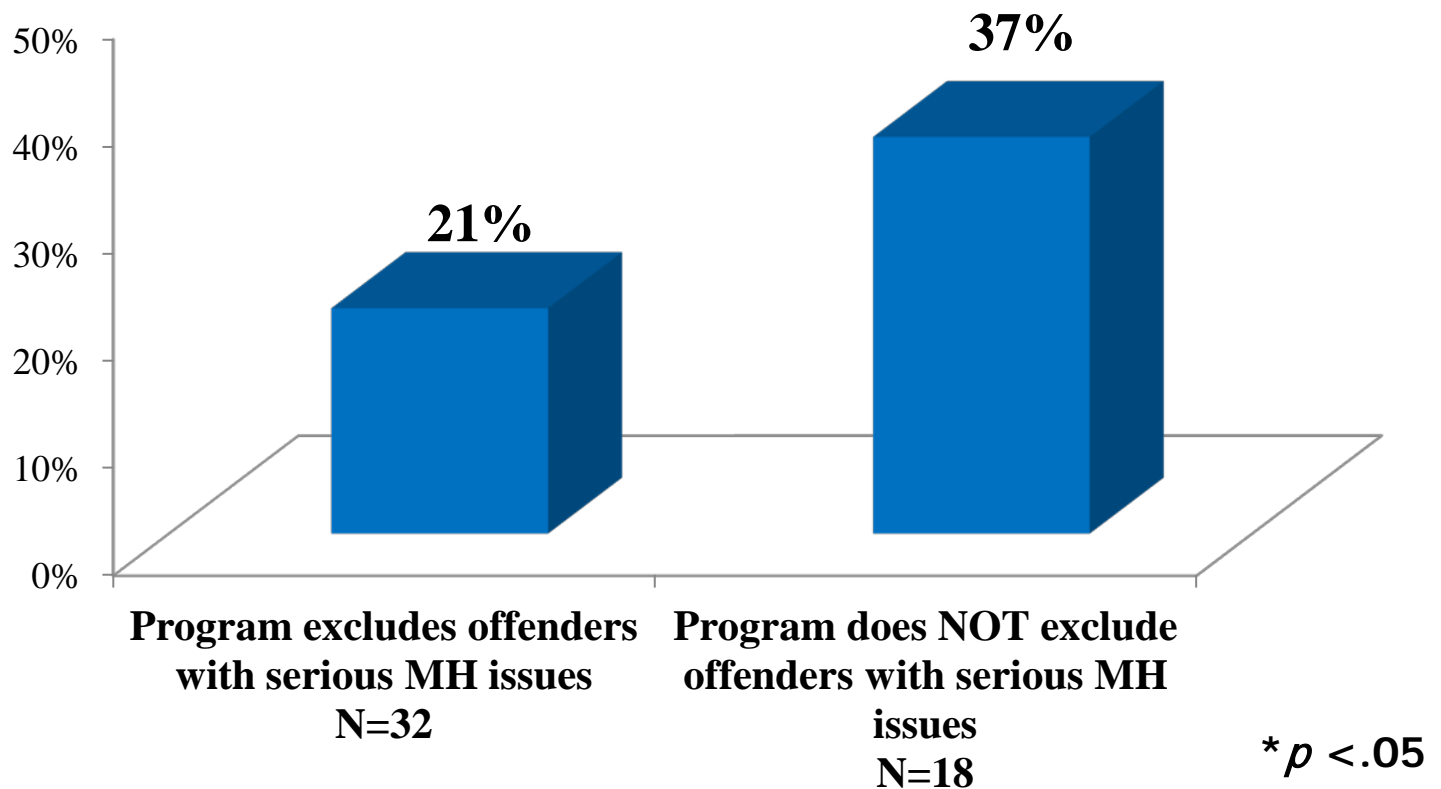
Non-drug charges included property, theft, prostitution and forgery offenses

Carey et al. (2012)

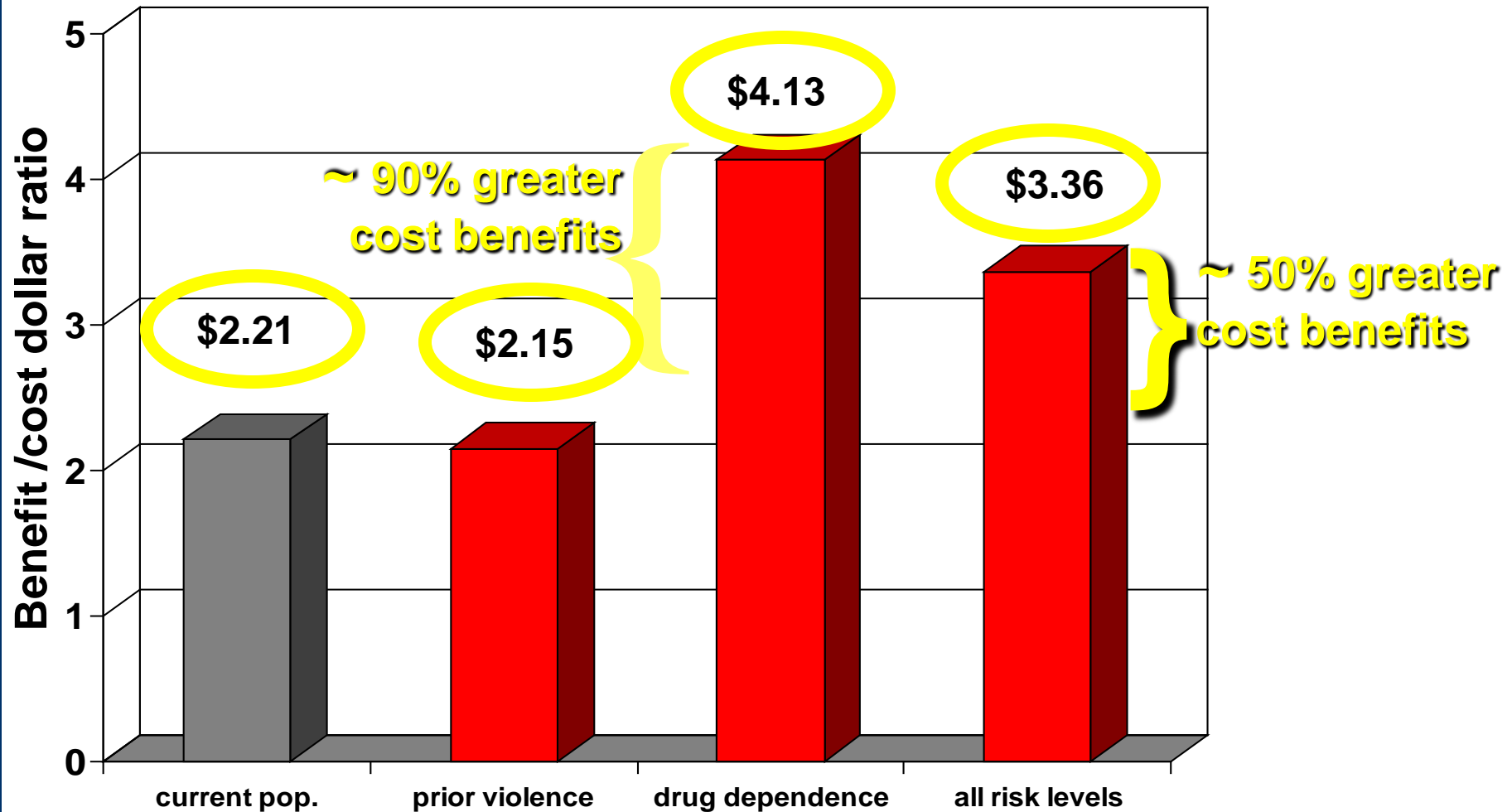
# Drug Courts That Accepted Participants With Prior Violence Had Equivalent Reductions in Recidivism



# Drug Courts That Excluded Participants with Serious Mental Health Problems Had Over 50% Less Cost Savings



# Avg. Benefit Per \$1 invested



“Synthetic analysis”

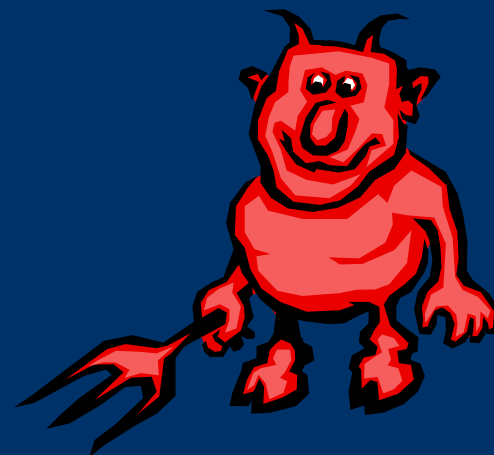
Bhati et al. (2008)

# Risk Principle

- Not necessarily a risk for violence or dangerousness
- Risk essentially means a difficult prognosis or lesser amenability to treatment
- The higher the risk level, the more intensive the supervision and accountability should be; and vice versa
- Mixing risk levels is contraindicated

# Prognostic Risks

- **Current age < 25 years**
- **Delinquent onset < 16 years**
- **Substance abuse onset < 14 years**
- **Prior rehabilitation failures**
- **History of violence**
- **Antisocial Personality Disorder**
- **Psychopathy**
- **Familial history of crime or addiction**
- **Criminal or substance abuse associations**





# Need Principle

- **Clinical disorders or functional impairments (diagnosis)**
- **Target criminogenic & responsivity needs first**
- **The higher the need level, the more intensive the treatment or rehabilitation services should be; and vice versa**
- **Mixing need levels is contraindicated**

# **Criminogenic Needs**

**Substance Dependence or Addiction**

# **Criminogenic Needs**

## **Substance Dependence or Addiction**

- 1. Triggered binge response**
- 2. Cravings or compulsions**
- 3. Withdrawal symptoms**

# Criminogenic Needs

## Substance Dependence or Addiction

1. Triggered binge response
2. Cravings or compulsions
3. Withdrawal symptoms

} Abstinence is a distal goal

# Criminogenic Needs

## Substance Dependence or Addiction

1. Triggered binge response
2. Cravings or compulsions
3. Withdrawal symptoms

} Abstinence is a distal goal

## Substance Abuse

# Criminogenic Needs

## Substance Dependence or Addiction

1. Triggered binge response
2. Cravings or compulsions
3. Withdrawal symptoms

} Abstinence is a distal goal

## Substance Abuse

} Abstinence is a proximal goal

# Criminogenic Needs

## Substance Dependence or Addiction

1. Triggered binge response
2. Cravings or compulsions
3. Withdrawal symptoms

} Abstinence is a distal goal

## Substance Abuse

} Abstinence is a proximal goal

## Responsivity needs

- Dual diagnosis
- Serious functional impairments

# Criminogenic Needs

## Substance Dependence or Addiction

1. Triggered binge response
2. Cravings or compulsions
3. Withdrawal symptoms

} Abstinence is a distal goal

## Substance Abuse

} Abstinence is a proximal goal

## Responsivity needs

- Dual diagnosis
- Serious functional impairments

} Regimen compliance is proximal



# Risk & Need Quadrants

## High Risk

## Low Risk

**High Needs  
(dependent)**

- Supervision
- Treatment
- Pro-social habilitation
- Adaptive habilitation

- Treatment
- (Pro-social rehabilitation)
- Adaptive habilitation

**Low Needs  
(abuse)**

- Supervision
- Pro-social habilitation
- (Adaptive habilitation)

- Secondary prevention
- Diversion

# Practice Implications

## High Risk

## Low Risk

**High  
Needs  
(dependent)**

- ✓ Status calendar
- ✓ Treatment
- ✓ Prosocial & adaptive habilit.
- ✓ Abstinence is distal
- ✓ Positive reinforcement
- ✓ Self-help/alumni groups
- ✓ ~ 18-24 mos. (~200 hrs.)

- ✓ Noncompliance calendar
- ✓ Treatment (separate milieu)
- ✓ Adaptive habilitation
- ✓ Abstinence is distal
- ✓ Positive reinforcement
- ✓ Self-help/alumni groups
- ✓ ~ 12-18 mos. (~150 hrs.)

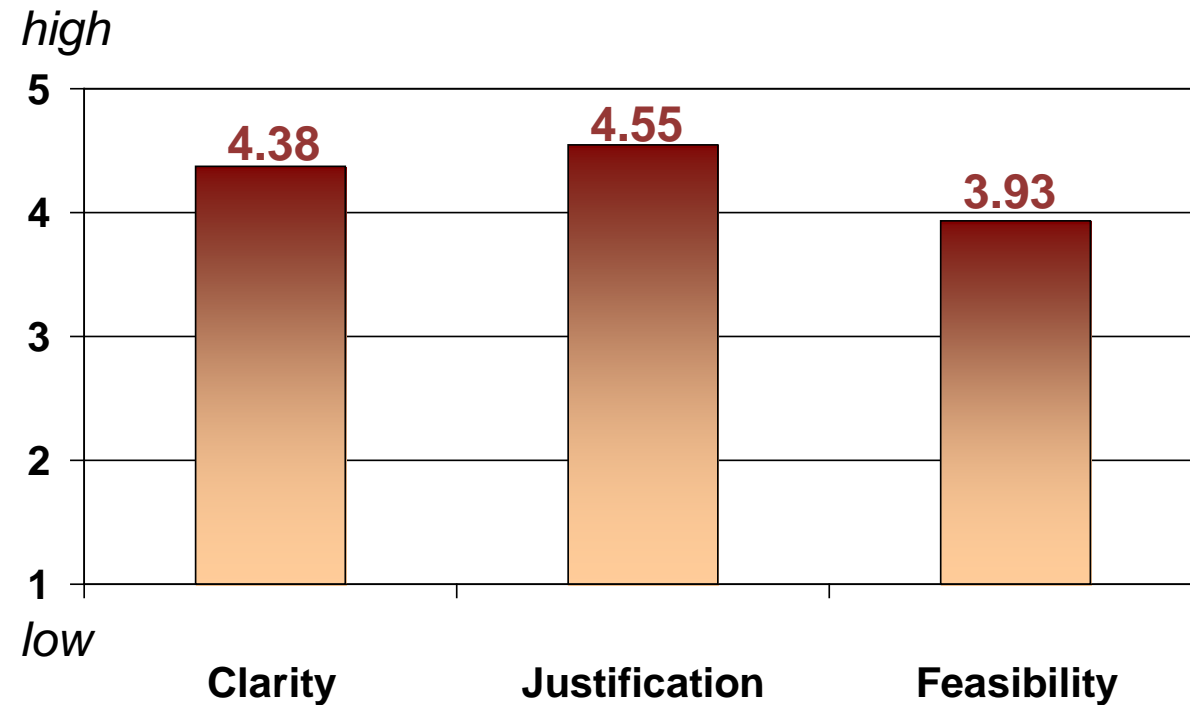
**Low  
Needs  
(abuse)**

- ✓ Status calendar
- ✓ Prosocial habilitation
- ✓ Abstinence is proximal
- ✓ Negative reinforcement
- ✓ ~ 12-18 mos. (~100 hrs.)

- ✓ Noncompliance calendar
- ✓ Psycho-education
- ✓ Abstinence is proximal
- ✓ Individual/stratified groups
- ✓ ~ 3-6 mos. (~ 12-26 hrs.)

# Target Population

- N = 32 reviewers



# Target Population

- Eligibility & exclusion criteria are based on empirical evidence
- Assessment process is evidence-based
  - A. Objective eligibility criteria
  - B. High-risk & high-need participants
  - C. Validated eligibility assessments
  - D. Criminal history disqualifications
    - “Barring legal prohibitions . . .”
  - E. Clinical disqualifications
    - “If adequate treatment is available . . .”