Drug Treatment Courts: Substance Abuse Intervention Within the Justice System

November 2000

A policy discussion paper prepared by Darlene James and Ed Sawka of the Alberta Alcohol and Drug Abuse Commission on behalf of the Canadian Centre on Substance Abuse National Working Group on Addictions Policy[i]

Introduction

Over the past decade, the drug court movement has been gaining momentum, particularly in the United States but also in the United Kingdom and Australia. In December 1998, the first Canadian drug treatment court was opened in Toronto.[1] At about the same time, the Attorney General of British Columbia announced interest in developing a drug court to address mounting problems in downtown Vancouver.[2]

These developments, combined with considerations of justice system costs, government emphasis on collaborative service delivery, and introduction of the *Youth Criminal Justice Act* are likely to contribute to growing interest in a Canadian drug court system.

This policy discussion paper is intended to provide an overview of drug courts. It focuses primarily on U.S. drug courts, which are well established when compared with other jurisdictions. Canadian court diversion programs and alternative measures are also discussed, and a brief description of the Toronto drug treatment court is presented. The paper concludes by outlining a number of policy and program issues that merit consideration when examining drug courts as an option for substance abuse intervention within the justice system.

U.S. Drug Courts

The history of drug courts in the United States is relatively short when compared with other forms of addiction intervention and treatment. The movement toward a specialized drug court system began in the late 1980s in response to rising rates of drug-related court cases and the inability of traditional law enforcement and justice policies to reduce the supply and demand for illegal drugs.[3] Statistics from the U.S. Bureau of Justice show an increase in drug offenders that accounted for nearly three-quarters of the growth in prison populations between 1985 and 1995.[4] In 1997, 33% of state and 22% of federal inmates had committed their crimes while under the influence of drugs, approximately 60% were incarcerated for drug-related offences, and more than 75% of the correctional population had substance abuse problems.[5,6]

The first drug court was created in Miami in 1989. Evaluations of this court and other programs have shown promising results, especially in terms of reduced recidivism.[3,4,7,8] Drug courts now exist in all 50 states, the District of Columbia, Puerto Rico and Guam. In 1997, 371 drug courts (including 37 juvenile courts) were either operational or in the planning stages.[9,10] By February 2000 there were more than 700 U.S. courts in existence or well along in planned phases (including adult,

juvenile, family and tribal courts), and experts predict the total could exceed 1,000 by the end of the year.[11,12]

Target Group and Program Structure

U.S. drug courts focus on facilitating treatment for first time and misdemeanour drug-involved criminal justice populations.[3,13] They are designed to deal with non-violent offenders who are offered an opportunity to complete a drug treatment program in return for a dismissal of charges (diversion or pre-sentencing model) or reduction in custody or probation time (post-sentence model).[14,15]U.S. drug courts generally exclude individuals charged with drug trafficking, although programs for felony defendants are in the first stages of implementation.[3,8]

Drug courts combine intense judicial supervision, comprehensive substance abuse treatment (including detoxification), random and frequent drug testing, incentives and sanctions, clinical case management, and ancillary services. Monitoring and evaluation are critical system components.[7,8] The over-riding goal of the drug court is abstinence and law-abiding behaviour.[16]

An in-depth discussion of drug court components is offered by the National Association of Drug Court Professionals in the publication, *Defining Drug Courts: The Key Components* (1997). This report can be accessed on-line at: http://www.drugcourt.org./

Juvenile Drug Courts[17]

In a number of U.S. jurisdictions, drug courts have been adapted to address delinquency and dependency among juvenile offenders. This system was developed largely in response to high caseloads and inadequate access to substance abuse treatment. The goal of the juvenile drug court is to provide immediate intervention in the lives of children using drugs or exposed to substance abuse within the family.

Juvenile drug courts differ somewhat from adult courts in that they emphasize family involvement in treatment. Juvenile courts attempt to maintain the rigorous and ongoing supervision used in the adult system, but are often required to take a more flexible approach when responding to the needs of young offenders. In attending to developmental challenges, juvenile courts:

- Provide earlier and more comprehensive intake assessment.
- Employ intervention strategies to counteract negative peer influences and gang involvement.
- Focus attention on family functioning as part of offender treatment, especially in situations where other family members have a substance abuse problem.
- Work to motivate change in youth who often feel invulnerable, and have yet to “hit bottom”.
- Make use of immediate sanctions for non-compliance and offer incentives to recognize and reward progress--for both the juvenile offender and his/her family.

- Co-ordinate information sharing among court, treatment, school, and community service agency personnel, while complying with the strict confidentiality requirements of juvenile proceedings.
- Incorporate an outreach or home visit component.

Most existing juvenile drug courts are post adjudication programs (i.e., operate after guilt has been established through trial or plea). This approach is advocated because it offers greater court authority and sentencing options, especially in cases where the juvenile fails to comply. However, case disposition can entail suspending sentence pending treatment completion, deferred sentencing, or dismissal of charges upon successful treatment completion.

Impacts

Although no formal cost-effectiveness studies have been conducted, evidence suggests that drug courts may offer a less costly alternative to incarceration. In particular, they can significantly reduce jail and prosecution expenditures when defendants are successfully diverted from the traditional court and correction systems.9 In 1998, the drug courts program cost the U.S. Federal Department of Justice $30 million; additional funding for fiscal year 2000 will increase this total to $50 million.[7,18] Per person, drug courts cost about $2,000 (USD) annually, compared to $20,000 to $50,000 per person for incarceration.[8,14]

To date, approximately 200,000 persons have entered U.S. drug courts (including 140,000 graduates or current participants).[12] A recent review of 30 evaluations concluded:[15]

- Drug courts are able to engage and retain offenders. Among adults, 60% remain in treatment after one year; almost double the retention rate for community-based programs. For juveniles, program retention is close to 70%.
- Drug courts provide more comprehensive and closer supervision than community programs. Most (55%) require at least two drug tests per week.
- In the majority of programs (74%) status hearings are held bi-weekly, and nearly all courts (88%) have weekly contact with treatment providers.
- Drug use and criminal behaviour is substantially reduced during and up to one year following participation.
- Drug courts generate cost savings, at least in the short term, from reductions in jail time and prison use, court and other justice system costs, and reduced criminality.
- Drug courts have facilitated co-operation and partnerships between the criminal justice system, substance abuse treatment professionals, and other social service providers.

Research and Evaluation

Although current evaluation findings are generally positive, researchers caution that studies of drug courts are limited in scientific rigour. Many evaluations are good for descriptive purposes, but far fewer present results that can be generalized beyond the individual court jurisdiction. For example, comparisons of recidivism rates are often misleading given the use of different sentencing models and treatment

regimes, the diversity in target populations, and variations in the length and scope of participant follow-up. Moreover, by framing success in terms of recidivism, little can be said about the effectiveness of the drug court program over the long-term in treating addiction and influencing individual and social functioning.[19]

Other operational and research concerns include: (1) many drug courts do not allow the use of methadone or other prescribed drugs during treatment; (2) few evaluations include a systematic study of drug court failures (those who are not admitted, dropout or are expelled) or individuals who turn down this option; (3) only a limited number of studies have employed a comparison group or considered the specific factors (e.g., client characteristics, program elements) that affect treatment outcomes; and (4) no extensive cost-benefit analyses have been conducted.[15]

Drug courts in other jurisdictions

Outside the United States, Australia's first drug court opened in New South Wales (NSW) in February 1999. This initiative complements other national and state strategies that emphasize a harm reduction approach. The NSW drug court will operate as a pilot project for two years, accepting a total of 300 non-violent, drug-dependent offenders from the greater Sydney area. Participant offenders will have their sentences suspended while undergoing court-supervised treatment (including detoxification, outpatient treatment, methadone maintenance, and day programs) and monitoring for a period of 12 months. The NSW court will be evaluated to determine its cost-effectiveness in relation to other sentencing options as well as its impact on drug treatment services.[20] A number of Australian states have also been conducting pilot diversion programs whereby individuals (without prior convictions) who are arrested for drug possession can opt for a caution (i.e., warning) and referral for mandatory drug education. Cautioning trials will be independently evaluated. [21,22]

The European Union is also considering alternatives to imprisonment for persons convicted of a drug-related offence. Member States acknowledge that at present, however, the infrastructure in a number of countries cannot support the technical and financial resources needed for such alternative programs.[23]

In September 1998 the Irish government approved a pilot drug court system. Operating within the district courts, it will target persons charged with drug possession. Results from the project, including a cost-benefit analysis, are expected to be available in 2000 soon.[24]

England and Wales have a number of criminal justice interventions in place that target drug-involved offenders (e.g., cautioning, pre and post-sentencing arrangements, community and court-referred treatment) although they have yet to formalise a drug court system. In 1998 the government introduced the *Crime and Disorder Act*, which allows the court to mandate drug treatment for a period of not less than six months and not more than three years. Like the drug courts implemented elsewhere, drug testing and regular reporting on offender progress are part of any Drug Treatment and Testing Order (DTTO). Prior to national implementation, DTTO is being piloted for 18 months in three locations and will be evaluated for cost savings and effectiveness.[25]

Canadian court diversion programs and alternative measures

About 10% of the Canadian federal inmates are incarcerated for a drug offence and more than 50% of inmates have a substance abuse problem.[26] At present however, there are very few Canadian substance abuse treatment programs designed for correctional inmates. The Offender Substance Abuse Pre-release Program (OSAP) was implemented nationally in the early 1990s and findings from an evaluation of this program indicate that differences in the severity of substance abuse, risk of recidivism, and program performance are important factors in predicting post-release behaviour. In particular, the rate of readmission to custody (for release violations or a new offence) was significantly higher among offenders with more serious alcohol and/or other drug problems.[27]

Court diversion programs, alternative sanctions, and conditional sentencing became part of the package of reforms introduced by the Solicitor General of Canada in 1996.[28] For example, Bill C-41 provides a legal mechanism for diverting offenders away from the criminal justice system toward substance abuse treatment.[29] Changes in federal sentencing also enabled the provinces and territories to administer their own alternative measures programs, intended for first time, low-risk, and non-violent offenders.[28]

In Alberta, for example, adults charged with minor drug offences (summary offences) can participate in the Alternative Measures Program. However, young offenders facing the same charge and federal drug offenders are not eligible for the Alternative Measures Program run by the province.[30,31,32] While diversion of drug offences is governed by the Federal Prosecutions Services policy, Provincial Court and Queen’s Bench judges in Alberta can recommend substance abuse treatment (for adults) as part of a custodial sentence, a conditional sentence, or participation in the Alternative Measures Program. Those referred for treatment may be drug offenders or individuals who have alcohol/drug problems and are charged with other crimes.[30,32]

On March 11, 1999, the federal Minister of Justice introduced the *Youth Criminal Justice Act* (Bill C-3) in the House of Commons. This act will replace the 15-year old *Young Offender’s Act*. The intent of the new legislation is to distinguish violent and serious repeat offenders from non-violent and low-risk youth (comprising 80% to 85% of the young offender population). An important consideration underlying the Act is rehabilitation. In order to increase provincial flexibility in dealing with youth crime, the courts will be able to provide additional sentencing options targeted to individual circumstances. The use of community-based jail alternatives for non-violent offenders may include measures to establish structure in offender lives (e.g., mandatory school attendance, employment) and/or address particular problems like substance abuse.[33,34] Bill C-3 received first reading on October 14, 1999 and on second reading (November 23, 1999) was referred to the Standing Committee on Justice and Human Rights.[35] The status of Bill C-3 is indeterminate pending the federal election on November 27, 2000.

Recommendations from the Justice Summit held in January 1999 indicate that Albertans also see the need for a complementary system of restorative justice including rehabilitation/reintegration of offenders; victim compensation; new methods for expediting case processing; a more integrated crime prevention strategy based on collaborative models, early intervention and social development; greater

emphasis on education and training for those working within the system; and stable funding to support justice programs and services.[36]

Toronto Drug Treatment Court

The first Canadian drug court opened in Toronto in December 1998. With federal funding of more than $1.6 million over four years, this program will be operated as a collaborative venture between the Centre for Addiction and Mental Health (CAMH), the criminal justice system, the Toronto Police Service, the City of Toronto Public Health Department, the Healthy City Office, and various community-based agencies. The goals of the program are (1) to increase public safety by reducing drug abuse and drug-related criminal behaviour through treatment, and (2) to demonstrate the cost-effectiveness of judicially supervised treatment as an alternative to incarceration.[37,38]

The Toronto drug treatment court has been designed to meet the needs of non-violent, drug-dependent offenders charged with cocaine or heroin-related offences. Potential court participants are approved by the Crown prosecutor following screening and assessment by the treatment provider (CAMH). Offenders who pose a risk to the community are not eligible. Those individuals charged with drug-related offences (i.e., simple possession, possession for the purposes of trafficking, and trafficking) can voluntarily enter one of two participant streams: (1) a pre-plea diversion stream whereby upon successful treatment completion, charges are withdrawn or stayed, and (2) a post-plea stream where offenders with a prior record or facing more serious charges will receive a non-custodial sentence following successful completion of the drug court program.[39]

The Toronto drug treatment court has adopted a highly integrated and client-focused intervention model. The court sits twice per week and a team meeting (including the judge, Crown, duty counsel, court liaison officer, treatment case manager and probation officer) occurs prior to each sitting. The files for all offenders required to appear that day are reviewed and the team makes decisions regarding future treatment and judicial involvement. Relapse is anticipated as part of the recovery process and will not necessarily lead to program termination. The expectation of the court is honesty and accountability on the part of each offender, and a clearly articulated system of rewards and sanctions is applied in a predictable but flexible manner depending on participant circumstances and performance.[39,40]

The CAMH has established a five-phase program for court participants that includes assessment, stabilisation, intensive treatment, maintenance, and aftercare. A cognitive-behavioural approach is used and methadone maintenance is offered to those individuals addicted to heroin.[40] The treatment component of the Toronto drug court program may last a year or more, and success is measured by a variety of indicators (e.g., abstinence/reduced alcohol/drug use, housing stability, employment, school enrolment, etc.).[41] In addition to judicially supervised treatment and program monitoring, participants are referred to a range of community-based social services to enhance long-term social stability and functioning.

The estimated cost per offender in the Toronto drug court program is $4,500, compared to almost $47,000 per offender, per year for incarceration.[40] In its first year of operation, 104 persons participated in the Toronto drug court and eight clients have already successfully completed the program.[38]

The Toronto drug treatment court has a comprehensive evaluation plan to assess cost-benefit, cost-effectiveness, and overall success.[37] Both process and outcome are addressed using a quasi-experimental design involving a treatment and comparison group (comprised of offenders who undergo the initial screening and are deemed eligible for the program but do not participate beyond assessment). A total of 200 participants will be followed-up for 24 months. Interim results from the evaluation show that most offenders admitted to the drug treatment court are Track II (post-plea) or higher risk offenders, with problems related to cocaine/crack use. To December 31, 1999, retention for the experimental group has been greater than 50%,was 56%, and participant referrals to community service have been fairly extensive, particularly for housing, job training and education. The 50%This retention rate is lower than those found in many jurisdictions, and this may reflect the differential sentencing practices for drug offenders. That is, sentencing may be more severe in the US system and thus the incentive to remain in the program is greater. The perceptions and reactions of key players in the Toronto drug court suggest optimism about the progress of the program to date, as well as a need for more resources to achieve the long-term goal of expansion.[42]

Vancouver Drug Treatment Court

An intersectoral model has been proposed to develop the Vancouver drug treatment court, in conjunction with the development of a comprehensive drug policy framework for the province of British Columbia. The substance abuse treatment component of the Vancouver court would be expected to last anywhere from 12-18 months and would include assessment and stabilization, intensive day or residential treatment, maintenance and aftercare. Court participants would undergo urine testing twice per week in the initial phase of treatment and would attend individual and group counselling (in the regular or dual diagnosis stream) as appropriate. Case management would ensure participants are linked to other community resources and skill development programs (e.g., education, employment) as needed.[43]

Key Considerations

It is noteworthy that the Toronto drug treatment court has adopted some differences in approach that reflect a uniquely Canadian view of substance abuse intervention. As additional reports are made available from the Toronto court, these will offer valuable information to other Canadian jurisdictions interested in this model of case processing. In the interim, the U.S. experience points to a number of broad issues that merit consideration when discussing drug courts as a justice system option.

<u>Program Planning</u>: The development of a drug treatment court requires thorough initial planning and on-going modification once implemented to address the variety of policy, procedural, and other issues that arise. The objectives for the drug court should be determined in the early stages of program development, and should be reviewed on a periodic basis. At a minimum, jurisdictions considering the development of a drug court should be able to (1) demonstrate compelling need for such a program; (2) clearly define the target population to be served by the drug court; (3) initiate team planning and delineate roles and responsibilities among the various agencies involved; (4) articulate measurable program goals; and (5) recognise the need to establish a high level of integration, commitment and co-ordination between court personnel and treatment providers.[44]

Resources: Drug courts require the support and acceptance of various stakeholder groups - judges, lawyers (prosecutors, defence attorneys), the police, treatment professionals, users, the public - and collaboration in planning, designing and integrating program components.[8, 47] This assumes a commitment on the part of government to provide the 'political will', financial resources, and accountability needed to establish and maintain the drug court system. It also assumes that consideration will be given to reinvesting any cost savings realised from the drug courts into addiction programs and other necessary ancillary services.[29]

Treatment Admissions: Drug courts rely on a range of health and human services not generally used by the courts in traditional case processing. Therefore, attention must be given to the resources required that ensure a continuum of addiction services - including specialised programs that are sensitive to the differing needs of young offenders as well as gender and minority ethnic groups - comprehensive case management (including clinical assessment, individual treatment planning and goal setting, court liaison), and appropriate referral.[44]

The design and structure of drug court programs in the U.S. have been developed at the local level to reflect community strengths and circumstances.[16] Even with concrete planning however, a rise in the demand for substance abuse treatment and other services may tax community capacity and result in less than optimal levels of access or quality in program delivery.

Treatment Outcomes: Proponents of the drug court system suggest the coercive authority of the criminal justice system can be used to get individuals into treatment, and have drug-abusing offenders managed safely and effectively in the community.[9,16,45] Although it is true that individuals can be mandated to treatment by the courts, little is known about the outcomes for this client group.[29] Anecdotal evidence suggests individuals mandated to treatment do not become engaged and may be disruptive, uncooperative, and manipulative while participating in a treatment program. However, there is scant evidence to support or refute either of these claims, and systematic research is required to determine the extent to which mandated treatment actually affects client motivation and outcome.[46]

Confidentiality: The drug court system in the U.S. relies on both federal and state laws to ensure the protection of privacy and confidentiality of information for program participants. Informed consent is a requirement, and most programs stipulate that disclosure of ongoing criminal activity will not be subject to the privileges of client-counsellor confidentiality.[47] Clear articulation of the legal and ethical responsibilities of all professionals involved, combined with formal consent and privacy requirements for the client are needed to ensure the integrity of the drug court system. These considerations are particularly salient when planning court programs for youth.

Research: The popularity and consequent expansion of drug courts requires a sound research base in order to capitalize on opportunities for effective intervention, and to address ongoing challenges in treating drug-involved offenders. Although individual program evaluations have been essential in providing information regarding participant progress and describing drug court procedures/operations, further research is much needed to address gaps in knowledge concerning the efficacy of drug courts; especially their long-term impacts on substance use and recidivism, cost-effectiveness, and optimal planning, implementation and program models.[15,29]

Conclusion

After a decade of operation, and with growing evidence of success, the drug court system in the United States continues to evolve. In practice, the U.S. system is proving far more complex in its administration and integration than what appears at first glance. Ongoing monitoring and evaluation have been used for program improvement, but many research questions remain. Similar, yet less comprehensive programs are also expanding in an attempt to expedite drug-related case processing.

Many other countries are also considering drug courts, or already have such programs underway. In attempting to simultaneously address matters of law and justice with unique offender needs in addiction treatment and adjunct community services, it is becoming increasingly clear that no simple or standardized approach to drug courts can be recommended. Rather, all of the elements required to implement a drug court program, or any other pre-trial and diversion measures, merit careful consideration in order to determine their applicability outside U.S. jurisdictions. In conclusion, drug treatment courts provide an option for dealing with drug users. It should be considered within the needs and circumstances of the specific jurisdiction.

Endnotes

[i] This policy discussion document was prepared for the CCSA National Working Group on Policy, which approved the paper in October 2000. The working group consists of John Borody (CEO, Addictions Foundation of Manitoba), Michael Callaghan (British Columbia Ministry for Children and Families), Louis Gliksman (Director, Social Prevention and Health Policy Research, Ontario Centre for Addiction and Mental Health), Lawrie Hoeschen (Canadian Society for Addiction Medicine and Associate Professor of Psychiatry and Medicine at the University of Manitoba), Lisa Mattar (Health Canada), Christiane Poulin (Associate Professor of Epidemiology, Dalhousie University), Ed Sawka (Director of Policy, Alberta Alcohol and Drug Abuse Commission), Eric Single (chair of the working group, Research Associate of the Canadian Centre on Substance Abuse and Professor of Public Health Sciences at the University of Toronto), John Topp (Director, Pavillon Foster treatment centre, Montreal) and Brian Wilbur (Nova Scotia Drug Dependency Services). The views expressed in this document do not necessarily reflect those of the organizations to which members of the National Working Group belong. Communications regarding this document should be directed to Eric Single (6 Mervyn Avenue, Etobicoke, Ontario M9B 1M6; email: e.single@utoronto.ca).

1. "Toronto tries drug court ", Edmonton Journal, January 19, 1999, p. B5.
2. "Drug court planned", National Post , December 26, 1998, p. A4.
3. Harrell, A., "Drug courts and the role of graduated sanctions", August 1998, available at http://www.ncjrs.org/.
4. Office of National Drug Control Policy (ONDCP), "Drug treatment is effective," January 1999, available at http://www.whitehousedrugpolicy.gov/.
5. National Criminal Justice Reference Service, "Substance abuse and treatment of state and federal prisoners, 1997", January 1999, available at http://www.ncjrs.org/.
6. Drug Court Clearing House and Technical Assistance Project, "Looking at a decade of drug courts", 1999, available at http://www.gurukul.ucc.american.edu/.

7. Office of National Drug Control Policy (ONDCP), "Drug courts program," January 1999, available at http://www.whitehousedrugpolicy.gov/.
8. National Association of Drug Court Professionals (NADCP) (January 1999). Facts on drug courts (http://www.drugcourt.org/).
9. Office of National Drug Control Policy (ONDCP), "Alternatives to incarceration," January 1999, available at http://www.whitehousedrugpolicy.gov/.
10. Drug Court Clearinghouse and Technical Assistance Project, "Summary assessment of the drug court experience," Washington, DC: American University, May 1997.
11. Curley, R., "Drug court boom may bust treatment availability," Data: Brown University Digest of Addiction Theory and Application, 18,5 (May, 1999): 10-11.
12. Office of Justice Programs (OJP) Drug Court Clearinghouse and Technical Assistance Project. "Drug court activity update: Summary information February 2000," 2000, available at http://www.american.edu/.
13. James, R., Parlee-McLaws, personal communication, January 18, 1999. In the U.S., misdemeanour (less serious) and felony (more serious) offences are loosely comparable to summary and indictable offences (respectively) under Canadian law.
14. Office of National Drug Control Policy (ONDCP), "The national methamphetamine conference", January 1999, available at http://www.whitehousedrugpolicy.gov/.
15. Belenko, S., "Research on drug courts: A critical review", New York: The National Center on Addiction and Substance Abuse at Columbia University, June 1998.
16. National Association of Drug Court Professionals (NADCP) "Defining drug courts: the key components", Alexandria, Va.: NADCP, January 1997, available at http://www.drugcourt.org/.
17. Drug Court Clearinghouse and Technical Assistance Project, Juvenile drug courts: Preliminary report, Washington, DC: American University, May 1997.
18. Office of National Drug Control Policy (ONDCP), "National drug control strategy: fiscal year 2000 national drug control budget", Washington: ONCDP, May 2000, available at http://www.whitehousedrugpolicy.gov/. (www.whitehousedrugpolicy.gov).
19. Dubey, A.. "The drug court," The Journal (now Journal of Addiction and Mental Health) 27,3 (1998): 8.
20. Centre for Education and Information on Drug and Alcohol in NSW (CEIDA), Drug courts, Sydney: CEIDA, September 1999, available at http://www.ceida.net.au/.
21. Alcohol and Drugs Council of Australia (ADCA), "What the papers say?", Sydney: ADCA, December 1998, available on request from library@adca.org.au.
22. Alcohol and Drugs Council of Australia (ADCA), "What the papers say?", Sydney: ADCA, August 1999, available on request from library@adca.org.au.
23. European Union (EU), "Alternative measures", Brussels: EU, January 1999, available at http://www.europa.eu.int/.
24. Ballotta, D., "Ireland takes steps to establish drug courts," DrugNet Europe, 17, 6 (May/June 1999).
25. Home Office, Drugs interventions in the criminal justice system: Guidance manual, London: Home Office, no date, available at http://www.homeoffice.gov.uk/.

26. Vittala, K., "Criminal system begins to recognize health issues, Journal of Addiction and Mental Health 2, 1(1999): 11.
27. Weeks, J.R., Milison, W.A., Lightfoot, L.O. "Factors influencing the outcome of offender substance abuse treatment", Ottawa: Correctional Services of Canada, 1995.
28. Solicitor General of Canada, "Module 3 Sentencing reforms", Ottawa: Ministry of the Solicitor General, October 1998, available at http://www.sgc.gc.ca/.
29. Wild, T.C., "Compulsory substance-user treatment and harm reduction: a critical analysis", Substance Use and Misuse 34,1 (1999): 83-102.
30. Paulsen, C., Alberta Justice, personal communication, January 15, 1999.
31. Alberta Ministry of Justice, "*Young Offenders Act*--Alternative measures program", Edmonton: Alberta Ministry of Justice, June 1998, available at http://www.acjnet.org/.
32. Beardall, D., Justice Canada, personal communication, May 17, 1999.
33. "Violent youth targeted by minister" Edmonton Journal, January 23, 1999, available at http://www.edmontonjournal.com/.
34. Department of Justice, "Minister of Justice introduces new youth justice law", news release, Ottawa, Ministry of Justice, March 1999.
35. Government of Canada, Bill C-3, February 2000, available at http://www.parl.gc.ca/.
36. Alberta Ministry of Justice, Consultation report--Alberta Summit on Justice, Edmonton: Alberta Ministry of Justice, November 1998, available at http://www.gov.ab.ca/.
37. Solicitor General of Canada, "Government of Canada to award more than $1.5 mission under the National Strategy on Community Safety and Crime Prevention to combat drug-related crimes", Ottawa: Ministry of the Solicitor General, December 1998, available at http://www.sgc.gc.ca/.
38. Centre for Addiction and Mental Health (CAMH), "Canada s only drug treatment court celebrates successful first year", November 1999, available at http://www.camh.net/.
39. Barnes, K., "The Toronto drug treatment court--the key components", Toronto: Department of Justice, no date.
40. Bentley, P., " Canada's first drug treatment court", Toronto: Ontario Court of Justice, October 1999.
41. Smith, C., "Drug court diverts offenders to treatment", Journal of Addiction and Mental Health, 2, 1 (1999): 12.
42. Glicksman, L., La Prairie, C., Erickson, P., Wall, R., Her, M., Luedtke, L. & Tombs, S., "The Toronto drug treatment court: A one-year summary", unpublished report, Toronto: Centre for Addiction and Mental Health, March 2000.
43. Hansen, M., B.C. Ministry for Children and Families, personal communication, May 12, 2000.
44. Drug Court Clearinghouse and Technical Assistance Project, "Fact sheet", available at http://www.gurukul.ucc.american.edu/.
45. Inter-Ministry Task Group, "Meeting the challenge of mental illness and substance misuse", Port Coquitlam, BC: Riverview Hospital, December 1999.
46. Wild, C., Cohen, J., Mann, R., Ellis, K. "Mandated and coerced treatment for substance abuse: Current knowledge and future research directions", Toronto, ON: Addiction Research Foundation, 1995.
47. US Department of Health and Human Services, "Treatment drug courts: Integrating substance abuse with legal case processing", in: Treatment improvement protocol series 23 (supplement). Washington: USDHHS, 1995;

also available at National Legal Aid and Defender Association website (http://www.nlada.org)/.

Canadian Centre on Substance Abuse, 75 Albert Street, Suite 300, Ottawa, ON K1P 5E7
http://www.ccsa.ca