

11-1-2008

The Chesterfield/Colonial Heights Drug Court: A Partnership Between the Criminal Justice System and the Treatment Community

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Recommended Citation

Hon. Frederick G. Rockwell III, *The Chesterfield/Colonial Heights Drug Court: A Partnership Between the Criminal Justice System and the Treatment Community*, 43 U. Rich. L. Rev. 5 (2008).

Available at: <https://scholarship.richmond.edu/lawreview/vol43/iss1/3>

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ESSAYS

THE CHESTERFIELD/COLONIAL HEIGHTS DRUG COURT: A PARTNERSHIP BETWEEN THE CRIMINAL JUSTICE SYSTEM AND THE TREATMENT COMMUNITY

*The Honorable Frederick G. Rockwell III **

“Prior to Drug Court, my life consisted of finding and procuring drugs and alcohol. I would lie, steal, and scam to get intoxicated. My average day consisted of waking up, finding a way to get money, finding a ride to get drugs, then meeting a dealer, then promptly finding a bathroom in a secluded spot to shoot up. When I would get home I would lie about where I had been and what I had been doing to my family, sit around the house, and nod out. Then repeat the process.”

—Former Drug Court Participant 1

The emergence of crack cocaine in the mid-1980s,² coupled with a continued widespread use of illegal drugs, has had a dramatic impact on the nation’s criminal justice system. In an effort to

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1. Interview by Lindsay M. Pickral with Tara Kunkel, Drug Court Administrator, Chesterfield/Colonial Heights Drug Court, in Richmond, Va. (July 23, 2008) [hereinafter Interview]. This sentiment was relayed to the Chesterfield/Colonial Heights Adult Drug Court team upon the client’s completion of drug court. See *id.* The client’s name remains confidential. *Id.*

2. See Peggy Fulton Hora, William G. Schma & John T.A. Rosenthal, *Therapeutic Jurisprudence and the Drug Treatment Court Movement: Revolutionizing the Criminal Justice System’s Response to Drug Abuse and Crime in America*, 74 NOTRE DAME L. REV. 439, 457 (1999).

stem street drug dealing—and the crime associated with illegal drug use—arrests and prosecutions of drug offenders escalated dramatically, and penalties for possession and sale of illegal drugs were toughened.³ As a result of this nationwide “war on drugs,”⁴ unprecedented numbers of drug offenders were arrested, charged with felonies, prosecuted, convicted, and incarcerated.⁵ The war on drugs necessitated increased spending of public revenues, which has impacted the funding for other public services.⁶

The impact of illegal drug use on public health, worker productivity, and education has often been overlooked. The criminal dockets for Chesterfield County reflect that approximately seventy percent of cases arise from the sale and/or possession of illegal drugs, the illegal possession of legal drugs, theft to support a drug habit, or a criminal act committed while under the influence of illegal or illegally obtained drugs.⁷

The influx of drug offenders into the system severely strained courts, forcing some to the brink of collapse.⁸ Arguably, out of necessity, processing cases in an expeditious manner, rather than addressing the real cause of the problem, became the norm.⁹ In

3. See Anti-Drug Abuse Act of 1988, Pub. L. No. 100-690, 102 Stat. 4181 (1988) (codified as amended in scattered sections of 21 U.S.C.); Anti-Drug Abuse Act of 1986, Pub. L. No. 99-570, 100 Stat. 3207 (1986) (codified as amended in scattered sections of 21 U.S.C.); Richard C. Boldt, *Rehabilitative Punishment and the Drug Treatment Court Movement*, 76 WASH. U. L.Q. 1205, 1206 (1998); Michael M. O’Hear, *Federalism and Drug Control*, 57 VAND. L. REV. 783, 799-800 (2004) (“The defining moment in the federal war on drugs may have come with enactment of the Anti-Drug Abuse Act of 1986. Responding to the public furor over the cocaine-related death of college basketball star Len Bias, Congress adopted new mandatory minimum sentences of five and ten years for dealing crack cocaine (also known as ‘cocaine base’), depending on the quantity of crack involved. The law resulted in substantially greater penalties for crack offenses than for powder cocaine offenses.”).

4. President Nixon first declared a “war on drugs” in 1969. O’Hear, *supra* note 3, at 797.

5. See Hora, Schma & Rosenthal, *supra* note 2, at 459 (“[D]rug arrests nationally increased 134% between 1980 and 1989, while during the same period the total number of arrests increased by only 37%.”).

6. See Boldt, *supra* note 3, at 1207 (discussing the impact of the “war on drugs” on an already overloaded criminal justice system and the necessity of constructing new prisons to house the increasing prison population).

7. This is an estimate based on a review of the writer’s criminal dockets. The percentage may, in fact, be higher.

8. See O’Hear, *supra* note 3, at 823 (highlighting the City of Miami, which pioneered the first drug court in 1989 in response to a 93% increase in drug possession arrests over a four-year period, an increase which threatened Miami’s overcrowded correctional systems); see also Hora, Schma & Rosenthal, *supra* note 2, at 459–62 (discussing the increase in drug arrests and the problems posed by those arrests to the criminal justice system).

9. See Hora, Schma & Rosenthal, *supra* note 2, at 462.

an effort to address growing case loads, courts employed delay reduction strategies, including specialized court dockets and expedited drug case processing.¹⁰ These strategies, however, did not address the complex issues underlying substance abuse, including mental health problems, and did little to rehabilitate drug offenders already in the system or to reduce recidivism among released offenders.¹¹ The result was a revolving door that cycled drug offenders in and out of the justice system.

Frustration with the situation led communities to re-examine the relationship between criminal justice processing and substance abuse treatment. Communities discovered that treatment and justice practitioners shared central goals—stopping the illicit use and abuse of all addictive substances and curtailing the relation to criminal activities.¹² Each system possessed unique capabilities and resources that complimented and enhanced the effectiveness of the other. Out of these discoveries, partnerships emerged and the concept of treatment-oriented drug courts was born.¹³

Overview of Drug Courts

A drug court is defined by the National Association of Drug Court Professionals as a special court given responsibility to handle cases involving drug-addicted offenders through extensive supervision and treatment programs.¹⁴ In short, drug courts represent a non-traditional approach to the prosecution of offenders who are addicted to drugs. Rather than focusing only on the crimes drug offenders commit and the punishments they receive,

10. See O'Hear, *supra* note 3, at 823. As the war on drugs escalated, some jurisdictions began using specialized drug courts to process more efficiently the influx of drug cases. See *id.* The early drug courts developed expedited case management procedures, but they did not veer from the traditional criminal proceeding processes of adjudicating guilt and imposing sentences. *Id.*

11. See Boldt, *supra* note 3, at 1206.

12. See BUREAU OF JUSTICE ASSISTANCE, U.S. DEP'T OF JUSTICE, DEFINING DRUG COURTS: THE KEY COMPONENTS 5 (1997), <http://www.ojp.usdoj.gov/BJA/grant/DrugCourts/DefiningDC.pdf>.

13. The first drug court was created in Miami, Florida in 1989. See Hora, Schma & Rosenthal, *supra* note 2, at 454. Currently, all fifty states operate drug courts. BUREAU OF JUSTICE ASSISTANCE (BJA) DRUG COURT CLEARINGHOUSE, DRUG COURT ACTIVITY UPDATE (2007), <http://spa.american.edu/justice/documents/1956.pdf>.

14. See Nat'l Ass'n of Drug Court Prof'ls, What Is a Drug Court?, What Are Drug Courts & Why Do We Need Them?, <http://www.nadcp.org/whatis/facts.html> (last visited Oct. 10, 2008).

drug courts attempt to address and solve the underlying causes of addiction.¹⁵

Recognizing the need to fashion a different approach to address criminal behavior arising from drug addiction, the Chesterfield/Colonial Heights Drug Court (“CCHDC”) was formed under the auspices of the Chesterfield Community Criminal Justice Board after two years of planning and study.¹⁶ In September of 2000, the CCHDC convened for its first session.¹⁷ Since that time, with approximately 50 to 55 offenders enrolled at any given moment, 320 adults have enrolled in the program.¹⁸ On average, participants remain in the drug court program for eighteen to twenty-four months.¹⁹

The CCHDC has four primary goals: (1) to enhance community safety by reducing criminal recidivism; (2) to reduce alcohol and drug abuse dependency among criminal offenders; (3) to increase personal, familial, and societal accountability of offenders; and (4) to develop in offenders the necessary personal, familial, and societal assets and skills to become productive citizens through, for example, employment, positive community activities, and healthy and safe relationships.²⁰

Drug courts are built upon a partnership between the criminal justice system and the treatment community.²¹ This collaboration results in a drug court team that structures treatment, supervi-

15. Hora, Schma & Rosenthal, *supra* note 2, at 452 (“[T]he DTC [Drug Treatment Court] concept focuses not only on fixing the immediate concern of court congestion; it also attempts to ascertain and attack the real foundation of the drug offender’s problem—drug addiction.”); *see also* Nat’l Ass’n of Drug Court Prof’ls, *supra* note 14.

16. Interview, *supra* note 1; *see also* Chesterfield/Colonial Heights Drug Court Foundation, Foundation History, <http://chesterfelddrugcourts.org/history.htm> (last visited Oct. 10, 2008) (describing the founding of the Chesterfield/Colonial Heights Drug Court).

17. Chesterfield/Colonial Heights Drug Court Foundation, *supra* note 16. Virginia enacted legislation in 2005 enabling the creation of “drug treatment courts” under the direction of the Supreme Court of Virginia. *See* VA. CODE ANN. § 18.2-254.1(A)–(P) (Repl. Vol. 2004 & Cum. Supp. 2008).

18. Interview, *supra* note 1.

19. *Id.*

20. *See* VA. CODE ANN. § 18.2-254.1 (C), (I) (Repl. Vol. 2004 & Cum. Supp. 2008); *see also* Mission Statement of the Chesterfield/Colonial Heights Drug Court (2004) (on file with author).

21. *See* Hora, Schma & Rosenthal, *supra* note 2, at 469 (“DTCs exist as ‘a marriage between communities that have been traditionally at odds and foreign to each other—treatment communities, court communities, prosecutors, defense attorneys.’”) (citing DRUG STRATEGIES, CUTTING CRIME: DRUG COURTS IN ACTION 21 (1997), <http://www.drugstrategies.org/acrobat/CuttingCrime97.pdf>).

sion, and intervention in order to break the cycle of drug abuse and associated criminal activity.²² There is a high level of cooperation and collaboration among drug court team members. Many drug court teams confer regularly, often weekly, about the best course of action to take for each drug court participant.²³ The drug court judge is the court authority and the leader of the drug court team.²⁴

Drug courts establish “an environment with clear and certain rules.”²⁵ The rules are defined and easy to comprehend; most significantly, it is within the individual’s control to comply with the rules.²⁶ These rules are determined by “the participant’s performance and are measurable.”²⁷ For example, required drug tests identify drug use or abstinence.²⁸ The drug court participant’s performance is directly communicated to the judge, who rewards progress and punishes noncompliance.²⁹ A drug court creates an environment a “participant can understand—a system in which clear choices are presented and individuals are encouraged to take control of their own recovery.”³⁰

Participation in drug court is voluntary.³¹ Drug courts are similar to a court diversion program—in exchange for a guilty plea, a client may enter the drug court and, following drug court graduation, his or her felony charges are dismissed.³² While in drug court, clients are allowed to remain in the community while being supervised by various drug court staff.³³

22. See Nat’l Ass’n of Drug Court Prof’ls, *supra* note 14. Drug court proponents credit this collaborative effort amongst court and treatment professionals as one of the primary reasons for drug courts’ success. See William G. Meyer & A. William Ritter, *Drug Courts Work*, 14 FED. SENT’G REP 179, 182 (2002) (“[T]he drug court judge and remainder of the drug court team have advanced training in addiction, treatment modalities, and drug testing making them more knowledgeable in working with the drug offender.”).

23. See, e.g., CHESTERFIELD/COLONIAL HEIGHTS ADULT DRUG COURT, CHESTERFIELD/COLONIAL HEIGHTS DRUG COURT FINAL OUTCOME EVALUATION REPORT 5 (2006).

24. See BUREAU OF JUSTICE ASSISTANCE, *supra* note 12, at 7.

25. *Id.*

26. *Id.*

27. *Id.*

28. *Id.*

29. *Id.*

30. *Id.*

31. VA. CODE ANN. § 18.2-254.1(J) (Repl. Vol. 2004 & Cum. Supp. 2008).

32. Participant Contract Form from Chesterfield/Colonial Heights Adult Drug Court (2007) (on file with author) [hereinafter Contract].

33. See *id.*

Drug courts are not soft on crime. The CCHDC requires all of the following: (1) random and frequent drug/alcohol testing (often three or more times per week); (2) weekly attendance in an intensive treatment program which requires treatment for as many as seven hours a week; (3) frequent meetings and interaction with probation officers and local law enforcement; (4) weekly appearances before the drug court judge who will enforce and reward client participation and compliance; (5) travel constraints and curfews; and (6) maintenance of gainful employment and/or participation in an approved educational program.³⁴

Any noncompliance with the drug court program is met with immediate sanctions imposed by the judge; such sanctions include terms of incarceration, community service, reduced curfew, additional mandated therapy, and increased drug testing.³⁵ On one occasion, CCHDC sanctioned a participant by removing an X-Box game from the home to encourage the participant's job search. A client's failure to obtain employment results in placement at the county landfill to work a required thirty hours per week; such placement continues until the client secures a job.³⁶ Drug court participants undergo long-term treatment and counseling, sanctions, incentives, and frequent court appearances.³⁷

Although drug courts vary somewhat from one jurisdiction to another in terms of structure, scope, and target populations, they all usually share three primary goals: (1) to reduce recidivism; (2) to reduce substance abuse among participants; and (3) to rehabilitate participants.³⁸ Because drug-involved criminal defendants present unique problems and opportunities, drug court teams have determined that intervention and rehabilitation strategies must be reality-based. Drug court programs must recognize that (1) court supervision must be coordinated and comprehensive, preventing gaps in communication and ensuring offender accountability; (2) substance abuse seldom exists in isolation from other serious problems,³⁹ which undermine rehabilitation, so intervention must include other available services and resources such as

34. *See id.*

35. *See* CHESTERFIELD/COLONIAL HEIGHTS DRUG COURT, *supra* note 23, at 5.

36. *See* Contract, *supra* note 32.

37. *See* Nat'l Ass'n of Drug Court Prof'ls, *supra* note 14.

38. *See, e.g.*, VA. CODE ANN. § 18.2-254.1(C), (I) (Repl. Vol. 2004 & Cum. Supp. 2008).

39. *See* Hora, Schma & Rosenthal, *supra* note 2, at 466.

dual diagnosis intervention, educational assessments, and job assistance;⁴⁰ and (3) relapse and intermittent progress are part of the recovery process, and thus sanctions and incentives are integral to the drug court intervention strategy.

The drug court team is comprised of the presiding judge, a deputy commonwealth's attorney, a defense bar representative, the drug court administrator, probation officers, treatment providers, and police officers.⁴¹ Probation, treatment, and police officers are assigned on a full-time basis to the drug court.⁴²

Staffing of Drug Courts

The presiding judge participates as a drug court team member but makes the final programmatic and participant decisions.⁴³ The judge is kept advised of participants' progress in the program through e-mail communications and weekly staff meetings.⁴⁴ Unlike a regular criminal trial, the judge receives input from the team before deciding any appropriate sanction or reward.⁴⁵ The judge also develops a rehabilitative relationship with each participant.⁴⁶

A deputy commonwealth's attorney is assigned to drug court on a permanent, though not full-time, basis.⁴⁷ In essence, the commonwealth's attorney serves as a gatekeeper to the program, reviewing each arrest report as well as evaluation requests from the defense bar.⁴⁸ The criteria for admission to the CCHDC were established by the Commonwealth's Attorney for Chesterfield during the planning stage and have been amended by input from the team as the program has developed.⁴⁹ These criteria are designed to balance community needs and safety with therapeutic

40. These types of "ancillary services" increase the likelihood of a drug court participant's success. Nat'l Ass'n of Drug Court Prof'ls, *supra* note 14.

41. See VA. CODE ANN. § 18.2-254.1(G) (Repl. Vol. 2004 & Cum. Supp. 2008).

42. Interview, *supra* note 1.

43. See CHESTERFIELD/COLONIAL HEIGHTS DRUG COURT, *supra* note 23, at 2, 5.

44. See *id.* at 5.

45. Interview, *supra* note 1.

46. See VA. CODE ANN. § 18.2-254.1(I)(vii) (Repl. Vol. 2004 & Cum. Supp. 2008).

47. Interview, *supra* note 1.

48. See CHESTERFIELD/COLONIAL HEIGHTS ADULT DRUG COURT, *supra* note 23, at 2.

49. See Chesterfield/Colonial Heights Adult Drug Court Eligibility (2004) (on file with author) [hereinafter Eligibility Requirements] for current drug court eligibility requirements.

outcomes.⁵⁰ As with all other team members, the deputy commonwealth's attorney participates in the weekly staff meeting.⁵¹

A defense bar representative also attends the weekly staff meeting as a drug court team member, participating in team decisions in a non-adversarial manner while ensuring the participants' legal rights are protected and respected during team discussions.⁵²

The drug court administrator also participates fully as a drug court team member and is responsible for the administrative and financial aspects of the program, public relations, collaboration among community agencies, and facilitation of all meetings.⁵³ After receiving input from the drug court team, the administrator makes policy decisions affecting the day-to-day operations of drug court and is responsible for ensuring that the program is serving its target populations and maintaining target enrollment.⁵⁴

The drug court probation officers conduct the initial screening for eligibility in conjunction with the drug court prosecutor; probation officers also complete screening, referral, and intake forms.⁵⁵ The probation officers conduct random and scheduled drug and alcohol tests, collect the monthly drug court fees, make regular and frequent home visits with police officers, provide weekly progress reports to the court, and generally monitor the participants' progress in the program.⁵⁶

The drug court treatment clinicians provide all of the treatment services offered by the adult drug court, including individual and group therapy, outpatient substance abuse treatment, psychological testing as needed, and coordination with the psychiatrists to monitor medication and psychiatric services.⁵⁷ The clini-

50. See BUREAU OF JUSTICE ASSISTANCE, *supra* note 12, at 11.

51. See CHESTERFIELD/COLONIAL HEIGHTS ADULT DRUG COURT, *supra* note 23, at 2, 5.

52. For a critical discussion of the defense attorney's role in the drug court process, see Boldt, *supra* note 3, at 1286-1300; Mae C. Quinn, *Whose Team Am I on Anyway? Musings of a Public Defender About Drug Treatment Court Practice*, 26 N.Y.U. REV. L. & SOC. CHANGE 37 (2001).

53. See CHESTERFIELD/COLONIAL HEIGHTS ADULT DRUG COURT, *supra* note 23, at 2.

54. See *id.*

55. See *id.*

56. See *id.* at 2, 4-5.

57. See *id.* at 2.

cians participate in the weekly staff meetings and provide regular input to the court.⁵⁸

The drug court police officers provide law enforcement support for drug court activities and participate fully as drug court team members.⁵⁹ The police officers are charged with monitoring participants' curfews, employment, and behavior in the community, as well as conducting random searches of the participants' homes, persons, and vehicles; police officers also provide warrant service for the court.⁶⁰

Drug Court Eligibility

Participation in the adult drug court is permitted at the sole discretion of the prosecutor assigned to drug court and upon the request of a charged defendant.⁶¹ The adult drug court is a voluntary program, and the defendant must agree to participate.⁶² Participation in the CCHDC is available to persons who (1) are eighteen years of age or older; (2) are charged with a felony drug offense or felony property offense in Chesterfield County or the City of Colonial Heights; (3) have no prior convictions for felony violence, sex offenses, or drug distribution; (4) meet DSM IV criteria for substance abuse dependency; (5) live within thirty miles of the Chesterfield courthouse; and (6) are physically and mentally able to participate in drug court activities.⁶³

The commonwealth's attorney assigned to drug court conducts the initial screening process.⁶⁴ He has complete discretion as to program entrance.⁶⁵ The screening considers the number of current cases, input from the victim and law enforcement, the amount of restitution to be ordered, the nature and extent of the defendant's social supports, evidence that there is a causal connection between the defendant's substance abuse and the com-

58. *Id.* at 2, 5.

59. *See id.* at 2.

60. *See id.* at 2, 4-5.

61. *See id.* at 2-3.

62. *See* VA. CODE ANN. § 18.2-254.1(J) (Repl. Vol. 2004 & Cum. Supp. 2008).

63. *See* Eligibility Requirements, *supra* note 49; *see also* Community Corrections Services, Frequently Asked Questions About Drug Court; http://www.chesterfield.gov/human_services/communitycorrections/faqDrugCourt.asp (last visited Oct. 10, 2008) [hereinafter Frequently Asked Questions].

64. *See* CHESTERFIELD/COLONIAL HEIGHTS ADULT DRUG COURT, *supra* note 23, at 2-3.

65. *See id.*

mission of the charged offenses, as well as other factors.⁶⁶ The commonwealth's attorney's office has assured the community that violent offenders and drug dealers will not be allowed to participate in this program, as the program was designed to rehabilitate drug addicts who steal or commit nonviolent property crimes to support their addictions.⁶⁷

Following the initial screening process, those who are eligible are subjected to a clinical assessment conducted by the probation officer.⁶⁸ This assessment is designed to provide in-depth information regarding the defendant's current and previous substance abuse.⁶⁹ Based on the initial assessment, additional assessments may be conducted and eligibility determinations made that same day.⁷⁰ Of those admitted to the program, 60% self-report a trauma background, 40% have been in treatment before, 60% are dually diagnosed, and 25% report a past overdose.⁷¹

If the defendant is found to be addicted to drugs and desires to participate in the program, the rules and requirements are carefully explained to the prospective participant.⁷² The matter is then scheduled for trial. At trial, the defendant enters a plea or pleas of guilty pursuant to a written plea agreement, but findings are withheld pending the defendant's participation in drug court.⁷³ Successful completion of the program results in dismissal of all charges to which the defendant pled guilty; termination without successful completion results in the imposition of a sentence ranging from six months to ten years for each charge.⁷⁴ Additional time, as many as ten years over the six-month minimum, may be imposed at the discretion of the drug court judge.⁷⁵

66. See *id.* (describing the role of the prosecutor and probation officers during initial screening).

67. See Frequently Asked Questions, *supra* note 63 (noting that individuals with prior felony convictions for violence, drug distribution, or a sex offense are not eligible for drug court).

68. See CHESTERFIELD/COLONIAL HEIGHTS ADULT DRUG COURT, *supra* note 23, at 3.

69. See *id.*

70. See *id.*

71. Interview, *supra* note 1.

72. See CHESTERFIELD/COLONIAL HEIGHTS ADULT DRUG COURT, *supra* note 23, at 3.

73. See Andrew Armstrong, *Drug Courts and the De Facto Legalization of Drug Use for Participants in Residential Treatment Facilities*, 94 J. CRIM. L. & CRIMINOLOGY 133, 146 (2003).

74. See CHESTERFIELD/COLONIAL HEIGHTS ADULT DRUG COURT, *supra* note 23, at 4.

75. See Contract, *supra* note 32 (explaining that not all sanctions are listed in the

The program consists of five distinct phases that must be successfully completed by the participant in order to graduate.⁷⁶ Contact with the court, therapy, drug testing, and limitations on personal freedom decrease as a participant moves through the phases.⁷⁷ Each participant is required to work a minimum of thirty hours per week, pay his or her drug court fees and restitution, if required, and remain drug free.⁷⁸ A participant's movement through the phases is determined by the drug court team once the participant has satisfied the minimum criteria for advancement.⁷⁹ To graduate, a participant must have completed all five phases, be drug free for 120 consecutive days prior to graduation, and maintain full-time employment of thirty hours per week.⁸⁰

Outcome Data

Drug courts espouse the noble goals of striving to recognize and respect the humanity of each participant and working towards allowing the participant to become a contributing member of the community. Although it sounds good in theory, the question remains: does drug court work? The CCHDC recognizes a responsibility to justify its existence and provide an empirical basis to answer that question. Towards that end, the CCHDC commissioned a "Final Outcome Evaluation Report" to assess the effectiveness of its treatment of non-violent offenders with a substance abuse diagnosis.⁸¹ The evaluation also examined factors associated with successful graduates in contrast with those participants who were terminated from drug court.⁸²

drug court contract and that the drug court team may impose certain sanctions or special conditions as they determine are necessary).

76. *See id.*; *see also* Application to Graduate from the Chesterfield/Colonial Heights Adult Drug Court (2007) (on file with author) [hereinafter Application].

77. *See* CHESTERFIELD/COLONIAL HEIGHTS ADULT DRUG COURT, *supra* note 23, at 3.

78. *See* Contract, *supra* note 32.

79. *See* CHESTERFIELD/COLONIAL HEIGHTS ADULT DRUG COURT, *supra* note 23, at 4.

80. *See* Contract, *supra* note 32; Application, *supra* note 76.

81. *See* CHESTERFIELD/COLONIAL HEIGHTS ADULT DRUG COURT, *supra* note 23, at 5–64.

82. *See id.* at vii–viii, 41–56.

The participants and comparison groups were very similar in their demographics, backgrounds, and criminal histories.⁸³ The comparison group consisted of individuals who were deemed eligible for drug court but for a variety of reasons, declined to participate.⁸⁴ Nearly 40% of CCHDC participants graduated from the program and the remainder were terminated as unsuccessful.⁸⁵ The evaluation determined that 68% of the comparison group received new convictions over the three-year period of the study; however, only 39% of the terminated participants received new convictions during that same time frame.⁸⁶ In contrast, 23% of graduates received new convictions.⁸⁷ On average, the comparison group had six times more new convictions than the graduates and over two-and-one-half the number of new convictions of terminated participants.⁸⁸ Although not a magic bullet, it is clear that participation in drug court reduces recidivism—even for those who do not graduate.

The evaluation also provided predictors for graduation by comparing successful graduates with those who were terminated.⁸⁹ Individual predictors of graduation included the following:

Demographic & Background Characteristics. Older participants, participants with a minor child, participants who had attained a high school diploma or a GED, and participants who were married or formerly married were more likely to graduate.⁹⁰

Criminal History & Jail Time. Over half of the participants who had a prior misdemeanor arrest or misdemeanor conviction graduated; therefore, those with a prior misdemeanor were more likely to graduate than those without such a record.⁹¹ A high percentage of terminated participants, however, also had a prior misde-

83. *Id.* at 10–16.

84. *Id.* at 5.

85. *Id.* at 31.

86. *Id.* at 27, 37; see Meyer & Ritter, *supra* note 22, at 183 (“[W]hen drug court participants are compared to other non-drug court offenders, drug court participants simply do better than individuals under traditional sentencing schemes.”).

87. CHESTERFIELD/COLONIAL HEIGHTS ADULT DRUG COURT, *supra* note 23, at 37.

88. See *id.* at 28, 38.

89. See *infra* notes 90–98 and accompanying text.

90. See CHESTERFIELD/COLONIAL HEIGHTS ADULT DRUG COURT, *supra* note 23, at 42–48.

91. *Id.* at 48–49.

meanor history.⁹² Drug court graduates averaged fewer felony arrests than those participants terminated from the program.⁹³

Drug Charges & Use. Graduation was less likely for those with an initial charge of heroin possession or with heroin as their primary drug of choice.⁹⁴

Mental Health History. Participants with a history of suicide attempts were less likely to graduate.⁹⁵ The Jesness Inventory, an examination of personality subtypes, indicates that participants with the Inhibited Subtype were most likely to graduate.⁹⁶

Treatment Variables. Those in the evening track of the drug court program were more likely to graduate than those in the morning track of the drug court program.⁹⁷

Other outcome data of note include the finding that 70% of drug court participants remain in the program for at least six months; only 2.7% of all drug screens per year are positive; over \$13,000 was collected and returned to crime victims last year; and participants paid over \$40,000 towards the cost of drug court last year.⁹⁸

Conclusion

Drug courts work. The approach and methods outlined in this article have proven to be successful in achieving the stated goals of enhancing community safety by reducing criminal recidivism; reducing alcohol and drug abuse dependency among criminal offenders; and increasing personal, familial, and societal accountability of offenders by helping participants develop the assets and skills necessary to become productive citizens. With community safety as a primary concern, drug court has successfully combined criminal sanctions with therapy to reduce recidivism and stem the tide of drug-abusing offenders.⁹⁹

92. *Id.* at 48.

93. *Id.* at 50–51.

94. *Id.* at 51–52.

95. *Id.* at 55.

96. *Id.* at 54–55.

97. *Id.* at 56.

98. Interview, *supra* note 1.

99. Serving as the presiding judge of the CCHDC has proven to be a rewarding and personally satisfying experience. When I first came to the Chesterfield Circuit Court, I

was struck by the number of drug-related cases, as well as the recidivism of offenders. It was not unusual for defendants to be before the court on their second or third show cause hearing arising out of a continued use of illegal drugs or illegally obtained legal drugs. On almost every occasion, the defendants would profess a desire to be drug free and ask to be placed in a "program." On those occasions, I was generally convinced that they were earnest in their desire to be drug free; however, absent structure and regular treatment, they inevitably were destined to return to court having been unable to conquer their addiction. I do not believe anyone wants a life controlled by drugs. Unfortunately, often "the spirit indeed is willing, but the flesh is weak." *Matthew 26:41* (King James).

Drug court provides the structure and treatment necessary to empower its participants to break the cycle of addiction. Although the program is not always successful, the success it does achieve validates the personal approach to intensive treatment championed by drug court team members. This personal approach has consequences for the participants as well as the staff; unlike traditional criminal court proceedings, as the presiding judge, I become very familiar with the clients and their families, championing their successes and lamenting their failures. But the successes are what make the program so worthwhile. To see a young man or woman who has been in the throes of addiction, engaging in criminal behavior, abdicating responsibility as a parent, son, or spouse, and lost to his or her family, reclaim a position in the community as well as a sense of humanity—there is no feeling quite as rewarding. To see someone obtain and keep a job, support a family, buy a car, a house, or obtain health insurance, and be so proud of these accomplishments, sustains my staff and me through the inevitable disappointments. Fortunately, CCHDC has found that success is not the exception.