HB

172

HOUSE COMMITTEE REPORT

(11)
Date Referred to Committee: March 26, 2001 — FURTHER REFERRALS:

Date of Committee Action: 4/5/01

The FINANCE Committee considered: — HB 172

HOUSE BILL NO. 172 — THERAPEUTIC DRUG AND ALCOHOL COURTS

"An Act relating to therapeutic courts for offenders and to the authorized number of superior court judges."

Recommends it be replaced with _____CS HB 172 (FIN) [ ] Same Title [ ] New Title
For Senate Bills with new title: [ ] Technical Title [ ] New Title: HCR_____

[ ] attach amendments
[ ] add new referral to _____ Committee
[ ] Letter of Intent _____ Committee

List of Abbrev. For Depts.:
ADM
CED
COR
CRT
EED
DEC
DFG
GOV
HSS
LAA
LAW
LWF
MVA
DNR
DPS
REV
DOT
UA

NEW FISCAL NOTES *For Chief Clerk's Office Use Only				
FN# *	List by Dept(s):	Fiscal	Indet.	Zero
	Law	✓		
	Adm	✓		

PREVIOUS FISCAL NOTES				
List by Dept(s):	FN #	Fiscal	Indet.	Zero
COR	2	✓		
CRT	4	✓		
HSS	5	✓		

Signing with recommendations	Printed Last Name	DP	DNP	NR	AM
	Bunde	✓			
	Whitaker	✓			
	HARRIS	✓			
	CROFT	✓			
	Davis	✓			
	MOSES	✓			
	Lancaster	✓			
	Foster	X			
Chair:	Mulder	✓			
Chair:	William	✓			

FISCAL NOTE

STATE OF ALASKA
2001 LEGISLATIVE SESSION

Fiscal Note Number:
Bill Version: CSHB 172 (FIN)
(H) Publish Date:

Revision Date/Time (Note if correction):
Dept. Affected: Law
Title: An Act relating to therapeutic courts for offenders & to the authorized number .
BRU: Criminal Div; Civil Div
Component: 3rd Judicial District; Anch
4th Judicial Dist; Human Services
Sponsor: Representative Porter
Requester:
Component Number: 2261, 2201, 2208

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include Inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007
Personal Services	242.2	242.2	242.2	60.6	0.0	0.0
Travel	1.4	1.6	1.6	0.2	0.0	0.0
Contractual	65.5	74.8	74.8	9.4	0.0	0.0
Supplies	5.6	6.4	6.4	0.8	0.0	0.0
Equipment	32.5	0.0	0.0	0.0	0.0	0.0
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	347.2	325.0	325.0	71.0	0.0	0.0
CAPITAL EXPENDITURES						
CHANGE IN REVENUES ( )						

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF	347.2	325.0	325.0	71.0	0.0	0.0
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type)						
TOTAL	347.2	325.0	325.0	71.0	0.0	0.0

Estimate of any current year (FY2001) cost: 0.0

POSITIONS

Full-time	3	3	3	1	0	0
Part-time						
Temporary						

ANALYSIS: *(Attach a separate page if necessary)*

Prepared by: Representative Eldon Mulder
Co-Chair
Phone 465-2647/465-3424

Representative Bill Williams
Co-Chair
Date 4/4/01

FISCAL NOTE

STATE OF ALASKA
2001 LEGISLATIVE SESSION

Fiscal Note Number:
Bill Version: CSHB 172 (FIN)
(H) Publish Date:

Revision Date/Time (Note if correction):
Dept. Affected: Administration
Title: An Act relating to therapeutic courts for offenders & to the authorized number .
BRU: Legal & Advocacy
Component: Public Defenders Agency
Sponsor: Representative Porter
Requester:
Component Number: 1631

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007
Personal Services	248.6	248.6	248.6	54.1	0.0	0.0
Travel	11.8	13.6	13.6	1.8	0.0	0.0
Contractual	88.6	101.7	101.7	13.1	0.0	0.0
Supplies	7.1	8.1	8.1	1.0	0.0	0.0
Equipment	29.2	3.2	3.2	0.0	0.0	0.0
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	**385.3**	**375.2**	**375.2**	**70.0**	**0.0**	**0.0**
CAPITAL EXPENDITURES						
CHANGE IN REVENUES ( )						

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF	385.3	375.2	375.2	70.0	0.0	0.0
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type)						
TOTAL	**385.3**	**375.2**	**375.2**	**70.0**	**0.0**	**0.0**

Estimate of any current year (FY2001) cost: 0.0

POSITIONS

Full-time	4	4	4	1	0	0
Part-time						
Temporary						

ANALYSIS: *(Attach a separate page if necessary)*

2 Attn
1 Para
1 Staff

Prepared by: Representative Eldon Mulder
Co-Chair
Phone 465-2647/465-3424

Representative Bill Williams
Co-Chair
Date 4/4/01

FISCAL NOTE

STATE OF ALASKA
2001 LEGISLATIVE SESSION

Fiscal Note Number: 2
Bill Version: CSHB 172(JUD)
(H) Publish Date: 3/26/01

Revision Date/Time (Note if correction):
Dept. Affected: Corrections
Title: An Act relating to therapeutic courts for offenders and to the authorized number of superior court judges.
BRU: 271
Component: Community Corrections
Sponsor: Representative Porter
Requester: House Judiciary
Component Number: 1382

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007
Personal Services	89.9	179.9	185.9	36.0		
Travel						
Contractual	14.0	14.0	14.0	3.5		
Supplies						
Equipment	6.0	3.0				
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	**109.9**	**196.9**	**199.9**	**39.5**		
CAPITAL EXPENDITURES						
CHANGE IN REVENUES ( )						

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF	109.9	196.9	199.9	39.5		
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type)						
TOTAL	**109.9**	**196.9**	**199.9**	**39.5**	**0.0**	**0.0**

Estimate of any current year (FY2001) cost: 0.0

Check this box (X) if funding for this bill is included in the Governor's FY 2002 budget proposal:

POSITIONS

Full-time	2	3	3	1		
Part-time						
Temporary						

ANALYSIS: *(Attach a separate page if necessary)*

The first year of the Wellness Court in Anchorage would require 1 fulltime Probation Officer, including a leased vehicle as well as a one time expenditure for computer equipment. In Bethel, the Probation Officer would begin in January 2002, requiring salary for only 1/2 of a year. This person would also require a vehicle and a one time purchase of computer equipment. By the second year, Anchorage will need an additional Probation Officer position which will also include a vehicle and one-time purchase of computer equipment. This position will be responsible for case management and supervision of the Therapeutic Court offenders.

Prepared by: Candace Brower
Phone 465-4652
Division Commissioner's Office
Date/Time 3/14/01 4:00 p.m.
Approved by: Margaret Pugh, Commissioner
Date 3/14/01
Agency

For distribution information, call the Governor's Legislative Office

(Rev 2/7/2001 OMB)

COMMITTEE COPY

FISCAL NOTE

STATE OF ALASKA
2001 LEGISLATIVE SESSION

Fiscal Note Number: 4
Bill Version: CSHB 172(JUD)
(H) Publish Date: 3/26/01

Revision Date/Time (Note if correction) _____
Dept. Affected _____
Title: Therapeutic Courts
BRU: Alaska Court System
Component: Trial Courts
Sponsor: Rep. Porter
Requester: House Judiciary
Component No.: 768

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007
Personal Services	397.8	486.9	486.9	486.9	486.9	486.9
Travel						
Contractual						
Supplies						
Equipment	24.0					
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	421.8	486.9	486.9	486.9	486.9	486.9
CAPITAL EXPENDITURES						
CHANGE IN REVENUES ( )						

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF	421.8	486.9	486.9	486.9	486.9	486.9
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type)						
TOTAL	421.8	486.9	486.9	486.9	486.9	486.9

Estimate of any current year (FY2001) cost: 0.0

POSITIONS

Full-time	8	8	8	8	8	8
Part-time						
Temporary						

ANALYSIS: *(Attach a separate page if necessary)*

See attached.

Prepared by: Douglas Wooliver
Phone 463-4750
Division: Alaska Court System
Date/Time 3/20/01 @ 5:00 P.M..
Approved by: Stephanie Cole
Date _____
Agency: Alaska Court System

For distribution information, call the Governor's Legislative Office

(Rev 8/2000 OMB)

COMMITTEE COPY

HB 172
Fiscal Analysis
Alaska Court System

House Bill 172 allows the court system to establish a pilot court in Anchorage and another in Bethel for the prosecution and treatment of defendants who are addicted to alcohol. The focus of these therapeutic courts will be those charged with multiple DWI offenses.

The court system and the Department of Law estimate that the Anchorage court will see 80 defendants a year, and the Bethel court will see 15 cases the first half-year and 45 cases a year in years two and three.

Therapeutic courts are resource-intensive for the court system. They require defendants to appear regularly before the judge to report on progress and to appear for sanctions if they have failed to meet the program requirements. In order to meet this additional workload, and because the Anchorage and Bethel courts are already beyond their carrying capacity for felony cases, this bill calls for a new superior court judge in each location.

The superior court judge position in Bethel will replace the current district court position in that location so the fiscal impact is the difference between a district court judge and a superior court judge.

In both Anchorage and Bethel, a superior court judge position comes with a law clerk, a secretary, and an in-court clerk. The Anchorage position includes a court clerk to coordinate and schedule the therapeutic court procedures. This fiscal note includes one-time expenses for equipment for the judges and their staff.

Alaska Court System
Therapeutic Drug Court HB 172
3/20/01

Positions for Bethel	Range	FY02 Cost Position Cost	FY03 Full Year Cost Position Cost
Superior Court Judge (6 months)	82A	$ 72,821	$ 145,642
Law Clerk (6 months)	13D	$ 30,777	$ 61,553
Secretary (6 months)	12A	$ 26,336	$ 52,671
In-Court (6 months)	10A	$ 23,378	$ 46,755
Equipment (3 desks, 3 chairs, 3 computers)		$ 9,000	$ -
Total Superior Court Judge Position & Staff		$ 162,311	$ 306,621
Less: District Court Judge FY01 Funding (6 months)		$ (64,161)	$ (128,321)
Net Funding Required for Bethel Positions		$ 98,150	$ 178,300
Positions for Anchorage			
Superior Court Judge	82A	$ 138,467	$ 138,467
Law Clerk for Superior Court Judge	13D	$ 48,130	$ 48,130
Secretary	12A	$ (41,997	$ 41,997
In-Court Clerk	12A	$ 41,997	$ 41,997
Court Clerk reduce vacancy	10A	$ 5,200 (38,018	$ 38,018
Equipment (5 desks, 5 chairs, 5 computers)		$ 7,000 15,000	$ -
Funding Required for Anchorage Positions		$ 323,609	$ 308,609
Fiscal Note Total		$ 421,759	$ 486,909

340.6

FISCAL NOTE

STATE OF ALASKA
2001 LEGISLATIVE SESSION

Fiscal Note Number: 5
Bill Version: CSHB 172(JUD)
(H) Publish Date: 3/26/01

Revision Date/Time (Note if correction): _____
Dept. Affected: Health & Social Services
Title: An Act relating to therapeutic courts
BRU: Alcohol & Drug Abuse Svcs
Component: Alcohol/Drug Abuse Grants

Sponsor: Porter
Requester: H Judiciary
Component Number: 1239

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims	501.3	685.4	685.4			
Miscellaneous						
TOTAL OPERATING	**501.3**	**685.4**	**685.4**	**0.0**	**0.0**	**0.0**
CAPITAL EXPENDITURES						
CHANGE IN REVENUES ( )						

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF	501.3	685.4	685.4			
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type)						
TOTAL	**501.3**	**685.4**	**685.4**	**0.0**	**0.0**	**0.0**

Estimate of any current year (FY2001) cost: 0.0

Check this box (X) if funding for this bill is included in the Governor's FY 2002 budget proposal: ☐

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: *(Attach a separate page if necessary)*

ANCHORAGE PILOT PROJECT: The agencies propose that 80 DWI offenders will be handled each year in the therapeutic court. Participants will be felony DWI offendors currently prosecuted by the state, as well as offenders who have 2 or more prior DWI convictions and are currently prosecuted as misdemeanants by the Municipality of Anchorage because of the 5-year look-back for felony DWI. Under this model, the state would take over the prosecutions of these misdemeanor offenses and process them in the therapeutic court in the superior court.

BETHEL PILOT PROJECT

The agencies plan to have 15 offenders participate the first half-year and 45 offenders in years 2 and 3. Offenders charged with alcohol or drug-related felonies and misdemeanors will be eligible to participate.

Prepared by: Ernest Turner, Director — Phone 465-2071
Division: Alcoholism and Drug Abuse — Date/Time 3/13/01 2:05pm
Approved by: Elmer A. Lindstrom, Special Assistant — Date 3/15/01 9:16 AM
Agency: Department of Health & Social Services

For distribution information, call the Governor's Legislative Office

(Rev 2.7/0001 0448)

COMMITTEE COPY

ANALYSIS: (continued)

The amount of grant funds needed is based on the following levels of care for one year.

The following schema is predicated on 12 months involvement with the treatment program. These figures are for a single client. The total cost then would be based on the number of persons served by the therapeutic court. Obviously "one size" does not fit all clients and some will require more intensive treatment and some will require less but this is the best design for most of the clients from either the drug or alcohol involved clients.

Phase I Intensive Outpatient 6 weeks	
Assessment	$100.00
Urinalysis @ $25 per week	$150.00
10 Hours intensive outpatient/week @$45	$2,700.00
Naltrexone 1xday @$4.50	$189.00
Physical Exam for safe Naltrexone use	$200.00
Two written reports for courts	$60.00
Total Phase I costs	$3,399.00
Phase II Continuing Care 20/weeks	
Urinalysis $25 bi-weekly	$250.00
1 group per week @$20	$400.00
Naltrexone 1xday @$4.50	$630.00
On-going medical monitoring	$100.00
Five care coordination of 30 min.	$75.00
Five written reports for courts	$150.00
Total Phase II costs	$1,605.00
Phase III Extended Continuing Care 26 weeks	
Urinalysis $25 monthly random	$150.00
1 group every 2 weeks @$20	$260.00
Six care coordination of 30 min.	$90.00
Six written reports for courts	$180.00
Total Phase III costs	$680.00

Total 12 month costs per person with indirect costs @20% $6,821.00

For the Anchorage therapeutic court the costs would reflect serving 80 persons each year of the court.

Year 1 costs for 80 clients $545,664 less self pay $409,248 $115.60 /each
Year 2 costs for 80 clients $545,664 less self pay $409,248
Year 3 costs for 80 clients $545,664 less self pay $409,248

20 x $115.60 = 102,312

Revision Date: Bill Version: HB 172

ANALYSIS: (continued)

For the Bethel therapeutic court the cost would reflect serving 15 persons in first year and 45 in the second year. HB 172 indicates the Bethel court is just six months (January 1, 2002) the first year.

Year 1 Costs for 15 clients $102,312 less self pay $92,081
Year Two Costs for 45 clients $306,936 less self pay $276,242
Year Three Costs for 45 clients $306,936 less self pay $276,242

Note: These costs are reflective of Intensive Outpatient Services. Some clients will require residential services that can be supplied only on a space available basis unless the administration's budget increments for treatment expansion are fully funded.

22-LS0612\L.3
Luckhaupt
4/2/01

Adopted 4/5/01

#1

AMENDMENT

OFFERED IN THE HOUSE

TO: CSHB 172(JUD)

Page 3, line 30, following "case":

Insert ", including the case of a defendant charged with violating the terms of probation,"

Page 3, line 31:

Delete "if the defendant's request is made within 45 days of arraignment"

Page 4, line 2, following "AS 11.41.410 - 11.41.470":

Insert ", or with violating probation for one of those offenses"

Page 4, lines 3 - 18:

Delete all material and insert:

"(g) Upon acceptance into the therapeutic court, the defendant shall enter a no contest or guilty plea to an offense or shall admit to a probation violation, as appropriate. The state and the defendant may enter into a plea agreement to determine the offense or offenses to which the defendant is required to plead. If the court accepts the agreement, the court shall enforce the terms of the agreement.

(h) The court shall enter a judgment of conviction for the offense or offenses for which the defendant has pleaded or an order finding that the defendant has violated probation, as appropriate. A judgment of conviction or an order finding a probation violation must set a schedule for payment of restitution owed by the defendant. In a judgment of conviction and upon probation conditions that the court considers appropriate, the court may withhold pronouncement of a period of imprisonment or a fine to provide an incentive for the defendant to complete recommended treatment successfully. Imprisonment or a fine imposed by a

therapeutic court shall comply with AS 12.55 or any mandatory minimum or other sentencing provision applicable to the offense. However, notwithstanding any other provision of law, the entire period of imprisonment or amount of fine, including a presumptive or mandatory minimum sentence, may be suspended if the defendant has successfully completed court-ordered treatment, is current with restitution payments, and has substantially complied with sobriety and other conditions imposed by the court. A court entering an order finding the defendant has violated probation may withhold pronouncement of disposition to provide an incentive for the defendant to complete recommended treatment successfully.

(i) If the defendant is terminated from therapeutic court, the defendant's no contest or guilty plea or admission to a probation violation to the court shall stand, and the sentence previously imposed shall be executed or, if sentence has not yet been imposed, imposition of sentence shall be scheduled in a nontherapeutic court."

4/05/01

22-LS0612\L.4
Luckhaupt
4/4/01

#2

AMENDMENT

OFFERED IN THE HOUSE

TO: CSHB 172(JUD)

Page 5, line 4:

Delete "is authorized"

Insert "may require treatment providers"

Page 5, lines 5 - 6:

Delete "of participating in the treatment programs"

Insert "related to the use of Naltrexone"

Page 5, line 7:

Delete "department"

Insert "treatment provider"

HOUSE COMMITTEE REPORT

(11)
Date Referred to Committee: March 26, 2001 FURTHER REFERRALS:

Date of Committee Action: 4/5/01

The FINANCE Committee considered: HB 172

HOUSE BILL NO. 172 THERAPEUTIC DRUG AND ALCOHOL COURTS

"An Act relating to therapeutic courts for offenders and to the authorized number of superior court judges."

Recommends it be replaced with ____CS HB 172 (FIN) [ ] Same Title [ ] New Title
For Senate Bills with new title: [ ] Technical Title [ ] New Title: ICR____

[ ] attach amendments
[ ] add new referral to _____ Committee
[ ] Letter of Intent _____Committee

List of Abbrev. For Depts.:
ADM
CED
COR
CRT
EED
DEC
DFG
GOV
HSS
LAA
LAW
LWF
MVA
DNR
DPS
REV
DOT
UA

NEW FISCAL NOTES *For Chief Clerk's Office Use Only				
FN# *	List by Dept(s):	Fiscal	Indet.	Zero
	Law	✓		
	Adm	✓		

PREVIOUS FISCAL NOTES				
List by Dept(s):	FN #	Fiscal	Indet.	Zero
COR	2	✓		
CRT	4	✓		
HSS	5	✓		

Signing with recommendations	Printed Last Name	DP	DNP	NR	AM
	Bunde	✓			
	Whitaker	✓			
	HARRIS	✓			
	CRETT	✓			
	Davis	✓			
	MOSES	✓			
	Lancaster	✓			
	FOSTER	X			
Chair:	Mulder	✓			
Chair:	William	✓			

March 23, 2001

To: House Judiciary Committee
Attn: Heather Nobrega

From: Janet McCabe,
Chair, Partners for Downtown Progress

Re: Fiscal Requirements – Anchorage Wellness Court

Current Grant and Budget:

The Anchorage Wellness Court is currently supported by a federal grant to Partners for Downtown Progress from the U.S. Department of Justice. This is a "Byrne Discretionary Grant" and we were told last week that this source has been fully spent, and funds will not be available in future years.

Our current grant for $150,000 will be used for the December 2000 through December 2001 year. (The approval date was earlier, but mid-winter was the effective start date.)

Nearly all our money is used to contract with others for needed community based services. I handle program administration without cost to the program. In rounded terms, annual expenditures for the Wellness Court break out as follows:

1. Municipal Case Coordinator (40 participants)	$70,000
2. Treatment, medical costs, group therapy @ $1,000 per person[1]	$40,000
3. Community Liaison (assists participants in finding acceptable housing and needed community services)	$30,000
4. Other program costs (supplies, postage, telephone, training etc.)	$10,000
TOTAL	**$150,000**

Fiscal Needs

This budget only reaches 40 people, and it is not adequate to cover real program needs. Comparing our budget with the fiscal notes received for the Superior Court makes this clear.

To provide a bare bones, but adequate budget for the current 40 participant Anchorage Wellness Court during the FY 2002, we need enough to supplement the grant for 6 months (July, 2001 through December, 2001) and enough to cover all costs of the Wellness Court for 6 months (January through June 2002) after the grant terminates.

---

[1] Treatment/medical/group therapy costs are funded under a "meet us at least halfway" policy. Typically, we manage this as a "grub stake grant" paying initial costs. After the participant starts earning a living, he or she pays for the remainder of treatment/medical/therapy costs.

FY 02 – Anchorage Wellness Court

FIRST 6 MONTHS – state funding needed to add to federal grant:

1. Municipal Case Coordinator *(covered by grant)*	0
2. Treatment, medical costs, group therapy *(adds $500 per person to 20 people to increased "grub stake" to a more realistic $1,500 per person)*	$10,000
3. Community Liaison *(supplement)*	$20,000
4. Municipal Prosecutor *(no grant funds for this)*	$20,000
5. Municipal Defender Firm *(no grant funds for this)*	$20,000
6. Program Administration *(replaces volunteer)*	$30,000
7. Training *(no grant funds for this)*	$10,000
8. Other Program Costs *(Supplement)*	$10,000
9. Program Evaluation	$10,000
TOTAL	**$130,000**

SECOND 6 MONTHS – state funding alone

1. Municipal Case Coordinator (40 people)	$35,000
2. Treatment, medical costs, group therapy *($1,500 per person "grub stake" grant)*	$30,000
3. Community Liaison	$30,000
4. Municipal Prosecutor *(no grant funds for this)*	$20,000
5. Municipal Defender Firm *(no grant funds for this)*	$20,000
6. Program Administration *(replaces volunteer)*	$30,000
7. Training *(no grant funds for this)*	$10,000
8. Other Program Costs	$15,000
9. Program Evaluation	$10,000
TOTAL	**$200,000**

TOTAL FY 02 NEEDS – ANCHORAGE WELLNESS COURT - $330,000

Note: Costs for a full year without the remaining federal grant funds would be $400,000 for 40 participants. If the state wanted to double this number to 80 participants, costs per person would be slightly less because of some administrative costs savings. It is estimated that it would cost about $600,000 per year for 80 participants in the Wellness Court.

Note: Funds could be appropriated to the Municipality of Anchorage with a note that half the appropriation be used for direct Municipal costs of the program and half be granted to Partners for Downtown Progress to cover their costs in contracting for treatment, and other community liaison assistance to participants.

FISCAL NOTE

STATE OF ALASKA
2001 LEGISLATIVE SESSION

Fiscal Note Number:
Bill Version: CS HB 172 (JUD)
( ) Publish Date:

Revision Date/Time (Note if correction):
Dept. Affected: Health & Social Services
Title: An Act relating to therapeutic courts
BRU: Alcohol & Drug Abuse Svcs
Component: Administration
Sponsor: Rep. Porter
Requester: House (FIN)
Component Number: 302

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007
Personal Services	48.1	48.1	48.1	48.1	48.1	48.1
Travel	2.5	2.5	2.5	2.5	2.5	2.5
Contractual						
Supplies						
Equipment	5.0	5.0	5.0	5.0	5.0	5.0
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	55.6	55.6	55.6	55.6	55.6	55.6
CAPITAL EXPENDITURES						
CHANGE IN REVENUES ( )						

FUND SOURCE (Thousands of Dollars)						
1002 Federal Receipts						
1003 GF Match						
1004 GF	55.6	55.6	55.6	55.6	55.6	55.6
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type)						
TOTAL	55.6	55.6	55.6	55.6	55.6	55.6

Estimate of any current year (FY2001) cost: 0.0

Check this box (X) if funding for this bill is included in the Governor's FY 2002 budget proposal:

POSITIONS

Full-time	1	1	1	1	1	1
Part-time						
Temporary						

ANALYSIS: *(Attach a separate page if necessary)*

"(0) The Department of Health and Social Services is authorized to make advances to a defendant accepted to the therapeutic court to cover the initial costs of participating in the treatment programs if the defendant is otherwise without resources to pay those costs. The court shall require as a condition of probation that the defendant repay the department."

The Division of Alcoholism and Drug Abuse funds programs via the grant-in-aid process as established in AS 47.30.470. This amendment, would require the Department to establish an infrastructure to advance money to individuals so they could then pay for the initial costs of treatment to the programs. The Division does not have any infrastructure to be able to comply with this amendment. The Division's only financial relationship is with the treatment programs receiving grant funds.

Prepared by: Emie Turner
Phone
Division: Alcoholism and Drug Abuse
Date/Time
Approved by: Elmer A. Lindstrom, Special Assistant
Date 3/29/01 4:03 PM
Agency: Department of Health & Social Services

For distribution information, call the Governor's Legislative Office

(Rev 2/7/2001 OMB)

ANALYSIS: (continued)

Under this portion of CS HB 172 (JUD) the Division would need to establish a process that would:

1. Make a determination that "...the defendant is otherwise without resources to pay these costs." This may well be a different process than determining if the person is indigent for purposes of the court proceedings.
2. Establish how the payment would be made. While the amendment states to advance to the defendant, the Division would most likely make the direct payment to the treatment program if for treatment costs. If for physical exams and or medications the payment might be to the doctor or pharmacy. Under state administrative rules for paying these costs and issuing checks this process will require considerable time.
3. Establish a credible mechanism to assure that the advance is repaid. While the court may well require the repayment of the advance, it will be the Division's responsibility to collect the amount advanced.

This process would require one new staff for the Division. Cost for this staff person would include office furniture and equipment and travel. Since the pilot sites for the Therapeutic Courts will be both Anchorage and Bethel, some travel to Bethel will be required. While most of the system developed could be done by phone and fax, at least quarterly visits to Bethel would be required to verify those process and to meet with defendants that may not be repaying the advances.

The requirements for this position would include some elements of an Eligibility Technician, a Collections Specialist, and accounting position. We are costing this position out at a Range 14 in this fiscal note.

All grantees of the Division that provide treatment services are required to charge for their services, have a sliding fee scale so that what is charged is commensurate with the persons ability to pay, and then to collect those fees. This is done by the grantee program, not the Division.

The fiscal note on treatment costs (ADA Grants component) requests funds that would cover 75% of the estimated costs of treatment in Anchorage and 90% in Bethel assuming that the programs would not be able to collect this amount from the consumers. These figures were estimated based upon the best estimates of current collections from clients. 70% of our current clients make less than $10,000 per year and very few have health insurance coverage to pay the costs and therefore would pay 10% or less of their treatment costs. Half of the remaining clients make $20,000 or less and the remaining clients would be able to raise the overall payment to 25% of the cost of treatment in Anchorage but significantly less in Bethel.

If this portion of CS HB 172(JUD) were deleted from the bill, the Division will require the treatment provider to cover the initial costs from their grant funds and work with the client to collect payment for the treatment under their existing policies.

FISCAL NOTE

STATE OF ALASKA
2001 LEGISLATIVE SESSION

Fiscal Note Number: 6
Bill Version: CSHB 172(JUD)
(H) Publish Date: 3/26/01

Revision Date/Time (Note if correction):
Dept. Affected: Law
Title "An Act relating to therapeutic courts for offenders and to the authorized number of superior court judges."
BRU Criminal Division; Civil Division
Component 3rd Judicial District: Anchorage; 4th Judicial District; Human Services
Sponsor Representative Porter
Requester House Judiciary Committee
Component No. 2261;2201;2208

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007
Personal Services	423.9	484.4	484.4	60.6	0.0	0.0
Travel	1.4	1.6	1.6	0.2	0.0	0.0
Contractual	65.5	74.8	74.8	9.4	0.0	0.0
Supplies	5.6	6.4	6.4	0.8	0.0	0.0
Equipment	32.5					
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	528.8	567.2	567.2	70.9	0.0	0.0
CAPITAL EXPENDITURES						
CHANGE IN REVENUES ( )						

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF	528.8	567.2	567.2	70.9		
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type)						
TOTAL	528.8	567.2	567.2	70.9	0.0	0.0

Estimate of any current year (FY2001) cost: 0.0

Check this box (X) if funding for this bill is included in the Governor's FY 2002 budget proposal:

POSITIONS

Full-time	5	5	5	1		
Part-time						
Temporary						

ANALYSIS: *(Attach a separate page if necessary)*

HB 172 authorizes the court system to establish two pilot sites for therapeutic courts for alcohol- and drug-addicted offenders in Anchorage and Bethel. The Anchorage court would commence on the effective date of the act, and the Bethel court on January 2, 2002. The pilot programs end three years after each commences. The bill also adds two new superior court judge positions: one in Anchorage, and one in Bethel. The new judges would preside over the therapeutic courts, and also handle other matters, including criminal cases, juvenile delinquency cases, and children in need of aid cases.

Therapeutic courts are very resource intensive. Defendants who are accepted into the court agree to enter a program structured for them that is very closely monitored. The court requires defendants to make frequent appearances, and all parties, including the prosecutor, attend these court proceedings.

Prepared by: Joan M. Kasson
Phone 465-5370
Division Attorney General's Office
Date/Time 3/15/01 5:30 PM
Approved by: Kathryn Daughhetee for Bruce M. Botelho, Attorney General
Date 3/15/01
Agency Department of Law

For distribution information, call the Governor's Legislative Office

(Rev 11/2000 0448)

COMMITTEE COPY

ANALYSIS CONTINUATION

In addition, a new superior court judge in Anchorage means another court room in which prosecutors and assistant attorneys general will need to appear on other criminal and civil matters. As a rule of thumb, the department's experience has been that it needs four attorneys for each superior court judge.

However, because the therapeutic court will theoretically be operating about one-half of the time, we estimate three attorney positions will be sufficient: two for the Criminal Division, Anchorage District Attorney's Office, and one for the Civil Division, Human Services section. One attorney will be responsible for cases before the therapeutic court, and the other two will handle other criminal and civil cases the new judge will calendar.

Beginning January 2, 2002, the Bethel therapeutic court will begin operations. The department is informed that the court system plans on replacing the current District Court judge position with the new Superior Court position. Because of this, only one new FTE attorney position will be necessary for the Bethel District Attorney's office. This position will be assigned cases that are referred to the therapeutic court. Existing staff will be able to handle the other criminal and civil cases because this is not a new and additional court room to be covered.

Using the department's FY02 standard attorney cost allocation plan, the annual cost of the positions is $567.2 ($141.8 x 4). This includes clerical support, communications, space, supplies, data processing, and other normal overhead expenses. The standard cost does not include one-time new equipment purchases, and $6.5 per position is included. Proportionate support position funding is included in the standard attorney cost schedule at a rate of approximately one support position for every three professional positions. Position authorizations for the support positions are required, however, and the one FTE legal secretary position is requested, along with $6.5 for one-time equipment costs in FY02. The Bethel attorney position is funded in FY02 for only one-half of the fiscal year due to the delayed effective date of the pilot court. It will be necessary to annualize that position in FY03.

The line-item breakdown by component follows:

Component	Position	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007
Criminal Division: 3rd Judicial District: Anchorage (2261)							
100	2 FTE Attorney	242.2	242.2	242.2			
200	1 FTE Legal Secy	0.8	0.8	0.8			
300		37.4	37.4	37.4			
400		3.2	3.2	3.2			
500		19.5					
Total	1004 General Fund	303.1	283.6	283.6	0.0	0.0	0.0
Criminal Division: 4rd Judicial District (2201)							
100	1 FTE Attorney	60.6	121.1	121.1	60.6		
200		0.2	0.4	0.4	0.2		
300		9.4	18.7	18.7	9.4		
400		0.8	1.6	1.6	0.8		
500		6.5					
Total	1004 General Fund	77.4	141.8	141.8	70.9	0.0	0.0
Civil Division: Human Services (2208)							
100	1 FTE Attorney	121.1	121.1	121.1			
200		0.4	0.4	0.4			
300		18.7	18.7	18.7			
400		1.6	1.6	1.6			
500		6.5					
Total	1004 General Fund	148.3	141.8	141.8	0.0	0.0	0.0

FISCAL NOTE

STATE OF ALASKA
2001 LEGISLATIVE SESSION

Fiscal Note Number: 3
Bill Version: CSHB 172 (JUD)
(H) Publish Date: 3/26/01

Revision Date/Time (Note if correction):
Dept. Affected: Court
Title: Therapeutic Drug and Alcohol Courts
BRU: District Court
Component: District Wellness Court
Sponsor: Representative Porter
Requester: House Judiciary
Component Number:

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2002	FY 2003	FY 2004	FY 2005	FY 2006	FY 2007
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims	85.0					
Miscellaneous						
TOTAL OPERATING	**85.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
CAPITAL EXPENDITURES						
CHANGE IN REVENUES ( )						

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF	85.0					
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type)						
TOTAL	**85.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**

Estimate of any current year (FY2001) cost: 0.0

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: *(Attach a separate page if necessary)*

$75,000 to used by Judge Wanamaker's Wellness Court, located in the Anchorage District Court, for subsidizing initial treatment costs for needy participants.
$10,000 to be designated to Judge Froehlich's Naltrexone Court, located in the Juneau District Court.

Prepared by: Heather Nobrega, Committee Counsel Phone 465-4990

Representative Rep. Norman Rokeberg Date 03/23/01 1:00 p.m.
Committee Chair

COMMITTEE COPY

ALASKA STATE LEGISLATURE

SPEAKER OF THE HOUSE BRIAN PORTER

SPONSOR STATEMENT

COMMITTEE SUBSTITUTE FOR HOUSE BILL 172 (JUD)
"An Act relating to therapeutic courts for offenders and to the authorized number of superior court judges."

CS for House Bill 172(JUD) will establish two therapeutic court pilot projects-Anchorage and Bethel. These courts are designed to serve as working models for the development of other similar courts throughout the state.

As stated in the legislative purpose section of CSHB 172(JUD), therapeutic courts are designed to:

- assist offenders toward lasting sobriety;
- protect society from alcohol and drug related crime;
- provide prompt payment of restitution to victims;
- encourage effective interaction and use of resources among criminal justice and community agencies; and,
- reduce long-term costs relating to arrest, trial and incarceration.

The pilot projects will be implemented through joint efforts of the Court System, Department of Law, the Public Defender Agency, the Department of Corrections, the Department of Health and Social Services and other agencies in accordance with a mutually agreed upon plan. The courts are to use existing public agencies, medical and treatment services, housing and other public, private and non-profit community services as well. The Bethel pilot project is designed to coordinate services with municipal and local entities, taking into consideration local resources and cultural traditions, to facilitate rehabilitation.

The Court System has requested two additional superior court judge positions to preside over the therapeutic courts. These positions will be assigned to Anchorage and Bethel.

Session: State Capitol, Juneau, Alaska 99801-1182 • Phone: (907) 465-4930 Fax: (907) 465-3834
Interim: [illegible]

ALASKA STATE LEGISLATURE

SPEAKER OF THE HOUSE BRIAN PORTER

SECTIONAL ANALYSIS

COMMITTEE SUBSTITUTE FOR HOUSE BILL 172 (JUD)

"An Act relating to therapeutic courts for offenders and to the authorized number of superior court judges"

Section 1: Legislative purpose. This section states the purpose of the pilot therapeutic courts, their locations, criteria to consider when imposing sentences, sanctions to be imposed if conditions imposed by therapeutic court are violated, time limits for entering a plea and conviction judgement, conditions of bail or probation and evaluation of the pilot projects by the Alaska Judicial Council.

Section 2: Amends AS 22.10.120. Number of judges. This section adds two superior court judges. One additional judge assigned to the Third Judicial District (to be based in Anchorage) and one additional judge assigned to the Fourth Judicial District (to be based in Bethel). These judges will preside over the pilot therapeutic courts as well as other cases that they may be assigned.

Session: State Capitol, Juneau, Alaska 99801-1182 • Phone: (907) 465-4930 Fax: (907) 465-3834

STATE OF ALASKA

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

DIVISION OF ALCOHOLISM AND DRUG ABUSE

TONY KNOWLES, GOVERNOR

P.O. BOX 110607
JUNEAU, ALASKA 99811-0607
PHONE: (907) 465-2071
FAX: (907) 465-2185

Dear Reader:

The Division of Alcoholism and Drug Abuse is pleased to present this report on the outcomes of treatment services provided in Alaska. Preliminary findings from this study show that Alaska's treatment programs work.

The State of Alaska's treatment programs care for about 2,500 residential and 5,500 outpatients a year. Treatment services are provided by 45 programs in the State.

The study for the Division of Alcoholism and Drug Abuse is being conducted by New Standards, Inc., a nationally recognized authority in studying treatment programs. Under the study, some 1,600 residential patients and outpatients will be followed from their admission to a treatment program to one year following admission. In this portion of the study, NSI followed up on the first 300 patients in the study six months after they began treatment. These patients will be contacted again a year after treatment.

Findings from the study, even at this early stage, show that treatment does work. The study also confirms our belief that continuing care is very important. When complete, the study will help us design the best treatment and after care programs for Alaskans. These findings also compare very positively to studies done at programs elsewhere in the nation.

This study followed up patients from treatment centers in Anchorage, Barrow, Bethel, Craig, Dillingham, Fairbanks, Healy, Nenana, Juneau, Kenai, Ketchikan, Nome and Mat-Su. The full study is scheduled to be completed in mid-1997.

We encourage you to read and study this report. If you have any questions please contact the Division.

Sincerely,

Loren A. Jones

Loren A. Jones
Director

Chemical Dependency Treatment Outcome Study
Executive Summary

Results from a study of Alaska's chemical dependency treatment programs show that the state's efforts are succeeding on several fronts. Follow-up interviews with participants in both inpatient and outpatient treatment programs indicate that, after one year, arrests and hospitalization decreased, while participants' employment rates and work attendance increased.

The Alaska Division of Alcoholism and Drug Abuse commissioned the treatment outcome study to measure the effectiveness of publicly funded residential and outpatient treatment programs. Beginning in February 1994, the study surveyed 1024 residential/step-down patients and 510 outpatients who consented to assessments at admission, discharge, and six and 12 months after admission to treatment. The findings were collected by New Standards Inc., a Minnesota-based authority in studying treatment programs.

The study will provide information to help policymakers design the best treatment and after-care programs for Alaskans.

The outcome study found:

- Of Alaskan patients surveyed, 56 percent of those in outpatient programs abstained from alcohol for one year after treatment, compared to 42 percent of residential patients. Outpatients in the study received an average of 59 hours of care, while patients in residential programs received an average of 39 days of inpatient care.

- The study also found there is a strong association between abstinence rates and post-treatment levels of care and peer support groups like Alcoholics Anonymous. For 75 percent of residential patients, formal aftercare taken for a year resulted in a year of sobriety. Formal aftercare during the first six months appears to have the strongest impact on recovery among outpatients, with 71 to 77 percent reporting sobriety.

- Both residential and outpatient program participants reported substantial decreases in legal problems one year posttreatment. Criminal arrests, traffic arrests and motor vehicle accidents dropped. This yields overall societal benefits as a result of chemical dependency treatment by easing demands on already overburdened legal and insurance systems.

- Documented reductions in hospitalizations and emergency care and outpatient care for chemical dependency program patients support the notion that, following treatment there is a shifting away from costly hospital and emergency room "crisis" or urgent care, toward more timely and appropriate preventive or routine outpatient treatment.

- Employment rates changed dramatically from pretreatment through one year after treatment. Full-time employment increased from 30 percent before treatment to 45 percent at 12 months. Conversely, unemployment rates dropped from 45 percent to 24 percent.

- Both residential and outpatients reported significant reductions in tardiness and missing work. Outpatients in particular reported fewer problems with supervisors and fewer mistakes on the job.

- A significant number of patients surveyed reported sexual and physical abuse; 10 percent of the residential patients and 8 percent of the outpatients indicated incest by a male relative. Twenty-eight percent of the outpatients and 29 percent of the residential patients reported physical abuse prior to age 18.

FEB 16 2001

alaska judicial council

1029 W. Third Avenue, Suite 201, Anchorage, Alaska 99501-1969 (907) 279-2526 FAX (907) 276-5046
http://www.ajc.state.ak.us E-mail: postmaster@ajc.state.ak.us

Facsimile Transmittal

To: See Below

Fax #: See Below *Date:* 2/16/01

Time:

From: Teri Cams

Number of pages (including this cover sheet) 5

If you have any problems or questions, please contact Teri Cams *at (907) 279-2526.*

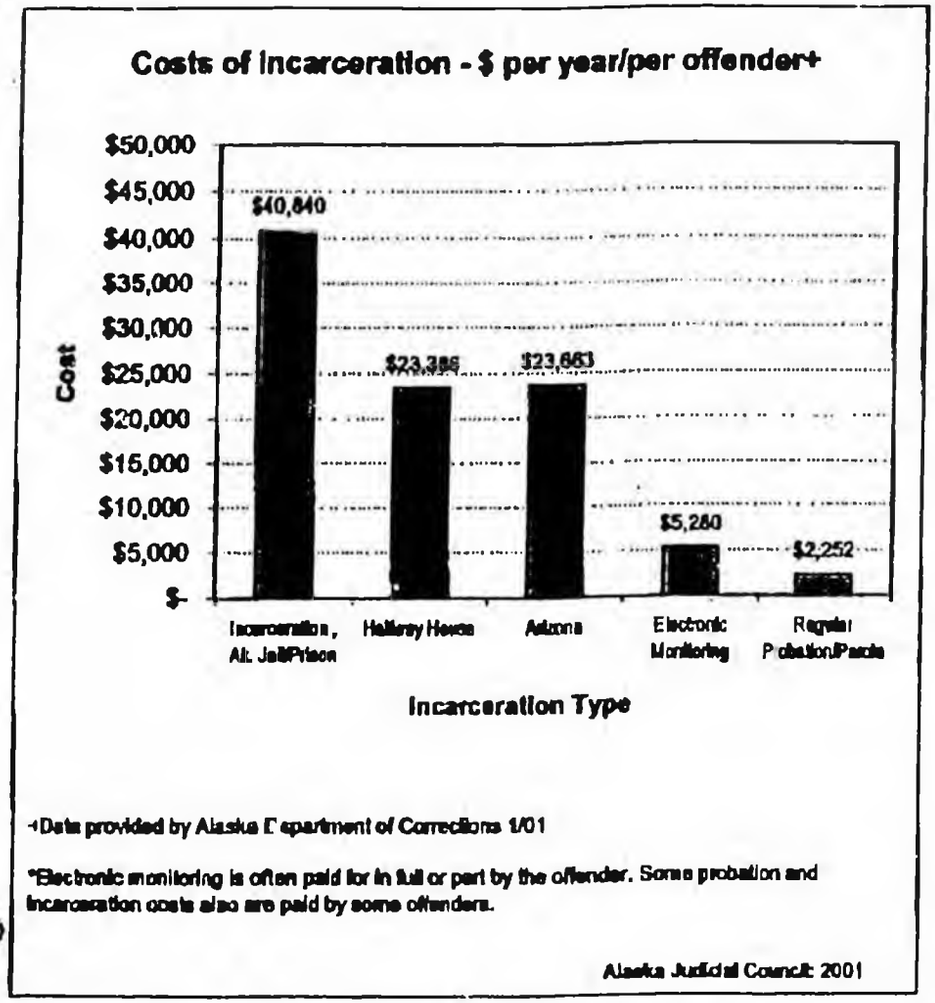
Comments:

The Judicial Council has prepared the attached charts at the request of the members of the interim Criminal Justice Council. We thought that you would find the information helpful. Please contact me if you have questions or comments. Teri Cams

*If more than one person at the same agency please distribute copies to each one.

Janet McCabe - 272-2883	Wendy Lyford - 264-0804	Suzanne Di Pietro - 264-8291	Doug Wooliver - 267-8291
Lynda Zaugg - 269-7365	Chris Christianson - 264-8291	Ron Taylor - 264-0754	Marilee Fletcher - 465-2185
Senator Elton - 465-2108	Rep. Rokeberg - 465-2040	Rep. Porter - 436-3634	Rep. Berkowitz - 465-2137
Rep. Croft - 465-4419	Rep. Joe Green - 465-4316	Heather Nobrega - 465-2040	

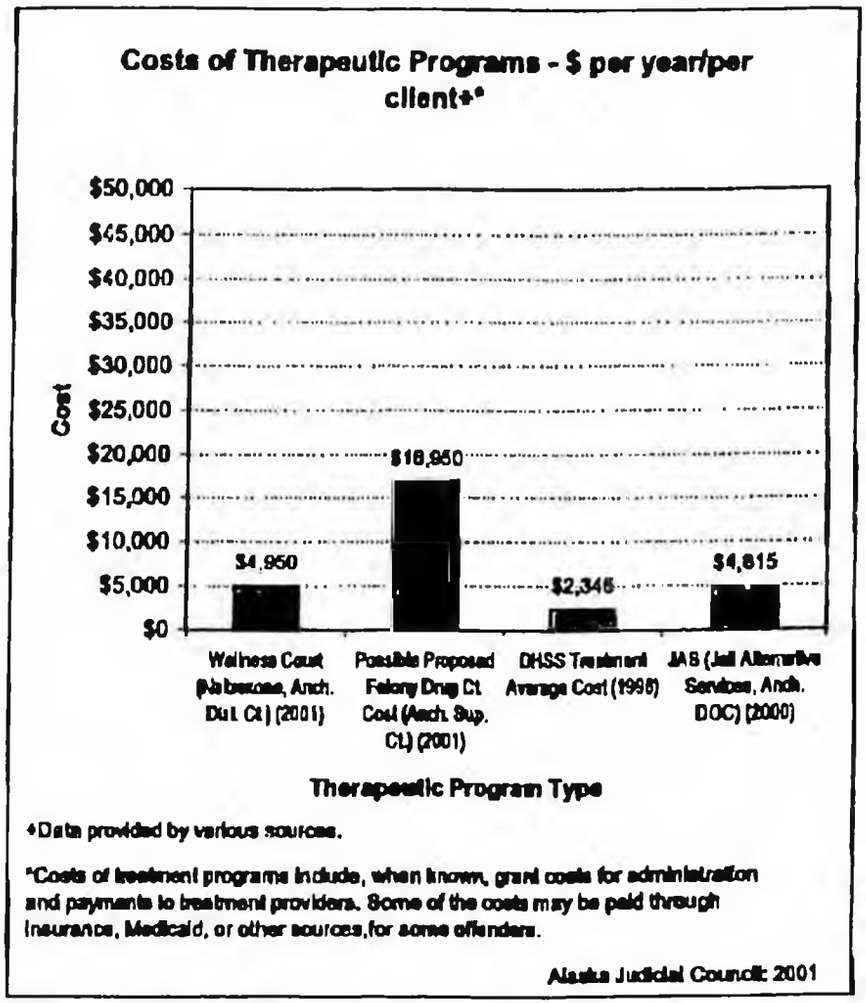
Costs and recidivism rates for incarceration compared to therapeutic programs



+Data provided by Alaska Department of Corrections 1/01

*Electronic monitoring is often paid for in full or part by the offender. Some probation and incarceration costs also are paid by some offenders.

Alaska Judicial Council: 2001

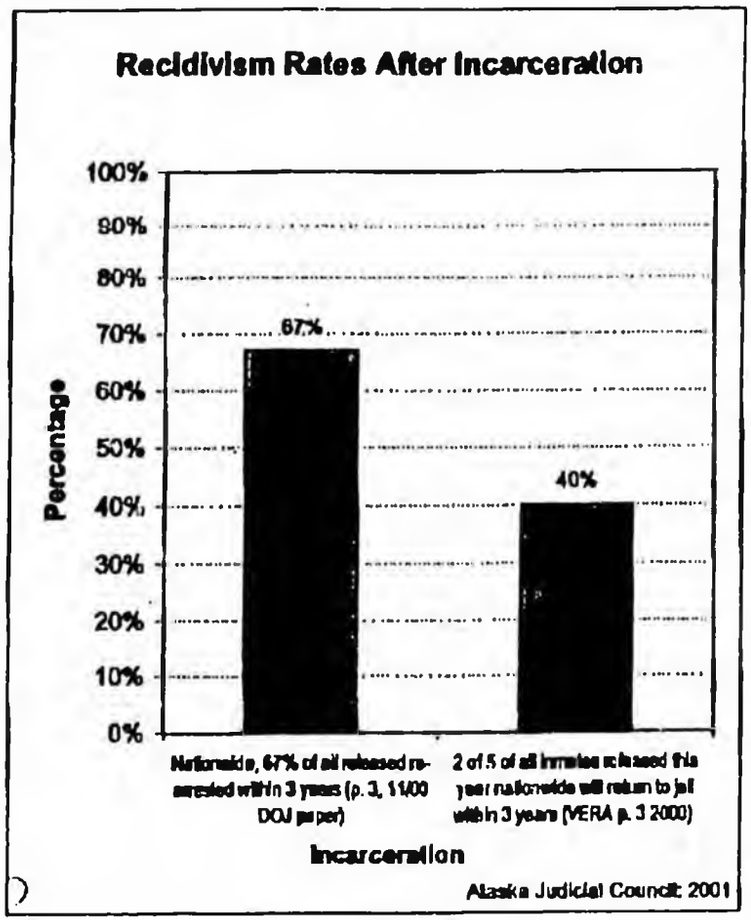


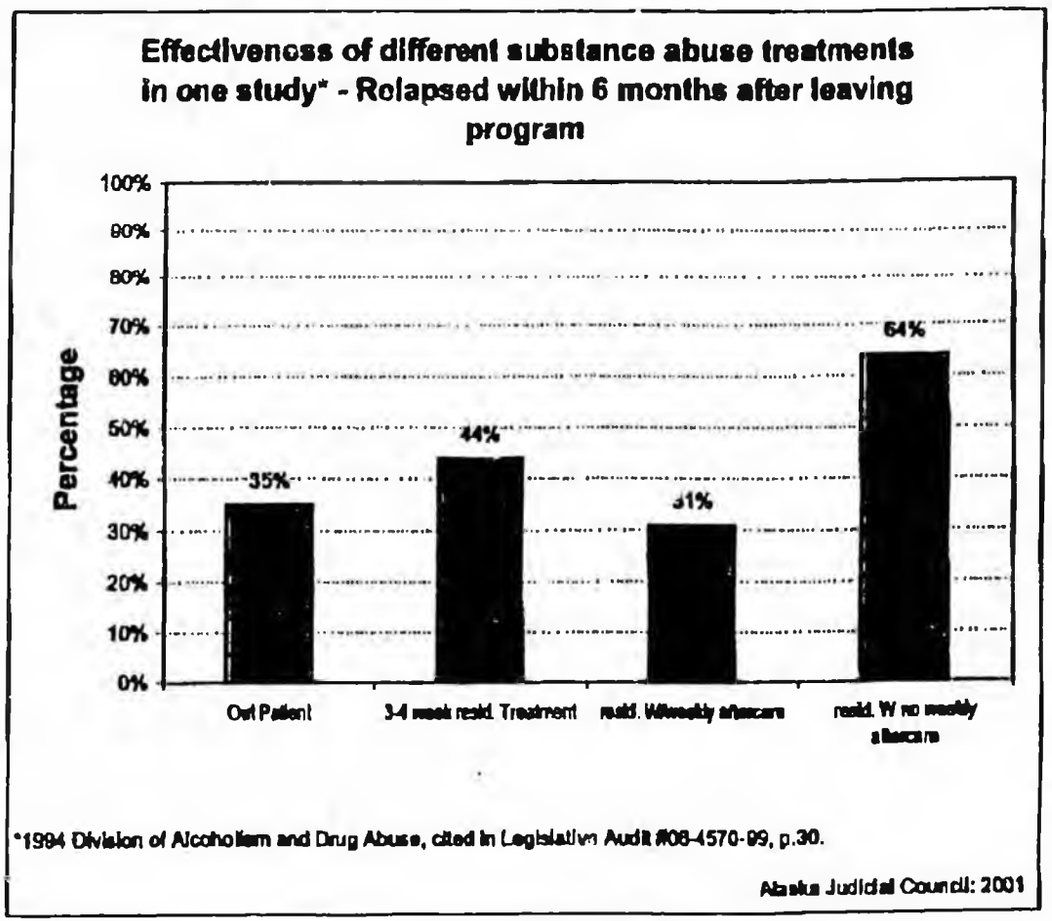
+Data provided by various sources.

*Costs of treatment programs include, when known, grant costs for administration and payments to treatment providers. Some of the costs may be paid through insurance, Medicaid, or other sources, for some offenders.

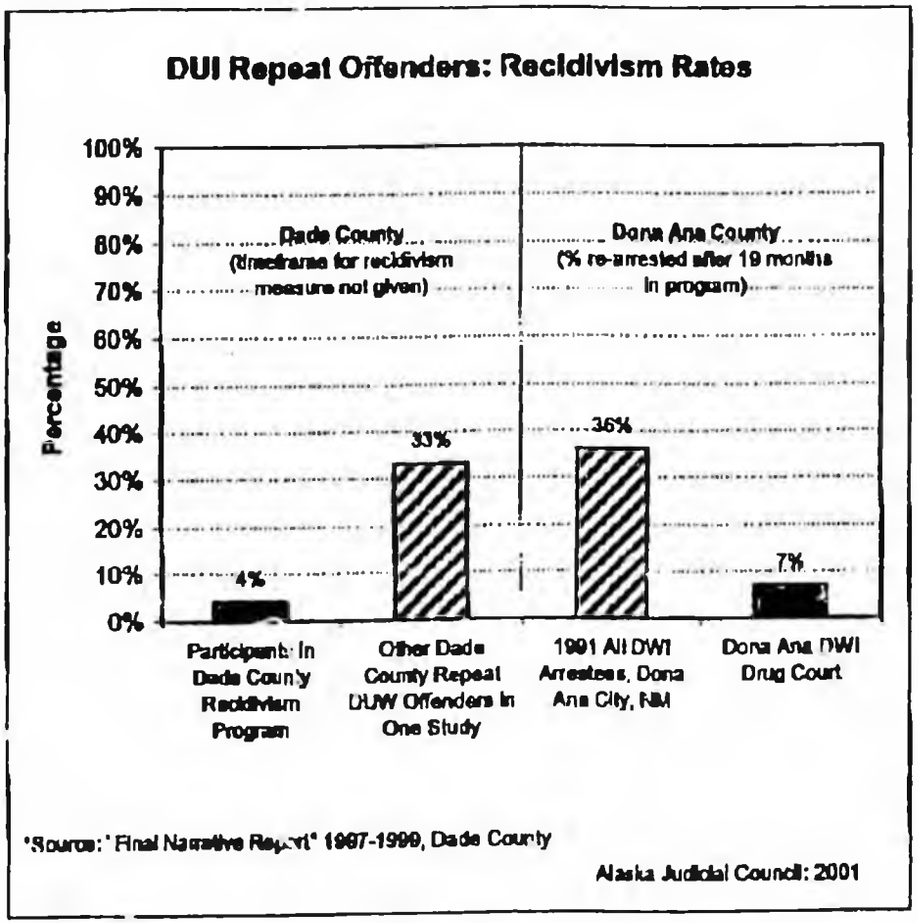
Alaska Judicial Council: 2001

Costs and recidivism rates for incarceration compared to therapeutic programs (continued)



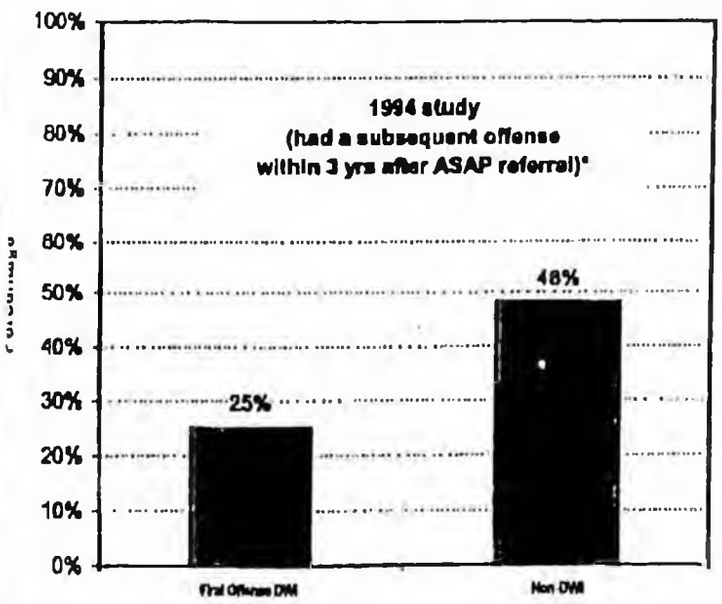


Costs and recidivism rates for incarceration compared to therapeutic programs (continued)



Costs and recidivism rates for incarceration compared to therapeutic programs (continued)

Recidivism Rates, with ASAP Referral

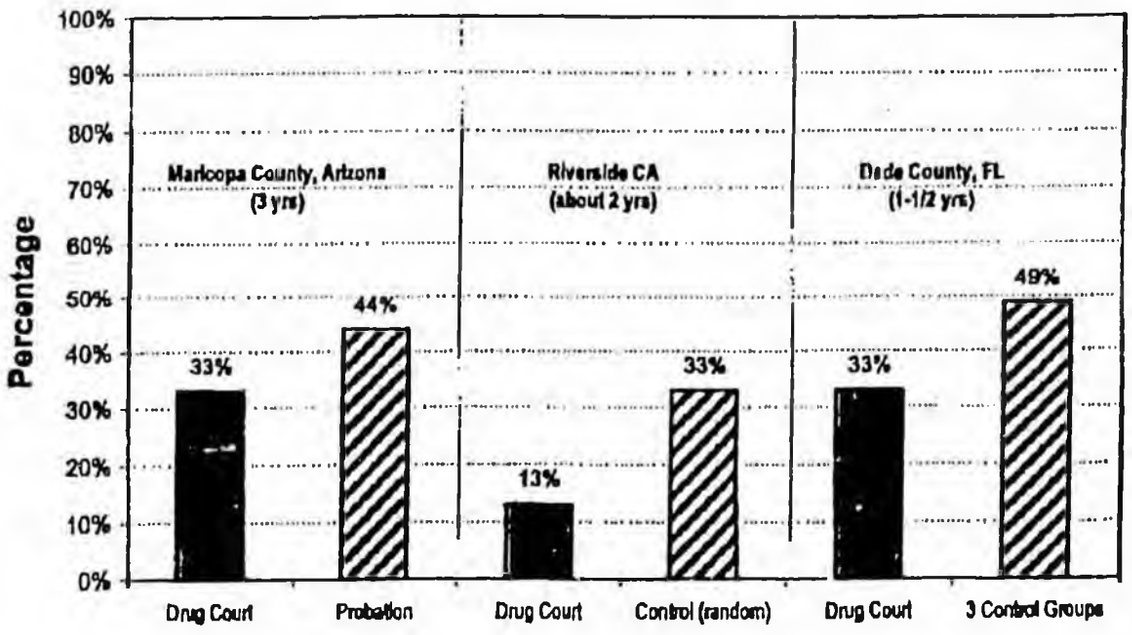


No control groups available

*ASAP Evaluation Survey, 1994, UAA

Alaska Judicial Council: 2001

Drug Courts: Recidivism Rates in Controlled Studies*



**"Research on Drug Courts: A Critical Review," S. Belenko Natl. Drug Ct Institute Review Vol. I, Issue 1.

Alaska Judicial Council: 2001

SPECIAL REPORT

ABUSE IN AMERICA: Fresh research and shifting views of treatment are opening new fronts in a deadly struggle. **By Jonathan Alter**

THE WAR ON ADDICTION

MAYBE YOU'VE SEEN THE MOVIE: DAD, AN OHIO JUDGE AND the nation's new drug czar, needs a cocktail to "take the edge off." Mom has her own youthful history with drugs and scoffs at Dad's suggestion that she was just "experimenting." Their 16-year-old daughter, a lovely straight-A student at a fancy private school, starts freebasing cocaine, then turns tricks to pay for her habit.

Whatever happens next month at the Oscars, the movie "Traffic" is a cinematic IV injection—a jolting reminder of the horrors of drugs *and* the drug war. After a campaign in which both parties all but ignored the drug issue, director Steven Soderbergh manages the nearly impossible feat of illuminating a national debate without taking sides (both reformers and hard-liners like the movie), beyond attaching a patina of hopelessness to the whole issue.

Actually, the future may not be quite as bleak as the film suggests. While policy revolutions—like legalizing narcotics somehow eradicating supply—are pipe dreams, change is coming to the world of addiction and drug policy. Voters in several states are far ahead of the politicians, approving ballot initiatives

that offer more treatment options. "Drug courts" that allow judges to impose substance-abuse treatment in place of jail have grown fivefold since the mid-1990s, part of a new understanding that, t[o] with frequent relapses, treatment is much less expensive for society than prison and interdiction. All of the former drug czars as well as the man rumored to be President Bush's choice for the job, retired Col. James McDonough, stress treatment and demand-side reduction as their first priority, though the funding decisions have yet to catch up to the new rhetoric.

More broadly, this relatively peaceful interlude in the nation's drug history (half as many regular drug users as in 1979 and the crack epidemic ebbing) offers a rare chance to rethink old approaches not just to renewed threats like heroin but to the mother of all abused substances—alcohol. Science is yielding clues about the "hedonic region" of the brain, while breakthrough medications and greater understanding of the mental-health problems that underlie many addictions are giving therapists new tools.

Addiction is hardly an American affliction, but it sometimes looks that way. The master narrative of public life these days seems to be all about abuse

DRUG CULTURES
Stars become inmates; generals decry war. Even Hollywood can't write an ending to the substance-abuse story. Downey (far right), 'Traffic's' Michael Douglas and ex-czar McCaffrey (facing page)

Even hard-liners in the war on drugs like to say that

and recovery, with inner demons replacing outer enemies or forces of nature as the dramatic foils of choice. After leaving drug rehab, Jennifer Capriati stages an improbable tennis comeback to win the Australian Open. Robert Downey Jr. relapses once again, a haunting symbol of the limits of treatment. The departing president of the United States appears to have been addicted to sex, while the new president—by his own account—once had a drinking problem.

In the real America, the toll is incalculable. Consider Areina Garcia, 34, mother of four children ages 1, 2, 4 and 7. She admits she was "selling my ass for drugs" and getting high in front of her kids. She didn't stop until her husband reported her to family court. Or Brian Kelly, 31, who started drinking at 8 while tailgating with his alcoholic parents at Notre Dame games. His crack habit landed him in a $14,000-a-month "country club" treatment program with a pool, tennis courts and nothing but what he calls "appeasement" of his problem. Now both Garcia and Kelly are midway through a no-nonsense, 12- to 15-month residential treatment program at Phoenix House, still at real risk of relapse, but with at least a fighting chance to salvage their lives.

The aggregate consequences of addiction are staggering. Consider that the number of inmates in American prisons more than tripled over the last 20 years to nearly 2 million, with 60 percent to 70 percent testing positive for substance abuse on arrest. These inmates are the parents of 2.4 million children, all of whom are disproportionately likely to follow their parents to jail. According to the exponential math of a Brown University study, if the prison population were to continue growing at the current rate, by 2053 the United States would actually have more people in prison than out.

Even greatly expanded prison capacity that consumes billions can't accommodate this flow. So over the next few years, as sentences from the high-crime 1980s are completed and reform of drugs laws accelerates, hundreds of thousands of offenders will be released or sentenced more leniently. Hard-core addicts in some jurisdictions are estimated to commit 100 petty crimes each per year. If their substance-abuse problems aren't addressed, the country will face another crime wave soon.

In an attempt to break the vicious cycle, drug addiction is increasingly being viewed more as a disease than a crime. (Drug trafficking is a different matter.) California approved Proposition 36 last fall, a landmark referendum that offers treatment options in place of jail for nonviolent offenders. New York is rewriting its draconian Rockefeller-era drug laws. The outgoing drug czar, retired Gen. Barry McCaffrey, says the phrase "drug war" should be retired in favor of "drug cancer." The straight-talking military man has little to say about interdiction. His No. 1 recommendation on leaving office last month was that insurance companies offer the same level of coverage for mental-health and drug disorders as they do for any other illness. This is unlikely (managed care has led to lower reimbursements for treatments). But even hard-liners are beginning to say that we can no longer incarcerate our way out of the problem.

OF COURSE OLD HABITS DIE HARD. WASHINGTON still directs two thirds of the federal drug budget (including $1.1 billion in military aid to Colombia) to law enforcement, while state legislatures—leery of seeming to coddle criminals—lag behind public opinion on funding treatment. So-called harm-reduction strategies like needle exchanges (common in Europe) have a tough time winning approval, despite many studies proving that they save lives. The new attorney general, John Ashcroft, has opposed not just needle exchanges, but a taxpayer-supported media campaign aimed at teens. The early signs are that the Bush team will essentially maintain the status quo on drug policy.

Even so, a "third way" consensus between liberals and conservatives is emerging, especially at the local level where the real money is spent. It combines flexible enforcement with mandatory treatment. The drug-court idea, which comes with strong backing from most prosecutors, is sometimes known as "coercive abstinence"—using the threat of jail to motivate substance abusers to get help. "The real, nut-cutting issue is motivation," says Joseph Califano, chairman of the National Center on Addiction and Substance Abuse. The research shows that those forced into treatment do at least as well as addicts who enroll voluntarily—often better, be-

they must stay in therapy longer or risk reincarceration. In all very programs, the best predictor of success is the length of treatment. While relapse is common, those who remain at least a year are more than twice as likely to stay clean.

So drug-treatment experts now often favor the "big foot" of law enforcement. "The legalizers don't understand the psychodynamics of addiction," says Dr. George De Leon, author of the National Institute on Drug Abuse's most thorough study of treatment. "The nature of the disorder is that the client is resistant to treatment." This suggests the need for intensive drug treatment not only in jail, where addicts are a captive audience, but after release, with sentences shortened in exchange for successful enrollment. Drug-court judges use carrots (gift certificates; the promise of fewer court dates) and sticks (return to jail) to change behavior.

Drug-policy reformers like Ethan Nadelman of the Lindesmith Center don't buy the approach: "Alcoholics don't have coerced treatment," Nadelman says. "So why should drug abusers?" But those who actually provide treatment say they have fewer empty beds when the courts are involved. They worry that California's Proposition 36 doesn't do enough to compel long-term treatment. Addicts will "get kind of a driver's-ed course in drugs that isn't going to force them to take a self-inventory and change themselves," says Dr. Mitchell Rosenthal, founder of Phoenix House, which operates residential-treatment centers in eight states.

Rosenthal says Phoenix House has relied on the criminal-justice system for its recent growth spurt. As in all treatment, the vast majority drop out before completing the program, but those who make it through the whole year have a surprisingly good prognosis. The research shows that about three quarters of those who graduate from 12-month residential programs are employed, drug-free and not in jail five years later. The results for in-prison programs and outpatient therapy are worse than for long-term residential care, but there, too, the key variable is length of treatment.

At the same time, all but the fanciest 28-day residential programs are less expensive than prison, and outpatient care is much cheaper. Even when you throw in the costs of the drug court, the total expense is less than half as much as jail, and the results are far more effective. Inmates assigned to drug courts in Los Angeles and Washington, D.C., were 30 percent less likely to be rearrested than those who went through conventional courts—a huge savings to society. In another survey, only about 10 percent of those under court supervision tested positive for drugs; for those in regular probation, the "dirty urine" figures were one third.

Meanwhile, hundreds of laws remain on the books that make it hard to treat substance abuse as a public-health matter. Consider heroin addiction. In nine American cities, men 20 to 54 are more likely to die of a heroin overdose than in a car accident. But courts won't often authorize methadone treatment, and junkies routinely fail to report overdoses to the authorities for fear of being arrested. In "Traffic," the kids leave their overdosed friend at the hospital and run—a common response.

IN NEW MEXICO, WHERE GOP GOV. GARY JOHNSON IS an outspoken drug reformer, the authorities are trying a new harm-reduction strategy to fight overdoses. Last month New Mexico doctors began giving addicts syringes full of Narcan, an easy-to-inject medication that counteracts the heroin, often saving lives. One test of the new public mood on drug-policy reform will be if other states follow suit.

New York is beginning to reassess its tough drug laws, which date from the 1970s. Last month Gov. George Pataki, once a major hard-liner, proposed cutting the minimum sentences for serious drug felons from 15 years to eight and giving judges more discretion. In reviewing the clemency process, Pataki says he found "dramatically unfair sentences—people sentenced to 15 years when their involvement was minimal." But at the federal level, so-called mandatory minimum sentencing requirements are in no danger of being repealed any time soon.

e can no longer incarcerate our way out of the problem

Spending priorities right now look pound foolish. The Center on Addiction and Substance Abuse released a study last week showing that states spend more than 13 percent of their total budgets just "shoveling up" the wreckage of addiction—as much as they appropriate for higher education and 100 times what they spend on prevention and treatment. Another study by Rand Corp. shows that every dollar spent on treatment saves seven dollars in services. That's because even if addicts eventually relapse, they are clean during their time in treatment, saving millions in acute health-care costs and law enforcement.

For all its promise, treatment remains a spit in the ocean of national substance abuse. Phoenix House, the nation's largest network of treatment centers, has only about 5,000 residents—out of more than a million people arrested every year on drug-related charges. California's Proposition 36 will fund 10,000 new treatment slots. But that's out of 160,000 inmates who need it. While drug courts are multiplying fast, they still make up a tiny percentage of all criminal courts. In other words, like treating addiction, changing national drug policy will take patience, commitment and time. All we know for sure is that we have no choice but to try.

With MICHAEL ISIKOFF, MARK HOSENBALL and SUZANNE SMALLEY

MSNBC FOR ADDITIONAL, WEB-EXCLUSIVE COVERAGE FROM OUR REPORT ON FIGHTING ADDICTION, GO TO NEWSWEEK.MSNBC.COM. AND LOG IN FOR AN AUDIO INTERVIEW WITH JONATHAN ALTER

Millions of Americans abuse drugs, alcohol and cigarettes every year. The cost to society? Nearly $300 billion.

MAPPING ADDICTION

HIGH TIMES: Eleven million Americans inhale monthly; Coloradans lead the pack

LIQUID: North Dakota ranks first in binge-drinking rates; Maryland is last

RAVING: 'Club drugs,' namely ecstasy, are on the rise; Boston and St. Louis report sharp increases

SMOKIN': Tobacco kills 430,000 per year; Nevadans smoke the most

SNAPSHOT

Alcohol and illicit-drug use
DEPENDENCE AS A PERCENTAGE OF STATE POPULATION*

- 5.50-7.30
- 5.03-5.49
- 4.62-5.02
- 4.19-4.61
- 3.74-4.18
- ✖ High-intensity drug-trafficking areas

SHOOTING UP: Heroin use among teens is rising in San Francisco, Newark, N.J., and Atlanta.

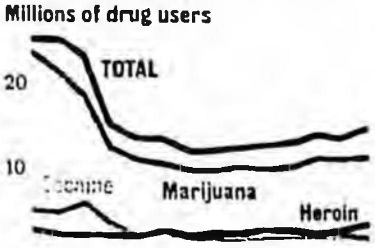
SNOWED: In Miami, San Diego and Bridgeport, Conn., cocaine use is up

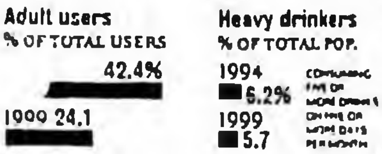
*1998 SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION SURVEY (SAMHSA)

SUBSTANCE ABUSE

Abuse is down, but 47 million Americans are still hooked on cigarettes, and 14 million each on drugs and alcohol.

Millions of drug users

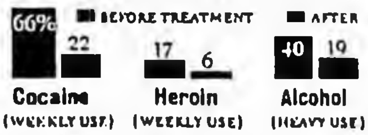




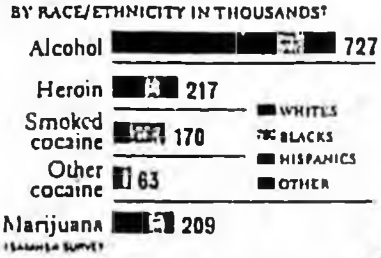
TREATMENT

Substance abusers who stay in treatment longer are less likely to resume their bad habits.

Long-term inpatient treatment



Admissions for treatment
BY RACE/ETHNICITY IN THOUSANDS†



†SAMHSA SURVEY

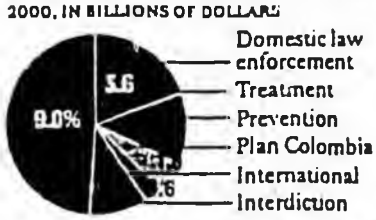
SPENDING

Federal and state governments spend only a small percentage of their budgets on treatment and prevention.

Substance-abuse-related spending

	PERCENT OF BUDGET	PREVENTION, TREATMENT, RESEARCH
New York	17.0%	1.0
Massachusetts	16.8	0.6
California	15.3	0.7

U.S. drug-control budget: $18.4 billion
2000, IN BILLIONS OF DOLLARS



ALCOHOL: Every year, abusive drinking costs the United States more than all illegal drugs combined. Now a controversial medicine that fights the craving for booze may help alcoholics in their struggle to stay sober. But is it a magic bullet? **By Claudia Kalb**

CAN THIS PILL STOP YOU FROM HITTING THE BOTTLE?

Addicts know the pattern all too well—that roller-coaster ride of intoxicating highs and wasted lows. David Nott's journey has been one of the worst. At 28 he was a successful underwriter for Lloyds Insurance in London with a Porsche, a Ferrari and a country manor. But after two decades, Nott's life had spiraled into a mess. His addiction drowned his fortune, ruined three marriages and propelled him toward suicide. Drug of choice: alcohol. Breakfast was cheap Spanish wine; then came the vodka—a sickening cycle of passing out and coming to. He craved both another drink and a better life. "Once I was holding a glass of vodka and shaking and crying," says Nott, now 48. "I didn't want to drink it, but I couldn't stop."

It's a battle far too many are losing. Alcohol abuse costs this country a staggering $185 billion a year in everything from lost workdays to drunken-driving accidents—more than all illegal drugs combined. Six million Americans persistently misuse alcohol, and 8 million more are addicted; 100,000 will die this year from alcohol-related causes. Hospital charts are littered with the complications of chronic heavy drinking—heart disease, stroke, liver failure. Those who are still fighting spend years in and out of treatment, unable to kill the cravings that wreck their lives and, too often, the lives of those close to them. Fixing the problem is a herculean task. Alcohol courses freely through American society, from college bars to corporate lunches. There's no government booze czar, no war declared; nor has alcohol been banished to the sidewalks like cigarettes. Every year, alcohol advertisers spend more than $ illion to promote the tasty, relaxing side of liquor—over three times the annual budget of the National Institute on Alcohol Abuse and Alcoholism (NIAAA). Many addicts, meanwhile, are not getting the help they need.

But they may have reason to hope. Medications that act on the brain to help control the urge to drink are forging a new direction in alcohol treatment. Acamprosate, a pill used for years in Europe, will soon be under review by the FDA and could be available by prescription by the end of this year. David Nott took the drug in combination with counseling and has now been sober for three years. Without it, he says, "I'd be dead now." Next month the NIAAA will launch a major nationwide trial to test counseling together with a one-two punch of acamprosate and naltrexone, an anti-craving pill approved in 1994. The drugs "herald a whole new era in the treatment of alcoholism," says the NIAAA's Dr. Enoch Gordis. "The medications five to 10 years from now will be even better."

That might seem like cause for celebration—but reaction to the idea of treating alcoholism with drugs is decidedly mixed. Many recovering alcoholics, who beat their addiction with steely willpower and support groups, are leery: there are no shortcuts, they say, to staying dry. Gordy Brown, a recovering alcoholic in St. Paul, Minn., fears that addicts might be tempted by what they think will be an "easier, softer" way out of addiction—then shirk the hard work of dealing with the personal turmoil that may have led them to booze in the first place. "A pill," he says, "is about the bottom when it comes to taking responsibility."

Medication also has a tortured history in addiction treatment. Antabuse, the first anti-alcohol drug, in use since 1948, blocks the body's ability to absorb alcohol. Taking it, then drinking, provokes a violent response: headache, palpitations, vomiting. Some alcoholics swear by it, but many others can't stomach the effects. Other drugs, like the habit-forming

DOSING UP

Acamprosate, together with counseling, worked for Nott. He hasn't touched alcohol in three years.

sedatives Librium and Valium, make alcoholics even warier. They're still used to help calm the tremors and anxiety during the acute phase of detox, but they haven't completely shaken the bad rap they got decades ago when given long-term to help people stay calm after withdrawal. Kellie Baker was prescribed the sedative Xanax during rehab at the age of 16, four years after she started drinking heavily. "It was kind of a joke," says Baker, 31. "I'm trying to get sober, and here I was getting completely stoned."

But acamprosate and naltrexone are in a different class—they're nonaddictive. And even their proponents are not pushing them as a cure: their effects are moderate, and they're intended for use only in combination with counseling or support. They help ward off relapse, not get active drinkers to quit. And alcoholics must be highly motivated to cork the bottle, or the pills will have little impact. The first time Pierre Galard, a Paris artist, took acamprosate, it didn't reduce his desire for booze at all. "I wasn't ready to quit," he says. What the drugs do provide, scientists say, is a new option for those who've failed traditional therapy. Only 10 percent of problem drinkers get the help they need. Of those who go into patient rehab, about half relapse within the first three months of treatment. And self-help groups like Alcoholics Anonymous don't work for everyone. "Alcoholics are not all the same," says Dr. Bankole Johnson of the University of Texas Health Science Center at San Antonio. "The hope for the future is that we give people the treatment that is best for them."

'These drugs herald a whole new era in the treatment of alcoholism. And they'll get even better.'
—DR. ENOCH GORDIS, NIAAA

The best treatment will depend, at least in part, on which of two broad camps drinkers fall into. "Alcohol abusers" drink persistently, despite causing chronic problems in their lives, jeopardizing relationships and jobs. They are not, however, physically addicted to alcohol, and some may be able to drink in moderation. But the "dependents"—for whom the drugs are intended—are a different story. They can't keep themselves from drinking, and many suffer the wrenching physical symptoms of withdrawal—nausea, tremors, hallucinations. For them, most experts agree, abstinence is the only way to go. "The normal drinker gets relaxed, gets woozy, and then something inside clicks on that says, 'You need to stop now'," says Kathy Olund, 58, a recovering alcoholic and vice president of the visitors' bureau in Flint, Mich. "I never stopped. I drank until I was drunk, and then I began drinking every day."

Why was Olund hammered with cravings for more, while most of us can tough out the hangover with a couple of aspirin? Environmental triggers, like an unstable home, and perhaps even certain personality traits like impulsiveness, may put people at greater risk. So do certain genes—probably a whole bunch of them. Adopted boys are up to three times more likely to become alcoholics if a biological parent is—even if they're raised by nonalcoholics. Researchers recently identified "hot spots," or regions of chromosomes, linked to a risk for alcoholism. Now they're zeroing in on the actual genes, hoping those genes will be new targets for designer drugs that will one day strike at addiction with precision.

Acamprosate is nowhere near that sophisticated. No one knows precisely how it works, but the drug (marketed in Europe by Lipha Pharmaceuticals under the brand name Campral) seems to quiet the glutamate system—brain chemicals that get stuck in a hyperactive state after alcohol withdrawal. As a result, some alcoholics say, acamprosate wards off the temptation to order a vodka when they smell cigarette smoke or go to a party—typical drinking "cues." In European trials, patients taking acamprosate—two pills three times a day—stayed off alcohol 10 to 25 percent more days than patients on a placebo. Overall, the drug nearly doubled abstinence rates (from 28 percent on placebo to 55 percent on acamprosate) over three months of treatment, says Dr. Barbara Mason of the University of Miami School of Medicine, a Lipha consultant and lead investigator of a U.S. trial of 601 alcoholics. The effects are not magic, but "we're really starting to make some inroads," she says.

SUPPORT IN THE FIGHT
Baker has been sober for 14 years. Now she counsels others.

For alcoholics in the United States, the closest thing on the market to acamprosate is naltrexone, originally approved to treat heroin addiction. The drug's effectiveness has varied in studies. In one dramatic finding in a small group of alcoholics, 95 percent of those who "slipped" and took a drink while on placebo went on to binge, but only 50 percent of patients on naltrexone did. If a medicine could similarly decrease the odds of moving from angina to a heart attack, says Dr. Ted Parran, an addiction specialist at University Hospitals of Cleveland and Case Western Reserve University, "every cardiologist on the planet would be lobbying for it to be put in the public drinking water."

Other drugs are on the horizon. A naltrexone cousin called nalmefene is being studied in the United States. An injectable form of naltrexone, given just once a month, is being tested to help improve compliance—a critical challenge in the future of drug treatment. Antidepressants

MSNBC BACKSTORY: FOR AN AUDIO INTERVIEW WITH AUTHOR CLAUDIA KALB, LOG ON TO NEWSWEEK.MSNBC.COM

ike Zoloft and Prozac are being studied in ie ed alcoholics. Drug combinations, ike the upcoming trial of naltrexone and acamprosate, could hold the most promise, allowing medications to fire at different parts of the brain's wiring at the same time.

The greatest upside of the new science may be a wider acceptance of medication as a legitimate part of treatment. AA has no official policy on drugs, but a survey of 277 members in Buffalo, N.Y., found that more than half think a nonaddictive medicine that reduces the urge to drink either is a good idea or might be helpful. Only 12 percent said they'd advise someone to stop taking such a drug. And at Hazelden, the treatment center that is home of the famed "Minnesota Model" of counseling in combination with a 12-step approach, researchers are designing studies of both naltrexone and acamprosate. The pills, says research director Pat Owen, are not viewed as a threat to talk therapy, but they do raise new questions about the best approach to treatment: "People here are curious about the drugs. What will they do? What role will they play?"

Those questions point to the enormous challenges treatment providers still face. No matter how well a pill works on the brain, it will never be able to fix complex life issues. Unsophisticated who abuse alcohol often suffer coexisting illnesses like anxiety, depression and schizophrenia; many abuse illegal drugs as well. How will one drug work when a patient is addicted to two? Simply understanding that alcoholism can be a tangle of conditions is leading to a more sophisticated concept of the disease. That could help refine the public's attitude. Now, says Parran, a lot of people still believe that the alcoholic is nothing more than a slob, a spineless, weak-willed drunk." Researchers liken alcoholism today to depression 20 years ago, before drugs like Prozac helped it be seen as a biologically based, treatable illness. "As the science marches on and treatments become better, I think you will find that the stigma will lessen," says the NIAAA's Gordis. "It's a very exciting time."

It's certainly exciting for those who have managed to win the battle. Rebecca Tucker, 23 (high-school nickname: Champagne Becky), relied on rehab and counseling to quit three years ago. "I am pro-anything that helps someone get and stay sober," she says. "Twelve-step programs, drugs, counseling—anything that can make that hellish period of early sobriety the slightest bit easier is OK by me." Straight-up wisdom for the millions of alcoholics still fighting the demon.

With JOAN RAYMOND, CHARLOTTE PEARSON, DAVID BRAUER, JOHN LAUERMAN, TARA WEINGARTEN *and* ANDREA GOETZELMANN

Know who makes all those anti-drug spots? Doesn't matter: they work. **By Devin Gordon**

THE WAR ON DRUGS GOES TO THE AIR

ANYBODY WHO'S TURNED ON A television in the past 14 years has seen the work of the Partnership for a Drug-Free America. Remember these? A girl jackknifes off a diving board into an empty pool. Another bashes a kitchen to smithereens with a cast-iron pan. And, of course, a man fries an egg on a stove and explains—all together now—that this is your brain on drugs. And yet, if you ask parents and kids just who exactly the Partnership is, most of them say ... nothing. "The usual response is 'Don't know,'" says executive vice president Steve Dnistrian, smiling. "That's intentional. We don't bother with brand identity. The message is our brand."

AIR TIME The Partnership hits its mark by crafting artful, confrontational spots—most famously, the 'brain on drugs' ad (below)

The message is also hitting its mark. A report released last week by the National Institute on Drug Abuse found that anti-marijuana advertising has helped cut teen use by 26.7 percent. Earlier studies by the University of Michigan, New York University and Johns Hopkins each concluded that anti-drug messages have significantly reduced usage among children in every age group. The partnership does have its naysayers—new Attorney General John Ashcroft, for one, believes the campaign is a waste of federal money—but the research doesn't help their case. Says Lloyd Johnston of Michigan's Institute for Social Research: "The kids we studied were actually willing to admit that something had influenced them. I was amazed."

The partnership isn't so surprised. Launched in 1986 by a handful of the advertising industry's finest minds, the nonprofit is in the midst of a five-year, $1 billion joint venture with the Office of National Drug Control Policy. "And I've been ferocious in guarding those dollars," says outgoing drug czar Gen. Barry McCaffrey. The ads—created pro bono by a roster of 200 firms—reach every child in America approximately eight times a week. "The underlying theory is, 'If we can sell a product, why can't we unsell one?'" says founding member Allen Rosenshine, director of ad-industry titan BBDO Worldwide and chair of the partnership's star-studded creative-review board. The key, he says, is to maintain credibility: don't mislead, don't exaggerate, or kids will tune you out. That'll be critical as the partnership tackles its next challenge: ecstasy. Dnistrian admits that the party drug's sudden rise caught the group by surprise; now it's racing to come up with a response.

To get there, the partnership's 35-member permanent staff will lean heavily on its review board, which makes all creative decisions. "The crown jewel of our operation," Dnistrian calls it. "You can't buy this kind of talent. If you were IBM or Ford, you'd kill for it." Others would kill to get in front of it. For rising stars, pitching to the partnership is the ultimate job interview. Says Stanley Becker of Saatchi & Saatchi: "When I see a piece of work that's really brilliant, I make a mental note of who did it." Kids, meanwhile, make a mental note of what it's saying. ■

alaska judicial council

1029 W. Third Avenue, Suite 201, Anchorage, Alaska 99501-1969 (907) 279-2526 FAX (907) 276-5046
http://www.ajc.state.ak.us E-mail: postmaster@ajc.state.ak.us

Facsimile Transmittal

FEB 23 2001

To: See Below

Fax #: See Below

Date: 2/22/01

Time: 2:30

From: Teri Carns

Number of pages (including this cover sheet) 20

If you have any problems or questions, please contact Teri Carns *at (907) 279-2526.*

Comments:

Rep. Brian Porter - 465-3834 Jesse Ueogh - 465-2108 Janet Seitz - 465-2040 Chrystal Smith - 465-2075

Elmer Lindstrom - 465-3068 Margot Knuth - 465-3390 Judge Wanamaker - 264-0872 Janet McCabe - 272-2893

Doug Woolliver - 264-8291 Judge Murphy - 264-0503

DRUNK DRIVERS, DWI "DRUG COURT" TREATMENT, AND RECIDIVISM: WHO FAILS?

James F. Breckenridge
L. Thomas Winfree, Jr.
James R. Maupin
Dennis L. Clason

Abstract

We conducted an evaluation of an experimental Driving-While-Intoxicated (DWI) Drug Court treatment program operated by a single municipal court. Specially trained court personnel assessed first-time (and, as we found out, some second-time) DWI offenders for symptoms of alcoholism. Once court personnel reached a clinical determination that an individual was an alcoholic, research team members randomly assigned that person to either the treatment program or to a control group receiving normal municipal court processing. A third group consisted of a like number of randomly selected, nonalcoholic, first-time offenders. The conviction records of all three groups were tracked for up to 24 months following the initial DWI conviction. We found significantly fewer alcohol-related and other serious crime reconvictions for the nonalcoholic group. Among those determined to be alcoholic, the treatment group had significantly fewer reconvictions than the control group. We address the implications and limitations of our findings for similar experimental studies in criminal justice and for DWI Drug Court treatment programs.

An earlier version of this paper was presented at the annual meeting of the Academy of Criminal Justice Sciences, Orlando, FL, March 9–13, 1999. This work was supported under grant 96-IJ-CX-0022 from the National Institute of Justice, Office of Justice Programs, U.S. Department of Justice. Points of view in this document are those of the authors and do not necessarily reflect the official position of the U.S. Department of Justice.

Since the early 1980s, driving while intoxicated (DWI)[1] has been identified as a major problem in the United States because of the large number of lives lost in alcohol-related vehicle accidents. Between the years 1982 and 1997, alcohol-related driving accidents resulted in 333,586 deaths, an average of 22,240 persons each year (National Highway Traffic Safety Administration [NHTSA], 1999b). In 1997, there were two alcohol-related traffic deaths per hour, 45 per day, and 315 per week (NHTSA, 1999b).

In this paper we examine one community's effort to reduce the number of DWI offenses. In particular, we evaluate an experimental court-based treatment program for clinically diagnosed alcoholics convicted of driving drunk. We begin with a brief discussion of drunk driving in the United States in general and in New Mexico in particular. Next, we outline the development of and process used by a post-adjudicatory treatment program employed by one New Mexico court. Finally, we assess this program by analyzing the new conviction records of program participants and comparing them to the records of two groups of nonparticipants.

Responding to a Social Problem: DWI Policies and Practices in the 1980s and 1990s

In 1995, 1.4 million arrests, or 9% of all arrests, were for drunk driving (National Center on Addiction and Substance Abuse [NCASA], 1998, p. 55). Interestingly, this figure represents a drop of almost 500,000 arrests from the peak year in 1983 (Greenfield, 1998, p. 11; NCASA, 1998, p. 55). Liu and associates (1997), however, estimate that drivers in the United States operate motor vehicles under the influence of alcohol approximately 123 million times each year. In other words, for every one drunk driver who gets caught, nearly 90 others escape.

The national response to the "DWI problem" throughout the 1980s represented a linear approach to criminal justice policy: an escalation in the sanctions for DWI offenders, as well as those whose alcohol consumption directly contributes to an automobile accident. As a result of pressure from citizen groups and the "just deserts" attitude about criminals held by many members of society at the time, legislators enacted laws giving individuals convicted of DWIs increased jail time, and, in some circumstances, prison sentences. The effect of these laws

[1] Some states, in recognition of the fact that alcohol is but one drug, use the term Driving Under the Influence, or DUI.

on inmate populations has been considerable.[1] In 1997, more than a half million DWI offenders were on probation (454,500), in jail (41,100), or in prison (17,600); in other words, DWI offenders accounted for 14% of all probationers, 7% of all jail inmates, and 2% of all state prisoners in the United States (Maruschak, 1999, p. 1).

Incarceration may not be the optimal solution for preventing reoffending for substance abuse-related law violations (McGuire, 1995), and may be viewed as counterproductive by society (NCASA, 1998). By the 1990s, increased emphasis began to be placed on a second approach to drug-using offenders: treatment. Indeed, many treatment options exist, ranging from educational programs to individual and group clinical counseling sessions. However, as Taxman and Piquero (1998, p. 130) observed, "Due to wide variation among rehabilitation programs, researchers have repeatedly found it difficult to make general statements about the effectiveness of rehabilitation programs for drunk drivers." According to Brennan (1992, p. 40), "If the problematic drinking and/or the dependency/addiction is not addressed, the offender will be back in the criminal justice system."

Drunk Driving: The Case of New Mexico

The State of New Mexico is a sparsely populated state of 1,729,751 residents (U.S. Census Bureau, 1997). However, it has a relatively high incidence rate for alcohol-related accidents. For example, in 1982, New Mexico reported 367 alcohol-related traffic fatalities, or 63.6% of the traffic fatalities for that year; by 1997, DWI fatalities had declined to 220, or 45.5% of all traffic fatalities (New Mexico State Highway and Transportation Department [NMSHTD], 1998b, p. 2). Even with this decline, New Mexico remained above the national average by more than 10 percentage points, with alcohol being involved in 42.5% of all fatal crashes for 1997 (NHTSA, 1999b, p.1).

The high rate of drinking and driving in New Mexico is reflected in the state's arrest rates. In 1997, there were 19,486 DWI arrests and 11,608 DWI convictions (NMSHTD, 1998b, p. 15). New Mexico's per capita arrest rate, at 1,156 per 100,000 drivers, is tied with Nebraska's for the sixth highest in the

[1] Nationally, legislation that increases the sanctions for DWI offenses tends to have the same effects on state and local criminal justice systems as does the mandatory sentence legislation for illegal drug offenses: far higher prison and jail populations (Kinkade, Leone, & Wacker, 1992).

nation, behind only Minnesota, Washington, North Carolina, Idaho, and Wyoming (Maruschak, 1999, p. 3). Of New Mexico's 33 counties, Doña Ana County is the second most populous and is ranked fourth in the number of DWI convictions in 1997 with 969 (NMSHTD, 1998a, p. 8). Also in 1997, Las Cruces, the state's second largest city and the city in which this study was performed, recorded 569 DWI convictions, or 60% of the convictions in Doña Ana County (NMSHTD, 1998a, p. 9).

Creation of a DWI Drug Court Preadjudicatory Treatment Program

The creation of special courts for drug-involved offenders is not a totally new idea. For example, special courts directed at those arrested for heroin use and distribution began operating in Chicago and New York in the early 1950s and into the 1970s (Belenko, 1998). These courts were created in response to increasingly stiff penalties for drug-related offenses, but they were punishment oriented. They did not provide substance abuse treatment for offenders. Essentially, these courts focused on the law breaking, and not the underlying substance abuse problems with which the offender was burdened. A court that was aimed at dealing with the offense and the offender's substance abuse problem was not available until the late 1980s.

Drug Courts: Miami and Beyond

In 1989, Janet Reno, then the Miami-Dade County Attorney, worked with other local officials to design and implement the first drug court containing a significant treatment component. This court was based in part on the assumption that successful treatment of substance abuse problems would eliminate future commission of drug-related offenses and lower the jail and prison populations (Belenko, 1998). The Miami court used its coercive power to make offenders comply with a presentence treatment program or face harsher sanctions.

The Miami Drug Court dealt with chronic substance abusers through a combination of rehabilitation and sanctions. Miami's diversionary drug court approach to handling drug offenders provided the offender with "a year or more of treatment and case management services that included counseling, acupuncture, fellowship meetings, educational courses, and vocational services, along with strict monitoring through periodic urine tests and court appearances" (Finn & Newlyn, 1993, p. 2). The program had three phases: detoxification, stabilization, and aftercare (Goldkamp, 1994). This was a switch from the traditional judicial approach that consisted of jail time or probation as the only possible outcomes.

Drug courts have evolved into two different models but still use the same treatment approach to dealing with offenders. The Miami Drug Court was a presentence program that exposed participants to treatment prior to proceeding through the standard criminal judicial process. Offenders were provided with the option of undergoing a treatment program, staying clean and meeting all other requirements set out by the court, or facing the judge and conventional judicial actions. Those offenders who were designated by the court counselor as needing treatment were offered the treatment choice. Incentives for the offender included dismissal and expungement of all charges and fines (Belenko, 1998; Finn & Newlyn, 1993).

The second model was a postsentence treatment program. Under the postsentence drug court model, offenders would proceed through the traditional judicial process, but prior to the sentencing hearing they would be offered the option of going through the drug court program. If the offenders chose the drug court program, they received a deferred sentence that could be suspended providing they completed the treatment. Incentives for participants to complete the program included the suspension or reduction of remaining fines or probation time (Belenko, 1998).

Drug Court Practices and Procedures

The drug court, given its unique approach to dealing with offenders, has a specific set of punishment/treatment goals. According to Belenko (1998, p. 6) the central drug-court goals are:

> to reduce drug use and associated criminal behavior by engaging and retaining drug-involved offenders in programmatic and treatment services; to concentrate expertise about drug cases into one courtroom; to address other defendant needs through clinical assessment and effective case management; and to free judicial, prosecutorial and public defense resources for adjudicating non-drug cases.

These goals generally are applicable to either drug court model. Moreover, drug court programs generally recognize the high potential for client relapse since the offenders' substance abuse problem is defined as a disease (Brown, 1997).

Drug courts generally include four treatment phases (cf., Belenko, 1998; Finn & Newlyn, 1993; see, too, Mays, Ryan, & Bejarano, 1997; NCASA, 1998). During the first phase (Phase I), detoxification provides physical, mental, and emotional stability for inmates suffering withdrawal symptoms (NCASA, 1998, p. 121). Participants attend weekly hearings for up to three months, combined with group counseling sessions twice a week and individual counseling sessions once a week. The judge may also "prescribe" Alcoholics Anonymous sessions.

The second phase of treatment (Phase II) encompasses the Phase I treatment, although both group and individual counseling sessions are held only once a week. Trained professional counselors, leading groups of 8 to 10 participants, seek to explore and modify underlying psychological and behavioral problems that contribute to the addiction (NCASA, 1998, p. 125). Phase II also includes Alcoholics Anonymous meetings, and participants meet with the drug court judge only on a monthly basis. The goal of this stage of the treatment is to make the clients aware of their substance abuse problem.

The group and individual counseling sessions continue in Phase III, with an emphasis on positioning offenders to start taking over some of the aspects of the treatment and to provide them with more structure and personal responsibility. Moreover, they clearly understand that they must continue treatment or face sanctions. This phase fits in with "the goal of individual counseling [which] is to develop the inmate's self-image and sense of personal responsibility, as well as learning coping skills to deal with personal problems" (NCASA, 1998, p. 125).

The final phase (Phase IV) of the treatment includes monthly meetings for the time remaining in the program. An interesting aspect of the treatment is that group sessions are held only once a week and individual sessions are held on a request-only basis. However, the Alcoholics Anonymous meetings continue at the same frequency as at the start of the program.

Drug Court Successes and Failures

Belenko (1998, p. 29) reviewed the research on drug courts and found a recurring theme: Groups that received treatment had substantially lower rates of criminal behavior while in the program as opposed to groups that followed the traditional judicial process (Belenko, 1998, p. 29). In their evaluation of the Miami Drug Court, Finn and Newlyn (1993, p.13) found that rearrest rates for people who completed the program were roughly 49% lower than for those who did not receive the treatment. Goldkamp (1994), after studying the characteristics of the participants who recidivated, concluded that offenders with higher self-reported frequency of drug abuse subsequently tend to have poorer rates of program performance. Nonetheless, drug court defendants showed much lower rates of rearrest, and when they were rearrested, they averaged two to three times longer from the completion of treatment to the first rearrest than people who did not participate in drug court (Goldkamp, 1994, p. 126). Other researchers report that program graduates are substantially less likely to become recidivists, and the likelihood of reoffending for persons who did not complete the program but did receive some treatment is also lower than for persons who were not exposed to drug court programming (Belenko, 1998; NCASA, 1998). Even arti-

tudes toward drinking and driving can be changed through participation in a treatment program (Juhnke, Sullivan, & Harman, 1995).

In two other areas, drug courts have increased the work of the participating court. The rate of failure to appear before the court tends to go up, as do probation violation rates (Goldkamp, 1994). Both trends may be artifacts of the repeated court visits mandated by the program for participants and the increased number of drug screenings (Goldkamp, 1994).

Despite some problems, the successes of the drug court programs have not gone unnoticed. According to Belenko (1998), as of April 1998, 275 drug courts had been implemented in different jurisdictions around the United States. Federal funding for drug courts of all sorts began to flow in the mid-1990s. Between 1995 and 1997, the U. S. Department of Justice, through the drug court programs office, provided $56 million for drug court implementation (Belenko, 1998).

DWI Drug Court

Much of the drug court movement's emphasis has been on illegal drug use; however, the use and abuse of legal drugs clearly costs lives and other resources. Apparently, at least one judge believed that the drug court approach could be applied to offenders convicted of DWI offenses. Bakersfield, California, initiated the nation's first drug court focusing on alcohol offenses in July 1993 (Mays et al., 1997). In 1995, a second program was established in the Las Cruces, New Mexico, Municipal Court. The Las Cruces Municipal DWI Drug Court evolved from the same general postsentence drug court model that was being implemented around the country (Mays et al., 1997). Moreover, the court's presiding judge, Stephen Ryan, adapted the four-phase Drug Court program for DWI offenders. Instead of trying to rehabilitate and treat a person's problem in a jail setting, the outpatient approach was chosen for the Las Cruces Municipal DWI Drug Court.

Methods

The current study examines a group of 152 convicted DWI offenders who appeared in the Municipal Court of Las Cruces, New Mexico, between March 1 and November 30, 1997.[3] The Municipal Court dealt only with offenders arrested by Las Cruces Police Department officers or state police officers operating

[3] The New Mexico Criminal and Traffic Law Manual (1994, p. 649) defines simple DWI offenses to be offenses where a person is operating a vehicle under the influence of intoxicating alcohol or drugs, with a blood or breath alcohol concentration of 8 one-

within the city limits. Throughout this 9–month period, Municipal Court personnel, assisted by research team members, followed a two-step process for assessing first-time DWI offenders (and, as we found empirically, some second-time offenders). At the first stage, specially trained court personnel screened the convicted offenders for symptoms of alcoholism using either the Western Personality Inventory or the Michigan Alcohol Screening Test. The nonalcoholic group consisted of "first time" DWI offenders who were deemed by the court DWI screeners not to have a clinical substance abuse problem.[4]

At the second stage, members of the research team randomly selected individuals from the group defined as alcoholics for membership in either the treatment or control groups. For example, assume that at a regular Monday afternoon sentencing session of the DWI Drug Court, the judge was set to review 16 convicted DWI offenders, including 6 alcoholic first-time offenders, 8 nonalcoholic first-time offenders, and 2 chronic offenders. On the previous Friday, court officials would have provided the research team with a list of all 16 names. The chronic offenders were taken off the list. Alcoholics were assigned numbers ranging from 1 to 6; nonalcoholics were also assigned individual numbers. All 6 alcoholics would be randomly assigned to either treatment or normal court processing by research team members, based on a table of random numbers. From among the 8 nonalcoholic first-time offenders, 6 were randomly selected using the same method. At the Monday afternoon sentencing session, researchers presented each list to the judge, who followed the assignments to the letter. We followed the subsequent conviction records of all 14 individuals for the study period. Members of the nonalcoholic group and the alcoholic control group

---

hundredths or more which renders them incapable of safely driving a vehicle. Aggravated DWI offenses constitute the same intoxicated condition but with the qualifying characteristics of having a blood or breath alcohol concentration of 16 one-hundredths or more, or causing bodily injury as a result of the intoxicated driving, or refusing to submit to an implied consent chemical alcohol level test (New Mexico Criminal and Traffic Law Manual, 1994, p. 649). The first three DWI offenses, which are considered to be misdemeanors, are handled through the Municipal Courts. Fourth or higher DWI offenses, considered to be felony offenses, are handled at the District Court level. For the purposes of this evaluation, only misdemeanor DWI offenses will be evaluated. It is these DWI offenses that are central because they are offenses with which the Las Cruces Municipal DWI Drug Court treatment program deals.

[4] Additional factors sometimes played a role in determining whether an individual driver was an "alcoholic." If the accused had a blood alcohol level twice the legal limit—that is, 0.16 blood alcohol content per 100 milliliters of blood for a person 21 years of age or older—staff members could make a recommendation to the judge that the individual in question be defined as an alcoholic for the purposes of the DWI treatment program, irrespective of the other test results.

proceeded through the justice system, receiving traditional punishments like probation, fines, and, if called for, jail time. The experimental group received many of these same punishments, but also had to undergo DWI Drug Court treatment, which included individual, group, and even family treatment sessions.[5]

Data Collection Procedures

At the conclusion of the formal sentencing hearing, the selected alcoholic and nonalcoholic participants were asked by research team members, at least one of whom was fully bilingual in English and Spanish, if they would participate in a long-term study of DWI offending in New Mexico. The voluntary nature of subject participation was explained, as was the fact that all information about the participants was protected under federal law.[6] The fact that the research team members had no official connection with the court and could not alter the judicial outcome was also fully explained to each participant. Each participant was paid an honorarium of $5. Fully 79% of the alcoholic offenders approached by research team members agreed to participate in the study. A slightly lower percentage (78.2%) of the nonalcoholic offenders expressed the same sentiment.

Recidivism Measurement

Recidivism is an outcome with variable measurement (Maltz, 1984). We employed reconviction as the chief measure of program success or failure since it can be reasonably argued that it provides the "most true" measure of a return to previous illegal behavior[7]: "The best indicator of recidivism is conviction for a new offense following a conviction for a previous offense" (Champion, 1998, p. 404). Champion (1998, p. 405), observing the importance of such measures in evaluation research, states that "using any other indicator may lead to false conclusions about a program's effectiveness." Arrest data change throughout the

---

[5]In a pilot study of the DWI Drug Court, Judge Ryan restored the driving privileges of convicted DWI offenders who successfully completed the program (Mays et al., 1997). Before initiation of the current evaluation project, the New Mexico Supreme Court informed Judge Ryan that this act was not within his judicial powers.

[6]In preparation for the data collection phase, the researchers obtained a confidentiality certificate from the National Institute on Alcoholism and Alcohol Abuse. Under the terms of this certificate, information about the respondents collected as a part of the project was deemed confidential, and members of the research team were forbidden, under penalty of federal prosecution, to share individual answers. This information was provided each subject, both orally and in writing.

[7]Opinions differ widely on this issue. For example, it can be argued that arrests are a closer estimate of actual law-violative behavior since convictions underestimate the amount of crime (Blumstein and Cohen, 1978; Wooldredge, 1988).

justice system and may indicate a higher level of criminality than is accurate, simply because arrestees may not have engaged in any illegal behavior (Champion, 1998, p. 405). For example, in 1997, only about 60% of the arrests for DWI in New Mexico resulted in a conviction (NMSHTD, 1998a, p. 15). Conviction data represent the final level of criminality for the person as determined by a court of law.

We defined reconviction-as-recidivism in two ways: The first was a reconviction for any subsequent driving offense. While this measure may seem trivial, it is often driving offenses and not DWI checkpoints that result in the apprehension of a drunk driver. The second measure of recidivism counted reconvictions for all alcohol or drug-related charges—including aggravated and simple DWI offenses, public intoxication, selling or otherwise providing alcoholic beverages to minors—and all other "serious offenses" heard by the original sentencing court.[9] The latter category included all non–alcohol-related misdemeanor offenses, including contempt of court, misdemeanor larceny and theft charges, and misdemeanor assault.

Reconviction data were obtained only from the Las Cruces Municipal Court computer system, which consisted of criminal histories for persons who had any convictions in that court. We followed all subjects for a minimum of 15 months after the initial DWI arrest, and given 9 months of data collection, up to 24 months.[9] Conviction records were unavailable if the person in question appeared in one of the Doña Ana County Magistrate Courts or the State District Court, a shortcoming of the current study.[10] However, only persons arrested by Sheriff's Department deputies or State Police officers operating in the county appeared in one of the county's three Magistrate Courts; and, the Las Cruces Municipal Court heard far more DWI cases than the Doña Ana County Magistrate Court system. Moreover, the only drunk drivers that appeared before the State District Court were

---

[9] The original plan called for all "true crimes," that is, offenses other than traffic tickets, to be broken into discrete categories, such as simple DWI, aggravated DWI, drug- or alcohol-related crimes, and the like. However, there were so few recidivists in this group that such finite grouping would have proved uninformative.

[9] Right censoring occurred equally for both experimental and control groups since at each Drug Court session, eligible persons were randomly assigned to the two groups. At the end of the first month, there was roughly the same number of subjects in each group; the same was true for persons selected in the ninth month.

[10] The New Mexico State District Courts are courts of original trial jurisdiction and, as such, are considered superior courts. They also hear, as trials de novo, appeals from the local inferior courts, including both the Doña Ana County Magistrate Courts and Las Cruces Municipal Courts.

fourth-offense DWI suspects, individuals who would not have been included in the current study as three-time losers, or persons accused of felonies. Only convictions that happened after that initial survey date were considered for inclusion. We recorded the three most serious offenses and all drug-related offenses.

Demographic Characteristics of the Aggregate Sample Population

The sample population was relatively small but diverse (see Table 1). The mean age was nearly 34 years old. The youngest participant was 17 years old; the oldest was 65 years old.[11] There were substantially more males than females. The majority of the population were never married; people who were currently married formed the second largest group. More than one half of the subjects were Hispanics/Mexican-Americans, with Non-Hispanic Caucasians being the second most frequently reported ethnic group. Other racial or ethnic group members, including African Americans and American Indians, accounted for less than 9% of the subjects. Interestingly, most participants had some education at the college level.[12] More than 80% of the participants were employed at the time of arrest.

The Drug Court staff diagnosed as alcoholic roughly one half (49.3%) of the drunk drivers interviewed during the study's 9-month primary data collection phase. Of this group, approximately one half (n = 39) were randomly assigned to the treatment group. The rest (n = 36) became members of the control group. Over the course of the next 15 to 24 months, approximately 2 in 10 of all the participants were convicted of a traffic offense; about one half that number, or 1 in 10, were reconvicted of an alcohol or serious offense. Subgroup comparisons by gender, age, marital status, race/ethnicity, education and employment status did not reveal any significant differences.

Hypotheses

To explore the viability of the DWI Drug Court program, we proposed four hypotheses for testing:

(1) Offenders clinically defined as alcoholics will have higher reconviction rates for traffic offenses than the subjects not defined as alcoholics.

---

[11] The authors are reporting both the percentages of participants and the number of participants because of the small number of participants. This is done to ensure that the reader is not misled by a high percentage when the actual number is relatively small.

[12] The level of schooling is indicated by the highest categorical level achieved from the following: (1) grade school or less, (2) some high school, (3) high school graduate, (4) attended college, (5) college graduate, and (6) postgraduate education. For the purposes of this analysis, the first two categories were combined into one–less than high school graduate.

■ Table 1

Study Subjects' Characteristics

Attribute		Number	Percent
Gender	Male	131	86.2%
	Female	21	13.8
Age	17–25 years old	45	29.6
	26–35 years old	50	32.9
	36 years or older	57	37.5
Marital Status	Married/Common law	36	30.0
	Divorced/Separated	25	20.8
	Never married	56	46.7
	Other	3	2.5
Race/Ethnicity	Caucasian/Anglo	33	26.2
	Hispanic/Mexican American	83	65.9
	Black/African American	2	1.6
	American Indian	3	2.9
	Other	5	4.0
Education	Less than high school graduate	36	29.6
	High school graduate	28	23.1
	Attended college	46	38.0
	College graduate or more	11	9.3
Employment status	Not employed	21	17.8
	Employed	97	82.2
Treatment status	Nonalcoholic group	77	50.7
	Alcoholic treatment group	39	25.7
	Alcoholic control group	36	23.7
No. of subsequent traffic offenses	None	123	80.9
	One	16	10.5
	Two or more	13	8.6
No. of subsequent alcohol-related and serious offenses	None	135	88.8
	One	11	7.2
	Two or more	6	3.9

(2) Offenders clinically defined as alcoholics will have higher reconviction rates for alcohol-related or serious crimes than the subjects not defined as alcoholics.

(3) The alcoholic treatment group will have lower reconviction rates for traffic offenses than the alcoholic control group, but higher rates than the nonalcoholic groups.

(4) The alcoholic treatment group will have lower reconviction rates for alcoholic-related and serious offenses than the alcoholic control group, but higher rates than the nonalcoholic groups.

Findings

The four hypotheses are well-suited for crosstabular analysis. We used Fischer's exact test as the means to test the null hypothesis of no difference.[1] The first and second hypotheses explore the differences between nonalcoholics and alcoholics, while the third and fourth hypotheses contrast three groups—the alcoholic treatment group, the alcoholic control group, and the nonalcoholic group.

As shown in Table 2, alcoholics are no more likely than nonalcoholics to report new convictions for traffic offenses only. Over 80% of both groups

Table 2

Alcoholism Status and Reconvictions for Traffic Offense Only (N = 152)

Reconvictions	Nonalcoholic (Percent/Number)		Alcoholic (Percent/Number)	
None	80.5%	(62)	81.3%	(61)
One	13.0	(10)	8.0	(6)
Two or More	6.5	(5)	10.7	(8)
Total	100.0	(77)	100.0	(75)

Fisher's Exact Test (2-tail) = 0.462

[1] Fisher was able to find the exact distribution of his test statistic only for 2x2 tables, so the test was, until recently, limited to tables of this size. However, network maximization algorithms allow computers to determine the *P* value for Fisher's exact test for small tables. The 66.12 PROC FREQ (SAS Institute, Inc., 1996) program provided the *P* values for the data examined in Tables 2, 3, 4, and 5. The figures reported at the bottom of each table are the probability levels for the Fisher's exact test.

had no traffic offense reconvictions. The analysis for alcohol-related and serious offense reconvictions is somewhat different, however (Table 3). While we found reconvictions for less than 4% of the nonalcoholics, nearly 20% of the alcoholics had one or more reconvictions. These differences were statistically significant. Hence, we found no support for our first research hypothesis, while the second was supported: Offenders clinically defined as alcoholics had higher reconviction rates for alcohol-related and serious crimes than the subjects not defined as alcoholics.

Table 3

Alcoholism Status and Reconvictions for Alcohol-Related and Serious Offenses Only (N = 152)

Reconvictions	Nonalcoholic (Percent/Number)		Alcoholic (Percent/Number)	
None	96.1%	(74)	81.3%	(61)
One	1.3	(1)	13.3	(10)
Two or More	2.6	(2)	5.3	(4)
Total	100.0	(77)	100.0	(75)

Fisher's Exact Test (2-tail) = 0.0053

Tables 4 and 5 summarize the Fisher's exact test results for the third and fourth hypotheses. In Table 4 we see no support for the third hypothesis. The percentage differences among the three groups suggest that they differ little in terms of reconvictions, except, perhaps, for the number of alcoholics in the treatment group with two or more traffic offense reconvictions. However, the Fisher's exact test analysis suggests that this difference—and the rest observed in this table—are not significant.

Results of the Fisher's exact test analysis shown in Table 5 do provide support for the fourth hypothesis, similar to the results reported in Table 3: the differences for alcohol-related and serious offending reconviction rates for the three groups were significantly different. Only about 4% of the nonalcoholics stood convicted of an alcohol-related or serious offense. However, 22.2% of the control group and 15.4% of the treatment group had similar problems with the law. Once again, we find that the individuals designated as having more severe

substance abuse problems had higher reconviction rates for alcohol-related and serious crimes than those who were viewed as not having a serious substance abuse problem; moreover, the treatment group had lower reconviction rates for these same crimes than the control group.

■ Table 4

Group Status and Reconvictions for Traffic Offenses Only (N = 152)

Reconvictions	Treatment Group Alcoholic (Percent/Number)	Control Group Alcoholic (Percent/Number)	Nonalcoholic Group (Percent/Number)
None	79.5% (31)	83.3% (30)	80.5% (62)
One	7.7 (3)	8.3 (3)	13.0 (10)
Two or More	12.8 (5)	8.3 (3)	6.5 (5)
Total	100.0 (39)	100.0 (36)	100.0 (77)

Fisher's Exact Test (2-tail) = 0.729

■ Table 5

Group Status and Reconvictions for Alcohol-Related and Serious Offenses Only (N = 152)

Reconvictions	Treatment Group Alcoholic (Percent/Number)	Control Group Alcoholic (Percent/Number)	Nonalcoholic Group (Percent/Number)
None	84.6% (33)	77.8% (28)	96.1% (74)
One	10.3 (4)	16.7 (6)	1.3 (1)
Two or More	5.1 (2)	5.6 (2)	2.6 (2)
Total	100.0 (39)	100.0 (36)	100.0 (77)

Fisher's Exact Test (2-tail) = 0.011

Summary and Conclusions

Social scientists rarely encounter the level of support from a judge that formed the basis of the current study. Judge Ryan was willing to assign DWI defendants diagnosed as alcoholics to the treatment and control groups based on a random drawing. The problem was that the court saw so few individuals who qualified for the DWI court over the period of the study that the relative group sizes are small. Moreover, Judge Ryan left the bench approximately 8 months into the 24-month study; we were not allowed to use random assignment by the judge appointed to replace him. We feel confident, however, that the combination of the alcoholism screening process employed by the court and our use of random assignment allows us to make meaningful comparisons between the three groups in question (see Winfree and Giever, forthcoming).

Based on the program structure, goals, and practices, we hypothesized that program participants would experience lower reconviction rates than non-program participants, and especially lower than the members of the control group. Except for exposure to the DWI Drug Court regimen, these two latter groups were nearly identical. Moreover, we anticipated that failures would occur later for members of the experimental group. Our analyses only partly supported our hypotheses. That is, we found that only in the case of alcohol-related and other serious crimes did nonalcoholics have fewer reconvictions than alcoholics. Similarly, the treatment group members had fewer reconvictions than members of the control group, but more than the nonalcoholics.

These findings must be tempered by an important observation about the dependent variable. That is, we only measured recidivism in one of the courts in Doña Ana county empowered to hear DWI cases.[14] The municipal court in question handled roughly 60% of all DWI offenses in the county, and it is unlikely that offenders or law enforcement officials could, by their actions, bias the results one way or the other. Still, the findings must be tempered by our inability to collect reconviction data in other courts.

What does this preliminary analysis suggest about the DWI Drug Court we evaluated? Program participants had significantly fewer reconvictions than nearly

---

[14] Doña Ana county has several magistrate court judges who hear DWI cases; they also operated a DWI drug court at the time the study was being conducted. However, in a rather unusual move, the magistrate judges *en banc* made it clear to the researchers that they were not interested in participating in the DWI study. Moreover, they insisted that we make it clear that this study did not include the magistrate court. By this mechanism, we make that point.

identical control group subjects, and this alone is an important finding. However, the clear majority of all persons convicted of DWI during the study's 9-month primary data collection period—between 80% and 90% of all three groups of subjects—were, at least one year later and in terms of the criteria used in this study, successes.[15] One conclusion seems prudent, if not cautionary, in light of the sample sizes: Perhaps the enhanced DWI sanctions implemented in New Mexico in the year prior to the study yielded the same or very similar results as a very expensive individual and group treatment program.

[15] We performed the SPPS[X] (1983) survival analysis procedure on those reconvicted for traffic offenses (n = 29) and alcohol-related and serious offenses (n = 17). The findings reinforced the crosstabular analysis. However, given the extreme right-censoring issues surrounding the question of time to failure (i.e., so few individuals failed), we do not have full confidence in this analysis.

National Highway Traffic Safety Administration. (1999b). *Alcohol traffic safety facts 1997*. Http://www.nhtsa.dot.gov/people/ncsa/alc97.html.

National Highway Traffic Safety Administration. (1999c). *State of New Mexico: Toll of motor vehicle crashes, 1996*. Http://www.nhtsa.dot.gov/people/ncsa/stateinfo/new2.htm

New Mexico criminal and traffic law manual. (1994). Charlottesville, VA: Michie Company.

New Mexico State Highway and Transportation Department. (1994). *Driving while impaired: New Mexico 1993*. Santa Fe: Transportation Programs Division, Traffic Safety Bureau.

New Mexico State Highway and Transportation Department. (1997). *New Mexico traffic crash information 1996*. Santa Fe, NM: Transportation Programs Division, Traffic Safety Bureau.

New Mexico State Highway and Transportation Department. (1998a). *Driving while impaired: New Mexico 1997*. Santa Fe: Transportation Programs Division, Traffic Safety Bureau.

New Mexico State Highway and Transportation Department. (1998b). *New Mexico traffic crash information 1997*. Santa Fe: Transportation Programs Division, Traffic Safety Bureau.

SAS Institute, Inc. (1996). SAS/STAT Software: Changes and enhancements through Release 6.11. Cary, NC: SAS Institute.

SPSS Inc. (1983). *SPSS-X user's guide*. Chicago: SPSS Inc.

Taxman, F. S., & Piquero, A. (1998). On preventing drunk driving recidivism: An examination of rehabilitation and punishment approaches. *Journal of Criminal Justice, 26 (2)*, 129–143.

United States Census Bureau (1997). State population estimates. Http://www.census.gov/population/estimates/county/co-97-1/97C1_35.txt

Winfree, L. T., & Giever, D. M. (Forthcoming). On classifying driving-while-intoxicated offenders: The experiences of a citywide DWI drug court. *Journal of Criminal Justice*.

Wooldredge, J.D. (1988). Differentiating the effects of juvenile court sentences on eliminating recidivism. *Journal of Research on Crime and Delinquency, 25*, 264–300.