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Douglas County Adult Drug Court Evaluation Follow-up: An Examination of Recidivism

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An Examination of Recidivism:

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* The results of this study were presented at the annual conference for the American Society of Criminology (ASC) on November 21, 2015 in Washington D.C.

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EXECUTIVE SUMMARY

This study examines the effects of an increased alcohol and other drug use (AOD) monitoring protocol on participant recidivism from the Douglas County Adult Drug Court (DCADC). This research is a follow-up of a prior evaluation completed at the DCADC (Gibbs and Wakefield 2013). The initial research explored the capabilities and effects of ethyl glucuronide/ethyl sulfate (EtG/EtS) screening on drug court participants. Ethyl glucuronide/ethyl sulfate is a biomarker present in the body after alcohol consumption (Wurst et al. 2002). This biomarker can be detected up to 96 hours after one consumes alcohol (Helander et al. 2008; Wurst et al. 2002). Participant alcohol use monitoring is typically done through ethanol screening, only providing a detection window of approximately 12 hours (Hoiseth et al. 2008; Wurst et al., 2002). Drug Court officials believed that they were potentially blind to participant alcohol use, especially during the weekend when screening was not possible. To better gauge clients' rehabilitation progress, this particular drug court sought to implement EtG/EtS screening to increase their supervision capabilities.

The primary focus of our first study of EtG/EtS testing was to confirm the superiority of this instrument compared to ethanol screening during monitoring protocols of the DCADC. Second, we set out to examine the effects of this increased monitoring protocol would have on participant in-program performance. *We found that EtG/EtS screening did provide significantly greater detection capabilities than traditional methods. Moreover, an efficient use of this tool was to administer the screen in the beginning of the week to better detect weekend alcohol consumption.* [1] The analysis confirmed greater detection capabilities with EtG/EtS screening compared to ethanol testing. Moreover, we were provided some insight on how to maximize the use of this tool in a cost-effective manner, as these screens are nearly three times more expensive than the standard 9-panel test.

The DCADC was also interested in the potential impacts EtG/EtS testing may have on participant program performance. There were no statistically significant differences in the graduation rate between our experimental and control group; however, those exposed to EtG/EtS testing saw a 44% success rate compared to a 35% success rate of control group assignees. We also explored phase movement (in days) as an outcome measure. Drug court philosophy does not demand program revocation for instances of relapse, but a positive urinalysis test could delay phase movement for participants. The findings with this measure were counter-intuitive. Despite increased AOD monitoring, those in the experimental group, on average, completed each phase in fewer days. This group performance resulted in completing the program 33 days sooner than the control group.

After the initial evaluation was completed we had the opportunity to revisit the DCADC and collect recidivism data from our initial study sample. We were guided by the findings of Petersilia and Turner (1993) in Intensive Supervision Programs (ISP). They found a net-widening phenomenon where increased supervision led to more technical violations, resulting in probation revocation and incarceration commitments. However, drug courts, and the DCADC specifically, operate under a different philosophy – therapeutic jurisprudence – where violations are met with rehabilitative judicial responses rather than criminal sanctioning (Wexler 1992). In the context of AOD monitoring, a detected violation (positive screen) will not result in revocation, but will inform drug court staff of offenders' relapse, allowing the drug court to interrupt the relapse and re-evaluate offenders' level of care. Contrary to the ISP experience, the detected violation may result in a more accurate and appropriate level of care for clients; thus, ultimately reducing recidivism rates among its population. We hypothesize that greater detection will serve to

reduce recidivism rather than negatively impacting DCADC participants long term. Subsequently, this study examined the effect of greater alcohol use detection capabilities, EtG/EtS screening, has on participant recidivism utilizing an experimental design.

To test our hypothesis, we reexamined the data collected in the original evaluation. Participant information was collected from the Problem Solving Court Management Information System (PSCMIS) and client files to gather information on client demographics, employment status, educational achievement, substance abuse diagnoses, criminal history, current offense information, and urinalysis results. For this current study, client information was updated to include recidivism data. The evaluation team returned to the DCADC in June 2015 and were provided arrest and disposition information on the original participant sample. This data reflected post-participation convictions for each participant. For analytical purposes, the evaluation team defined three outcome measures, reflecting recidivist activity for a three-year period post drug court participation. Each recidivism measure was an attempt to capture certain behaviors germane to the original study and to the overall goals of the DCADC. We analyzed post-participation alcohol-related convictions, a combination of alcohol and illicit drug convictions, and, lastly, all post-participation convictions.

The methodology implemented was an experimental research design, using randomization to assign each participant to either the control (n = 77) or experimental group (n = 72) group upon their entry into the program. The assignment procedure was administered to all new drug court participants beginning on January 4, 2010 and ended on December 30, 2010. The experimental protocol continued for an 18-month period, concluding on June 30, 2011. The treatment for this experiment was a monitoring enhancement mandating the experimental group assignees to submit to urinalysis testing at least once a week (regardless of the results of the eye- scan), during their first required visit of the week. The control group assignees followed standard monitoring protocol, submitting to a pupilometer exam approximately three times a week.

[1] The cost of EtG/EtS was approximately $22.00 per individual test. It was cost prohibitive for DCADC to implement the test for every AOD monitoring screen. The standard 9-panel test, including an ethanol screen cost $7.00 per individual test.

OBSERVATIONS

- Seventeen of the 149 observed participants were convicted of an alcohol-related offense over the three-year observation period. This number reflected 9% of participants in the experimental group and 16% in the control group.
- Thirty-nine of the 149 observed participants were convicted of either an alcohol– or illicit drug-related offense over the three-year observation period. This number reflected 23% of participants in the experimental group and 34% in the control group.
- Fifty-five of the 149 observed participants were convicted of a criminal offense, alcohol-, illicit drug-related or otherwise, over the three-year observation period. This number reflected 38% of participants in the experimental group and 43% in the control group.
- Of the 149 observed participants, 21 were convicted of a felony offense subsequent to their participation in the Douglas County Adult Drug Court. The majority (18) of these offenses were related to alcohol and/or illicit drugs directly.
- Seventeen of the 149 observed participants were convicted of a post participation offense and sentenced to a period of incarceration with the Nebraska Department of Correctional Services.
- Those Drug Court participants who underwent

the increased supervision protocol (experimental group) were 63.5% less likely to be convicted of an alcohol-related offense in the subsequent three years after their participation in the program in comparison to the control group.

- There were no statistical differences in recidivism rates between the groups when considering the alcohol and illicit drug use measure, or the general measure of recidivism.
- Those who were deemed High Risk during their eligibility screen were 123% more likely to reoffend within three years of their participation in Drug Court than those determined to be Medium Risk.
- When considering all recidivist activity post-participation, there is a four year age gap between those who re-offend and those participants who do not.
- The analysis depict an aging-out process as it relates to alcohol and criminal activity. We find that as participants become older the odds of them being convicted of alcohol-related offense decrease by 28% with each year of aging. Age had a more incremental effect on general recidivism than it did on alcohol-related reoffending. As participants age, the odds of them being convicted of another crime decrease by nearly 4% each year.
- Lastly, the analysis divided the sample into two sub-populations, those participants who graduated the program and those who were unsuccessful. This analysis maintained the experimental design in both sub-populations. For those participants who failed to graduate from the program, those who experienced the enhanced monitoring protocol through EtG/EtS screening were 73% less likely to be convicted of an alcohol or illicit drug-related offense post participation than their counterparts who underwent the standard monitoring protocol.

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