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Cracking Down: A Longitudinal Study of the Judiciary's Changing War on Drugs

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NORTHERN ILLINOIS UNIVERSITY

Cracking Down: A Longitudinal Study of the Judiciary's Changing War on Drugs

A Thesis Submitted to the

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In Partial Fulfillment of the

Requirements of the Baccalaureate Degree

With Upper Division Honors

Department Of

Political Science

By

Jennifer Schrauth

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Capstone Approval Page

Capstone Title (print or type)

Cracking Down: A Longitudinal Study of the
Judiciary's Changing War on Drugs

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HONORS THESIS ABSTRACT

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In the United States, drugs continue to be a longstanding problem, causing the addictions and deaths of millions of people. Although drug and drug epidemic trends change with the passage of time, their similarly harmful effects on humanity and society have remained the same. Through drug rehabilitation, particularly Drug Courts, a great deal of the chaos caused by drugs has been stopped. Through research, including the examination of studies, facts, epidemics, drug trends over time, and personal experience working with judges who have helped to create Drug Courts, I conclude that adaptability and group effort were the key pieces in successful -- sobering and lasting -- treatment for drug addicts, particularly those whose addictions are the nexus for criminal lifestyles. This research is of great importance, as there is potential for it to be used in many different rehabilitation programs to pinpoint the best ways to treat addiction and greatly change the way society deals with addiction.

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ABSTRACT (100-200 WORDS):

In the United States, drugs continue to be a longstanding problem, causing the addictions and deaths of millions of people. Although drug and drug epidemic trends change with the passage of time, their similarly harmful effects on humanity and society have remained the same. Through drug rehabilitation, particularly Drug Courts, a great deal of the chaos caused by drugs has been stopped. Through research, including the examination of studies, facts, epidemics, drug trends over time, and personal experience working with judges who have helped to create Drug Courts, I conclude that adaptability and group effort were the key pieces in successful -- sobering and lasting -- treatment for drug addicts, particularly those whose addictions are the nexus for criminal lifestyles. This research is of great importance, as there is potential for it to be used in many different rehabilitation programs to pinpoint the best ways to treat addiction and greatly change the way society deals with addiction.

Introduction

Over the past decade in the United States, there has been an alarming increase in drug-related deaths each year. In 2015 alone, 52,404 overdoses resulted in death in the United States—a 2.2-fold increase from the 23,518 overdose deaths in the United States in 2002.¹ This average of 1,000 deaths from drugs per week—mostly caused by the current opioid epidemic—has even resulted in a declared state of emergency by U.S. President Donald Trump, in order to combat the quadrupled rate of opioid deaths since 1999.² However, this is not the first time the United States has seen a drug epidemic. In the 1980s, America faced a cocaine/crack cocaine epidemic,³ while in the 1990s, several drugs were of concern, though the main epidemic source was methamphetamine and resulted in Congress’s Comprehensive Methamphetamine Control Act.⁴ The 2000s saw a switch from methamphetamine focused drug abuse to the most recent epidemic of opioid addiction, which is highly concentrated in heroin and fentanyl use.⁵ During each of these epidemics, society was faced with great amounts of drug-related crime, death, and pain for all who were impacted. As a result, Drug Courts were born in order to end the cycle of drug abusers cycling in and out of jail and help them to end their addictions and related crime.

The first Drug Court was started in 1989 in Miami-Dade County, Florida, under the guidance of court staff, including the late Janet Reno, who was State’s Attorney at the time.⁶

The goal of these courts is to rehabilitate participants, so as to stop addiction, and repair their

¹“National Overdose Deaths (2002-2015).” *National Institute on Drug Abuse*.

<https://d14rmgtrwzf5a.cloudfront.net/sites/default/files/national-overdose-deaths2015.pdf>. September 10, 2017.

² Drash, Wayne, and Dan Merica. “Trump: ‘The Opioid Crisis Is an Emergency.’” *CNN*, Cable News Network, 11 Aug. 2017, www.cnn.com/2017/08/10/health/trump-opioid-emergency-declaration-bn/index.html.

³ “History of Drug Abuse: The 80’s.” *Palm Partners Blog*, Palm Partners Recovery Center, 29 July 2013, blog.palmpartners.com/history-of-drug-abuse-the-80s/.

⁴ “History of Drug Abuse: The 90’s.” *Palm Partners Blog*, Palm Partners Recovery Center, 26 July 2013, blog.palmpartners.com/history-of-drug-abuse-the-90s/.

⁵ Rudd RA, Seth P, David F, Scholl L. Increases in Drug and Opioid-Involved Overdose Deaths — United States, 2010–2015. *MMWR Morb Mortal Wkly Rep* 2016;65:1445–1452.

⁶ “Drug Court.” *12th Judicial Circuit of Florida*, 12th Judicial Circuit of Florida, 2008, www.jud12.flcourts.org/ProgramsServices/DrugCourt.aspx.

families and lives in general, all while cutting chances of drug-related recidivism. In order to successfully further these goals, both Drug Court staff members and participants must follow guidelines and meet the set of expectations that have been set up by staff members under Drug Court model guidelines. At the same time, participants must show an effort to improve and meet stated goals.⁷ This cohesive group effort and adaptability for each individual truly set Drug Courts apart from other rehabilitation programs and create a unique system to make these crucial changes in substance abusing offenders.⁸

Are Drug Courts more effective over time than other drug rehabilitation programs? This paper affirmatively answers by showing success in Drug Courts' ability to adapt to individuals and situations. Next, it examines how Drugs Courts are and how they function. Then, it discusses the different drug epidemics by decade, starting with the 1980s and finishing in the present day. After, this work will look at the different types of drug rehabilitation programs and find out which features are statistically the best and which program is the most effective in ending drug addiction. Penultimately, it discusses why Drug Courts have the best rates of success for their participants in helping them reach sobriety, get jobs, fix relationships, and better their lives in ways that exceed even the goals of the program. Finally, this paper will draw all conclusions and propose what can be done to better the drug-related situations discussed. This will be done by examining second-person research with firsthand experience in dealing with Drug Courts and their founders.⁹

Drug Courts and their Process

⁷ "What Are Drug Courts?" *NADCP*, National Association of Drug Court Professionals, 2017, www.nadcp.org/learn/what-are-drug-courts.

⁸ "closely united"-<http://www.learnersdictionary.com/definition/cohesive>

⁹ Schrauth, Jennifer. "Judge Roe Interview." 27 Feb. 2015.

This section will examine two important topics for the reader's understanding of the subject at hand. First, it will discuss what Drug Courts are and how they work. Then, the section will explain the formation and personnel involved in a Drug Court's inception. Finally, the section will show the conditions of entry and participation within the program, including any rewards and penalties that may exist in treatment of Drug Court participants. These are all important to understand because they will help later on to understand how different types of rehabilitation programs work and which work the best.

To begin, Drug Courts are categorized as a type of Specialty Court, and there can be subcategories within Drug Courts for minors, veterans, and other groups. However, the typical Drug Court selects offenders who have a drug dependency issue which is determined to be the nexus for their crimes. Drug Courts tend to be a part of regular criminal courts and provide an alternative for drug offenders.¹⁰

In order for Drug Courts to work, there must be a cohesive group of staff members who work with Drug Court clients. According to Drug Court expert Douglas B. Marlowe, "The Drug Court judge leads a multidisciplinary team of professionals, which includes a prosecutor, defense attorney, community supervision officer, and substance abuse and mental health treatment providers."¹¹ This configuration allows for all issues involved in drug abuse (e.g. legal, psychological, etc.) to be given attention and treated properly, so that clients can be properly cared for and recover from their addictions and lives of crime. In fact, if one of the members of the large team of Drug Court staff is absent more often than they are present from the panel or their participation is no longer involved in the team, the rate of effectiveness for positive client

¹⁰ "Drug Courts." *Illinois Attorney General*, Illinois Attorney General, 2008, www.illinoisattorneygeneral.gov/methnet/fightmeth/courts.html.

¹¹ Blomberg, Thomas G., et al. "Drug Courts and Drug Policy." *Advancing Criminology and Criminal Justice Policy*, Routledge, Taylor Et Francis Group, 2016, pp. 204–204.

outcomes decreases by around 50%.¹² What this shows is that cohesiveness and effort by both clients and staff is necessary for most Drug Court offenders to recover, as each client's needs must be met on an individual level and assessed independently, as no uniform system works for every addict, nor for every addiction.

With this in mind, there are certain conditions that must be met in order for an individual to be entered into a Drug Court program rather than placed in a penitentiary. In Illinois, the main condition requires any defendant being considered as a participant only be allowed if they have made an agreement, and the court has approved their placement within the Drug Court. Each individual must be screened and assessed by an emissary of the state of Illinois to be considered for approval, and they will be rejected if they do not meet certain criteria. For instance, one cannot be accepted into a Drug Court in Illinois if they have previously been convicted of any number of violent crimes provided in clause (4) of (730 ILCS 166/20), which includes first degree murder, arson, stalking, and many others. A defendant may not be accepted if they refuse to acknowledge their drug abuse or addiction, are unwilling to participate in any way, if a prosecutor refuses to allow their entrance because of past violations of certain Illinois drug laws or failure to complete other Drug Courts or to stay sober following a previous Drug Court completion.¹³

Additionally, clients must follow certain rules during their treatment to ensure that they are following the proper steps to reach sobriety. Besides being given rehabilitation and other services to keep them sober permanently, they have to participate in regular drug tests at randomly selected times and have to appear in court on a regular basis so that the overseeing

¹² Marlowe, Douglas B., J.D., Ph.D. *Research Update on Adult Drug Courts*. NADCP. National Association of Drug Court Professionals, Dec. 2010. Web. 26 June 2016. <http://www.nadcp.org/sites/default/files/nadcp/Research Update on Adult Drug Courts - NADCP_1.pdf>.

¹³ "730 ILCS 166/ Drug Court Treatment Act." *Illinois General Assembly*, Illinois General Assembly, www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=2014&ChapterID=55. Accessed 1 Sept. 2017.

judge may discuss their progress with them. Also, the overseeing judge holds them responsible to their obligations to society and their loved ones, as well as reminding them of their obligations to themselves. If each client meets their obligations and is improving, they are rewarded but are penalized for any failings.¹⁴

Moreover, if an individual participating in Drug Court fails in meeting any requirements or takes up in their previous bad habits to the point that staff decides that the appropriate action is their removal from the program, they will be entered back into the regular Criminal Court system. This means that if they are found guilty of the crime(s) they are accused of, they will be sent to prison or jail. This is far less ideal than rehabilitating in through a Drug Court and having one's charges dropped.¹⁵ This fact alone provides great incentive to follow the rules and strive to better oneself, as next to no one would like to spend a single second in a penitentiary. However, Drug Courts offer a wide variety of sanctions for any indiscretions, as some actions may be less serious or committed by someone who is usually very rule abiding. While some sanctions may include a day in jail, others may simply be to write a paper, which seems to be a fair spectrum for those who have only committed a minor infraction.¹⁶

Finally, Drug Courts use a rewards system to award any participants who have done well or need help when attempting to make positive changes in their lives. These incentives differ in every county and can differ significantly, depending upon what someone is being praised for. Drug Courts in Illinois are allowed to give monetary gifts, such as gift cards or payment for

¹⁴ "What Are Drug Courts?" *NADCP*, National Association of Drug Court Professionals, 2017, www.nadcp.org/learn/what-are-drug-courts.

¹⁵ Administrator. "What Happens If Drug Court Participants Fail to Comply with the Program's Requirements?" *Miami-Dade Drug Court*, Miami-Dade County, www.miamidrugcourt.com/index.php?option=com_content&view=article&id=52%3Awhat-happens-if-drug-court-participants-fail-to-comply-with-the-programs-requirements&catid=36%3Afaqs&Itemid=58.

¹⁶ Reichert, J., Sacomani, R., & Gonzales, S. (2015). *Fidelity to the evidence-based drug court model: An examination of the Adult Redeploy Illinois programs*. Chicago, IL: Illinois Criminal Justice Information Authority, pp. 19-20.

items individuals need to improve (e.g. gas or food). While incentives can simply be words of praise or acknowledgement of good work, they can also include help moving or group activities, such as bowling or seeing a movie. However, the most important incentive that some counties offer seems to be the dropping of felony charges or convictions and the opportunity to reach sobriety.¹⁷

U.S. Epidemics of the Last Few Decades: The 1980s and Cocaine

It is important to examine drug trends in the United States, in order to understand the necessity of Drug Courts. The current opioid epidemic is certainly not the first drug epidemic and, unfortunately, probably not the last drug epidemic the United States of America has witnessed. Though every drug on the market impacts society and is being abused by some individual somewhere in the country, there are certain drugs that have impacted our society so tremendously that they have become major symbols or defining features when discussing particular decades. The most influential of these substances include cocaine, crack cocaine, methamphetamines, and opioids—primarily heroin and fentanyl. The reason it is imperative for this paper to examine these epidemics is because Drug Courts have battled epidemics and drug addiction, and it is important to show both legal responses and consequences to each situation. These reactions contributed to how Drug Courts would come to understand what was needed for each type of addict and each situation.

During the 1980's culture and society in the United States were heavily influenced by many cultural phenomena, but none quite so much as cocaine and crack cocaine. Whether a person opted to use either cocaine or crack cocaine mainly depended upon socioeconomic status, often associated with race. The cost of coke in the 1980s was around \$100-\$125 for a single

¹⁷ Reichert, J., Sacomani, R., & Gonzales, S. (2015). *Fidelity to the evidence-based drug court model: An examination of the Adult Redeploy Illinois programs*. Chicago, IL: Illinois Criminal Justice Information Authority, pp. 20-21.

ounce, which one would not expect a poor person to be able to afford.¹⁸ However, this price was more manageable for middle and upper class people, who were often Caucasian or Hispanic. Further, the much cheaper and still quite potent crack cocaine was far more affordable for poor addicts, who were usually African American.¹⁹ In total, cocaine and crack cocaine users numbered about 5.7 million Americans in 1985, during a time of increasing use.²⁰

Additionally, the impact cocaine and crack cocaine had on the country included crime, incarceration rates and disproportionality, overdoses, and problems with infant mortality.²¹ During this time, crack and powder cocaine increased crime, especially violent crimes, at a relatively large rate. Crime involving violence and property increased around 5%, contributed to the doubling of homicide for black, male victims 14-17 years of age, and is also associated with the increase in black, male deaths for the ages of 18-24 and 25+.²²

The use of crack cocaine and powder cocaine also led to an increase in U.S. incarceration rates, partially due to the excessive incarceration of particular races over others. Black men were being imprisoned at a much higher rate when compared to their percentage of the population. This had to do with the fact that many of these males were involved in the drug trafficking of cocaine, in addition to their usage.²³ The disproportionate impact also had to do with the difference between crack and crack cocaine penalties and the fact the poor minorities were much more inclined to buy the incredibly cheap and more potent crack cocaine, which carried harsher

¹⁸ "History of Drug Abuse: The 80's." *Palm Partners Blog*, Palm Partners Recovery Center, 29 July 2013, blog.palmpartners.com/history-of-drug-abuse-the-80s/. Accessed 4 June 2017.

¹⁹ Temin, Peter, *The Political Economy of Mass Incarceration: An Analytical Model* (May 15, 2017). Institute for New Economic Thinking Working Paper Series No. 56. Available at SSRN: <https://ssrn.com/abstract=2993969>

²⁰ "Cocaine History: 1990s-2012." *Narconon International*, Narconon International, 2017, www.narconon.org/drug-information/cocaine-circa-1990s-2012.html.

²¹ *infra* note 20.

²² FRYER, R. G., HEATON, P. S., LEVITT, S. D. and MURPHY, K. M. (2013), MEASURING CRACK COCAINE AND ITS IMPACT. *Economic Inquiry*, 51: 1651–1681. doi:10.1111/j.1465-7295.2012.00506.x

²³ Provine, Doris M. "Mona Lynch, Hard Bargains: The Coercive Power of Drug Laws in Federal Court." *Punishment & Society*, Sage Journals, 6 Mar. 2017, journals.sagepub.com/doi/abs/10.1177/1462474517698094?journalCode=puna. Accessed 22 Mar. 2017.

penalties because of its widespread use, violence, and potency.²⁴ The disparity in sentencing in the 1980s was so large that, after the Anti-Drug Abuse Act of 1986 was passed, the ratio of incarceration for crack and forms of cocaine, such as powder, was 100:1. Although the disparity has changed since The Fair Sentencing Act of 2010, there are still many people who are still in prison for crack possession and similar crack-related crimes of the 1980s.²⁵

Also, overdoses increased because of cocaine and crack cocaine usage during this decade. Hospital emergencies related to cocaine use increased from 26,300 in 1985 to a whopping 94,000 in 1987.²⁶ Beside the potential to overdose, cocaine has been shown time and time again to cause sudden cardiovascular death, which is a sudden and unpredicted episode of cardiac arrest. This can often be attributed to cocaine and crack cocaine's effects on the central nervous system, which is the system that controls both the heart and blood vessels.²⁷

More than this, cocaine use can affect infants and infant mortality. Not only does cocaine use during pregnancy have the potential to developmentally delay and cause learning disabilities because of brain defects, but it also can cause a newborn baby to suffer immensely, as they will experience withdrawal.²⁸ Symptoms of withdrawal can be fatal for infants, as they can include difficulty feeding, respiratory distress, trouble sleeping, seizures, and other disturbing problems that no child should ever have to experience. In addition, some pregnancies end in spontaneous abortion or result in a stillborn baby because of the effects of cocaine on the fetus in utero.²⁹ In

²⁴ Kurtzleben, Danielle. "Data Show Racial Disparity in Crack Sentencing." *U.S. News & World Report*, U.S. News & World Report, 3 Aug. 2010, www.usnews.com/news/articles/2010/08/03/data-show-racial-disparity-in-crack-sentencing.

²⁵ "Powder vs. Crack: NYU Study Identifies Arrest Risk Disparity for Cocaine Use." *NYU*, New York University, 19 Feb. 2015, www.nyu.edu/about/news-publications/news/2015/february/-powder-vs-crack-nyu-study-identifies-arrest-risk-disparity-for-cocaine-use.html.

²⁶ "History of Drug Abuse: The 80's." *Palm Partners Blog*, Palm Partners Recovery Center, 29 July 2013, blog.palmpartners.com/history-of-drug-abuse-the-80s/. Accessed 24 September 2017.

²⁷ "Cocaine Use Major Risk Factor for Sudden Cardiac Death." *Drug Rehab Treatment Centers*, Drug Rehab Treatment Centers, 24 Aug. 2014, www.elementsbehavioralhealth.com/drug-abuse-addiction/cocaine-use-major-risk-factor-for-sudden-cardiac-death/.

²⁸ "Your Baby's Brain on Drugs." *Palm Partners Blog*, Palm Partners Blog, 20 May 2014, blog.palmpartners.com/your-babys-brain-on-drugs/.

²⁹ Hudak, Mark L., et al. "Neonatal Drug Withdrawal." *Pediatrics*, American Academy of Pediatrics, 1 Feb. 2012,

the 1980s, many babies called “crack babies” were born to cocaine and crack cocaine using mothers. One estimate in 1989 put the number of babies affected by crack and other drugs in utero per year at 30,000 to 50,000, which was made after claiming other estimates to be far too high.³⁰

U.S. Epidemics of the Last Few Decades: The 1990s Enduring Methamphetamine Problem

After the popularization of cocaine for non-medical uses in the 1980s, methamphetamine integrated into American society. The 1990s included increases in marijuana, heroin, ecstasy, and methamphetamine use, though methamphetamine was the drug of choice for many addicts. Problems included surges of meth use in the U.S. (particularly the Midwest), explosions, and an increase in social issues, including AIDS.

Methamphetamine became so popular for many reasons, including the fact that meth costs about the same per ounce as cocaine but has effects that last between eight and twenty-four hours—ten times as long as the effects of cocaine.³¹ Additionally, the profit is high and cost to make meth is low (about an eighth of the selling price).³² This means that it was a great product with a lot of profit potential for many drug dealers who were selling different drugs at the time. Also, the ingredients to make meth were readily available to anyone who lived near a Wal-Mart or knew how to order chemicals on the computer. Meth makers found that the Midwest was the perfect place to make meth because of the, “geographic isolation, available supply of ephedrine, pseudoephedrine and anhydrous ammonia.”³³ For example, the meth problem in Illinois was so bad that the government seized 2,416 labs between 1997 and 2002, mainly in the spread out

pediatrics.aappublications.org/content/129/2/e540.

³⁰ Besharov, Douglas. "Crack babies: the worst threat is mom herself." *The Washington Post* 6 (1989).

³¹ Bauer, Robert, and David Olson. "The Evolution of Meth in Illinois." *Illinois Criminal Justice Information Authority*, vol. 4, no. 8, June 2006.

³² "Stop Meth Addiction." *Statistics on Methamphetamine*, Stop Meth Addiction, 2017, www.stopmethaddiction.com/Meth_Statistics.htm.

³³ "History of Drug Abuse: The 90's." *Palm Partners Blog*, Palm Partners Blog, 26 July 2013, blog.palmpartners.com/history-of-drug-abuse-the-90s/.

areas of southern Illinois. Between 1997 and 2005, the amount of labs seized in Illinois shot up to 6,137 labs—showing that the meth problem persisted and grew through the early 2000s. The availability and highly addictive properties of meth created new drug addicts daily, with somewhere between 260,000 to 318,000 new users starting meth between 2002 and 2004.³⁴ Between 1994 and 2005, police in Illinois seized what amounted to 800,000 doses of meth, with one half of all seizures between 1994 and 2002 taking place, once again, in these rural, spread out parts of Illinois.³⁵ The mass production of meth provides great insight into why so many people from many different backgrounds in Illinois were able to get and get hooked on meth more so than many other areas in the United States.

Further, as so many people in the United States took part in the meth craze of the 1990s and 2000s, the nation saw an increase in meth lab explosions and injuries sustained during these incidents. The five to six pounds of toxic waste created when making a single pound of meth and other by-products of meth cooking are incredibly dangerous and considered hazardous waste. These products produce highly toxic fumes, can poison water, air, and get into materials that homes are made of, which can cause fires to break out or even for the entire lab and everything around the house and nearby homes to explode.³⁶ From 2001 to 2012, the explosions that occurred from meth making were responsible for 1,325 incidents in five different states,

³⁴ Substance Abuse and Mental Health Services Administration, Results from the 2012 National Survey on Drug Use and Health: Summary of National Findings, NSDUH Series H-46, HHS Publication No. (SMA) 13-4795. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2013.

³⁵ Bauer, Robert, and David Olson. "The Evolution of Meth in Illinois." *Illinois Criminal Justice Information Authority*, vol. 4, no. 8, June 2006.

³⁶ Onart, Paul. "Methamphetamine Statistics." *Methamphetamine Addiction*, Methamphetamine Addiction, 27 May 2011, www.methamphetamineaddiction.com/methamphetamine-statistics/.

which resulted in injuries. 162 of these injuries caused serious health problems or harm, and twenty-six of the seriously injured were kids.³⁷

Also, several social issues resulted from meth usage, including an increase in the spread of AIDS among homosexual males.³⁸ Methamphetamine use makes individuals hypersexual and causes sexual behaviors that are often associated with the spread of STDs and AIDS, such as unprotected sex or sex with many partners. It does not help the matter that meth also causes issues with the immune system, cardiovascular problems, and other health areas, as those who have HIV/AIDs already have a weakened immune system and health problems associated with HIV.³⁹ Thus, people who use meth and also have AIDS or HIV/AIDS are twice as vulnerable to its effects.

Finally, while some found the methamphetamine problem to not be an epidemic, others found it to be one of the worst times America had seen as far as drug abuse and the effects subjected on families. This is especially true for children whose parents seemed neither concerned for the safety of children, nor that they might be forced to grow up without parents. The government did take action in the 1990s by passing legislation that regulated the sale of chemicals that could be used to make meth and punished those who could not prove a genuine reason for buying particular chemicals.⁴⁰ Fortunately, the number of methamphetamine users

³⁷ Miller, Sara G. "Meth Lab Injuries On The Rise In The U.S." *The Huffington Post*, TheHuffingtonPost.com, 28 Aug. 2015, www.huffingtonpost.com/entry/meth-lab-injuries-on-the-rise-in-the-us_us_55e05233e4b0c818f6177213.

³⁸ Mansergh, Gordon, et al. "CDC Consultation on Methamphetamine Use and Sexual Risk Behavior for HIV/STD Infection: Summary and Suggestions." *Public Health Reports*, Association of Schools of Public Health, 1 Mar. 2006, www.ncbi.nlm.nih.gov/pmc/articles/PMC1525267/.

³⁹ Yu, Qianli, Douglas F. Larson, and Ronald R. Watson. "Heart disease, methamphetamine and AIDS." *Life sciences* 73.2 (2003): 129-140.

⁴⁰ "History of Drug Abuse: The 90's." *Palm Partners Blog*, Palm Partners Blog, 26 July 2013, blog.palmpartners.com/history-of-drug-abuse-the-90s/.

began to drop during the mid 2000s to the 2010s, though only because a new epidemic was emerging.⁴¹

U.S. Epidemics of the Last Few Decades: The Present Day Battle of Opioids

Over the course of the 2000s, methamphetamine use began to die down and return to a less prevalent state. Unfortunately, this only occurred because *opioids* began to dominate the drug culture of the United States. The current epidemic that Americans are facing began with heroin and other opioids and later progressed to the utterly terrifying drug fentanyl, an incredibly fast acting and strong opioid typically used in hospitals to prevent pain after surgical procedures.⁴² As Maura Healey, Massachusetts's Attorney General, said, "It started out as an opioid epidemic, then heroin, but now it's a fentanyl epidemic."⁴³ The reason for this transition mainly has to do with the cheap cost and availability of fentanyl, though heroin and other opiates are still being used in a disproportionately abusive manner, especially as there is a steady decrease in the price of heroin.⁴⁴

Beside this, fentanyl is more potent than other opiates, including morphine,⁴⁵ and is being pushed as a prescription by medical doctors.⁴⁶ The ill effects that develop throughout the opioid epidemic are uncountable and often deadly. Further, the most devastating issues of the opioid epidemic are the overwhelming population of addicts and opioid related deaths seen each week across the United States, crimes associated with opioid addicts, and treating the many addicts.

⁴¹ Substance Abuse and Mental Health Services Administration, Results from the 2012 National Survey on Drug Use and Health: Summary of National Findings, NSDUH Series H-46, HHS Publication No. (SMA) 13-4795. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2013.

⁴² "Fentanyl: Uses, Dosage, Side Effects & Warnings." *Drugs.com*, Drugs.com, 30 Sept. 2016, www.drugs.com/fentanyl.html.

⁴³ Seelye, Katharine Q. "Heroin Epidemic Is Yielding to a Deadlier Cousin: Fentanyl." *The New York Times*, The New York Times, 25 Mar. 2016, www.nytimes.com/2016/03/26/us/heroin-fentanyl.html.

⁴⁴ Lopez, German, and Sarah Frostenson. "How the Opioid Epidemic Became America's Worst Drug Crisis Ever, in 15 Maps and Charts." *Vox*, Vox, 23 Mar. 2017, www.vox.com/science-and-health/2017/3/23/14987892/opioid-heroin-epidemic-charts.

⁴⁵ "Fentanyl Addiction Symptoms, SAbuse Stats, Withdrawal Effects." *Addiction Hope*, Addiction Hope, 2017, www.addictionhope.com/fentanyl/.

⁴⁶ "Illinois attorney general sues drug company over fentanyl drug..." *Grand Forks Herald*, Reuters Media, 25 Aug. 2016, www.grandforksherald.com/news/4101570-illinois-attorney-general-sues-drug-company-over-fentanyl-drug-marketing. Accessed 2 Feb. 2017.

First, there is the issue that a substantial number of people have become addicted to opioids, especially heroin or fentanyl. Even before the declared state of emergency in 2017 involving fentanyl, the opioid epidemic and the number of new addicts created every year began to frighten lawmakers—so much so that leaders began to call for more Drug Courts and rehabilitation programs.⁴⁷ While it is still unclear how many new opioid addicts have been generated over the past few years, there is some projection of what those figures may be by examining the number of opioid addicts in the courts and who have overdosed.

Further, it is clear to see the incredibly high risk to life itself by examining how many people are dying from opioid addictions, especially fentanyl. According to the New York Times, 47,055 people died from drug overdoses in 2014 alone, which the authors say is largely to blame on prescription painkillers (e.g. fentanyl and other opiates) and heroin.⁴⁸ The percentage of the 47,055 overdose deaths in 2014 that were caused by opioids was 28,647 or 61%.⁴⁹ This is quite frightening, as it appears as though opioids are not only dangerously addictive but also generally dangerous and increase one's chances of death by a large amount.

In fact, an opioid user's chances of dying from opioids, particularly synthetic opioids such as fentanyl, appear to be much higher than other drug users'. Alarming, 52,404 drug deaths were documented in 2015, but the number continues to soar higher as the opioid epidemic grows. The estimated number of drug deaths for the United States from 2016 is a whopping 64,000. Unsurprisingly, the leading cause of death in 2016 was fentanyl.⁵⁰

⁴⁷ MacQuarrie, Brian, and Joshua Miller. "Opiate deaths, overdoses bring call for both action and more drug courts - The Boston Globe." *BostonGlobe.com*, Boston Globe, 25 Feb. 2014, www.bostonglobe.com/metro/2014/02/25/opiate-deaths-overdoses-bring-call-for-both-action-and-more-drug-courts/vqYDkJJOv1ICQ4BM7Xj9NI/story.html. Accessed 17 Apr. 2017.

⁴⁸ Bloch, Haeyoun Park and Matthew. "How the Epidemic of Drug Overdose Deaths Ripples Across America." *The New York Times*, The New York Times, 7 Jan. 2016, www.nytimes.com/interactive/2016/01/07/us/drug-overdose-deaths-in-the-us.html. Accessed 22 Mar. 2017.

⁴⁹ Rudd, Rose A., et al. "Increases in drug and opioid overdose deaths—United States, 2000–2014." *American Journal of Transplantation* 16.4 (2016): 1323-1327.

⁵⁰ Katz, Josh. "The First Count of Fentanyl Deaths in 2016: Up 540% in Three Years." *The New York Times*, The New York Times, 2 Sept. 2017, www.nytimes.com/interactive/2017/09/02/upshot/fentanyl-drug-overdose-deaths.html.

When the opioid related deaths are broken down, data suggests that fentanyl and similar synthetic opioids are projected to have taken the lives of 20,100 people (a 540% increase in only three years), heroin took 15,400, and prescription opioids took 14,400 lives in 2016 alone. Another 21,540 lives are estimated to have been taken by cocaine, meth, and methadone, which marginally overtook the number of deaths caused by fentanyl alone.⁵¹ It is astounding that one drug alone is not only producing such large addiction numbers but also deaths.

Second, society has seen a large impact on crime because of the opioid epidemic. It is estimated that two out of three opioid abusers commit crimes, be it to get money for drugs, a leaning toward a crime-filled lifestyle, or as a reaction to their drug of choice.⁵² One reason there has been an increase in crime in some communities is because of the gangs who push drugs for cartels. They mix fentanyl and heroin together, which creates an incredibly powerful high, and it can lead to, as one person discussed, unconsciousness and car accidents that lead to jail time. Plus, dealers are not always informing users that their drugs are mixed, and customers believe they are buying regular heroin or fentanyl.⁵³

One aspect of crime that many fail to consider is that it is very dangerous for first responders to both crimes and general emergencies to be exposed to fentanyl. Not only can certain ways of handling unidentified fentanyl and other opioids cause health issues and even death for exposed people, but it has also made several drug-sniffing dogs ill and killed others. Fortunately, the same substance used to counteract overdoses of fentanyl work for the drug-sniffing dogs.⁵⁴ Still, those who possess any fentanyl could and should be held legally

⁵¹ *ibid.*

⁵² Shute, Nancy. "Is Prescription Opioid Abuse A Crime Problem Or A Health Problem?" *NPR*, NPR, 3 Dec. 2015, www.npr.org/sections/health-shots/2015/12/03/458220614/is-prescription-opioid-abuse-a-crime-problem-or-a-health-problem.

⁵³ Keilman, John. "As More Heroin Is Mixed with Fentanyl, Opioid Crisis Turns Even Deadlier." *Chicagotribune.com*, The Chicago Tribune, 28 Aug. 2017, www.chicagotribune.com/news/local/breaking/ct-fentanyl-heroin-epidemic-met-20170826-story.html.

⁵⁴ *ibid.*

accountable for any harm that would come to first responders or their canine companions. The reason these facts are important and quite relevant to the topic at hand is because this epidemic and these specific users are not only endangering themselves, but they are also putting other lives into direct risk.

Also, as mentioned earlier, Illinois sued a pharmaceutical company, Insys Therapeutics Inc. (Insys), because they were pushing prescriptions for fentanyl on many patients who did not need such powerful painkillers. For some, this conspiracy between doctors and pharmaceutical salespeople led to fentanyl addiction, which would be terrifying for those who simply thought they were going to treat their pain for a short period of time. For some, their addictions led to their eventual deaths after seeking out more fentanyl and related opioids, all thanks to the doctors who were supposed to heal them and Big Pharma.⁵⁵

Third, treating opioid addicts has proven difficult, as temptation is ubiquitous, even for those who want to end their addictions. On top of its presence on the street, addicts have claimed that finding a medical doctor to give them more opioids is much easier than finding doctors and medications that help curb their addictions. Though this statement seems to be a failure of society and perhaps a sad illustration of how helpless some addicts seeking help feel, some doctors agree that it is hard to find help. In fact, one doctor stated that he can give out as many pain pills as he wants but is only allowed to give prescriptions that treat addictions to opioids to thirty to one hundred patients at one time.⁵⁶ Perhaps there needs to be a reform of the pharmaceutical industry, so as to have more acceptance in helping addicts, rather than helping more become addicted through new prescriptions.

⁵⁵ “MADIGAN REACHES \$4.5 MILION SETTLEMENT WITH DRUGMAKER INSYS FOR DECEPTIVELY SELLING & MARKETING HIGHLY ADDICTIVE OPIOID PAINKILLER.” *Illinois Attorney General*, State of Illinois, 18 Aug. 2017, www.illinoisattorneygeneral.gov/pressroom/2017_08/20170818.html.

⁵⁶ Dissell, Rachel. “Opiate Addicts Find It Can Be Easier to Get Drug than Drug Treatment.” *Cleveland.com*, Cleveland.com, 13 Feb. 2011, blog.cleveland.com/pdextra/2011/02/opiate_addicts_find_it_can_be.html.

The implications that abusing opioids leaves for abusers, including having children who will increasingly be sent to foster care, a potential criminal record, a crippling reliance on opiates, and even death seem to be enough to make most people try to get better. However, as people still see increasing rates of opioid addictions and deaths, it would appear that fentanyl, heroin, and all other opiates have a powerful grip on addicts like nothing before. Hopefully, Drug Courts and other programs can examine past epidemics and drug scares to try to better our society and end some drug addictions.

How Drug Courts and Other Programs Fight and Treat Addiction

While drug addiction and its relation to crime can be treated successfully through Drug Courts, Drug Courts are not the only programs that attempt to battle drug addiction. However, some programs are more successful in certain areas over others. Additionally, some types of programs appear to be better or even the best among drug rehabilitation programs. It seems as though the reason for these differences are due to the key features of change and success within treatment, as well as the goals involved. In order to determine which programs are more successful within particular areas, researchers must examine how Drug Courts and other programs have individually battled drug addiction. The types of programs this paper will examine will be inpatient programs, outpatient programs, and Drug Courts.

First, inpatient drug rehabilitation programs are those in which someone who is seeking treatment also lives at the treatment center or “rehab”. Many people choose to send their loved one or themselves there because of the fact that it is controlled, has support and care 24/7, and the risk of being around the substance one is addicted to seems lower than in their usual environment.⁵⁷ Depending upon the inpatient treatment one chooses, one could be in the

⁵⁷ “Inpatient vs. Outpatient Treatment - Addiction Recovery Options.” *Addiction Center*, Addiction Center, 2017, www.addictioncenter.com/treatment/inpatient-outpatient-rehab/.

residential program for twenty-eight days, thirty, sixty, or even ninety days, though some people must begin this process in a hospital if they have certain reactions to withdrawal or medical conditions, and some programs may have a religious undertone.⁵⁸

Also, inpatient programs may have different protocol, which could contribute to why some people react differently to some inpatient programs. The typical protocol for an inpatient program in recent years has come to involve detoxification of residents. However, other treatment measures, such as counseling or support groups, have often started taking place in other locations or not being provided at all. It is often the case that substance abusers need a great deal of counseling for more reasons than their addiction, as many of them have trauma or conditions that have pushed them toward drug abuse.⁵⁹

Further, research has shown that those suffering from substance use disorders have quite often suffered abuse, and certain forms of abuse correspond to future abusive behaviors. For example, people who exchange sex for heroin or cocaine or engage in a number of unsafe sexual behaviors were often sexually abused in their adolescence.⁶⁰ It would seem that any failings to provide counseling or group therapy and support would make inpatient care almost pointless, as so many with substance abuse problems have underlying issues that must be resolved to help them defeat their addiction, as well as any emotional demons.

Additionally, with the goal of inpatient treatment being abstinence from drugs and alcohol, inpatient programs define success within their program as maintaining a drug-free life, improving their psychological abilities and social skills, as well as participating in after care programs once an individual finishes their residential treatment. Although some have other

⁵⁸ Williams, Sarah. "Find the Best Residential Inpatient Rehab Center." *Recovery.org*, Recovery.org, 9 Mar. 2017, www.recovery.org/topics/find-the-best-residential-inpatient-rehab-center/.

⁵⁹ Galanter, Marc, Herbert D. Kleber, and Kathleen Brady, eds. *The American Psychiatric Publishing textbook of substance abuse treatment*. American Psychiatric Pub, 2014, pp. 500.

⁶⁰ Banducci, Anne N., et al. "The impact of childhood abuse on inpatient substance users: Specific links with risky sex, aggression, and emotion dysregulation." *Child abuse & neglect* 38.5 (2014): 928-938.

goals, such as furthering individuals from crime or repairing relationships, inpatient programs tend to focus mainly on stopping addiction, instead of trying to have more than one main objective. Still, inpatient programs do provide different programs for different types of addicts.⁶¹

However, statistics on inpatient rehabilitation do not show the greatest results for participants with opioid addiction, as they have trouble remaining sober. One study showed that opioid addicts who participate in inpatient rehabilitation for short periods have high relapse rates. In fact, 63% in the study relapsed after only a month and 77% after six months. Though within long term rehabilitation, only 14% of inpatient individuals relapsed after a month, an astounding 59% relapsed after six months. The study concluded that with drug addiction, programs need to include a medically monitored withdrawal from opiates, as patients who do not receive this treatment relapse at a much higher rate than those medically withdrawn and monitored.⁶² This study shows us an alarming fact about inpatient treatment. The reason it is so alarming is because many programs do not have medically monitored withdrawals or even the programs to facilitate social, mental, or emotional support groups and other activities that would encourage individuals to remain sober, as stated earlier. It would appear that inpatient treatment very reliable in treating opioid addicts or those who do not want the help because of its low success rate within those populations.

Furthermore, studies have shown that it is not uncommon that when people are forced into inpatient (or outpatient for that matter) treatment (e.g. family or friends force them), they do not do well and have trouble with recidivism. Still, an equal percent of people (22%) were found to have made positive impacts and live crime free because of forced inpatient (or outpatient)

⁶¹ "Treatment Protocol Effectiveness Study." *Executive Office of the President Office of National Drug Control Policy*, Office of National Drug Control Policy, Mar. 1996, www.ncjrs.gov/ondcpcpubs/publications/treat/trmtprot.html

⁶² Nunes, Edward V., et al. "Relapse to opioid use disorder after inpatient treatment: Protective effect of injection naltrexone." *Journal of Substance Abuse Treatment* (2017).

rehabilitation. Still, many found there to be no substantial effects on crime, either positive or negative.⁶³ So, perhaps inpatient programs are most effective for substance abusers whose addictions do not cause them to commit crimes and who are *willing* to participate in their own rehabilitation.

Second, outpatient programs are those where patients do not live or stay in facility that their treatment takes place in, but rather they go there for sessions and treatments and leave. This allows participants to go about and live their daily lives, rather than taking them away from their jobs, homes, and families.⁶⁴ This allows for participants to have a great deal of support and reminders of why they need to get better, not only for others but also for themselves.

The program differs in length, just as inpatient does. For some, meetings are only attend two or three hours a week, while for those with more intense addictions, they may spend between nine and twenty hours at meetings each week. In another effort to allow flexibility and maintenance of normal, daily life, participants can attend treatment and therapy sessions at night or on the weekend.⁶⁵

The setup of each individual's treatment in an outpatient program seems to be formed around the person's needs, schedule, and the seriousness of their addiction. They stress the importance of mental health treatment in addition to addiction treatment, which is useful in making sure each patient is catered to. They then form the treatment plan only after evaluating mental health and type of addiction.⁶⁶ This helps address any underlying psychological issues and root causes of addiction.

⁶³ Werb, David, et al. "The Effectiveness of Compulsory Drug Treatment: A Systematic Review." *International Journal of Drug Policy*, vol. 28, 2015, pp. 1–9., doi:<http://dx.doi.org/10.1016/j.drugpo.2015.12.005>.

⁶⁴ McMahon, Mary, and O. Wallace. "What Is Outpatient Rehab?" *WiseGEEK*, Conjecture Corporation, 9 Nov. 2017, www.wisegeekhealth.com/what-is-outpatient-rehab.htm#didyouknowout.

⁶⁵ "What Is Outpatient Treatment?" *OutpatientCenters.org*, Outpatient Centers, 2017, www.outpatientcenters.org/what-is-outpatient-treatment/#vs.

⁶⁶ *ibid.*

Further, outpatient programs supply several opportunities for participants to get group support, group counseling, or even individual counseling. This results in more patients getting this counseling, which helps them in their treatment. If they get counseling and help with any obstacles, emotional or mental, and get an understanding of what they need to do to stop their addictions, the likelihood that their treatment will be effective is much more substantial.⁶⁷

Additionally, outpatient treatment entails detoxification, which makes counseling important, as it has been shown to cause depression. Detoxification needs to be monitored and properly administered, so outpatient patients often visit their doctor. The doctor will not only check that everything with the detox is going well, but they will also make sure that the patient is mentally and emotionally doing well and practicing self-care tasks, such as showering or eating. By allowing the patients to stay in their homes or simply come to the hospital instead of stay in the hospital, they can be more relaxed and feel better through their withdrawal. After the process is done, the aforementioned counseling within groups or individually becomes incredibly important, so they can remain drug-free.⁶⁸

However, one study mentioned earlier examined relapse rates for opioid addiction within inpatient and outpatient programs and found both programs to have fairly shaky rates of sobriety. In outpatient care that did not use any withdrawal medications, 28% of those examined relapsed after one month. While this is much lower than that of the short term inpatient group, it was larger than the long-term inpatient group. When the group was using the withdrawal medication, as stressed in outpatient programs, less than 12% relapsed by the end of the first month. The results do not differ much after six months without the withdrawal medications, as outpatient

⁶⁷ Florentine, Robert, and M. Douglas Anglin. "Does increasing the opportunity for counseling increase the effectiveness of outpatient drug treatment?." *The American journal of drug and alcohol abuse* 23.3 (1997): 369-382.

⁶⁸ "What Is Outpatient Treatment?" *OutpatientCenters.org*, Outpatient Centers, 2017, www.outpatientcenters.org/what-is-outpatient-treatment/#vs.

relapse was 61%, and those using the withdrawal medication still relapsed at 38%. However, this 38% was the lowest (by twenty-one points and eight points versus short term and long term inpatient, respectively) of the three groups examined, suggesting that outpatient care that utilized the withdrawal drug that prevented many effects of opioid withdrawal was the most effective care.⁶⁹ Perhaps this is because people did not feel pressured into doing drugs to end any pain or suffering associated with regular withdrawal.

In fact, one journal stresses the importance of withdrawal medications when heroin addicts are attempting to get clean. The authors state that the drugs are tremendously helpful and allow for far greater safety for patients who are trying to stop their addictions. However, they say that, even though there are innumerable benefits to using withdrawal medications, they are severely underutilized. They explain that many hospitals do not know how to use the medications. However, once the process and the simple training are done, so the drugs can be properly used, those involved had positive results.⁷⁰ So, if the only barrier to this safe, reliable treatment mechanism is the simple lack of knowledge, perhaps it is important to make sure any physician who is involved in the care of addicts is taught how to administer the drug properly to help end abuse.

Furthermore, outpatient care seems to utilize group discussion and counseling, stresses mental health within treatment, and shows the effectiveness of withdrawal drugs in situations where they are needed. It appears that these key features of treatment have not only been effective in treating addicts, particularly those addicted to opioids. While no program is one-size-fits-all, it would appear that outpatient treatment works for a great number of those who try

⁶⁹ Nunes, Edward V., et al. "Relapse to opioid use disorder after inpatient treatment: Protective effect of injection naltrexone." *Journal of Substance Abuse Treatment* (2017).

⁷⁰ Hassamal, Sameer, et al. "Overcoming Barriers to Initiating Medication-assisted Treatment for Heroin Use Disorder in a General Medical Hospital: A Case Report and Narrative Literature Review." *Journal of Psychiatric Practice*® 23.3 (2017): 221-229.

it, and it employs tactics that are necessary in understanding individual addiction and repairing all wounds caused by addiction.

Third, Drug Courts are, “specialized court docket programs that target criminal defendants and offenders, juvenile offenders, and parents with pending child welfare cases who have alcohol and other drug dependency problems.”⁷¹ Since Drug Courts have to serve all these different offenders, defendants, and types of addictions, they have to use a Drug Court panel to plan every step of the program out for each individual and form the program around their addiction issues, mental health and emotions, family problems, and so on, as mentioned earlier. This adaptability, panel decision-making, and individualized and specialized care help drug courts to serve those in their program efficiently and produce positive results.

Further, those within Drug Courts do not have to live in any facility, while they undergo their treatment. Each client of Drug Court has a schedule that says when they must come in for counseling, when they have court, when they have to come in for drug tests, and every other piece of their treatment. The entire time, each participant is mandated to take on certain tasks, such as starting a certain number of Narcotics Anonymous or Alcoholics Anonymous groups per week, and then an increase at some point in the number of these meetings. Other requirements can include “homework” tasks or community service hours, and after a certain amount of time, each participant has to get a job. If one wants to move on to the next stage, they must complete whatever tasks the court has assigned to them. They eventually can graduate and have any potential for a case against them taken away.

The reason that this method tends to be successful is because people cannot really drop out of the program like other programs, as there are legal consequences for that. In

⁷¹ “Drug Courts.” *National Institute of Justice*, National Institute of Justice, Oct. 1ADAD, 2017, www.nij.gov/topics/courts/drug-courts/Pages/welcome.aspx.

exchange for their participation in the program, they agree to have felony charges pled down to misdemeanor charges, and upon completion of the program, the charges are usually dropped entirely.⁷² However, if one chooses to drop out or is kicked out, the case is resumed and charges are brought against the individual. One will find, however, that many addicts do not wish to be addicted to drugs or spend any time in jail and will try hard when given these opportunities to avoid both.

Also, the fact that each person has their own, individual plan and have a program that is specially formatted to their needs to reach sobriety is key in fighting addiction. This feature seems to be the most important factor in the success of offenders, as one-size-fits-all does not work when certain drugs are far more addictive or bring different consequences.

It is also important for the presence of cohesiveness within the group that makes up the panel. If one's mental health is not properly being addressed, then their underlying issues are not taken care of, and the likelihood that no permanent change for the better will take place seems much more likely. If someone does not change, they get in trouble with law enforcement again, they continue their addiction, and they fail the program. More importantly, the program has failed them. So, the cohesive structure and communication that encourages positive work toward goals appears to produce a big difference in the success rates of Drug Courts versus other programs, though this cannot easily be measured.

As great as all of these cohesive, adaptable, and individualized care aspects of Drug Courts seem, not every drug offender is allowed to experience the program's great treatment. While over half of those in prison in the United States are there for committing

⁷² "Drug Courts." *Drug Courts*, California Courts, 2017, www.courts.ca.gov/5979.htm.

drug crimes, not all of them qualify for Drug Court.⁷³ Those who do qualify must have a drug dependency problem, which is the nexus of their crimes. So, for example, if an individual happens to do drugs and also happens to rob people, that is not the same as someone who robs someone for their money to pay for drugs. It must appear that the only reason one commits crimes is because of their addiction and not because they have a proclivity toward a life of crime.

One reason that Drug Courts are so successful is because they tackle mental health, drug dependency, and even family issues and seek out the real reasons behind drug addiction. They stress the importance of group effort, and those within the program celebrate each other's victories, especially Drug Court graduation. Also, the courts aim to snuff out recidivism through their therapy, with some Drug Courts using Moral Reconciliation Therapy, which is a type of cognitive-behavioral therapy that has been shown to seriously reduce recidivism among participants.⁷⁴

When paired with the written sanctions mentioned earlier, participants are given incredibly higher likelihoods of graduating Drug Courts if they had no prior felonies.⁷⁵ This is an interesting finding, since those qualifying for Drug Court must have a nexus between addiction and crime. Perhaps many of those who have prior felonies do not have the strong nexus that was assumed, or maybe they adapted to a life of crime. This could be a problematic finding for deciding who has a genuine nexus and who would commit crime

⁷³ "State Sentencing: How Drug Sentencing Varies Across the U.S." *DrugAbuse.com*, Drug Abuse.com, 29 Jan. 2016, drugabuse.com/featured/state-sentencing-how-drug-sentencing-varies-across-the-us/.

⁷⁴ Cheesman, Fred L., et al. "Drug Court Effectiveness and Efficiency: Findings for Virginia." *Alcoholism Treatment Quarterly* 34.2 (2016): 143-169.

⁷⁵ *ibid.*

regardless. However, the issue could simply lie in the realm of dual diagnosis, which sometimes affects recidivism because of the other diagnosis.⁷⁶

However, recidivism as a whole is much lower for Drug Court participants compared to regular inpatient and outpatient participants. When compared to individuals on probation, Drug Court clients reported drug use at a rate of 56%, while the probation individuals reported at 76%. Additionally, only 29% of Drug Court members tested positive for drugs, as opposed to 46% in the other group. Forty percent of those in Drug Court reported any criminal activity, while probationers reported at 53%. Finally, 52% of Drug Court members reported being rearrested, compared to 62% of probationers. So, there is evidence that the systems used by Drug Courts are fulfilling their goals by substantially reducing both drug abuse and recidivism.

After examining all three of these treatment types, it is shown that each has their own merits and produces positive results toward sobriety for at least some kinds of people. Inpatient care seems to be good for those who are willing to work toward sobriety, though it is important for these people to look into follow up care and counseling. Outpatient care works for many kinds of substance abusers, though it is important for many to have withdrawal medications, and it may not be the best choice for those who struggle with temptation or live in a tempting environment. Finally, Drug Courts seem to work for many kinds of addicts, too. However, it seems to be more affective for offenders, even if they struggle with temptation. It would appear that the penalties and rewards associated with the care, as well as therapy and other treatments included in the typical rehabilitation regimen. Ultimately, however, the fact that Drug Courts are adaptable, utilize panel

⁷⁶ Zettler, Haley R. "Exploring the Relationship Between Dual Diagnosis and Recidivism in Drug Court Participants." *Crime & Delinquency* (2017): 0011128717697960.

planned care, and do employ penalties and rewards seem to be the main reasons why Drug Court treatment is statistically the best.

Judicial Success: How Drug Courts Have Brought Healing and Success to Addicts

Drug Courts have proven to be a great answer when questioning what will help addicts, particularly those who have begun a life of crime to facilitate the costs of their addiction or as a result of their drug abuse. These courts have been so successful because they have learned to handle different situations and epidemics differently, and they adapt to serve each individual. The adaptability of Drug Courts has remained a key factor that has allowed Drug Courts to be successful and further research should be done to find out if any other factors must be paired with adaptability to achieve such success.

The adaptability of Drug Courts is key to proper treatment and shows why Drug Courts are so successful. One cannot expect a heroin addict to be treated successfully if their treatment is the exact same as the treatment of someone who simply wants to stop smoking marijuana or drinking alcohol because those are not the same addiction levels and have different effects. Additionally, someone with a past full of abuse versus someone with no abuse may require different counseling to address their addiction. Drug Courts have gone so far as to provide specialized Drug Courts for veterans, families, juveniles, Native American tribes, and have recently created courts for opioids.⁷⁷

Though researchers may not yet fully know the effects of having opioid specific courts, it appears to be a great step in treating opioid addicts specifically and individually. Many state courts are coming together to research these new courts and bring them into their own states, if they prove to be helpful in the fight against opioids. Hopefully, it will even bring awareness to

⁷⁷ “Drug Courts.” *National Institute of Justice*, National Institute of Justice, 2017, www.nij.gov/topics/courts/drug-courts/Pages/welcome.aspx.

the crisis citizens are facing and reduce the number of opioid addicts, particularly the many high-risk fentanyl addicts.⁷⁸

Further, these courts help society in general, as they have innumerable benefits for tax payers and participants alike. Three fourths of participants remain crime-free two years after graduation and continue for decades after, saving areas a lot of worry over crime. Also, it has been shown that without the compliance setting that includes liability and supervision by law enforcement and the courts, 70% of those who enter a rehabilitation program will drop out and continue their unsafe lifestyle.⁷⁹ These statistics show that there are lasting and beneficial effects from Drug Courts.

Also, a big positive in putting people in Drug Courts instead of putting them in prison or in programs that do not work as well and result in them going to prison later on because of addiction is that it saves a great deal of money. Even in more expensive programs, there are cost saving results, as the care takes less time because people do not have to keep re-entering the program and get the help they need sooner. Not having to pay for an incarcerated individual versus paying for someone to be in Drug Court, as well as not having costs from crime and victim care, saves states thousands of dollars per individual every year. In one county's program, the state saved \$10,223,532 over the span of two years because of the reduction of imprisonment, theft, crimes that produced victims, and other related costs.⁸⁰ Imagine how much money a state could save if each county's court saved that much money, especially in large states or those with a large number of counties, such as Illinois or California.

⁷⁸ Press, Associated. "First Opioid Court in the U.S. Focuses on Keeping Users Alive." *NBCNews.com*, NBCUniversal News Group, 9 July 2017, www.nbcnews.com/storyline/americas-heroin-epidemic/first-opioid-court-u-s-focuses-keeping-users-alive-n781121.

⁷⁹ "Drug Courts Work." *NADCP*, National Association of Drug Court Professionals, 2017, www.nadcp.org/learn/facts-and-figures.

⁸⁰ Belenko, Steven. "Research on drug courts: A critical review." *National Drug Court Institute Review 1.1 (1998): 1-42*.

To put this into perspective, Illinois spent around \$1.7 billion in 2010 on incarcerating prisoners, though the budget for this was \$1.2 billion. This works out to be \$38,268 a person, which is quite a bit of money.⁸¹ Drug Courts in the United States save anywhere from \$4,000 to \$12,000 per client, but they are occasionally able to save more, especially in Family Drug Courts.⁸² Drug Courts are also said to be an investment, as studies have found \$3.36 to be made per every dollar invested in an individual's treatment in Drug Court.⁸³ The reason to note all of the economic positives here is to show that the adaptability and specialized treatment of the courts provide other benefits beside those they give to those being treated and their families, whereas other programs cannot provide these substantial positives for society.

Additionally, based on results of Drug Court success in treating participants and other things this paper has examined previously, it appears that a well-formed, specialized staff is just as important as adaptability and is the reason for the adaptability. Since each member of the panel comes from a different area, such as law enforcement or counseling, they are able to look at individuals within Drug Courts and find what each individual needs from within their specialized area. They understand that one program would never work for another individual, and they know that certain people may have different obstacles within their lives that have to be treated differently from those of another.⁸⁴

Having an adaptable program, as well as one that is highly structured by professionals from different treatment areas to adapt to each individual is needed to bring the fruitful treatment results that Drug Courts are able to produce. Not only do these courts and this system of

⁸¹ Council, Policy Advisory, et al. "Cost-Benefit Analysis of Implementing the SPIn Risk Assessment Tool at the Point of Release for Illinois Prisoners." (2014).

⁸² Huseman, Jessica. "Do Drug Courts Work?" *National Center for Policy Analysis*, National Center for Policy Analysis, 5 Aug. 2010, www.ncpa.org/pub/ba717.

⁸³ Marlowe, Douglas. "Research update on adult drug courts." (2010).

⁸⁴ McPherson, Chad Michael, and Michael Sauder. "Logics in action: Managing institutional complexity in a drug court." *Administrative Science Quarterly* 58.2 (2013): 165-196.

treatment bring about positive results for those within the treatment program, but they also help the families and friends of those involved, and they help taxpayers through crime and cost reductions. On top of this and most importantly, they give communities productive members of society whose lives have been made better for their hard work within treatment.

Conclusion

In sum, Drug Courts have proven to be necessary in ending addiction and combatting drug epidemics in the United States. While it has been shown that throughout the course of American drug history, other programs, such as inpatient and outpatient rehabilitation, can help treat addicts successfully, it appears that Drug Courts reign as king in reducing the number of addicts and drug-related crime, affirming the research question of this paper. While there is no definitive way of combatting drug addiction in America that will end addiction permanently or even temporarily, society can and should try to help those across the country who are suffering from addiction. Those who suffer from addiction or as loved ones who are involuntarily touched by the harms and pain of addiction should not have to lead such a tormented existence. Further, society should not either, as many addicts commit crimes or have accidents that affect even strangers who were in the wrong place at the wrong time.

It appears that having legal and societal repercussions, as well as rewards, influences effort within rehab and contributes to the success of clients within Drug Courts. However, adaptability and a carefully formed staff who work in all areas (e.g. mental health, law enforcement, etc.) an addict must address to improve has been shown to make a large difference between success in Drug Courts and a lesser success in other programs. The only way America can be successful in the national fight against opioids—fentanyl in particular—is to ensure that

programs are adapted for each individual and find out the root causes in each case, so efforts help individuals become contributing, clean members of society.

Further, the changing nature of Drug Court treatment has always been a response to whatever epidemic was plaguing society and the individuals in Drug Courts. Every time the courts have changed, it was because of a societal change. They have always been able to handle different epidemics and individuals with differing addictions simultaneously and with success because of their adaptability and ability to change their process to fit each individual's needs. With the many types of addicts and severity of some addictions, this really demonstrates that there is a connection between Drug Courts and the changing nature of drug abuse and its successful treatment. However, the current epidemic can only be stopped if legislation is involved.

My recommendation, the only foreseeable way that would help decrease the number of new fentanyl and other opioid addicts each year, would be to push for legislation that increased requirements for doctors to prescribe opioids, doses exceeding a set amount, and specific opioids. To really cut out the possibility of Big Pharma's manipulation of these doctors, only allow doctors who work solely in administrative positions to negotiate what prescriptions will be used for patients after discussing with practicing doctors what they prefer, as the patients' interest must be represented. If doctors or Big Pharma are found to be in violation of these terms at the sake of their patients, legal action should be taken against both of these actors, as well as the hospital for their negligent overseeing. Society cannot continue to allow the mistreatment of unsuspecting patients who thought they were simply getting temporary pain medication but instead were given a permanent, long-term addiction.

Also, evidence proves that those who are only criminals because of their addiction tend to do well in Drug Courts, while regular criminals who happen to also do drugs and not care that they are harming others through their actions do not make much progress. So, perhaps the legal system should take a large number of the funds that are allocated to imprisoning addicts who commit crimes because of addiction and allocate them toward Drug Courts. As shown by their effective results in the past, it would not be surprising if Drug Courts and the judicial system address these issues soon and bring healing and help to many people.